The mission of Indiana Youth Institute is to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on kids and youth. Our vision is to be a catalyst for healthy youth development and for achieving statewide child success. We strive to create best practice 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 2022 Indiana KIDS COUNT® Data Book are available upon request to info@iyi.org.

Visit the Data & Research section of our website at www.iyi.org for a digital version of this year’s Indiana KIDS COUNT® Data Book.

Please feel free to copy, distribute, or otherwise use information from this Data Book, provided the source is cited as: Indiana Youth Institute (2022). 2022 Indiana KIDS COUNT® Data Book: A Profile of Hoosier Youth.

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You are our kid’s brightest spots and our inspiration: Indiana youth workers

The past couple of years have been relentless and challenging for all of us. While it will be some time before we understand the total impact of the COVID-19 pandemic on our communities, there have been thousands of bright spots: the youth workers, educators, parents, and caregivers who continuously adapted and showed up to support Indiana’s kids. There are not enough words to express our gratitude and appreciation for your service and commitment to Indiana’s youth. Your work is life changing – and we thank you.

Our children and youth have also shown remarkable flexibility and adaptability throughout ever changing circumstances. They have experienced persistent uncertainty with little control over their situations. We are seeing elevated levels of youth stress, anxiety, and depression, on top of other childhood traumas, such as living in an environment exposed to substance use disorder, child abuse or maltreatment, neighborhood violence and poverty — all of which has increased during the pandemic.

In 2021, 71.3% of Indiana schools offered in-person learning for at least half the year. However, the months of back-and-forth between in-person and virtual learning, coupled with economic hardships placed on specific communities, intensified pre-existing achievement gaps for many students. For many elementary and secondary school students with disabilities, COVID-19 significantly disrupted their education and related aids and services needed to support their academic progress and prevent regression. Specifically, for students whose needs required hands-on or face-to-face interaction, COVID-19 brought some services to a stand-still.

Inequities arising from structural racism have continually contributed to disproportionate impacts on children of color. The data show racial disparities in most child well-being indicators, including wealth, physical and mental health, involvement in the juvenile justice system, employment, housing stability, and educational achievement. This year’s Indiana KIDS COUNT® Data Book connects the disaggregated data to historical context, policies, and resource gaps influencing the outcomes of historically marginalized Hoosier youth. We believe a better understanding of the realities facing all children empowers us to work together to build equitable solutions.

Indiana Youth Institute’s 2022 KIDS COUNT® Data Book, our 28th edition, provides a snapshot of child well-being statewide. We have included intentional insight and ways that you can take action to address the needs of kids at the local, state, and national level.

Where we go from here to best support youth

The data does reflect some good news: During a health crisis, the number of school counselors and mental health providers increased statewide, and 17,382 more children had insurance in 2020. At school, the suspension and expulsion rates for 2020–2021 were lower than previous years – most likely due to ongoing virtual or hybrid instruction. The school dropout rate decreased by 0.5% and 3,000 more Hoosiers aged 18 to 24 earned their high school equivalency. Fewer Hoosier youth were committed to the Department of Corrections than in previous years, and recidivism, remediation, and child abuse and neglect rates decreased. Although the COVID-19 pandemic may impact several these positive trends in the coming years, these data validate that progress is achievable.

Data can help us understand and develop potential solutions for these complex problems. We remain committed to working together to improve the lives of all Indiana children, especially those facing the greatest adversity. There is power in sharing and using data, facts, and information to spark positive change.

Yours in collaboration for all kids,

Dr. Tami S. Silverman
President & CEO
IYI’s 2022 Indiana KIDS COUNT® Data Book is the premier data resource on Hoosier youth.

To improve the lives of all Indiana children, we provide access to reliable data and resources to empower, educate, and equip those who impact youth. Our Data Book, published annually, provides the best and most recent information on child well-being, so that leaders, policymakers, youth workers, and advocates have a go-to source for critical data to create positive change for youth.

As a complement to the Data Book, County Snapshots, and the KIDS COUNT® Data Center are available to dive deeper into local data, spark conversations, or inform solutions. All additional data products and services can be found at www.iyi.org.

**Disaggregating Data**

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

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

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

Leaders, policymakers, and community members are encouraged to use the data showing disparities among Indiana youth to engage in advocacy, generate essential conversations, and inform policies, practices, and decision-making. Moreover, our state and local leaders are encouraged to include traditionally excluded individuals in developing and considering policies, practices, and decision-making.

**Content Warning**

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

**Acknowledgments**

IYI’s 2022 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
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- Indiana Business Research Center
- Indiana Chamber of Commerce
- Indiana Commission for Higher Education
- Indiana Department of Child Services
- Indiana Department of Correction
- Indiana Department of Education
- Indiana Department of Health
- Indiana Early Learning Advisory Council
- Indiana State Board of Education
- All of the members and contributors of the Data Advisory Committees
- And the numerous other research agencies that work on the behalf of Indiana’s children

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To improve the lives of all Indiana children, Indiana Youth Institute provides access to reliable data and resources to empower, educate, and equip those who impact youth. Our annual Data Book 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. The Executive Summary of the 2022 KIDS COUNT® Data Book includes top line metrics and Indiana’s overall child well-being rankings.

Overall Child Well-Being

Indiana Youth Institute’s 2022 KIDS COUNT® Data Book examines the ongoing impact of the COVID-19 pandemic across four domains: Family & Community, Health, Economic Well-Being, and Education. Disaggregated data throughout the Data Book illustrate the disproportional and disparate outcomes for historically marginalized youth (e.g., racial/ethnic minorities, low-income, LGBTQ+ youth, youth with disabilities, and immigrant youth). Additionally, this year’s Data Book emphasizes the intersectionality of different demographics as microsubgroups. Including intersectionality in the data disaggregation can provide local and state leaders a deeper and more nuanced understanding of students’ opportunities and achievement gaps. The 2022 KIDS COUNT® Data Book examines how state and federal policies and initiatives have impacted Indiana’s children and youth, as well.

- Indiana’s overall child well-being ranking has stayed consistent at 29th since 2019.
- Overall, Indiana ranks third best among neighboring states: Illinois (21st), Michigan (28th), Indiana (29th), Ohio (31st), and Kentucky (37th).

Indiana is home to the 14th largest population of children nationally. In 2020, more than 1.57 million children younger than 18 resided in Indiana. Indiana’s youth population continues to be more diverse than the adult population. In 2020, 34.1% of Hoosier youth were a race or ethnicity other than White, non-Hispanic compared to 21.5% of non-White adults.

Percentage of Children Ages 0 to 17 by Race/Ethnicity, Indiana: 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11.3%</td>
</tr>
<tr>
<td>Black</td>
<td>11.2%</td>
</tr>
<tr>
<td>Two or More</td>
<td>6.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

American Indian: 0.2% | Native Hawaiian or Pacific Islander: 0.0%
Source: U.S. Census Bureau, ACS Tables B01001A-I
Indiana’s Family & Community national rank stayed the same as last year at 31st, remaining consistent within one or two spots over the past 10 years. Indiana ranks in the middle for overall Family & Community statistics compared to our neighboring states: Illinois (25th), Michigan (29th), Ohio (34th), and Kentucky (43rd).

### Indiana’s Key Family & Community Data and Rankings Compared to National Averages

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Living in High Poverty Areas</td>
<td>8% 2015-19</td>
<td>9% 2015-19</td>
</tr>
<tr>
<td>Teen Births per 1,000</td>
<td>21 2019</td>
<td>17 2019</td>
</tr>
<tr>
<td>Children in Families Where the Household Lacks a High School Diploma</td>
<td>11% 2019</td>
<td>12% 2019</td>
</tr>
<tr>
<td>Children in Single-Parent Families</td>
<td>35% 2019</td>
<td>34% 2019</td>
</tr>
</tbody>
</table>

For each indicator above, higher rankings (1st compared to 50th) represent better outcomes for youth.

### Section Highlights:

- Indiana’s foster care placement rate of 10 per 1,000 children ages 0 to 17 has consistently ranked among the highest five states nationally.
- In 2019, neglect was reported as a reason for 87% of referrals, and 91% of reasons for foster care placement. In 2018, neglect was reported as a reason for 83% of referrals, and 91% of reasons for foster care placement.
- Of the 7,547 total removals conducted in 2020, 611% included parent drug and/or alcohol abuse as a contributing reason for removal, 0.8 percentage points lower than 2019 (61.9%).
- 1 in 12 children in Indiana (8.3%) will experience the death of a parent or sibling by age 18, this is higher than the national rate of 7.3%.
- 20.9% of Hoosier children have experienced two or more adverse childhood experiences, 0.3 percentage points higher than 2018 and 2019 (20.6%).
- As of July 2021, 261 youth in Indiana were in an Indiana Department of Correction juvenile correctional facility, where 53.4% were committed for a violent crime, an increase of 2.5 percentage points from July 2020 (50.9%).
Overview of Foster Care in Indiana

According to the Indiana Department of Child Services, the number of children in foster care at some point steadily increased from 2014 before peaking in 2018 and declining in 2019 and 2020.¹ The steep decline of about 4,000 foster youth between 2019 and 2020 could be due to the impact of COVID-19.

Between 2012 and 2018, Indiana had one of the highest rates of increase in the United States in total number of children in foster care. Across those years, the number of children in foster care in Indiana rose 68%, the third-highest rate of increase in the nation.² When looking at placements per 1,000 children age 0-17, Indiana has consistently ranked among the top five states for foster care placements, far higher than neighboring states and the nation.³

### Foster Placements per 1,000, Indiana, Neighboring States, and U.S.: 2019

<table>
<thead>
<tr>
<th>State</th>
<th>Placements per 1,000 children (0–17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>10.0</td>
</tr>
<tr>
<td>Illinois</td>
<td>6.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>9.0</td>
</tr>
<tr>
<td>Michigan</td>
<td>5.0</td>
</tr>
<tr>
<td>Ohio</td>
<td>6.0</td>
</tr>
<tr>
<td>U.S.</td>
<td>6.0</td>
</tr>
</tbody>
</table>

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

### Number of Children in Foster Care, Indiana: 2014–2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>20,763</td>
</tr>
<tr>
<td>2015</td>
<td>25,238</td>
</tr>
<tr>
<td>2016</td>
<td>30,312</td>
</tr>
<tr>
<td>2017</td>
<td>34,225</td>
</tr>
<tr>
<td>2018</td>
<td>34,269</td>
</tr>
<tr>
<td>2019</td>
<td>30,237</td>
</tr>
<tr>
<td>2020</td>
<td>26,913</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services
Children who are Black and those who are Two or more races are overrepresented among Indiana’s foster care population – while Black children make up about 11% of Indiana’s population ages 0-17, and children of Two or more races make up about 3%, in 2020 Black children represented 18% of the foster care population, and children of Two or more races represented 10%.  

Infants and young children also are overrepresented in the foster care population in Indiana, which is consistent with national trends. While children under the age of one make up about 5% of Indiana’s total population ages 0-17, in 2020 they represented roughly 12% of children in foster care. Children ages 0-5 make up about 33% of Indiana’s population ages 0-17, but in 2020 they made up about 48% of the foster care population.  

The overall goal for children and youth exiting foster care is a permanent placement (permanency). Outcomes that are considered permanency include reunification with the family, adoption, permanent placement with a relative, and guardianship. Non-permanent outcomes include emancipation, ending collaborative care, and transfer. In 2020, nearly 11,000 children and youth exited foster care, and 96% had permanent placements of reunification or being returned home (62%); adoption (21%); guardianship (9%); or permanent placement with a relative (4%). Just 1.5% were emancipated, and under 1% each had an outcome of transfer or ending collaborative care.  

Indiana has consistently ranked among the top five states for foster care placements, far higher than neighboring states and the nation.
Reasons for Foster Care placements in Indiana

In addition to having higher rates of children in foster care than most other states, Indiana also has had higher rates of children referred to child protection. Federal data from 2019 showed that Indiana had a rate of 112.9 referrals per 1,000 children, the fifth highest among states for which data was reported (44, including DC), and one of only six states with a rate higher than 100 referrals per 1,000 children. Indiana’s 2019 screen-in rate (the percent of referrals that met the criteria for investigation) was 68%, compared to 59% nationally, and Indiana’s rate of investigation or assessment per 1,000 children in 2019 was 94.3, much higher than the national rate of 47.2 and exceeding the rates of all neighboring states.\(^7\)

Neglect is by far the most common type of maltreatment reported – in 2019, neglect was reported as a reason for 87% of referrals to DCS, and 91% of reasons for foster care placement.

- The second most common reason for placement was parental substance use (60%), followed by parental incarceration and inadequate housing (each 19%).

- In 2019, the percent of removals in Indiana due to parental substance use was far higher than the national rate (60% vs. 38%) and was fifth among states (behind only Alaska, Texas, Utah, and Iowa).\(^8\)

- The opioid epidemic has been identified as one reason for increases in children removed from homes and placed in foster care, especially in the years between 2012 and 2017.\(^7\) Indiana saw a rise in parental substance misuse as a factor in removal – the total number of children removed in Indiana increased by 53% from 2014 to 2017, while the number removed for parent substance misuse increased by 89% in the same period. By 2017, 67% of removals were due to parental substance misuse. This number has declined but still represented 61% of removals in 2020.\(^9\)

Foster Care Policies prior to 2019

In January of 2018, Indiana Governor Eric Holcomb ordered an independent audit and review of DCS, which was conducted by the Child Welfare Policy and Practice Group (CWG).\(^1\) The CWG evaluation identified several strengths of DCS policies and practices, including high rates of kinship placement; strong relationships with the courts and other agencies; strong permanency outcome rates; policy content that was consistent with principles of family-centered practice; and guidance for placement with non-custodial parents or family members before considering moving the child elsewhere. Finally, the evaluation noted that policy encouraged parental interaction with children placed outside the home.\(^10\)

However, the evaluation also found areas in which DCS policies and practices could be improved.

- High rates of referral and out-of-home placements were attributed, in part, to relatively broad definitions of neglect that did not create exclusions for neglect based solely on poverty or “limited, one-time lapses in parental judgment.”

- Evaluators also pointed to requirements that any referrals for children under the age of three be automatically screened in, regardless of whether they met other statutory requirements, and policy language directing caseworkers to intervene solely based on evidence of parental substance use.

- The reviewers also noted some policies that seemed to encourage removal over consideration of other options, and they found inconsistency in the extent to which family engagement was used.

- The evaluation also identified that several DCS policies and practices may contribute to higher staff caseloads and time commitments, including workloads that frequently exceeded caseload standards for family case managers. For example, DCS staff were required to initiate assessments within one hour if it was believed the child was in imminent danger, which may not be practical.

- DCS policy required assessments to be completed in 30 days; other jurisdictions allow up to 60 days. Additionally, staff reported few opportunities for professional development and career mobility, leading to challenges with staff retention and thus disruptions for the families with whom case managers had worked.\(^10\)
Indiana made some significant legislative and policy changes in 2019, which coincided with the passage of the 2018 federal Family First Prevention Services Act. The Family First Prevention Services Act (FFPSA) authorized Title IV-E funding, which previously had only been available for foster care, adoption, and reunification services, to be used for services for mental health, substance abuse, and in-home skill-based programs for parents of children or youth who are candidates for foster care; pregnant or parenting youth in foster care; and parents or kin caregivers of those children and youth.14,15

- FFPSA is considered a major policy shift, designed to prioritize family permanence, and prevent removal, to the extent possible.16
- At least half of funding must be used on evidence-based programs. FFPSA also limits the use of Title IV-E for state reimbursement for congregate care. Funding for state reimbursement for congregate care is limited to two weeks, unless the placement is in a Qualified Residential Treatment Program; a setting specializing in prenatal, postpartum, or parenting supports; supervised independent living for youths over 18; or settings providing care to the victims of sex trafficking.7

In response to FFPSA, Indiana DCS developed a prevention plan that utilizes Intensive Family Preservation Services (IFPS) designed for families with substantiated cases of abuse or neglect whom DCS has identified as likely to be able to safely care for children in-home with the appropriate assistance. These services include mental health treatment, parenting programs, and substance abuse treatment and prevention.18 The plan represents key practice changes:

1. Shifting responsibility of determining appropriate intervention from family case managers to approved providers trained in evidence-based practices,
2. Increasing the use of evidence-based practices, and
3. Using a single provider per family to deliver holistic services allows family case managers to receive information from a single source rather than multiple, thus reducing time and burden.19

The DCS and the Indiana General Assembly also have made several legislative and policy changes aimed at addressing issues. Among the numerous changes included:

- Creating an exception to the statutory definition of neglect for parents who are financially unable to supply a child with food, clothing, or shelter but have not failed, refused, or demonstrated an inability to seek financial or other means to do so.
- Changing DCS policy to assert that referrals, regardless of age, must meet statutory requirements prior to being screened in.
- Changing the timeline for the completion of assessments from 30 to 45 days and caseload standards were updated to align with national recommendations.
- Introducing new training modules around family engagement and expanding the number of peer coach consultants focused on training and supporting staff to strengthen the child and family teaming process.20

Indiana’s policy and practice changes are reflected in recent declines in numbers of children with Child in Need of Services (CHINS) involvement, removals, and placements in foster care. The total number of CHINS involvements has declined by 29% from 2018 (8,676 in 2020 compared to 12,168 in 2018); the total number of children removed has declined by 27.7% from 2018 (7,547 children in 2020 compared to 10,434 in 2018); and the total number of children in foster care at some point has declined by 21% (26,913 in 2020 compared to 34,269 in 2018).21

### Data Spotlight: Policies Influencing the Foster Care System

<table>
<thead>
<tr>
<th>Year</th>
<th>Open CHINS cases</th>
<th>Removals</th>
<th>In foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>30,312</td>
<td>14,498</td>
<td>12,308</td>
</tr>
<tr>
<td>2017</td>
<td>34,225</td>
<td>15,122</td>
<td>12,860</td>
</tr>
<tr>
<td>2018</td>
<td>34,269</td>
<td>12,168</td>
<td>10,434</td>
</tr>
<tr>
<td>2019</td>
<td>30,237</td>
<td>9,674</td>
<td>8,639</td>
</tr>
<tr>
<td>2020</td>
<td>26,913</td>
<td>8,676</td>
<td>7,547</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services
Locally:

- **Encourage extended foster care services for older youth**: Extended foster care is associated with better outcomes for young adults. As of 2018, Indiana offers services to older youth through the age of 23 – these include Older Youth Services (OYS) and Collaborative Care; they are primarily geared toward youth who are expected to turn 18 while in care. The OYS include assisting these youth transition to self-sufficiency by helping them receive education, training, and personal and emotional support, as well as connections to community resources. Collaborative Care is an extended foster care program that allows current foster youth to remain in care with services through age 21.

- **Separate case management from academic advising and career coaching**: Supporting older foster youth includes providing services to support education and workforce skills development, as well as skills such as financial literacy and access to stable housing, and ensuring that older foster youth can participate in activities that build systems of support. To provide foster youth with specialized support and advice to help them transition into adulthood, the Department of Child Services can divide case management responsibilities and career coaching and counseling supports. Dividing case management and career coaching will provide foster youth with insight and information to help them make informed decisions around their next steps in education or career. Additionally, foster youths’ case managers can focus their supports on specific issues rather than serving as a catch-all for everything.

Statewide:

- **Address licensing barriers for kinship care**: Indiana has several policies in place to support kinship caregivers, including statutes aligned to Title IV-E of the Social Security Act that require due diligence to identify and provide notice to all adult relatives of a child removed from parental custody, as well as giving preference to kinship care placement. Kinship caregivers in Indiana are allowed to make educational and health-related decisions on behalf of children in their care and have statutory waivers for licensing requirements that would not impact a child’s health, safety, or well-being. Kinship caregivers are less likely than licensed foster parents to receive training or participate in peer support groups, and non-licensed kinship caregivers in Indiana are not eligible for daily payments from DCS. As such, Indiana may benefit from looking at addressing barriers to becoming licensed. For example, states like Tennessee and Nevada offer time-condensed (e.g., two-week long or four-week long) versions of training that are tailored to kinship caregivers, while Pennsylvania uses a kinship-specific curriculum along with frequent visits to ensure that licensure is completed in 60 days.

- **Increase youth voice in policymaking**: Older youth should be involved in decision making, from being engaged in their own case management to having opportunities to drive policymaking. In order to further engage youth in state-level decision making, state and local agencies can continue to expand opportunities for youth to participate on steering committees or advisory or leadership boards, particularly those that may have the ability to influence state and local policy and legislation. One positive step in increasing youth voice occurred in the 2021 legislative session. HEA 1537–2021 added two young adult members to the Commission for Improving the Status of Children.

- **Extend healthcare coverage to include telehealth treatments**: Over the past several years, Indiana has prioritized addressing substance use disorder through multiple methods, including the Next Level Recovery plan, which focuses on prevention and access to treatment (including prioritizing pregnant women for treatment access), as well as providing support for justice-involved individuals (including funding for expanding family recovery courts) and training for healthcare professionals and first responders. Increasing the availability of telehealth to support substance use disorder (SUD) treatment, including extending the ability to use Medicaid and other insurance for these services, may allow providers to better assess a client’s home environment while also offering treatment, thus better identifying the existence of family support systems and determining if in-home visits may be beneficial, in addition to increasing convenience for the client, which may be of particular importance for working parents or those without childcare. Telehealth can also help reduce the stigma associated with accessing services for SUD.

- **Review policies for implicit bias**: Indiana DCS has begun working toward addressing disparity and equity issues, including forming a Racial Justice, Equity, and Inclusion Advisory Council which includes youth voice; adding racial justice, diversity, and inclusion to the stated agency values; and creating work groups to develop recommendations and action steps associated with hiring, culture and climate, partnerships, services, training, and policy and practice. DCS staff development training also includes a culture and diversity curriculum. Additional practices that Indiana and DCS may wish to review include incorporating blind case reviews (a process in which demographic and other identifying information is removed from referrals), as well as reviewing policies (including mandatory reporting policies) to ensure they promote equity, and engaging organizations at the local level to address issues.
Promising Practices:

- Foster Success facilitates the Indiana Youth Advisory Board (IYAB) on behalf of the Indiana Department of Child Services (DCS). IYAB, a youth-led advisory board, is comprised of teens and young adults from across Indiana who are currently in or have lived experience in Indiana’s foster care system. IYAB is designed to provide young people a safe place to advocate, teach, learn, and belong to a community of their peers and supporters. Their advocacy work on issues they face extends from local, state, and national levels. Through IYAB’s work, Foster Success empowers each member to advocate for themselves and communicate their needs and concerns safely and effectively.

- Intensive services, like Nurse-Family Partnership, have been associated with a reduction in child abuse and neglect for participants, as well as a reduction in the use of preterm substances such as tobacco.\(^{37}\) Though these programs have not specifically been evaluated for their potential impact on reducing peri- and postnatal SUD-related issues, because these programs can connect pregnant and postpartum mothers to SUD-related education, counseling, and recovery opportunities, as well as provide ongoing support, they may be a promising resource in this area. As of the end of 2020, Nurse-Family Partnership programs in Indiana were serving over 1,700 families in 39 counties in Indiana, but given that there were more than 4,600 children referred to DCS in 2020 due to parental substance use, expansion of this type of programming may allow for more families to be served.\(^{38}\)

Nationally:

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

Indiana is home to the 14th largest population of children nationally. In 2020, more than 1.57 million children younger than 18 resided in Indiana. The child population has been declining slightly in Indiana (2.2%) over the past ten years. The majority of Hoosier youth reside in Marion County (15.0%), Lake County (7.0%), and Allen County (6.1%).

- In 2020, 51.2% of Indiana’s child population was male and 48.8% was female.
- In 2020, 26.6% of Indiana’s kids were under the age of five; 27.45% were ages 5 – 9; 28.5% were ages 10 – 14; and 17.3% were ages 15 - 17.

Indiana’s Older Youth Population

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

- In 2020, Hoosier youth ages 18 to 24 made up 9.9% (659,700) of the population with majority of them being ages 22 to 24 (41.8%) followed by 20 to 21 (30.1%).
  - 51.3% of youth ages 18 to 24 are males and 48.7% are female.

Percentage of Youth Population Ages 18 to 24 by Race/Ethnicity, Indiana: 2020

- White: 44.5%
- Black: 10.5%
- Hispanic/Latino: 8.8%
- Two or More Races: 4.7%
- American Indian: 0.2%
- Asian: 3.9%
- Native Hawaiian/Pacific Islander: 0.0%

Source: U.S. Census Bureau, Tables B01001A-I
Note: Older youth who are Native Hawaiian or Other Pacific Islander represent 0.0% of the 18-24 year old Hoosier population. American Indian youth represent 0.2% of the 18-24 year old Hoosier population.
Diversity

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

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

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

Race and Ethnicity

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

- In 2020, 29.8% (497,543) of Hoosier youth were a race or ethnicity other than White. This percentage has stayed the same compared to 2010, when 29.8% (479,231) of Hoosier kids were a race or ethnicity other than White.
- The American Indian child population has decreased by 30.3% from 2010 (3,863) to 2020 (2,691).
- The Asian child population saw the largest increase of 46.3% among all other races/ethnicities from 2010 (25,139) to 2020 (36,767).
- In 2020, the Black child population was 175,616, a 0.2% increase from 2010 (175,344).
- The Hispanic/Latino population grew from 153,588 youth in 2010 to 177,239 in 2020, an increase of 15.4%.
- From 2010-2020, Native Hawaiian or Other Pacific Islander youth saw the second largest increase in population size of 41.4% compared to all other races/ethnicities. The population grew from 369 children to 522.
- The White non-Hispanic child population has decreased by 13.9% from 2010 (1,280,541) to 2020 (1,102,494).
- Youth who are two or more races make up 6.7% (104,708) of the child population.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>Asian</td>
<td>Black</td>
<td>Hispanic/Latino</td>
<td>Native Hawaiian/</td>
<td>Two or more races</td>
</tr>
<tr>
<td>Martin County (2.6%)</td>
<td>Bartholomew County (8.2%)</td>
<td>Marion County (33.1%)</td>
<td>Clinton County (26.9%)</td>
<td>Switzerland County (3.1%)</td>
<td>LaPorte County (12.5%)</td>
</tr>
<tr>
<td>Wayne County (0.8%)</td>
<td>Hamilton County (8.4%)</td>
<td>Lake County (27.3%)</td>
<td>Cass County (26.6%)</td>
<td>Vanderburgh County (0.4%)</td>
<td>St. Joseph County (10.6%)</td>
</tr>
<tr>
<td>Monroe County (0.6%)</td>
<td>Allen County (5.3%)</td>
<td>St. Joseph County (17.0%)</td>
<td>Lake County (25.6%)</td>
<td>White County (0.14%)</td>
<td>Clark County (10.4%)</td>
</tr>
<tr>
<td>White County (0.6%)</td>
<td>Tippecanoe County (5.0%)</td>
<td>Allen County (12.8%)</td>
<td>Elkhart County (24.2%)</td>
<td>LaPorte County (0.11%)</td>
<td>Monroe County (10.3%)</td>
</tr>
<tr>
<td>Kosciusko County (0.5%)</td>
<td>Johnson County (4.2%)</td>
<td>Vanderburgh County (12.6%)</td>
<td>Marion County (17.5%)</td>
<td>St. Joseph County (0.9%)</td>
<td>Elkhart County (9.7%)</td>
</tr>
</tbody>
</table>
Children and Youth in Rural Counties

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

- Based on definitions of rurality from the U.S. Census Bureau, Indiana has 63 rural counties, over 2 in 3 (68.5%) of the total counties.
- 465,763 youth ages 0 to 17 live in those 63 counties. The majority of rural youth are ages 10 to 14 (28.4%), followed by ages 5 to 9 (27.5%), youth under 5 (26.3%), and youth ages 15 to 17 (17.8%).

Place of Birth

The majority of our state’s children were born in Indiana (83.8%), and another 13.8% were born in other states.

- 1.8% of Indiana children are foreign born, and 31.0% of those youth are naturalized American citizens.
- The number of Indiana children in immigrant families (comprised of at least one foreign-born parent or are themselves foreign-born) has steadily increased from 2009 (8%) to 2019 (12%).
- In 2018, 35% of immigrants in Indiana had a college degree or more education, 23% held a high school diploma only, and 28% had less than a high school diploma.
The Immigration and Nationality Act (INA) governs immigration law and policy in the U.S. with the following principles: the reunification of families, admitting immigrants with skills that are valuable to the economy, protecting refugees and providing humanitarian assistance, and promoting diversity. The INA permits up to 675,000 permanent immigrant visas each year and does not have a limit on the annual admissions of U.S. citizens’ spouses, parents, and children under the age of 21.52 Through the U.S. Refugee Resettlement Process, the federal government establishes an annual number of refugees admitted to the United States. Refugees are defined as a person with “well-founded fear of persecution due to race, membership in a particular social group, political opinion, religion, or national origin.” Each year the president works with Congress to determine the limit of refugee admission.53 For the federal fiscal year 2021, the refugee ceiling was set at 15,000 marking the lowest limit in the 40 years of the U.S. refugee Admissions Program. After the Biden Administration issued emergency determinations that changed the allocation process and increased the fiscal year refugee ceiling to 62,500.

- In 2021, approximately 132 refugees younger than 25 moved to Indiana. More than half of those arrivals (91) were younger than age 15.
- Of the refugee youth who moved to Indiana, 65.9% settled in Marion County, and 18.9% in Allen County.
- Marion County observed a peak of 588 refugee youth under 15 years old in 2017 and experienced a decline of 90.5% to 56 youth in 2021.
- Among refugees, 44.7% are from Burma/Myanmar, 18.9% from the Democratic Republic of the Congo, 12.1% from Afghanistan, and 24.2% are from other countries.54

**Refugee Arrivals for Youth Under 15 Years Old by County, Indiana: 2014–2021**

The Deferred Action for Childhood Arrivals program (DACA) was started in 2012 as a means for young people who came to the United States before their 16th birthday to remain in the country legally. Though DACA does not provide official legal status or a pathway to citizenship to these individuals, it does allow them to be "lawfully present" without the threat of deportation and apply for driver’s licenses and work permits. Only individuals who arrived in the country before their sixteenth birthday are eligible to apply for DACA. Applicants must be at least 15 when they apply and have been under the age of 31 on June 15, 2012. They must also be living in the United States when submitting their request for deferred action and must have lived continuously in the country since June 15, 2007. DACA also requires applicants to be in school, a high school graduate or holder of a high school completion certificate or GED, or an honorably discharged veteran of the U.S. Armed Forces or Coast Guard. Applicants convicted of a felony, significant misdemeanor, or three or more misdemeanors are ineligible for the program.55

- As of December 31, 2020, about 8,800 current DACA recipients live in Indiana. Since 2012, DACA has been granted to a total of 10,771 children in Indiana.56
- In 2018, immigrant-led households in Indiana paid $1.9 billion in federal taxes and $1 billion in state and local taxes. DACA recipients and DACA-eligible individuals in Indiana paid about $21.4 million in state and local taxes.57

Source: Indiana Department of Health
Note: The years represented are of the state fiscal years.
Language

About 1 in 10 (10.3%) Hoosier children ages 5-17 speak a language other than English at home.\(^58\) Students who have limited proficiency in speaking, listening, reading, and writing academic English are identified as English Learners. The majority of English Learners were born in the United States. Often, those English Learners who are also fluent in English are more likely to achieve higher educational outcomes than their peers who do not speak fluent English.\(^59\)

- Over half of Hoosier children who speak a language other than English speak Spanish (60.3%), followed by other Indo-European languages, such as German, French, and Hindi (21.8%), and Asian or Pacific Island languages (13.7%).\(^60\)
- In Indiana, 26,781 children ages 5-17 live in households considered to be limited English speaking. This means that they speak a language other than English at home and no one older than age 14 in the household speaks English only or speaks English "very well."\(^61\)

Religion

Individuals of all faiths who are regularly active in a religious community and civic engagement tend to be happier than those who do not. This is not connected to any type of religious affiliation but more to the experience of being active in a strong community on a regular basis. Additional research to understand the direct correlation of religion and overall wellbeing is needed.\(^62\) Youth adopt their mother's religious beliefs in their adulthood more than their father’s religion.\(^63\) As reported in 2017, among adults in Indiana, 72% identified as Christian – Evangelical Protestant (31%), Catholic (18%), and Mainline Protestant (16%) were the primary denominations. In comparison, during the same time period 70.6% of Americans identified as Christian. 2% of Hoosier adults identified as a non-Christian faith – 1% were Jewish and the other 1% were Muslim, Buddhist, Hindu, or another religion. 25% of adults identified as religiously unaffiliated with the majority (19%) of unaffiliated adults indicating no particular religious affiliation. The percentage of Hoosier adults who identified as religiously unaffiliated was 3.2 percentage points higher than the percentage of Americans who identified as religiously unaffiliated in 2017 (22.8%).\(^64\)

Defining Gender Identity and Sexual Orientation

Adolescence is a critical time for LGBTQI-GNC youth. Teenage years are a time of physical and social-emotional development, and it is also when many lesbian, gay, bisexual, transgender, queer/questioning, intersex, and gender nonconforming (GNC) youth begin to self-identify. These groups are often clustered together under umbrella terms such as "LGBTQ," "LGBTQI-GNC," and "queer." However, there are differences between these individuals and their identity.\(^65\)

Gender identity and sexuality may not easily fit into rigid or binary terminology; sexuality and gender identity/expression exist on a continuum. Youth’s personal identities may vary by such tiny differences that may not seem to differ from each other at all. It is important to recognize that LGBTQI-GNC youth are also not a monolithic or homogenous population. For example, being transgender does not equate to having same-sex attraction; a transgender male may be attracted to females, males, or both. As youth navigate through understanding, accepting, and sharing their identity, it is possible for things to change over time. Some younger individuals view sexuality and gender more fluidly.\(^66\)

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

- 4.5% of Indiana’s population identify as LGBTQ+, and 34% of the LGBTQ+ population has children.
- Most of the adult LGBTQ+ population is White (71%), followed by Hispanic/Latino (12%), Black (9%), and Two or more races (6%).
- 33% of older youth 18 to 24 identify as LGBTQ+.\(^67\)
- As of September 2020, Indiana was home to 43,000 LGBTQ+ youth ages 13 to 17; 7.8% of this population is comprised of transgender youth (3,350).\(^68\)

### Estimated Number of LGBT Youth Ages 13–17, Indiana: September 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT (total)</td>
<td>43,000</td>
</tr>
<tr>
<td>LGB (total)</td>
<td>42,000</td>
</tr>
<tr>
<td>LGB (Cisgender)</td>
<td>40,000</td>
</tr>
<tr>
<td>LGB (Trans)</td>
<td>1,800</td>
</tr>
<tr>
<td>Transgender (total)</td>
<td>3,350</td>
</tr>
<tr>
<td>Transgender (Straight/Other)</td>
<td>1,600</td>
</tr>
<tr>
<td>Transgender (LGB)</td>
<td>1,800</td>
</tr>
</tbody>
</table>

*Source: The Williams Institute*
Households and Family Composition

Family structure influences child development, the home environment, and the levels of economic resources available. As family structure changes, family resources and caregiving environments are also likely to change. The distinction between family and household, as used in U.S. Census Bureau data, is an important one. A household includes all the people who live together and may include both family and nonfamily households. Nonfamily households may be one person living alone or with others who are unrelated. Two or more people either related by birth, marriage, or adoption, and residing together are considered members of one family.

Over forty percent (42.7%) of Indiana’s families have children younger than 18.

- Among families with children, 77.6% have one or two children, 20.2% have three or four children, and 2.1% 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: 21.8%
  - Families with children only ages 6-17: 57.7%
  - Families with both children younger than 6 and ages 6-17: 20.5%

Hoosier children live in many different types of families. Compared to children living in two-parent families, kids living with a single-parent or experiencing family structure transitions face barriers, which may hinder a child’s developmental outcomes. Both single mothers and single fathers tend to face greater challenges to providing economic stability for their children, as there is just one person generating income rather than two.

- In 2019, 33.7% of children lived in single-parent families, which was lower than the national average (34%) and higher than the Midwest average (33%).
  - 70% of Black children lived in a single-parent family; 49% of children of Two or more races; 42% of Hispanic/Latino children; 28% of White children; and 15% of Asian children.
- Indiana had the lowest percentage of chiliding in single parent families compared to our neighboring states: Illinois (34%), Michigan (35%), Kentucky (36%), and Ohio (37%).
- Nearly four in ten children living with a single mother live in poverty (37.0%), compared with 16.8% of children living with a single father, and 5.8% of children living in a married couple family.
- Nearly 2 in 3 Indiana children live in married couple families (66.3%), 1 in 4 live with a single mother (24.2), and nearly 1 in 10 live with a single father (9.4%).

Households

Indiana has more than 2.6 million households.

- 716,930 of Indiana’s households include children younger than 18 (27.5%).
- Most Indiana’s children live in households with a biological parent (82.0%) followed by a grandparent as the householder (7.1%), stepparent (4.4%), foster parent (2.4%), adopted parents (2.4%), or other relative (1.6%).

Percentage of Child’s Relationship to the Primary Household Other Than Biological Parent, Indiana: 2020

<table>
<thead>
<tr>
<th>Relationship to Primary Household</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological child</td>
<td>82.0%</td>
</tr>
<tr>
<td>Foster Child or Unrelated</td>
<td>2.4%</td>
</tr>
<tr>
<td>Adopted Child</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other Relative</td>
<td>1.6%</td>
</tr>
<tr>
<td>Grandchild</td>
<td>7.1%</td>
</tr>
<tr>
<td>Stepchild</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Table B09018
Teen Births
Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socioeconomically disadvantaged, both before and after becoming parents, than their peers. Additionally, teen parenthood is one of the leading causes for dropping out of high school among female youth. Their children are also more likely to struggle to reach positive educational, behavioral, and health outcomes over the course of their lives than children born to older parents.80

- Indiana’s Teen Birth Rate for Ages 15-19 continues to decrease (2018: 22 per 1,000 improved to 2019: 21 per 1,000), though it is still above the national rate (17 per 1,000).
- Indiana’s overall ranking fell one position to 39th, signifying that the rate improvement does not match that of other states.
- Indiana had the second highest Teen Birth Rate for Ages 15-19 (21 per 1,000) among our neighboring states: Michigan and Illinois (15 per 1,000), Ohio (19 per 1,000), and Kentucky (25 per 1,000).
- In 2020, 4,126 babies had a mother between the ages of 15 and 19. This represents 5.3% of total births.
- The rate of babies born to teen mothers varies among race/ethnicity with 5 per 1,000 Asian or Pacific Islander teens, 32.1 per 1,000 Black teens, 29.4 per 1,000 Hispanic/Latino teens, and 15.2 per 1,000 White teens.
- The teen birth rate for teens 18 to 19 is a little over 5 times the rate of teens ages 15 to 17 (36.2 per 1,000 and 6.9 per 1,000 respectively). In 2020, there were 916 births to mothers ages 15-17, and 3,210 births to mothers ages 18-19.
- 2,452 births in 2020 were to parents who were both under 20 years old, representing 3.1% of total births.82

Adoptive Families
An estimated 37,774 Hoosier children live in adoptive families. Foster care adoptions, international adoptions, and private domestic adoptions are the three main avenues for adopting a child in the United States.

- 2,345 children were adopted through the Indiana Department of Child Services (DCS) in 2020.
- Of the 2,345 adoptions in 2020, 52.3% of the adopted children were under the age of 6.
- In the past five years, adoptions have increased by 55.7% (839). This ranges across Indiana’s counties with Marion County seeing the highest increase in adoptions of 166 and Union County seeing the biggest decrease (9).
- Of those waiting to be adopted in 2020, 27.4% were adopted within 180 days. Children who are Two or more races (31.0%) and White (27.9%) were more likely to be adopted within 180 days compared to their peers (27.4%).84
- Indiana had 50 inter-country adoptions involving immigration to the United States finalized in 2020. Almost half of the adopted children (22) were ages 5 to 12 years old.85
Foster Families

Children in foster care are vulnerable youth who have often been impacted by abuse, parental neglect, inadequate housing, the ongoing drug crisis, or other factors. Young people who experience foster care report challenges in education and employment opportunities. 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. To learn more about foster youth, check out Foster Youth in the Education Section.

- According to the Indiana Department of Child Services, 26,913 Hoosier children were in foster care at some point during 2020. This has increased by 6.6% since 2015 (25,238) and decreased by 11.0% since 2019 (30,237).
- From 2016 to 2020, 61 counties saw an increased number of children in foster care with Boone County seeing the largest increase of 96.8% (2015: 94; 2020: 185).
- 11.7% of all children removed in 2020 were below the age of 1, and 42.2% were younger than 5.
- Of the 26,913 children in foster care during 2020, 71.9% were White, 18.0% were Black, 9.8% were Two or more races, and 0.25% were American Indian, Asian, and Native Hawaiian.

Foster care children often experience multiple moves while in the care of the State. A child may be placed in an emergency placement at the time of their removal and then moved to another placement. A child may also be moved to a more or less restrictive placement setting based on his or her needs. The length of time in foster care ranges for children; it may be less than one day or up to 16 years.

- In 2020, 44.6% of placements were in a non-relative home, 42.4% were with relatives, 8.1% were in a residential home, 4.5% were in other placements, and 0.4% were placed out-of-state.
- Youth under 1 year old are more likely to have a placement with an “Other Placement,” compared to youth of other ages. 337 infants were in an Other Placement in 2016, then decreased to 282 in 2020. In comparison, the age group with the second-highest prevalence of this placement type in 2016 was 16-year-olds (51) and the age group with the second-highest prevalence in 2020 was 14-year-olds (39). Other placements include placement providers, unlicensed placements, and out-of-state resources.
- Placements in Relative Homes have decreased by 40.1% from 7,921 youth in 2016 to 4,743 youth in 2020 with this placement type. The 8-year-old age group saw the largest decline of 57.4% in placements in Relative Homes.
Foster Families continued...

- The average length of stay for children who exited care in 2020 was 615 days, up 31 days from 2019.
- Youth with the permanency outcome of adoption have the highest average length of stay of 1,222 days, or nearly 41 months. Those who were emancipated in 2020 had an average length of stay of 1,048 days or 35 months.
- The number of kids exiting care in 2019 ranges among Indiana’s counties with Marion County having the highest number of kids exiting care of 2,376 and Union County having the least of 4.
- White male youth saw the largest increase in male youth exiting care (40.6%), followed by Black male youth (40.3%), and male youth of Two or more races (34.6%) from 2015 to 2020. During the same time period, female youth of Two or more races saw the largest increase in female youth who exited care (37.9%) followed by Black female youth (34.1%) and White female youth (26.9%).
- 10,949 children exited care in 2020. Of these children, 62.1% were reunified with their parents.
  - Of those who were reunified with their parents, the majority were White (71.0%) followed by Black (19.9%) and Two or more races (8.7%).
- 2,315 youth exited care by adoption in 2020. Most of the youth who were adopted were 2 years old (13.0%) and 3 years old (10.6%). Youth who were 17 were the least likely to exit care by adoption (0.73%) compared to youth of other ages.

The overall goal for children and youth exiting foster care is a permanent placement (permanency). Outcomes that are considered permanency include reunification with the family, adoption, permanent placement with a relative, and guardianship. Non-permanent outcomes include emancipation, ending collaborative care, and transfer. In 2020, nearly 11,000 children and youth exited foster care, and 96% had permanent placements of reunification or being returned home (62%); adoption (21%); guardianship (9%); or permanent placement with a relative (4%). Just 15% were emancipated, and under 1% each had an outcome of transfer or ending collaborative care.

Placement Outcomes for Children/Youth Exiting Foster Care, Indiana: 2020

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Reunification</td>
<td>62.1%</td>
</tr>
<tr>
<td>Adoption</td>
<td>21.2%</td>
</tr>
<tr>
<td>Guardianship</td>
<td>9.4%</td>
</tr>
<tr>
<td>Permanent Placement with a Relative</td>
<td>3.5%</td>
</tr>
<tr>
<td>Emancipation</td>
<td>1.5%</td>
</tr>
<tr>
<td>Runaway with Wardship Dismissed</td>
<td>0.6%</td>
</tr>
<tr>
<td>Transfer</td>
<td>0.2%</td>
</tr>
<tr>
<td>End Collaborative Care</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other (death, returned home, detention, detained...)</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

Multigenerational Households: Grandparent Householders

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

- In 2020, 122,053 grandparents live with their grandchildren who are younger than age 18 in Indiana, a 0.5% decrease from 2019 (122,670).
- Of those children living with their grandparent, 43.8% of grandparents are directly responsible for the child, which increased by 2.5 percentage points from 2019 (41.3%).

Grandparent Kinship Caregivers

Kinship care involves a relative or someone with a 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, 40.8% (21,855) are older than age 60.
- 40.7% of children living with their grandparents are under the age of 6.
- In households where the grandparent is responsible for the grandchild, 43.3% receive Supplemental Social Security Income (SSI), cash public assistance income, or Food Stamps/SNAP benefits.
- 22.4% of children whose grandparents are responsible for them live in poverty.
The Adoption and Safe Families Act of 1997 requires that kinship/relative caregivers meet the same licensing standards as foster parents. Indiana has relative-specific licensing standards for relatives who may not have the capacity to meet the standard of a foster parent, but it would be in the best interest to place the child with them. Additionally, Indiana offers statutory waivers for any requirement that would not impact the health, safety, or well-being of the child. Following the enactment of The Fostering Connections Act of 2008, states have the option to provide kinship guardianship assistance payments on behalf of children to grandparents and other relatives who have assumed legal guardianship of the children. Indiana does not have a statute to provide financial subsidies for relative care.97

### Children Living with a Grandparent Householder, Grandparent Responsible, No Parent Present, Indiana: 2014–2020

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.0%</td>
<td>22.8%</td>
<td>20.9%</td>
<td>23.9%</td>
<td>29.9%</td>
<td>23.4%</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Table S1001

### Leveraging the Data: Statewide

- **Offer financial subsidies to kinship caregivers within and outside of the child welfare system:** Grandparent subsidy and relative caregiver programs can provide monthly financial assistance to help grandparents and other kinship caregivers provide for the children in their care.98 Through these programs, kinship caregivers receive funding that can be used for various child-related expenses including school clothes, groceries, and portions or rent or utilities. Indiana can utilize federal Title IV-E funding under the Social Security Act for this purpose. Thirty-five states and Washington D.C. have approved Guardianship Assistance Programs that are reimbursable through the Social Security Act’s Title IV-E. Through provisions in statute or administrative code, Indiana’s neighboring states, Michigan, Ohio, and Kentucky offer a Kinship Subsidized Guardianship Assistance Agreement.

  - **Kinship Permanency Incentive Program:** The Kinship Permanency Incentive program (KPI) provides temporary financial support for minor children in the legal and physical custody of grandparents, relatives, or other kinship caregivers. The KPI program is designed to promote permanent commitments by kinship caregivers, by helping defray some of the costs of caring for children. KPI provides incentive payments to families caring for their kin. Eligible kinship caregivers will receive an initial payment to defray costs of initial placement and may receive subsequent payments at six-month intervals to support the stability of the child’s placement in the home.

  - **Ohio Works First:** Kinship caregivers and the children in their care can apply for monthly cash assistance through the Ohio Works First (OWF) program. The OWF program is the financial assistance portion of Ohio’s Temporary Assistance to Needy Families (TANF) program. In order to be eligible for the OWF program, applicants must be related by blood or marriage, or be a legal guardian or custodian to the children in their care. Additionally, minor children who live with a guardian other than their parents may be eligible for “child-only” assistance through this program.99

### Promising Practice:

- **Relatives as Parents Program:** The Relatives as Parents Program (RAPP) is implemented across the nation. The Cornell Cooperative Extension has been implementing the program model for 15 years in Dutchess County, New York. Through the community-based program, kinship caregiver families can participate in educational workshops, peer support groups, inter-generational events, and receive referrals for community resources. Additionally, the program supports kinship caregivers by promoting group discussion and peer support through parenting and kinship education.100 At present, this program is not implemented in Indiana; however, states like Pennsylvania have implemented the program through a university’s extension program such as the Pennsylvania State University Extension.101
Parental Educational Attainment

A parent’s level of education is associated with several measures of children’s well-being. Children who live in a household with a parent lacking a high school diploma often have poor educational outcomes, low achievement scores, a higher likelihood of repeating a grade, and are more likely to drop out of high school. Nationally in 2019, 9% of children under 18 lived in households where no parent had completed high school, 26% lived in mother-only households, 8% lived in father-only households, and 18% were in families living in poverty.102 Parental education is also connected to a family’s potential income. Those who have a degree beyond high school earn more over the course of their lifetimes than those who only have a high school diploma.103 To learn more about a family’s median household income, check out income in Economic Well-being.

- In Indiana, 11% (174,000) of children live in families where the head of a household lacks a high school diploma, one percentage point below the national (12%). This is higher than the Midwest average of 9%.
- The percentage of Hoosier children living in families where the head of the household lacks a high school diploma decreased overall from 12% (186,000) in 2014 to 11% (174,000) in 2019. This has decreased by a total of two percentage points since 2010 (13%).
- Hispanic/Latino children in Indiana have a higher percentage of living in families where the head of the household lacks a high school diploma (30%) compared to their peers – Black (10%), White (8%), and Two or more races (8%).104
- Children of parents with less than a high school diploma had a higher rate of living in poverty than those children of parents with higher education.105

![Percentage of Families Living in Poverty by Parental Education Level, Indiana: 2020](image)

*Source: U.S. Census Bureau, ACS Table S1702*

![Median Lifetime Earnings by Educational Attainment, U.S.: 2021](image)

*Source: Georgetown University Center on Education and the Workforce*

Military Parents

Military deployments have been compared to other adverse childhood experiences like parental divorce or incarceration, because there are periods where the child is separated from their parent. Children living in military families face challenges, like frequent relocation, extended separation from parents, and fear of their parents being in danger.106 Children of deployed parents are more likely to experience anxiety, depression, aggression, and problems with attention in school.107 In addition to the challenges children of military parents may experience, the parent’s military service can provide the child with benefits that include access to health care, early childhood education, youth programs, and financial services.108

- Nationally, 36.5% of active-duty members had children in 2019, contributing to approximately 977,000 children in active-duty families.
- Nationally, most active-duty children were 5 years or younger (42.1%) followed by 6 to 11 years (32.1%) and 12 to 18 years (21.8%).109
- In 2018, 62.8% of all U.S. military families had children.
- Indiana was home to 18,344 Reserve members (including National Guard) and 1,023 Active Duty military members. Indiana is ranked 15th with the highest number of reserve members.110
Incarcerated Parents

When a parent or other family member is incarcerated, a family’s stability is affected by lost income, higher mobility, social stigma, and unstable environments.

Potential Consequences of Parental Incarceration:

- Children exposed to paternal incarceration are more likely to exhibit externalizing behaviors, such as destroying things or demanding a lot of attention.
- Paternal incarceration during early or middle childhood has been associated with poorer cognitive outcomes among 9-year-old children.
- In elementary school, children of incarcerated fathers are more likely to be held back a grade, placed in special education, or suspended.
- Parental incarceration is associated with a greater likelihood of unmet healthcare needs among children.
- Research on older children has found maternal incarceration to be associated with a lower chance of college graduation.111

Nationally, about 58% of females (57,700) and 47% of males (626,800) in state or federal prison were parents with minor children. Prisoners reported having an estimated 1,473,700 minor children.112

- 9.0% of Indiana children have a parent who has served time in jail, compared to 7.4% nationally.
- Children who live in a household with income at 0–99% Federal Poverty Level (FPL) are more likely to experience parental incarceration (21.4%) compared to their peers:
  - 12.9% of household income 100–199% FPL,
  - 6.7% household income 200–399% FPL, and
  - 2.8% of household income of 400% FPL or greater.113
- As of July 1, 2021, 24,086 adults were incarcerated in Indiana’s institutions. 42.5% of incarcerated adults have one or more drug offenses.114

Due to an increase in punitive policies, the prison population in the United States began to expand in the 1970s. Immediately, the policies lead to sharp inclines of incarcerated individuals from communities of color. The 1994 Crime Bill contributed to the increasing prison populations by providing money to states to perpetuate policies that increased prison populations and kept inmates in prison for longer sentences.115 In Indiana, the prison population has increased by 330% from 6,281 inmates in 1980 to 26,969 in 2019.116 Mass incarceration impacts all residents in a community, and, for those who experience multiple marginalized statuses (e.g., income and minority status), incarceration can compound the negative outcomes.117

- In 2018 and 2019, Black youth were nearly 1.5 times as likely (13.9%) to have an incarcerated parent compared to all youth in Indiana (9.8%).
- Nationally and in Indiana, youth of color are more likely to have a parent or guardian incarcerated compared to all youth.118

Children Within Each Racial and Ethnic Subgroup Whose Parent or Guardian Served Time in Jail, Indiana and United States: 2018 and 2019

<table>
<thead>
<tr>
<th>Racial/Ethnic Subgroup</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>9.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Black</td>
<td>13.9%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12.0%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Other</td>
<td>21.9%</td>
<td>11.8%</td>
</tr>
<tr>
<td>White</td>
<td>8.3%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Source: Annie E. Casey KIDS COUNT® Data Center
Note: Due to data suppression, data for American Indian, Asian, or Native Hawaiian/Pacific Islander youth were not available. The category of “Other” may include American Indian, Asian, Native Hawaiian/Pacific Islander, or Two or more races youth.
When a parent returns from incarceration, reentry can be difficult for parents and their children. Economically, the unemployment rate for the formerly incarcerated is significantly higher than the unemployment rate for the general population. When disaggregating the unemployment rates of previously incarcerated people by race, Black Women (44%) and Black Men (35%) encounter higher unemployment rates than White Women (23%) and White men (18%). Due to stigma and other factors, formerly incarcerated parents may encounter difficulty finding employment which impacts their ability to provide financially for their children.

Locally:

- **Promote family-focused reentry:** Helping families connect to reentry services may bolster their ability to prepare for and navigate the obstacles they encounter when an incarcerated parent returns to the community. Thus, when providing reentry information and resources within a correctional facility, it is important to include family-based support resources and to make this information available to visiting family members. Facilities can include the following in their visitor lobbies to increase opportunities for families to learn about reentry services: providing materials about reentry resources and services available in the family’s community, training staff on reentry information so they can share with visiting families, holding re-entry resource fairs in the visitor lobby during visiting hours, providing information about parole and/or probation policies. Families and children in reentry planning will prepare them better for the parent’s return and minimize some of the ambiguity children face.

- **Support expanded parent-child communication:** Correctional facilities can offer multiple opportunities for incarcerated parents to communicate with their children through letter writing, phone calls, and electronic communication like emails, and other activities. These communication methods allow parents and children to freely interact and build or maintain relationships, and they provide parents with opportunities to exercise their rights as parents to be involved in important conversations about their children. For example, when possible, parents could communicate with their children’s teachers, counselors, and other school officials about their children’s progress in school. Moreover, if there is an open child welfare or child support case, parents could receive regular updates from respective parties.

**Statewide:**

- **Collect and publish data on children in state care as a result of an incarcerated family member:** Analyzing foster care placements, service needs, and educational outcomes of children with incarcerated parents can provide a more comprehensive picture of the impact of having a parent incarcerated. With more robust documentation and merging of datasets, the state will have a clear picture of the data to then analyze and determine areas to improve the lived experiences of children with incarcerated parents. Data can be distributed in the aggregate to protect the children’s privacy.

**Promising Practice:**

- Located in the Bay Area, California, **Project Avary** gives children of previously or currently incarcerated parents a long-term community of support and belonging that inspires healing, dignity, and empowerment. They are a community of care, where youth receive social-emotional support, leadership development, and job training. Youth enter the Project Avary program as young as age 8, move up through the ranks to become teen leaders and junior counselors where they break free from generational cycles of incarceration and become the leaders and healers of the next generation of youth. Program offerings include leadership and mentoring programs. Project Avary reports that over 94% of participating youth show success and positive growth in key psycho-social factors that research shows are critical for healthy childhood development and for overcoming the challenges and traumas of parental incarceration. Moreover, 84% of Avary graduates completed at least one year of college.
Family Stability and Engagement

Children thrive in stable and nurturing environments. Although some change in children’s lives is normal, abrupt, or involuntary disruptions can affect children’s feelings of security. Instability is often associated with family stress and can negatively impact children’s physical, emotional, and cognitive development. Abrupt or involuntary changes in income, family composition, parental employment, and food or housing security are additional areas of family instability that are associated with poor short-term and long-term child outcomes.124

- 32.4% of Hoosiers parents and family members read to their children ages 5 years old and younger every day in 2019 and 2020. Most Hoosier parents reported reading one to three days (41.0%).126
- 45.2% of Hoosier families told stories or sang songs every day to children 5 years and younger, this is 4.2 percentage points below the national average (49.4%).126
- Most Hoosier families (44.1%) eat a meal together every day.27
- 5.9% of Hoosier mothers reported fair or poor mental health in 2019 and 2020 compared to 4.0% of fathers reporting fair or poor mental and emotional health.128, 129
- When Hoosier families face problems, 51.6% of families report they will work together to solve problems all the time and 38.4% reported they’d problem solve together most of the time. Nationally, families report problem solving together all the time 2.8 percentage points more than Hoosier families (54.4% and 51.6% respectively).130
- 82.9% of Hoosier parents report they receive day-to-day emotional help with parenting.131

Family Stress

Comforting and emotionally stable adult relationships in the early years have a significant impact on a child’s overall mental and health outcomes as an adult.132 During the pandemic, families may have experienced more stress due to loss of income, pressures of finding new work, changes in work and life habits, or facing unemployment. Moreover, daily tasks and decision-making often became more difficult during the pandemic for young adults and parents. Increased uncertainty weighed on many Americans due to the changes in decisions about safety, security, growth, travel, work, and more. 36% of adults reported more stress with making day-to-day decisions, and 35% reported more stress with making major life decisions compared to pre-pandemic.133

All sources of stress remain higher than pre-pandemic with significant increases in stresses sourced from the economy, housing costs, discrimination, and personal safety.134 The prevalence of various stressors may increase the number of parents with a mental illness or find negative coping devices, such as substance abuse. Any cases when parents are dealing with mental illness or substance abuse affects the parental-child relationship.

- Nationally, 48% of parents reported that the level of stress in their life has increased compared with before the pandemic. 62% of parents with children still at home learning remotely reported the same.
- Nationally, fathers were significantly more likely (82%) to say they could have used more emotional support than mothers (68%).135
- Nationally, compared to 2020, parents were more likely to say family responsibilities (75% vs. 70% of parents in 2020) and relationships (68% vs. 64%) are significant sources of stress in their lives.
- Nationally, compared to 2020, parents were less likely to feel they are doing enough to manage their stress (58% vs. 67%).136
- 60.0% of Hoosier parents report handling the day-to-day demands of raising children “very well.”137
- 7.0% of Hoosier parents report “usually/always” feeling aggravation from parenting during the past month.138


Family responsibilities are very/somewhat significant source of stress

- 75%
- 70%

Relationships are very/somewhat significant source of stress

- 68%
- 64%

Could have used more emotional support than they received over the past year

- 79%
- 71%

Feel they are doing enough to manage their stress

- 58%
- 67%

Naps to manage stress

- 35%
- 30%

Spends time with friends of family to manage stress

- 35%
- 42%

Mental health is very good or excellent

- 47%
- 52%

Source: American Psychological Association
Child Bereavement

When a family member dies, children react differently from adults. Preschool children usually see death as temporary and reversible, a belief reinforced by cartoon characters who die and come to life again. Children between five and nine begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know. Research shows that bereaved children are at an increased risk of disrupted development. Unaddressed childhood grief and trauma can lead to short- and long-term difficulties including decreased academic performance, mental health issues, and early mortality.

Children who are having serious problems with grief and loss may show one or more of these signs:

- An extended period of depression in which the child loses interest in daily activities and events,
- Inability to sleep, loss of appetite, prolonged fear of being alone,
- Acting much younger for an extended period,
- Excessively imitating the dead person,
- Believing they are talking to or seeing the deceased family member for an extended period of time,
- Repeated statements of wanting to join the dead person,
- Withdrawal from friends, and
- Sharp drop in school performance or refusal to attend school.

1. In 12 children in Indiana will experience the death or a parent or sibling by age 18.
2. 8.4% of children will be bereaved by age 18, 1.1 percentage points higher than the national rate (7.3%).
3. By age 18, 1.6% of children in Indiana will experience the death of a sibling, 0.3 percentage points above the national average (1.3%). By age 25, 2.6% of Hoosiers will have experienced the death of a sibling. For both age groups, Indiana’s rates are higher than the national rates.
4. By age 18, 6.9% of Hoosier children will endure the loss of a parent, 0.8 percentage points above the national average (6.1%).
5. Accidents, conditions related to birth, and birth defects are the leading causes of death for Hoosier youth ages 24 and younger. For adults ages 25 to 60 years, cancer, heart disease, and accidents are the leading cause of death.

Percentage of Children Experiencing a Death of a Sibling and Death of a Parent by Age Group, Indiana and U.S.: 2020

Parents with Mental Health Illnesses

Living with someone with mental illness can have an impact on the entire family. A child, specifically preschool age (3-5 years), that lives with a parent experiencing mental illness can be at a higher risk for poor behavioral and psychosocial outcomes. Services to assist parents with caring and nurturing the child can decrease feelings of anxiety and isolation for both parents and children.

- 1 in 5 Indiana adults (22.3%) experienced some type of mental illness in 2018 and 2019.
- 16.8% of Hoosier adults received mental health services; 8.3% had a major depressive episode; 5.4% had a serious mental illness; and 5.6% had serious thoughts of suicide.
- 1 in 10 Hoosier children (9.9%) have lived with someone who was mentally ill, suicidal, or severely depressed, compared to 8.8% nationally.
- In Indiana, of parents who live with their children, 5.9% of mothers report “fair” or “poor” mental health and 4.0% fathers report “fair” or “poor” mental health.
Parents with Substance Use Disorders

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

- In 2018 and 2019, 6.0% of Indiana adults reported having an alcohol use disorder in the past 12 months, compared to 5.7% nationally.
- 9.9% of Indiana children have lived with someone who had a problem with alcohol or drugs, higher than the national rate (8.6%).

| Percentage of Children Removed from the Home Due to Parent Drug and/or Alcohol Abuse, Indiana: 2020 |
|---------------------------------------------------------------|---------------------------------------------------------------|
| **10 Highest Counties**                                      | **10 Lowest Counties**                                       |
| Parke                                                        | DeKalb                                                        |
| Switzerland                                                  | Pike                                                          |
| Union                                                        | Lake                                                          |
| Warren                                                       | St. Joseph                                                    |
| Putnam                                                       | Elkhart                                                       |
| Kosciusko                                                    | Perry                                                         |
| Carroll                                                      | Marion                                                        |
| Blackford                                                    | Bartholomew                                                   |
| Fayette                                                      | Decatur                                                       |
| White                                                        | Shelby                                                        |

Source: Indiana Department of Child Services

- Of the 7,547 total removals conducted in 2020, 61.0% (4,604) included parent drug and/or alcohol abuse as a contributing reason for removal.
- Since 2015, Indiana has seen a 25.4% decrease in children removed with parental alcohol or drug abuse cited as a contributing factor for removal; from 6,175 children to 4,604 children in 2020.
- 26.6% of youth removed from their homes with parental drug and/or alcohol abuse as a contributing reason were less than a year old.
- The number of children removed with substance use cited peaked in 2017 for both males and females (4,468 and 4,188 respectively) and has steadily decreased since then. Overall, the number of children removed with this factor has decreased by 46.8% from 8,656 in 2017 to 4,604 in 2020.
- 79.4% of youth with this factor were White followed by youth of Two or more races (11.4%), Black youth (9.1%), and Hispanic/Latino youth (5.7%).
Adverse Childhood Experiences and Discrimination

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

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

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

- 20.9% of Hoosier children have experienced two or more ACEs.
- Hoosier youth have a higher prevalence than their peers nationally in eight out of nine ACEs as measured by the National Survey of Children’s Health.

### Percentage of Children with Adverse Childhood Experiences, Indiana and U.S.: 2019 and 2020

<table>
<thead>
<tr>
<th>Experience</th>
<th>Indiana 2019</th>
<th>Indiana 2020</th>
<th>United States 2019</th>
<th>United States 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent divorce or separation</td>
<td>26.4%</td>
<td>23.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or guardian died</td>
<td>3.3%</td>
<td>2.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or guardian served time in jail</td>
<td>9.6%</td>
<td>7.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lived with anyone who was mentally ill, suicidal, or severely depressed</td>
<td>9.9%</td>
<td>8.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lived with anyone who had a problem with alcohol or drugs</td>
<td>9.9%</td>
<td>8.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated or judged unfairly because of race/ethnicity</td>
<td>4.8%</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessed domestic violence</td>
<td>6.4%</td>
<td>5.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>4.4%</td>
<td>4.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard to cover the basics, like food or housing, on family’s income</td>
<td>14.7%</td>
<td>14.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Understanding ACEs within populations is essential when allocating resources and implementing programming to help either reduce adverse childhood experiences, lessen the impact of ACEs on future outcomes, or prevent associated harm. ACEs was not designed to diagnose individuals or assign individual risk when determining services or treatments. It can, however, be used as a conversation starter about a person’s history and opportunities organizations and programs might identify to further build resilience and supports. Notably, systemic inequities may undergird the presence of ACEs and exacerbate its impact in many populations, especially in historically marginalized communities. For further information regarding the appropriate use of ACEs, please see the statement from the Indiana Commission on Improving the Status of Children.160

**Discrimination and Racism**

Being treated unfairly because of race/ethnicity is one of the 10 Adverse Childhood Experiences and can cause racial trauma for children. Racial trauma is defined as “psychological symptoms, such as anxiety, hypervigilance to threat, or lack of hopefulness for your future as a result of repeated exposure to racism or discrimination.”161 Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury, which exacerbates historical and intergenerational traumas. Racial trauma can be induced by an individual (when a youth is told to ‘go back to their country’ when overhead speaking Spanish) or the systemic marginalization of communities (such as government-sanctioned geographical isolation creating barriers in providing mental health resources to American Indian communities, where rates of suicide are 3.5 times higher than racial/ethnic groups with the lowest rates of suicide).162

Discrimination and racism were prevalent in Indiana throughout the 20th century. One of the last lynchings in America happened in Marion, Indiana. The Indiana Ku Klux Klan boasted 250,000 members at the height of its mainstream popularity in the 1920s. The 1920s membership included the Governor, Mayor of Indianapolis, over half of the elected members of the Indiana General Assembly, and many other high-ranking local and state officials. In the last few years, the number of hate crimes across Indiana has increased.163 A hate crime is a traditional offense like murder, arson, or vandalism with an added element of bias. The Federal Bureau of Investigations has defined a hate crime as a “criminal offense against a person or property motivated in whole or in part by an offender’s bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.”164

- In 2020, law enforcement agencies reported 189 hate crime incidents in Indiana, a 148.7% increase from the 76 incidents reported in 2019, and a 70.3% increase from the 111 incidents reported in 2018.
- Most reported hate crime incidents in Indiana were motivated by race, ethnicity, or ancestry (124); religion (34) and sexual orientation (23) followed.
- 69.4% of hate crimes were crimes against persons (169).165
- In 2020, 50 agencies reported hate crimes in Indiana. Additionally, hate crimes were reported in 24 counties.166

In 1947, Indiana became one of the first states to pass a hate crime law. After being ruled unconstitutional under the First Amendment in 1964, the law was removed from the state code in 1977.167 In 2019, Indiana’s Senate introduce Senate Bill 12. The bill provides that a court may consider bias in ordering a criminal sentence. Once revised and approved by both the State House and Senate, Governor Eric Holcomb signed the bill into law in April 2019.168

**Children Who Have Experienced Unfair Treatment or Judgement Because of Their Race or Ethnicity, Indiana and U.S.: 2019 and 2020**

<table>
<thead>
<tr>
<th></th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>16.1%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other</td>
<td>21.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>White</td>
<td>0.7%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*Source: National Survey of Children’s Health*

*Note: The category “Other, non-Hispanic” can include American Indian or Alaska Native, Asian, Two or more races, and Native Hawaiian and Other Pacific Islander youth as defined by the source.*

In 1947, Indiana became one of the first states to pass a hate crime law. After being ruled unconstitutional under the First Amendment in 1964, the law was removed from the state code in 1977.167 In 2019, Indiana’s Senate introduce Senate Bill 12. The bill provides that a court may consider bias in ordering a criminal sentence. Once revised and approved by both the State House and Senate, Governor Eric Holcomb signed the bill into law in April 2019.168
Abuse and Neglect

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

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

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, depression, suicide, alcoholism, criminal behavior, and future abuse as an adult. Incidents officially reported during the pandemic may be an underestimate of the true frequency of abuse and neglect. Chronic abuse may result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties. When looking at maltreatment fatalities in previous years, many of the times it is due to caregiver stressors, such as substance abuse or insufficient income and unemployment.

Federal data from 2019 showed that Indiana had a rate of 112.9 referrals per 1,000 children, the fifth highest among states for which data was reported (44, including DC), and one of only six states with a rate higher than 100 referrals per 1,000 children. Indiana’s 2019 screen-in rate (the percent of referrals that met the criteria for investigation) was 68%, compared to 59% nationally, and Indiana’s rate of investigation or assessment per 1,000 children in 2019 was 94.3, much higher than the national rate of 47.2 and exceeding the rates of all neighboring states.

Neglect is by far the most common type of maltreatment reported – in 2019, neglect was reported as a reason for 87% of referrals to DCS, and 91% of reasons for foster care placement. The second most common reason for placement was parental substance use (60%), followed by parental incarceration and inadequate housing (each 19%). In 2019, the percent of removals in Indiana due to parental substance use was far higher than the national rate (60% vs. 38%) and was fifth among states (behind only Alaska, Texas, Utah, and Iowa).
Reason for Removal, Indiana and U.S.: 2019

<table>
<thead>
<tr>
<th>Reason</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>91%</td>
<td>64%</td>
</tr>
<tr>
<td>Parental substance use</td>
<td>60%</td>
<td>38%</td>
</tr>
<tr>
<td>Parental incarceration</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Inadequate housing</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Inability to cope</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Child behavior problem</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Adoption and Foster Care Analysis and Reporting System

Reporting

The Indiana Child Abuse and Neglect Hotline serves as the central reporting center for child maltreatment allegations in Indiana. The most common sources of a report for alleged child abuse or neglect come from individuals who have contact with children as part of their jobs (e.g., teachers, police officers, lawyers, and social services staff), followed by friends, parents, relatives, and neighbors. Nationally, educators are the primary reporters of child abuse and neglect generating 21.0% of reports. Neighbors, relatives, friends, and other adults submitted 15.7% of the reports for child abuse or neglect.174

- In 2020, the Indiana Child Abuse and Neglect Hotline received 216,277 reports. The number of reports made to the Indiana Child Abuse and Neglect Hotline has increased by 6.8% since 2015 (202,493).
- The Hotline handled an average of 599 calls per business day and 238 per weekend and holiday day. The average caller spent 13 minutes and 35 seconds speaking with an intake specialist.175
- A child protective service response is an investigation that determines whether an intervention is needed and is conducted for all reports of child maltreatment. In 2019, Hoosier children received more child protective services responses for child maltreatment (94.3 per 1,000 children) than their peers nationally (47.2 per 1,000).176

According to past trends of child neglect and abuse, maltreatment fatalities are more likely to occur in the home with the parents being the main perpetrator. In 2019, between March and May, there was a steady increase in the number of calls handled at the DCS Hotline, and then a sharp decrease in June as students started summer break. In 2020, there was a sharp decrease in calls handled by DCS between March and April. This coincided with the beginning of the pandemic and when the stay-at-home order was initially declared.177 The number of calls from January to September 2021 was similar to the number of calls during the same time period in 2019. This suggests that the number of calls during 2021 returned to pre-pandemic numbers, and the dip in April 2020 was irregular.

Total Number of CallsHandled from DCS Hotline, Indiana: January – September 2019–2021

Source: Indiana Department of Child Services
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. DCS operates a 24-hour, 7-days-a-week hotline for reporting suspected child abuse or neglect: 1-800-800-5556.

Prevalence

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

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

- In 2020, there were 27,083 child victims of substantiated allegations of child abuse or neglect in Indiana. This is an overall decrease of 6.9% since 2015 (29,079), and a decrease of 5.9% from 2019 (28,775).
- Of the 27,083 substantiated allegations, 56.9% were for children 6 years old and younger.
- Carroll County saw the largest decrease of 63.7% in substantiated allegations from 2019 (102) to 2020 (37). Ohio County saw the largest increase of 113.3% in substantiated allegations from 2019 (15) to 2020 (32).
- In 2019, the most common form of substantiated allegations was neglect (87.2%), followed by sexual abuse (10.7%), and physical abuse (6.9%).
- Most reports were substantiated in August in 2019 (14.1%), May in 2020 (16.3%), and August in 2021 (15.4%). 16.3% was the largest percentage of reports being substantiated in 2019 and 2020.

Victim Characteristics

Nationally, children in their first year of life have the highest rate of victimization at 25.7 per 1,000 children of the same age in the national population. Similarly, Indiana’s youngest children are the most vulnerable to maltreatment and neglect. Moreover, in 2019 Indiana girls experienced abuse or neglect at a higher rate (15.5 cases per 1,000 children) than boys (13.9 per 1,000).

- Hoosier youth of multiple races had the highest rate of 26.2 cases per 1,000 children, followed by Black youth (22.9 cases per 1,000), and Pacific Islander youth (14.3 cases per 1,000).
- In 2019, Hoosier infants younger than age one experienced abuse or neglect more (61.4 cases per 1,000 children) than children of any other age.
Child Maltreatment Fatalities

Child fatalities due to neglect and abuse can be difficult to track and may be underreported. Child fatalities may involve repeated abuse over a period of time or be caused by a single incident. Fatal child neglect involves a caregiver’s failure to act, which may be chronic or acute negligence.\textsuperscript{187}

- In 2020, 50 Hoosier children died from child abuse and neglect, a 18.0% decline from 2019 (61).
- Of total fatalities, 22 (44.0%) were due to abuse and 28 (56.0%) were due to neglect.
- Fatalities due to child abuse and neglect continue to disproportionately affect young children. 62.0% of fatalities were victims 3 years old or younger (31 out of the 50 fatalities).
- In 2020, 34% of the fatalities (17) were determined to be accidental, 44% (22) were homicides, 14% (7) could not be determined. Four fatalities (8%) were recorded as a result of natural causes.
- 26% of the victims had prior substantiated history with the Department of Child Services.\textsuperscript{188}

Perpetrator Characteristics

In Indiana, most perpetrators (76.7%) of child maltreatment were parents in 2019. During that same year, nationally, individuals ages 25–34 had the highest rate of being a perpetrator (4.7 per 1,000 adults) compared to other age groups. In Indiana, individuals ages 25–34 had a higher rate of being a perpetrator (8.9 per 1,000 adults) compared to the national rate (4.7 per 1,000 adults).

- In 2019, there were 18,477 child maltreatment perpetrators in Indiana. 57.3% of perpetrators were female and 42.5% were male.
- In Indiana, most perpetrators were White (73.3%), followed by Black (17.8%) and Hispanic/Latino (5.8%) in 2019.\textsuperscript{189}
- Of abuse–related fatalities in 2020, 66.7% of alleged perpetrators were the victim’s biological parent and 93.8% of alleged perpetrators in neglect fatalities were biological parents.\textsuperscript{190}

Children in Need of Services (CHINS)

In Indiana, children are declared by the courts to be a Child in Need of Services (CHINS) if they are seriously impaired or endangered by abuse or neglect, and the parents of a child are unable or unwilling to make changes on their own to improve the safety of the child.\textsuperscript{191}

- In 2020, 8,676 new CHIN cases were opened, a 32.7% decrease from 2015 (12,890). Various factors may have contributed to the observed decline, including the Department of Child Services adopting new practices and additional guidance from the Indiana Court of Appeals on what factors constitute a CHINS case.\textsuperscript{192, 193}
- These new CHINS cases varied by county across the state. The lowest number of new cases was 4 in Union County and the highest number of new cases was 1,398 in Marion County.
- 42.6% of the new CHINS cases opened in 2020 were for children 3 years old and under; 22.2% were under 1 year old.\textsuperscript{194}
Placements

When child maltreatment occurs, the Indiana Department of Child Services aims to place children in a safe environment that is as unrestricted and as homelike as possible. For many children, separation from family and disruption of their usual routine and familiar surroundings can be traumatizing. Children in out-of-home care need strong relationships with caring adults and a network of social support to cope with the challenges associated with home removal.\textsuperscript{195}

- In September 2021, 76.5% of children were placed in various forms of out-of-home care because they could not safely stay in their homes.\textsuperscript{196}
- In cases where sibling groups were placed in out-of-home care, 63.0% had all siblings placed together in 2020.\textsuperscript{197}
- As reported in September 2021, 55.0% of children were placed locally in the same county as their home.\textsuperscript{198}
- In 2020, children who exited care were likely to experience one to three placements (87.2%; 9,502).\textsuperscript{199}

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).\textsuperscript{200}

In 2020, Indiana had certified GAL/CASA volunteer programs in 88 of 92 counties. Blackford, Jay, Martin, and Posey Counties did not have GAL/CASA volunteer programs. Adams, Huntington, and Wells Counties joined as new programs in 2020.

- In 2020, 4,292 volunteers spoke on behalf of abused and neglected Hoosier children in 23,699 CHINS cases. In the same year, 813 new volunteers were trained.
- 2,405 children were waiting to be assigned a GAL/CASA volunteer at the end of 2020. The number of children on the waitlist in Indiana’s counties ranged from 0 children waiting in several counties to 411 children waiting in Madison County.\textsuperscript{201}

<table>
<thead>
<tr>
<th>Top 10 Highest Counties by Number of Children on the Waitlist for a GAL/CASA Volunteer by County, Indiana: 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison</td>
</tr>
<tr>
<td>Vanderburgh</td>
</tr>
<tr>
<td>Vigo</td>
</tr>
<tr>
<td>Grant</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>Howard</td>
</tr>
<tr>
<td>Morgan</td>
</tr>
<tr>
<td>Floyd</td>
</tr>
<tr>
<td>LaPorte</td>
</tr>
<tr>
<td>Lawrence</td>
</tr>
</tbody>
</table>

Source: Indiana Supreme Court, Office of Judicial Administration

I shared the [Indiana KIDS COUNT® Data Book] with my school board and set my superintendent goals on improving our community using this information. Switzerland County was the #1 county for food insecurity among children under the age of 18. We went to work finding ways to support our families food needs by starting the Pacer Pantry and putting teachers at each food pick up location so they could work with families beyond the classroom. We have moved from 1st in the state to 5th in the state. The value your data has provided our community may never be completely understood by much of our community.

– Switzerland County School Corporation
Victimization

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.202

Exposure to Domestic Violence

Domestic violence includes a wide range of behaviors from verbal to physical violence. Children who witness violence between adults in their homes face a greater risk for a variety of negative outcomes, such as severe depression and anxiety, lower academic performance, and engagement in risky behaviors. Children in homes where one parent is abused may feel fearful and anxious. Children may feel socially isolated, have difficulty making friends, and feel social discomfort or confusion about what is acceptable behavior.203

- In 2019 and 2020, 6.4% of Indiana parents report that their children witnessed domestic violence (defined as seeing or hearing parents fight, or adults slap, hit, kick, or punch one another in the home) compared to 5.4% nationally.
- Hoosier children with special health care needs are over three times more likely to witness domestic violence (14.6%) than their peers (4.1%).204

Children Served in Domestic Violence Facilities

As originally enacted, the Family Violence Prevention and Services Act (FVPSA) included both a social service and law enforcement response to preventing and responding to domestic violence. The purpose of the FVPSA grant program is to provide shelter, temporary housing, supportive services, information and assistance to adult and youth victims of family violence, domestic violence, or dating violence and their dependents.205 In 2021, Indiana received a $300,000 supplemental grant award that was funded by the American Rescue Plan. Nationally, the FVPSA–funded program serves more than 1.3 million victims and their dependents annually and responds to 2.7 million crisis calls.206 After not being reauthorized since 2010, the Act expired in 2015. To continue the funding stream, Congress can reauthorize FVPSA. In October 2021, the U.S. House of Representatives passed H.R. 2119, the Family Violence Prevention and Services Improvement Act of 2021, which would expand and reauthorize the FVPSA through federal fiscal year 2026.207

Multiple FVPSA activities address children exposed to domestic and related violence:

- One of the purposes of the formula grant program for states is to provide specialized services like counseling, advocacy, and other assistance for victims and children exposed to domestic violence.
- The National Resource Center on Domestic Violence is directed to offer domestic violence programs and research that include both victims and their children exposed to domestic violence.
- The national resource center that addresses mental health and trauma issues is required to address victims of domestic violence and their children who are exposed to this violence.
- State domestic violence coalitions must, among other activities, work with the legal system, child protective services, and children’s advocates to develop appropriate responses to child custody and visitation issues in cases involving children exposed to domestic violence.208

The numbers below represent individuals served through Family Violence Prevention & Services and Domestic Violence Prevention and Treatment grants. Created in 1992, the Domestic Violence Prevention and Treatment (DVPT) grant program supports Indiana’s domestic violence centers, offers domestic violence training for service providers, and expands services to treat and prevent domestic violence.209

- 3,701 youth were served through funding from the Domestic Violence Prevention and Treatment grants during the program’s 2020 grant year. Case management (12,120 services) and various activities (8,908 services) were the most frequent services provided for youth through this funding.209
- 846 Hoosier youth were served through funding from the Family Violence Prevention and Services Act. Case management (1,650 services) and activities (970 services) were the most prevalent youth services provided through FVPSA funding.209
Juvenile Justice

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

Youth Involved in the Justice System

As of July 2021, 261 youth in Indiana were in an Indiana Department of Correction (IDOC) juvenile correctional facility, where 53.4% were committed for a violent crime (Offense Level I). The number of youths in juvenile facilities has dropped by 36.0% since July 2018, when 408 juveniles were in facilities. Thirty-six youth were on parole.

- Majority of the youth, as of July 2021, were male (87.5%) with the average age at intake being 16. The average length of stay was eight months.
- 31.8% of youth committed to the Department of Correction in 2020 were from four counties: Allen (8.4%), Marion (8.0%), Elkhart (7.7%), and St. Joseph (7.7%).

Total Juvenile Population, Indiana: July 2011–July 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2011</td>
<td>647</td>
</tr>
<tr>
<td>July 2012</td>
<td>533</td>
</tr>
<tr>
<td>July 2013</td>
<td>499</td>
</tr>
<tr>
<td>July 2014</td>
<td>431</td>
</tr>
<tr>
<td>July 2015</td>
<td>427</td>
</tr>
<tr>
<td>July 2016</td>
<td>440</td>
</tr>
<tr>
<td>July 2017</td>
<td>408</td>
</tr>
<tr>
<td>July 2018</td>
<td>389</td>
</tr>
<tr>
<td>July 2019</td>
<td>335</td>
</tr>
<tr>
<td>July 2020</td>
<td>261</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction

Among juveniles committed to an IDOC correctional facility, the most common offense is against a person, which includes direct physical harm or force (34.5%). The next most common offense is an “Other” crime (25.8%), which includes resisting law enforcement, intimidation, disorderly conduct, escape and failure to return, and alcohol and vehicle-related offenses.

- 3.41% of Indiana’s DOC juvenile population has one or more drug offenses.
- It costs an estimated $370 each day to house a youth in IDOC confinement.
Based on the offense level for juveniles, 53.4% of youth were committed for a violent offense (Offense Level I) and 3.0% were committed for a minor offense (Level IV).\textsuperscript{27}

Juvenile offenses are divided into two primary categories, status offenses and non-status offenses. Status offenses would not be considered a crime if committed by an adult, such as running away, habitual truancy, or buying alcohol. Non-status offenses are those that would be a crime if committed by an adult, such as shoplifting or battery.\textsuperscript{28}

• In 2020, there were 8,545 non-status delinquency cases and 3,792 status offense cases in Indiana.
• Between 2016 and 2020, the number of juvenile non-status case filings has fallen 38.1%, and the number of status case filings has fallen 10.7%.\textsuperscript{29}

In 2019–2020, the Division of Youth Services had 412 releases.
• 142 were graduates via Test Assessing Secondary Completion
• 6 earned and graduated with a high school diploma
• 102 youth were confirmed re-enrollments in public school
• 4 students enrolled in college/postsecondary
• 101 students had verified employment
• 27 were welding graduates
• 9 students completed Coding Programming, Track One\textsuperscript{220}

Disproportionality in the System

Indiana’s youth justice data illustrate racial and ethnic disparities of the youth involved with the system, as there is an overrepresentation of youth of color in Indiana’s youth justice system. The data for justice-involved youth skew disproportionately towards Black youth as compared to the total representation of Black youth in Indiana.\textsuperscript{221}

<table>
<thead>
<tr>
<th>Percentage of Race/Ethnicity of Youth in Justice Facilities as of July 2021</th>
<th>Percentage of Race/Ethnicity of Total Population as of 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>33.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4.9%</td>
</tr>
<tr>
<td>White</td>
<td>51.1%</td>
</tr>
<tr>
<td>All Other</td>
<td>10.6%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction and U.S. Census Bureau, ACS Tables B01001A-I
Note: Data are not disaggregated by the IDOC to include American Indian, Asian, or Two or more races youth.

• The data illustrated that as youth aged, they had more interactions with the juvenile system. 18 youth ages 12 to 13 were committed in 2020, then the population size for the next age group, 14 to 15, expanded to 106 youth. This continued to the 16 to 17 age group where 230 youth were committed.
• As youth get older, the proportion of youth of color in the juvenile system expanded. 88.9% of youth ages 12 to 13 were White, then the proportion of White youth declined to 63.2% for 14 to 15 and declined further to 54.3% for the 16- to 17-year-old age group.
• Of female juveniles committed, 65.4% are White and 19.2% were Black.
• 57.6% of male juveniles were White and 27.2% were Black.\textsuperscript{222}
Disproportionality in the System continued...

The Indiana Criminal Justice Institute (ICJI) serves as the state’s planning agency for criminal justice, juvenile justice, traffic safety, and victim services. In compliance with funding from the national Office of Juvenile Justice and Delinquency Prevention, ICJI releases 3-year plans on juvenile justice for the state. ICJI’s 2018–2020 Juvenile Justice Plan for Indiana denoted the statistically significant disproportionality for youth of color that exists at every juvenile justice decision point. Black and Hispanic/Latino Hoosier youth have the greatest likelihood of disproportionate contact with the justice system; Black Hoosier youth face the greatest disparity in the justice system when compared to their peers.

- Black Hoosier youth are 3.5 times more likely to be referred to court than the average youth, 3.1 times more likely to be placed in secure confinement, and 3.1 times more likely to be waived to adult court.

- Hispanic/Latino youth are 1.5 times as likely to be referred to juvenile court than the average youth, 1.7 times as likely to be placed in secure confinement, and 2.8 times as likely to be waived to adult court.

Impact from the Juvenile Justice System

Youth who are involved in the justice system are particularly vulnerable to academic challenges and failure, subsequent involvement in the justice or other social service systems, and sustained poverty. Youth who have been incarcerated are less likely to graduate from high school or may not even return to school once they return to their families and communities.

Youth who were involved in the justice system during their childhood have a high likelihood of re-offending and relapsing to criminal behavior that results in rearrests. The Indiana Department of Correction defines recidivism as one who returns to incarceration within three years of the youth’s release. The goal for any juvenile who has been released from a juvenile correctional facility is for them to remain crime-free and not be incarcerated as an adult.

Recidivism Rate by Year and Gender, Indiana: 2017–2020

<table>
<thead>
<tr>
<th>Year of Release</th>
<th>2017 Releases</th>
<th>2018 Releases</th>
<th>2019 Releases</th>
<th>2020 Releases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>15.5%</td>
<td>15.7%</td>
<td>14.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Male</td>
<td>26.3%</td>
<td>26.8%</td>
<td>23.1%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Female</td>
<td>29.0%</td>
<td>29.7%</td>
<td>24.2%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction
29.0% of juveniles released in 2017 returned to incarceration in 2020 either as a juvenile or adult.
29.7% of juveniles released in 2017 and returned in 2020 were males and 30.0% were Hispanic/Latino.
90.0% of the 666 juveniles released in 2017 were successfully reintegrated into their communities and were not incarcerated in an adult correctional facility within three years of their release.
Of the juveniles who returned in 2020, 94.3% were returned for a new crime.226

Recidivism Rate by Race/Ethnicity, Indiana: 2020

<table>
<thead>
<tr>
<th>Race</th>
<th>2017 Releases</th>
<th># Returned</th>
<th>Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>212</td>
<td>59</td>
<td>27.8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>360</td>
<td>103</td>
<td>28.6%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>50</td>
<td>15</td>
<td>30.0%</td>
</tr>
<tr>
<td>Unidentified</td>
<td>43</td>
<td>15</td>
<td>34.9%</td>
</tr>
<tr>
<td>Total</td>
<td>666</td>
<td>193</td>
<td>29.0%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction

Through federal programs, Indiana receives funding to support and develop resources and programming to positively impact youth in the justice system. These funds specifically support developing academic and technical skills.227

- **The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA):** This law was the first comprehensive juvenile justice legislation passed by Congress. Through this program, U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention administered a grant of $1 million for Fiscal Year 2020 to Indiana that can be used to fund the planning, establishment, operation, coordination, and evaluation of juvenile delinquency programs and improve juvenile justice systems.228 One of the core mandates of the JJDPA to states is to show they are working to address racial and ethnic disparities that exist in their juvenile justice systems, as minority youth are involved in juvenile justice at disproportionately higher rates than nonminority youth across the U.S. The 2018 reauthorization replaced the concept of disproportionate minority contact with racial and ethnic disparities.229
  - Indiana’s 2018-2020 objectives can be found [here](#).
  - Indiana’s Disproportionate Minority Contact Plan, a subsection of the Indiana Juvenile Justice Plan, can be found [here](#).
- **Elementary and Secondary Education Act – Title I, Part D:** Indiana receives around $500,000 annually in federal funds to help address the needs of neglected, delinquent, and at-risk youth.230 This federal funding stream provides means to support the delivery of high-quality educational opportunities and credentials for students to complete while involved with the youth justice system.231 Local facilities in Indiana primarily use Title I, Part D funds for personnel costs for instructional and supplemental teachers and counselors.232
  - The Indiana Department of Education’s full plan can be found [here](#).
- **Carl D. Perkins Act:** Currently, Indiana grants $250,000 of Perkins funding to IDOC for equipment and machinery for Career and Technical Education (CTE) programs. This additional funding can provide an opportunity for technical skills training to be integrated with core academic programs and the ability to connect classroom work and hands-on experiences.233
  - The Indiana Workforce Innovation and Opportunity Act and Perkins Act plan can be found [here](#).
- **Workforce Innovation and Opportunity Act:** Title I–Youth: This federal funding stream can provide support to accelerate skill development, education, and employment assistance for youth in the justice system. While youth are in detention facilities, communities can work with local Workforce Development Boards to direct this funding towards employability skill support, mentoring, career exploration, and other wraparound supports.
  - The Indiana Workforce Innovation and Opportunity Act and Perkins Act plan can be found [here](#).
The Indiana Juvenile Detention Alternatives Initiative (JDAI) is a state-supported model for youth justice system improvement focused on eliminating unnecessary detention of youth, reducing racial disparities, and improving youth well-being.234 JDAI focuses on the reallocation of public resources from secure detention and out-of-home placement to invest in youth, families, and communities. This provides an opportunity for sustainable public safety improvements through the implementation of JDAI’s Eight Core Strategies and the promotion of positive youth development.235

- In Indiana, 33 counties are implementing JDAI; four are in an introductory phase for a total of 37 participating sites.
- In 2020, youth of color were 2.8 times more likely to be detained compared to White youth. While 4 White youth per 1,000 youth were admitted in 2020, the rate of admission for Black youth was higher (11 per 1,000 youth).

- In 2020, the total secure detention admissions in Indiana JDAI counties were 3,211. This is a 77% decrease compared to the sites’ baseline years. For youth of color, there were 1,907 admissions, a 76% reduction compared to baseline years.
- In 2020, the average length of stay for youth in secure detention was 20.8 days. This is an increase of 39% compared to the sites’ baseline years. For youth of color, the average length of stay was 22 days, a 57% increase compared to the sites’ baseline years. Increases in average length of stay are expected when sites implement JDAI.236

Impact from the Juvenile Justice System continued...

Leveraging the Data

Locally:
- **Provide conflict resolution and violence prevention curricula:** Several researchers have promoted a positive youth development model to address the needs of youth who might be at risk of entering the juvenile justice system. The national Interagency Working Group for Youth Programs defines *positive youth development* as “an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”

- **Incorporate restorative justice framework:** The restorative justice theoretical framework views crime as a violation of people and relationships. These violations in turn create an obligation to make things right. Restorative justice aims to re-establish the balance that has been offset as a result of a crime by involving the primary stakeholders (i.e. victim, offender, and the affected community) in the decision-making process of how best to restore this balance. The focus is on healing as opposed to punishment. Researchers have found that cautioning and diversion programs had the largest reductions in delinquency, suggesting that this approach may be effective for low-risk and first-time youth involved in the justice system. Youth participating in restorative justice programs had a greater perception of fairness. The results also suggest that restorative justice youth are more satisfied with the restorative justice programs and have somewhat less supportive attitudes toward delinquency. Similarly, victims reported improved perceptions of fairness, greater satisfaction, improved attitudes toward the juvenile, are more willing to forgive the offender, and are more likely to feel that the outcome was just.237 Schools can use the restorative justice framework to resolve conflict amongst students in a way that supports positive youth development.
Statewide:

- **Utilize racial impact statements:** Racial impact statements are a tool for lawmakers to evaluate potential disparities of proposed legislation prior to adoption and implementation. Analogous to fiscal impact statements, they assist legislators in detecting unforeseen policy ramifications. In guiding the creation of fair criminal justice policies, racial impact statements may be prepared by several agencies, including sentencing commissions, budget and fiscal agencies, and departments of corrections. Nine states have implemented mechanisms for the preparation and consideration of racial impact statements. During 2008, Iowa passed the nation’s first racial impact statement measure, **HF 2393**. The law allows policymakers to assess the racial impact of proposed changes to sentencing and parole policies. Prior to the law’s passing, a national report uncovered that Iowa had the greatest racial disparity in prison populations compared to all states. While Black adults comprised 2% of the state’s population, Black adults made up 24% of the state’s prison population. More recently, states including **Arkansas, Illinois, Kentucky, Mississippi,** and **Nebraska** have introduced legislation on racial impact statements.238

Promising Practice:

- **Youth Empowerment Solutions (YES):** Developed by researchers at the University of Michigan, YES is a theory-based youth program that engages young adolescents in violence education efforts. While most violence prevention programs address youth risk factors, YES envisions youth as the creators of solutions to youth violence. The YES Curriculum focuses on developing leadership skills, community pride, cultural identity, program planning, and resource mobilization. The curriculum involves young adolescents in conceiving, planning, and carrying out community change projects. Youth-led community change projects may include cleaning up neighborhoods, creating murals, planting community gardens, building playgrounds, or other initiatives chosen by the participants. In YES, youth and adults work together to accomplish the program goals. Trained local adult volunteers assist and mentor youth.239

Neighborhoods and Communities

A child’s place of residence plays an important part in their well-being. Neighborhood amenities such as parks, playgrounds, and recreation centers are associated with increased physical activity.240 Neighborhood locations vary in quality of schools, social capital, segregation, and family structure. Neighborhoods have an impact on a child’s long-term outcomes, including children’s earnings into adulthood. Research shows that the conditions in the places where people live, learn, work, and play also have a significant impact on health. These conditions are known as social determinants of health and are discussed at greater length in the Health section.241

- In 2019 and 2020, 70.4% of neighborhoods in Indiana have sidewalks or walking paths; 65.9% of neighborhoods have a park or playground nearby; 62.1% of neighborhoods have a library or bookmobile.242
- 4 in 10 Hoosier children live in a neighborhood with a recreation center, community center, or boys’ and girls’ club (37.3%).243
- 6.7% of children live in a neighborhood where there is vandalism, such as broken windows or graffiti.244
- 18.5% of children live in a neighborhood where there is litter or garbage on the street.245
- 15.0% of children lived in a neighborhood with poorly kept or dilapidated housing.
  - 1 in 5 Hoosier children (19.9%) in a household with an income 0–99% Federal Poverty Level and 24.7% with an income 100–199% Federal Poverty Level lived in a poorly kept neighborhood.246

Quality Mentoring

Prosocial behaviors have been defined as behavior where people benefit others, including helping, cooperating, comforting, sharing, and donating. Mentoring is an opportunity to practice and experience prosocial skills such as understanding, feelings, accepting differences, caring about others, using self-control, and managing anger.247 Youth mentoring – a consistent, prosocial relationship between an adult or older peer who is not a family member – can help improve youth’s self-esteem, academic achievement, and peer relationships, as well as reduce drug use, aggression, depressive symptoms, and delinquent acts.248 Quality, structured mentoring experiences can support the development of the following for youth:

- Positive social skills and facilitates interpersonal connections beyond family
- Meaningful conversations and relationships that boost cognitive skills and provides perspective
- Self-regulation of emotions and impulses
- Identity and core qualities, like empathy, curiosity, resourcefulness, and resilience
- New ways of thinking, resources, and opportunities
- Self-efficacy249
Mentoring has significant positive impacts on two early warning indicators that a student may be falling off-track:

- **Absenteeism**: students who meet regularly with their mentors are 55% less likely than their peers to skip a day of school and 37% less likely to skip a class.250
- **Behavior**: young adults who face an opportunity gap, but have a mentor, are 55% more likely to be enrolled in college and maintain better attitudes towards school.253

Mentors can offer advice, share their life experiences, and help a young person navigate challenges by being a consistent adult presence in a mentee’s life.

- **Risk factors**: youth who meet regularly with mentors are 46% less likely than their peers to start using illegal drugs, and 27% less likely to start drinking.
- **Protective factors**: as reported nationally in 2014, young adults who face an opportunity gap, but have a mentor, are 81% more likely to participate regularly in sports or extracurricular activities, 78% more likely to volunteer regularly, and 90% are interested in becoming a mentor.252

In 2019 and 2020, 92.5% of parents indicated their child, ages 6 to 17, had at least one other adult in their school, neighborhood, or community who knows the child well and who he/she/they can rely on for advice or guidance. 95.2% of White parents reported their child had a supportive adult reliable for advice and guidance. 86.3% of Black parents and 78.7% of Hispanic and Latino parents reported that their child had a supportive adult, though these subgroups had smaller sample sizes compared to White parents, thus the data regarding Black, Hispanic and Latino parents are less reliable than the other subgroup.253

The Elements of Effective Practice for Mentoring, a research-informed and practitioner-approved publication, includes standards for creating and sustaining effective mentoring. Youth mentoring programs that meet quality standards can be added to The Mentoring Connector, a free, publicly searchable referral database.254 In addition to the Elements of Effective Practice for Mentoring, supplements are available here to provide best practices based on the type of mentoring program. The supplements are related to workplace mentoring, peer mentoring, group mentoring, and e-mentoring. A LGBQT supplement is also available to ensure mentoring programs address the needs of this specific community. Mentoring programs need to establish guidelines based on research to recruit diverse mentors who share similar backgrounds to the children they are mentoring.255

- **In Indiana**, there are 66 programs in the Mentoring Connector who meet the Elements of Effective Practice for Mentoring.

  - Of these 66 programs, the majority serve youth ages 11 to 14 (80.3%), followed by ages 8 to 10 (72.7%), ages 15 to 18 (71.2%), under age 7 (42.4%), and ages 18 to 24 (6.1%).
  - 86.4% offer one-to-one mentoring, 47.0% offer group mentoring, 15.2% offer team mentoring, 13.6% offer peer mentoring, and 7.6% offer e-mentoring.

  - Of the search requests entered into the Mentoring Connector in 2021, the cities with the most volunteer queries were Indianapolis (283), Fishers (39), New Albany (30), Carmel (24), Evansville (24), and Greenwood (24).256

There are 100s more mentoring organizations across the state. Register your program with the **Mentoring Connector** to connect volunteers in your area.

### Access to Technology

Having access to a computer with an internet connection is increasingly important for both adults and children. Studies have shown differences exist in internet and technology access among students who are racial or ethnic minorities, students with low levels of parental educational attainment, and students from low-income families.257 Established in 1996, the federal E-rate program was initially focused on providing telephone and internet services to low-income areas, schools, libraries, and healthcare providers. Now, the aim of the E-rate program is to provide everyone with broadband access. Along with the federal government, Indiana is trying to increase access to technology through a few programs. Indiana uses its State Technology Grant Fund to reimburse libraries for a portion of their internet bills.268

- 3.6% of Indiana children younger than 18 do not have a computer at home, and another 5.9% of children have a computer, but no internet access.259
- 87% of Indiana traditional public and public charter schools have a 1:1 technology program for all grade levels, where students at all grade levels are paired with a device, such as a laptop or tablet. This is a 30% increase from 2020 (57%).

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[@IndianaYouth] [@Indiana_Youth] [@IndianaYouthInstitute]
• An iPad is the most common device used for 1:1 device programs for grades K–2 (149 districts).
• Chromebooks are the most common device for 1:1 programs for grades 3–5 (244 districts), grades 6–8 (248 districts), and for high school students (230 districts).260
• 17% of Hoosier households had children enrolled in a public or private school in which internet and a computer or digital device were not usually or always available for educational purposes in 2020, which was one percentage point above the national percentage of 16%. As of March 2021, Indiana’s percentage decreased six percentage points from 17% to 11%.261

Nationally, 59% of parents with lower incomes reported that their children were likely to face obstacles completing their online schoolwork due to a digital divide.262 The presence of the nation’s digital divide was made more evident when schools closed early in the Spring of 2020. The digital divide refers to difficulties select populations have accessing technology and reliable broadband coverage. The digital divide affects an array of communities including people of color, people with low socioeconomic status, the elderly, people with disabilities, immigrants, and people who live in rural areas.263 Obstacles include students having to do their homework on a cellphone, having to use public Wi-Fi for schoolwork because there is no internet access at home, and students not being able to complete their schoolwork because there is not a computer at home.264

• 92,427 Hoosier students do not have verified broadband access at their homes.
• 53,217 mobile hotspots were loaned out to students by 296 school districts during the 2020–2021 school year.265
• Indiana ranked 21st in broadband access, based on Hoosier access to low-price plans, wired broadband coverage, and friendliness to broadband competition.

Only 53.4% of Indiana’s population has access to low-price broadband plans.

• 78.7% of Hoosiers have access to 1 gigabit broadband, one of the fastest internet speeds. Gigabit speeds allow for high-quality video conferences and video streaming.
• 96.6% of Hoosiers have access to wireless service, 84.1% have access to cable service, and 90.0% have access to DSL service.
• 39.7% of Hoosiers have access to fiber-optic service, a 3.3 percentage point increase from 2020 (36.4%). Fiber-optics allow for faster speeds that enable a household to have multiple devices connected at once and operate reliably at the same time.266

• Create community digital inclusion programs: Digital inclusion refers to the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use of information and communication technologies. A community digital inclusion program is a local nonprofit, public, or private initiative aimed at making at least one of the following elements: affordable broadband, internet-enabled devices, digital literacy training, technical support, or empowering applications or content—more accessible to community members, especially the most disadvantaged.267 These programs can assist in closing the digital divide and promote access to technology. By creating and implementing the program at the community level, the focus of the program can be tailored to meet the needs of each unique community.

Neighborhood Safety

Safe, stable, and nurturing relationships and environments make a difference for children as they grow and develop. Said relationships and environments can help to reduce the occurrence of child abuse and neglect (CAN) and other adverse childhood experiences (ACEs), reduce the negative effects of CAN and other ACEs, reduce health inequities, and improve the physical, cognitive, and emotional outcomes throughout a child’s life.268 Connection to an individual’s neighborhood can be a protective factor against engagement in nonviolent delinquent or criminal behavior for adolescents.269

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.270

• In Indiana, nearly 6 in 10 parents (57.2%) “definitely agree” that their children live in a supportive neighborhood.271
Neighborhood Safety continued...

- Most Hoosier parents (68.4%) say they “definitely agree” that their child lives in a safe neighborhood, 26.9% “somewhat agree,” and 4.6% of parents “somewhat or definitely disagree” that their child lives in a safe neighborhood.
- When compared to neighboring states, Hoosier parents are more likely to report that they “definitely agree” that their child lives in a safe neighborhood than parents in Michigan (67.7%), Illinois (64.8%), and Ohio (65.0%). Parents in Kentucky are the most likely to report (69.0%) that they “definitely agree.”
- Families in households with incomes at 200% or above the federal poverty level are more likely to report they agree their child lives in a safe neighborhood.272

Children Ages 0–17 Years Living in a Safe Neighborhood, Indiana: 2019 and 2020

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Definitely Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat or Definitely Disagree</th>
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<tr>
<td>Indiana Overall</td>
<td>68.4%</td>
<td>26.9%</td>
<td>4.6%</td>
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<td>0–99% of FPL</td>
<td>60.4%</td>
<td>30.6%</td>
<td>9.0%</td>
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<td>100–199% of FPL</td>
<td>56.3%</td>
<td>36.3%</td>
<td>7.5%</td>
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<tr>
<td>200–399% of FPL</td>
<td>72.6%</td>
<td>24.2%</td>
<td>3.2%</td>
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<tr>
<td>400% or greater of FPL</td>
<td>78.6%</td>
<td>20.1%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: National Survey for Children’s Health

Access to Transportation

Safe, reliable, and affordable transportation helps families access work opportunities, social services, and educational opportunities. Transportation is also critical to accessing various resources, such as nutritious food, healthcare, and childcare. Lack of adequate transportation has been identified as a barrier to participation in out-of-school time, as well as substance abuse and mental health treatment.273,274

- In the state of Indiana, 6.3% of all households have no vehicle available, and 13.8% of one-person households have no vehicle available.275
- In 2020, 28.5% of Hoosiers working in-state worked outside of the county they lived in.276
- Only 0.9% of workers 16 years old and older in Indiana used public transportation to get to work in 2019. The majority (90.2%) of workers over 16 traveled by car, truck, or van.
- 0.4% of working Hoosiers over age 16 biked to work, and 2.1% walked to work.
- Of the 27,808 Hoosier workers over age 16 taking public transportation to work, 78.3% (21,775) took the bus.277

Public transportation in rural counties in Indiana can be difficult as residents are less likely to live within walking distance of their activity sites, like shopping centers, doctors’ offices, schools, and work opportunities.278

- In 2019, rural transit services conducted 1.93 million trips, a decrease of 22.5% from the 2.49 million trips in 2016.
- Of the 1.93 million trips provided, 28.6% were fixed-route trips (562,000) and 71.4% were demand-response trips (1,381,000).
- 38 agencies provided transportation to rural areas in Indiana, reaching 73% of the state’s counties.279

There are multiple benefits to improving and expanding public transportation in rural and urban areas for low-income youth and their families. Improving transportation can reduce social and economic inequalities by enhancing mobility of residents, specifically those who may not own vehicles and need help finding work outside their immediate locale. If reliable transportation options were accessible to more rural and suburban areas, more low-income households could distribute more funds to other essential expenses.280
At-Home and Surrounding Environment

The physical surroundings of where kids and families live have an impact on their overall well-being. The physical surroundings include food, air, cleanliness of the water, and the natural environment. Access to high-quality physical conditions can explain why some thrive while others do not. Vulnerable populations and economically disadvantaged communities are more likely to experience hazards related to the physical environment than others.\(^{281}\)

Reported housing problems can consist of overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, or food storage or disposal. Children’s health, educational advancement, and overall well-being are deeply influenced by the quality of housing in which they live. Lack of adequate housing, forced evictions, or homelessness tend to have a profound impact on children which affects their growth and development.\(^{282}\)

- In 2018, 25.5% of Indiana households reported having at least 1 of 4 housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
- 12.7% of Indiana households reported having at least 1 of 4 severe housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%.
- Of the 650,010 Hoosier households with 1 of 4 housing problems, 33.3% of households had “extremely low” income, followed by “very low” (29.6%), and “low” income household (23.2%).\(^{283}\)
- 25.1% of Hoosier kids live in a neighborhood with litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism compared to 27.5% of kids nationwide.\(^{284}\)

Nationally, people of color are three times more likely than White individuals to live in areas that have little or no access to green spaces, like parks and nature paths. Due to historic policies regarding city planning, redlining, and segregation, people of color were pushed into communities with little nature, many of which they continue to live in today. Not only are people of color more likely to live in nature-deprived areas, but low-income individuals are as well. 70% of low-income Americans live in areas with less nature, and 76% of low-income people of color live in those areas. Access to nature is connected to health benefits. Because of the disparities in terms of access to greenery and nature, people of color and low-income people do not reap the wide benefits of nature at the same rates as their peers.\(^{285}\)

- Nationally, children have less access to nature nearby compared to the general population. While 36% of families without children live in areas with little to no nature more, 65% of families with children live in nature-deprived areas.
- 83% of people in low-income communities in Indiana live in a nature-deprived area. In comparison, 58% of individuals in high-income communities live in a nature-deprived area.\(^{286}\)
- In 2019, 30.3% of Hoosier youth did not live in a neighborhood that contained sidewalks or walking paths. This is greater than the national average of 25.1% of youth.
- Families without health insurance were more likely to report not having sidewalks or walking paths in their neighborhoods (46.7%) compared to those with public health insurance only (28.6%) and private health insurance only (27.6%).\(^{287}\)
Superfund Sites

Superfund sites are contaminated sites that exist due to hazardous waste being dumped, left out in the open, or improperly managed. Sites are usually manufacturing plants, landfills, and mining sites. Superfund sites can impact the health of the communities that live close by. In Indiana, there are 404 active Superfund sites. Of those sites, 54 are currently on or have been on the National Priorities List or are being addressed under the Superfund Alternative Approach. In 1980, the United States Congress established the Comprehensive Environmental Response, Compensation, and Liability Act which allowed the Environmental Protection Agency to clean up the contaminated sites and forced the parties responsible for the contamination to participate in the clean-up. Clean-up is important as contaminants can include lead, asbestos, dioxin, and radiation.

- 81.5% of Indiana’s counties have Superfund sites.
- 53 counties have more than one site.
- In Indiana, counties with the highest number of sites correspond to counties that have higher percentages of diversity: Marion, Lake, and Elkhart.

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

- Nationally, 22% of all children under 18 years old and 23% of all children under 5 years old live within 3 miles of a Superfund site.
- Minorities are disproportionately impacted by Superfund sites. 49.6% of the population who live within 3 miles of a Superfund site are minoritized individuals, while minoritized individuals only comprise 39.9% of the national population.
- While 13.2% of the U.S. population lives below poverty, 14.5% of the population who live within 3 miles of a Superfund site live below poverty.

Air Quality

The quality of air can affect health outcomes. Large pollutant particles in the air can cause irritation and discomfort, while small, fine pollutant particles from sources such as auto exhaust or power plants can penetrate deeply into lung tissue and enter the bloodstream. Exposure to fine particle air pollution has been linked to problems with respiratory and cardiovascular functions. Poor air quality has been connected to decreased lung function, asthma, chronic bronchitis, irregular heartbeat, heart attack, and early death. In the United States, there have been an estimated 200,000 premature deaths from combustion emissions alone. Children, older adults, individuals with chronic conditions, and infants are more likely to have health risks related to air pollution.

- In 2020, Indiana ranked 46th for the most polluted air, a fall of three spots from 2019 (43rd).
- Indiana ranked as the third lowest for air pollution compared to our neighboring states: Illinois (49th), Ohio (46th), Michigan (35th), and Kentucky (33rd).
- Air pollution in Indiana, as measured by micrograms of fine particles per cubic meter, has an average daily density of 8.7 fine particulate matter in micrograms per cubic meter (PM2.5) for 2020, which is higher than the national average of 8.3.
- 6.7% of Hoosier kids currently have asthma, equal to kids nationwide (7.5%).

Poor air quality is present both outdoors and indoors. In the U.S. Government Accountability Office’s 2020 national survey of school districts, they found that nearly 41% of school districts needed to update or replace their heating, ventilation, and air conditioning systems. Recent research suggests that poor air quality not only affects the health of children but their learning and academic performance. In one report, researchers found that student test scores significantly declined on a day with high levels of particulate pollution. In schools, like at home, students are exposed to pollutants like dust. Dust and other particulates are stirred into the air by movement. With children moving around freely at schools during bathroom breaks, recess, lunch, dismissal, etc., students are sure to experience poor air quality. With federal funding from COVID relief, the Scott County District 1 school district plans to install new air conditioning in the gym and replace flooring. The results of those projects and others should result in cleaner buildings and improved air quality as reported by the district’s superintendent.
Follow the EPA’s IAQ Tools for School Framework: The EPA’s Indoor Air Quality (IAQ) Tools for Schools guidance has been implemented successfully in tens of thousands of schools nationwide. The Framework provides a common language to describe the drivers of IAQ program success; detailed guidance on the proven strategies, organizational approaches, and leadership styles that are fundamental to program effectiveness; and a clear vision of the pathway to school IAQ excellence. The framework’s highly flexible and adaptable structure allows any school, regardless of location, size, budget, or condition, to use the Framework to launch, reinvigorate and sustain an effective IAQ management program.299

### The Indoor Air Quality Tools for Schools Framework

<table>
<thead>
<tr>
<th>Key Drivers</th>
<th>Technical Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organize for success</td>
<td>Quality HVAC</td>
</tr>
<tr>
<td>Communicate with everyone, all the time</td>
<td>Control of Moisture/Mold</td>
</tr>
<tr>
<td>Assess your environments continuously</td>
<td>Strong Integrated Pest Management</td>
</tr>
<tr>
<td>Plan your short- and long-term activities</td>
<td>Effective Cleaning and Maintenance</td>
</tr>
<tr>
<td>Act to address structural, institutional, and</td>
<td>Smart Materials Selection</td>
</tr>
<tr>
<td>behavioral issues</td>
<td>Aggressive Source Control</td>
</tr>
<tr>
<td>Evaluate your results for continuous improvement</td>
<td>Integrated Energy Management Solutions</td>
</tr>
</tbody>
</table>

Source: U.S. Environmental Protection Agency

Promising Practices:

- Kentucky, Arkansas, West Virginia, and Pennsylvania have required their school districts to conduct facilities condition assessments. Other states like Ohio, South Carolina, and New Mexico have conducted statewide facilities condition assessments.300
  - In Arkansas, school districts are responsible for providing school facilities that are reliably healthy, safe, educationally suitable, efficient to operate and maintain, and located and sized appropriately. Arkansas also believes that properly planned, designed, and maintained school facilities promote the health and well-being of children and adults in schools. Through analyzing the state’s progress made to deliver equitable and adequate school facilities, utilizing an Advisory Committee to provide recommendations for improvement, and conducting a statewide assessment of the conditions of all K-12 schools, Arkansas is illustrating its commitment to ensuring modern and educationally appropriate public school facilities for all school children in Arkansas. See here for Arkansas’s Advisory Committee on Public School Academic Facilities report.
  - In Ohio, their Facilities Construction Commission manages the state’s school facility programs which provides support for the construction and renovation of public K-12 schools. Through the commission, every school has a facilities assessment.302 Through a statewide assessment of facilities and continued tracking, Indiana will have a clear picture of the maintenance needs of its school buildings and areas of improvement to ensure that Hoosier students are learning in environments that are conducive to the students’ health, learning, and productivity.

Water Quality

Groundwater is the source of drinking water for approximately 1 in 3 Americans. If contaminated, groundwater can impact the quality of drinking water and water used for irrigation. Common sources of contamination in groundwater include agricultural runoff, landfills, and septic tanks.303 Contaminated groundwater plumes can form when substances are released from a source at a facility. Following the release, the groundwater can be contaminated with hazardous substances, pollutants, or contaminants. The plume can then spread, potentially contaminating more water in the aquifer system. 26 Superfund sites across the state involve groundwater contamination. The source of the contamination could not be identified in 76.9% of those sites.
Water Quality continued...

At one Superfund site, both the Indiana Department of Health and the U.S. Environmental Protection Agency (EPA) have found high levels of arsenic in the drinking water that exceeded the regional removal management level. The site’s location in Fulton County is a mixed agricultural and residential area where both children and elderly individuals reside. As reported in 2019 by the state health department, the concentration of arsenic in the drinking well was 9.8 micrograms per liter, nearly ten times the limit of 1.2 micrograms per liter. As reported in 2020, the EPA believes that the conditions at the River Park Arsenic Drinking Water Site present a threat to the public health or welfare and the environment. Regarding youth specifically, the EPA reports that children who are exposed to inorganic arsenic may experience irritation of the stomach and intestines, blood vessel damage, skin changes, and reduced nerve function. Additionally, there is some evidence that suggests that long-term exposure to inorganic arsenic in children may result in lower IQ scores. While the hazardous levels of arsenic were first identified in 2013, both agencies are still working on actions to rectify the hazardous conditions. In the meantime, residents are being provided bottled water.304

Number of Children Tested for Lead, Indiana: 2015–2020

Because children are more likely to experience toxicity at lower levels than adults monitoring the exposure in children is of great concern. For children under two years old their lack of a fully formed blood brain barrier also allows lead to seriously impact neurological development. Later in life, those who’ve experienced toxic levels of lead may also experience high blood pressure, heart disease, kidney disease, and fertility issues. Children at higher risk of lead exposure tend to live in households where residents are lower income, belong to minoritized racial and ethnic groups, are recent immigrant, reside in homes built before 1978, and who live in older and poorly maintained properties. 306 In addition to children, lead exposure is a public health issue for certain groups of women of childbearing age and for the developing fetus and nursing infant. Prenatal lead exposure is known to influence maternal health, the birth of the infant, and the infant’s neurodevelopmental outcomes.306 Women with elevated blood lead levels may deliver premature babies and/or babies with low birthweight. These children are more likely to face challenges with language and intellectual delays later in life.307

- In 2020, the IDOH received 74,249 lead test results for children 7 years and under from medical providers, laboratories, and other public health partners. These results represented tests from 68,434 unique children 7 years and under who were tested in Indiana.
- Of the children tested, 525 had at least one elevated test with results equal to or greater than 10 micrograms per liter (0.77%).
- 226 children tested (0.33%) had a confirmed elevated result, this is 0.08 percentage points higher than the rate in 2019 (0.25%).
- Looking at the prevalence of confirmed cases within each racial and ethnic group, youth who are American Indian (0.34%), Black (0.42%), Hispanic/Latino (0.38%), or of an “Other” race (0.59%) were more likely to have confirmed cases of elevated blood lead levels compared to their counterparts and the state average of 0.33%.
- Similar to the Indiana counties with the largest number of Superfund sites, counties with the highest number of children with one or more elevated test results equal to or greater than 10 micrograms per liter correspond to counties that have higher percentages of diversity: Marion (66), St. Joseph (43), Allen (41), and Elkhart (36).308
In addition to dust, soil, paints, and old pipes, lead can be found in coal ash. Generated from coal combustion, coal ash is composed of small particles containing metals and other elements like metalloids than can contaminate water systems.\textsuperscript{309} Coal ash can contaminate groundwater with arsenic, boron, cobalt, lithium, and other chemicals that need to be monitored.\textsuperscript{310} Researchers have found that the odds of allergies excluding asthma, attention-deficit hyperactivity disorder, gastrointestinal problems, difficulty falling asleep, frequent night awakenings, sleep talking, and complaint of leg cramps were greater in children living near coal ash compared to children not living near coal ash (nonexposed).\textsuperscript{311} As lead is found in coal ash, the aforementioned dangers are applicable to children who are exposed to water contaminated in coal ash.

Indiana has 50 coal ash impoundments, more than any other state. Toxic metals in groundwater triggered cleanup at 40 sites, and 32 of those sites have completed a draft cleanup plan.\textsuperscript{312} As previously stated, this is important because groundwater is one of the most popular sources of drinking water.

- 77.3\% of the 256 downgradient wells at sites monitoring coal ash impoundments had one or more chemicals above the health-based limit.\textsuperscript{313}
- 11 of the 15 coal ash sites had sulfate concentrations that exceeded the health-based limit of 500 milligrams per liter. Sulfate in drinking water can cause diarrhea and dehydration. This is of utmost concern for infants.\textsuperscript{314}
- 73\% of the 15 coal ash sites have double the limit for lithium. A power plant in Clifty Creek, Indiana had the highest concentration of lithium (1.0 mg/L), a level 25 times the health limit. Lithium can cause kidney damage, neurological damage, decreased thyroid function, and birth defects.\textsuperscript{315}
- Boron is elevated at 80\% of the coal ash sites, and all but one site has concentrations that are at least twice the health-based limit. A water sample collected from the Gibson Plant in Gibson County showed concentrations that were nearly 19.5 times over the limit (58.3 mg/L v 3 mg/L). Children are likely to have similar effects as adults to boron exposure, including effects on the stomach, intestine, liver, kidney, brain, and even death in some cases.\textsuperscript{316}
- 78\% of the sites have double the national drinking water standard for arsenic, a carcinogen. For young children, studies have shown that having arsenic in their bodies over time can lead to impaired brain development, breathing problems, growth problems, and even cancer as an adult.\textsuperscript{317, 318}

### Confirmed Cases of Elevated Blood Lead Level in Children 7 Years and Younger by Race and Ethnicity, Indiana: 2020

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>0.34%</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>0.14%</td>
</tr>
<tr>
<td>Black</td>
<td>0.42%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.36%</td>
</tr>
<tr>
<td>Other</td>
<td>0.59%</td>
</tr>
<tr>
<td>White</td>
<td>0.28%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>0.29%</td>
</tr>
</tbody>
</table>

**Source:** Indiana Department of Health

**Note:** 30.1\% of children tested did not have a race identified, thus the large number of children with an unknown race and ethnicity adds uncertainty to the race and ethnicity statistics. No children of Alaskan Native descent were tested. Youth of Two or more races were tested, but there were zero confirmed cases of EBLL.
Locally:

- **Host a soilSHOP event:** The Agency for Toxic Substances and Disease Registry (ATSDR) promotes health education and outreach events called “soilSHOPS” to help people learn if their soil is contaminated with lead, and how to reduce exposures to contaminated soil and produce. The name soilSHOP stands for Soil Screening, Health, Outreach, and Partnership. At these events, people can receive free soil screening for lead, information on safe gardening practices, ways to protect children from lead exposure, and one on one health education about the hazards of lead. Community members are encouraged to collect a sample of soil from their home or neighborhood and bring it to the soilSHOP event to be screened (measured) for lead using a hand-held device that estimates the amount of lead in soil. Participants will receive 1 to 3 soil lead screening results, have an opportunity to talk with health and environmental partners about their results. Additionally, if a participant doesn’t have a doctor or health insurance, information is available at the event about where they can go locally to get a blood lead test for them or their child, to sign-up for health insurance, and to find a doctor.319

Statewide:

- **Increase data transparency:** In addition to providing county-level data to the Centers for Disease Control and Prevention (CDC) in a timely manner, all lead screening data should be publicly available. Collection of data by county for children with confirmed blood levels over 5 mcg/dL, children with confirmed blood lead levels over 10 mcg/dL would create the ability to track and support impacted children and families. To mitigate data suppression at the county level, the Indiana Department of Health should assign counties to regions to provide a full picture of blood lead levels in the state. Additionally, the State can increase its data transparency by adding data tables to accompany its lead Census tract risks maps so constituents and researchers can better identify the locales in Indiana with higher risks of lead exposure. -

- **Entail childcare facilities test for lead:** House Enrolled Act 1265 in 2020 amended the state code to require school administrators to test drinking water equipment in schools for lead contamination at least once before January 2023, with Lake County schools subject to more frequent water tests after January 2023. However, the code could be amended to add protections for younger children. Infants and young children absorb about 4 to 5 times more of the lead that enters their bodies than adults do, and neurological damage often occurs at higher levels for children than adults with similar levels of lead exposure because the blood-brain barrier is still developing in children.320 Understanding these facts, and that young children spend a considerable amount of time at childcare facilities across the state, Indiana should require that licensed childcare providers test for lead in drinking water and release the results publicly. Moreover, those facilities should also adhere to the [EPA’s 3Ts recommendation](#) to test water for lead.321 Following the 3Ts approach would ensure that childcare facility officials are trained to raise awareness of the potential occurrences, causes, and health effects of lead in drinking water and develop program plans; test drinking water in facilities to identify potential problems; and take action to reduce lead in drinking water.322

### Segregation in Cities and Schools

Residential segregation is the spatial separation of population groups along racial or ethnic lines. Historically, patterns of residential segregation have been shaped by systemic interpersonal and institutional racism.323 Segregation is important to address because where a person lives can impact their access to transportation, education, employment opportunities, and access to health care. Today, residential segregation and its various impacts in America and in communities across Indiana are still prevalent.324

Segregation has produced racial inequities in access to public spaces, public goods like clean air and water, and increased exposure to environmental hazards like pollution. Often, communities of color have less access to grocery stores, childcare facilities, and other local resources. Generally, segregation has strengthened the growth of wealth for White residents while impeding the growth of wealth for residents of color.325
Researchers at the University of California at Berkeley’s Othering and Belonging Institute explored the persistence of racial residential segregation across America. Eight metropolitan areas in Indiana were denote for racial residential segregation, including Evansville, Lafayette, Indianapolis, Carmel, Mishawaka, and Fort Wayne. The Indianapolis and Carmel regions ranked 42nd nationally for racial segregation and was categorized as high segregation. Their research findings illustrate how racial residential segregation sustains systemic racial inequality:

1. Neighborhood poverty rates are highest in segregated communities of color (21%), which is three times higher than in segregated white neighborhoods (7%).

2. Black children raised in integrated neighborhoods earn nearly $1,000 more as adults per year, and $4,000 more when raised in white neighborhoods, than those raised in highly segregated communities of color.

3. Hispanic/Latino children raised in integrated neighborhoods earn $844 more per year as adults, and $5,000 more when raised in white neighborhoods, than those raised in highly segregated communities of color.

4. Regions with higher levels of racial residential segregation have higher levels of political polarization, an important implication in the context of gerrymandering and voter suppression.326

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

Due to redlining and city planning, most Black families in Indianapolis lived in neighborhoods with a “D” grade from 1920 to 1970. This means that the area was considered risky for financial investment. Primarily, people of color and people with lower incomes lived in the areas with “D” grades.327 In Indianapolis, “D” grade neighborhoods came with environmental concerns like proximity to major roadways and industrial plants that led to hazardous health conditions. Since the early 1900s, Black Hoosiers who have lived by the White River had to endure the effects of Indianapolis’ sewage system draining into the river.328

Researchers have found that the legacy of redlining in Indianapolis appears to correlate to other environmental factors. Almost 60% of the modern brownfield sites in the researchers’ study are of Indianapolis were found in zones that were redlined in 1937.329

- Brownfield sites are property where the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant.330

- Moreover, the Superfund sites registered to the study area includes waste handling and storage facilities that went into operation in the 1950s through the 1970s, and all four of the sites were in historically redlined areas. While redlined zones comprised 27% of the land area, 49.1% of the industrial waste sites were found in redlined zones.331

- One proposed site for the National Priorities List is the Riverside Ground Water Contamination site located at the northern sector of the Fall Creek/White River confluence in Indianapolis. The site’s location corresponds to an area that was historically redlined with a “D” grade.332

- The lack of affordable housing outside of the formerly redlined neighborhoods after the government’s deregulation of housing policies helped racial segregation persist to the present.333

- Currently, formerly redlined neighborhoods still tend to be home to largely minority populations and display the most persistent economic inequality.334
Segregation in Cities and Schools continued...

The legacy of redlining and segregation policies influence a multitude of factors. Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.335 The Social Vulnerability Index (SVI) is used to assess a community’s capacity to prepare for, respond to, and recover from human and natural disasters. The social and economic resources available to a community and its underlying vulnerabilities are key factors in how hard it may be impacted by a disaster. The SVI combines a number of these factors: social and economic, housing and transportation, minority status and language, household composition, and disability to provide a metric of comparison between areas. Among the most impactful practices that created these stark differences in neighborhood resource distribution and concentrated disadvantage was redlining.336

• To obtain county-level maps of social vulnerability, please click here.

• To access an interactive dashboard connecting 1930s redlined maps of Indiana cities to present day social vulnerability index, please click here.

We also see segregation in Indiana’s schools. According to data analyzed by the Center for Evaluation and Education Policy at the Indiana University School of Education in partnership with the Civil Rights Project at UCLA, Indiana’s schools remain largely segregated based on race, ethnicity, and income. At the time of the study, the average Black student in Indiana attends a school where 68% of the students are non-White, while the average White student in Indiana attends a school where 19% of the students are non-White.337

Along with race-based segregation, segregation by socioeconomic level is prevalent; the Center for Evaluation and Education Policy found that this socioeconomic segregation is more widespread across the State than racial segregation.338 Within Indianapolis Public Schools (IPS) and other school districts, high- and middle-income families left Indianapolis because of the busing policy. In 1967, IPS enrollment was at nearly 109,000 students, and right before bussing started in 1981, enrollment fell to about 57,000 students.339 Nearly 23,000 students were enrolled in the IPS school district for the 2020-2021 school year.340

Indiana has several neighboring school districts that significantly differ in terms of child poverty rates. At least 14 school districts contrast by at least 20 percentage points in their poverty rates. A few examples of socioeconomic segregation by school district include:

• The percentage of children ages 5 to 17 living in poverty in Lake Ridge Schools was 36.2% in 2020. The poverty rate for children at neighboring Lake Central Corporation was 7.3% and 16.3% at Griffith Public Schools.
• Gary Community School Corporation’s poverty rate was 46.5%, more than twice as much as Portage Township Schools (13.9%), Hobart School City (14.6%), and Merrillville Community Schools (19.2%).

• The City of East Chicago School district had a poverty rate of 41.5%, which was double that of nearby Whiting School City’s rate of 21.1%.

• In Central Indiana, the poverty rate at Brownsburg Community School district was 4.1%, more than 14 percentage points less than Wayne Township Metropolitan School District (18.2%).

• The poverty rate in South Adams Schools (29.0%) was more than four times greater than Southern Wells Community School Corporation (7.6%).

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**Leveraging the Data: Statewide**

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

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

  - **Minnesota** created the Education Partnerships Coalition via state statute to create cradle-to-career initiatives across the state of Minnesota. More information on the initiative can be found [here](#).
  - **Florida** passed State Statute 409.147, which established a process systematically coordinating programs to address the critical needs of children and their families and direct efforts to rebuild the basic infrastructure of the community. More information on this status can be found [here](#).
Health

Indiana ranks last among our neighboring states in Health: Illinois (20th), Michigan (22nd), Ohio (29th), and Kentucky (35th). Health continues to be Indiana’s lowest ranked domain. It fell one spot from its 2020 ranking of 35th.

Indiana’s Health Data and Rankings Compared to National Averages

<table>
<thead>
<tr>
<th></th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Ranking</td>
</tr>
<tr>
<td>Babies Born with Low Birthweight</td>
<td>8.2%</td>
<td>24th</td>
</tr>
<tr>
<td>Overweight or Obese Children, Ages 10-17</td>
<td>37.0%</td>
<td>47th</td>
</tr>
<tr>
<td>Children Without Health Insurance</td>
<td>7.1%</td>
<td>38th</td>
</tr>
<tr>
<td>Child and Teen Death Rate per 100,000</td>
<td>29</td>
<td>31st</td>
</tr>
</tbody>
</table>

For each indicator above, higher rankings (1st compared to 50th) represent better outcomes for youth.

Section Highlights:

- Indiana’s 2020 infant mortality rate was 6.6 per 1,000 live births. Black infants were more than twice as likely to die before their first birthday (13.2 per 1,000) than White infants (5.5 per 1,000) and Hispanic/Latino infants (6.0 per 1,000).
- During the State Fiscal Year 2021, Indiana had 779,656 Hoosier children ages 0 to 17 enrolled in a public health insurance program, which is slightly more than half of Indiana’s child population.
- In 2021, 61% of Indiana infants 19–35 months old had received the full 4:3:3:3:4 vaccination series, which decreased 9% relative to the 2020 rate of 70%.
- In 2018 and 2019, 3.9% of teens ages 12 to 17 and 14.6% of older youth ages 18 to 25 needed but did not receive treatment for substance use at a specialty facility in the past year.
- In 2019, Hoosier drivers ages 15 to 20 years old had the highest collision involvement: 13.2% of male drivers and 9.6% of females ages 15 to 20 were involved in a collision.
- In 2020, there were 343 deaths from injury for children ages 0 to 18.
  - Males comprised more than two-thirds of the deaths from injury (69.4%).
  - 61.8% of the deaths from injury for this age group were White children, 26.5% were Black children, and 8.5% were Hispanic/Latino children.
  - Most of the deaths occurred for children ages 15 to 17 (95%).
Defining Mental Health

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. Additionally, mental health helps to determine how individuals handle stress, relate to others, and make choices. Elevated levels of stress, anxiety, fear, and isolation have been reported during the pandemic. To reduce the spread of COVID-19, many communities practiced containment strategies including social distancing and isolation, and quarantine. The Kaiser Family Foundation suggests that school closures, social distancing, loss of health insurance, and disruptions in medical care are contributing factors to a declining mental health status in children. Loneliness had a strong correlation with mental health problems in children and adolescents and was associated with future mental health problems up to 9 years later. The strongest association was with depression.

- In 2020, the prevalence rates for having felt sad or hopeless for two or more weeks in a row in the past year were higher for Indiana students in grade 9 through 12 than for youth nationally in the same grades.
- Female students in all grades were more likely to report feeling sad for two or more weeks in the past year than their male counterparts. For some grades, female students were twice as likely to indicate feeling this way. For example, while 22.7% of male 9th graders reported this indicator, 46.8% of female 9th graders indicated feeling sad for two or more weeks.
- 2,259 calls by individuals ages 24 and under were made to the Indiana Suicide Hotline from March 2020 to March 2021.
- In 2019, Hoosiers 18 to 25 experienced an estimated average of 109,000 major depressive episodes.
- 38.7% of surveyed Hoosier college students indicated that they had experienced a period of significant sadness and/or hopelessness that lasted for two or more weeks in 2021, including 71.4% of students who didn’t identify as male or female.
- 12.9% of college students reported having seriously considered attempting suicide in the past year, ranging from 10.0% of male students to 37.9% of students who identified as other than male or female.

### Percentage of College Students Who Reported Feeling Sadness or Having Suicidal Ideation in the Past Year by Gender and Age, Indiana: 2021

<table>
<thead>
<tr>
<th></th>
<th>All Students</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Felt sad or helpless</td>
<td>38.7%</td>
<td>28.4%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>12.9%</td>
<td>10.0%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Prevention Resource Center
Percentage of Students Who Felt Sad or Hopeless for 2 or More Weeks in a Row, Indiana and United States: 2020

<table>
<thead>
<tr>
<th>Grade</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 6</td>
<td>28.9%</td>
<td>--</td>
</tr>
<tr>
<td>Grade 7</td>
<td>30.5%</td>
<td>--</td>
</tr>
<tr>
<td>Grade 8</td>
<td>33.5%</td>
<td>--</td>
</tr>
<tr>
<td>Grade 9</td>
<td>35.2%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>39.2%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>36.6%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>36.0%</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

Source: Institute for Research on Addictive Behavior
Note: The United States data represent the results from the 2019 Youth Risk Behavior Survey.

Access to Mental Health Services

In 2020, Indiana’s ratio of population to mental health providers was 590 residents to one mental health provider. The range for ratios by county was a minimum of 13,980 residents to one mental health provider in Newton County to 210 residents to one mental health provider in Wayne County. Indiana’s ratio of population to mental health providers has steadily decreased from an overall 780 residents to one mental health provider in 2015 to the 590:1 ratio in 2020.8

- In 2021, 82 counties in Indiana had mental health shortages. A shortage area means that the United States Health Resources and Services Administration has found that the county does not have enough mental health care providers to meet the county’s demand.
- 85% of the Hoosier population lives in mental health shortage areas.8
- Nationally, 48% of LGBTQ+ youth wanted counseling from a mental health professional but did not receive it. Hispanic/Latino (54%) and Black LGBTQ+ (53%) youth were more likely to report wanting mental health care but not receiving it compared to other racial and ethnic groups.10
- The percentage of children ages 3 to 17 who did not receive treatment or counseling for their mental or behavioral condition has fluctuated since 2016 and 2017.9

Children with a Mental Health or Behavioral Condition who did not Receive Treatment or Counseling, Indiana: 2016 and 2017 to 2019 and 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 and 17</td>
<td>50.0%</td>
</tr>
<tr>
<td>2017 and 18</td>
<td>50.7%</td>
</tr>
<tr>
<td>2018 and 19</td>
<td>49.2%</td>
</tr>
<tr>
<td>2019 and 20</td>
<td>52.4%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health

Children with a Mental Health or Behavioral Condition who did not Receive Treatment or Counseling, Indiana and Neighboring States: 2019 and 2020

- Indiana: 52.4%
- Illinois: 44.4%
- Ohio: 47.3%
- Kentucky: 48.9%
- Michigan: 39.4%

Source: National Survey of Children’s Health

Mental Health America gathers national survey data to analyze and rank states on their effectiveness at addressing issues related to mental health and substance use. An overall ranking of 39 to 51 indicates higher prevalence of mental illness and lower rates of access to care. Indiana’s overall ranking fell from 33rd in 2021 to 42nd in 2022. Indiana’s Youth Ranking (26th) is lower than several neighboring states: Illinois (12th), Ohio (19th), and Kentucky (24th). Michigan is the only neighboring state that is ranked lower than Indiana (27th).7
**Data Spotlight: Prevalence of Mental Health Issues Among Indiana Youth**

### Mental Health Provider Ratio, Indiana: 2015–2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>780:1</td>
</tr>
<tr>
<td>2016</td>
<td>730:1</td>
</tr>
<tr>
<td>2017</td>
<td>700:1</td>
</tr>
<tr>
<td>2018</td>
<td>670:1</td>
</tr>
<tr>
<td>2019</td>
<td>620:1</td>
</tr>
<tr>
<td>2020</td>
<td>590:1</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings*

There is a wide-ranging impact of school-based mental health services. Schools that work collaboratively through community partnerships have found that the results yield enhancements of a student’s academic success. Such partnerships have been found to significantly improve schoolwide truancy and discipline rates, increase high school graduation rates, and help create a positive school climate where students can succeed academically and in their communities.12

- During the 2016–2017 school year, 48 school based health centers were operating in Indiana.
- Nationally, school-based health centers served communities in urban (46%), rural (36%), and suburban areas (18%).13

Additionally, telemental health modes of therapy include video conferencing, audio calls, and asynchronous technology modalities like emails and text messaging. Some researchers have found more recently that telemental health services using video conferencing to hold real-time, remote treatments with a live therapist have shown increasing support for a variety of youth mental health problems, including anxiety disorders, depression, substance abuse, family conflicts, and posttraumatic stress disorders.14 Lastly, youth have accessed mental health services through more traditional in-person services.

Indiana is ranked 26th in the nation based on the prevalence of mental illness among youth and rates of access to care by Mental Health America.
Suicidal Ideation

In a study that sought to evaluate whether youth reported a greater frequency of suicide-related behaviors during the 2020 COVID-19 pandemic as compared with 2019, researchers found a significantly higher rate of suicide ideation in March and July 2020 and higher rates of suicide attempts in February, March, April, and July 2020 as compared with the same months in 2019. Months with significantly higher rates of suicide-related behaviors appear to correspond to times when COVID-19-related stressors and community responses were heightened, indicating that youth experienced elevated distress during these periods.15

During 2020, the proportion of national mental health–related emergency department visits among youth aged 12–17 years increased 31% compared with that during 2019. In May 2020, during the COVID-19 pandemic, ED visits for suspected suicide attempts began to increase among adolescents aged 12–17 years, especially girls.16 In 2020, 83 Hoosier youth and young adults ages 10 to 19 died from suicide. Of those youth, the majority were male (79.5%), and females comprised 20.5% of the suicide deaths.

- 44.6% of the suicide deaths were of young adults ages 18 to 19, 30.1% were ages 15 to 17, and 25.3% were ages 10 to 14.
- 74.7% of youth were White, 14.5% were Black, 7.2% Hispanic, and 3.6% of youth who died from suicide in 2020 were Asian or Pacific Islander.
- A suicide by a child or young adult occurred in 39 of Indiana’s 92 counties (42.4%) in 2020.17
- 19.3% of 10th grade Hoosier students reported they considered attempting suicide; 2 percentage points higher than national youth in the same grade (17.3%). Also, this is the highest prevalence rate reported by all grades in Indiana.
- 10th grade students (14.3%) and 8th grade students (13.3%) were more likely to report making a plan to attempt suicide.18

### Additional Resources on Mental Health

- **Preventing Suicide: A Technical Package of Policies, Programs, and Practices** (Centers for Disease Control and Prevention)
- **Primary and Secondary Prevention of Youth Suicide** (Journal of American Academy of Pediatrics)
- **2021 Children’s Mental Health Report** (Child Mind Institute)
- **Addressing The Youth Mental Health Crisis: The Urgent Need For More Education, Services, And Supports** (Mental Health America)

### Did you know...

A suicide by a child or young adult occurred in 39 of Indiana’s 92 counties (42.4%) in 2020.17

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15 Indiana Department of Health (2021). Data Request.
16 Indiana Department of Health (2021). Data Request.
17 Indiana Department of Health (2021). Data Request.
18 Indiana Department of Health (2021). Data Request.
Calls to the Indiana Suicide Hotline by youth 12 years and under have increased since the start of the pandemic. In March 2020, there were 8 calls by youth 12 and under. As the pandemic progressed, a peak of 25 calls was observed in July 2020 and the time frames with the second highest prevalence of calls for this age group (22 calls) were observed in September and December 2020. Calls made by adolescents and older youth ages 13 to 24 were more prevalent than calls by youth 12 and under for this time period. A peak in calls by 13- to 24-year-olds were observed in September 2020 and December 2020 with 394 calls; these were 114.1% increases from the 184 calls recorded at the start of the pandemic in March 2020. These data illustrate a need for increased mental health access.

Indiana’s Mental Health Policies and Initiatives

At the state level, policies and initiatives to increase mental health access include the Children’s Mental Health Initiative, Children’s Mental Health Wraparound Program, and 2020 public law for partnerships between schools and mental health centers.

- Under Indiana Code 20-34-3-21, traditional public-school corporations and charter schools must enter a memorandum of understanding (MOU) with a community mental health center, or a mental health provider certified or licensed by the state. The school systems are required to have an MOU before applying for a grant from the Indiana secured school fund.

- The Indiana Department of Child Services provides mental health services to youth under the Children’s Mental Health Initiative (CMHI). Provided services include wraparound services, community-based skill building and therapeutic services, clinic-based services, and residential services. The CMHI was created to allow families access to needed services, so that children with significant mental or behavioral health needs do not enter the child welfare or probation systems for the sole purpose of accessing services. The Children’s Mental Health Initiative also assists to cover gaps within the state where funding is missing for families who need assistance with mental and behavioral health care.

- Indiana’s Children’s Mental Health Wraparound (CMHW) Program provides home and community-based services to youth ages 6 to 17 who have a diagnosis of a serious emotional disturbance. A person-centered treatment plan is built upon the child and family’s strengths to identify the unique needs of the CMHW member and services and strategies that assist the member and family in achieving more positive outcomes in their lives. View the eligibility requirements for the CMHW program here.

- Indiana belongs to a group of 12 states with the highest rates of suicidal ideation. Indiana is one of the four states with high rates that has successfully passed state legislation for 988 implementation, which is a Congressionally-created mechanism to increase access to immediate crisis supports and provide a nationwide alternative to calling 911 for mental health crises. Beginning July 16th, 2022, Hoosiers can dial “988” to be routed to the National Suicide Prevention Lifeline.
Leveraging the Data

Locally:

- **Promote culturally grounded clinical practice:** To establish a culturally grounded practice, practitioners must understand the role their social identities play in their encounters with patients and actively address any implicit biases they may uncover. Benefits of culturally responsive services are greater client engagement, healthier therapeutic relationships, and better treatment retention and outcomes for youth in historically marginalized communities. Communities can provide trainings and share resources to best help local clinical practitioners become more culturally aware and thus more culturally responsive in their practice.

- **Assess and address barriers to mental health treatment:** The prevalence and severity of barriers to mental health access varies by community. For example, residents of rural locations face unique challenges to accessing mental health services. Nationally, rural and low-income areas are more likely to encounter mental healthcare shortages. Other barriers to mental health care include transportation to care, the affordability of care, and access to culturally competent care. A strategy to assess mental health barriers at the local level can be executing a needs assessment. A needs assessment can help identify current conditions and desired services or outcomes. Moreover, the assessment can identify the strengths of local services and the challenges faced in meeting the service needs of those served.

Statewide:

- **Foster increased access to comprehensive school-based mental health services:** Students are more likely to seek counseling when services are available in schools. In some cases, such as rural areas, schools provide the only mental health services in the community. Comprehensive school mental health services can help address inequities in access and help reduce the stigma associated with receiving mental health services by making it part of the fabric of the school system. Increased access to mental health services in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills. School mental health supports that encompass mindfulness, self-awareness, mental wellness, behavioral health, resilience, and positive connections between students and adults are essential to creating a school culture in which students feel safe and empowered to report safety concerns, which is proven to be among the most effective school safety strategies.

Nationally:

- **Implement mental health benefits parity in health insurance plans:** Parity specifies that health insurance plans do not impose greater restrictions for mental health coverage than for physical health coverage. Evidence shows parity requirements increase access to mental health services and to substance use disorder treatment. Additionally, parity in health insurance can increase access to care and diagnosis of mental health conditions, reduce suicide rates, and reduce the prevalence of poor mental health because it improves financial protection for patients. Some regulations reduce out-of-pocket spending for several cases, including bipolar disorder and major depression, for families whose children have the highest cost for mental health care.
Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age, affecting a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance the quality of life can have a significant influence on a population’s health outcomes. This concept includes factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and healthcare, as a child's zip code is a stronger predictor of a person’s health than his/her genetic code.

Social determinants of health include:

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Provider availability</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Support systems</td>
<td>Provider linguistic and cultural competency</td>
<td></td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Community engagement</td>
<td>Quality of care</td>
<td></td>
</tr>
<tr>
<td>Medical Bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td>Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code/ geography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health Outcomes

Morality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Kaiser Family Foundation

Research over the past quarter-century has shown that social determinants of health, such as tobacco use, alcohol consumption, exercise, access to nutritional food, stable housing, reliability of transportation and many other non-medical factors, are more significant contributors to longevity and quality of life than either healthcare or genetic makeup or the two combined. Yet these data are rarely accessible to physicians through their electronic medical record systems. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages. As discussed in previous sections, the socioeconomic conditions of concentrated poverty and the stressful conditions that accompany it negatively impact economic mobility and prosperity and negatively affect health.

- 17.2% of children lived in poverty in 2020.
- In 2020, 101,618 Hoosier children did not have health insurance - 6.3% of Indiana’s child population being uninsured.
- 69.3% of families with children reported living in a safe neighborhood.
- 69.7% of families with children reported living in a neighborhood with sidewalks or walking paths.
- In 2020, nearly 1 in every 5 Hoosier children was food insecure.
- 27.0% of children lived in families where no parent had full-time, year-round employment.
- About 1 in every 5 Hoosier children lived in a household that spent more than 30% of their income on housing.
The Root Causes and Consequences of Social Determinants of Health

**Root Causes**
- Belief Systems
  - Cultural/Societal Values
  - Discrimination/Stigma
- Living Conditions
  - Physical Environment
    - Land Use
    - Transportation
    - Housing
    - Natural Environment
  - Social Environment
    - Social Cohesion
    - Safety
  - Economic Environment
    - Educational Attainment
    - Employment
    - Income
    - Occupational Safety
  - Service Environment
    - Health Care
    - Social Services
    - Education
- Institutional Policies & Practices
  - Public Policies
  - Organizational Practices
- Psychosocial Factors
  - Stress
  - Lack of Control
  - Reactive Responding
  - Resilience

**Consequences**
- Health Behaviors
  - Nutrition
  - Physical Activity
  - Tobacco Use
  - Alcohol and Other Drugs
  - Oral Health
  - Sexual Health
  - Preventive Care
  - Sleep
- Health & Well-Being
  - Quality of Life Functioning
  - Clinical Health
    - Communicable Disease
    - Chronic Disease
    - Injury
    - Mental Health
- Death

**Intentions**
- Strategic Partnerships
  - Advocacy
- Community Capacity Building
- Community Organizing Civic Engagement
- Health Promotion & Prevention
  - Case Management
- Medical Care

Source: Indiana State Health Assessment and Improvement Plan
Social Determinants of Health continued...

There is overlap between the Social Determinants of Health and the Social Vulnerability Index (SVI), both of which are defined by the Centers for Disease Control and Prevention. SVI ranks each census tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing. The SVI can help public health officials and local planners better prepare for and respond to emergency events like hurricanes, disease outbreaks, or exposure to dangerous chemicals, and Social Determinants of Health illustrate the conditions that lead to negative health outcomes. The map illustrates which counties have the highest social vulnerability and, in turn, concentrations of the Social Determinants of Health. For more information on the SVI, please see the Family & Community Section on Segregation in Cities and Schools.

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Percentile Ranking of Social Vulnerability by County, Indiana: 2018

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-0.25</td>
<td>Lowest Vulnerability</td>
<td></td>
</tr>
<tr>
<td>0.2501-0.5</td>
<td>0.25-0.5</td>
<td></td>
</tr>
<tr>
<td>0.5001-0.75</td>
<td>0.50-0.75</td>
<td></td>
</tr>
<tr>
<td>0.7501-1</td>
<td>Highest Vulnerability</td>
<td></td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

Leveraging the Data

Locally:

- **Adopt screening tools to identify health-related social needs of patients:** The National Association for Community Health Centers, in coordination with several other organizations, developed the Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) tool to help health centers and other providers collect data to better understand and act on their patients’ social determinants of health. Other organizations and entities have created screening tools, including Health Leads, a non-profit organization funded by the Robert Wood Johnson Foundation, which has developed a social needs screening toolkit for providers and Centers for Medicare and Medicaid Innovation’s (CMMI), which released an Accountable Health Communities screening tool to help providers identify unmet patient needs.

Statewide:

- **Adopt a “Health in All Policies” approach to incorporate health considerations into decision making across sectors and policy areas:** A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health and how improved health can support the goals of these multiple sectors. It engages diverse partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and improved educational attainment. States and localities can utilize the Health in All Policies approach through task forces and workgroups focused on bringing together leaders across agencies and the community to collaborate and prioritize a focus on health and health equity. For example, the availability and accessibility of public transportation affects access to employment, healthy foods, healthcare, and other important drivers of health and wellness. Nutrition programs and policies can also promote health by supporting healthier corner stores in low-income communities, farm to school programs, and community and school gardens. Enrollment of children in low-income families and communities of color in early childhood education programs helps to reduce achievement gaps, improve the health of low-income students, and promote health equity.
Promising Practices:

Several initiatives focus on implementing coordinated strategies across different sectors in neighborhoods with social, economic, and environmental barriers that lead to poor health outcomes and health disparities.

- Ohio uses funds through the State Innovation Models Initiative (SIM) to support a comprehensive primary care (CPC) program in which primary care providers connect patients with needed social services and community-based prevention programs. As of December 2017, 96 practices were participating in the CPC program.

- The Harlem Children’s Zone (HCZ) focuses on children within a 100-block area in Central Harlem that had chronic disease and infant mortality rates that exceeded rates for many other sections of the city as well as high rates of poverty and unemployment. HCZ seeks to improve the educational, economic, and health outcomes of the community through a broad range of family-based, social service, and health programs.

- Connecticut’s SIM model seeks to promote an Advanced Medical Home model that will address the wide array of individuals’ needs, including environmental and socioeconomic factors that contribute to their ongoing health.

- The Louisiana Department of Health formed a partnership with the Louisiana Housing Authority to establish a Permanent Supportive Housing (PSH) program with the dual goals of preventing and reducing homelessness and unnecessary institutionalization among people with disabilities. Louisiana’s Medicaid program covers three phases of tenancy support services for Medicaid beneficiaries in permanent supportive housing: pre-tenancy services (housing search assistance, application assistance, etc.), move-in services, and ongoing tenancy services. Louisiana reports a 94% housing retention rate since the program began housing tenants in 2008. A preliminary analysis shows statistically significant reductions in hospitalizations and emergency department utilization after the PSH intervention, and an early independent analysis of the PSH program’s impact on Medicaid spending found a 24% reduction in Medicaid acute care costs after a person was housed.40

Prenatal and Infant Health

Infant health is greatly affected by parental health. Good health pre-pregnancy, early prenatal care, and a positive environment postpartum contribute to a strong start for children.41

- In 2020, there were 78,566 live births in Indiana:
  - 51.2% were male;
  - 48.8% were female;
  - 0.1% were American Indian;
  - 3.1% were Asian;
  - 13.4% were Black;
  - 10.8% were Hispanic; and
  - 72.0% were White.42

- The counties with the highest number of births include Marion (13,536), Lake (5,410), Allen (5,191), Hamilton (3,645), St. Joseph (3,223), Elkhart (2,911), Vanderburgh (2,119), Tippecanoe (2,097), Hendricks (1,807), Johnson (1,807), and Porter (1,622).43
  - Most of the births were born to the 25-29 age group at 25,104, followed by those aged 30-34 with 20,735 births and ages 20-24 with 17,888 births. These three age groups represent 81.1% of all live births in 2020.

Low Birthweight

The weight of a newborn measured immediately after birth is referred to as the child’s “birthweight.” An infant born below 5.5 pounds, or 2,500 grams, is considered low birthweight; an average newborn usually weighs about 8 pounds. A low birthweight baby may be healthy even though s/he is small, but a low birthweight baby can also have many serious health problems. Many babies with a low birthweight are also premature, as much of a baby’s weight is gained during the last weeks of pregnancy. When compared to infants of average weight, low birthweight babies face higher risks for various health related problems, including learning disabilities and delayed motor and social developments. Seeking early and regular prenatal care can reduce the risk of having a low birthweight infant for expectant mothers. Visits to a provider can help identify conditions that may result in low birthweight infants.44
Low Birthweight continued...

- In 2019, 6,607 Hoosier infants were born with low birthweight (8.2% of all live births). This was slightly lower than the 2019 U.S. rate for low birthweight babies of 8.3%.
  - The percentage of Asian (8.3%), Black (13.5%), and Two or more races (9.0%) babies who had low birthweight trended above the state rate (8.2%). Other racial/ethnic subgroups were below the rate.
- Indiana has the lowest percentage of low birthweight babies when compared to neighboring states: Illinois had 8.4% babies with low birthweight while Ohio had 8.6% and Kentucky and Michigan had 8.7%.45

<table>
<thead>
<tr>
<th>Percentage of Low Birthweight Babies, Indiana: 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 6 Highest Counties</strong></td>
</tr>
<tr>
<td>Starke 12.6%</td>
</tr>
<tr>
<td>Perry 10.8%</td>
</tr>
<tr>
<td>Lawrence 10.2%</td>
</tr>
<tr>
<td>Marion 10.0%</td>
</tr>
<tr>
<td>Wayne 9.8%</td>
</tr>
<tr>
<td>Switzerland 9.8%</td>
</tr>
<tr>
<td><strong>Top 5 Lowest Counties</strong></td>
</tr>
<tr>
<td>LaGrange 4.5%</td>
</tr>
<tr>
<td>Steuben 4.7%</td>
</tr>
<tr>
<td>Decatur 4.9%</td>
</tr>
<tr>
<td>Miami 5.0%</td>
</tr>
<tr>
<td>Pike 5.0%</td>
</tr>
</tbody>
</table>

Source: Indiana 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 child is more likely to have developmental disabilities, neurological disorders, and other chronic health conditions requiring increased levels of long-term medical care, parental care, and special education services.46

- In 2020, 8,193 Hoosier babies were born prematurely (about 1 in 10 live births).
- 18.9% of Black babies were born prematurely. Additionally, Black babies comprised 13.4% of the total babies born in 2020.
- The percentage of American Indian babies born premature has increased by 3.3 percentage points from 6.8% in 2019 to 10.1% in 2020.
- Most premature babies were born to mother ages 25 to 29 (29.6%) followed by mothers ages 30 to 34 (25.7%).47

<table>
<thead>
<tr>
<th>Percentage of Babies Born Prematurely, Indiana: 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12 Highest Counties</strong></td>
</tr>
<tr>
<td>Perry 16.8%</td>
</tr>
<tr>
<td>Lawrence 13.7%</td>
</tr>
<tr>
<td>Cass 13.3%</td>
</tr>
<tr>
<td>Grant 13.2%</td>
</tr>
<tr>
<td>Randolph 13.2%</td>
</tr>
<tr>
<td>Clinton 12.7%</td>
</tr>
<tr>
<td>Wayne 12.7%</td>
</tr>
<tr>
<td>Scott 12.1%</td>
</tr>
<tr>
<td>Knox 12.1%</td>
</tr>
<tr>
<td>Huntington 12.0%</td>
</tr>
<tr>
<td>Spencer 12.0%</td>
</tr>
<tr>
<td>Marion 12.0%</td>
</tr>
<tr>
<td><strong>10 Lowest Counties</strong></td>
</tr>
<tr>
<td>Daviess 5.3%</td>
</tr>
<tr>
<td>Pulaski 5.8%</td>
</tr>
<tr>
<td>LaGrange 6.5%</td>
</tr>
<tr>
<td>Fayette 6.7%</td>
</tr>
<tr>
<td>Gibson 7.1%</td>
</tr>
<tr>
<td>Newton 7.4%</td>
</tr>
<tr>
<td>Fountain 7.6%</td>
</tr>
<tr>
<td>Marshall 7.7%</td>
</tr>
<tr>
<td>Brown 7.7%</td>
</tr>
<tr>
<td>Elkhart 7.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health
Birth Defects

As defined by the National Institute of Health, the two main categories of birth defects are structural birth defects and functional or developmental birth defects. Structural birth defects are defined as a problem that affects the structure of body parts, including a cleft lip or palate, abnormal limbs, or a heart defect. Functional or developmental birth defects are related to a problem with how a body system or body part works or functions. Sensory problems, metabolic disorders, and degenerative problems are all birth defects included in this category. Although the causes of many birth defects remain unknown, exposure to medications, chemicals, or other agents during pregnancy, infections, genetic problems, and chromosomal problems can cause the onset of specific conditions.48

- In the United States, a baby is born with a birth defect every 4½ minutes – about 120,000 babies each year.
- Birth defects were the second leading cause of death for infant mortality in Indiana in 2019.
- In Indiana, the rate of infant deaths associated with birth defects was 1.6 per 1,000 live births.
- Of the 7,126 structural birth defects in infants born in Indiana between 2017 and 2019:
  - 3,758 were cardiovascular,
  - 1,119 were genitourinary, and
  - 890 were musculoskeletal.
- Between 2017 and 2019, 68 babies were born in Indiana with Fetal Alcohol Spectrum Disorder, and 82 were born with Pervasive Developmental Disorders.
- Cardiovascular, genitourinary, and musculoskeletal defects are the most common structural birth defects across the U.S., as well as in Indiana.49

Source: Indiana Department of Health
Note: Data for American Indian and Alaskan Native births and births of an Unknown Race or Ethnicity were suppressed by the source.
Infant Mortality

The well-being of expectant mothers and infants determines the health of the next generation. A child’s first year of life is the most fragile and formative for future health. Infant mortality is defined as the death of a baby before his or her first birthday. Infant mortality is closely associated with premature birth and low birthweight. Preterm birth is the most frequent cause of infant mortality, accounting for over one-third of infant deaths nationally.

In 2020, 552 infants died before their first birthday. Indiana’s infant mortality rate — the number of babies who die in the first year of life per 1,000 live births — was 6.6, a slight increase from 6.5 in 2019. The State’s goal for its infant mortality rate has been 6.0 since 2014. Indiana’s infant mortality rate remains higher than the national rate.

Infant Mortality Rate, Indiana and United States: 2009–2020

Though Indiana’s overall infant mortality rate has been decreasing in the past few years, significant disparities persist when disaggregating the infant mortality rates.

- In 2020, Black infants were more than twice as likely to die before their first birthday (13.2 per 1,000) than White infants (5.5 per 1,000) and Hispanic/Latino infants (6.0 per 1,000).
  - The infant mortality rate for both White and Hispanic infants decreased between 2019 and 2020. For White infants, the rate decreased by 0.5, and by 0.4 for Hispanic/Latino babies.
  - For Black babies, the infant mortality increased by 2.2 between 2019 and 2020.

Infant Mortality Rate per 1,000 Live Births by Demographics, Indiana: 2020

Source: Indiana Department of Health and Centers for Disease Control and Prevention

Note: The American Indian, Asian, and Two or more races IMRs were suppressed due to the n size.
The top 5 causes of deaths for infants in 2020 by gender and race/ethnicity were:

<table>
<thead>
<tr>
<th>Infant Cause Description</th>
<th>Total</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>White</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Congenital Malformations, Deformations and Chromosomal Abnormalities</td>
<td>127</td>
<td>20</td>
<td>15</td>
<td>85</td>
<td>61</td>
<td>66</td>
</tr>
<tr>
<td>2. Disorders Related to Short Gestation and Low Birthweight, Not Elsewhere Classified</td>
<td>74</td>
<td>27</td>
<td>8</td>
<td>38</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>3. Sudden Infant Death Syndrome</td>
<td>55</td>
<td>21</td>
<td>8</td>
<td>22</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>4. Accidents (Unintentional injuries)</td>
<td>43</td>
<td>15</td>
<td>2</td>
<td>24</td>
<td>25</td>
<td>18</td>
</tr>
<tr>
<td>5. Bacterial Sepsis of Newborn</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health

Prenatal Care

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

In 2021, Zero to Three reported that 6.4% of Hoosier mothers received late or no prenatal care, which was slightly higher than the national rate of 6.2%.

- 11.7% of Black mothers received late or no prenatal care;
- 9.6% of Hispanic mothers received late or no prenatal care; and
- 5.0% of White mothers received late or no prenatal care.

While prenatal care is important, barriers can prevent individuals from receiving adequate and regular care. Structural barriers to care include high service costs, lack of transportation options, unwelcoming provider attitudes, and lack of childcare for other children. Additionally, individual conditions like fear or distrust of health care providers, lack of health insurance, and mental health conditions can be barriers to accessing prenatal care.

Promising Practice:

- **HealthConnect One**, which is based in Illinois, offers several nationwide programs to support underserved families during prenatal and early postpartum periods. These programs including breastfeeding consultations, peer counseling, and community-based doulas. Additionally, the programs provide culturally sensitive pregnancy and childbirth education, early linkage to health care and other services; labor coaching, breast-feeding promotion and counseling, and parenting education, while encouraging parental attachment. These programs are successful because the doulas and other resources are of and from the same community as their clients, and they are able to bridge language and cultural barriers for optimal health and well-being. Hispanic and Black mothers who participated in HealthConnect One Community-Based Doula Program were less likely to undergo a cesarean section and more likely to breastfeed exclusively and for longer periods of time, compared with the general population.

Maternal Mortality

Maternal mortality includes deaths during pregnancy or within one year of the end of pregnancy due to a pregnancy complication. Childbirth and puerperium codes indicate pregnancy-associated death. However, death certificates are not enough to comprehensively identify all pregnancy-associated deaths. In 2020, Indiana’s maternal mortality rate was 38.2 per 100,000 live births.

The State’s Maternal Mortality Review Committee reviews all pregnancy-associated deaths in Indiana and provides recommendations that may eliminate preventable maternal deaths, reduce maternal morbidity, and improve the population health for women of reproductive age. According to the 2021 Maternal Mortality Review Committee’s Annual Report, a total of 60 pregnancy-associated deaths occurred during pregnancy or within one year of the end of pregnancy in 2019 in Indiana.
Maternal Mortality continued...

- The pregnancy-associated mortality ratio was 74.2 per 100,000 live births, a lower rate than 2019 (77.2 per 100,000). This was the overall ratio of death to live births to Indiana women ages 10 to 60 who died either during or within one year of pregnancy due to any cause.

- The pregnancy-related mortality ratio was 12.2 per 100,000 live births in 2018, a lower rate than 2019 (18.6 per 100,000). This was the specific ratio of death to live births to Indiana women ages 10 to 60 who died either during pregnancy or within one year of the end of a pregnancy as a direct result of a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy.
  - White non-Hispanic women accounted for most deaths, with 46 deaths reviewed by the Indiana MMRC (76.7%), followed by Black non-Hispanic women with 8 deaths (13.3%), and Hispanic/Latino women of any race with 4 deaths (6.7%).
  - Women with a high school degree/GED or less accounted for 65% of all pregnancy-associated deaths in both 2018 and 2019.

- 85% of pregnancy-associated deaths occurred postpartum, including 56% after 6 weeks.

- Substance use disorder was the most common contributing factor to maternal deaths, likely contributing to nearly half of all pregnancy-associated deaths in both 2018 and 2019.

- Overdose, both accidental and undetermined intent, was overwhelmingly the leading cause of death, accounting for 33.3% of all pregnancy-associated deaths in 2018-2019.

- The MMRC deemed 80.0% of reviewed pregnancy-associated deaths were preventable, and 73.3% of pregnancy-related death were preventable.

- In 2019, most pregnancy-associated deaths (66.7%) occurred among women residing in metropolitan counties, followed by micropolitan counties (20.0%) and rural counties (6.7%).

Health complications during pregnancy can increase the risk of maternal mortality. In the United States, women from minority groups have higher risks for stroke during delivery with significant disparity amongst race for women with chronic hypertension or pregnancy-induced hypertension. Researchers found that among women with pregnancy-induced hypertension, Black and Hispanic women had higher risk of stroke compared with White women. Furthermore, among women with chronic hypertension, all minority women had higher stroke risk. Along with hypertension, protein in urine are characterizations of preeclampsia. Preeclampsia is a disorder that occurs during pregnancy and the postpartum period. It affects at least 5-8% of all pregnancies. Black women are more likely to develop preeclampsia and to experience poorer outcomes associated with the condition. For Black women, the rate of preeclampsia and eclampsia was 60% higher than for White women. In addition to the racial disparity, preeclampsia/eclampsia rates are higher for those on public health insurance and for women who lived in low-income areas.

A comprehensive strategy to reduce maternal deaths includes education for mothers, clinical intervention and coordination of care, protective intervention, and addressing social and economic impacts on health outcomes. Teaching and supporting healthy behaviors during pregnancy positively affects birth outcomes. Babies tend to be healthier when their parents avoid risky behaviors, such as smoking, using certain medications, or drinking alcohol during pregnancy, and engage in healthy behaviors, such as receiving early prenatal care and breastfeeding. The strongest predictors of adverse birth outcomes include obesity, smoking, limited prenatal care, and unsafe sleep practices.
Maternal Smoking

Maternal smoking is associated with a higher risk of miscarriage, low birthweight, premature birth, some congenital disabilities, 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 infants and children, including more severe and frequent asthma attacks, bronchitis, pneumonia, ear infections, and SIDS.

- 10.9% of expectant Hoosier mothers smoked while pregnant in 2020. This percentage has steadily decreased since 2008, when 18.5% of expectant mothers smoked.
- Of the 8,570 mothers who smoked while pregnant, the majority were White (86.8%) followed by Black (9.7%), Hispanic (2.7%), and American Indian (0.2%) and Asian or Pacific Islander mothers (0.2%).
- In 2019, the rate of smoking while pregnant in Indiana (12.0%) was significantly higher than the national rate (6.0%).
  - Indiana’s rate has decreased since 2010, when 17% of births were to mothers who smoked during pregnancy.
- Among our neighboring states, Indiana (12.0%) had the second-highest percentage of maternal smoking in 2019: Illinois (5.0%), Michigan (10.0%), Ohio (12.0%), and Kentucky (15%).

Maternal Alcohol and Drug Use

Drug and alcohol use during pregnancy increases the risk of miscarriage, congenital disabilities, and a range of lifelong physical, behavioral, and intellectual disabilities. Children of any age with parents who abuse alcohol or illicit drugs also face an 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, 10.6% of pregnant women ages 15–44 use alcohol, and 5.0% report binge drinking.
- Pregnant women in their first trimester were more likely to use alcohol (21.8%) than women in their second or third trimester (4.9% and 3.4%, respectively).
- In 2019, Indiana had 56 substance abuse treatment programs specifically tailored to pregnant or postpartum women.

Babies born to women who abuse opioids during pregnancy may experience withdrawal at birth, known as neonatal abstinence syndrome.

- Nationally, 8.3% of pregnant women ages 15–44 use illicit drugs, an increase of 2.5 percentage points from the previous year (5.8%).
- Based on publicly available state-level data from 2019, Indiana had 56 substance abuse treatment programs specifically tailored to pregnant or postpartum women.
- As of May 2021, Indiana had 60 perinatal hospitals participating in the Perinatal Substance Use Project (PSU Project) sponsored by the Indiana Perinatal Quality Improvement Collaborative. Those participating hospitals with substance use task forces work to identify women who were using a substance and intervene to support a positive pregnancy outcome for both mother and infant. This was nearly double the number of participating hospitals in 2019 (34).

Leveraging the Data: Statewide

- **Extend postpartum coverage for Medicaid clients and ensure appropriate access to care for chronic conditions, including substance use and mental health disorders:** The postpartum period can be a particularly vulnerable time for many women, as it may introduce or exacerbate medical, behavioral, or mental health conditions. The Healthy Indiana Plan (HIP) pays for prenatal care and births and provides coverage for 60 days during the post-partum period. Through funding from the American Rescue Plan, states were allowed to expand Medicaid coverage for mothers from 60 days postpartum to a year postpartum. Beginning April 2022, Indiana will permanently expand Medicaid coverage for new mothers to 12 months postpartum. Women who experience health challenges more than 60 days after the end of pregnancy can have difficulty accessing and receiving appropriate care services. For women with substance use or mental health disorders, the challenges are even greater. 51.7% of women who died from a pregnancy-associated cause in 2019 were Medicaid-insured. Further, 34 of the 60 pregnancy-associated deaths in 2019 occurred after 43 days postpartum. Expanding coverage periods and ensuring appropriate access to subspecialty care for all chronic conditions, including substance use and mental health disorders, could decrease barriers to medication access and emergency medication for women with substance use disorder. For additional recommendations for the State and local communities and providers, please see the **2021 Annual Report** from the Indiana Maternal Mortality Review Committee.
Implement one of the three evidence-based comprehensive screening and connection programs: Comprehensive screening and connection programs assess the social predictors of health that contribute to long-term child and family wellbeing, which may include housing, income support, food security, and health insurance coverage. Screening for indicators of health beyond behavioral and biological issues encourages providers to consider the impact of social determinants of health on child well-being. Based on families’ identified needs, programs connect families to necessary services and supports to address concerns. Although many local and statewide programs have screening and referral components, the three rigorously studied comprehensive screening and connection programs are Developmental Understanding and Legal Collaboration for Everyone (DULCE), Family Connects, and HealthySteps. These three programs have demonstrable outcomes regarding successfully connecting families to community resources. Currently, Indiana has an alternative model called Help Me Grow, which could be enhanced by including hallmarks of these evidence-based programs.79

Promising Practices:
- The Indiana Pregnancy Promise Program is a free, voluntary program for individuals who are pregnant or within the 90 days of the end of pregnancy, identify as having current or previous opioid use, and are eligible for or receive Medicaid health coverage. Individuals who participate in the Pregnancy Promise Program receive free, confidential support, and they are assigned a Pregnancy Promise Program case manager who supports the pregnant individual before, during and for a year after the end of the pregnancy.80
- North Carolina is a state leader in comprehensive screening and connection programs based on the state’s substantial and long-term implementation of the evidence-based Family Connects model, and the large percentage of families served by the HealthySteps model.
- Oregon is a state leader in comprehensive screening and connection programs because it is one of only three states that has passed legislation to implement an evidence-based model statewide. The new initiative is based on the Family Connects model. In addition, families in Oregon have access to HealthySteps.81

Breastfeeding
Breastfeeding provides infants with nutritionally balanced meals, some protection against common childhood illnesses and infections, and a better survival rate during the first year of life. For mothers, breastfeeding promotes improved healing after childbirth, improved postpartum weight loss, and reduced risk of experiencing postpartum depression.82
- 81.0% of infants in Indiana have ever breastfed, which was slightly below the national rate of 83.6%.
  - 75.7% of low-income babies ever breastfed, compared to 87.6% of higher-income babies.
- 47.2% of infants breastfed at 6 months, which was nearly 8 percentage points below the national rate (55.1%).
  - One-third of low-income babies and two-thirds of higher-income babies were breastfeeding at 6 months.83

The Indiana Department of Health developed the Indiana State Breastfeeding Plan for 2016 to 2021 to highlight the goals and activities the Department identified to promote, support, and encourage breastfeeding in Indiana. Find the full plan here.

Promising Practice:
- La Leche League International was founded in 1956 by seven mothers who wanted to provide breastfeeding guidance and support to other women. Since then, the initiative has grown from a local initiative to a national organization, and then to an international organization that has served thousands of women. The primary focus of the League is to provide personal one-on-one sharing of information and support that provides a new parent with the confidence needed to breastfeed their child. The La Leche League of Indiana offers support groups located statewide and responsive leaders who answer phone calls and emails when meetings are not convenient, making this support opportunity more accessible.
Preventive Care

Healthcare coverage plays an essential role in Hoosier children’s and families’ lives. Children covered by any health insurance plan have better access to preventive care, like vaccines, screenings, and check-ups. For families, health insurance can protect them from unexpected, high medical costs. Children with health insurance are more likely than children who are uninsured to be healthy, have access to vaccines and preventive care, and receive regular, consistent medical care. Preventive care encompasses a wide range of services, such as check-ups, screenings, vaccinations, patient counseling used to prevent illnesses, diseases, and other health problems, or to detect illnesses at an early stage. Preventive care shifts the focus away from treating illness to maintaining wellness and good health. Preventive care occurs before a child feels sick or notices any symptoms; it is designed to prevent chronic illness or delay the onset of a disease. This type of care includes a variety of healthcare services, such as a physical examination, screenings, laboratory tests, counseling, and immunizations. For the full list of preventive services for children and youth, please see here.

- In 2019, 84.9% of Hoosier children ages 0 to 17 (about 1.3 million children) saw a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care in the past 12 months. This was slightly lower than the national percentage of 87.3%.
  - 18.5% of children received a referral to see a specialist or received specialized services.
- Nearly 9 in 10 Indiana parents reported that their children’s health was “very good” or “excellent” (91.1%), while 7.6% reported that their children’s health was “good.”

From 2019 to 2020, 76.8% of children ages 12 to 17 had one or more preventive medical visits in the past year; 23.2% had no preventive medical visits. This was slightly higher than the nationwide rate of 75.6% of children ages 12 to 17 having one or more preventive medical visits.

- Healthcare coverage directly correlates with the percentage of adolescents accessing preventive care. 79.3% of adolescents with health insurance had one or more preventive medical visits compared to 57.5% of those who were uninsured. Those who have health insurance are more likely to access preventive care due to affordability and knowledge.
  - 78.5% of adolescents with public health insurance had 1 or more preventive care visits in 2019 and 2020.
  - 79.8% of adolescents with private health insurance had 1 or more preventive care visits.
  - Consistency of health insurance coverage also correlates with receipt of preventive care. 80.7% of adolescents who had consistent insurance throughout the year had one or more preventive medical visits, compared to 44.1% of adolescents who were currently uninsured or experienced periods without health insurance.
- In 2019 and 2020, 3.4% of children ages 0 to 17 (53,184) were not able to obtain needed healthcare in the last year. This was an increase of 0.4 percentage points from the previous year (about 6,959 children). This was slightly lower than the national percentage of 3.5%.
  - Fewer children with health insurance did not receive needed healthcare (2.9%) compared to those who were uninsured (8.5%).
  - These data reiterate that children with health insurance were more likely than those uninsured to be healthy and receive regular, consistent medical care, emphasizing the importance that every Hoosier child be covered by some type of health insurance.

Disparities in preventive visits emerge when disaggregating the data by family income level. Preventive care access directly correlates with income level with those families with greater income accessing preventive care at a higher rate than families of less income. In particular, families who were in extreme poverty (0–99% of the Federal Poverty Line) have the lowest rate of preventive care, though these were children and families eligible for Traditional Medicaid coverage.
Preventive Care continued...

Additional disparities in data occur beyond income. The highest education level of the adult in the household correlates with youth obtaining 1 or more preventive medical visits in the last year. The higher the educational attainment of the adult, the more likely the child can access preventive healthcare. This trend could echo the correlation with income and preventive medical visits, as those who have a degree beyond high school earn more over the course of their lifetimes than those who only have a high school diploma.92

- In 2019 and 2020, 61.2% of adolescents in a household with an adult who has a high school diploma of GED had 1 or more visits;
- 81.8% of adolescents in a household with an adult who has some college or technical certification had 1 or more visits; and
- 86.9% of adolescents in a household with an adult who has a college degree or higher had 1 or more visits.93

When disaggregating preventive medical care data for youth across the U.S. by race and ethnicity, specific subgroups were less likely to have 1 or more visits in the last year. Adolescents ages 12 to 17 who were Native Hawaiian/Other Pacific Islander, Non-Hispanic (45.4%), Asian (36.4%), or Hispanic (29.8%) have the highest rates of no preventive medical visits among all racial and ethnic subgroups nationwide. About two of every three Black or Two or more races adolescents in the U.S. had at least 1 or more preventive medical visits in the last year. White adolescents had the highest rate (77.8%) of preventive medical visits when compared to their peers of other races and ethnicities.94

Other preventive care data indicators include:
- 63.8% of Hoosier parents indicated the doctor spent at least 10–20 minutes examining the child in the room during a preventative checkup.95
- In 2019, 64.1% of children had his/her/their vision tested in the past 12 months.96
- 15.0% of children has at least one emergency room visit, and 4.4% had two or more in the past year during 2019.97
- In 2019 and 2020, 77.0% of children ages 1 to 17 had one or more preventive dental visits in the past year.98
- 69.5% of children received both preventive medical and dental care in the past 12 months.99

Barriers to Access

Deficits in health insurance coverage and availability of primary care physicians may impede parents’ access to preventive care for their children, especially for some of Indiana’s racial and ethnic subgroups and in some of Indiana’s rural counties.

- Most insurance plans – including employer-based, market exchange, Medicaid, and the Children’s Health Insurance Program (CHIP) – cover the costs of preventive care and vaccinations for children. For those children who are uninsured, costs may be prohibitive. Ensuring every child in Indiana has some form of health insurance is a key contributor to increasing vaccination and preventive care rates.
  - Undocumented immigrants lack access to healthcare because many are uninsured, reflecting limited access to employer-sponsored insurance and eligibility restrictions that bar them from participating in Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Affordable Care Act (ACA) Marketplaces. Undocumented immigrants can obtain low-cost care through community health centers, but this care is often limited. Lack of coverage for families could increase barriers to care and financial instability, negatively affecting the growth and healthy development of their children.100 Immigration advocates report that shifting immigration policies have substantially increased fears among the immigrant community around seeking healthcare. These fears are leading families to turn away from utilizing programs and services for their children, who may be born in the U.S. and qualify for Medicaid and CHIP. Declines in coverage for families would increase barriers to care and financial instability, negatively affecting the growth and healthy development of their children.101
  - Uninsured individuals with Deferred Action for Childhood Arrival (DACA) status do not have access to financial assistance for coverage through Medicaid or the Affordable Care Act (ACA) Marketplaces.102 Qualified non-citizens who are “lawfully present” per the Affordable Care Act – such as Green Card holders, asylees, and refugees – may receive Medicaid and CHIP if they meet the State’s income and residency requirements.103
Access to care providers is the second critical barrier that may impede the rates of vaccinations and preventive care. In 2021, 3,208,715 Hoosiers lived in an area with a primary care physician shortage; this was 47.7% of the total population. A shortage area means that U.S. Health Resources & Services Administration (HRSA) has found that a particular area (e.g., county or census tract) does not have enough health care providers to meet the area’s demand. This is mostly based on the population-to-provider ratio and percentage of the population that is in poverty. In most cases, a shortage area is defined to cover an entire county. There are some cases where the shortage area is defined by census tracts. For more information, see this information from HRSA.

- 63 of Indiana’s 92 counties had a primary care physician shortage. Most of these counties, especially those with 100% of the population lived in an area with a primary care physician shortage, were designated as rural by HRSA.
- About 2.7 million Hoosiers were medically underserved in 2021, which was about 40.2% of the population. Similar to the counties with a primary care physician shortage, those who were medically underserved were also mostly concentrated in Indiana’s rural counties.

As of 2018, the overall ratio of population to primary care physicians in Indiana was 1,500 Hoosiers to every 1 primary care physician, with the rural counties having higher ratios than the urban and suburban counties. Indiana ranks nationally in the 90th percentile for its primary care physician ratio.

- Ripley, Newton, Pike, Union, and Ohio Counties have only 1 primary care physician for their entire population; Owen and Martin Counties have 2.
- Benton, Crawford, Switzerland, and Warren do not have a primary care physician within the county, as designated by the County Health Rankings.

### Ratio of Population to Primary Care Physician by County, Indiana: 2018

<table>
<thead>
<tr>
<th>Top 10 Counties with Lowest Ratio</th>
<th>Top 10 Counties with Highest Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone 470:1</td>
<td>Ripley 28,520:1</td>
</tr>
<tr>
<td>Warrick 630:1</td>
<td>Newton 14,010:1</td>
</tr>
<tr>
<td>Hamilton 690:1</td>
<td>Pike 12,410:1</td>
</tr>
<tr>
<td>Delaware 910:1</td>
<td>Owen 10,420:1</td>
</tr>
<tr>
<td>St. Joseph 1,070:1</td>
<td>Union 7,040:1</td>
</tr>
<tr>
<td>Vigo 1,130:1</td>
<td>Carroll 6,710:1</td>
</tr>
<tr>
<td>Vanderburgh 1,170:1</td>
<td>Clinton 6,450:1</td>
</tr>
<tr>
<td>Dubois 1,180:1</td>
<td>Ohio 5,840:1</td>
</tr>
<tr>
<td>Hancock 1,190:1</td>
<td>Starke 5,730:1</td>
</tr>
<tr>
<td>Marion 1,210:1</td>
<td>Fountain 5,450:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Health Insurance

The benefits of health insurance and preventive care for children at early ages improves health outcomes throughout their lives. Medicaid coverage in childhood has been shown to decrease reports of mental health problems, the likelihood of eating disorders or risky sexual activity, and reduce smoking and alcohol use. Medicaid coverage in early childhood can also lower the likelihood of high blood pressure, heart disease/heart attack, adult-onset diabetes, and obesity during adulthood. Ensuring health coverage for every Hoosier child is critical to the short- and long-term health and well-being of children. Health insurance increases preventive healthcare services, reduces medical debt, and provides resources for children to attain a healthy lifestyle.106 Without access to health insurance, families are more likely to rely on the emergency room as a source of care, have care delayed or unmet, and have prescriptions go unfilled.107

• In 2020, 101,618 Hoosier children did not have health insurance - 6.3% of Indiana’s child population being uninsured. However, Indiana is higher than the U.S. rate for children without health insurance, which was 5.1% in 2020.108

• Indiana ranks 40th in the nation for children without healthcare; it is also the lowest-ranked state for children without health insurance compared to our neighboring states: Michigan (10th), Illinois (18th), Kentucky (20th), and Ohio (24th).109

• Indiana’s number of uninsured children decreased by 17,382 children in 2020 from the 119,000 Hoosier children uninsured in 2019.110

• In Indiana, youth under 19 living between 100% to 137% and 138% to 199% FPL were least likely to have health insurance.111

• 7.5% of low-income infants/toddlers lacked health insurance, compared to the national rate of 5.1% of uninsured low-income infants/toddlers.112

• Asian infants/toddlers have the highest percentage of being uninsured at 13.5%, followed by Hispanic/Latino infants/toddlers (9.5%), White infants/toddlers (8.0%), and Black infants/toddlers (3.5%).113

• Rural infants/toddlers in Indiana have a higher percentage of lacking health insurance (10.3%) compared to urban infants/toddlers (6.0%).114

• In 2019, 65.7% of families with children ages 0 to 17 reported that their health insurance was adequate for their child’s health needs.

• 81.4% of families with public health insurance reported adequacy from their health insurance plan to cover their child’s needs; 61.3% of families with private health insurance reported adequacy.115

Health Insurance Coverage of Youth Under 19 by Federal Poverty Line, Indiana: 2020

When examining uninsured children and youth by race and ethnicity, Hispanic/Latino youth ages 0 to 17 had the highest uninsured rates among all Hoosier youth at 12.3%.

• Asian youth ages 0 to 17 had the second-highest uninsured rate at 10.7%, followed by White youth (7.7%).

• Once children matriculate to adulthood, potentially leaving some of the health coverage safety nets of parents and CHIP, the percentage of uninsured increase significantly across all racial and ethnic subgroups.
  o Hispanic/Latino youth ages 18 to 24 had the highest uninsured rates among all Hoosier youth at 38.5%.
  o Black youth ages 18 to 24 had the second-highest uninsured rate at 7.0%, followed by youth of Two or more races (24.4%).
  o Asian youth between the ages 18 to 24 had the lowest rate of being uninsured among all of the subgroups within this age.116
Indiana was accentuated during the pandemic. Indiana saw the most significant increase in this indicator compared to all other Household Pulse Survey data, even as Indiana’s ranking for Children Without Health Insurance (41st) was already one of the state’s lowest ranked indicators in 2020. As more Hoosier families lack health insurance, it can be hypothesized that access to employer-based health insurance has conversely decreased, as a majority of Hoosiers accessed health insurance via their employers. A similar trend occurred during the Great Recession, as Medicaid enrollment increased due to higher unemployment rates. Though more Hoosiers are employed now than during 2020, evidenced by the decreasing unemployment rate (7.1% in 2020 to 4.1% in August of 2021), the jobs obtained may not include benefits.

The percentage of youth under 19 without health insurance varies across the state and is not heavily isolated in a region. Most counties (82) were between 0.8% to 11%, while 10 counties were above 11%.

Some of the counties with a high population of uninsured children also have a large Amish population. Because many Amish pay for healthcare expenses through a combination of mutual aid programs through their churches and self-pay, rather than traditional insurance programs, they are considered uninsured. To better understand those children without any type of health insurance, the State can provide greater disaggregation and detail in the data.

9% of Hoosier adults with children lacked health insurance during COVID-19 in 2020. By March 2021, Indiana increased by four percentage points to 13%, while, nationally, the percentage of Americans who lack health insurance decreased from 13% to 11%. However, by September 2021, the percentage of adults with children lacking health insurance decreased to 7%. The lack of health insurance in Indiana was accentuated during the pandemic. Indiana saw the most significant increase in this indicator compared to all other Household Pulse Survey data, even as Indiana’s ranking for Children Without Health Insurance (41st) was already one of the state’s lowest ranked indicators in 2020. As more Hoosier families lack health insurance, it can be hypothesized that access to employer-based health insurance has conversely decreased, as a majority of Hoosiers accessed health insurance via their employers. A similar trend occurred during the Great Recession, as Medicaid enrollment increased due to higher unemployment rates. Though more Hoosiers are employed now than during 2020, evidenced by the decreasing unemployment rate (7.1% in 2020 to 4.1% in August of 2021), the jobs obtained may not include benefits.
Types of Healthcare Coverage

Americans obtain health insurance in different settings and through a variety of methods. The two main categories for health insurance are in the private sector and public programs. Private sector insurance includes employer-sponsored and individual market coverage. Public programs are provided by the government, such as Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP).118

**Traditional Medicaid:** Medicaid is a publicly financed program that provides health insurance for millions of low-income Americans, including children. Traditional Medicaid is available for those parents and caretakers who are extremely low-income. Standard Plan (Hoosier Healthwise Package A) coverage encompasses the full array of Medicaid State Plan benefits for children and pregnant women who meet the following guidelines:

- Pregnant women: 139% – 208% Federal Poverty Level
- Children (under age 19): Under 158% Federal Poverty Level119

As of July 2021, Indiana had 779,656 Hoosier children ages 0 to 17 enrolled in a public health insurance program, which is slightly more than half of Indiana’s child population:

- 685,054 children ages 0 to 17 were enrolled in Medicaid. This comprises 38.0% of Indiana’s total Medicaid population (1,800,466).
  - Children ages 0 to 5 had the highest enrollment (263,232) in Medicaid compared to all children. This age group comprises 38.3% of the total children enrolled in Medicaid.
  - 221,376 children ages 6 to 11 were enrolled in Medicaid – 32.3% of the total children enrolled.
  - 200,446 children ages 12 to 17 were enrolled in Medicaid – 29.3% of the total.
- 190,913 older youth ages 18 to 24 were enrolled in Medicaid – 10.1% of the total enrollees.120

**Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level, Indiana: 2021**

<table>
<thead>
<tr>
<th>Medicaid Coverage for Infants Ages 0–1</th>
<th>Medicaid Coverage for Children Ages 1–5</th>
<th>Medicaid Coverage for Children Ages 6–18</th>
<th>Separate CHIP for Uninsured Children Ages 0–18</th>
<th>Upper Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Funded</td>
<td>CHIP–Funded for Uninsured Children</td>
<td>Medicaid Funded</td>
<td>CHIP–Funded for Uninsured Children</td>
<td></td>
</tr>
<tr>
<td>213%</td>
<td>158–213%</td>
<td>163%</td>
<td>141–163%</td>
<td>255%</td>
</tr>
</tbody>
</table>

**CHIP:** The Children’s Health Insurance Program (commonly referred to as CHIP) provides health coverage to additional lower-income children whose families’ income is higher than Medicaid’s eligibility threshold but might be unable to afford private insurance for their children. CHIP, or Hoosier Healthwise Package C, provides preventive, primary, and acute healthcare coverage to children who meet the following eligibility criteria:

- The child must be younger than 19 years old;
- The child’s family income must be between 158% and 250% of the Federal Poverty Level;
- The child must not have creditable health coverage or have had creditable health coverage at any time during a waiting period lasting no longer than 90 days; and
- The child’s family must financially satisfy payment of monthly premiums.121

**Eligibility for Public Health Insurance for Children by Family Size and Income, Indiana: 2021**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Limit (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,738</td>
</tr>
<tr>
<td>2</td>
<td>$3,703</td>
</tr>
<tr>
<td>3</td>
<td>$4,667</td>
</tr>
<tr>
<td>4</td>
<td>$5,631</td>
</tr>
<tr>
<td>5</td>
<td>$6,596</td>
</tr>
</tbody>
</table>

Source: Family and Social Services Administration
One unique aspect of CHIP in Indiana is the required waiting period. State policy requires a 90-day waiting period for children who were voluntarily withdrawn from their parent’s insurance before enrollment in CHIP. Those children are uninsured during the 90-day waiting period, thus will not have coverage for any immunizations, check-ups, screenings, or emergencies. There is no waiting period for those children who have not been on their parents’ health insurance plan or whose coverage loss was involuntary. As of April 2021, only 14 states had a waiting period. The 22 states that eliminated their waiting period protect against substitution of coverage by using various procedures to monitor for substitution, including use of survey data, and private insurance database checks. Fourteen states have elected to continue to have a waiting period. Of these, 11 have a 90-day waiting period (including Indiana), 1 state has a two-month waiting period, and 2 states have a one month waiting period. Indiana now allows for an exemption to the 90-day waiting period for children in families with incomes at or below 158% of the Federal Poverty Level. In 2021, a recommendation was unanimously approved by the Commission on Improving the Status of Children in Indiana to eliminate this waiting period. It is expected that the Indiana Family and Social Services Administration will take the necessary steps to formalize this recommendation through administrative action.

As of July 2021, 100,523 children in Indiana were enrolled in CHIP. This has declined by about 10 percentage points since 2020 when 111,432 children enrolled in CHIP.

- 51.2% of the total CHIP enrollees were male (51,428) and 48.8% were female (49,095).
- Most CHIP enrollees in Indiana were White (60,231; 59.9%) followed by Black (13,454; 13.4%), Hispanic/Latino (9,685; 9.6%), and Asian/Pacific Islander (4,803; 4.8%). The race/ethnicity for about 12,000 enrollees was unavailable.
- When examining CHIP enrollees by age group, adolescents ages 12 to 17 comprise the highest percentage of children receiving CHIP.
- Geographically, the counties with the highest raw number and percentage of youth enrolled in CHIP varies. The top five counties were Indiana’s more urbanized areas, but the other counties with high enrollment were urban, suburban, and rural.

### CHIP Enrollment by Age Group, Indiana: 2021

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percentage of total CHIP enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0–5</td>
<td>13,771</td>
<td>13.7%</td>
</tr>
<tr>
<td>Age 6–11</td>
<td>39,066</td>
<td>38.9%</td>
</tr>
<tr>
<td>Age 12–17</td>
<td>41,765</td>
<td>41.5%</td>
</tr>
<tr>
<td>Age 18–24</td>
<td>5,921</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Source: Family and Social Service Administration

### Top 10 Counties by Number of Youth Ages 0 to 24 Enrolled in CHIP, Indiana: 2020

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion County</td>
<td>20,887</td>
</tr>
<tr>
<td>Allen County</td>
<td>6,205</td>
</tr>
<tr>
<td>Lake County</td>
<td>5,897</td>
</tr>
<tr>
<td>Elkhart County</td>
<td>4,867</td>
</tr>
<tr>
<td>St. Joseph County</td>
<td>4,093</td>
</tr>
<tr>
<td>Hamilton County</td>
<td>3,340</td>
</tr>
<tr>
<td>Johnson County</td>
<td>2,657</td>
</tr>
<tr>
<td>Hendricks County</td>
<td>2,432</td>
</tr>
<tr>
<td>Vanderburgh County</td>
<td>2,285</td>
</tr>
<tr>
<td>Tippecanoe County</td>
<td>2,222</td>
</tr>
</tbody>
</table>

Source: Family and Social Service Administration

### Total Number of Children Enrolled in CHIP Annually, Indiana: 1998 – 2019

Source: Kaiser Family Foundation
Types of Healthcare Coverage continued...

- The increase between 2008 and 2013 could reflect the Great Recession, during which there were higher unemployment rates and, thus, lower employer-based insurance.
- An increase from 2014 to 2018 could be reflective of Medicaid Expansion through the Affordable Care Act.

For more information on Medicaid and CHIP, please see the following resources:

- Indiana’s Medicaid eligibility and application
- Benefits available through Indiana Medicaid Package A
- FAQs: Health Insurance Marketplace and the ACA
- Understanding key health insurance terms
- Health Insurance Explained (video)

Expand State Plan’s Performance Measures: Including immunizations as part of our State’s Performance Measures is critical to promoting preventive care for children and youth. Indiana is currently 1 of 5 states that does not include immunizations as a metric in its Performance Measures. By including State Medicaid or CHIP improvement projects, performance measures, or incentives for child and adolescent immunizations, including HPV vaccination and DTap immunization as part of its performance metrics, Indiana can promote the following resources for children’s preventive care services:

- Managed care performance improvement projects and measures;
- Metrics or incentives used by statewide Medicaid system transformation initiatives; and
- Financial incentives.127

Vaccinations/Immunizations

Childhood vaccinations and preventive care often detect and prevent conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of potential illness, disability, early death, and expensive medical care. Because vaccines give children immunity to a disease without them having to get sick first, immunizing children can prevent diseases rather than treat them.128 Vaccines are important for children’s health and overall well-being because they help produce immunity to a specific disease, protecting the person from that disease, without the need of contracting the illness or experiencing symptoms. Vaccines prevent serious diseases that cause long-term illnesses, hospitalization, and even death.129 Children who are not protected by vaccines may contract the following avoidable diseases:

- Mumps;
- Measles;
- Whooping cough;
- Hepatitis A and Hepatitis B;
- Polio;
- Influenza; and
- Other preventable diseases.130

For more information on the Centers for Disease Control and Prevention’s (CDC) recommended vaccine by age, please see here.
Students in all grades are required to meet the minimum immunization requirements. Immunization requirements extend to children attending special education programs, childcare, or preschool within the school building. The childhood vaccination series recommended by the CDC is often called 4:3:3:1:4, referring to the recommended number of doses a child receives of each vaccination. 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 are also encouraged to receive seasonal flu vaccines and the Human Papillomavirus (HPV) vaccination.

- In 2021, 61% of Indiana infants 19–35 months old have received the full 4:3:3:1:4 vaccination series, which decreased 9% relative to the 2020 rate of 70%. There is a 14-percentage point increase from 2015 (56%).
- Of Indiana’s enrolled kindergarteners, 94.4% have received the measles, mumps, and rubella (MMR) vaccination, 84.0% received DTaP (down 10.4% from the previous year), and 94.0% have received two doses of the Varicella vaccination.
- 88,253 kindergarteners had an exemption for one or more vaccines.

Across the country, an estimated 19,000 cases of Human Papillomavirus (HPV)-associated cancer among females and 13,100 cases of HPV-associated cancer among males could be prevented. The recommended time to vaccinate youth against HPV is before exposure to the virus via sexual activity. Boys and girls ages 11 or 12 should receive two doses of the HPV vaccine 6-12 months apart to complete the full series; three doses are recommended for those who start the vaccination series at or after age 15. Those who have been infected with one or more strains of HPV can still get protection against other strains through vaccination.

- In 2020, 53.4% of youth ages 13 to 17 had received the HPV vaccination in Indiana. This was slightly lower than the U.S. rate of 58.6% of vaccinated kids in this age range.
- Female youth had a higher HPV vaccination rate (60.0%) when compared to their male peers (47.1%). Both populations, however, were below the U.S. rate for HPV vaccinations.

### Percentage of Youth Ages 13 to 17 Vaccinated against HPV by Gender, Indiana and U.S.: 2020

<table>
<thead>
<tr>
<th>HPV Immunization - Females</th>
<th>HPV Immunization - Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN: 60.0%</td>
<td>IN: 47.1%</td>
</tr>
<tr>
<td>U.S.: 61.4%</td>
<td>U.S.: 56.0%</td>
</tr>
</tbody>
</table>

Source: America’s Health Rankings

Beginning in November 2021, children 5 and older can receive a COVID-19 vaccine. At time of publication, the Pfizer vaccine was approved by the Food and Drug Administration for children ages 5 to 17. The vaccine can help prevent children from becoming infected and spreading the virus. Because vaccination is the leading public health prevention strategy to end the COVID-19 pandemic, vaccinating children can help schools safely maintain in-person learning, as well as extracurricular activities and sports.
Vaccinations/Immunizations continued...

Percentage of COVID-19 Vaccinations Administered by Age Group, Indiana: As of January 2022

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fully Vaccinated</th>
<th>First Dose Administered</th>
<th>Second Dose Administered</th>
<th>Single Dose Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 11</td>
<td>2.7%</td>
<td>3.6%</td>
<td>2.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>12 to 17</td>
<td>0.0%</td>
<td>0.0%</td>
<td>4.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>16 to 19</td>
<td>5.0%</td>
<td>6.1%</td>
<td>5.1%</td>
<td>4.8%</td>
</tr>
<tr>
<td>20 to 24</td>
<td>6.0%</td>
<td>6.3%</td>
<td>6.1%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health
Note: Fully Vaccinated reflects individuals who have received the second dose of a two-dose vaccine or a single dose vaccine. The First Dose Administered or Second Dose Administered data show individuals who have received the first dose or second dose (respectively) of a two-dose vaccine (e.g., Moderna and Pfizer vaccines). The Single Dose Administered show individuals who have received a single-dose vaccine (e.g., Johnson and Johnson vaccine).

Special Healthcare Services

Indiana Children’s Special Health Care Services (CSHCS) provides supplemental medical coverage to help families of children who have serious, chronic medical conditions, age birth to 21 years of age, who meet the program’s financial and medical criteria, pay for treatment related to their child’s condition. A family with an income, before taxes, no greater than 250% of the Federal Poverty Level may be eligible for the program. CSHCS is a program to help Hoosier children with severe chronic medical conditions which:

- Have lasted (or are expected to last) at least two years;
- Will produce disability, disfigurement, or limits the child’s ability to function;
- Requires special diet or devices; or
- Without treatment would produce a chronic disabling physical condition.

For eligible applicants, services may include:

- Diagnostic evaluations,
- Comprehensive well child and sick childcare,
- Specialty care and other services related to the eligible medical conditions,
- Immunizations,
- Prescription drugs,
- Routine dental care, and
- Community referrals and information.140

In 2019 and 2020, about 349,000 (22.4%) of children ages 0 to 17 have a special healthcare need requiring specific services; 17.0% of children with special healthcare needs ages 0 to 17 received care in a well-functioning system.141,142

- 26.4% of male Hoosiers and 17.8% of female Hoosiers ages 0 to 17 have special healthcare needs.
- When disaggregating by age groups, children ages 6 to 11 had the highest percentage of special healthcare needs (28.0%), followed by children 12 to 17 (25.4%), and children 0 to 5 (13.4%).
• Children with special healthcare needs tend to fall in low-income brackets:

<table>
<thead>
<tr>
<th>Household income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>26.3%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>23.4%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>21.8%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>19.7%</td>
</tr>
</tbody>
</table>

• 23.6% of children with health insurance also have special healthcare needs.
  
o  More children with special healthcare needs are covered by public insurance (29.7%) than private insurance (18.9%).

### Percentage of Children with Specific Types of Special Healthcare Needs, Indiana: 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional limitations (alone or in combination with other qualifying needs)</td>
<td>5.8%</td>
</tr>
<tr>
<td>Prescription medication only (no other qualifying needs on CSHCN Screener)</td>
<td>6.9%</td>
</tr>
<tr>
<td>Above-routine use of specialized services (no other qualifying needs on CSHCN Screener)</td>
<td>4.1%</td>
</tr>
<tr>
<td>Prescription medication AND above-routine use of specialized services</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Source: National Survey for Children’s Health

### 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. As mentioned above under the Preventive Care section, 77.0% of children ages 1 to 17 had one or more preventive dental visits during 2019 and 2020.

• 52.9% of Indiana children ages 1 to 5 had one or more preventive dental visits; 87.3% of children ages 6 to 11; and 86.0% of children ages 12 to 17 also had one or more preventive dental visits.

• 74.5% of male children and 79.8% of female children in this age range had one or more preventive dental visits.

• The percentage of children obtaining one or more preventive dental visits in the past year correlated with household income, as children in families with higher incomes were more likely to visit the dentist.

<table>
<thead>
<tr>
<th>Household income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>69.7%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>71.9%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>79.5%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>82.7%</td>
</tr>
</tbody>
</table>

• Similarly, children who had health insurance were more likely to have seen the dentist – 79.2% of children who had one or more preventive dental visit was insured at the time of the survey.

• 76.5% of families reported their child’s teeth were in “excellent” or “very good” condition.

• In 2019 and 2020, 10.6% of children ages 1 to 17 had tooth decay or cavities, which illustrates a slight decrease from the 2018 rate of 12.5% and the 2017 rate of 11.3%.
  
o  Disaggregating tooth decay or cavities by age group, children ages 6 to 11 had the highest percentage of decayed teeth or cavities in the past year at 15.7%, followed by children ages 12 to 17 at 8.3%, and children 1 to 5 at 7.2%.
Oral Health continued...

In Indiana, there were 1,750 people for every one dentist in 2019. The ratio of population to dentists in Indiana’s counties ranges from 15,090:1 – 1,110:1.

- In many of Indiana’s rural counties, there were fewer than 10 dentists. Brown, Pike, Switzerland, Crawford, and Warren Counties, for example, have only one practicing dentist for the entire county’s population. Blackford, Ohio, Newton, and Martin have 2 dentists for the entire county.

- Indiana’s ratio of population to dentists is higher than its neighboring states’ ratios, illustrating that Hoosiers have less access to dentists than residents of neighboring states: Illinois (1,240:1), Michigan (1,310:1), Kentucky (1,490:1), and Ohio (1,560:1).148

- An estimated 3,559,490 Hoosiers live in dental health professional shortage areas, which is 52.9% of the state’s population.149

<table>
<thead>
<tr>
<th>10 Counties with the Highest Ratios</th>
<th>10 Counties with the Lowest Ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown 15,090:1</td>
<td>Marion 1,110:1</td>
</tr>
<tr>
<td>Pike 12,390:1</td>
<td>Howard 1,120:1</td>
</tr>
<tr>
<td>Switzerland 10,750:1</td>
<td>Bartholomew 1,310:1</td>
</tr>
<tr>
<td>Crawford 10,580:1</td>
<td>Hamilton 1,320:1</td>
</tr>
<tr>
<td>Ripley 9,440:1</td>
<td>Vanderburgh 1,350:1</td>
</tr>
<tr>
<td>Warren 8,270:1</td>
<td>Floyd 1,430:1</td>
</tr>
<tr>
<td>Newton 6,990:1</td>
<td>Allen 1,510:1</td>
</tr>
<tr>
<td>Owen 6,930:1</td>
<td>Franklin 1,520:1</td>
</tr>
<tr>
<td>Blackford 5,880:1</td>
<td>Dubois 1,530:1</td>
</tr>
<tr>
<td>Parke 5,650:1</td>
<td>Lake 1,540:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

Health Habits

Adequate sleep, a healthy diet, mindfulness, and physical activity are the cornerstones of children’s overall health and key contributors to positive child health outcomes. Developing healthy habits early in childhood and continuing to exercise those habits through adolescence helps youth become healthy adults.

Sleep

Findings from many labs across the U.S and abroad have linked poor sleep to compromised cognitive processing, lower academic achievement, and maladaptive school behavior. Sleep health is often an underrecognized public health opportunity with implications for a wide range of critical health outcomes, including cardiovascular disease, obesity, mental health, and neurodegenerative disease. Children and adolescents who do not get enough sleep are at a higher risk of obesity, injuries, diabetes, poor mental health, and problems with attention and behavior. Parents and caring adults can support sleep habits by limiting light exposure and technology use in the evenings and by promoting a consistent sleep schedule during the school week and weekends.150

- In 2019, most Hoosier children “usually” (53.4%) or “always” (35.6%) went to bed at the same time on weeknights.
  - Older children ages 12 to 17 were less likely to “always” or “usually” go to bed at the same time on weeknights (83.5%) compared to children ages 0-5 (92.2%) and children ages 6-11 (91.5%).
  - 90.0% of male children went to bed either “always” or “usually” at the same time on weeknights, whereas fewer female children (87.8%) had a consistent bedtime.151
- Three in five Hoosier children (60.2%) typically slept the recommended number of hours appropriate for their age.
  - Children ages 12-17 had the highest percentage of sleeping the recommended number of hours at 65.5%, followed by children 6 to 11 (58.7%), and children 4 months to 5 years (56.2%)
64.1% of male and 55.9% of female children slept the recommended hours.

Children in lower socioeconomic households were less likely to sleep the recommended number of hours. 152

<table>
<thead>
<tr>
<th>Household income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>46.2%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>63.0%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>58.8%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>69.4%</td>
</tr>
</tbody>
</table>

Nutrition

Healthy eating impacts children’s day-to-day energy levels and ability to focus, as well as long-term health outcomes. Healthy eating is described as “controlling calories” – eating a variety of foods and beverages from all of the food groups and limiting intake of saturated and trans fats, added sugars, and sodium. 153 Unhealthy eating is connected to chronic illnesses, such as diabetes, high blood pressure, cancer, and obesity. Across the nation, access to high-quality food depends on where one lives. The average supermarket distance is 2.18 miles from homes in the U.S, making it more difficult for families who lack a vehicle or access to public transportation to travel to a supermarket to obtain healthy, nutritious food. Purchasing a vehicle or finding public transportation to access high-quality food may be too costly for some.

- 2021’s projected child food insecurity percentage decreased to 16.6%.
- Indiana’s projected child food insecurity percentage follows the national trend. In 2020, Indiana’s child food insecurity percentage increased by 4.2 percentage points to 19.5% – nearly 1 in every 5 Hoosier children.
- In 2019, 239,540 (15.3%) Hoosier children struggled with food insecurity, which means about 1 in 6 children struggled with hunger or did not know when their next meal would be. 154
- In 2019, 41.5% of Hoosier families ate a meal together with all members of the household every day during the past week. 31.7% of families ate a meal together 4-6 days a week.
  - Nationally, 43.2% of families ate a meal together every day during the past week; 30.3% of families ate a meal together 4-6 days a week.
  - When disaggregating familial meals by income, almost all income levels (except those with income greater than 400% of the Federal Poverty Level) ate a meal together every day. 155

<table>
<thead>
<tr>
<th>Household income</th>
<th>1-3 Days</th>
<th>4-6 Days</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>19.8%</td>
<td>15.1%</td>
<td>63.4%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>25.7%</td>
<td>32.0%</td>
<td>36.9%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>21.3%</td>
<td>31.9%</td>
<td>40.2%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>22.4%</td>
<td>43.1%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

- 67.3% of Hoosier families indicated “always” being able to afford to eat good nutritious meals.
  - This is slightly lower than the national rate of families reporting “always” being able to afford to eat good nutritious meals (68.5%).
- 26.1% of Hoosier families reported always being able to afford enough to eat but not always the kinds of food they should eat. This is equivalent to the national rate.
- Hoosier families with children ages 0 to 5 had the lowest reported percentage of “always” being able to afford to eat good nutritious meals at 61.7%. This age group also had the lowest reported percentage of being able to afford enough to eat at 6.6%.
- Children in households with an income between 100 – 199% FPL are less likely to afford to eat good nutritious meals (48.6%) than their peers at or above 400% FPL (89.4%). 156

Recommended Hours of Sleep per Day by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (0-3 months)</td>
<td>14-17 hours</td>
</tr>
<tr>
<td>Infant (4-12 months)</td>
<td>12-16 hours</td>
</tr>
<tr>
<td>Toddler (1-2 years)</td>
<td>11-14 hours</td>
</tr>
<tr>
<td>Preschool (3-5 years)</td>
<td>10-13 hours</td>
</tr>
<tr>
<td>School Age (6-12 years)</td>
<td>9-12 hours</td>
</tr>
<tr>
<td>Teen (13-18 years)</td>
<td>8-10 hours</td>
</tr>
<tr>
<td>Adult (Over 18 years +)</td>
<td>7 or more hours</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
Nutrition continued...

Nationally, 3 of 4 teachers report that they teach students who regularly come to school hungry. Students who have access to healthy food during school breakfast and lunch are more likely to perform better academically. Students who eat a healthy breakfast at school have higher scores on standardized math tests by 17.5% and attend 1.5 more days of school per year compared to students who do not have healthy school breakfast. These early academic achievements have a long-lasting impact on student success, such as more likely to graduate from high school and more earning potential as adults.157

- 29.4% of Indiana secondary schools allow students to purchase soda pop or fruit drinks from vending machines or at the school store, canteen, or snack bar.158
- 3 in 10 (30.1%) Indiana high school students report eating breakfast all seven days of the week.
- 39.5% of Indiana students, grades 9 to 12, report consuming fruit, and 42.5% report consuming vegetables less than once a day.159

Affordability also plays a crucial role in accessing healthy food. Fresh fruit and vegetables typically cost more than food with low nutritional value. A reduction in healthy food options can change one’s purchasing behavior with food. For low-income communities populated with more convenience stores, gas stations, or dollar stores than grocery stores for food sources, healthy options are typically more expensive due to the low supply and high demand.160 For additional information on food insecurity and affordability, as well as areas with limited access to nutritious food, please see the Economic Well-Being section.

Leveraging the Data

Locally:

- **Offer Breakfast after the Bell:** School breakfast is underutilized; nationally, over 22 million kids participate in free or reduced-price school lunches, but only 12 million get a free or reduced-price school breakfast. The traditional school breakfast offers several barriers for students to receive breakfast, such as transportation, busy mornings, stigma, and lack of resources. Because each school is different, schools can create individualized models to meet the needs of their students.161 Some possible models could be:

<table>
<thead>
<tr>
<th>Breakfast in the Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offer students leadership roles delivering food to the classroom and returning cafeteria equipment after breakfast service.</td>
</tr>
<tr>
<td>• Integrate breakfast with instructional time.</td>
</tr>
<tr>
<td>• Promote the program to students and parents.</td>
</tr>
<tr>
<td>• Involve teachers in the planning process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grab and Go (GNG) to the Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Place portable carts, crates, tables, etc. in high-trafficked areas.</td>
</tr>
<tr>
<td>• Solicit feedback from students. Marketing is an essential component to increasing school breakfast participation. <strong>School Breakfast Promotion Strategies</strong> highlights promotion strategies – like contests &amp; challenges, social media, posters, flyers, taste tests, special guests and more— to build awareness, generate excitement and ultimately increase school breakfast participation.</td>
</tr>
<tr>
<td>• Obtain POS system for payment.</td>
</tr>
<tr>
<td>• Involve teachers in the planning process.</td>
</tr>
<tr>
<td>• Consult No Kid Hungry’s GNG Tips Resource.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Chance Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use in schools where students are not hungry first thing in the morning (middle or high schools).</td>
</tr>
<tr>
<td>• Obtain POS system to track student participation.</td>
</tr>
<tr>
<td>• Execute this model via:</td>
</tr>
<tr>
<td>• Grab and Go to the classroom,</td>
</tr>
<tr>
<td>• Re-open cafeteria and give students at least 10 minutes to eat, or</td>
</tr>
<tr>
<td>• Whatever works best for your school!</td>
</tr>
</tbody>
</table>

*Source: No Kid Hungry*
Statewide:

- **Adapt the Healthy Food Financing Initiative to support projects improving access to fresh, healthy foods in underserved rural and urban areas:** Modeled on Pennsylvania’s Fresh Food Financing Initiative funded through U.S. Departments of Health and Human Services and Treasury, the federal Healthy Food Financing Initiative (HFFI) provides grants and loans to help construct new and renovated grocery stores, farmers markets, corner stores, food hubs, and urban farms. HFFI grants are made as one-time investments of capital into a food retail or food enterprise project, with the goal of helping them to overcome cost and other barriers to entry in underserved areas across the country. Projects can include a variety of aspects of retail or enterprise development, renovation, or expansion. In addition, several states, such as Michigan and Ohio, and cities, such as New Orleans, have developed HFFI programs based on the public-private model of investment in food access. Additional strategies for improving the food retail environment can be found here.

- **Align state childcare regulations with national standards for serving fruits and vegetables, physical activity, and avoiding sugar among preschoolers:** Per the Centers for Disease Control and Prevention’s analysis of the National Resource Center for Health and Safety in Child Care and Early Education’s (NRC), Indiana’s state childcare regulations (for licensed child care centers, large or group family child care homes, and small family child care homes) are not aligned with the national nutrition standards for serving fruits and vegetables, physical activity, and for avoiding sugar. The standards specify that children be served a variety of fruits, especially whole fruits and vegetables, specifically dark green, orange, deep yellow, and root vegetables. Standards specify that preschoolers should be allowed 90 to 120 minutes of moderate–to vigorous-intensity physical activity per eight-hour day. Aligning Indiana’s state regulations with national standards for nutrition and physical activity will help ensure every Hoosier child has a strong foundation for his/her/their long-term health.

### Physical Activity

Physically active youth tend to have better academic, cognitive, and health outcomes than their peers. Physical activity not only benefits physical health but also social and mental health, such as having fun, being with peers, and enjoying the outdoors. Sedentary activities, like sitting all day, increases the likelihood of obesity and mortality. The CDC recommends that children and youth ages 6 to 17 get an hour or more of physical activity each day. To understand the impact of the surrounding environment on a child’s overall well-being and the disparities that exist, check out the Family & Community section.

Physical activity has shown benefits in the following ways:

- Improved bone health and weight status for children ages 3 to 5 years;
- Improved cognition for children ages 6 to 13 years: performance on academic achievement tests, executive function, processing speed, and memory;
- Reduced risk of depression and anxiety for children ages 6 to 13 years;
- Improved cardiorespiratory and muscular fitness for those ages 6 through 17 years;
- Improved cardiometabolic health for youth ages 6 through 17 years;
- Reduced risk of cancer; and
- Improved sleep and quality of life.

Lack of physical activity is connected to a child’s surrounding environment. Children who live in lower-income communities typically have less access to parks, sidewalks, trails, or green landscapes where youth can play safely. Sports and physical activity facilities, such as tennis courts, trails, baseball parks, basketball courts, soccer fields, and aquatic centers, are all examples of areas where children can be physically active in a safe environment. Individuals living in neighborhoods without a park or other activity facilities within half-mile from a resident are twice as likely to have chronic health conditions.

- Between 2016 and 2019, 47% to 48% of Hoosier children ages 6 to 17 engaged in less than 4 days of vigorous physical activity in the past week.
- In 2019 and 2020, most Hoosier children ages 6 to 17 (40.0%) exercised, played a sport, or participated in a physical activity at least 60 minutes per day 1-3 days per week.
  - 26.9% of children in this age group were physically active for at least one hour 4-6 days per week.
  - 22.3% of children were physically active at least one hour per day every day.
  - 10.7% of children reported no physical activity.
- Older youth ages 12 to 17 were less likely to participate in physical activity every day (19.1%), compared to children 6 to 11 (25.7%).
Physical Activity continued...

- Male children 6 to 17 years old were more likely to be physically active every day (24.2%) than their female peers (20.2%).
- Most males (37.7%) and females (42.6%) exercised 1 to 3 days per week for at least an hour.\(^{169}\)
- 63.8% of Hoosier children lived in a neighborhood with a park or playground, lower than 74.9% nationally.\(^ {170}\)
- Similarly, 69.7% of kids lived in a neighborhood near sidewalks or walking paths, which was lower than 74.9% nationally.\(^ {171}\)

### Frequency of Exercising for at least 60 Minutes by Age Group, Indiana: 2019 and 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0 days</th>
<th>1-3 days</th>
<th>4-6 days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-11 years old</td>
<td>10.3%</td>
<td>35.5%</td>
<td>28.5%</td>
<td>25.7%</td>
</tr>
<tr>
<td>12-17 years old</td>
<td>11.1%</td>
<td>44.5%</td>
<td>25.4%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health

### Overweight and Obesity

Children who are overweight or obese face a greater risk for other chronic health conditions, such as Type 2 diabetes, some cancers, and heart disease, compared to children at a healthy weight. Factors, such as poor diet quality, excessive sedentary time, inadequate physical activity, stress, and sleep deprivation, also place children at an increased risk for these illnesses.\(^ {172}\) Obesity also threatens to shorten life expectancy.\(^ {173}\) These health challenges can be long-lasting, as overweight and obese children are more likely to be overweight or obese as adults.\(^ {174}\) 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.\(^ {175}\)

- In 2019, 1 in 3 Indiana children ages 10 to 17 were overweight or obese (37.0%), which was slightly higher than the Midwest and national rate (around 31.0%) of children ages 10 to 17 overweight or obese.\(^ {176}\)
  - 57.6% of Hoosier children and teens ages 10 to 17 were normal weight, and 7.7% were underweight.
  - Children ages 10 to 13 had a higher percentage of being overweight or obese than teenagers ages 14 to 17. 20.1% of Hoosier children ages 10 to 13 were overweight, and 17.7% were obese. 15.4% of teenagers were overweight and 15.5% obese.
  - Males in this age group had higher rates of being overweight (21.1%) or obese (19.6%) than females (14.4% were overweight and 13.3% obese). Females in this age range were more likely to be underweight than males – 10.1% to 5.6%, respectively.
  - When disaggregating overweight and obesity rates by income level, it is clear that obesity in Indiana children is not contingent solely on socioeconomic background.\(^ {177}\)

- 1 in 10 (10.8%) Indiana parents said they were concerned about their child’s weight either being too high (8.7%) or too low (2.1%). Nationwide, 7.9% of parents reported being concerned their child’s weight was too high, and 3.3% reported being concerned that it was too low.\(^ {178}\)
- 7.2% of Hoosier parents reported their doctor or other health care provider has told them their child is overweight.\(^ {179}\)

### Percentage of Children Ages 10 to 17 Overweight or Obese: 2018–2019

Source: National Survey for Children’s Health
Indiana’s obesity rates for children and teens have been steadily increasing over the past few years, which has correspondingly decreased Indiana’s ranking nationally for this indicator.

- Indiana was previously ranked 23rd in the nation for children’s obesity rates in 2017. The State fell to 38th in 2018 and 47th in 2019, indicating that not only is Indiana’s rate of childhood obesity increasing, but other states are improving more rapidly comparatively.180

- In Indiana, the indicator Teens Ages 10–17 Who are Overweight or Obese saw an increase of 4 percentage points from 33% in 2017–2018 to 37% in 2018–2019.
  - Indiana saw the highest percent increase (23% increase) of Teens Ages 10–17 Who are Overweight or Obese from 2016–2017 to 2018–2019 among all indicators and compared to our neighboring states: Kentucky (no change), Ohio and Illinois (6% decrease), and Michigan (9% decrease).
  - Indiana also has the lowest ranking for Overweight and Obese Teens among neighboring states: Illinois (14th), Michigan (22nd), Ohio (36th), and Kentucky (47th).181

### Weight Classifications by Income Level, Indiana: 2019

<table>
<thead>
<tr>
<th>Household income</th>
<th>Underweight</th>
<th>Normal Weight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–99% FPL</td>
<td>8.5%</td>
<td>61.4%</td>
<td>19.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>100–199% FPL</td>
<td>4.5%</td>
<td>50.8%</td>
<td>15.7%</td>
<td>29.1%</td>
</tr>
<tr>
<td>200–299% FPL</td>
<td>11.5%</td>
<td>56.5%</td>
<td>16.4%</td>
<td>15.6%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>4.5%</td>
<td>61.8%</td>
<td>21.0%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

Source: Annie E. Casey KIDS COUNT® Data Center

A child’s surrounding environment directly impacts their ability to have access to healthy food and get enough physical activity. High rates of obesity are connected to areas with fewer fresh produce options and a larger number of fast food options. This is also true with the proximity of fast-food restaurants and schools – when a school is about half a mile away from a fast-food restaurant, students were more likely to be overweight or obese.182 The term “food swamp” describes neighborhoods where there are more unhealthy food options than healthy alternatives and illustrates that access to healthy food is essential.183

- Healthcare costs associated with food insecurity are $166 per person in Indiana.184
- The percentage of counties in Indiana with limited access to healthy foods ranges between 1% and 14%. Those with limited access were low-income individuals who do not live close to a grocery store or have access to a reliable food source.185
- In Indiana, there were 2.9 farmers markets per 100,000 residents. 11.7% of farmers markets accept SNAP benefits, and 40.6% accept WIC Farmers Market Nutrition Program Coupons.186
- An individual’s proximity to grocery stores is connected to his/her/their consumption of fruits and vegetables. Those who live within 0.5 miles of a store saw an increase in produce availability by 8.8%.187

For additional information on child nutrition and obesity, check out IYI’s Data Report: Connecting Children’s Obesity and Nutrition through the Child Nutrition Reauthorization.
Injuries

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.\(^{188}\)

324 Indiana children ages 0 to 18 suffered injury-related deaths in 2018, an increase of seven deaths from 2015 (317).

- There were 102 injury-related deaths of children ages 0–5. 49 children were less than one year of age, and 53 children were ages 1–5. Additionally, there were 550 hospitalizations and 50,624 emergency department visits (this figure does not include children who received treatment in physician offices or at home). For every child ages 0 to 5 who died, five children were hospitalized and 496 were treated in emergency departments.\(^{188}\)

- There were 29 injury-related deaths of Indiana children ages 6–11. There were also 324 hospitalizations and 38,695 emergency department visits (this figure does not include children who received treatment in physician offices or at home). Males in this age range consistently had higher percentages of injury-related ED visits, hospitalizations, and deaths than females, accounting for a larger number of injuries overall.\(^{190}\)

- There were 193 injury-related deaths of Indiana children ages 12 to 18. In addition to injury-related mortality, there were 1,659 hospitalizations and 60,417 emergency department visits (this figure does not include children who received treatment in physician offices or at home). Hoosier males ages 12 to 18 had higher numbers of injury-related emergency department visits and deaths than females. Males were over two and a half times more likely to die from injury than females.\(^{191}\)

- Additional information on child deaths is provided further in the section.

Percentage of Injury-related Deaths, Hospitalizations, and Emergency Department Visits from Child Ages 6 to 18 by Gender, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Deaths</th>
<th>Hospitalizations</th>
<th>ED Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 6 to 11</td>
<td>Male</td>
<td>55%</td>
<td>61%</td>
</tr>
<tr>
<td>Ages 6 to 11</td>
<td>Female</td>
<td>49%</td>
<td>45%</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>Male</td>
<td>50%</td>
<td>55%</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>Female</td>
<td>29%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health

Traumatic Brain Injuries

Children face an especially high risk of traumatic brain injuries (TBIs). A TBI is caused by a bump, blow, jolt or penetration to the head that disrupts the normal function of the brain. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability. Cause of injury varies across the three levels of severity. Suicide was the leading cause of injury among those who died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions. Unintentional falls were the leading cause of injury among those who were hospitalized with a TBI injury, and unintentional falls were the leading cause of injury among those who were treated and released from emergency departments.\(^{192}\) Concussions are a type of TBI caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. Concussions in children are most often a result of a motor vehicle accident or sports injury. While some children will experience concussion symptoms for a month or longer, most children with a concussion see symptoms improve within a couple of weeks.\(^{193}\)

- 3,071 adolescents and young adults ages 15 to 24 had TBI-related emergency department visits in 2020. For youth ages 14 and under, there were 2,668 TBI-related emergency department visits.
• In 2020, adolescents ages 12 to 17 were more likely to have TBI-related hospitalizations (3.6%) compared to youth 5 and under (3.5%), youth 6 to 11 (3.5%), and young adults 18 to 24 (2.6%).

• 10.7% of the 1,676 deaths for ages 0 to 24 were attributed to TBI in 2020.\(^{194}\)

• Nationally, 40.5% of the total concussions for high school and collegiate athletes result from football.
  o More than 50% of athletes suffering a concussion returned to play in 9 days or less.
  o 47% of high school football players claiming to have suffered a concussion reported it.\(^{195}\)

Individuals with moderate to severe TBI or repetitive mild TBI are at greater risk of developing psychiatric and substance abuse disorders. TBI during childhood and adolescence increased the risk of naturally associated criminality and conduct disorder 18.7-fold. In Indiana’s 2019–2024 Traumatic Injury State Plan, the State denotes that experiencing a TBI during adolescence dramatically impacts the individual’s long-term health in a negative manner. While Indiana does not provide standardized efforts for returning a student to the classroom or extracurricular activities after a TBI, schools have developed their own plans with varying degrees of depth and scope. Further, Indiana is one of few states that fails to have any involvement in the surveillance of sports-related TBI in youth. Due to the well-outlined, long-term negative impact of TBI, the State Plan sets forth an imperative for Indiana to begin establishing procedures and resources to ensure the safety of Hoosier youth. The strategies outlined include:

• Elicit support from the Indiana High School Athletic Association and Indiana Department of Education for establishing formal procedures for returning youth and adolescent TBI patients to class and sports;

• Create a surveillance tool to monitor the TBI trends in youth and adolescent sports;

• Provide teachers, counselors, and school nurses educational resources about managing TBI patients in the classroom; and

• Improve the collection and accuracy of ICD-10 coding for sports-related TBI seen in EDs and urgent care clinics.\(^{196}\)

Accidents and Traffic Collisions
The number of children killed in Indiana traffic collisions varies from year to year. Transport-related injuries and deaths are commonplace among children ages 6 and older.

• The total number of children ages 0 to 14 killed in crashes increased from 21 in 2018 to 29 in 2019 – an increase of 38%. Indiana’s highest number of transport-related deaths occurred in 2017 with 40 child fatalities.
  o Of the 800 people killed in crashes statewide, 4% were children.

• 2,847 children ages 0 to 14 were injured in Indiana motor vehicle collisions in 2019.

• 174 child pedestrians were injured in collisions in Indiana in 2019; 8 were killed and 89 suffered incapacitating injuries.

• 101 pedalcyclists ages 14 and younger were injured in crashes; 1 was killed and 43 sustained incapacitating injuries.

• The overall rate of restraint use among children in crashes was 88%.
  o Only 80.5% of 13- to 14-year-olds in crashes were restrained, the lowest rate among all children. Children less than 1 year had the highest rate of restraint (94.5%).
  o About 98% of children were restrained when their drivers were restrained. However, when drivers were unrestrained, only 11% to 16% of child occupants were restrained.\(^{197}\)
  o Children unrestrained or restrained inappropriately was a key factor in 19% of fatal vehicle crashes in Indiana.\(^{198}\)

• 74 children were involved in alcohol-impaired traffic collisions. While none were killed, 39 of these children suffered incapacitating injuries.\(^{199}\)

In 2018, the leading cause of death for Hoosier teenagers ages 15 to 18 was transport-related (40% or about 65 deaths).\(^{200}\)
Young male drivers, ages 15 to 20, represented the highest percentage of drivers in crashes who were engaged in dangerous driving behaviors. Driving behaviors, such as speeding, distractions, failure to heed traffic signals, cell phone use, or failure to use safety equipment, exacerbate risk, and may result in collision or injury.\(^{201}\)
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Accidents and Traffic Collisions continued...

- Younger male drivers, 15- to 24-years old, represent the highest proportion of passenger vehicle drivers in crashes not wearing a seat belt.
  - 10.4% of males and 8.5% of females ages 15 to 20 were unrestrained while driving in 2019, as reported by the police; these percentages could be higher though unreported.
  - 10.5% of males and 8.3% of females ages 21 to 24 were unrestrained while driving.
  - Rural counties tend to have higher rates of unrestrained injured occupants. Union, Crawford, Orange, Daviess, Clay, and Warren Counties had the highest rates in the state with more than 30% of passengers who were not wearing a seatbelt at time of injury.

- In 2019, Hoosier drivers ages 15 to 20 years old had the highest collision involvement: 13.2% of male drivers and 9.6% of females ages 15 to 20 who were involved in collisions were also driving dangerously.
  - The age group with the second highest percentage was older youth ages 20 to 24: 11.2% of males and 8.4% of females ages 20 to 24 were involved in a collision.

- In 2018, alcohol impairment in fatal collisions was highest among male drivers ages 21 to 24 when compared to all other age groups.
  - The rate of alcohol-impaired drivers for males ages 20 to 24 was 309.5 per 100,000 drivers. This was the highest rate among all age groups by sex. Females in this age group had a rate of 107.0 per 100,000 drivers.
  - The rate of fatal collisions due to alcohol for males 20 to 24 was 7.9, and females in this age group had a rate of 3.3. For males ages 15 to 20, the rate of alcohol-impaired drivers was 82.0 drivers per 100,000 drivers; for females in this age range, the rate was 29.0 per 100,000 drivers.
  - The rate of fatal collisions for males 15 to 20 was 1.7 and 0.0 for females per 100,000 drivers.

Chronic Conditions and Disabilities

According to the Centers for Disease Control and Prevention (CDC), a disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

Youth with disabilities face resource and achievement gaps both educationally and economically. The social inequalities and resource inequities for Hoosier youth with disabilities can affect their health, future success, and overall well-being.

Terminal Illness

A terminal diagnosis comes with the expectation that the illness will lead to death within a limited time period. Throughout a child’s terminal illness, the child and their family may experience physical, emotional, social, and spiritual challenges.

- In 2020, there were 35 deaths due to malignant neoplasms (cancer) for youth ages 1 to 19.
  - 57.1% of the deaths were of male youth, and 42.9% of females.
  - Most of the deaths (71.4%) were of White youth, followed by 14.3% were of Black youth, and 11.4% were of Hispanic youth.
- 20 youth deaths were due to heart disease – the majority (60%) were males and 40% were females.

Developmental Screening

Developmental screenings help identify children experiencing difficulties with developmental milestones and may benefit from early intervention services. Screenings may use parent questionnaires or direct measures administered by pediatricians. As discussed in the Education section, universal screening for reading disabilities is used at the beginning of the year for students in Kindergarten through grade 2. The screening is administered two more times each year to determine if the student is making adequate growth in specific skills. Progress monitoring indicates whether students are on track to read at grade level or higher in grade 3 and provides critical information to guide instruction. All young children need a variety of developmental monitoring and screenings to assess their developmental milestones.

- 32.2% of Indiana parents received a development screening of their child ages 9 to 35 months in 2019. This is lower than the national rate of 37.7% of parents reporting completing a development screening.
- 8.7% of children ages 3 to 17 had a speech or language disorder in 2019. This is three percentage points higher than the national rate of 5.7%.
Visual and Auditory Conditions

The CDC recommends children receive regular eye exams to ensure healthy vision. Vision loss can be caused by damage to the eye itself, the eye being misshaped, or a problem in the brain.211

- Nationally, 1.8% of children have blindness or problems with seeing even when wearing glasses in 2019. Indiana specific data were not available.
  - 2.4% of children ages 6 to 11 reported problems with seeing or blindness nationwide.
  - Children in high-poverty families with an income of 0–99% of the Federal Poverty Level had the highest rates of reporting blindness or problems with sight at 3.6% of children in the U.S.212

Much hearing loss is congenital, occurring at birth or before, and other hearing loss may occur later in one’s life which can be sudden or progressive. Approximately 37.5 million Americans over 18 years old were either deaf or hearing impaired. Hearing loss may occur due to ear infections, genetic disorders, complications during pregnancy or birth, medications, or loud noises.213

- In 2020, 8,827 children in Indiana age 17 or under had a hearing difficulty (0.6% of the total population); 1,574 were children younger than 5 and 7,253 were children ages 5 to 17.214
- In 2019, 1.5% of children reported deafness or problems with hearing nationwide.
  - 1.8% of children ages 6 to 11, 1.6% of children ages 12 to 17, and 1.0% of children ages 0 to 5 reported deafness or problems with hearing nationally.215

Allergies and Asthma

Allergic conditions, in which a child’s immune system overreacts to substances in the environment that are normally harmless, are some of the most common medical issues among Hoosier children. Skin allergies, respiratory allergies, and food allergies are the most prevalent.216

- In 2019, about 1 in 5 Indiana children (21.5%) had a current allergy (including food, drug, insect, or other), compared to 20.2% nationally.
  - Indiana (21.5%) has the third lowest prevalence of children with allergies among our neighboring states: Illinois (16.3%), Michigan (18.9%), Ohio (22.1%), and Kentucky (27.6%).217
  - 11.6% of parents rated their child’s allergy condition as mild; 9.8% of parents rated their child’s allergy condition as moderate or severe.218
- 7.8% of Indiana children have ever been diagnosed with asthma, which was equivalent to the national rate.219
  - 5.8% of parents rated their child’s asthma condition as moderate; 2.0% of parents rated it as moderate or severe.220

Cognitive Conditions

Cognitive disabilities, also called intellectual disabilities, impair a child’s ability to learn and to develop mental functioning skills, such as communicating, taking care of him or herself, and social skills. Research indicates the most common causes for these disabilities are genetic conditions, problems at birth, health problems, and problems during pregnancy. To diagnose intellectual disabilities, doctors examine two main points: the child’s ability to learn, think, and solve problems and whether the child has the skills to be independent and make sense of the world.221

- 56,230 Hoosier children ages 5 to 17 had a cognitive difficulty in 2020, which was 4.9% of that age group.222
- 7.3% of children ages 3 to 17 had a learning disability in Indiana, which was higher than the national rate of 6.5%.223 Learning disabilities affect a child’s ability to receive, process, analyze, or store information. Three main types of learning disabilities were difficulty with reading (dyslexia), difficulty with written language (dysgraphia), and difficulty with math (dyscalculia).224 More information on this in the Education section.

In 2019, 10.3% of children ages 3 to 17 currently have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) with each being defined as a disability. Nationally, 8.6% of children ages 3 to 17 had ADD or ADHD.
Cognitive Conditions continued...

- 11.2% of children ages 6 to 11 and 13.8% of children ages 12 to 17 had ADD or ADHD.

- Male children make up almost three-quarters of the total child population with these conditions. 13.8% of male children ages 3 to 17 had ADD or ADHD. The rate of male children identified as having ADD or ADHD is about two times higher than female children (90,693 males to 40,378 females).

- Children that experience Adverse Childhood Experiences (ACEs) – which is discussed further in the Family & Community section – were more likely to be diagnosed with ADD or ADHD.
  - 4.6% of children with no ACEs had ADD or ADHD.
  - 8.6% of children with 1 ACE had ADD or ADHD.
  - 22.2% of children with 2 or more ACEs had ADD or ADHD.

- The percentage of the total ADD or ADHD child population has a disproportionate representation of low-income children when compared to their higher income peers.225

- 4.9% of parents would describe their child’s ADD or ADHD as mild; 5.3% of parents would describe their child’s ADD or ADHD as moderate or severe.226

- 6.5% of children with ADD or ADHD reported taking medication, which is slightly higher than the national rate of 5.2%.
  - 9.6% of children ages 6 to 11 and 6.3% of children 12 to 17 reported taking medication for their ADD or ADHD.
  - Male children had a higher likelihood of taking ADD or ADHD medication (9.5%) than female children (3.3%).
  - Lower income children in households with income 0-99% FPL had a higher likelihood of taking ADD or ADHD medication (10.2%) than their higher income peers in households with incomes 400% FPL or greater (5.2%).227

Percentage of Children Who Have Ever Been Diagnosed with a Cognitive Condition, Indiana and U.S.: 2019

Autism Spectrum Disorder (ASD) is defined as a developmental disability that can cause significant communication, social, and behavioral challenges. Individuals diagnosed often do not have a physical appearance that sets them apart from other people, however they may behave, communicate, interact, and learn in different ways from most other people. A diagnosis of ASD now includes several conditions, including autistic disorder, Asperger syndrome, and pervasive developmental disorder not otherwise specified (PDD-NOS).228

- In 2019, 2.9% of Indiana children ages 3 to 17 had ever been diagnosed with an autism spectrum disorder, compared to 3.1% nationally.229
  - 1.1% of parents described their child’s autism or autism spectrum disorder as mild, and 1.8% of parents described their child’s autism or autism spectrum disorder as moderate or severe.230
  - 1.2% of children with autism or an autism spectrum disorder reported taking medication for their condition.231

Source: National Survey of Children’s Health
Substance Use

Teens who use drugs may show behavioral problems and struggle in school. Substance use is especially dangerous for adolescents since the brain is still developing. Substance use at early ages can cause lasting brain changes and places youths at an increased risk of dependence. Substance use increases the chance of risky sexual behaviors, motor vehicle accidents, and future addiction.

Risk factors for drug misuse include aggressive behavior in childhood, lack of parental supervision, poor social skills, drug experimentation, availability of drugs, and community poverty. Additionally, adverse childhood experiences such as abuse, neglect, and witnessing domestic violence are associated with a higher risk of developing a substance use disorder later in life. Moreover, experts have found that among young adolescents, the pandemic was associated with decreased use of alcohol and increased use of nicotine and misuse of prescription drugs. Factors, such as monitoring and support by caring adults, positive relationships, anti-drug policies, and neighborhood resources, protect youth against substance misuse.

- Risk factors that lead to youth abusing substances include family conflict (45.5% of 8th graders), academic failure (38.4% of 8th graders), and low school commitment (55.7% of 8th graders).
- 8 in 10 Indiana high school students (84.1%) say their family has clear rules about drug and alcohol use.
- In 2020, 11.0% of Indiana teens ages 12 and older say they use alcohol or drugs to relax, feel better about themselves, or fit in, 2.0 percentage points lower than 2018 (13.0%).
- In 2020, 21.5% of Indiana teens ages 12 and older say they have ever ridden in a car driven by someone, including themselves, that was high or had been using alcohol. This is 7.0 percentage points lower than the 2018 survey results (28.5%).
- In 2021, 83.5% of surveyed Indiana college students indicated that they drank alcohol “to have a good time with friends” - this is 2.8 percentage points lower than 2019 (86.1%). Drinking alcohol “to relax” was the second most prevalent reason selected by college students in both 2021 (54.6%) and 2019 (55.6%).

LGBTQ youth may be more likely to use substances to cope with bullying, stress, depression, and anxiety than their non-LGBTQ peers. Challenges such as family rejection of, or anticipated reaction to, a youth’s LGBTQ identity are also associated with substance use. For example, one study found that youth who experienced a moderate level of family rejection were 1.5 times more likely to use illegal substances than those who experienced little to no rejection; youth experiencing high levels of family rejection were 3.5 times more likely to use these substances. Youth who have run away from home have higher rates of alcohol and illicit drug use. Reducing the rates of bias, discrimination, and victimization that LGBTQ youth experience can help reduce substance use, as well as other mental health issues. Indiana Youth Institute’s report titled Supporting LGBTQ+ Youth: Mental and Physical Health discusses the complex barriers in health that lead to poor outcomes for LGBTQ+ youth in Indiana, and the report presents strategies to improve those outcomes. Find the report here to learn more.

Alcohol

Alcohol is still the most abused substance among youth in the U.S., abused more often than tobacco and marijuana. Drinking early in one’s life is associated with the development of an alcohol use disorder later in life. In excess, alcohol can cause vomiting, unconsciousness, and alcohol poisoning.

- In 2020, about 2 in 10 Indiana high school students report drinking alcohol in the past month (19.8%), which is lower than their national peers (29.8%).
- White youth in Indiana had the highest rates of alcohol consumption at 20.3%, followed by Hispanic youth at 17.7%, and Black youth at 16.3%
- On average, high school seniors who drink alcohol report beginning use at age 15.
- The most frequent way Hoosier youth obtained alcohol was at a party (8.1%).

Approximately half of the college-aged students who participated in the 2021 Indiana College Substance Use Survey (55.6%) reported drinking alcohol in the past month, including 40.4% of the students under 21 years of age.

- More than half of the students who drank alcohol in the past year (53.3%) reported having had a hangover, and 21.2% reported blacking out (forgetting where they were or what they did).
- Approximately one-fifth of students reported feeling bad about their drinking and doing something they later regretted (22.8% and 20.9%, respectively).
• 16.0% of students reported engaging in unprotected sexual intercourse, and one in ten (11.2%) reported missing class or an assignment as a result of their drinking.
• Nine percent of the students (9.0%) reported that they had been hurt or injured because of drinking in the past year. 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).
• 8.0% of Indiana high school students reported binge drinking in the past 30 days, which is lower than the national rate of 13.5%.
• White high school students had the highest reported rates in 2020 at 8.1%, followed by Hispanic youth at 6.7%, and Black youth at 6.3%.
• One-fourth of the surveyed college students (27.2%) reported binge drinking in the past two weeks. Nationally, 32.7% of college students reported binge drinking.
  o Male students reported the highest percentage of binge drinking (28.9%), followed by 26.8% of female students and 19.1% of students who identified as other than male or female.
  o Older students were much more likely to report binge drinking (36.8%) than undergraduate students (19.7%).

Percentage of Students Who Consume a Select Number of Drinks on Occasions When They Drink Alcohol by Gender, Indiana: 2021

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 drink</td>
<td>19.9</td>
<td>24.1</td>
<td>26.4</td>
</tr>
<tr>
<td>2 drinks</td>
<td>18.7</td>
<td>28.5</td>
<td>26.4</td>
</tr>
<tr>
<td>3 drinks</td>
<td>16.8</td>
<td>16.7</td>
<td>14.6</td>
</tr>
<tr>
<td>4 drinks</td>
<td>9.5</td>
<td>10.6</td>
<td>8.4</td>
</tr>
<tr>
<td>5 drinks</td>
<td>7.7</td>
<td>8.9</td>
<td>7.9</td>
</tr>
<tr>
<td>6+ drinks</td>
<td>27.5</td>
<td>11.2</td>
<td>16.3</td>
</tr>
</tbody>
</table>

Source: Indiana Prevention Resource Center

Tobacco

Tobacco use is the leading cause of preventable disease in the United States; therefore, the use of any type of tobacco product is unsafe for young people. All tobacco types are harmful, and any exposure to tobacco smoke can cause immediate and long-term damage. Specific smoking-related diseases include cancer, heart and lung diseases, stroke, diabetes, chronic obstructive pulmonary disease (COPD), emphysema, and chronic bronchitis. Tobacco usage harms nearly every organ of the body. The CDC estimates that for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Secondhand smoke exposure contributes to approximately 400 deaths in infants each year. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.

Hoosier youth’s use of cigarettes was lower than the national rate in 2020.
• 4.4% of Indiana youth between grades 9th to 12th reported smoking cigarettes in the past month versus the national average of 8.8%.
• Use of cigarettes was also below the national average for all racial and ethnic groups.
• Cigarette use was the highest among Hoosier White youth at 4.8%, followed by Hispanic youth at 3.7%, and 1.2% for Black youth.
For older youth, smoking was more prevalent than the national rate in 2021.

- 7.5% of youth ages 18 to 25 reported smoking cigarettes, compared to the national rate of 4.1%.
- Males in this age group reported a higher likelihood of smoking cigarettes (10.0%) than females (5.7%), though students who identified as other than male or female had the highest percentage of smoking cigarettes (13.8%).
- 3.8% of older Hoosier youth reported smoking cigars.

Smokeless tobacco products include chewing tobacco and snuff.

- The smokeless tobacco use rate among Hoosier youth was 2.3%, however, the national average was 5.5%.
- White youth had the highest use of smokeless tobacco products in 2020 at 2.4%, followed by Hispanic youth at 1.9% and Black youth at 1.0%.
- 2.5% of older Hoosier youth reported using chewing or smokeless tobacco.

E-cigarettes

Among Indiana high school students, the most frequently used tobacco products are electronic vapor products, followed by cigarettes, cigars, smokeless tobacco and pipes. While e-cigarettes do not produce secondhand smoke as cigarettes do, they still negatively affect users. Teens who use e-cigarettes are also more likely to start smoking cigarettes subsequently.

In 2020, the percentage of high school students reporting monthly use of electronic vapor products decreased across all grade levels from the previous year. Though overall rates are decreasing, electronic vapor products are still the most commonly used tobacco product among Indiana youth.

- 13.1% of students in grades 7 to 12 reported using electronic vapor versus 3.5% for cigarettes, 1.7% for smokeless tobacco or cigars, and 1.2% for pipes.
- Similar to smokeless tobacco products, use of electronic vapor products among Indiana youth is above the national rate. 17.1% of Indiana youth grades 9th to 12th report using electronic vapor products versus the rate of 13.2% at the national level.
- The use of electronic vapor products across all Hoosier subgroups was also higher than the national rate for the same subgroups. White youth, both in Indiana and nationally, had the highest use of electronic vapor products. In Indiana, 17.6% of White youth reported using this type of tobacco product. Hispanic youth had the second-highest use rate at 15.9%, and Black youth had a rate of 11.8%.
- 21.6% of older youth reported using electronic vapor products in 2021, which was slightly lower than the national rate of 23.9%. Older youth primarily used electronic vapor products for nicotine (81.8%), though more than half use vapor products to inhale marijuana (59.1%).
- Males in this age group reported a higher likelihood of using e-cigarettes (22.9%) than females (20.6%), though students who identified as other than male or female had the highest percentage of smoking cigarettes (24.7%).
- 23.1% of youth ages 21 to 25 reported using e-cigarettes, compared to 20.4% of youth ages 18 to 21.

Marijuana

The most used illegal drug in the United States, and the state of Indiana, is marijuana. Across the nation, an estimated 9.2 million youth ages 12 to 25 reported marijuana use in the past month in 2017. The drug is available in multiple forms and can be smoked, eaten, drunk, or vaped. Delta-9-tetrahydrocannabinol (THC) is the component responsible for intoxication and euphoria associated with marijuana. The risks of addiction, physical dependence, and other negative consequences increases with exposure to high concentrations of THC, as well as the younger the age of introduction.

- 12.0% of Hoosiers students between grades 9 and 12 reported using marijuana within a 30-day period in 2020. This was lower than the national rate of marijuana use among youth at 19.6%.
  - Black youth in Indiana reported the highest usage rates at 16.2%. Hispanic Hoosiers had the second highest rates at 13.9%, and White youth had a usage rate of 11.0%.
  - Monthly use of marijuana was highest for 12th graders in 2020 with 17.3% reporting usage. 10th and 11th graders reported usage rates of 12.2% and 12.9%, respectively.
- 21.3% of college-aged youth in Indiana reported using marijuana in 2021. This was lower than the national rate of 24.5%.
Opioids and Other Substances

Indiana’s opioid epidemic brought parental substance abuse to the forefront and made this issue more critical than ever. 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. 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.

- The most prevalent source of prescription drugs across all grades was via prescriptions to youth.
  - In 2020, 12th graders had a usage rate of prescription drugs (2.8%) lower than the national rate (3.6%). Prescription drug usage rate was highest among 12th graders (2.8%), 10th graders (2.6%), 11th graders (2.4%) and 6th graders (2.4%).
  - The prevalence rate for heroin was no greater than 0.3% for all grades 7th through 12th.
- Hallucinogens had the highest usage rate among older youth ages 18 to 25 (2.4%) in 2021. Cocaine was the second most frequently used hard drug.
  - Youth identifying as other than male or female reported the highest usage rate of hallucinogens at 5.4%, followed by males at 3.3%, and females at 1.7%.
  - 2.9% of youth ages 21 to 25 reported using hallucinogens.
  - Males had the highest cocaine usage at 1.4%, and 1.5% of youth ages 21 to 25 reported using cocaine.

Addiction and Treatment

The initial decision to take drugs is usually voluntary; however, with continued use, a person’s ability to exert self-control becomes impaired. Addiction is a chronic, relapsing disorder characterized by compulsive drug seeking despite its negative consequences. It is a brain disorder and disrupts the normal, healthy functioning of the brain and body. Addictions are preventable and treatable; however, they have a lifetime impact if left untreated and may lead to death.

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

- In 2018 and 2019, 3.9% of teens ages 12 to 17 and 14.6% of older youth ages 18 to 25 needed but did not receive treatment for substance use at a specialty facility in the past year.
  - 1.8% of teens ages 12 to 17 and 9.6% of older youth ages 18 to 25 needed but did not receive treatment for alcohol use at a specialty facility in the past year.
  - 3.1% of teens ages 12 to 17 and 7.8% of older youth ages 18 to 25 indicated having an illicit drug use disorder in the past year but did not receive treatment.

Percentage of Youth Reporting Substance Abuse by Age, Indiana: 2018–2019

![Percentage of Youth Reporting Substance Abuse by Age, Indiana: 2018–2019](chart)

Source: Substance Abuse and Mental Health Administration
Leveraging the Data: Locally and Statewide

- **Increase referrals and use of mobile health for mental health in areas with limited access:** Mobile health, also known as mHealth, uses text messaging and applications (apps) on mobile devices (e.g., cell phones, tablets) to deliver healthcare services and support to individuals with mental health concerns, such as depression, anxiety, stress, post-traumatic stress disorder (PTSD), and substance abuse. Text messaging interventions range from educational information to automated reminders or supportive messages sent to individuals participating in longer-term treatment. Mobile apps may deliver elements of cognitive behavior therapy (CBT), link a user to a medical professional, or allow patients to regularly self-monitor their emotional state and share that information with a provider. There is some evidence that mobile health interventions improve mental health, particularly anxiety and depression-related outcomes in the short-term. Telemedicine can supplement health care services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited access to care.267

**Promising Practice:**

- **Tennessee’s Project Rural Recovery** established two mobile health clinics that provide free services one day a week in each of the ten rural counties served. At full capacity, the goal is to serve about 2,000 Tennesseans at about 4,800 clinic visits per year. These free clinics offer the following services:
  - Primary Health Care Services
  - Infectious Disease Screenings
  - Common Vaccinations
  - Behavioral Health Screenings
  - Mental Health Counseling
  - Outpatient Substance Abuse Services
  - Connection to Additional Community Behavioral Health Services

**Data in Action**

“The data through IYI has been essential in our grant writing and community assessments. We were shocked when doing our community assessment in 2020 to find such a large change at the 10th grade level in substance use and mental health. Without the help of IYI, we would not have been able to implement the correct programming in our community.”

- Healthy Communities of Clinton County
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. Risky sexual behavior is starting at younger ages. According to the CDC’s most recent National Youth Risk Behavior Survey from 2019:

- Nationally, 7.0% of sexually active high schoolers had sexual intercourse for the first time before age 13.
- 20.5% of sexually active high school students had sexual intercourse with more than two people during the previous three months.
- 21.2% of sexually active high school students had drunk alcohol or used drugs before their last sexual intercourse.

Based on Indiana’s most recent Youth Risk Behavior Survey results from 2015, 41.7% of Indiana high school students have ever had sex with someone, and 8.6% of students have had sexual intercourse with four or more persons.

- A similar percentage of males and females have engaged in intercourse, 41.6%, and 41.7% respectively.
- 3.0% of Hoosier high school students had sexual intercourse before the age of 13.
- Nearly 1 in 3 Indiana high school students (31.8%) are currently sexually active, defined as having had sex in the past three months.
- 1 in 10 high school students have been physically forced to have sex. Female students are twice as likely to be physically forced to have sex (13.4%) than males (6.4%), with Hispanic youth representing the majority of respondents (15%) when compared to Black (10.5%) and White (9.1%) respondents.

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. Researchers have found that education programs that promote abstinence-only-until-marriage (AOUM) or sexual risk avoidance are not effective in delaying initiation of sexual intercourse or changing other sexual risk behaviors. States with policies that require sex education to stress abstinence have higher rates of teenage pregnancy and births, even after accounting for other factors such as socioeconomic status, education, and race.

- In 2019, among sexually active students nationally, condoms were the most prevalent primary pregnancy prevention method. The prevalence of condom use at last sexual intercourse was 54.3% across the nation.
- Approximately one in ten youth nationally had not used any pregnancy prevention method at their last sexual intercourse.
- In 2015, among Indiana high school students who were sexually active, 15.5% did not use any prevention method the last time they had sex.
- The second highest contraceptive method was birth control pills, with 20.2% of sexually active youth using them.
- Indiana high school students were less likely to have used a condom the last time they had sex (53.4%) than their peers nationally (56.9%).

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are infections or diseases passed from person to person through sexual contact. STIs 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.

- Chlamydia is the most prevalent STD in Indiana and for youth under 25, with 23,454 cases in 2018 (67.2% of Indiana’s total cases).
  - Overall, chlamydia is more prevalent among White Hoosier youth and gonorrhea among Black Hoosier youth.
  - White females ages 15 to 24 represented 20.4% of chlamydia cases, which was the highest among all ages, races, ethnicities, and genders.
  - The second highest percentage of chlamydia cases was among Black females ages 15 to 24 at 14.1%.
• Though there were fewer cases of gonorrhea in Indiana overall and for youth when compared to chlamydia (6,126 cases for youth under 25) in 2018, youth under 25 comprised 50.2% of all cases.
  o Black females ages 15 to 24 represented 17.9% of gonorrhea cases, which were the highest among all ages, races, ethnicities, and genders.
  o White females and Black males ages 15 to 24 had the second highest percentage of gonorrhea cases at 15.8%.
  o White males within the same age range had 10.8% of the cases.278

• There were 255 cases of chlamydia and 85 cases of gonorrhea in youth younger than 15 years old in 2018.

• In 2018, about a quarter of syphilis cases (26.4%) occurred in youth under 25. Syphilis is more common in male Hoosiers (93.7%) than female (6.3%).
  o Black males 20 to 24 had the highest number of cases of syphilis (12.2%), followed by White males 20 to 24 (7.4%).279

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.280

• 32 Hoosier children ages 0 to 19 were newly diagnosed with HIV in 2018; 3 children ages 0 to 19 were diagnosed with AIDS.

• 187 Hoosiers ages 20 to 29 were diagnosed with HIV; 23 were diagnosed with AIDS.281

• In 2018, 52 Hoosier children were born to HIV positive mothers, and 2 contracted HIV. In Indiana, there have been 1,223 children born to HIV positive mothers from 1982 to 2018; 188 of these children contracted HIV.282

• 8.9% of Indiana high school students have ever been tested for HIV.283

Source: Indiana Department of Health

<table>
<thead>
<tr>
<th>Age at Diagnosis</th>
<th>HIV at First Diagnosis</th>
<th>AIDS at First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent of Total Cases</td>
</tr>
<tr>
<td>&lt;5</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>5-12</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>13-19</td>
<td>31</td>
<td>7%</td>
</tr>
<tr>
<td>20-29</td>
<td>187</td>
<td>45%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health
The Centers for Disease Control and Prevention listed 220 counties across the U.S. that were experiencing or at-risk of Hepatitis or HIV outbreaks due to high usage rates of injection drugs. Indiana had 10 counties listed (the majority of which are rural and located in Southeastern Indiana).²⁸⁴

<table>
<thead>
<tr>
<th>County</th>
<th>National Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott</td>
<td>32</td>
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<tr>
<td>Washington</td>
<td>57</td>
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<tr>
<td>Starke</td>
<td>70</td>
</tr>
<tr>
<td>Fayette</td>
<td>81</td>
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<tr>
<td>Switzerland</td>
<td>94</td>
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<tr>
<td>Crawford</td>
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<td>Ripley</td>
<td>195</td>
</tr>
<tr>
<td>Dearborn</td>
<td>213</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention

Locally:

- **Expand quality sexual health education for youth starting at ages 12 and 13:** Promoting and implementing well-designed, quality sexual health education programs positively impact student health. Students who participate in these programs are more likely to:
  - Delay initiation of sexual intercourse,
  - Have fewer sex partners,
  - Have fewer experiences of unprotected sex,
  - Increase their use of protection, specifically condoms, and
  - Improve their academic performance.

Quality sexual health education provides students with the knowledge and skills to help them be healthy and avoid sexually transmitted diseases (STDs) and unintended pregnancy. Sexual health education curriculum includes medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development. The curriculum is age-appropriate and planned across grade levels to provide information about health risk behaviors and experiences. Sexual health education could be consistent with scientific research and best practices; reflect the diversity of student experiences and identities; and align with school, family, and community priorities. In addition to providing knowledge and skills to address sexual behavior, quality sexual health education programs can be tailored to include information on high-risk substance use, suicide prevention, and violence and bullying prevention – all of which are behaviors and experiences that place youth at risk for poor health and academic outcomes.

Schools and youth serving organizations can expand quality sexual health education programs locally by ensuring these programs are:

- Taught by well-qualified, highly-trained, and diverse teachers and school staff;
- Use strategies that are relevant and engaging for all students;
- Address the health needs of all students, including the needs of lesbian, gay, bisexual, transgender, and questioning youth;
- Connect students to sexual health and other health services at school or in the community;
- Engage parents, families, and community partners in school programs; and
Foster positive relationships between adolescents and important adults.

The CDC’s Health Education Curriculum Analysis Tool (HECAT) can help local organizations develop, select, and revise curricula that includes instructional lessons, student activities, resources, and assessment strategies. These curricula can be implemented by school corporations, community-based organizations, or health programs to ensure Hoosier youth have a more robust understanding of sexual and reproductive health.

Statewide:

- Identify existing state, district, and school policies on health education and sexual health education to determine alignment with the CDC’s recommendations for quality sexual health education: Quality sexual health education programs incorporate standards and curricula that teach students how to:
  - Analyze family, peer, and media influences that impact health;
  - Access valid and reliable health information, products, and services (e.g., HIV/STD testing);
  - Communicate with family, peers, and teachers about issues that affect health;
  - Make informed and thoughtful decisions about their health; and
  - Take responsibility for themselves and others to improve their health.

The Indiana General Assembly and Indiana Departments of Education and Health can expand clear, skills-based sexual health education standards for all middle and high school students to provide youth with the essential knowledge and critical skills needed to decrease risky behaviors.

Intimate Partner and Sexual Violence

Intimate partner violence includes physical, sexual, psychological, or emotional violence from a current or former dating partner. Intimate partner violence can have a significant negative impact on victims’ physical, reproductive and mental health, academic achievement, and their ability to have healthy relationships outside of their abusive intimate relationship. Sexual violence and intimate partner violence are public health problems that have long term physical and mental health impacts on victims. Research has shown that sexual violence often happens at an early age and prevention efforts should start young. Sexual violence most affects women and racial and ethnic minorities. Public health partners, education, justice, and social services can work together to implement prevention efforts and address the aftermath of the violence with appropriate services and resources for victims.

- Nationally in 2019, 8.2% of high school students experienced physical dating violence and 8.2% experienced sexual dating violence.
- High school students who identify as lesbian, gay, or bisexual were almost 2 times more likely (13.1%) to experience physical dating violence compared to their peers (8.2%).
- Nationally, females were three times more likely (12.6%) to experience sexual dating violence compared to males (3.8%).
- Among college-aged students, 3.9% reported experiencing unwanted sexual activity while under the influence of alcohol in the past year.
  - The rates of experiencing unwanted sexual activity ranged from 0.8% of male students to 5.6% of female students.
  - Less than one percent of the students (0.4%) reported taking advantage of someone sexually while they were under the influence of alcohol.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Experienced Physical Dating Violence</td>
<td>Experienced Sexual Dating Violence</td>
<td>Experienced Sexual Violence by Anyone</td>
<td></td>
</tr>
<tr>
<td>Gay, Lesbian, or Bisexual Students</td>
<td>Gay, Lesbian, or Bisexual Students</td>
<td>Gay, Lesbian, or Bisexual Students</td>
<td></td>
</tr>
<tr>
<td>13.1%</td>
<td>6.7%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>7.2%</td>
<td>16.4%</td>
<td>21.5%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
Intimate Partner and Sexual Violence continued...

- Though we do not have data regarding sexual dating violence and sexual violence in general for LGBTQ+ youth in Indiana, there is a high likelihood that these Hoosier children and youth experience sexual harassment and violence due to the reported prevalence of violence against the LGBTQ+ community nationally.
  - Nationally, 16.4% of lesbian, gay, and bisexual youth experience sexual dating violence, nearly twice the percentage for all youth (8.2%).
  - Nationally, 21.5% of lesbian, gay, and bisexual youth had experienced sexual violence by anyone, 9.7 percentage points higher than the national rate for all youth (10.8%).
- Nationally, children witnessed violence in nearly 1 in 4 (22%) intimate partner violence cases filed in state courts.
  - 30% to 60% of intimate partner violence perpetrators also abuse children in the household.
  - 40% of child abuse victims also report experiencing domestic violence.
  - Children exposed to violence in the home were 15 times more likely to be physically and/or sexually assaulted than the national rate.
- 1 in 4 women (24.3%) and 1 in 7 men (13.8%) ages 18 and older in the U.S. had been the victim of severe physical violence by an intimate partner in their lifetime.
  - 1 in 10 high school students has experienced physical violence from a dating partner in the past year. 9.4% of high school students report being hit, slapped, or physically hurt intentionally by their partner.
  - Approximately 1 in 5 women and 1 in 7 men who experienced rape, physical violence, and/or stalking by an intimate partner first experienced some form of partner violence between 11 and 17 years of age.
  - 28% of male victims of completed rape were first raped when they were 10 years old or younger.
  - 79.6% of female victims of completed rape experienced their first rape before the age of 25, while 42.2% experienced completed rape before the age of 18.
  - 77% of women ages 18 to 24 experienced intimate partner violence by the same offender.
  - 43% of college women reported experiencing violent and abusive dating behaviors, including physical, sexual, digital, verbal, or other controlling abuse.
  - 1 in 6 college women (16%) has been sexually abused in a dating relationship.
- In Central Indiana (including Marion, Hamilton, Hendricks, Hancock, Boone, Johnson, Madison, Morgan, and Shelby counties), there were more than 13,000 domestic violence calls in 2018 and more than 15,000 calls in 2019.
  - During this time period, 12 youth ages 0 to 24 were killed as a result of domestic violence. There were also 2 expecting mothers who died.

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

- In 2020, 170 calls from victims and survivors in Indiana were received by the National Human Trafficking Hotline.
- In 2020, there were 514 contacts and 140 human trafficking cases reported in Indiana. Females comprised the majority of cases (113) followed by males (22).
  - 116 cases were sex trafficking, 13 were labor trafficking, and 3 were sex and labor. The trafficking type was not specified in 8 cases.
  - Most of the cases involved adults (90) and 41 cases involved minors. 13 cases involved U.S. citizens and 10 of the cases involved foreign nationals.
- Since 2007, there have been 894 cases of human trafficking in Indiana involving over 1,000 victims.

Indiana scored an “F” grade in the 2021 Shared Hope International report cards. The inaugural Report Cards on Child & Youth Sex Trafficking are graded under an advanced legislative framework. With a score of 45, Indiana scored below neighboring states Kentucky (62.5) and Illinois (48). Indiana shares the same score as Michigan (45) and has a higher score than Ohio (40).
## Leveraging the Data: Statewide

### Amend the CHINS definition Indiana Code 35–42–3.5

In 2019, the Committee on the Sexual Exploitation of Children (CSEC) researched the issue of whether the requirement for a child to admit or deny the allegation under IC 35–42–3.5 should remain as is, or if it should be removed. The Committee noted that requiring a child to admit or deny whether they are a victim is not trauma-informed and ignores the child’s experience as a victim. CSEC found that the number of children who are survivors of human trafficking is likely to be higher than is measurable by CHINS 3.5 petitions filed or substantiations of such allegations. CSEC determined that the requirement that a child admit or deny an allegation under IC 35–42–3.5 be stricken, but only so long as a corresponding provision is included to require the appointment of counsel for all children alleged to be a CHINS.296

### Authorize the provision of specialized services for trafficked minors

A trauma-informed service response should be provided for identified child survivors of trafficking. Understanding that victims remain at risk of re-exploitation without resources and support, Shared Hope International urges state non-criminalization laws to direct survivors to comprehensive, specialized services designed to alleviate the adverse effects of trafficking victimization and aid in the minor’s healing. Services could include assistance with job placement, housing, access to education and legal services, and trauma-based mental health services.296

### Expand collaboration for accurate identification of youth trafficking survivors

An obstacle in forming an accurate estimate of the number of youth trafficking victims in Indiana is that reported numbers can be unreliable and reporting techniques can vary.297 Indiana must effectively and accurately identify them to provide all trafficking survivors with services and support. To deliver a more robust and accurate tracking mechanism for child survivors of trafficking in Indiana, the state can assess its current screening tool and establish a robust cross-agency collaborative initiative. For example, understanding that child survivors of human trafficking have a higher risk for re-traumatization through the juvenile justice system, involving the survivors in the criminalization process instead of victim services should be avoided. Accordingly, the child welfare and juvenile justice systems collaborate on screening for and identifying child trafficking.298 For Indiana, the Department of Child Services, Department of Juvenile Probation, and the Attorney General’s Office could work together to create a universal screening tool and establish standardized training and protocol for reporters. With a consistent system, Indiana should have an accurate view of child trafficking to make data-driven decisions to serve child survivors and address the issue.

### Table: Child and Youth Sex Trafficking Report Card, Indiana: 2021

<table>
<thead>
<tr>
<th>Issue</th>
<th>Grade</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana Criminal Provisions</strong></td>
<td>F</td>
<td>Gaps remain in areas related to buyer accountability under state commercial sexual exploitation of children laws, mistake of age defenses, business entity liability under the trafficking law, and financial penalties.</td>
</tr>
<tr>
<td><strong>Identification of and Response to Victims</strong></td>
<td>F</td>
<td>Gaps remain in areas related to third party control, foreign national victims, screening through child welfare and the juvenile justice system, non-criminalization for prostitution offenses, expanded non-criminalization, juvenile court jurisdiction, and non-familial trafficking cases.</td>
</tr>
<tr>
<td><strong>Continuum of Care</strong></td>
<td>F</td>
<td>Gaps remain in areas like services through a non-punitive system, multi-disciplinary team responses, services through the juvenile justice system, extended foster care services, and appropriations.</td>
</tr>
<tr>
<td><strong>Access to Justice for Trafficking Survivors</strong></td>
<td>D</td>
<td>Gaps remain in areas related to civil orders of protection, crime victims’ compensation, vacatur, restitution, and statutes of limitation.</td>
</tr>
<tr>
<td><strong>Tools for a Victim-Centered Criminal Justice Response</strong></td>
<td>C</td>
<td>Gaps remain in areas related to hearsay exceptions and alternatives to live, in-court testimony.</td>
</tr>
<tr>
<td><strong>Prevention and Training</strong></td>
<td>F</td>
<td>Gaps remain in areas related to training for child welfare, juvenile justice agencies, and prosecutors.</td>
</tr>
</tbody>
</table>

Source: Shared Hope International
Violence and Deaths

Violence

Violence is a public health issue due to its impact on the health and well-being of youth. Neighborhoods and communities are harmed by violence and homicides. Violence is preventable, and strategies that address individual, family, and neighborhood risks for violence can reduce deaths. Additionally, economic, policy, environmental, and other community approaches can enhance safety. Nationally, homicides comprise 18% of all deaths for ages 15 to 19 and 15% of deaths for ages 20 to 24. In 2019, homicide was the third leading cause of death for youth ages 15 to 24. Violence is the second leading cause of injury and death for youth ages 15-19 in Indiana, and significant racial disparities exist.

- In 2020, there were 192 homicide deaths of Hoosier youth ages 15 to 24. This was a rate of 20.7 deaths per 100,000 youth.
  - 156 deaths were of male youth – a rate of 32.9 per 100,000 youth.
  - 36 deaths were of females – a rate of 8.0 per 100,000 youth.
  - The rate of homicides for youth ages 15 to 17 was 11.8; for youth ages 18 to 19 was 32.8; and for youth ages 20 to 24 was 21.1.
- Homicide was the second leading cause of death for Black youth ages 1 to 19. 131 homicide deaths (68.2%) were of Black youth – a rate of 116.4 per 100,000.
- Two counties had unsuppressed data for homicide deaths of youth ages 15 to 24: Marion and Lake.
  - Marion County’s homicide rate was 75.8 per 100,000 youth. Most of the homicides were of males (84.4%) and of Black youth (83.3%).
  - The rate for Lake County was 45.2 per 100,000 youth. Similar to Marion County, most of the homicides were of males (89.3%) and of Black youth (75.0%).

Leveraging the Data: Locally

- Increase access and quality of mentoring: Quality mentoring is a key component in youth violence prevention. Mentors can provide guidance to make better choices, set goals that diverge from violent paths, and develop conflict resolution skills. Stakeholders, like investors, school administrators and staff, and program staff, can assist in reducing youth violence by improving access to mentoring and increasing the quality of mentoring. One way for programs to improve quality is by thoroughly assessing a young person’s previous exposure to, or experiences with, violence to identify the right mentor and to provide additional interventions or services. Additionally, engaging adults who have been part of the justice system is another way to improve the quality of mentoring for youth because this shared experience can often be critical in reaching youth who have tuned out adult voices. Also, investing in the expansion of mentoring programs will increase access to mentoring for youth in need. For additional information on mentoring, please see the Quality Mentoring section in Family & Community.
Deaths

Despite youth self-reporting positive health, the United States has higher infant and youth mortality rates than other high-income countries. Nationally, most young people die from injuries including unintentional injuries, intentional self-harm and suicide, and homicides. In 2019, injuries contributed to nearly half of all deaths nationally for youth ages 10 to 14 (48%), 74% of deaths for youth ages 15 to 19, and 76% of deaths for older youth ages 20 to 24.

- In 2019, Indiana’s child and teen death rate of 29 deaths per 100,000 children ages 1 to 19 was higher than the national rate of 25 per 100,000. The rate decreased from 2018 at 32 per 100,000. Indiana’s ranking for this indicator improved 7 spots from 38th in 2018 to 31st in 2019.
  - Indiana tied with Kentucky for the highest child and teen death rate (29 per 100,000) among neighboring states: Illinois (23 per 100,000), Michigan (25 per 100,000) and Ohio (27 per 100,000).
  - When disaggregating the rate of child and teen deaths by race/ethnicity per 100,000, Black and Hispanic/Latino youth had subgroup rates above the state rate; Black youth had a rate twice as much as the overall state rate.

**Child and Teen Deaths Rate Per 100,000 Children Ages 1 to 19 by Race/Ethnicity, Indiana: 2019**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>59</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>32</td>
</tr>
<tr>
<td>White</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: Annie E. Casey KIDS COUNT® Data Center

- As discussed in the Family & Community section, child maltreatment is a pervasive problem in Indiana. In 2016, there were 59 child fatalities substantiated for abuse or neglect. This was a decrease from 77 child fatalities in 2015. Of the 59 child fatalities, 24 were due to abuse and 35 were due to neglect. In 2019, this increased to 116 child fatalities due to abuse or neglect; 8 of those were in families who had received prevention services in the last 5 years.

- In 2020, there were 343 deaths from injury for children ages 0 to 18.
  - Hoosier males comprised more than two-thirds of the deaths from injury (69.4%). Nationally, males were more likely than females to die before age 25, and they were more likely to die from causes like injuries, suicides, and homicides. Compared to females, males had a 126% higher risk of death from unintentional injuries.
  - 61.8% of the deaths from injury for this age group were White children, 26.5% were Black children, and 8.5% were Hispanic/Latino children.
  - Most of the deaths occurred for children ages 15 to 17.

**Percentage of Children’s Deaths from Injury by Age Group, Indiana: 2020**

Source: Indiana Department of Health
Deaths continued:

- There were 92 Hoosier youth ages 0-19 that died due to motor vehicle accidents in 2020.
- 171 Hoosier youth ages 1 to 24 died due to opioid overdose, 9.1% of the total opioid overdose deaths in Indiana in 2020.
  - 176 deaths (88.4% of the total) were of youth ages 20 to 24.
  - 70.0% of the deaths were male youth.
  - 79.9% of the deaths were White youth, followed by 10.6% were Black youth, and 8.0% were Hispanic/Latino youth.

### Top 5 Causes of Child Deaths by Age, Indiana: 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Under Age 1</th>
<th>Ages 1-4</th>
<th>Ages 5-9</th>
<th>Ages 10-14</th>
<th>Ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital Malformations</td>
<td>127</td>
<td>Accidents</td>
<td>30</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Short gestation/low birthweight</td>
<td>74</td>
<td>Birth Defects</td>
<td>5</td>
<td>Birth Defects 7</td>
<td>Suicide 21</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>55</td>
<td>Cancer</td>
<td>7</td>
<td>Cancer 12</td>
<td>Cancer 7</td>
</tr>
<tr>
<td>Accidents</td>
<td>43</td>
<td>Homicide</td>
<td>7</td>
<td>Homicide 9</td>
<td>Homicide 7</td>
</tr>
<tr>
<td>Bacterial Sepsis</td>
<td>15</td>
<td>Heart Disease 7</td>
<td>3</td>
<td>Heart Disease</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Health

### Injury-related Deaths by Age Group, Indiana: 2018

- Younger than 1 Year
  - Drowning: 60%
  - Other Unintentional Injuries: 0%
  - Suffocation: 40%
- Ages 1 to 5
  - Fire: 60%
  - Poisoning: 30%
  - Undertermined: 0%
- Ages 6 to 11
  - Homicide: 60%
  - Transportation: 30%
  - Suicide: 0%
- Ages 12 to 14
  - Homicide: 50%
  - Transportation: 30%
  - Suicide: 0%
- Ages 15 to 18
  - Homicide: 50%
  - Transportation: 30%
  - Suicide: 0%

Source: Indiana Department of Health

End of Health Section
Where to next?
Economic Well-Being

Indiana is ranked 18th in Economic Well-Being, placing the state highest among neighboring states: Illinois (22nd), Michigan (24th), Ohio (25th), and Kentucky (40th). Indiana’s Economic Well-being rank fell three spots from last year (15th) to this year (18th).

Indiana’s Key Economic Well-Being Data and Rankings Compared to National Averages

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Poverty</td>
<td>15.2% 2019</td>
<td>17.0% 2019</td>
</tr>
<tr>
<td>Children in Families Where No Parent Has Full-time, Year-Round Employment</td>
<td>27.0% 2019</td>
<td>26.0% 2019</td>
</tr>
<tr>
<td>Teens Ages 16 to 19 Not Attending School and Not Working</td>
<td>7.0% 2019</td>
<td>6.0% 2019</td>
</tr>
<tr>
<td>Children in Households that Spend More than 30% of their Income on Housing</td>
<td>21.0% 2019</td>
<td>30.0% 2019</td>
</tr>
</tbody>
</table>

For each indicator above, higher rankings (1st compared to 50th) represent better outcomes for youth.

Section Highlights:

- 2021’s projected child food insecurity percentage decreased to 16.8%. Of which, 4.5% of children experienced very low food security.
- Indiana’s overall unemployment rate was 7.1%, which was 28th in the country, in 2020.
- In 2020, 6,657 unique families received TANF cash assistance. This increased by about 1,400 families from 2019, most likely due to the economic impact of COVID.
- Indiana had approximately 90,200 youth ages 16 to 24 neither working nor in school – these are Indiana’s Opportunity Youth in 2019.
  - This was about 10.7% of Indiana’s total 16 to 24 youth population.
  - Indiana ranked 30th in the country based on the percentage of youth who are disconnected.
- In 2019, 27.0% of children lived in a family where no parent had full-time, year-round employment. The percentage of children living in families with parents lacking full-time, year-round employment has decreased over the past 10 years.
- Indiana ranks 15th out of 39 states for most expensive center-based before/after school care for school-age children.
**Economic Mobility in Indiana**

Economic mobility is defined as the ability of an individual to improve their economic status. This is often measured by whether a person can do better economically than their parents. It is based on the odds of a child from the bottom 20% of the income bracket reaching the top 20%. In essence, it measures the attainment of the American Dream. Mobility rates are relatively low in areas with high income inequality and racial segregation. While children in higher-income households tend to not be impacted by location, geography matters for children growing up in poverty.

Throughout Indiana and across the country, being raised in poverty significantly affects the chance of achieving the American Dream. Children raised in poverty in Indiana have a limited chance of earning a median income equal to their peers from higher-income families. For Hoosier children who grew up in poverty in urban or rural counties, they earned a median income less than children who grew up in poverty in suburban counties. Place, especially the effect of neighborhoods, has an influence on a child’s economic mobility. Every year that a child spends in a disadvantaged neighborhood has an incrementally negative effect on their outcomes as adults, regardless of their race, income, or other demographic characteristics. Understanding wealth is important to fully comprehend economic mobility in the United States, especially the effect of wealth on economic mobility across generations.

**Additional Resources on Economic Mobility**

- To learn more about economic mobility by neighborhood, please visit this [interactive map](#).
- To learn more about Indiana’s wealth gap, check out IYI’s [Data Report: Indiana’s Wealth Gap](#).
Family assets strongly correlate with indicators of child well-being, such as academic performance and self-esteem, and help children avoid negative consequences, such as behavioral problems and teenage pregnancy. Building wealth and assets to make investments in children is fundamental for families, communities, and the U.S. economy. It is also critical to a child’s potential economic mobility. This Spotlight will examine policies that are research-based strategies to building wealth and assets for children. They are intentional on-ramps to opportunities and mobility to break intergenerational cycles of poverty.

Economic mobility is especially low in Indiana’s cities, such as Indianapolis. In a ranking of intergenerational mobility, of the 50 largest Commuting Zones in the U.S., Indianapolis ranked 46th, indicating that children born in this city have low rates of economic mobility compared to their peers in other urban areas.

- The lowest income children in Indianapolis have a 4.9% chance of progressing to the top 20% income bracket.
- For children of color in Indianapolis, that percentage is nearly cut in half.
  - In 2021, Black children born to low-income families in Indianapolis grew up to earn $9,000 less than White children born to low-income families.
  - Black children earned $22,000 per year on average compared to White children ($31,000).
  - Black boys born to high-income parents in Indianapolis are half as likely to have high incomes in adulthood compared to White boys and twice as likely to have low incomes.
  - Economic mobility for low-income White children in Indianapolis ranks last among the 50 largest cities.
- The opportunity gap between children born to high-income and low-income families is larger in Indianapolis than in 88% of other large cities.
- In Indianapolis, children of low-income families earn 46 cents for every dollar earned by children of high-income families. The average city’s rate is 38 cents.
Asset Building Policies

**Child Tax Credit:** On July 15, 2021, about 39 million families with children began receiving monthly payments from the expanded Child Tax Credit (CTC). In March 2021, Congress passed the American Rescue Plan Act, which expanded eligibility for the CTC, increased the amount, and made it fully refundable. This means that eligible families can now receive the full CTC, even if they do not have earned income or owe any income taxes. Estimates suggest that the expanded CTC will increase the CTC amount for 65 million children, reduce the level of children living in poverty in the United States from roughly 12.5% of children to 8%, and eliminate large disparities in CTC amounts by income and race/ethnicity.3

Under the changes to the CTC, most children in families with incomes in the bottom decile of the national income distribution are newly eligible for the full CTC. Under the previous provisions for the CTC, though incomes of most families with children increased, benefits tended to be smaller for the poorest families with children. Because the credit amount gradually phased in for lower-income families, they were less likely to receive the CTC than moderate- and some higher-income families and tended to receive a smaller credit. Under the prior CTC regulations, 90% of all taxpayers with children received the CTC, averaging $2,370 per taxpayer. In contrast, among the poorest families with children with incomes under $10,000, 47.8% of families received the credit, averaging $250 per taxpayer in that income group.10

Under the American Rescue Plan, the maximum CTC in 2021 was increased to $3,600 for children under the age of 6 and up to $3,000 per child for children ages 6 to 17. Additionally, the credit is fully refundable for 2021, meaning eligible families can get it even if they do not have earned income or owe any income taxes. The new maximum CTC was available to eligible families with a modified adjusted gross income of:

- $75,000 or less for singles;
- $112,500 or less for heads of household;
- $150,000 or less for married couples filing a joint return; and
- Above these income thresholds, the amount above the original $2,000 credit (either $1,000 or $1,600 per child) was reduced by $50 for every $1,000 increase.8

The CTC has been shown to reduce child poverty and increase potential economic mobility. A National Academy of Sciences panel on child poverty concluded that the two refundable tax credits (the Earned-Income Tax Credit (EITC) and the refundable portion of the CTC) have been the most successful policies at reducing child poverty. Poverty alleviation can promote child development, both because of the goods and services that parents can buy for their children and because it may create a more responsive, less stressful environment for positive parent-child interactions.12 Other benefits from CTC for youth include:

- The credits have led to improvements in infant health, maternal health, children’s cognitive outcomes, and educational attainment.
- These tax credits have led to substantial increases in employment for single mothers, especially among those with less than a college education and with more than one child.13
- A $1,000 tax credit was shown to correlate with a 6% to 9% standard deviation improvement in a child’s standardized test score. An effective teacher’s impact on achievement is approximately 10% improvement in a standard deviation in test scores, thus, the CTC can potentially help close the achievement gaps among youth subgroups (e.g., racial/ethnic minorities, low-income, and disabilities).14
- Poverty reduction programs similar to CTC have been shown to have a causal impact on early childhood brain activity. Early childhood poverty is a risk factor for lower school achievement, reduced earnings, and poorer health. It has been associated with differences in brain structure and function. Whether poverty causes differences in neurodevelopment or is merely associated with factors that cause such differences remains unclear. The Baby’s First Years study showed that a predictable, monthly unconditional cash transfer given to low-income families positively changed infant brain activity. Low-income babies in families receiving the cash transfer saw improved neuroplasticity and environmental adaptation. These changes displayed a pattern that has been associated with the development of subsequent cognitive skills.15
- The CTC helps offset the cost of childcare for many low-income, working families. Care expenses can include daycare costs, preschool, day camp, and before- and after-school care for older children. The tangential benefits of assisting with childcare costs includes increasing mothers’ participation in the workforce and allowing for spending on other necessities, such as food and housing.16
- These benefits indirectly influence a child’s wealth accumulation by reducing hardships in poverty and promoting educational attainment. For children of racial/ethnic minorities, educational attainment may not close the wealth gap, but it does increase potential wealth earnings. For more information, please see the Factors of Wealth section further on.
Data Spotlight: Tax Credits and Building Economic Mobility for Youth

The final expanded CTC payment went out in December 2021. Nationally, more than 60% of households with incomes below $35K applied the CTC to meet spending needs. Most CTC recipients across the U.S. were employed and used the payments to supplement their regular income.\(^{17}\)

- As of December 2021, 66% of Indiana households with children reported receiving a CTC payment in the past four weeks, which was slightly higher than the national rate of 59% of households with children.\(^{18}\)
- 760,000 CTC payments were issued in Indiana to 1,333,000 Hoosier children in December 2021.
- The total amount distributed in Indiana between July and December was slightly over $2 billion.
- The average payment in December was $458, which was higher than the national amount of $444.\(^{19}\)
- Indiana families in the highest income category (over $100,000) were most likely to receive the CTC at 77.5% in receipt. Families making less than $50,000 had the lowest reported receipt percentage at 58.3%.\(^{20}\)

Based on Household Pulse Survey respondents from December 2021, most Hoosier families (43%) reported using their CTC payment to pay down debt. 42% of Hoosier families reported spending their CTC payment, and 15% of families reported saving it.\(^{21}\)

- Families in the lowest income category were more likely to use their CTC funds to pay down debt relative to other groups, while those in the highest income category were more likely to report saving their CTC payments.\(^{22}\)
- Of Hoosier families who spent their CTC payment, the most common use of the CTC payment was for food. Following food, CTC payments were spent on rent or mortgage and utilities and telecommunications.\(^{23}\)

**Percentage of CTC Spent by Types of Spending, Indiana: July 21, 2021 – October 11, 2021**

![Percentage of CTC Spent by Types of Spending, Indiana: July 21, 2021 – October 11, 2021](image-url)

*Source: U.S. Household Pulse Survey*
### Data Spotlight: Tax Credits and Building Economic Mobility for Youth

#### Estimated Counts of Children Not Claimed by Child Credit but Found on Health Insurance Tax Form by Zip Code, Indiana: 2019

<table>
<thead>
<tr>
<th>Children Ages 1–5</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>813</td>
</tr>
</tbody>
</table>

#### Percentage of How CTC Was Used by Income, Indiana: 2021

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Mostly spend it</th>
<th>Mostly pay off debt</th>
<th>Mostly save it</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0–$49,999</td>
<td>28.0%</td>
<td>51.0%</td>
<td>21.1%</td>
</tr>
<tr>
<td>$50,000–$99,999</td>
<td>32.9%</td>
<td>37.8%</td>
<td>29.3%</td>
</tr>
<tr>
<td>$100,000–$149,999</td>
<td>26.7%</td>
<td>34.7%</td>
<td>38.5%</td>
</tr>
</tbody>
</table>

Source: Washington University

Based on 2019 tax filings, about 41,000 children under 18 were listed on the health insurance tax form (Form 1095) but were not counted for the CTC. The Treasury Department compared existing filing units with Form 1095 tax information, which lists children who have health insurance (including coverage through Medicaid or CHIP), to identify children whom no adult claimed on a tax return but who have health coverage. These are children throughout the state whose families are not benefitting from the CTC program. Likely, these are some of the most vulnerable children in Indiana and for whom the positive outcomes of CTC access could have the greatest impact.

In December 2021, 760,000 CTC payments were issued to 1.3 million Hoosier children. The total amount distributed in Indiana between July and December was slightly over $2 billion.
Earned Income Tax Credit: Since the Earned Income Tax Credit (EITC) was added to the U.S. tax code almost 50 years ago, it has become the leading federal program for boosting the incomes of the working poor. Traditional cash aid policies did little to encourage recipients to join the workforce and change their socioeconomic status. But by virtue of being directly tied to earnings, the EITC essentially subsidizes, and therefore encourages, work. The program provides refundable tax credits to low-income workers, raising the effective wage a person earns in the labor market. Because it targets low-income families, it is effective at reducing poverty, both through direct income transfers and work incentives. In particular, the EITC has shown significant positive impact on low-skilled single parents.\textsuperscript{25}

Income thresholds for eligibility vary based on marital status and number of qualifying children, and the refund depends on a recipient’s earned income, number of qualifying children a taxpayer has, and the taxpayer’s marital status. For 2020, the maximum EITC for a taxpayer with one child is $3,584 per year; for two children, $5,920 per year; and for three or more children, $6,660 per year.\textsuperscript{26} Indiana is one of 25 states that offers a state supplement to the federal EITC. The state’s Earned Income Tax Credit provides up to 9% of the earned income credit claimed on the federal income tax return.\textsuperscript{27}

- In 2020, 515,000 Hoosier families received a refund through the federal EITC for a total of $1.2 billion.
- Indiana families received an average $2,403 EITC refund, which was slightly lower than the national average of $2,461.\textsuperscript{28}
- Indiana’s participation rate between 2011 and 2017 (the most recently released participation rate data) has oscillated between 79.5% and 82.8%.\textsuperscript{29}
- Indiana is one of 24 states to offer a State EITC. Indiana’s State EITC is a refundable tax credit. If a refundable credit exceeds a taxpayer’s state income tax, the taxpayer receives the excess amount as a payment from the state. Indiana’s State EITC as 10% of the federal EITC.\textsuperscript{30}

Based on national findings, the EITC increases low-income families’ position in the wealth distribution. A $1,000 EITC refund when the child is up to five years old is associated with around a $2,900 (6.1%) increase in total household wealth among families where the head of household has a high school education or less and a $3,270 (5.2%) increase among household heads with less than a college education. There was no significant effect among households with a college degree or more. The effects, however, are concentrated among White families. Thus, the EITC does increase family wealth in childhood, but it may not do much to reduce the racial wealth gap long-term.\textsuperscript{31}

### EITC Participation Rate, Indiana: 2011–2017

![EITC Participation Rate](source: U.S. Internal Revenue Service)
Leveraging the Data

Locally:

• **Assist non-filers with signing up for CTC:** While most children in the U.S. are in families that will get advance CTC payments automatically, some children are in families that are considered non-filers and will need assistance signing up. Non-filers are often not required to file taxes but are eligible for the CTC. This may include families who:
  - Have very low to no income: Many earn less than $2,500
  - Have limited internet and technology access
  - Participate in SNAP or TANF

The two primary goals for CTC outreach include raising awareness and helping non-filers receive payments using [GetCTC.org](http://GetCTC.org) to sign up for payments. Additionally, connecting various community resources (e.g., tax volunteers known as VITAs and community action agencies) and places with direct access to children and families (such as schools or faith-based organizations) may increase outreach. Identifying local resources and determining various organization’s roles and capacities will help connect non-filers with additional support and information.32

**Promising Practice:**

The Mayor of Fort Wayne partnered with local financial institutions and other dedicated local, community-based organizations to assist lower income working families to apply for tax refunds, specifically the EITC. This collaboration in the community throughout Fort Wayne assisted low-income families file the paperwork necessary to claim the credit.33

Statewide:

• **Examine the Complexity Index for school funding:** Over the past 3 budget cycles, the Indiana General Assembly has slowly shifted more towards Foundation Grants to equalize the distribution of funding. While this has increased funding for all students across Indiana, the approach has also limited additional resources directed at students facing greater opportunity gaps than their peers due to where they live (e.g., urban or rural areas) or barriers to success because of their backgrounds (e.g., low-income). In preparation for the 2023 Legislative Session that will determine the budget for Fiscal Years 2024 and 2025, the State could quantify the costs of providing additional resources based on student need through an examination of the Foundation Grants and Complexity Index. Studying the necessary costs to close educational outcome gaps, as well as additional metrics for defining poverty (such as Texas’ approach), could provide an economic understanding of how to equalize the differences in school expenditure across the State. School finance equalization – the reduction in the differences in public school revenues and expenditures across school districts within a state – can increase intergenerational mobility through a reduction in the gaps in basic school inputs (such as the number of teachers) and in intermediate educational outcomes (such as college enrollment) between richer and poorer districts. It also helps reduce income and racial segregation between school districts.34

### Foundation Amounts and Complexity Amounts per Student, Indiana: 2016–2023

<table>
<thead>
<tr>
<th>Year</th>
<th>Foundation Amounts Per Student</th>
<th>Complex Amounts Per Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016</td>
<td>$7,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2017</td>
<td>$6,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2018</td>
<td>$5,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2019</td>
<td>$4,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2020</td>
<td>$3,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2021</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2022</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>FY 2023</td>
<td>$0</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Education*
• **Extend State EITC eligibility to non-custodial parents:** Extending State EITC eligibility to noncustodial parents can benefit those who work and pay their child support in full. A noncustodial parents EITC would operate like the child-based EITC, providing a refundable tax credit to low-income working parents and encouraging work. Under current federal income tax rules, low-income noncustodial parents are ineligible for the EITC benefits available to low-income families with children, even when they support their children through full payment of child support. A noncustodial parents EITC policy can reduce this disparity and increase incentives for work and payment of child support. The State can limit a noncustodial parent’s EITC to those in the child support enforcement program, as is done in New York and Washington, D.C., to simplify the administration of this new EITC.35

**Nationally:**

• **Expand EITC benefits to childless older youth:** Workers ages 18 to 24 without qualifying children are ineligible for the EITC. As a result, the federal EITC lifts few low-income young adult workers without qualifying children out of poverty. As well, the social benefits realized by EITC recipients with qualifying children, such as improved long-term health, career, and education outcomes, do not extend to recipients without qualifying children because they receive smaller tax credits.36 The American Rescue Plan (ARP) temporarily expanded the value of the credit for low-income people without dependents and allowed workers ages 19 to 24 to claim the EITC for the first time. Under the ARP expansion of EITC, 165,000 workers ages 19 to 24, which is about 47% of Indiana’s older youth population, received the EITC benefit. The average credit was $690, for a total of $93.3 million paid to Indiana residents. Asian and Black older youth (as a share of the youth adult population) comprised the highest percentage of those who received EITC benefits. The expansion of EITC to older youth expired at the end of 2021.37 Expanding EITC benefits permanently – a program recognized for bringing low-income individuals into the labor force – can reduce the poverty rates and raise the employment rates of young adults in Indiana.38

**Percentage of and Amount Received by Older Youth Ages 19 to 24 under EITC Expansion by Race/Ethnicity, Indiana: 2021**

![Percentage of and Amount Received by Older Youth Ages 19 to 24 under EITC Expansion by Race/Ethnicity, Indiana: 2021](image)

Source: Indiana Department of Education

• **Extend CTC benefits under ARP permanently:** The expansion of CTC under ARP expired at the end of 2021. This expansion potentially reduced child poverty by 34% and deep child poverty by 39%. A permanent expansion of the CTC could have a large anti-poverty effect on children.39 Extending the ARP CTC benefits permanently under legislation could maintain these anti-poverty gains and prevent any backsliding. On the contrary, a reduction of these benefits could lead to 175,000 children under 18 to slip back below the poverty line.40 Extending the expansions of CTC and EITC under the ARP to at least 2025 could provide families economic stability, especially as they continue to recover from the pandemic.
Labor Force

Youth in the Labor Force

The labor force includes all people aged 16 and older who are classified as either employed or unemployed. Individuals not in the labor force are those who are not actively working or looking for work for reasons such as school or family responsibilities, retirement, ill health, or transportation problems. The labor force participation rate is an indicator of household living standards and economic vitality. Nationally, the labor force participation was 62.7% in 2020. There has been a steady decline in our labor force participation rate since 2000 when it was 67.1%.

Indiana’s overall labor force participation rate for 2020 was 63.3%, 21st in the nation. This was a slight decline in both labor force participation rate (64.6%) and ranking (19th) from 2019.

- Of Hoosier children between the ages of 12 and 17, 41.9% reported working for pay during 2019. This could include regular jobs, as well as babysitting, cutting grass, or other occasional work.
  - This was slightly higher than the national average of 37.6%.
  - Slightly more females in this age range had paying work (42.0%) than males (41.8%).

- In 2019, Indiana was ranked 26th for teens ages 16 to 19 that are neither enrolled in school nor working (7%). This is both higher than the 2019 national and Midwest average of 6%. This is also an increase from Indiana’s 2018 percentage rate of 6%. The increase in the percentage of youth ages 16 to 19 neither attending school nor working caused Indiana to see a decrease in the rankings by 11 spots from 2017 (2018: 15th and 2019: 26th).

- Of Indiana’s approximately 367,273 residents ages 16 to 19 in 2020, 43.4% participated in the labor force. This was a slight decrease from 2019’s labor force participation for this age group, which was 44.6%. Conversely, 56.6% of Hoosiers ages 16 to 19 were not in the labor force. Because labor force participation includes those employed or unemployed and actively job searching, many of these youths may be in school and, thus, not in the labor force. They may also be ill or disabled, have home responsibilities, or have another reason altogether.
  - 42.8% of male Hoosiers ages 16 to 19 participated in the labor force, which was 0.5 percentage points higher than 2019. The unemployment rate was 6.4%.
  - Female Hoosiers 16 to 19 years old had a higher labor force participation rate than their male peers – 45.2% were in the labor force. This was a decrease from the 2019 participation rate of 46.9%. The unemployment rate was 5.7%.

- Of the 472,914 older youth ages 20 to 24 in Indiana, 76.3% were in the labor force, which was a decrease of 0.8 percentage points from 2019’s labor force participation for this age group.
  - The labor force participation rate for males ages 20 to 24 was 76.2% in 2020. The unemployment rate for males in this age range was 8.0%.
  - Of females ages 20 to 24, 76.4% were in the labor force. Females between 20 to 24 have a lower unemployment (6.0%) when compared to their male peers.

### Employment Status for Youth 16 to 24 by Age and Gender, Indiana: 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 16 to 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not in Labor Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 20 to 24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not in Labor Force</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, ACS Table B23001
Leveraging the Data: Locally

- **Provide financial incentives and opportunities for paid training and work:** Using funding through Title I of the Workforce Innovation and Opportunity Act, local communities can provide older youth with work-based learning experiences and stipends. Using this federal funding stream, locals can offset costs and wages for on-the-job training and pre-apprenticeships specifically for older youth ages 18 to 24. The quality of the work experience, however, may also matter. Low-wage work that is not connected to a career pathway or that young people perceive to have no value may not be as effective as work experience that gives them a sense of future advancement and fulfillment. Opportunities that provide marketable skills and the potential for competitive wages will engage youth who are unemployed or out of the labor force in a career that leads to future success. For community-based strategies to connect apprenticeships with older youth, check out this [resource](#).
Opportunity Youth

Opportunity Youth (OY) are young people who are between the ages of 16 to 24 years old and are disconnected from school and work. This developmental period, also referred to as emerging adulthood, has great potential for individual growth through exploring independence and life opportunities. Life circumstances, such as where someone lives or income level, can disrupt a youth’s ability to explore and pursue different careers. OY often face hardships, but they also report having feelings of responsibility for their futures, having educational and career goals, and being optimistic about achieving their goals. Nationally, OY are nearly twice as likely to live in poverty, more than three times as likely to have a disability, more than twice as likely to lack health insurance, and more than twenty times more likely to be institutionalized compared to their peers. To reach out to OY most effectively, it is important to understand who is disconnected; why they are disconnected; how to authentically engage OY as leaders; and what programming and resources are currently available to individuals, parents/guardians, and organizations that work with OY.

While each youth has their own set of needs and supports they could benefit from, there are three major groups of OY, with each group having several potential pathways. The major segments are:

1. Those still needing to complete a high school credential and then move on to a next step (postsecondary or job);
2. Those needing to complete a postsecondary credential and ultimately secure a living wage job; and
3. Those with enough educational credentials and just needing to secure employment.

Within each segment, the major variables are:

- Those needing concurrent employment (of any kind; low-wage or otherwise);
- Those needing reduction of major barriers to education or work (e.g., housing, childcare, prework skills, transportation, basic needs, etc.); or
- Those needing both employment and barrier reduction supports.

In 2019, Indiana had approximately 90,200 youth ages 16 to 24 neither working nor in school – these youth are Indiana’s OY. This was about 10.7% of Indiana’s total 16 to 24 youth population and placed Indiana 30th in the country based on the percentage of youth who are disconnected.

- For youth ages 16 to 19, 7.0% were neither attending school nor working in 2019, compared to 6.0% nationally and in the Midwest region.
  - Indiana ranks second lowest for Teens Ages 16-19 Not Attending School and Not Working (26th) among neighboring states: Illinois, Michigan, and Ohio (17th) and Kentucky (36th).
  - Indiana’s ranking for this indicator fell eleven spots from 15th in 2018 to 26th in 2019.

- When disaggregating youth ages 16 to 19 neither in school nor working by race/ethnicity, disparities emerge in the data. Specifically, 1 in 10 Black youth ages 16 to 19 in Indiana were neither in school nor working in 2019 – this was the only racial subgroup trending above Indiana’s rate. The Hispanic/Latino subgroup rate equaled Indiana’s rate of 7.0%.
  - These disparities in employment mirror trends in the larger labor force. The persistence of these gaps, even when accounting for differences in the industry sector and educational attainment, points to the structural barriers these groups face when obtaining jobs.
  - Black and Hispanic/Latino people are more likely than White people to live in economically depressed neighborhoods and may lack access to good jobs, quality elementary and secondary schools, relevant social networks, and public transit. Research also shows that discrimination plays a role in hiring practices. All of these structural barriers contribute to higher percentages of disconnected Black and Hispanic/Latino teenagers in Indiana.

### Percentage of Teenagers Ages 16 to 19 Neither in School Nor Working by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>5%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Annie E. Casey KIDS COUNT® Data Center
• The number of Hoosier youth neither in school nor working has steadily decreased since 2010.\textsuperscript{57}

• In 2019, about 25,000 youth ages 16 to 19 were neither in school nor working; 65,000 youth ages 20 to 24 were neither working nor in school.\textsuperscript{58}

Overall Percentage and Number of Youth Neither in School Nor Working by Age Group, Indiana: 2010–2019

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 - 2019 American Community Survey

• In 2019, 11.9% of males ages 16 to 24 were neither in school nor working, compared to 9.4% of females in this age range.

• Black youth ages 16 to 24 comprised the largest percentage of OY based on race/ethnicity. 20.2% of Black youth in this age range were neither in school nor working, followed by 9.9% of White youth, and 9.7% of Hispanic/Latino youth.
  o Nationally, young men of color are disproportionately likely to be disconnected from school and work. The disparities are driven by the interplay of gender, race, and inequities among the communities in which they grow up. The \textbf{Opportunity Youth Network} and \textbf{My Brother’s Keeper Alliance} have developed strategies to address opportunity gaps boys and young men of color face to help them reach their potential.

• In 2019, the Central Indiana region (Indianapolis-Carmel-Anderson Metropolitan Statistical Area) ranked 55\textsuperscript{th} among the country most populous metropolitan areas for rates of OY. 25,700 youth ages 16 to 24 (about 10.8%) were disconnected from school and work.
  o Similar to the state statistics, there was more male OY than female – 13.7% versus 7.9%, respectively.
  o Data disaggregated by race/ethnicity were not available from the source.

• Conversely, Monroe County ranked 9\textsuperscript{th} among U.S. counties with the lowest percentage of OY. About 3.5% of youth, or 1,400, were neither in school nor working in 2019.\textsuperscript{59}

Youth Disconnection Rate by County, Indiana: 2019

<table>
<thead>
<tr>
<th>6 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parke County</td>
<td>29.8%</td>
</tr>
<tr>
<td>Henry County</td>
<td>22.2%</td>
</tr>
<tr>
<td>Miami County</td>
<td>22.1%</td>
</tr>
<tr>
<td>LaPorte County</td>
<td>21.5%</td>
</tr>
<tr>
<td>Scott County</td>
<td>21.0%</td>
</tr>
<tr>
<td>Clay County</td>
<td>21.0%</td>
</tr>
</tbody>
</table>

Source: Measure of America
Note: 29 of Indiana’s 92 counties had populations that are too small for reliable youth disconnection estimates.
The highest disconnection rates for young people of every racial and ethnic group are found in termed “Opportunity Deserts.” Opportunity Deserts lack high-quality educational and employment opportunities; income and racial residential segregation is often stark; and twenty-first-century infrastructure, like public transportation, broadband, and childcare may be inadequate. Even pre-pandemic, these areas were home to some of the most acute challenges facing disadvantaged young people, as well as the highest rates of disconnection for youth of every racial and ethnic group. Nationally, in rural Opportunity Deserts, more than one-quarter of all young people are neither working nor in school. In Indiana, many of the Opportunity Deserts are in urban and rural counties. Rural and urban Opportunity Deserts also tend to be civic deserts with limited voter turnout.60

- Warren, Franklin, and east Indianapolis are denoted as a moderately connected urban area – 15.6% of older youth are disconnected.61
- Center Township in Indianapolis is an urban Opportunity Desert with 21.6% of youth disconnected.
  - Gary (17.8%), Fort Wayne (14.4%), and South Bend (11.5%) are Indiana’s other urban Opportunity Deserts with 17.8% of youth disconnected.
- LaPorte County is Indiana’s largest rural Opportunity Dessert and experiences a 21.5% disconnection rate.62
  - The ten most challenged Opportunity Deserts, nationally, strongly correlate with the country’s extensive incarceration system, as places where prisoners disproportionately come from and are imprisoned.63 Correspondingly, LaPorte County is home to one of Indiana’s three state juvenile facilities.

There are direct costs both to Indiana’s social fabric and its economic strength that come from having 10.7% of older youth disconnected from education and employment. Nationally, the lifetime direct cost to taxpayers of one 20-year-old that does not reconnect to education or employment is $235,680 lost tax revenue. The social cost, which includes health expenses, crime costs, and social services costs, amounts to $704,020. The total cost is nearly $1 million per individual.64

Source: Measure of America
Note: Many counties have populations that are too small for reliable youth disconnection estimates. Those counties in gray had data suppressed by the source.
Leveraging the Data: Locally

- **Create entrepreneurship pathways for Opportunity Youth:** To help re-engage this population in the labor force and establish self-sufficient career trajectories for this population, local communities could leverage funding through Title I of the Workforce Innovation and Opportunity Act to create entrepreneurial-focused pathways. These pathways could consist of a portfolio of integrated options that can help these young people reengage in education, earn a high school diploma or equivalent, enroll in postsecondary education and training that leads to meaningful credentials with value in the labor market, and ultimately enter careers with family sustaining wages. One example is the **Youth Entrepreneurship Fund** (YEF) developed by the Aspen Institute, which defines this type of pathway as consisting of entrepreneurial education (adapted to the needs of OY); hands-on workplace experiences such as internships or job shadowing; entrepreneurship supports such as mentoring, business incubation or counseling, and access to seed capital; and wraparound case management and stabilization supports.65

  - **E3 Power Centers** based in Philadelphia offers neighborhood-based services to help opportunity youth develop skills and transition to career pathways. E3 stands for Education, Employment, and Empowerment, and the centers piloted entrepreneurship pathways for OY in the Philadelphia area.
  - The **Job Opportunity Investment Network** (JOIN), a public–private partnership that brings together employers, government, community-based organizations, and philanthropy to align the entrepreneurship effort with Philadelphia’s plan for developing career pathways into specific sectors for opportunity youth.

- **Develop summer youth employment programs:** Young people who have grown up in resource-poor contexts may not have the same access to supportive summer work opportunities as their higher income peers. Additionally, they may lack the social supports to help them make the work experience developmentally meaningful. This disparity in access to and leveraging of summertime work experiences further deepens the divide in young people’s preparation for adulthood and success in occupational settings. Local communities, chambers of commerce, government offices, workforce boards, and other workforce intermediaries can create or expand summer youth employment programming to provide access to work experiences that support opportunities for development. To reap the benefits of this type of program for youth, the summer youth employment program must be meaningful and include wraparound components. These components include (but are not limited to):

  - Job matching
  - Mentorship from the program and/or peers
  - Recruitment of employers
  - Financial literacy training
  - Network building66

**Promising Practices:**

- **YES Indy** is a program to re-engage Opportunity Youth in Marion County. One part of Yes Indy is the Power Huddle, which connects young adults with mentors and helps them move from a fixed to a growth mindset. These activities help Opportunity Youth develop their employability skills by working on community projects, while also receiving adult mentoring, career navigation, life coaching, job readiness training, adult education services, and trauma-informed social and emotional violence prevention counseling. After completing the Power Huddle, the young adults enroll in YES Indy, where they are connected to a career navigator, who will offer ongoing support and guidance as they enroll in education and training or transition into the workforce. Once they are part of YES Indy, other resources are available, such as transportation, financial guidance, temporary housing, re-entry services, counseling, and more.

- **Project Indy** is comprised of a network of community organizations, employers, and corporate partners who are providing job opportunities and job-readiness training to in-school and out-of-school youth in Marion County. In addition to earning a paycheck, participants gain employability skills, including communication, teamwork, and problem-solving skills.
Leveraging the Data: Statewide

- **Support the braiding of federal funds and co-enrollment to create effective supports for Opportunity Youth:** The array of federal and state funding streams available to those serving and supporting OY are not set up to coherently deliver the combination of supports these young adults need to advance to meaningful careers and family-sustaining wages. A major challenge is that most of these funding streams are constructed to operate independently of each other, as if a person would only experience one problem or need one kind of support at a time. Such is not the life of an OY. Additionally, these large funding streams almost all serve a larger population than just OY alone, so are not specialized for their needs nor set up to be easily combined by those organizations serving this population.

Direct providers of education and workforce programs to OY report that they are focused on three different kinds of goals for young adults: 1) attaining education credentials (high school and/or postsecondary); 2) attaining and keeping a living wage job; and 3) removing barriers (such as insecure housing, or lack of childcare) that make attending school and work difficult. The optimal package of supports for OY based on intervention effectiveness addresses the need for:

- Cost of academic credential attainment covered (tuition, tests, books, tutoring, etc.).
- Consistent, reliable, culturally competent navigation of the education and/or workforce systems.
- Pre-work skills (soft skills), job placement, and job retention support.
- As needed, case management support to reduce specific life barriers (aside from employment/income support), the most common and significant of which are stable housing, childcare, transportation, and access to food.

We encourage the State to find ways to braid and/or blend various federal funds and co-enroll youth into multiple programs in order to support the multitude of their needs. Additional steps the State can take to help leverage federal funds for OY include:

- Create and share resources to help local collaboratives and providers better understand and use federal resources;
- Support local community cross-sector planning for the removal of any local barriers to maximizing existing funds;
- Make available more data regarding which federal funds are being used for OY within each community; and
- Develop complimentary state-level OY funding strategies that can fill gaps in the federal funds structure.

<table>
<thead>
<tr>
<th></th>
<th>WIOA Title 1 &amp; 2</th>
<th>TANF</th>
<th>SNAP E&amp;T</th>
<th>Pell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Supports (tutoring, etc.)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Student Support Services (childcare, transport)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Tuition and Fees</td>
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</tr>
<tr>
<td>Intake and Assessment</td>
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<tr>
<td>Advising and Case Management</td>
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<tr>
<td>Career Coaching and Job Search</td>
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</tr>
<tr>
<td>Job Placement</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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</tbody>
</table>

*Source: The Aspen Institute*
Parental Employment

Young children with a full-time, year-round employed parent are less likely to live in a low-income family, compared to young children whose parents work part time/part year or who are not employed. The benefits of parents’ work for children include higher self-esteem, more productive family routines, and higher family earnings.69

- In 2020, 95.7% of Indiana families with children younger than 18 had at least one parent working in the past 12 months; 4.2% of families with children younger than 18 had no parent working.
  - 53.4% of opposite-sex married-couple families had both parents in the labor force.
  - 20.8% of opposite-sex married-couple families had only the male in the labor force, whereas 7.6% of those same couples had only the female in the labor force.
  - Of families with married parents of the opposite sex, 18.3% were not in the labor force.
  - 71.2% of families with only a female householder were in the labor force; 28.5% of single mothers were not in the labor force.70

Between February of 2021 and February of 2022 in Indiana, between 63% and 70% of households with children reported employment in the past week via the U.S. Census Bureau’s Household Pulse Survey.

- During this same time frame across the nation, 62% to 70% of households with children reported employment.71
- When data are disaggregated by race and ethnicity, disparities emerge. Overall, White Hoosier families with children tend to report employment nearly congruent to the overall reports of employment in Indiana. Black and Hispanic/Latino families with children reported more variance in their employment status.72

Percentage of Adults Living in Households with Children Who were Employed in the Past Week by Race/Ethnicity, Indiana: February 17, 2021 – February 7, 2022

[Graph showing employment rates by race/ethnicity]

Source: U.S. Household Pulse Survey
Note: Weeks without data for a subgroup (as well as the lack of data for additional subgroups) are suppressed from the source due to small sample sizes.

Unemployment

When a parent loses a job, there is an increased risk of family tension and family disruption. Employment insecurity and the accompanying income loss can disrupt daily living and relationships and limit families’ access to resources to invest in their children’s development, which can, in turn, diminish children’s achievement in school and chances of future success. These disruptions can cause family conflict, diminish children’s self-confidence, cause hostile behavior, and lower educational attainment for children.73 Parental unemployment during childhood can have long-term consequences for psychological well-being later in life, particularly for young children because stressful events early in life have a stronger effect on outcomes later. Older children, however, may feel pressured to take more responsibility in the family and may be more aware of the social stigma associated with having jobless parents.74
Unemployment continued...

- In 2020, Indiana’s annual average unemployment rate was 7.1%, which was 28th in the county.75
  - This is more than double the unemployment rate of 3.3% in 2019, likely due to the impact of the COVID-19 pandemic and economic instability.76
  - 2020 appears to be an economic anomaly, as Indiana’s unemployment in September of 2021 rate was 3.5% and 34th in the country.77

- Indiana ranked 31st in the country for Hoosier children are in families where no parent has full-time, year-round employment. In 2019, 27% of Hoosier children fell into this category, which was 1 percentage point less above the national rate (26%) and 3 percentage points above the Midwest rate (24%).
  - 7% of Hoosier children (about 101,000 kids) had at least one unemployed parent in 2020. This is a sharp increase from 2019 when 3% of Hoosier children (41,000 kids) had at least one parent unemployed. Similar to other data points, this appears to be an anomaly due to COVID.78
  - When disaggregating these data by race/ethnicity, disparities emerge. The percentage of children in Black, Hispanic/Latino, and Two or more races households whose parents lacked secure employment were above Indiana’s average of 27%:
    - Asian and Pacific Islander: 19%
    - Black: 45%
    - Hispanic/Latino: 29%
    - Two or more races: 35%
    - White: 23%79

Within the first three months of the COVID-19 financial fallout, one in five children in the United States experienced the job loss of an adult in their household. The burdens of job loss and continued economic uncertainty are felt by a wide range of families, though they are especially elevated among lower-income households and families of color. COVID-19 dramatically increased children’s exposure to parental job loss and income instability. Many parents who have remained employed during the pandemic are facing increasing instability in pay and work hours.80

- As the impact of COVID-19 has progressed since September 2020, fewer households with children are reporting lost employment income. Indiana’s reported lost income during the pandemic has mirrored that of the U.S.81
  - Similar to reports from families with children regarding employment, percentages of White Hoosier households with children have reported lost income as Indiana’s overall total.
  - Black and Hispanic/Latino households with children have reported more variance in lost income. Both subgroups had percentages above the total reporting lost income between April and June of 2021, though those percentages evened out with the total in September of 2021.82

### Percentage of Households with Children Who Lost Employment Income by Race/Ethnicity, Indiana: May 12, 2021 – February 7, 2022

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Black percent</th>
<th>Hispanic/Latino percent</th>
<th>White percent</th>
<th>Total percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 12 – Jun 7, 2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 26 – Jun 21, 2021</td>
<td></td>
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<tr>
<td>Jun 9 – Jul 5, 2021</td>
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<tr>
<td>Jul 21 – Aug 16, 2021</td>
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<tr>
<td>Aug 4 – Aug 30, 2021</td>
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<td></td>
</tr>
<tr>
<td>Aug 18 – Sep 13, 2021</td>
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<td></td>
</tr>
<tr>
<td>Sep 1 – Sep 27, 2021</td>
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<tr>
<td>Sep 15 – Oct 11, 2021</td>
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<td></td>
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<tr>
<td>Dec 1, 2021 – Jan 10, 2022</td>
<td></td>
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<tr>
<td>Dec 29, 2021 – Feb 7, 2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Household Pulse Survey

Note: Data for additional subgroups, as well as some of the weeks for the Hispanic/Latino subgroup, were suppressed by the source.
Parents who experienced both job and income loss during COVID-19 reported heightened stress and depression as well as more harsh parenting behaviors towards their children. COVID-19-driven increases in job loss, income instability, and resulting strains on housing and food security can impair child and family well-being. As policy supports (such as stimulus checks, expanded Unemployment Insurance benefits, rent moratoria, and expanded food programs) expire, economic hardship for families with children may increase. Although the full effects of COVID-19 on child well-being are not fully known, evidence of its negative effects on children from preschool age to late adolescence is apparent:

- Children’s behavioral health has worsened during the pandemic, particularly in families that experienced a childcare disruption.
- Service workers who experienced COVID-19-related job loss reported higher levels of anxiety and uncooperativeness in their young children.
- Hispanic/Latino parents who are experiencing high rates of job loss have expressed concern about their children falling behind in school.
- Adolescents are increasingly stressed by the pandemic, which correlates with increases in reports of symptoms of depression.
- COVID-19-related job loss is associated with parents’ psychological maltreatment of preschool and elementary school-aged children.83

Older youth ages 18 to 24 have also reported variance in lost employment income throughout the COVID-19 pandemic. Prior to COVID-19, 24% (or about 13 million) of all low-wage workers in the U.S. were young adults ages 18 to 24. Many were concentrated in industries that experienced pandemic-related layoffs. In normal economic times, young adults tend to have higher unemployment rates than prime-age workers.84 As COVID-19 has created unexpected tumult in the economy for all workers, Indiana’s older youth correspondingly have reported higher rates of lost employment income than other adults.85

### Percentage of Adults Ages 18 to 24 Who Lost Employment Income, Indiana: May 12, 2021 – February 7, 2022

![Percentage of Adults Ages 18 to 24 Who Lost Employment Income](chart)

*Source: U.S. Household Pulse Survey*

*Note: Some weeks are missing due to suppression from the source.*
Economic conditions in the home have far-reaching implications for academic achievement, health, and economic success for children as they progress to adulthood. Several factors comprise a complete understanding of wages and income in Indiana. First is median income, which is the “middle” value if every income were ordered from greatest to least. Indiana’s median household income for 2020 was approximately $58,235, a slight increase from 2019 ($57,603). The median household income for the U.S. was $67,521 in 2020, a decrease of 2.9% from the 2019 median of $69,560.

- In 2020, the median family income was $73,265, about $600 less than 2019.
- Of families with children, married couples had a median income of $93,756 – about $3,000 less than 2019.
- Single fathers had a median income of $44,125 (about $40 higher than 2019), and single mothers had a median income of $28,336 (a decrease of around $2,000 from 2019).
- The median income for youth ages 15 to 24 was $31,485 in 2020.
- Indiana’s highest median family income was in its suburban counties. Indiana’s rural counties had some of the lowest median family incomes in the State.
  - In 2020, Warrick County’s median income was $98,958; Boone County’s was $121,211; and Hamilton County’s was $125,265.
  - Of Indiana’s cities, Marion County’s median family income was $54,168; Vanderburgh County’s was $61,125; Lake County’s was $64,423; Allen County was $65,423; and St. Joseph County was $66,427.
  - Blackford County had the lowest median income for families in Indiana at $43,405, followed by Grant at $48,565 respectively, and Miami was $49,849.

Per capita income is the total income of an area divided across the number of all residents (including children). In 2020, Indiana’s per capita income among all residents was $51,926. Indiana’s per capita has been steadily increasing since 1990, when per capita income was $35,184 (adjusted for inflation). This represents a 47.6% change over the past 30 years, although Indiana has seen less growth in its per capita income than the U.S. overall. Indiana is ranked 38th in the county for per capita income.
Per Capita Income, Indiana and U.S.: 1990–2020

Source: STATS Indiana
Note: All amounts have been adjusted for inflation.

Per Capita Income by County: 2020

<table>
<thead>
<tr>
<th>County</th>
<th>Per Capita Income ($)</th>
<th>5 Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>$80,426</td>
<td>Switzerland $35,647</td>
</tr>
<tr>
<td>Boone</td>
<td>$80,314</td>
<td>Miami $37,669</td>
</tr>
<tr>
<td>Warrick</td>
<td>$60,188</td>
<td>Crawford $38,276</td>
</tr>
<tr>
<td>Floyd</td>
<td>$60,233</td>
<td>Starke $38,910</td>
</tr>
<tr>
<td>Dubois</td>
<td>$59,524</td>
<td>Sullivan $39,903</td>
</tr>
</tbody>
</table>

Source: STATS Indiana

The median hourly wage represents the middle wage Hoosiers make per hour, when all workers’ wages are ordered from greatest to least, and the mean (average) hourly wage is the sum of all hourly wages divided by the number of workers. In May 2020, Indiana’s median hourly wage was $18.56, and the mean (average) hourly wage was $23.39. These rates are lower than both the national hourly wage ($20.17) and the national mean hourly wage ($27.07).

Working Families Earning Low-Incomes

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

- In Indiana in 2019, about 11.0% of children lived in a household with a parent (or parents) who is employed full-time earning an income less than 100% of the Federal Poverty Level. Nationally, the percentage is 13.0% of children.
  - 8.6% of children in a two-parent household and 17.4% of children in a single parent household lived in a low-income working family.
- 22% of Hoosier children (about 163,000 kids) were in a household that had an income at or below 200% of the Federal Poverty Level and at least one parent who worked 50 or more weeks during the previous year.
  - Most children living in a low-income working family are under the age of six. About 126,000 Hoosier children ages 0 to 6 lived in a low-income working family at 200% of the Federal Poverty Level; 160,000 children ages 7 to 13 lived in a low-income working family; and 90,000 children ages 14 to 18 lived in a low-income working family.
- Indiana has seen a decrease in the percentage and number of children living in low-income working families over the past 10 years, though 2020 and 2021 may show an increase due to the economic upheaval from COVID.

Number and Percentage of Children in Households with an Income At or Below 200% FPL and Working Full-Time, Indiana: 2010–2019

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 – 2019 American Community Survey
Poverty

Children who experience poverty, especially during early life or for an extended period of time, are at risk for adverse health and developmental outcomes. Poverty is most harmful when it is persistent or experienced in early childhood.\textsuperscript{99} Low-income children and youth are susceptible to a variety of obstacles at school and home that limit their chances for educational success and contribute to negative health outcomes (e.g., infant mortality, low birthweight, chronic illness, malnutrition, and environmental exposure).\textsuperscript{96} Students living in poverty face serious challenges at home and in their communities that often interfere with their development:

- Instability and distress: Instability, abuse, food and housing insecurity, language difficulties, addiction, domestic violence, and neglect occur with more frequency in low-income homes, and all have negative effects on a child’s cognitive, behavioral, and emotional development.

- Poor nutrition and health: Poor diet, less access to healthcare, and little exercise can affect a child’s behavior at school. Additionally, these factors influence cognition and reasoning.

- Brain development and cognition: Children who experience poverty are disproportionately exposed to risks that may impair brain development and affect cognitive, social and emotional functioning. These risks include environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma, and abuse.\textsuperscript{101}

In 2020, 261,939 Hoosier children under the age of 18 lived in poverty, which is a poverty rate of 17.2%. This was an increase from 2019’s poverty rate of 15.2% (230,725 Hoosier children lived in poverty in 2019). The increase of 2 percentage points and about 30,000 more children in poverty was most likely the result of the economic downturn from the COVID-19 pandemic. The national poverty rate for children under age 18 also increased from 2019 (16.8%) to 2020 (17.2%).

- Children under age 5 had the highest rate of poverty when comparing age groups (around 81,000 children), 19.9% of all children under 5 were living in poverty. Children under 5 comprised 30.9% of all children in poverty in Indiana.

- In 2020, 17.2% of Hoosier children under age 5 lived in poverty (about 69,000 children) compared to 16.9% of children under age 5 in poverty in 2019. About 2,000 additional children under 5 were in poverty in 2020 when compared to 2019.

- Compared to all youth ages 5 to 17 in Indiana, the poverty rate was 16.2% in 2020 (about 180,000 children), which was 2.3 percentage points less than 2019 (13.9% poverty rate) and 25,000 children (155,000 children).

- About 77,000 children under 18 with two parents lived in poverty, which was about 29.4% of all children living in poverty.

- Most of the children living in a poor family had a single parent – 9.2% had a single father and 63.1% had a single mother.\textsuperscript{102}

\begin{center}
\textbf{Poverty Status for Children and Older Youth by Age Group, Indiana: 2020}
\end{center}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{poverty_status_graph.png}
\caption{Poverty Status for Children and Older Youth by Age Group, Indiana: 2020}
\label{fig:poverty_status}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{poverty_status_graph.png}
\caption{Poverty Status for Children and Older Youth by Age Group, Indiana: 2020}
\label{fig:poverty_status}
\end{figure}

Source: U.S. Census Bureau, ACS Table B17006
Note: FPL is an acronym for Federal Poverty Level.
Data in Action

We use data to make sure that we are up to date in formulating strategies to reach out youth, as well as implementing those strategies in effective ways. We also use the data to ensure that we are focusing on particularly hard to reach, highly impacted (whether that be by Covid, or other factors) populations of children and other individuals.

We use your data in a variety of ways that are often hard to pinpoint. The data, as well as youth worker cafes, enrich our lives as professionals and allow us to work more efficiently in regard to our youth.

– White County United Way
As will be discussed throughout this section, disproportionality in data refers to a group’s representation in a particular category that exceeds expectations for that group or differs substantially from the representation of others in that category. When disaggregating the poverty rate of children under 18 years by poverty, disproportionality in Indiana’s data emerged, in which certain minorities (in particular, American Indian, Black, and Hispanic/Latino) are either underrepresented in favorable economic outcomes (e.g., income and homeownership) and/or overrepresented in adverse economic outcomes (e.g., poverty rates). The disproportionality in Indiana’s economic data, specifically for those minorities who have been historically marginalized and oppressed, is both a cause and a consequence of factors in the economy and society. In the accompanying charts, we examine disproportionality in Indiana’s child poverty data along racial/ethnic lines in two ways:

- The chart depicting the percentage of children in poverty by racial and ethnic subgroups was calculated by comparing the total number of children of a racial/ethnic subgroup in poverty (e.g., Hispanic/Latino children in poverty) to the total number of children in poverty. These data illustrate the percentage of children in poverty by their race/ethnicity in comparison to their population representation. For example, 17.4% of children in poverty were Hispanic/Latino in 2020.
  - 11.2% of the child population was Black in Indiana; therefore, statistically, Black children should comprise 11.2% of the children living in poverty in 2020. Instead, there was a higher percentage of Black children in poverty – 25.8% – than their representation in the total population.
  - Hispanic/Latino children and those of Two or more races had a similar disproportionality in terms of poverty compared to their total representation. Hispanic/Latino children comprise 11.3% of the child population but 17.4% of child poverty. Similarly, children of Two or more races made up 6.7% of Indiana’s child population but 8.9% of poverty.
  - White children also had a disproportionate representation in the poverty data. Because White children comprised 70.2% of the child population, they should, statistically, comprise 70.2% of child poverty. Rather, their comprised of child poverty at 50.9% was nearly 20 percentage points lower than the population representation.

- The chart comparing the percentage of children in poverty within race/ethnicity to the overall racial/ethnic child population was calculated by comparing the total number of children of a racial/ethnic subgroup in poverty (e.g., Hispanic/Latino children in poverty) to the total number of children in that racial/ethnic subgroup (e.g., total number of Hispanic/Latino children). These data clarify the percentage of children within a racial/ethnic subgroup that experience poverty. For example, 26.3% of Hispanic/Latino children lived in poverty in Indiana.
  - Nearly 4 out of every 10 Black children in Indiana lived in poverty in 2020, which was more than double the state’s poverty rate of 17.2%.
  - About 1 out of every 4 Hispanic/Latino children lived in poverty.
  - Around 1 out of every 5 American Indian children or children of Two or more races lived in poverty in Indiana.

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### Percentage of Children Ages 0 to 17 in Poverty by Race/Ethnicity, Indiana: 2020

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% in Poverty</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>25.8%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>26.3%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Black</td>
<td>17.4%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11.3%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>8.9%</td>
<td>50.9%</td>
</tr>
<tr>
<td>White</td>
<td>70.2%</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, ACS Tables B17001A-I
In 2020, 22.6% of older youth lived in poverty, which was a higher rate than children ages 0 to 17. One potential reason poverty levels increase for older youth is because of the transition to adulthood and losing access to parental income and social safety nets (e.g., free or reduced-price meals of the Children’s Health Insurance Program (CHIP)).

- 10.2% of Hoosier males ages 18 to 24 lived below the poverty level in 2020 (about 58,000 individuals).
- Comparatively, more females ages 18 to 24 lived in poverty than their male peers in 2020. 12.5% of females in this age group lived below the poverty level, which was around 71,700 individuals.\(^{104}\)
- Though some subgroups of older youth had greater representation in poverty data than their population representation, this age group did not have the large swings in disproportionality as children ages 0 to 17.
  - Three subgroups of older youth had disproportionate poverty data when comparing their poverty representation with their population representation – Asian youth (6.4% of poverty, 3.9% of the population), Black youth (13.8% of poverty, 10.5% of the population), and youth of Two or more races (4.9% of poverty, 4.7% of the population).
  - Additionally, the racial/ethnic subgroups that were overrepresented in child poverty (Black, Hispanic/Latino, and Two or more races) had significant decreases in older youth poverty. For example, the representation of Black children in poverty was nearly halved for older youth (25.8% and 13.8%, respectively).
  - The poverty rate for Asian and White children were the only two subgroups to increase their poverty rates for older youth. Causation could not be determined based on the data set alone.

When examining disproportionality within subgroups, disproportionality again emerges. When comparing the rates within subgroups for children 0 to 17 and for older youth 18 to 24, significant dissimilarities appear between the two age groups.

- Asian older youth in Indiana experienced the sharpest increase in poverty rates between the two age groups. 17.1% of Asian children ages 0 to 17 lived in poverty, but this more than doubles for Asian older youth to 44.9%.
- Native Hawaiian/Pacific Islander, Two or more races, American Indian, and White older youth also saw an increase in poverty between the age groups, though not as sharp as the Asian subgroup.
- The Black and Hispanic/Latino subgroups saw a decrease in their poverty rates between age groups. 39.5% of Black children ages 0 to 17 lived in poverty, though 29.2% of older Black youth lived in poverty – a difference of 10.3 percentage points. The percentage of older Hispanic youth in poverty decreased by 4.6 percentage points between age groups.\(^{105}\) Again, causation for these changes could not be determined from the data set.
Poverty continued...

The U.S. Census Bureau designates persistently high poverty communities in areas where at least 20% of the population has lived in poverty over approximately two to three decades. Indiana’s persistently poor communities are primarily located in or near cities, although not all cities in Indiana have persistently poor neighborhoods. In 1990, 21 of Indiana’s census tracts had been highly poor since 1970. By 2016, the number of persistently high poor communities had increased to 170. When examining high child poverty by census tracts, a similar steady increase emerges.

- In 1990, 343 census tracts around the state exhibited high child poverty, which was about 23% of all of Indiana’s census tracts.
- In 2000, this number dipped to 328 census tracts (22%).
- By 2010, the number of census tracts with high child poverty has almost doubled to 629 – 42% of all census tracts. This increase was most likely due to the economic downturn following the Great Recession in 2008.
- In 2016, 707 census tracts had high child poverty, which was nearly half of all of Indiana’s census tracts (47%). Similar to how the Great Recession altered Indiana’s economic trajectory, we may expect similar spikes in child poverty in the coming years due to the COVID-19 pandemic.
- The percentage of Hoosier children living in high-poverty areas has decreased by nearly a third – 27% fewer children lived in high poverty areas in 2019 (8%) than in 2010 (11%).
  - Indiana ranked 29th nationally for children living in high-poverty.
  - Indiana’s percentage of children living in high-poverty areas was equal to that of the Midwest (8%) and lower than the national rate (9%).
  - The racial/ethnic disaggregation of children living in high-poverty areas broke down thusly:

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian and Pacific Islander</td>
<td>7%</td>
</tr>
<tr>
<td>Black</td>
<td>29%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>17%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>12%</td>
</tr>
<tr>
<td>White</td>
<td>3%</td>
</tr>
</tbody>
</table>

- For the first time since 2011, the number of children living in extreme poverty (below 50% of the Federal Poverty Level) significantly increased. Almost 14,000 more children lived in extreme poverty between 2019 and 2020. The increase was most likely due to the economic downturn caused by COVID.
Promising Practice:

- The WorkAdvance Model offers low-income individuals education and employment-related skills and experience in high-demand sectors to help them advance in the labor market. It also provides training and coaching for participants tied to specific career paths and proactive reemployment services when a participant loses a job.\(^{10}\) Many of the WorkAdvance elements are present in Indiana’s existing workforce development programs—Workforce Ready Grants and Employer Training Grants, in particular. The State can add elements from the WorkAdvance Model related to coaching and job placement services to proactively connect those in these programs with employment opportunities. Using existing state funds and structure (e.g., local Workforce Development Boards) coupled with federal funds or a Social Impact Bond would allow the State to augment its current workforce development programs to provide more directed support for low-income parents.

Factors of Wealth

Wealth is comprised of multiple assets and is cyclical and multigenerational. It illustrates which families have protection against economic shocks and can transfer security and social status for future generations. It captures community context and families’ income, assets, property, and savings. The transfer of resources between generations contributes to a child’s family’s wealth and helps build their assets throughout their lifetimes.\(^{11}\) While income is a beneficial metric to understanding financial and economic stability, it is a static measure and near-term measure that does not signal long-term financial stability and worth.

- Family wealth and savings often help fund a child’s postsecondary education, which then boosts that child’s future earning potential and economic opportunities. Youth who come from families whose net worth is in the top 20% of Americans are nearly six times more likely to graduate from college than youth whose families are in the bottom 20%.\(^{12}\) Wealthier families can be more selective and have access to well-resourced schools, which can improve youth’s college graduation rates and future earning potential.

- Accumulation of assets correlates a child’s likelihood of graduating college. For example, when the value of a house spikes by at least $50,000 in the years prior to a youth attending college, the likelihood of that child graduating college increases by three to four percentage points.\(^{13}\)

- Family wealth allows young adults who have recently entered the labor force to access housing in safe neighborhoods with good schools, thereby enhancing the prospects of their own children. Wealth affords young adults with opportunities to be entrepreneurs and inventors and to take risks with a safety net from family wealth.\(^{14}\) Youth who live in families with less wealth have limited financial security, which can create stress and upheaval in their lives.\(^{15}\)

- Parents’ wealth shapes their children’s educational, economic, and social opportunities, which in turn shape their children’s health throughout life. Both poor health and economic disadvantages can compound over a person’s lifetime and across generations. Challenges young children face today—and into adulthood—can reflect their parents’ lack of opportunities. Greater wealth is also linked with better health. Wealth and income provide material benefits, such as healthier living conditions and access to health care, as well as protect people from chronic stress.\(^{16}\)
Factors of Wealth continued...

Examinations of economic inequalities among various groups of people tend to focus on the income gap, which is the difference in earnings. Throughout American history, local, state, and federal policies regarding access to housing, credit scores, and government loans created long-term and invisible effects on family wealth, as people of color were not able to buy homes and develop the equity that would pass wealth to their children and grandchildren. People living in poor neighborhoods had trouble obtaining mortgages for homes, regardless of their individual creditworthiness, due to the Federal Housing Administration’s redlining policies.117

- In 2016, nationally, the typical White family had about 10 times the wealth of the typical Black family and 7 times the wealth of the typical Hispanic/Latino family.118

- In 2019, the typical Black family in America had about $23,000 of wealth, an increase of 32% ($17,000) in 2016. While this represents an increase of 32% from 2016 ($17,000), it was still an average of just 12 cents per dollar of the typical White family, which had about $184,000 of wealth in 2019.
  - Black families owned 3% of total household wealth, despite making up 15% of households. White families, on the other hand, owned 85% of total household wealth but made up 66% of households.

- The typical Hispanic/Latino family had $38,000 of wealth in 2019, an increase of 60% (from $24,000) in 2016. That was an average 21 cents per dollar of White median wealth.
  - Similar to Black families, Hispanics/Latinos in 2019 owned 4% of total household wealth while making up 13% of households.

- Overall, 82% of Black families had less wealth than the typical White family in 2019. 76% of Hispanic/Latino families had less wealth than White families.119

![Median Wealth Gap by Race/Ethnicity, U.S.: 1989 – 2016](image)

Although Black and Hispanic/Latino families saw their wealth grow in the latter part of the 20th Century and the early 2000s, the Great Recession reversed this trend. From 2008 to 2010, families of diverse racial and ethnic backgrounds lost 30% of their net wealth. After 2010, as White families’ wealth stabilized, Black and Hispanic families continued seeing their wealth drop by 20%.120

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**Source:** Federal Reserve Bank of St. Louis
Promising Practice:

- Texas reformed its state education funding model in 2019 to allocate additional funding based on multiple indicators of poverty and tiered the approach based on the density of poverty. Via HB 3, the Texas legislative updated the state’s definition of poverty to include the factors of wealth listed above. Additionally, this bill updated how funding was allocated to looking at the concentration of poverty and wealth by census tract. With the passage of the new law, Texas’ allocations of additional funding for high-poverty schools switched from a flat-rate to a scaled system, depending on socioeconomic tier of the students. More information is available here and the full legislative text is available here.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
</tr>
</thead>
<tbody>
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<td>0.225</td>
<td>0.2375</td>
<td>0.25</td>
<td>0.2625</td>
<td>0.275</td>
</tr>
</tbody>
</table>

Source: Texas Education Agency

Savings and Debt

Savings can be a source of financial stability and can help families afford basic needs or cover unexpected life events, such as illness or job loss. Families can transfer their wealth to their children through inheritances, gifts, or other family supports, which in return could help that child purchase a home or finance postsecondary education.

- Savings can have a buffering role for child development during times of economic turmoil. Two families experiencing income volatility may have different outcomes if one has savings or assets that can be leveraged to supplement their economic resources.

- Research has found that if families could save a little more than $1,000 per year for five years, income disparities in achievement would reduce by 40% and almost entirely close the socioeconomic status-behavioral gap.

- The tax code also favors home ownership and certain types of retirement savings, which further compounds the wealth gap. There is the direct gap of not having a home or savings and then further losing out in a secondary way through not being able to access tax benefits.

- Disaggregation of assets by race/ethnicity shows that though access to liquid assets (assets that can be converted to cash quickly if needed to meet financial obligations) is available for all subgroups, the amount varies. Additionally, financial equity (subtraction of liabilities from the value of the assets) is more readily available for White Americans when compared to their peers of other races/ethnicities.
Savings and Debt continued...

Savings and Assets by Race/Ethnicity, U.S.: 2019

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>Other</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Liquid Assets (Percent)</td>
<td>98.8</td>
<td>95.5</td>
<td>98.8</td>
<td>98.8</td>
</tr>
<tr>
<td>Conditional Mean Liquid Assets (Thousands of 2019 dollars)</td>
<td>1.5</td>
<td>2.0</td>
<td>5.0</td>
<td>8.1</td>
</tr>
<tr>
<td>Has Direct or Indirect Equity (Percent)</td>
<td>33.5</td>
<td>24.2</td>
<td>53.8</td>
<td>60.8</td>
</tr>
<tr>
<td>Conditional Median of Equities (Thousands of 2019 dollars)</td>
<td>14.4</td>
<td>14.9</td>
<td>28.8</td>
<td>50.6</td>
</tr>
</tbody>
</table>

Source: Board of Governors of the Federal Reserve System
Note: “Other” was denoted by the source.

- Savings can transfer within families via inheritances. Nearly 30% of White families have received inheritance, 20 percentage points difference from Black families and 23 percentage points from Hispanic families. White families are substantially more likely to receive inheritances and other forms of wealth and family support than Black and Hispanic families.\textsuperscript{24}

Debt is critical to determining a family’s net worth, which is assets minus debts. For some families, debt is a positive, as it can increase one’s potential net worth or may have future value. When debt moves from being a positive contribution to household financial well-being to a negative drag on well-being, debt shifts to being a threat to growth. American households, in particular, have become dependent on debt to maintain their standard of living in the face of stagnant wages.\textsuperscript{125}

- As of March 2021, the average debt for Hoosier adults ages 18 to 34 was $45,086, which is nearly identical to the national average debt for this age group ($45,302). Note: age group disaggregation was determined by the source.

- 81.1% of Hoosier adults in this age range had some form of debt; and 17.4% were severely delinquent.\textsuperscript{126}

There are several sources for debt – automobiles, credit cards, mortgages, and student loans. Student loans can be a source of good and bad debt.

- 59.2% of Hoosiers ages 18 to 34 have credit card debt, which is lower than the national rate (69.2%).
  - The average amount of credit card debt for Hoosiers in this age group is about $2,400, which is at least half as much as Hoosiers 35 years and older.
  - 11.4% of Hoosiers ages 18 to 34 are severely delinquent, and 30% use more than 75% of their credit limit.
  - 47% of Hoosiers in this age range have either limited credit history or poor/fair credit. This is higher than the national average of 44.3%.

- 49.2% of Hoosiers ages 18 to 34 have auto debt with an average balance of about $12,000. Nationally, 44.2% of individuals ages 18 to 34 have auto debt with an average balance of around $13,000.

- 25.5% of Hoosiers ages 18 to 34 have debt in collections, which is slightly higher than the national average of 23.2%.\textsuperscript{27}

On average, an associate degree or a bachelor’s degree pays off in the job market, so borrowing to earn a degree often makes economic sense. Over the course of a career, the typical worker with a bachelor’s degree earns nearly $1 million more than an otherwise similar worker with only a high school diploma if both work full-time, year-round from age 25. A similar worker with an associate degree earns more than $360,000 more than a high school graduate. Additionally, individuals with college degrees experience lower unemployment rates and increased odds of moving up the economic ladder.
The payoff lesser, or sometimes nonexistent, for students who borrow and do not earn a degree or those who pay a lot for a certificate or degree that employers do not value, a problem that has been particularly acute among for-profit schools. Indeed, the variation in outcomes across colleges and across individual academic programs within a college can be enormous.\(^128\)

- Most undergraduates finish college with little or modest debt: About 30% graduate with no debt and about 25% with less than $20,000. Only 6% of borrowers owe more than $100,000.\(^129\)
- In 2020, 59% of college graduates had debt when they completed college. The average debt amount statewide upon graduation was $23,584.
  - In Indiana, the majority of postsecondary financial aid recipients are White students (68%), followed by Black students (14%); students identified as “Other” (includes students with an undeclared race/ethnicity; Native American/Alaskan Native; Two or More Races; and Native Hawaiian race/ethnic groups) receive 9%; Hispanic/Latino students (7%); and Asian students (2%).\(^130\)

**Predicted Wealth by Educational Level and Race/Ethnicity, U.S.: 2017**

<table>
<thead>
<tr>
<th>Educational Level/Postsecondary</th>
<th>Asian/Other</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>No High School Diploma</td>
<td>$59</td>
<td>$42</td>
<td>$51</td>
<td>$54</td>
</tr>
<tr>
<td>High School Diploma/GED Diploma</td>
<td>$72</td>
<td>$59</td>
<td>$68</td>
<td>$73</td>
</tr>
<tr>
<td>Two- or Four-Year College Degree</td>
<td>$110</td>
<td>$79</td>
<td>$81</td>
<td>$100</td>
</tr>
<tr>
<td>Postgraduate Degree</td>
<td>$151</td>
<td>$85</td>
<td>$111</td>
<td>$141</td>
</tr>
</tbody>
</table>

Source: Federal Reserve Bank of St. Louis
Note: Figures are in the thousands.

---

**Number of Total Student Loan Borrowers, Indiana: 2016–2020**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Borrowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1,099,100</td>
</tr>
<tr>
<td>2017</td>
<td>997,900</td>
</tr>
<tr>
<td>2018</td>
<td>989,900</td>
</tr>
<tr>
<td>2019</td>
<td>956,500</td>
</tr>
<tr>
<td>2020</td>
<td>935,700</td>
</tr>
</tbody>
</table>

Source: Federal Reserve Bank of New York
Temporary Assistance for Needy Families

Economic security programs such as Social Security, food assistance, and tax credits help reduce poverty for working families. Nonprofit and government programs also provide supports for families. Eligibility for state and federal programs is most often determined using the poverty guideline or a percentage thereof. Temporary Assistance for Needy Families (TANF) is a short-term assistance program providing both cash assistance and non-cash services to help families become self-sufficient. This federal program (formerly and colloquially known as welfare) requires adult recipients to work or prepare for work.

States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program:

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

The bulk of Indiana’s TANF funding from the federal government goes primarily to services other than cash assistance. In Fiscal Year 2020, Indiana received $206 million in federal funds from the TANF block grant and added $121 million of the State’s own funds to meet the federally mandated inclusion of maintenance of effort funding. Overall spending on Basic Cash Assistance increased in 2020 – most likely due to higher need stemming from COVID-19 and the economic downturn. $16 million was allocated to cash assistance, which is about 7.8% of the total federal dollars. This is $3.3 million more towards cash assistance than in 2019. $18 million of the federal funds was unobligated. The majority of the TANF block grant funds childcare, early care and education, fatherhood and two-parent formation and maintenance programs, and program management. Of the $121 million state maintenance of effort funding, 13.8% went toward services for children and youth, 20.1% went to refundable EITCs, and 47.3% went to “other.”

Total Federal and State TANF Spending by Activity, Indiana: 2020

In 2020, 6,657 unique families received TANF cash assistance in Indiana. This increased by about 1,400 families from 2019, most likely due to the economic impact of the COVID-19 pandemic. Overall, approximately 15,890 unique individuals received TANF assistance in 2020.

- The majority of Hoosiers who benefit from TANF cash assistance are children. 12,913 children received TANF cash assistance, which is about 81.3% of all TANF recipients; 2,977 (18.7%) TANF recipients were adults.
  - 298 TANF families were two-parent households; 3,013 TANF families were single-parent households.
2020 was the first year since 2003 that the number of TANF recipients increased. Overall, the number of families receiving TANF cash assistance has declined dramatically by 78.4% since 2011, which has not coincided with the economic fluctuations of the Hoosier families. For example, the number of SNAP recipients increased post-Great Recession as a reaction to economic disruption. Though there is SNAP, a wider pool of potential SNAP recipients due to the requirements (the income threshold is 130% of the Federal Poverty Level and it is open to individuals and families), there should be greater correlation between the data, especially in the years following the Great Recession. One potential reason why the number of TANF recipients has steadily declined over the past 17 years, even as other economic indicators have ebbed and flowed, is due to the eligibility requirements. Indiana’s eligibility for TANF is not based on the percentage of Federal Poverty Level. The eligibility for this particular program is a statutorily defined dollar amount under Indiana Code 12-14-2-5. This is unique to Indiana’s administration of TANF, as most other income-based programs are defined by the Federal Poverty Level, which is set at the federal level to correspond with inflation. Because TANF eligibility is determined by a fixed dollar amount rather than a percentage of the Federal Poverty Level, the decrease in recipients may be due to incompatibility between the set eligibility income amount and inflation.

In 2018-2019, for every 100 families living in poverty in Indiana, only 5 received TANF; the previous year’s ratio was 6 out of every 100 families. The national average in 2018-2019 was 23 per 100 families.

TANF Eligibility by Family Size and Income, Indiana: 1988–2022

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Net Income Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$139.50</td>
</tr>
<tr>
<td>2</td>
<td>$229.50</td>
</tr>
<tr>
<td>3</td>
<td>$288.00</td>
</tr>
<tr>
<td>4</td>
<td>$345.50</td>
</tr>
<tr>
<td>5</td>
<td>$405.00</td>
</tr>
<tr>
<td>6</td>
<td>$463.50</td>
</tr>
<tr>
<td>7</td>
<td>$522.00</td>
</tr>
<tr>
<td>8</td>
<td>$580.50</td>
</tr>
<tr>
<td>9</td>
<td>$639.00</td>
</tr>
<tr>
<td>10</td>
<td>$697.50</td>
</tr>
</tbody>
</table>

Each additional member $58.50

Source: Family and Social Services Administration

---

Child and Total TANF Recipients, Indiana: January – December 2020

TANF Families and SNAP Recipients, Indiana: 2003–2020

Source: STATS Indiana
Leveraging the Data: Statewide

- **Replace income eligibility guideline with Federal Poverty Level:** The income eligibility for TANF was set in statute in 1988. These thresholds have not kept up with inflation over the past 30 years, thus narrowing the number of children who can access TANF cash assistance and other supports. As the data above illustrate, the need for this type of support has grown since the early 2000s, but the static eligibility requirements have not. Of the children living in high poverty, only 5% receive TANF support due to the State’s income eligibility thresholds. One way to correct this problem is to adopt eligibility guidelines similar to other federal and state programs by using the Federal Poverty Level, for those children in high poverty to access necessary supports and allowing Indiana’s TANF allocation to keep up with inflation.

- **Increase data transparency:** The Family and Social Services Agency can include disaggregated data in their monthly reports for TANF to provide information on TANF recipients by race/ethnicity, gender, age, and county (unless the data must be suppressed for privacy reasons). This additional data will help identify overlaps or gaps in programs and services based on different locales or demographics, as well as structural barriers that need to be addressed to ensure all Hoosier children and youth find success.

**Social Security**

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

- In 2019, 21,720 Indiana children under 18 received SSI, with an average monthly payment of $663.86.
- In 2019, 95,180 Indiana children received benefits through OASDI. Of these, 13,427 have a parent who is retired; 34,560 have a parent who is disabled; and 47,193 have a parent who is deceased.

**Homeownership**

Homeownership can serve as a primary vehicle for building wealth, long-term residential stability, and intergeneration economic mobility. Moderate or high housing-cost burdens can result in families having trouble meeting needs and reducing spending on children needs and enrichment activities.

- Of the total housing units available, Hoosiers own around 1.8 million, which is a homeownership rate of around 70% in 2020.
- The percent of homeownership when comparing homes owned by race and ethnicity (e.g., Black-owned homes) to the total housing units occupied by that particular subgroup (e.g., total Black housing units) also has disparities between White Hoosiers and their peers.
  - American Indian homeownership: 58.9%
  - Asian homeownership: 53.1%
  - Black homeownership: 37.2%
  - Hispanic/Latino homeownership: 55.1%
  - Native Hawaiian or Pacific Islander homeownership: 35.9%
  - Two or more races homeownership: 53.0%
  - White homeownership: 71.6%
- As homeownership by racial/ethnic minorities lags White Americans, those who do own homes still are unable to accumulate as much equity and wealth from their property due to devaluation. Nationally, homes of similar quality in neighborhoods with similar amenities are worth 23% less in majority-Black neighborhoods ($48,000 per home on average, amounting to $156 billion in cumulative losses for Black Americans), compared to neighborhoods with very few or no Black residents. When examining the devaluation of homes in majority-Black neighborhoods in other Indiana cities in 2018, similar trends to those in Indianapolis emerge.
When comparing not majority-Black neighborhoods with majority-Black in Evansville, median home prices decreased by over $100,000. In neighborhoods with a population of less than 1% Black residents, the median price of homes was $179,464 in 2018. The median price of homes in neighborhoods with a population of 1-5% Black residents decreased to $153,089. For majority-Black neighborhoods with 50% or more of Black residents, the median price for homes was $72,293. The average devaluation was −2.2% for Black owned homes.

In Fort Wayne, the median price of homes in neighborhoods with a population of 1-5% Black residents was $158,803. In Fort Wayne neighborhoods with a population of 20-50% Black residents, the price decreased to $107,683. For homes in majority-Black neighborhoods with Black residents 50% and above, the price drops to $74,914.

The median home value in majority-Black neighborhoods in the greater Indianapolis area was $94,505. Absent the average devaluation of homes, which was −17.6%, the estimate median listing price would be $112,705.

In Muncie, the devaluation of homes in majority-Black neighborhoods was not as steep as Fort Wayne and Evansville but is still present. The median price of homes with a population of 1-5% Black residents was $72,339. For Muncie’s majority-Black neighborhoods, the median price was $58,735.

The South Bend-Mishawaka area had the highest devaluation average among Indiana cities at −25.1%. In a neighborhood with less than 1% of its population as Black, the median home price was $244,668. In neighborhoods comprised of 20-50% Black residents, the price deceased to $52,678.

Source: Brookings Institution
Note: Some data points were unavailable from the source.

**Housing Stability and Security**

Housing stability and quality play a critical role in children’s long-term development and in health, economic stability, education, and other social outcomes. The location and conditions of a home also affect health outcomes due to the presence or absence of toxins, asthma triggers, and other hazards. Moderate or high housing-cost burdens can result in difficulty meeting needs and reduced spending on essentials (such as food and medical needs) and enrichment activities. Housing burdens can lead to parental stress, which also negatively impacts children. Home ownership can serve as a vehicle for building wealth, long-term residential stability, and intergenerational economic mobility. However, low rental assistance and affordability gaps in housing can limit home ownership opportunities, particularly for low-income households.
Housing Affordability

As discussed in the Family & Community section, residential segregation has impacted specific families’ access to affordable, safe housing. Residential segregation is often attributed to racially discriminatory landlords and bankers crafting ways to skirt integration in certain neighborhoods in large cities. The United States has a long history of federal, state, and local policies that generated the residential segregation found across the country today. In 1933, faced with a housing shortage, the federal government began a program explicitly designed to increase and segregate America’s housing options. The housing programs begun under the New Deal were designed to provide housing to White, middle- and lower-middle-class families. Black families and other people of color were left out of the new suburban communities and pushed instead into urban housing projects. The Federal Housing Administration furthered the housing segregation efforts by refusing to insure mortgages in and near Black neighborhoods, a policy known as “redlining.” Redlining originated during the New Deal, when the federal government color-coded maps of every metropolitan area in the country. The color codes were designed to indicate where it was safe to insure mortgages, and Black neighborhoods were colored red to indicate to appraisers that these areas were too risky to insure mortgages. Redlined neighborhoods also included immigrants from Asia and southern Europe, Jews, and Irish, but a majority of occupants were Black.148

As denoted in the section on economic and racial segregation in the Family & Community section, housing is directly tied to one’s overall wealth and quality of life. The lack of affordable housing outside of the formerly redlined neighborhoods helped racial segregation persist to the present.149 Today, formerly redlined neighborhoods tend to be home to large minority populations and display the most persistent economic inequality.150

For an interactive map of how redlining data impacts current outcomes, please check out this resource from the University of Richmond.

The COVID-19 pandemic created the greatest economic turmoil since the Great Recession in 2008. Employment and household income careened throughout the pandemic, making it difficult for families to pay rent or mortgage. Hoosier households with children most economically impacted by the pandemic but not adequately served by relief efforts have seen a heightened risk of eviction and housing instability.

- During 2020, 36% of Indiana households with children experienced housing insecurity.
  - Compared to neighboring states, Indiana had the second-highest percentage of households with children facing housing insecurity: Michigan (18%), Ohio and Kentucky (20%), Indiana (21%), and Illinois (22%).
  - In 2020, 46% of Black families with children in Indiana reported facing potential eviction or foreclosure because they were not caught up on their rent or mortgage. 50% of these families reported facing eviction.
  - 36% of White families with children reported facing either eviction or foreclosure. 47% reported facing eviction, and 21% reported foreclosure.
- As of January 2022, about 16% of Indiana households with children reported feeling little or no confidence in their abilities to pay their next rent or mortgage payment on time.
- 10% of Indiana’s older youth ages 18 to 24 reported little or no confidence in their ability to pay their next rent or mortgage as of September 2021.151

![Percentage of Households with Children Who Have Little or No Confidence in Their Ability to Pay Their Next Rent or Mortgage on Time by Race/Ethnicity, Indiana: September 2021](chart)

Source: U.S. Household Pulse Survey
Note: Data for additional subgroups were suppressed.
High Housing Burden
Families who spend more than 30% of their income on housing costs each month are considered to have a high housing burden. Families facing high housing burdens may not have enough income to cover other basic needs, such as food, medical care, and other costs related to raising a child.\textsuperscript{152}

- In 2019, about 331,000 Hoosier children lived in a family with a high housing burden – 21% of the child population. This has decreased from 2010 when 513,000 children lived in a family with a high housing burden (32%).
  - Indiana’s percentage of children living in households with a high housing cost burden was lower than the national (30%) and Midwest (23%) rates in 2019.
  - Indiana ranks best for the percentage of Children in Households that Spend More than 30\% of their Income on Housing (6\textsuperscript{th}) compared to our neighboring states: Ohio and Kentucky (13\textsuperscript{th}), Michigan (17\textsuperscript{th}), and Illinois (30\textsuperscript{th}).\textsuperscript{153}

- 33% of Indiana families with children pay more than half of their income on housing.\textsuperscript{154}

- In the inverse of homeownership, families of color experienced a higher housing burden than White families in 2019. Hoosier families of color had percentages above the state’s average, whereas White families were the only subgroup with a percentage below the state’s rate.\textsuperscript{155} High housing burdens disproportionately impacted Hoosier children of color:
  - 77,000 Black children (44%) – this was the only subgroup that had an increase (of about 3,000 children) between 2018 to 2019;
  - 52,000 Hispanic children (29%) – this subgroup had a decrease of about 3,000 children;
  - 23,000 children of Two or more races (26%) – this subgroup had a decrease of about 7,000 children; and
  - 175,000 White children (16%) – this subgroup had a decrease of about 9,000 children.\textsuperscript{156}

Housing Assistance
Families can receive federal housing assistance through Indiana’s Department of Housing and Urban Development (HUD). The Section 8 Housing Choice Voucher Program (HCV) provides low-income families with vouchers to help pay for housing in the private market. Families must contribute at least 30% of their monthly income towards rent and utility costs.\textsuperscript{157} Federal housing assistance helps provide low-income families the ability to move to neighborhoods of their choice. Families that receive federal housing assistance show improvements in mental health and housing stability.\textsuperscript{158}

- 171,900 people in 93,000 Indiana households used federal rental assistance to afford housing in 2018.
- 62% of households had children, which helped about 107,200 adults and children.
- 136,500 people were in Indiana’s urban areas and suburbs and 35,300 in rural areas and small towns.\textsuperscript{159}

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 also evict renters if tenants cause disturbances, break the law, or damage property. In “no fault” evictions, tenants can be forced to move even if they have not missed a rent payment or violated a lease agreement.

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

- In 2020, there was a total of 40,915 evictions in Indiana. In 2021, the number of evictions increased to 52,701.
- While the number of filings is concentrated in Indiana’s urban areas, the filing rate against renters is pronounced in both urban and rural counties.
- Throughout 2020 and 2021, Indiana’s rural counties have seen eviction filings spike relative to their average. Jefferson County, for example, has seen a 986% increase in evictions relative to its average.\textsuperscript{160}
### Evictions by County, Indiana: February 2022

<table>
<thead>
<tr>
<th>County</th>
<th>Filing Rate</th>
<th>Increase Relative to Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>1.08%</td>
<td>Jefferson 1300%</td>
</tr>
<tr>
<td>Elkhart</td>
<td>0.91%</td>
<td>Noble 955%</td>
</tr>
<tr>
<td>Greene</td>
<td>0.73%</td>
<td>Randolph 633%</td>
</tr>
<tr>
<td>Boone</td>
<td>0.74%</td>
<td>Warrick 423%</td>
</tr>
<tr>
<td>Grant</td>
<td>0.72%</td>
<td>LaGrange 367%</td>
</tr>
</tbody>
</table>

Source: Eviction Lab

- To see the number of filings and filing rates for all counties, please click [here](#).
- Additional data on Indianapolis and South Bend are also provided.

### Number of Eviction Filings by Week, Indiana: April 2020 – February 2022

**Source:** Eviction Lab

### Residential Mobility

Multiple residential moves are associated with adverse mental health, education, and behavioral outcomes in children. Children who have multiple moves experience diminished physical and mental health in adulthood. Compared to children in stable housing, children in households with multiple moves face increased odds of household hardships, including child food insecurity.161

- 13.7% of children ages 1 to 17 moved sometime between 2018 and 2019.162
- Of those children who moved the past year, 123,728 children (60.5%) moved within one county; 46,547 children (22.7%) moved from a different county within Indiana; 28,917 children (13.9%) moved from a different state to Indiana; and 5,871 children (2.9%) moved to Indiana from abroad.163

### Homelessness

Homelessness creates intense challenges and barriers for children and youth and hinders their ability to find academic, social, and financial success. Children can exhibit various academic or social difficulties that result from the trauma of homelessness, mobility, and the lack of structural consistency and security.164 Children who experience homelessness are at an elevated risk of frequent hunger, chronic and acute illnesses, traumatic stress, criminal victimization, and sex trafficking and exploitation. Homelessness can dramatically decrease a young adult’s chances of graduating high school, enrolling in, and completing postsecondary education, finding stable employment, and earning family-sustaining wages.165
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.166

- 14,182 students were denoted as homeless by the Indiana Department of Education in 2020-2021. These data are incongruent with recent increases in evictions across Indiana. Determining the cause for the disconnect between eviction and homeless data is difficult due to unknown context between the data sets. Students may be in living situations they do not consider to be homelessness (e.g., living with a relative or couch surfing) and, therefore, are going unreported.
  
  o When examining the enrollment of homeless students across the state, Indiana’s urban counties tended to have the highest number. When examining which counties experienced an increase in homeless students from during the pandemic (2019-2020 to 2020-2021), however, many rural counties experienced the greatest increase.167

- In 2019-2020, the Indiana Department of Education had 15,946 students denoted as homeless under the McKinney-Vento Act. McKinney-Vento is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. It also has a broader definition of homelessness than that of programs administered by the U.S. Department of Housing and Urban Development. The differences in the definitions can lead to conflicting data points.

- In the 2018-2019 academic year, which was the most recently reported data from the U.S. Department of Education, 18,252 students experiencing homelessness were enrolled in Indiana schools.
  
  o 1,110 homeless students were unaccompanied;
  o 2,268 were sleeping in shelters; 257 were unsheltered;
  o 1,573 students were living in hotels/motels; and
  o 14,154 were living doubled up with a friend or family member.168

![Number of Homeless Students, Indiana: 2017-2021](image)

**Top 10 Counties by Homeless Student Enrollment and Percentage, Indiana: 2020-2021**

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Homeless Students Enrolled</th>
<th>Percentage of Total Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>3,355</td>
<td>2.6%</td>
</tr>
<tr>
<td>Allen</td>
<td>1,110</td>
<td>2.1%</td>
</tr>
<tr>
<td>Lake</td>
<td>612</td>
<td>1.0%</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>433</td>
<td>1.2%</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>432</td>
<td>1.8%</td>
</tr>
<tr>
<td>Cass</td>
<td>377</td>
<td>5.0%</td>
</tr>
<tr>
<td>Johnson</td>
<td>376</td>
<td>1.4%</td>
</tr>
<tr>
<td>Elkhart</td>
<td>371</td>
<td>1.1%</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>343</td>
<td>1.5%</td>
</tr>
<tr>
<td>Clark</td>
<td>316</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Education*
Homelessness continued...

Top 10 Counties with Change in Homeless Student Population, Indiana: 2019–2020 to 2020–2021

<table>
<thead>
<tr>
<th>Counties with Highest Increase in Number of Homeless Students between 2019–2020 and 2020–2021</th>
<th>Counties with Highest Decrease in Number of Homeless Students between 2019–2020 and 2020–2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tippecanoe 156</td>
<td>Marion 653</td>
</tr>
<tr>
<td>Allen 81</td>
<td>Morgan 238</td>
</tr>
<tr>
<td>Jennings 73</td>
<td>Elkhart 213</td>
</tr>
<tr>
<td>Owen 63</td>
<td>Vigo 139</td>
</tr>
<tr>
<td>LaPorte 62</td>
<td>Vanderburgh 94</td>
</tr>
<tr>
<td>Miami 39</td>
<td>Clinton 77</td>
</tr>
<tr>
<td>Lawrence 37</td>
<td>Lake 75</td>
</tr>
<tr>
<td>Knox 34</td>
<td>Porter 73</td>
</tr>
<tr>
<td>Putnam 32</td>
<td>White 61</td>
</tr>
<tr>
<td>Henry 30</td>
<td>Grant 59</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Leveraging the Data: Locally

- **Enroll newly homeless families and children to the McKinney–Ventο program proactively:** If families get evicted and become homeless, it is critical that youth-serving and community-based organizations work with families and schools to enroll children into the McKinney–Ventο program. The federal McKinney–Ventο Act mandates specific rights for children experiencing homelessness, as well as provides additional funding to schools to help provide resources. Children and youth who experience homelessness face many barriers to education, yet school can be a source of stability, affirmation, and hope during a time of chaos and trauma when a young person loses their housing. The McKinney–Ventο Act mandates the following educational rights and protections for homeless children and youth:
  - Immediate school enrollment and full participation in all school activities, even when records normally required for enrollment are not available;
  - To remain in their school of origin (the school the student attended when permanently housed or the school in which the student was last enrolled), when in the child’s or youth’s best interest to do so;
  - Transportation to and from the school of origin; and
  - Removal of barriers to accessing academic and extracurricular activities.169

- **Connect homeless families with the resources and supports of local ecosystems:** Though housing is the primary solution to homelessness for low-income families, families would also benefit from connecting with other supports designed to strengthen and improve their lives, such as childcare, employment assistance, early childhood services, income support, or mental health counseling. As well, given the overlap of housing insecurity and unemployment and income instability, youth-serving and community-based organizations can proactively connect families experiencing housing insecurity or homelessness with other social services, such as SNAP and TANF. Connecting families with the local Workforce Development Board can assist with career coaching and finding employment opportunities. Coordination of the entire ecosystem of resources can include community- and faith-based organizations, preschool through postsecondary education, and other social service programs, such as SNAP, TANF, and Medicaid.
Hunger and Food Insecurity

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

- Low food security: Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake.170

Food insecurity may be long-term or temporary. It may be influenced by several factors including income, employment, race/ethnicity, and disability. Unemployment can also negatively affect a household’s food security status, as it is difficult to meet basic household food needs without a steady income, and children with unemployed parents have higher rates of food insecurity than children with employed parents. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.171 Household food insecurity is related to significantly worse general health, some acute and chronic health problems, and worse healthcare access, including forgone care and heightened emergency room use, for children.172

- In 2019, 239,540 (15.3%) Hoosier children struggled with food insecurity, which means about 1 in 6 children struggled with hunger or did not know when their next meal would be.
- In 2020, Indiana’s child food insecurity percentage increased by 4.2 percentage points to 19.5% – nearly 1 in every 5 Hoosier children.
- 2021’s child food insecurity percentage was projected to decrease to 16.6%. Of which, 4.5% of children experienced very low food security.173
- In 2019, an average meal in Indiana costs $2.74. Indiana’s annual food budget shortfall is about $390 million.
- 50% of Hoosiers were at or below the income threshold for SNAP (130% of Federal Poverty Level) in 2019. 72% of children were eligible for a federal nutrition program (e.g., School Breakfast Program and National School Lunch Program) since their household income was at or below 185% of the Federal Poverty Level.174
- Estimated child food insecurity for 2021 ranges from 8.4% in Hamilton County to 24.5% in Fayette County.175

Child Food Insecurity Rate by County, Indiana: 2019 versus 2021

Source: Feeding America
### Percentage of Child Food Insecurity by County, Indiana: 2019 versus 2021

<table>
<thead>
<tr>
<th>Highest 10 Counties</th>
<th>2019</th>
<th>2021</th>
<th>Lowest 10 Counties</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fayette</td>
<td>22.1%</td>
<td>24%</td>
<td>Hamilton</td>
<td>7.2%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Orange</td>
<td>19.8%</td>
<td>23.7%</td>
<td>Boone</td>
<td>8.2%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>20.4%</td>
<td>22.9%</td>
<td>Hendricks</td>
<td>9.0%</td>
<td>10.4%</td>
</tr>
<tr>
<td>LaPorte</td>
<td>19.9%</td>
<td>22.8%</td>
<td>LaGrange</td>
<td>9.7%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Marion</td>
<td>19.4%</td>
<td>22.8%</td>
<td>Warrick</td>
<td>10.7%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Grant</td>
<td>21.4%</td>
<td>22.5%</td>
<td>Johnson</td>
<td>10.9%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Wayne</td>
<td>20.3%</td>
<td>22.3%</td>
<td>Hancock</td>
<td>10.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Lake</td>
<td>19.2%</td>
<td>22.2%</td>
<td>Posey</td>
<td>11.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Madison</td>
<td>20.1%</td>
<td>22.1%</td>
<td>Union</td>
<td>12.2%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Miami</td>
<td>20.2%</td>
<td>22.0%</td>
<td>Dubois</td>
<td>11.1%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Crawford</td>
<td>20.3%</td>
<td>21.8%</td>
<td>Wells</td>
<td>12.3%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

Source: Feeding America

The lack of access to a supermarket or grocery store coupled with a low-income census tract creates food deserts, areas where there are limited or lacking resources to access food with nutritional value. While food deserts are often associated with urban areas, many rural communities also have food deserts. Rural food deserts – places located more than 10 miles from a supermarket – often lack access to fresh produce, cluster in low-resource, low-income, ethnic minority communities, and are associated with disproportionate rates of poor health outcomes and chronic disease among residents. In food deserts, the only food sources are convenience stores, gas stations, or dollar stores, all of which have limited healthy food options. Food deserts may impact the access of Hoosiers of color more often than White youth, as minority youth tend to live in areas of concentrated poverty.

- For additional information on child nutrition and obesity, check out IYI’s Data Report: Connecting Children’s Obesity and Nutrition through the Child Nutrition Reauthorization.
- Additionally, this resource from Indiana University is an interactive map of food deserts in Indiana by census tract. It also shows the disaggregation of the population living in food deserts across the state.

In 2020, 14%, or about one in seven Hoosier households with children, reported that they were sometimes or often did not have enough food to eat via the U.S. Census Bureau’s Household Pulse Survey.

- This percentage decreased by three percentage points to 11% as of September of 2021.
- Conversely, nearly 1 in three households with children (29%) reported that their children were not eating enough because food was unaffordable in Indiana.
- When compared to neighboring states during 2020, Indiana, Michigan, and Ohio all averaged around 14% of households with children who sometimes or often did not have enough food to eat in the past two weeks, while Illinois and Kentucky had about 15% of households with children facing food insecurity. Similar to housing insecurity, as income and employment fluctuated for households with children throughout the pandemic, food insecurity became a likely outcome.
- As of August 2021, 12% of older youth 18 to 24 reported sometimes or often not having enough food to eat in the past two weeks.
While much of the disaggregated data regarding food insecurity during the pandemic were suppressed by the source, data for Black and White Hoosier families’ experiences were available. Following similar trends of disproportionately high percentages of Black families and children represented in negative economic data points, Black families trended above the state rates of food insecurity for most of 2021. For example, in September of 2021, 11% of Hoosier families with children experienced food insecurity. 17% of Black families with children and 10% of White families with children reported food insecurity during this time, further illustrating disproportionality in Indiana’s racial/ethnic data outcomes.178

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.179 Federal food assistance programs increase resources available to purchase food. The three largest federal food and nutrition assistance programs are Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and National School Lunch Program (NSLP).180 Each program has a different aim when helping low-income families obtain food:

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

In 2020, 89.5% of U.S. households were food secure. Food-insecure households had difficulty at some time during the year providing enough food for all their members because of a lack of resources. Children were food insecure at times during 2020 in 7.6% of U.S. households with children (2.9 million households), up from 6.5% in 2019. The prevalence of food insecurity increased for all households with children from 13.6% in 2019 to 14.8% in 2020 and was also higher in 2020 for married-couple families with children.181

- 67.3% of families reported being able to always afford good nutritious meals, compared to 68.5% nationwide.
  - 30.8% of families reported sometimes being able to afford good nutritious meals; and 19% reported they often could not afford to eat.182
  - 36.6% of families reported receiving some type of food or cash assistance in the past 12 months.183

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP, colloquially known as food stamps) provides financial assistance to help individuals purchase food. All households (except those with elderly or disabled members) must pass a gross income test (130% of Federal Poverty Level) to qualify for benefits. The eligibility guidelines for SNAP can be found here.184 In 2020, about 1 in 10 Hoosiers (659,096) received SNAP benefits, an increase of about 100,000 individuals from 2019 (581,821 Hoosiers).185 As of July 2021, 627,069 Hoosiers received SNAP benefits – an increase of 12.1% from July 2020.186

- 241,156 households received SNAP in 2020, which is about 9.3% of Indiana’s approximately 2.6 million households. The number of SNAP recipients increased by about 41,000 families between 2019 and 2020. Additionally, the percentage of households receiving SNAP increased by 0.8 percentage points from 2019.
  - Of those households receiving SNAP, 127,668 had children younger than 18, which was about 52.9% of the total households. About 17,000 additional families received SNAP between 2019 and 2020.
    - According to the U.S. Census Bureau, households with single mothers comprised the largest percentage of households with children receiving SNAP at 58.0% (about 74,000 households); this was an increase of 10,000 households from 2019.
    - 28.9% (about 36,000) of households with children were married couples, an increase of 6,000 households from 2019.
    - Approximately 2,000 more households with single fathers received SNAP in 2020 when compared to 2019 – about 11.2% (about 14,300).185
  - Hoosier SNAP recipients in Indiana received $819.64 million in benefits in 2019.
  - The average SNAP benefit for each household member was $129 in 2019, which is about $1.30 per person per meal.188
  - Households with children receive an average of $417 per month. Nationally, the estimated average monthly benefit for a family of 4 is $638.189
Supplemental Nutrition Assistance Program continued...

- Per the U.S. Department of Agriculture’s 2019 data (the most recent data available) for SNAP recipient characteristics, 274,000 SNAP recipients were children (49.2% of total SNAP recipients), 75,000, or about 30% of total recipients, were single parents with children.
  - 84,000 preschool-age children (15.2%) and 190,000 school-age children (34.0%) received SNAP benefits in 2019. (The USDA does not define the exact age of these children.)
  - 7,000 (1.3%) Hoosier children receiving SNAP benefits also had a disability.
  - 36,000 (1.5%) Hoosier children receiving SNAP benefits also lived with a non-citizen. 5,000 non-citizen children in Indiana received SNAP benefits.

- In 2019, when comparing across government benefits, 5,000 families receiving TANF also received SNAP, which is 1.9% of total SNAP recipients. For those families receiving both TANF and SNAP, their average earned income was $177 per month. 48,000 (19.2%) Hoosier households receiving SNAP also received public housing assistance.

- SNAP recipients had income that aligned with the following percentages of the Federal Poverty Line:

<table>
<thead>
<tr>
<th>Percentage of the Federal Poverty Line (FPL)</th>
<th>Approximate Number and Percentage of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero gross income</td>
<td>44,000 (17.6%)</td>
</tr>
<tr>
<td>1 – 50% FPL</td>
<td>47,000 (18.9%)</td>
</tr>
<tr>
<td>51 – 100% FPL</td>
<td>121,000 (48.4%)</td>
</tr>
<tr>
<td>101% or more FPL</td>
<td>38,000 (15.1%)</td>
</tr>
</tbody>
</table>

Similar to the breakdown of the number of children in poverty by race and ethnicity, disaggregating which households received SNAP in the past 12 months also illustrates disproportionality in Indiana’s low-income rates.

- The rates of Hoosier households of color receiving SNAP benefits is higher than the percentage of the total number of households of a specific race and ethnicity. Hoosiers of color – particularly American Indian, Black, and Hispanic Hoosiers and those of two or more races – are disproportionally represented in data metrics for poverty and low-income when compared to their representation in Indiana at large.
  - For example, when looking across all households in Indiana, 8.9% are Black. Disproportionality emerges when the percentage of households receiving SNAP – 22.9% – is much higher than the population representation.

Percentage of SNAP Household Recipients by Race/Ethnicity, Indiana: 2020

Source: U.S. Census Bureau, ACS Tables B22005A–I
Note: Due to the U.S. Census Bureau’s margins of error, the total surpassed 100%.
Another way to examine disproportionality in data is to compare within racial and ethnic subgroups. For example, comparing households receiving SNAP within a race/ethnicity (e.g., Hispanic/Latino households receiving SNAP) to all households within that race/ethnicity (e.g., all Hispanic/Latino households in Indiana) illustrates which subgroups are overrepresented in the outcome data. Additionally, these data can be interpreted as a representation of a subgroup population (e.g., 15.5% of American Indian households received SNAP in 2020) rather than a percentage of the outcome (2.3% of SNAP households were American Indian in 2020).

- All racial/ethnic subgroups, except Asian and White households, had a SNAP recipient rate greater than the State’s overall rate of 9.3%.
- The two racial/ethnic groups with the highest percentage of SNAP recipients were Black households (23.9%) and Native Hawaiian or Pacific Islander households (17.2%).

### Percentage of Households Receiving SNAP within Racial/Ethnic Subgroups, Indiana: 2020

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>15.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.7%</td>
</tr>
<tr>
<td>Black</td>
<td>23.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12.8%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>17.2%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>15.9%</td>
</tr>
<tr>
<td>White</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

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

Data specifically for older youth 18 to 24 receiving SNAP benefits are not publicly available. The general work requirements for all SNAP recipients include registering for work, participating in SNAP Employment and Training (E&T), taking a suitable job if offered, and not voluntarily quitting a job or reducing your work hours below 30 a week without a good reason. Able bodied adults without dependents receiving SNAP benefits (known as "ABAWDs") have additional work requirements to receive SNAP benefits for more than 3 months in 3 years:

- Work at least 80 hours a month;
- Participate in a work program at least 80 hours a month;
- Participate in a combination of work and work program hours for a total of at least 80 hours a month; or
- Participate in workfare (e.g., public service or volunteering).

Generally, students attending an institution of higher education (i.e. college, university, trade/technical school) more than half-time are not eligible for SNAP, unless they meet an exemption such as inability to work due to a physical or mental limitation, pregnancy, or having someone under 18 in the household. There were some exceptions for students working at least 20 hours a week in paid employment, participating in a work study program, receiving TANF, or caring for a child under the age of 6. The federal COVID relief bill passed in December 2020 temporarily expanded SNAP eligibility for college students. Postsecondary students can temporarily qualify for SNAP through the end of the public health crisis if they:

- Are eligible for work study (though they are not required to participate), or
- Have an Estimated Family Contribution (EFC) of $0 on FAFSA.
Leveraging the Data

Statewide:

- **Increase use of SNAP 50/50 to help young adults with supportive services in education and training programs:** To assist young adults on SNAP as they persist through education and training programs, Indiana can complement any non-federal funding (e.g., state dollars, community colleges, philanthropy, or community-based organizations) spent on Employment & Training services for SNAP recipients with a 50% reimbursement grant from the federal government. This funding is commonly referred to as “SNAP 50/50” or “50/50 funds,” since the federal government will reimburse 50% of the costs of such activities. Given the temporary new eligibility for higher education students, Indiana could implement SNAP 50/50 to assist young adults in the State’s [Workforce Ready Grant](#) program. SNAP 50/50 funds can reimburse participant expenses directly related to their education and training opportunities, including transportation, dependent care, equipment, and supplies related to training, books, uniforms, and licensing fees. Leveraging additional federal funds to cover young adult SNAP recipients’ employment and training-related expenses could help these individuals persist through these programs and secure self-sufficient wages.

Promising Practices:

Several states actively use SNAP 50/50 to receive additional federal dollars for employment and training programs. Pennsylvania, Washington, and Ohio all leverage SNAP 50/50 to obtain additional federal funding for employment and training costs for SNAP recipients. Indiana can similarly leverage existing programs to receive additional funds. Additional information on ways states can leverage SNAP 50/50 are available below:

- What is SNAP E&T? (U.S. Department of Agriculture)
- SNAP to Skills (U.S. Department of Agriculture)
- SNAP E&T Primer (Seattle Jobs Initiative)

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

Nationally:

- **Extend new program eligibility for SNAP for college students to receive benefits:** Nationally, about 7.3 million students (39% of all undergraduate students) were in households with incomes under 130% of the Federal Poverty Level, and 29% of all undergraduates were in households with low incomes and that had another risk factor for food insecurity. Food insecurity on college campuses disproportionately affects students of color and those who are low-income.
  
  - Across the U.S., 47% of Black students and 42% of Hispanic/Latino students experienced food insecurity at four-year institutions, compared to 30% of their White peers.
  
  - At two-year colleges, 55% of Native American students, 54% of Black students, and 47% of Hispanic/Latino students experienced food insecurity, compared to 37% of White students.
  
  - 55% of students receiving the Pell Grant at two-year colleges and 46% of those students at four-year colleges experienced food insecurity, compared to 35% of non-Pell eligible students at two-year colleges and 28% at four-year colleges.

In Indiana, there is a dearth of high-quality data on the prevalence of food insecurity among college students. However, Hoosier college students do experience food insecurity, as evidenced by the presence of a food pantry on or near most campuses and a campus liaison or navigator who can help students with needs that include food and housing insecurity. By making the temporary qualifications for SNAP under the COVID relief bills permanent, more college students facing food insecurity can potentially receive resources to address this challenge.
Women, Infants and Children

Women, Infants and Children (WIC) is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women, infants, and young children. Available services include nutrition and health screening, nutrition education and counseling, and breastfeeding promotion and support. The WIC Program specifically serves pregnant women, breastfeeding women (up to baby’s 1st birthday), non-breastfeeding postpartum women (up to 6 months), infants (up to their 1st birthday), and children (up to their 5th birthday). Families receiving Medicaid, SNAP, or TANF are income-eligible for the Indiana WIC Program. Hoosier women and children not receiving those benefits must meet certain income eligibility guidelines, which can be found here.

145,528 women received WIC benefits in 2020. This was an increase of about 7,000 people from 2019.

- On average during 2020, 32,777 women in Indiana participated in WIC.
  - Of that total, 10,907 pregnant women, 10,216 breastfeeding women, and 11,654 postpartum women participated.
- 35,801 infants and 76,950 children received WIC benefits in 2020.

According to the National Survey of Children’s Health, 15.3% of Hoosier families with children reported receiving WIC benefits in 2019, which is higher than the national percentage of 11.9%. When compared to neighboring states, Indiana had the second highest percentage of families with children receiving WIC benefits: Michigan (15.6%), Kentucky (13.7%), Illinois (11.8%), and Ohio (8.2%).

School Breakfast Program and National School Lunch Program

The School Breakfast Program (SBP) and the National School Lunch Program (NSLP) are federal programs that provide free and reduced-price meals to low-income children throughout the school year. USDA Summer Food Services Program provide meals to low-income children during the summer months and when children are not regularly attending schools. Nationally, utilization of the SBP and NSLP programs has increased over the past decade, though many children struggle with food insecurity during summer breaks and holidays. To qualify for free meals, a family must be at no more than 130% of the Federal Poverty Level (FPL) or 185% of the FPL for reduced-price meals. Based on family circumstances, several groups are automatically eligible for free or reduced-price meal benefits, including: TANF and SNAP recipients, SSI and Medicaid recipients at adult day care, foster children, and children enrolled in Head Start, at-risk afterschool centers, or an emergency shelter.

During the COVID-19 pandemic, the U.S. Department of Agriculture (USDA) issued waivers for children’s eligibility for the National School Lunch and School Breakfast Programs. During 2020, USDA extended child nutrition waivers to allow schools and other local program operators to leverage the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) to provide no-cost meals to all children. USDA permitted schools to serve free meals to any child who experienced school closures during the 2020-2021 school year. Essentially, this lifted the income eligibility requirements and allowed all children access to free meals. In October 2020, USDA expanded flexibilities to allow free meals to continue to be available to all children throughout the entire 2020-2021 school year. School districts in Indiana still report the free/reduced-price meal statuses for each student in flow seamlessly to Data Exchange for tracking purposes only. USDA extended this waiver for the 2021-2022 school year, allowing all school districts to provide meals free of charge to all children. Therefore, data on Hoosier children who received free or reduced-price meals are not available for the 2020-2021 school year. The information below represents data from 2019-2020 (the year with the most recent data available).

- In 2020-2021, 48.2% of Indiana students were eligible for and received free or reduced-price meals – 40.7% received free meals, and 7.5% received reduced-price meals.
- 727,813 Hoosier children participated in the National School Lunch Program, which is a little more than half of Indiana’s K-12 student population. During 2019-2020 academic year, around 120.4 million meals were served to Hoosier students through the National School Lunch Program, a decrease of about 8 million meals (6.6%) since 2015.
- 284,391 children participated in the School Breakfast Program, which is about one quarter of the student population. A little more than 47 million meals were served to Hoosier students through the School Breakfast Program, an increase of 1.8 million (3.9%) since 2015.
- Students of color disproportionately qualified for free and reduced-priced lunch.
  - Black students had the highest percentage for free lunch (67.3%); Hispanic students had the second highest rate (60.6%).
  - Native Hawaiian or Other Pacific Islander had the highest rate of reduced-price lunch (9.8%); Hispanic students had the second highest rate (9.4%).
  - White students had the highest percentage of paid meals (62.3%); Asian students had the second highest rate (52.6%).
Leveraging the Data

Locally:

- **Conduct SNAP education and offer application assistance in schools:** Many households that are eligible for SNAP do not participate because they are unaware that they are eligible, or they do not know how to apply. For many communities, schools are ideal for sharing this information. This can also help schools and districts implement a targeted strategy to increase the number of children directly certified for free school meals. School social workers or counselors, as well as community partners, can help disseminate SNAP eligibility information to families, and assist with completing applications. Schools can do the following to increase families’ awareness of and access to SNAP benefits:
  - Distribute SNAP information with back-to-school forms and report cards,
  - Post information on the school district’s food service webpage,
  - Share information through email blasts, and
  - Provide application assistance at parent nights, afterschool programs, and other school events.

Additional strategies can be found [here](#).

Promising Practice:

Hunger Free Oklahoma works with school districts across the state to help end hunger by raising awareness of and increasing access to SNAP. This organization identified schools as a primary lever to address hunger insecurity because schools are natural places to identify needs and connect families to comprehensive food resources. By boosting school meal participation, offering SNAP assistance, and expanding access to summer meals, this organization helps connect families with resources and reduces food insecurity across the state. For more information on Hunger Free Oklahoma and resources and strategies to help schools end hunger, please see [here](#).

Nationally:

- **Maintain COVID-related flexibility waivers in the next Reauthorization:** In recognition of the need for flexibility to serve children safely and effectively during the pandemic, the USDA extended several waivers and implemented several new waivers for the 2021-2022 school year. These waivers included:
  - **Meal Times Waiver:** Allowing meals to be served to kids outside traditional times to maximize flexibility for meal pick-up;
  - **Non-congregate Feeding Waiver:** Allowing meals to be served in non-group settings to support social distancing;
  - **Parent/Guardian Meal Pick-Up Waiver:** Allowing parents/guardians to pick-up meals and bring them home to their children; and
  - **Seamless Summer Option (SSO) and Summer Food Service Operations:** Allowing SFSP and Seamless Summer Option operations through June 30, 2021.
During the pandemic, Congress allowed non-school food providers to offer alternative delivery models to kids. Keeping this flexibility post-COVID-19 will provide more access to food for kids beyond school. Congress can allow kids to consume meals off-site, which would enable communities to adopt innovative program models to reach children who lack access to a summer feeding site.

- **Increase CEP investment to allow more high-poverty schools to participate:** CEP helps reduce red tape and administrative costs for schools, increase participation in school meals, and eliminate school meals debt. CEP schools count and claim the total number of reimbursable meals served to students at each meal service (breakfast, lunch, etc.) and then receive reimbursement for those meals at rates determined by the ISP. A percentage of the total meals served are reimbursed at the “free rate” for that meal type (ISP x 1.6), and a percentage of the meals served will be reimbursed at the “paid rate” for that meal type (100 – (ISP x 1.6)). For example, if a CEP school with an ISP of 55% serves 100 breakfasts, it will receive the maximum reimbursement for 88% (55 x 1.6 = 88) of those meals, and the remainder, 12% (100 – (55 x 1.6)), will be reimbursed at the “paid” rate for breakfast.

- **School ISP is also strongly associated with adoption:** In SY 2018–2019, CEP adoption rates were 22.3%, 65.5% and 80.4%, respectively, among schools with ISPs of 40% to 49%, 50% to 59%, and 60% or higher. With the ISP multiplier currently capped at 1.6, only schools with ISPs of 62.5% or above are fully reimbursed for all meals served (62.5 x 1.6 = 100). Schools with ISPs between 40% and 62% must cover the gap in reimbursement themselves, thus disincentivizing adopting this provision. An increase of the multiplier to 1.8 would enable full reimbursement for schools with ISPs above 55.5% (55.5 x 1.8 = 99.9). This federal policy change could increase the likelihood of CEP adoption for an estimated additional 2100 new schools and extend meal access to more than 1 million children nationwide.

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**Cost of Raising a Child**

Annual child rearing expenses vary by household income, location, and size. Nationally, it will cost a family an average of $233,610 to raise a child born in 2015 through age 17. In the urban Midwest, the estimate is slightly lower at $227,400.

- Housing accounts for the largest percentage of the cost of raising a child to age 18 in the United States (29%), followed by food (18%), childcare and education (16% for those who spend money on it), and transportation (15%).
- Annual child-rearing expenses increase as children grow older. Nationally, the annual expenses for children range from $12,680 for 0- to 2-year-olds 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.
- Childcare can be one of the greatest financial hurdles for parents when raising children. Infant care for one Hoosier child would take up 22.0% of a median family’s income in Indiana.
- The average cost of college in Indiana before financial aid is $21,722; with financial aid, the cost is $10,816. Rates of self-sufficiency standards, defined as a family’s ability to make ends meet through income and without any government or philanthropic assistance, vary greatly by county. Family composition, the number of adults and children in a family, and the age of each child, and locale cause the self-sufficiency standards to vary.

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- To learn more about the different self-sufficiency standards for Hoosiers based on family composition and locale, please visit here.
- To see self-sufficiency standards for Hoosier families by county, please visit here.
- To calculate self-sufficiency based on your individual profile, please visit here.

In 2018, 37% of Indiana’s 2.5 million households struggled to make ends meet (about 925,000 households).

- 13% of Indiana households were living below the Federal Poverty Level (FPL).
- The remaining 24% were Asset Limited, Income Constrained, Employed (ALICE) households. These households earned above the FPL, so they were not living in poverty, as it is federally defined, but also did not make enough to afford basic household necessities. Essentially, these households were living above the poverty level but below the cost of living.
Families with children were one of the largest ALICE groups among Indiana demographics. About 105,620 families with children were designated as ALICE households in 2018. Most ALICE families with children (67.4%) had a single parent as the householder.

The approximate cost for housing, childcare, food, transportation, healthcare, technology, and other expenditures varies based on the child’s age:
- 1 infant was estimated to cost about $14,148 per year;
- 1 preschooler was estimated at $13,592; and
- 1 school-age child was estimated at $9,221.

Counties with the highest percentage of ALICE families with children include Sullivan and Newton (23%), Jasper (22%), Franklin, Clark, and Benton (21%), and Grant, Marion, and Daviess (19%).

To learn more about ALICE data in Indiana, please see the latest report and state data [here](#).

To see ALICE data at a county level, please see [here](#).

To discover the intersection of ALICE data and positive COVID-19 cases, please see [here](#).

During 2020 and 2021, families with children faced increased hardship in affording household expenses. As discussed in sections above, the economic downturn impacted the employment and income of families with children, which in turn created difficulties in affording housing, food, and other household expenses. Families of color in Indiana – particularly Black and Hispanic/Latino families with children – reported higher rates of being unable to afford household expenses during 2021.

Households with Children Reporting Difficulty Paying for Usual Expenses by Race/Ethnicity, Indiana: March 3, 2021 – February 7, 2022

Cost of Childcare

Nationally, childcare and education, including the cost of daycare, school, or afterschool care, is the third largest expense for families. Finding childcare can be a difficult task and especially impacts families in rural areas. Other factors, such as cost, childcare subsidies, work schedules, waiting lists, and transportation, also limit access to childcare. The expense for childcare is considerably higher for children ages 0–5 than for those ages 6–17. Having steady, full-time employment and income does not always guarantee a family is able to afford childcare.
Indiana ranks 18th for the most expensive infant care in the nation. Indiana is one of 33 states and D.C. where infant care is more expensive than college.

The average annual cost of infant care in Indiana is $12,612, equaling $1,051 per month.

Childcare for a 4-year-old is less expensive than infant care in Indiana, averaging a cost of $9,557, or $796 each month. This is still slightly higher than in-state tuition for a four-year public college, which averages around $9,000. For a family with both an infant and a 4-year-old, the annual cost of childcare would be around $22,170.

In 2019, 12.2% of all families with children younger than 6 reported problems with childcare severe enough to have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year, which was nearly three percentage points higher than the national rate of 9.4%.

Nationally, working parents with children under 5 are absent from work an average of 13.3 days due to childcare issues.

### Availability of Childcare

In addition to costs, families face a range of challenges navigating childcare policies: the complexity of arranging childcare during both traditional and non-traditional working hours (e.g., evenings and weekends); limited information or awareness about childcare options; and limited supply of good quality care, especially in certain regions on the state. Indiana has 281 census tracts identified as ‘childcare hubs,’ with the highest number of spots available per child under age 5, and 149 ‘childcare deserts,’ with more than 3 children under age 5 for every childcare spot. Hubs have sufficient childcare availability and deserts do not. Many of Indiana’s rural counties are ‘childcare deserts,’ preventing many rural Hoosier children and families from accessing early childhood education opportunities. This limited access impacts a family’s earning potential, since childcare availability allows parents to obtain employment, and academic potential, because high-quality childcare can positively impact a child’s academic preparedness (which is discussed further in the Education section).

- By June 30, 2021, 3,928 childcare programs were open across the state with capacity for 164,067 children.
  - There were 681 open programs in rural counties, providing capacity for 22,681 children. About one-third of those programs (272) were designated as high-quality with capacity for 9,948 children.
  - 43 programs closed between March 2020 and June 2021 due to COVID; 10 of these programs were in rural areas. However, 530 new programs opened during that timeframe.
- As of November 2021, Indiana had space for 116,971 children at recognized childcare facilities. A total of 98,444 children were enrolled in a childcare program with 18,527 vacancies. 84.2% of Indiana’s childcare capacity was in use.
  - An estimated 48,000 childcare openings went unreported by about 1,000 providers by the end of 2021.
  - Children ages 4 to 6 comprised most of the enrollments (about 22,000 children enrolled in a program), followed by children ages 6 to 13 (21,000), toddlers 13 to 24 months (20,000), and children ages 3 to 4 (19,000).
  - Enrollments and vacancies were highest in childcare centers with a PTQ rating of 3 – over 35,000 enrollments and over 6,400 vacancies.
  - There were about 3,000 opening teaching positions for childcare across Indiana.

### Total Number of Childcare Capacity by County, Indiana: November 2021

<table>
<thead>
<tr>
<th>County</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>28,726</td>
</tr>
</tbody>
</table>

Source: Bright Futures Indiana

### Number of Childcare Vacancies by County, Indiana: November 2021

<table>
<thead>
<tr>
<th>County</th>
<th>Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5,524</td>
</tr>
</tbody>
</table>

Source: Bright Futures Indiana
Child Care and Development Fund

For low-income parents, federal and state programs can support childcare access and affordability. Head Start, On My Way Pre-K (OMW), and Child Care and Development Fund (CCDF) assist families in poverty with obtaining childcare. CCDF is a federal program that provides subsidies to low-income, working families for childcare. Currently, parents/foster parents who are working, going to school, or have a referral from Department of Child Services (DCS), TANF, or SNAP receive priority access to CCDF funding. Individuals must earn less than 127% of the Federal Poverty Level to obtain a voucher. To maintain that voucher, parents can earn up to 85% of the state median salary (around $43,000).235

- In academic year 2020–2021, 18,591 families received a CCDF voucher. This is nearly 10,000 fewer vouchers than 2019–2020 (27,266 vouchers received), which is most likely due to COVID-19.
  - 306 of the above families and 618 of the children had TANF priority.
  - 22 of the above families and 58 of the children had a SNAP (Working Families) referral.
  - 2,068 of the above families and 3,265 of the children either had homeless priority or identified as such.
  - 460 of the above families and 951 of the children had one or more disabled children in the household.
  - 1,942 of the above families and 1,998 of the children participated in the On My Way Pre-K program.
  - 92.4% of families received subsidies because of employment.
  - 91.2% of families were headed by a single parent.
  - 1.6% of families were marked as TANF recipients, and 1.8% listed TANF as a source of income. 38.6% listed SNAP as a source of income.
  - 60.1% of families were below 127% of the Federal Poverty Level; 18.1% of families were above 127% of the Federal Poverty Level.
- 2,058 families and 3,300 children were on wait lists at the end of the period.
- 35,062 infants and children benefitted from a CCDF voucher.
  - Infants (under 1 year of age) constituted 4.0% of all children served; toddlers (ages 1 to 2 years) constituted 20.5% of all children served; children ages 3 to 5 years constituted 35.7% of all children served; kindergarten-age children (age 5 years) constituted 0.8% of all children served; and school-age children (ages 6+ years) constitute 41.2% of all children served.
  - 74.6% of children were served in licensed care. 12% were cared for by relatives.
  - Most children who received CCDF were Black (56.7%), followed by White children (44.5%), Hispanic/Latino children (8.9%), and children of Two or more races (7.9%).

- Marion County accounted for the largest proportion of families served with 30% of the caseloads.
- The highest average cost of care was in Hamilton County at $977 per child. The lowest average cost of care was in Pike County at $329 per child.
- Perry County had the greatest proportion of TANF recipients, where 25% of families receiving childcare subsidies also received TANF, and of SNAP recipients, where 75% of families receiving childcare subsidies also received SNAP.236

On My Way Pre-K

While Indiana does not have a universal pre-Kindergarten program, a limited number of young children can receive state-funded early preschool through the On My Way Pre-K program (OMW). Indiana established the eligibility for On My Way Pre-K to mirror that of CCDF. One primary difference in these two programs is that On My Way Pre-K focuses on provider quality. Parents can only use their state voucher at a childcare facility that is rated a 3 or 4 on Paths To QUALITY™, Indiana’s childcare quality rating and improvement system. Among other standards, a Level 3 childcare facility has planned curriculum guides for child development and school readiness, and a Level 4 also has national accreditation.
As of May 2019, families living in any county in Indiana may be eligible for On My Way Pre-K. To qualify, parents/guardians must have a service need, such as working, going to school, or attending job training. All On My Way Pre-K vouchers are full-time, allowing children to receive the time they need to prepare for kindergarten, even if the parent works or goes to school part-time. Families must earn less than 127% of Federal Poverty Level to qualify for a voucher.237

- For the 2021–2022 academic year, the On My Way Pre-K program served 4,793 children (as of January 2022). Enrollment in the start of 2021–2022 was lower than previous years – most likely an impact from the ongoing COVID-19 pandemic. However, towards the end of 2021, enrollment significantly increased.
- Most of the children served by On My Way Pre-K as of January 2022 lived in Marion County (1,363), followed by Lake (336), St. Joseph (255), Vanderburgh (230), Allen (204), and Tippecanoe (173) Counties.238

To learn more about On My Way Pre-K enrollment in every county, please see here.

Early Head Start and Head Start

Early Head Start and Head Start are federally funded programs that promote the academic readiness of young children before birth to age five. Early Head Start serves pregnant women, infants, and toddlers to age 3, and Head Start serves children ages 3 to 5 from families with an income below 100% of the Federal Poverty Level, experiencing homelessness, receiving public assistance, or in the foster care system.239

In 2019, 17,797 children were in a Head Start program in Indiana.240

- In 2021, Indiana received $160 million for Early Head Start and Head Start.
- In 2021, 7% of eligible Hoosier children ages 0–3 had access to Early Head Start.
- 28% of eligible Hoosier children ages 3–5 had access to Head Start.241

Headstart Enrollment by Age Group, Indiana: 2010–2019

Source: Annual Program Information Report, Office of Head Start
School-age Before and After Care

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

- In 2018, the average annual cost of before/after school care in Indiana was $4,290 in a center and $3,510 in a home.
- In Indiana, the average annual cost of center-based and home-based care for school-age children will cost nearly 20% of a single parent families income.\(^{242}\)

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

Child Support

Indiana’s Child Support Program aims to ensure that every Hoosier child has the financial support of both parents, irrespective of the parents relationship status. The Child Support Program assists with locating noncustodial parents, establishing paternity, establishing child support and medical support orders, and enforcing payment of child support. Failure to pay child support can further the cyclical nature of poverty in many of our communities and further splinter communities through potential incarceration of the offending parent.\(^ {243}\)

- In 2020, $578 million was distributed from noncustodial parents on behalf of children in Indiana. This was an increase of about $59 million from 2019.
- There were 238,633 child support cases; similar to the payments, a decrease from 2019 by about 12,000 cases.\(^ {244}\)

Cost of Higher Education

The 2020 College Value Report from the Indiana Commission for Higher Education highlights that:

- Higher education degrees provide students with a return on the investment for their costs,
- State financial aid provides the State with a return on its investment,
- Higher education strengthens the economy,
- Higher education is good for the well-being of the community,
- Work-based learning helps students transition from college to the workforce, and
- On-time completion saves students time and money.

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Rate per 1,000 Children</th>
<th>County</th>
<th>Number</th>
<th>Rate per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wabash</td>
<td>4,131</td>
<td>689</td>
<td>Switzerland</td>
<td>76</td>
<td>30</td>
</tr>
<tr>
<td>Boone</td>
<td>8,850</td>
<td>502</td>
<td>Ohio</td>
<td>51</td>
<td>45</td>
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<tr>
<td>Hamilton</td>
<td>39,806</td>
<td>449</td>
<td>Crawford</td>
<td>110</td>
<td>49</td>
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<tr>
<td>Benton</td>
<td>938</td>
<td>441</td>
<td>Newton</td>
<td>167</td>
<td>59</td>
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<tr>
<td>Hancock</td>
<td>7,433</td>
<td>412</td>
<td>Scott</td>
<td>308</td>
<td>59</td>
</tr>
<tr>
<td>Jay</td>
<td>1,779</td>
<td>352</td>
<td>Fayette</td>
<td>343</td>
<td>70</td>
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<tr>
<td>Dubois</td>
<td>3,321</td>
<td>329</td>
<td>Jennings</td>
<td>439</td>
<td>72</td>
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<tr>
<td>Whitley</td>
<td>2,310</td>
<td>302</td>
<td>Warren</td>
<td>131</td>
<td>75</td>
</tr>
<tr>
<td>Warrick</td>
<td>4,276</td>
<td>296</td>
<td>Starke</td>
<td>387</td>
<td>76</td>
</tr>
<tr>
<td>Blackford</td>
<td>735</td>
<td>294</td>
<td>Orange</td>
<td>335</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: Indiana Education Savings Authority
The 529 plan is an investment account that allows families to save and invest for education costs, which also includes vocational schools and community colleges. This account provides tax-free earning growth and tax-free withdrawals that can pay for tuition, books, supplies, and sometimes room and board. Additionally, Indiana taxpayers who contribute to a CollegeChoice 529 account are eligible for a 20% state income tax credit of up to $1,000 each year on their contributions.

- As of November 2021, there were 367,259 529 accounts in Indiana; 286,311 (77.9% of the total accounts) were for beneficiaries aged 18 or under.
- In Indiana, the average balance of CollegeChoice 529 accounts was $15,77.
  - The average balance for accounts of beneficiaries aged 18 or under was $16,346.
  - The average balance in Indiana’s counties for beneficiaries ages 18 or under ranged from $23,437.70 in Hamilton County to $11,225 in Ohio county.

College in Indiana costs 4.09% less than the national average cost of attendance at a public 4-year institution, and the average private university costs 4.79% more.

- The total cost of attendance at an average public 4-year institution (including tuition and fees, room, and board) is $19,755 for in-state students.
  - Tuition & fees are 46.7% of the total cost of attendance.
- The total cost of attendance at an average private 4-year institution is $43,764.
  - Tuition & fees are $32,338 or 73.6% of the total cost of attendance.
- Public 2-year institutions charge $4,368 for in-state tuition and fees, up 2.7% year-over-year.
  - Out-of-state students pay $8,402 annually to attend public 2-year schools, which is 92.4% more than in-state attendees.

<table>
<thead>
<tr>
<th>Tuition &amp; Fees Cost by Institution Type, Indiana and U.S.: 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana</strong></td>
</tr>
<tr>
<td>Public 4-Year Tuition &amp; Fees</td>
</tr>
<tr>
<td>Private 4-Year Tuition &amp; Fees</td>
</tr>
<tr>
<td>Public 2-Year Tuition &amp; Fees</td>
</tr>
</tbody>
</table>

Source: Education Data Initiative

Despite these benefits of higher education, many youths, particularly those who have been historically disadvantaged, struggle with the cost. Indiana is ranked 3rd in the country for the lowest increases of tuition and fees, but nationwide the costs are creeping upwards.

- Factoring in financial aid, the average annual cost to earn an associate degree in Indiana is $6,415 and to earn a bachelor’s degree is $11,263. In Indiana, tuition and fees increased both for a four-year and a two-year public institution, but at a lower rate than they increased nationally.
- Indiana’s tuition and fees for a four-year public institution increased by 1.4% compared to the national increase of 3.1%. For a two-year public institution in Indiana, the tuition and fees increased by 2.8%; nationally, the increase was 3.0%.
- Students who earn a bachelor’s degree in Indiana typically have higher amounts of debt than those without a bachelor’s. Those with bachelor’s degrees, though, also have a higher earning potential over the course of their lives than those without. After one year of graduating, those with a bachelor’s degree earn $4,320 more ($32,976) than those who graduate with an Associate degree ($28,656).
- 43% of Hoosier college graduates who earned an associate degree had debt, while 63% of Hoosier college graduates who graduated with a bachelor’s degree had debt.
- Most Indiana college graduates (74%) who took out student loans “agree” or “strongly agree” that their education was worth the cost. 81% said it was worth the cost overall.
Racist Effects Lasted for Decades.

Monthly Average Families: Indiana.

Can Do About a Long-Standing Obstacle (n.d.). Consumer Credit Explorer.

Well-Being and Economic Growth.

145 Ibid.

142 Urban Institute (2017). Housing as a

141 Social Security Administration (2021). SSI

140 Social Security Administration (2021). Foster Success and Chamberlin/Dunn

135 STATS Indiana (2021). TANF Families -

134 U.S. Administration for Children & Fam-

133 U.S. Administration for Children & Fam-


130 Indiana Commission for Higher Educa-

129 Brooks Institution (2017). Pold Family

128 KIDS COUNT Data Center (2021). Children

127 Indiana Youth Institute | iyi.org

126 Child Health in Renter Families.

125 Unstable Housing and Caregiver and

124 Evansion Lab (2021). Evansion Map and


122 The Russell Sage Foundation Journal

121 Feeding America (2019). Understand


119 Federal Reserve Bank of St. Louis (2019).

118 Federal Reserve Bank of St. Louis (2019).


116  Housing and Urban Development (n.d.).

115 Feeding America (2021). Feeding Amer-

114 Food Research & Action Center (2018).

113 Congressional Research Service (2020).

112 Economic Policy Institute (2020.). The

111 Congressional Research Service (2020).

110 Feeding America (2019). Children Are

109 United States Department of Agricul-

108 United States Department of Agricul-

107 Feeding America (2018). Housing Instability & Food Inse-

106 Foster Success and Chamberlin/Dunn

105 2019 National Survey for Children’s

104 2019 National Survey for Children’s

103 KIDS COUNT Data Center (2021). KIDS COUNT Profile Indiana.

102 Ibid.

101 Ibid.

100 Congressional Research Service (2020). Serves Free School Meals through the

99 Economic Policy Institute (2020.). The

98 Indianapolis 2020. A City in the


96 Federal Reserve Bank of St. Louis (2018). What Wealth Inequality in America Looks

95 Federal Reserve Bank of St. Louis (2020).


93 Mckinsey & Company (2016). The

92 American Journal of Public Health

91 Economic Policy Institute (2020). The


89 U.S. Administration for Children & Fam-

88 Indiana Commission for Higher Educa-

87 The New York Times (2017). How Redlin-

86 Economic Well-Being Indicators – COVID-19.

85 U.S. Office of Disease Prevention and

84 Ibid.

83 United States Department of Agricult-

82 KIDS COUNT Food Data Tables.

81 U.S. Census Bureau, 2020 American

80 U.S. Census Bureau, 2019 American

79 Child Nutrition Tables.

78 Indiana Department of Education

77 Ibid.

76 Indiana Department of Education

75 Congressional Research Service (2020).

74 Feeding America (2019). State-By-State

73 Feeding America (2019). Understanding

72 United States Department of Agricul-

71 Indiana Commission for Higher Educa-

70 KIDS COUNT Data Center (2020). Econo-


68 The Washington Post (2016). Redlining was banned 50 years ago. It’s still hurting

67 Behav, et. al. (2018). Bringing Produce to

66 United States Department of Agricult-

65 U.S. Food and Nutrition Service (n.d.).

64 Indiana State Board of Education


62 U.S. Census Bureau, 2020 American

61 Ibid.

60 Ibid.

59 U.S. Department of Agriculture (2020).

58 Indiana Department of Education

57 Ibid.

56 U.S. Department of Agriculture (2020).

55 KIDS COUNT Data Center (2021). Eco-

54 KIDS COUNT Food Data Center (2021). Eco-

53 Ibid.

52 U.S. Department of Agriculture (2020).

51 Ibid.

50 Indiana Commission for Higher Educa-

49 Economic Security Programs Cut

48 Economic Security Programs Cut

47 Economic Security Programs Cut

46 Economic Security Programs Cut

45 Economic Security Programs Cut

44 Economic Security Programs Cut

43 Economic Security Programs Cut

42 Economic Security Programs Cut

41 Economic Security Programs Cut

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34 Economic Security Programs Cut

33 Economic Security Programs Cut

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28 Economic Security Programs Cut

27 Economic Security Programs Cut

26 Economic Security Programs Cut

25 Economic Security Programs Cut

24 Economic Security Programs Cut

23 Economic Security Programs Cut

22 Economic Security Programs Cut

21 Economic Security Programs Cut

20 Economic Security Programs Cut

19 Economic Security Programs Cut

18 Economic Security Programs Cut

17 Economic Security Programs Cut

16 Economic Security Programs Cut

15 Economic Security Programs Cut

14 Economic Security Programs Cut

13 Economic Security Programs Cut

12 Economic Security Programs Cut

11 Economic Security Programs Cut

10 Economic Security Programs Cut

9 Economic Security Programs Cut

8 Economic Security Programs Cut

7 Economic Security Programs Cut

6 Economic Security Programs Cut

5 Economic Security Programs Cut

4 Economic Security Programs Cut

3 Economic Security Programs Cut

2 Economic Security Programs Cut

1 Economic Security Programs Cut

0 Economic Security Programs Cut

Sources

235 Indiana Family and Social Services Administration (n.d.). Child Care and Development Fund (CCDF).
236 Indiana Family and Social Services Administration (2021). CCDF Fact Sheet Indiana - Statewide Summary Voucher And Contract Centers Programs.
237 Indiana Family and Social Services Administration (2021). On My Way Pre-K.
242 Child Care Aware (2016). The U.S. and the High Cost of Child Care Appendices.
245 IN.gov (n.d.). Tax Credit.
246 Indiana Education Savings Authority (2021). Data Request.
Indiana is ranked 17th in overall Education, which places the state second highest among our neighboring states: Illinois (14th), Ohio (28th), Kentucky (30th), and Michigan (41st). Indiana’s overall ranking fell two spots from 2020 (15th). Based on the National KIDS COUNT® Data Book, Education is Indiana’s highest overall ranking for Indiana child well-being.

**Indiana Ranks 17th**

### Indiana’s Education Rankings Compared to National Averages

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Children (Ages 3 and 4) in School</td>
<td>41% 2019</td>
<td>48% 2019</td>
</tr>
<tr>
<td>Fourth Grade Reading Proficiency</td>
<td>37% 2019</td>
<td>34% 2019</td>
</tr>
<tr>
<td>Eighth Grade Math Proficiency</td>
<td>37% 2019</td>
<td>33% 2019</td>
</tr>
<tr>
<td>High School Students Graduating On Time</td>
<td>87% 2018-2019</td>
<td>86% 2018-2019</td>
</tr>
</tbody>
</table>

For each indicator above, higher rankings (1st compared to 50th) represent better outcomes for youth.

### Section Highlights:

- As of June 2021, 2,572 programs participated in the Paths to QUALITY™ (PTQ) program, with 1,645 programs rated as high-quality, levels 3 and 4. 85,944 children could be served in a high-quality program.
- During the 2020–2021 school year, 443 arrests were done on school property in Indiana. This represents a decrease of about 500 arrests from 2019–2020 to 2020–2021.
- 60.5% of on school property arrests and 59.6% of off school property arrests were of students receiving free or reduced-price meals.
- In 2020–2021, 81.2% of 3rd grade students passed the IREAD-3. This dropped 6.1 percentage points from the last administration of the assessment in 2018–2019.
- 28.6% of students in grades 3-8 passed both English/Language Arts and Math ILEARN. This fell by almost 9 percentage points from the 2018–2019 administration of ILEARN (37.1%).
- 59% of Indiana’s high school graduating class of 2019 enrolled in college within one year. This declined two percentage points from the 2018 cohorts’ enrollment rate.
- 21st Century Scholars were more likely to enter college immediately after high school (88%) than all Indiana students (59%) and students receiving free or reduced-price meals (46%).
- In 2019–2020, 243,767 high school seniors in Indiana filed the FAFSA. This increased in 2020–2021 to 248,070 high school seniors filing the FAFSA.
What is Social-Emotional Learning?

Social-Emotional Learning (SEL) supports both young people and adults in developing important individual and interpersonal skills, addressing issues associated with trauma and adverse experiences, and promoting physical and mental health. A growing body of evidence suggests that building social, emotional, and behavioral skills is connected strongly to mental health and wellness for children and youth and supports positive outcomes in education, employment, and life.\(^1\)

SEL is broadly defined as the processes to gain the knowledge, skills, and attitudes to set and achieve goals; manage emotions; build empathy; establish and maintain positive relationships; and make responsible decisions.\(^2\) The framework for SEL has existed for decades and has also been called life and career skills, 21st century skills, employability skills, and soft skills.\(^3\) The Collaborative for Academic, Social, and Emotional Learning (CASEL) has identified five core social and emotional competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.\(^4\)

SEL programming in schools has grown in recent years, both to ensure that students are prepared for the workforce with the skills that employers need, as well as to address trauma and mental health issues, particularly among adolescents. Based on national polls, Americans overwhelmingly want schools to educate students in more than just academic subjects, including providing career preparation as well as building interpersonal skills.\(^5\) A national 2020 teacher survey indicated that 94% of teachers agreed that their students increasingly need more social and emotional support, with social and emotional needs ranked among the top three greatest concerns in education.\(^6\)

Source: Collaborative for Academic, Social, and Emotional Learning (CASEL)
SEL in Indiana

Children and youth in Indiana tend to report higher instances of traumatic and Adverse Childhood Experiences (ACEs) than young people nationally.

- In Indiana, 21% of children under 18 reported having experienced two or more adverse experiences, compared to 18% nationally.7
- More than one quarter (26%) of Hoosier children ages 3-17 have one or more emotional, behavioral, or developmental conditions, compared to 22% nationally.8
- In addition, 23,000 Hoosier teens ages 12-17 (about 4%) reported abusing alcohol or drugs, which was equivalent to the national percentage.9
- Indiana also has relatively high rates of children with substantiated cases of maltreatment (14.7 per 1,000 in Indiana compared to 8.9 per 1,000 nationally).10
- Furthermore, 39% of Hoosier children reported being bullied, compared to 35% nationwide, and 18% of children in Indiana say they have bullied others, compared to 14% nationwide.11

Indiana Code 20-19-5 requires that the Indiana Department of Education (IDOE), in collaboration with other agencies, have a plan for social, emotional, and behavioral health.12 In 2019, the state plan was updated with seven SEL competencies: insight, regulation, connection, collaboration, critical thinking, mindset and sensory-motor integration.13

Indiana’s SEL competencies share significant overlap with the Indiana Employability Skills Standards, first implemented in 2020. Indiana’s SEL competencies also are aligned with what a recent report from America Succeeds called “durable skills,” which are in high demand among employers.14

The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines five core social-emotional competency clusters.

### Self-Awareness
The ability to accurately recognize one’s emotions and thoughts as well as their influence on behavior. This includes accurately assessing one’s strengths and limitations, having a growth mindset, and possessing a well-grounded sense of confidence and optimism.

Source: CASEL

### Self-Management
The ability to regulate one’s emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.

### Social Awareness
The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to identify family, school, and community resources and supports.

### Relationship Skills
The ability to establish and maintain healthy, mutually rewarding relationships with diverse individuals. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

### Responsible Decision-Making
The ability to make constructive and respect choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.

Source: *National Survey of Children’s Health; **National Survey on Drug Use and Health; ***National Child Abuse and Neglect Data System (NCANDS)
**Data Spotlight: The Importance of Social-Emotional Learning**

<table>
<thead>
<tr>
<th>Indiana SEL Competencies</th>
<th>Indiana Employability Skills</th>
<th>America Succeeds Durable Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensory-Motor Integration:</strong> Managing transitions, changing routines, increasing alertness for learning, and improving regulation.</td>
<td><strong>Social and emotional skills:</strong> Regulation</td>
<td><strong>Meta-cognition:</strong> Self-understanding and personal management</td>
</tr>
<tr>
<td><strong>Insight:</strong> Self-confidence, self-esteem, and empathy for others; recognizing own strengths and areas of growth.</td>
<td><strong>Mindsets:</strong> Self-confidence</td>
<td><strong>Mindfulness:</strong> Interpersonal and self-awareness</td>
</tr>
<tr>
<td><strong>Regulation:</strong> Recognizing and managing one’s emotions; positive self-control, positive self-discipline, and impulse control.</td>
<td><strong>Learning strategies:</strong> Aptitude awareness</td>
<td><strong>Creativity:</strong> New ideas and novel solutions</td>
</tr>
<tr>
<td><strong>Collaboration:</strong> Working well with others, including in the group and teamwork environment; building positive communication and conflict management skills.</td>
<td><strong>Social and emotional skills:</strong> Regulation</td>
<td><strong>Meta-cognition:</strong> Self-understanding and personal management</td>
</tr>
<tr>
<td><strong>Connection:</strong> Strong social awareness, ability to take the perspectives of others and empathize with people of diverse backgrounds and cultures.</td>
<td><strong>Learning strategies:</strong> Effective communication</td>
<td><strong>Character:</strong> Personal and professional conduct</td>
</tr>
<tr>
<td><strong>Critical Thinking:</strong> Making constructive choices; understanding metacognitive strategies; responsible decision-making, analytical, and critical inquiry skills; approaching learning from an innovative, creative, multicultural, and ethical lens.</td>
<td><strong>Social and emotional skills:</strong> Collaboration</td>
<td><strong>Meta-cognition:</strong> Self-understanding and personal management</td>
</tr>
<tr>
<td><strong>Mindset:</strong> Demonstrating cognitive flexibility and a willingness to learn; building perseverance, adaptability, self-discovery, resilience, and the ability to receive and give constructive feedback.</td>
<td><strong>Learning strategies:</strong> Decision-making, Problem solving</td>
<td><strong>Leadership:</strong> Directing efforts and delivering results</td>
</tr>
<tr>
<td></td>
<td><strong>Mindsets:</strong> Lifelong learning</td>
<td><strong>Character:</strong> Personal and professional conduct</td>
</tr>
<tr>
<td></td>
<td><strong>Work ethic:</strong> Perseverance, Adaptability</td>
<td><strong>Creativity:</strong> New ideas and novel solutions</td>
</tr>
<tr>
<td></td>
<td><strong>Learning strategies:</strong> Initiative</td>
<td><strong>Meta-cognition:</strong> Self-understanding and personal management</td>
</tr>
</tbody>
</table>

**SEL Short- and Long-term Outcomes**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Short-term outcomes</th>
<th>Long-term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal school-based SEL programming</td>
<td>Positive attitudes toward self and others</td>
<td>Positive behavior Academic success</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health</td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Education; America Succeeds*

**Outcomes Related to SEL**

- **SEL and Student Academic and Behavioral Outcomes:**
  An analysis of over 350 research studies on the short- and long-term effects of SEL (conducted both in the United States and internationally) found positive benefits for students in a wide range of areas, including behavioral, attitudinal, emotional, and academic. In various studies, compared to control (non-participating) groups of students, those who participated in SEL programming showed significantly more positive outcomes related to SEL skills, positive social behavior, and academic performance. Additionally, participating students showed significantly lower levels of conduct problems and emotional distress. Moreover, several studies have found that gains from SEL participation appear both in the short-term (immediately after participation), as well as at various follow-up periods, suggesting that academic, attitudinal, and behavioral outcomes for students may be longer-term.15

*Source: Phi Delta Kappan*
• **SEL and College and Career Readiness:** Schools that value and support SEL programming, particularly those that include a combination of social well-being and work habits, are more likely to have students that graduate from high school and enroll in postsecondary education. Students from schools with stronger SEL programming reported increased preparation for success after high school, including being prepared for a job or career. Moreover, employers continually identify competencies included in SEL, such as communication and interpersonal skills, the ability to collaborate and work on teams, problem-solving skills, and self-management skills as the most sought-after skills in the workplace. A recent America Succeeds study found that 7 out of 10 most requested skills in job postings are durable skills like communication, critical thinking, and collaboration, and that these skills are sought nearly four times more frequently than the top five technical or hard skills.

• **SEL, Schools, and Communities:** Large bodies of research have demonstrated clear connections between SEL and positive short- and longer-term outcomes for students, but SEL also has value for educators, whole schools, and communities.
  
  o A longitudinal study in Chicago found that schools with higher levels of SEL programming (both social and workforce skills) were more likely to have improved standardized test scores.
  
  o SEL also can have a positive impact on teachers, by increasing emotional regulation and mindfulness, as well as assisting teachers in identifying and addressing their own stressors.
  
  o Additionally, SEL has been found to have a bidirectional impact on school climate (in other words, they affect each other) – SEL can reduce incidents of bullying and violence in a school, which in turn improves student–student and student–staff interactions. This results in fewer suspensions and expulsions, less disruption of learning, and a safer school environment.
  
  o Improving social and emotional competency also can positively impact communities. Strong social-emotional skills in young children have been shown to be predictive of positive outcomes later in life, including better educational attainment and stable employment, as well as reductions in justice system involvement, substance abuse, and participation in public assistance.
  
  o Further, strong SEL in K–12 settings has been linked to increases in civic and community engagement.

• **SEL and COVID–19:** The COVID–19 pandemic caused changes in routines, a break in the continuity of learning and health care, missed significant life events, and lost security and safety for children, all of which can contribute to additional fear, stress, and behavior changes that can have adverse effects on mental and physical health. Moreover, a high prevalence of COVID–19 related fear was reported among children and adolescents, in addition to rates of depressive and anxious symptoms that were higher than pre–pandemic estimates. Key aspects of SEL, including improving coping mechanisms and developing stress-reduction techniques, building resilience, and improving social connections, are seen as potentially effective mechanisms for addressing pandemic-related challenges.

SEL is defined as the processes to gain the knowledge, skills, and attitudes to set and achieve goals; manage emotions; build empathy; establish and maintain positive relationships; and make responsible decisions.

– Phi Delta Kappan
Characteristics of High-Quality SEL Programs & Policies

A spring 2020 review by CASEL identified Indiana as one of 18 states with SEL standards or competencies. As a best practice, CASEL recommends that states align SEL standards and competencies with other strategic priorities and approaches, so that SEL is not disconnected. Indiana does this through integration with academics (including providing instructional approaches for SEL); college and career readiness (connections to employability skills standards); and connections to Multi-Tiered Systems of Supports (MTSS) and Positive Behavioral Interventions and Supports (PBIS). Moreover, the CASEL report recognized Indiana as one of seven states that include four key types of support for implementation – guidance for implementing SEL; recommended instructional practices; professional development and learning; and assessment and measurement of outcomes.

At the local level, schools that report more effective implementation of SEL tend to have high levels of buy-in among administrators at the district level, as well as having built buy-in with other stakeholders, such as teachers, parents, and community members.

Effective Implementation of SEL in Schools

- SEL programming is likely to be most beneficial when it is part of an overall district- and school-wide strategy, which is implemented in ongoing and systemic ways from pre-K through high school and integrated into curricular and daily practices as much as possible (as opposed to “one-off” SEL classes).
- Building relationships with out-of-school time (OST) programs, or working with existing OST partners, to implement SEL as an extension of in-school SEL practices also can be an effective strategy. These partnerships should ensure that OST staff have a clear understanding of the school’s (or district’s) SEL strategy and an understanding of the various approaches to SEL.
- In addition, school staff can work with OST partners to ensure that SEL practices in the OST setting are aligned with and support the work within the school.

Research suggests that the most effective SEL initiatives are focused on both students and adults. This includes building adult competencies, such as promoting educators’ own social and emotional competence and integrating those skills with pedagogy and practice, which may help build buy-in to the value of SEL as well as ensuring that educators are able to appropriately model behaviors. Strong SEL programs incorporate SAFE elements (Sequenced activities; Active forms of learning; Focused time developing skills; and Explicit targeting of skills). As such, to maximize effectiveness, educators should receive professional development and support, and administrators should ensure that enough time has been allotted to implement SEL-related programs sufficiently and with fidelity.

Additional Resources on SEL

- [What Are Social and Emotional Learning and Culturally Responsive and Sustaining Education — and What Do They Have to Do with Critical Race Theory? A Primer](WestEd)
- [School Counselors’ Perspectives on Students’ Social/Emotional Development: Highlights and Recommendations](ACT)
- [Making Social-Emotional Learning Work for Teens](Education Week)
- [Social-Emotional Learning, Explained](Education Week video)
- [A Parent’s Resource Guide to Social Emotional Learning](Edutopia)

Did you know...

Schools that value and support SEL programming are more likely to have students that graduate from high school and enroll in postsecondary education.
Leveraging the Data

Locally:

- **Implement SEL as a school- or district-wide initiative, as opposed to classroom-based only:** This may include implementing SEL-related components (such as self-regulation, goal setting, and interpersonal skills) within academic curriculum and programming that already exists in the school, as well as implementing a continuum of SEL approaches ranging from daily routines to strategies and structures that can be used regularly throughout the school.\(^{38}\)

- **Use SEL practices that are designed not only for students, but also for educators:** This includes training opportunities for school administrators, counselors, and teachers that allow adults to model effective behavior, as well as assisting them in better identifying potential mental health and wellness issues among themselves, and the children and youth they serve.\(^{24}\)

- **Engage stakeholders both inside and outside of the school in developing and implementing SEL practices:** Lack of buy-in for SEL initiatives, as well as misunderstanding about what SEL is (and is not) may create barriers for effective implementation.\(^{39}\) However, schools that report high levels of effective SEL implementation are more likely to involve diverse groups of in- and out-of-school stakeholders in SEL planning and implementation.\(^{36}\) As such, schools can work to engage stakeholders both inside and outside of the school (including parents, community organizations, and businesses) in developing, supporting, and building buy-in for SEL initiatives that are tailored to the needs of the community. This may include collaboratively reviewing data to identify critical mental health and wellness issues in the community; developing a clearly defined SEL strategic or implementation plan that is widely shared; bringing in local businesses or employers to talk about the importance of durable skills such as those taught in SEL curriculum; sharing the evidence base associated with implementation of SEL; and allowing parents to share ways in which SEL initiatives have supported their children.

Statewide:

- **Align current SEL and employability standards with durable skills in high demand:** State policymakers, education leaders, and the business community can review and ensure alignment between the highest demand durable skills for employers and Indiana’s SEL, employability, and academic standards and competencies, as well as developing learner-centered frameworks for ensuring that these skills are embedded into graduation pathways.\(^{37}\)

- **Engage in collaborative efforts across state agencies:** Various state agencies (e.g., Department of Education, Department of Workforce Development, Department of Health, Commission for Higher Education, Division of Mental Health and Addiction, etc.) can communicate the connections between SEL competencies and student outcomes (academic, behavioral, career, and health-related), including linkages between SEL competencies and sought-after skills necessary for success in higher education and employment. Further, identify opportunities to fund or support a statewide research agenda or evaluation related to SEL and student and school outcomes.\(^{38}\)

- **Scale evidence-based professional development:** Support professional development for educators (including administrators, teachers, and counselors) that is focused on evidence-based practices, is aligned with Indiana SEL and employability skills competencies, and includes a focus around fidelity of model implementation, as well as opportunities for encouraging educators to build their own SEL skills, addressing teacher burnout, and improving the ability to model SEL behaviors for students.\(^{39}\)

- **Embed equity into the SEL competencies:** Systemic implementation of SEL can create an equitable learning environment where all students feel respected, valued, and affirmed in their individual interests, talents, social identities, cultural values, and backgrounds. SEL can help school districts promote understanding, examine biases, reflect on, and address the impact of discrimination, build cross-cultural relationships, and cultivate practices that close opportunity gaps and create more inclusive school communities.\(^{40}\) There are two potential ways for the State to embed equity into the current SEL competencies:
  - For any SEL data the State reports, disaggregate those data by subgroup (gender, race/ethnicity, disability, income, and language status), suppressing data when needed.
  - Revisit the current competencies and review them with an equity lens and ensure there are trauma-informed system interventions.

Nationally:

- **Include SEL in federal funding and programs:** Encourage opportunities for federally- and state-funded out-of-school time (OST) programming (e.g., 21st Century Community Learning Centers) to include SEL components that are developed collaboratively with schools being served and reflect SEL competencies. This may also include support for professional development for OST program staff related to SEL. When students have more opportunities to practice SEL skills across multiple settings (home, school, and afterschool programming), SEL-related outcomes are more likely to improve.\(^{41}\)
Early Childhood Care and Education

Access to high quality childcare and preschool promotes educational success, especially for those who are from low-income households. In 2019, 41% of children ages 3 to 4 attended school, ranking Indiana 40th nationally.

- Indiana had a lower percentage of children ages 3 to 4 attending school than the Midwest rate (47%) and the national rate (48%).
- Hispanic/Latino children ages 3 to 4 had the lowest attendance among racial/ethnic subgroups at 34%. 41% of Two or more races and White children in this age group attended school, meeting the state rate. Black children in this age group were above the state average with 44% of children attending school.
- The percentage of children ages 3 to 4 not attending school in Indiana ranged between 58% and 60% from 2009-2011 through 2017-2019. Indiana, however, is ranked the second lowest for children ages 3 and 4 not attending school among neighboring states (40th): Illinois (6th), Michigan (20th), Ohio (23rd), and Kentucky (43rd).42

There were 3,928 childcare programs open as of June 2021. In total, these centers had capacity for 164,067 children.

- Of these programs, 2,284 are Family Child Care, 656 are Ministry, 734 are Child Care Center, and 254 are School-Based.
- 777 childcare centers closed between March 2020 and June 2021; 43 closed due to COVID.43
- Of the 113,781 children who were enrolled in a known program in 2020, most of them were enrolled in a childcare center (33,760), followed by a ministry (28,575) and family childcare (19,246).
- In Indiana, 35% of children who need care are enrolled in a known program. This varies across our state with a high of 64% in Monroe County and a low of 7% in Blackford County.44
- In Indiana, there were 4,962 referrals received to the Indiana Association for Child Care Resource and Referral.45

For information on the supports for families seeking childcare provided through Head Start, On My Way Pre-K (OMW), and Child Care Development Funds (CCDF), please see Availability of Childcare in the Economic Section.

Quality

High-quality early education and childcare improves children’s cognitive outcomes and enhances school readiness. When the care and environment are consistent, developmentally appropriate, emotionally supportive, and safe, children and their families reap positive results.46 These positive outcomes are long-lasting and continue to impact children as they grow into adulthood. As adults, children who attended a high-quality early learning program are more likely to pursue higher education, be employed, and earn higher wages, as well as less likely to commit crimes.47

Indiana has a statewide voluntary quality rating and improvement system called Paths to QUALITY™ (PTQ). The PTQ program helps early care and education providers improve the quality of their programs and helps parents find high-quality care for their children. In PTQ, there are four levels of quality, and providers must meet specific standards of health, safety, training, curriculum, and accreditation to advance through the levels.48 Programs that have attained levels 3 or 4 in PTQ are considered to be high-quality.

- As of June 2021, 2,572 programs participated in the PTQ program, with 1,645 programs rated as high-quality, levels 3 and 4. 85,944 children could be served in a high-quality program.
  - 67 new high-quality programs opened between March 2020 and June 2021, increasing capacity by about 1,500 children.
• The six counties with the most high-quality programs are Marion (294), Lake (161), Allen (126), St. Joseph (88), Vanderburgh (71), and Vigo (66).

• About one-third of childcare programs in rural counties (272) were designated as high-quality with capacity for 9,948 children.
  o Warren and Switzerland did not have a high-quality childcare program. Newton and Jasper, which did not have a high-quality program in 2020, had 2 and 3 programs, respectively.49

• In 2020, preschoolers made up the largest percentage of the age groups enrolled in high quality care (67%), followed by toddlers (26%) then infants (7%).50

• Less than half of Indiana children ages 3 to 4 (41.1%) were enrolled in preschool in 2020 compared to the national rate of (47.3%). This was a slight increase from the 2019 rate of 39.8%.

• Of Hoosiers in preschool, 56.6% were enrolled in public school and 43.4% were in private school.53

Pre-Kindergarten Programs

Pre-Kindergarten (Pre-K) builds young children’s social-emotional readiness, self-regulation, attention, and cooperation skills. These skills are foundational for success during children’s school years and in later life.50 Children who attend preschool are more likely to be prepared for kindergarten than their peers who do not attend preschool. Those who attend high-quality preschool are more likely to earn higher test scores in literacy, language arts, numeracy, and mathematics than their peers who do not attend preschool. Long-term outcomes related to behavioral, health, and educational outcomes in adulthood are also connected to preschool attendance.52

Based on a 2021 evaluation of the On My Way Pre-K program, children who attended the program have stronger general school readiness, language, and literacy skills in kindergarten than their peers with similar family incomes who attend lower-quality programs. On My Way Pre-K provides a robust learning experience that low-income children may otherwise not have access to, and in turn, this gives them a greater chance of succeeding in elementary school. Additionally, children who participated in On My Way Pre-K had significantly higher Mathematics and meaningful English/Language Arts scores on the Indiana Learning Evaluation Assessment Readiness Network (ILEARN) assessment in third and fourth grades than the comparison students. Findings also highlight opportunities to enhance the quality of program delivery to ensure children are receiving the strongest start to their education. Specifically, it may be beneficial to offer professional development to teachers that focuses on instructional quality to support the development of specific math, literacy, and executive function skills.

• Of Hoosiers in preschool, 56.6% were enrolled in public school and 43.4% were in private school.53

Pre-Kindergarten Enrollment of Children Ages 3 to 4, Indiana and Neighboring States: 2020

Source: U.S. Census Bureau, Table B14003
Pre-Kindergarten Programs continued...

Pre-School Enrollment of Children Ages 3-4 by Race/Ethnicity, Indiana and United States: 2020

The quality of instruction and teacher-child interactions, as well as the effective use of developmentally appropriate assessment practices and curriculum, are all essential factors which impact a child’s outcomes during their preschool years. The alignment of developmentally appropriate assessment practices, curriculum, and instruction support children’s growth and development. Indiana does not currently have a uniform assessment system for young children to measure school readiness, with school districts measuring school readiness with a variety of assessments.

Children's academic readiness can be influenced by their socioeconomic background. For example, by 3 years of age, some research has suggested that there may be a 30 million word gap between children from the wealthiest and poorest families (although more recent research suggests the gap may be more likely to be 1 to 4 million words, far less but still substantial). By 18 months, children in different socioeconomic groups display dramatic differences in their vocabularies. By 2 years, the disparity in vocabulary development has grown significantly. Early language skills are associated with reading ability, income, healthcare outcomes, and high school graduation rates. Children who start out with lower language skills are projected to have lower school readiness scores and may struggle throughout their academic career. Access to high-quality early educational programs help children, particularly those from disadvantaged backgrounds, develop their language skills.

- In 2020, 39.8% of Hoosier parents reported reading to their baby every day, slightly above the national rate of 37.2%.
- 55.4% of Hoosier parents sing to their baby every day.
- 10.3% of infants/toddlers receive IDEA Part C services, which is higher than the national rate of 6.8%.
- 7.0% of Hoosier income-eligible infants/toddlers have Early Head Start Access, which is below the national rate of 11.0%.
- Hoosier babies ages 9 to 35 months are less likely to receive developmental screenings (26.1%) than the national rate (36.1%).

Locally:

- **Develop local initiatives and strategies to increase interventions in early childhood education**: Several diverse school districts have launched comprehensive education initiatives that use community-building to tackle poverty-related impediments to early learning and student success. School districts in Austin, Texas, Pea Ridge, Arkansas, and Joplin, Missouri, for example, have leveraged district and/or private funds to create initiatives and expand access to high-quality pre-K for their most vulnerable young children. Pea Ridge funds seats for low-income students through a combination of grant money and paid seats. Though each initiative is tailored to the districts’ specific needs, the initiatives share common elements that boost early achievement and sustain supports throughout children’s academic trajectories. These supports include investments in supports for new parents; access to childcare, quality pre-K, and other early childhood education experiences; attention to the full range of students’ needs, including health and nutrition support and enriching opportunities both within and outside of the classroom; efforts to reduce student absenteeism; strong parent and community engagement; and targeted strategies to boost college, career, and civic readiness.
Statewide:

- **Implement an equitable kindergarten readiness inventory:** Building from vertically aligned standards and curricula beginning in the third grade, Indiana could adopt a statewide kindergarten readiness inventory to gauge children’s levels of readiness at school entry in early numeracy, early literacy, and social-emotional skills, all of which can predict difficulties in later academic performance. Kindergarten readiness inventories improve classroom instruction and provide an understanding of the population at an aggregate level to support policy making regarding early learning resources and systems. Educators and parents obtain information about kindergarten readiness of individual children and various subgroups of children, identifying those children and groups that will require remediation and additional support. Additionally, when gaps in readiness are identified, schools need to have adequate resources available to them to support the strategies necessary for closing these gaps.

Children with Developmental Delays or Disabilities

Parents and caregivers face increased demands and coordination of care for children with developmental disabilities. Parental access to social support can help mitigate some of the negative effects of caregiving burdens. 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, 10.6% of children ages 1 to 17 received services under an early intervention plan in 2019-2020.
  - 31.4% of children with special healthcare needs received services under a special education plan.
  - 22.8% of children began receiving special education services younger than 3 years old; 31.9% of children started receiving services between ages 3 and 5; and 45.3% of children were between 6 and 17 years old when their services began.

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. Most children served through First Steps have an Individualized Family Service Plan (IFSP). An IFSP is based on an in-depth assessment of the child’s needs and the needs and concerns of the family. It contains 1) information on the child’s present level of development in all areas; 2) outcomes for the child and family; and 3) services the child and family will receive to help them achieve the outcomes. Services available through the IFSP are usually provided in the child’s home. The major difference between an IFSP and an Individualized Education Plan (IEP) is that an IFSP focuses on the child and family and the services that a family needs to help them enhance the development of their child. The IEP focuses on the educational needs of the child. An IEP is an education document for children ages 3 to 21. It focuses on special education and related services in schools. An IFSP is broader, and it is used for children from infancy through age 2, involves the family, and may include professionals from several disciplines in planning for the child.

- From April 2020 to March 2021, 21,811 children with an IFSP were served by First Steps. 1,763 children without an IFSP were also served during this time.
  - The average age at referral was 14 months.
  - By race/ethnicity, White Hoosier children (69%) represented the majority of those served by First Steps, followed by their Black (11%), Hispanic/Latino (9%), Two or more races (8%), and Asian peers (2%).
  - Among the services provided by First Steps, 65% of children received speech therapy, 56% received occupational therapy, 53% received developmental therapy, and 50% received physical therapy.
Kindergarten through Grade 12 Enrollment

All Hoosiers ages 7-18 are required to attend school. Each school corporation is also required to provide a kindergarten program for eligible students starting at age five. In the 2020-2021 academic year, 1,112,611 students were enrolled in kindergarten through grade 12.

- 746,829 students were enrolled in kindergarten through grade 8.
- 341,646 students were enrolled in grades 9 through 12.

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

Student Demographics

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

- In 2020-2021, nearly 9 in 10 students attended a traditional public school (88.7%), with 4.6% of students attending public charter schools; 3.3% attending School Choice Voucher schools, and 3.4% attending non-public schools.
- Almost one-third of Hoosiers students (33.9%) were a race other than White.
- Nearly half of the student population was economically disadvantaged (45.9%).
- 6.6% of the student population were English Learners.
- 15.5% of the population were students with disabilities.
- 14,182 (1.4%) students experienced homelessness.

K-12 Student Population by Race/Ethnicity, Indiana: 2020-2021

![K-12 Student Population by Race/Ethnicity, Indiana: 2020-2021]

Source: Indiana Department of Education

Charter School Enrollment

A charter school is a type of public school that receives public funding but is managed by a nonprofit entity. They do not receive any funding from local taxes. Since only public school corporations receive property taxes, high-performing and new public charter schools receive a $1,000 per student in addition to Foundation grant dollars ($5,995 per student in 2021-2022 and $6,235 for the 2022-2023 school year). Virtual charter schools receive 85% of the Foundation grant dollars.

- Indiana has 116 charter schools authorized to operate. Most charter schools are in Marion (88) and Lake (11) Counties.
- In 2020-2021, 49,613 students were enrolled in Indiana charter schools (4.6% of all Hoosier students). The number of students enrolled in charter schools increased by about 5,000 students (44,965) from 2019-2020.
School Choice Vouchers

The Indiana Choice Scholarships program provides vouchers to qualifying families to offset tuition costs at participating nonpublic schools.\(^7^6\)

- In 2020–2021, 78,758 Hoosier students were enrolled in non-public schools.\(^7^7\)
- In 2020–2021, 35,768 Hoosier students participated in the Choice Scholarship Program. 38.4% of these students previously attended an Indiana public school.
- Most Choice Scholarship recipients were students in elementary school: 51.5% of recipients enrolled in kindergarten to grade 5; 26.2% were in grades 6 to 8; 22.3% were in grades 9 to 12.
- 7.8% of Choice Scholarship recipients were in special education.\(^7^8\)

Special Education Demographics

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

The Individuals with Disabilities Education Act (IDEA) is the federal law governing special education in K-12 schools. IDEA requires a free, appropriate public education provided in the least restrictive environment for students with disabilities. It was enacted to ensure that all children with disabilities are provided with equal opportunity, full participation, independent living, and economic self-sufficiency. IDEA requires states and schools to provide early intervention and special education-related services to eligible infants, toddlers, children, and youth with disabilities.\(^7^9\)

- In 2020–2021, 172,455 students were enrolled special education in Indiana schools (15.5% of students).
- Male students comprised almost two-thirds of students identified for special education – 63.9% of special education students were male versus 36.1% female.
- Low-income students made up 56.9% of the special education student population.\(^8^0\) When accounting for socioeconomic background, low-income children of color are still less likely to receive special education services than similar White children. Though the cause of this disproportionate representation of students of color is not certain, greater awareness and cultural understanding among those working with children can help ensure every child receives the correct and necessary resources to succeed.\(^8^1\)
- 6.4% of special education students were English Learners.
- The racial/ethnic disaggregation of students in special education was nearly proportional to the student population.\(^8^2\)

Students in Special Education by Race/Ethnicity, Indiana: 2020–2021

![Image of bar chart showing the percentage of special education students and all students by race/ethnicity for Indiana in 2020-2021.](image)

Source: Indiana Department of Education
High Ability Demographics

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

- In 2020–2021, 127,286 students were considered high ability (11.4% of students).
- 51.7% of high ability students were male, and 48.3% were female.
- In contrast to special education students, low-income students had a lower representation than their higher income peers in the high ability student population. 23.0% of high ability students also qualified for free or reduced-price meals; and 76.9% of high ability students qualified for paid meals.
- 3.7% of high ability students also received special education services.
- The racial/ethnic representation within high ability students skewed toward an overrepresentation of White students and an underrepresentation of students of color compared to the overall racial/ethnic disaggregation.

---

Percentage of Students by Primary Disability, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Learning Disability</td>
<td>31.7%</td>
</tr>
<tr>
<td>Language or Speech Impairment</td>
<td>20.7%</td>
</tr>
<tr>
<td>Other Health Impairment</td>
<td>16.5%</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>9.7%</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>6.6%</td>
</tr>
<tr>
<td>Mild Cognitive Disability</td>
<td>5.3%</td>
</tr>
<tr>
<td>Emotional Disability</td>
<td>3.8%</td>
</tr>
<tr>
<td>Moderate Cognitive Disability</td>
<td>1.9%</td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td>1.4%</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>1.1%</td>
</tr>
<tr>
<td>Orthopedic Impairment</td>
<td>0.8%</td>
</tr>
<tr>
<td>Blind or Low Vision</td>
<td>0.5%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>0.2%</td>
</tr>
<tr>
<td>Severe Cognitive Disability</td>
<td>0.2%</td>
</tr>
<tr>
<td>Deaf-blind</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
English Learners

Students with Limited English Proficiency (LEP) are students with a primary language other than English who have a limited range of English speaking, reading, writing, or listening skills. Students who are Fluent English Proficient (FEP) demonstrate “native” or “nativelike” English speaking, listening, reading, and writing. Students enrolling in Indiana schools for the first time are required to take a Home Language Survey upon entrance. Students who are enrolling in a K-12 school with a native language other than English are screened for proficiency using the World-Class Instructional Design and Assessment (WIDA). If a student does not achieve proficiency on the screening, they are then identified as an English Learner. Following the identification, an Individualized Language Plan is created for the student to document the student’s accommodations and strategies necessary in the classroom and on tests. Indiana’s long-term goal is for 70% of English learners to attain English language proficiency within six years.

- In 2020–2021, 73,432 students were English Learners (6.6% of all students).
- The most prevalent language spoken by students other than English is Spanish – 92,731 students’ primary language. The other most common languages spoken by Hoosier students include:
  - Arabic – 3,840 students
  - Chin – 3,528 students
  - Burmese – 3,340 students
  - Mandarin (Sichuanese) – 2,530 students
  - German (Amish) – 2,251 students
  - Yoruba – 2,131 students
  - Punjabi – 2,127 students

Youth in the Foster Care System

The Indiana Department of Education (IDOE) reported 14,474 students who were enrolled in the foster care system in 2020–2021. This was fewer students than reported in 2019–2020, which was 15,843. For more information on foster youth and policies related to foster youth, see the Family & Community Spotlight.

- Males and females were almost evenly represented of those enrolled in Pre-Kindergarten through grade 12 foster care data – 51.7% and 48.3%, respectively.
- When compared to all students, foster youth enrolled in Pre-Kindergarten through grade 12 had a disproportionate percentage of Black, Two or more races, and special education.
- Special education students were overrepresented in the foster care system. More than twice as many foster care students had a disability (34.3%) than the overall student population (15.5%).
- Similarly, the percentage of foster care students eligible for free or reduced-price meals (81.7%) was nearly twice as high as the overall student population (45.9%).
Youth in the Foster Care System continued...

The IDOE’s Annual Report on Foster Care Students for 2019–2020 illustrated educational disparities across multiple data points when comparing Indiana’s foster youth to their non-foster peers.

- In 2019–2020, 57.7% of foster youth graduated, which was 30 percentage points lower than the state rate of 87.7%.
  - 23.6% of foster youth earned a General diploma, compared to 9.0% of all students. Indiana’s General diploma is not aligned to college- and career-readiness benchmarks, thus indicating that almost one-quarter of foster students graduated ill-prepared for postsecondary life.
  - 8.2% of foster youth earned an Honors diploma, compared to 39.9% of all students.

- Regarding the retention and promotion of students for 2019–2020, 2.8% of foster care students were retained in kindergarten through grade 11. The retention rate of foster care students was more than double that of all students (0.8%) and that of low-income students (1.1%).
  - Within the foster care student population, males and special education students had the highest retention rates. 3.1% of male foster care students were retained versus 2.5% of females. 3.7% of special education foster care students were retained compared to 2.4% of general education.

- 25.1% of foster care students were suspended and 1.1% of foster care students were expelled in 2019–2020. These rates were significantly higher than the overall suspension rate of 8.7% and the expulsion rate of 0.2%.
  - Black students in foster care had the highest rates of suspension (32.1%) and expulsion (1.2%) among all subgroups.
  - Male and special education students had higher rates of suspension (26.7% and 27.3%) and expulsion (1.2% and 0.6%) than the suspension and expulsion rates of their peers.

For additional data on and strategies to improve the educational outcomes of students in the foster care system, please check out this [report](#) from Foster Success.

Students Experiencing Homelessness

Children who lack a stable home are vulnerable to educational deficits, adverse outcomes, poor health, and difficulties in accessing health care. The high mobility rates associated with homelessness, as well as the trauma associated with being homeless, the traumas that may have led to homelessness, stigma within the system, difficulties with transportation access, and lack of family stability, lead to school disruptions and are linked with lower levels of academic achievement and limited employment opportunities.

- In 2020–2021, an estimated 14,054 Indiana students experienced homelessness under the McKinney-Vento definition. Most students (93.5%) were in enrolled in traditional public schools, while a small percentage attended charter schools. The complete number of enrolled homeless students is currently unknown as nonpublic schools do not report homeless status to the state.
- 644 students were both homeless and in the foster care system.
- 50.2% of students experiencing homelessness were female, and 49.7% were male.
- Black students and those of Two or more races were significantly overrepresented in the homeless student population, as were students in special education and English Learners.
- 83.0% of homeless students qualified for free or reduced-price meals during 2019–2020. Under the Richard B. Russell National School Lunch Act, homeless students automatically qualify for free or reduced-price meals through the National School Lunch and School Breakfast Program. The 17% gap of homeless students not designated as qualifying for free or reduced-price meals may have been due to a timing issue associated with the data or lack of knowledge regarding eligibility.
Historically marginalized or disenfranchised subgroups of youth tend to experience greater rates of homelessness when compared to their peers. Based on national data:

- Black youth had an 83% higher risk for homelessness.
- In predominantly rural counties across the U.S., 9.2% of older youth ages 18 to 25 reported any homelessness; in predominantly urban counties, the prevalence rate was 9.6%.
- Homelessness among youth ages 13 to 17 was 4.4% in predominantly rural counties and 4.2% in mainly urban counties. While the number of youth experiencing homelessness is larger in urban areas, as a share of the population size, youth homelessness is just as much of a challenge in rural communities as it is in more urban communities.
- Young parents had three times the risk of experiencing homelessness compared to non-parenting peers.
- Youth without a high school diploma or equivalency have a 346% higher risk for homelessness than their peers with a high school diploma.
- Nationally, LGBTQ+ youth are more than twice as likely to experience homelessness as their non-LGBTQ peers. Compared to youth who were non-LGBTQ youth, nationally, LGBTQ+ youth had a 120% higher risk for homelessness.
- Sex trafficking is prevalent among homeless youth and even more so with LGBTQ youth. While 15% of non-LGBTQ youth were forced to have sex, the rate for LGBTQ homeless youth was more than twice that at 38%. LGBTQ youth exchanged sex for basic needs at a rate that was three times that of non-LGBTQ youth, 27% and 9% respectively.
- The Indiana Youth Group estimates that 40% of Hoosier youth and young adults experiencing homelessness are LGBTQ+. The group notes that many of the homeless youth in Indiana are experiencing homelessness due to family rejection. Often, youth are kicked out of their homes or feel they must leave due to their family’s rejection.

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

According to the IDOE’s 2019-2020 Annual Report for students experiencing homelessness, educational outcomes for this subgroup were lower than their non-homeless peers.
Students Experiencing Homelessness continued...

- In 2019–2020, the graduation rate for students experiencing homelessness was 84.7%, which was 3 percentage points lower than the state rate.
  - 19.3% of students experiencing homelessness earned a General diploma, compared to 9.0% of all students. Almost 1 in 5 students experiencing homelessness graduated without meeting the state’s benchmarks for college- and career-readiness.
  - 16.5% of students experiencing homelessness earned an Honors diploma, which was 23.4 percentage points lower than all students.
- Students experiencing homelessness had a higher retention rate (2.0%) than all students (0.8%) and students in poverty (1.1%).
  - When disaggregating students experiencing homelessness by racial/ethnic minorities, Two or more races and Hispanic/Latino students had the highest retention rate of 2.3%.
  - Female students experiencing homelessness had a higher retention rate (2.2%) than their male peers (1.7%).
  - Students experiencing homelessness and receiving special education services and students who are American Indian or Alaskan Native had the highest retention rates of all subgroups at 2.4 and 2.9% respectively.
  - 6.7% of students experiencing homelessness in kindergarten were retained, the highest rate by grade level. First graders experiencing homelessness held the second highest retention rate of 5.6%.
- Students experiencing homelessness were disciplined at a disproportionate rate compared to all students.
  - In 2019–2020, the suspension rate of students experiencing homelessness was 15.8% compared to 8.7% for all students. These rates were significantly higher than the overall suspension rate of 8.7% and the expulsion rate of 0.2%.
  - Expulsion rates were similar – 0.3% for students experiencing homelessness and 0.2% for all students.
  - 7th and 8th grades had the highest rates of suspension of homeless students (28.0% and 28.8%, respectively).
  - 20.8% of male students and 10.7% of female students experiencing homelessness were suspended.
  - Students experiencing homelessness in special education had the highest suspension rate among all subgroups at 22.8%.
  - Black students experiencing homelessness had the highest suspension rate of all subgroups at 23.7%. Homeless students of Two or more races had a suspension rate of 18.2%.

### Suspension and Expulsion Rates of Homeless Students by Additional Demographics, Indiana: 2019–2020

<table>
<thead>
<tr>
<th></th>
<th>Students Suspended</th>
<th>Students Expelled</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td><strong>25%</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or More Races</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

For additional data on and strategies to improve educational outcomes for students experiencing homelessness, please check out IYI, School on Wheels, and Chamberlin/Dunn’s [reports](#) on homeless students.
Teachers
There were 67,120 full-time educators in Indiana in 2020-2021, an increase of about 1,000 teachers from 2019-2020. Of the total number of teachers, 61,529 teachers were retained.

- The grade levels that experienced the largest decreases were Pre-Kindergarten (decrease of 5,483 teachers) and Kindergarten (decrease of 6,034 teachers).
- Grades 12, 9, and 8 experienced an increase in teachers (1,255, 825, and 657 teachers, respectively).
- 4,474 emergency permits were administered in 2020-2021.105
- 74.8% of educators (50,234) were female, and 25.2% were male (16,892).
- Most Hoosier teachers (41.5%) were in the 36 to 50 years age group, followed by 31.1% in the 20 to 35 years age group, and 25.6% in the 51 to 65 age group.
- 92.6% were White, and 7.4% were people of color.106 Compared to the entire student population, students who are non-White are underrepresented by teachers who share the same race or ethnicity. For students of color, having an educator who shares the same race, ethnicity, or background can increase the students’ test scores and reduce disciplinary issues. Also, with diverse teachers, students of color benefit from higher expectations and the positive impact of seeing members of their community as role models and authoritative figures.107,108

### Teacher Population by Race/Ethnicity, Indiana: 2020-2021

- **American Indian**
- **Asian**
- **Black**
- **Hispanic/Latino**
- **Two or more races**
- **White**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Source: Indiana Department of Education

National researchers found that if a Black male student has at least one Black teacher in the third, fourth, or fifth grade, he is significantly less likely to drop out of high school and more likely to aspire to attend a four-year college. In addition, if a low-income, Black male youth is exposed to at least one Black teacher in elementary school, the student’s probability of dropping out of high school is reduced by nearly 40%.109 Not only do students of color benefit from teacher diversity, but White students benefit too. For White students, a diverse learning environment provides exposure to different perspectives and can improve their ability to problem solve, think critically, and develop creativity. Furthermore, diverse teachers can increase White students’ civic engagement and foster cognitive, social, and emotional benefits.110

### Leveraging the Data

**Locally:**

- **Develop strategic relationships with higher education institutions:** To recruit more diverse teachers, districts may want to partner with local and national institutions that have more diverse student bodies. Districts can also partner with alternative teacher preparation programs, which are more likely to serve people of color, to identify and recruit teachers by sharing information about anticipated vacancies.111 Programs in Indiana include Transition to Teaching, Teach For America, and TNTP Teaching Fellows. Educate Me Foundation also serves as an intermediary organization in Indiana to help districts recruit and retain teachers of color.

Create more “Grow-Your-Own” models: Between 2015 and 2019, less than 7% of high school graduates that were bound for college in Indiana were pursuing Education as a major. This indicates that students need encouragement and support earlier on to enter this vital profession. Grow-Your-Own programs allow students who show interest in Education a chance to develop foundational skills, hands-on experiences, and dual credit prior to high school graduation. The state can also provide funding to allow the development of more programs across districts. This strategy also has the potential to support the pipeline in rural areas.

Strategically and intentionally place teachers of color in schools: Teachers of color are more likely to be placed in schools with weak organizational conditions, poor leadership, and difficult working conditions, which increases the likelihood of attrition. Before placement, the research literature suggests that districts consider the organizational conditions of the school, the strength of the school’s leadership team, and overall fit, as well as how assignments are aligned with new hires’ content expertise. Additionally, districts can develop comprehensive induction to support teachers of color in their first years of teaching, including being matched with a veteran mentor teacher and receiving coaching and feedback from experienced teachers.

Statewide:

Increase diverse teacher recruitment and retention efforts: Develop a statewide recruiting and staffing framework to attract diverse educators. This framework could build upon the Indiana Commission for Higher Education’s existing scholarships of the Earline S. Rogers Student Teaching Stipend for Minorities and William A. Crawford Minority Teacher Scholarship to attract minorities to the teaching profession. Specific strategies include:

- Directing the federal funds Indiana receives through Title II of the Elementary and Secondary Education Act (reauthorized as Every Student Succeeds Act). Indiana received $36.1 million in fiscal year 2019 to support preparing, training, and recruiting high quality teachers and principals. In the state’s administrative plan, it can prioritize the recruitment of diverse educators and school leaders.

- Underwriting the cost of teacher preparation through loan forgiveness, rather than grant, in exchange for a commitment to teach in high-need schools or subject areas.

- Adjusting state teacher licensure requirements to allow teaching candidates to demonstrate their competency through rigorous and authentic performance assessments that do not have the degree of racial disparity in pass rates that traditional exams have had.

- Setting a measurable goal for how much the state will increase racial and gender diversity of the teaching force over a period of time. This can allow all partners to effectively coordinate efforts together across Pre-K through 12, postsecondary and alternative training and licensure programs. An accompanying dashboard can also be created to see how progress is going in the teacher workforce and educator preparation programs. This approach has been adopted in the neighboring states of Illinois and Kentucky.

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

- In 2020–2021, Indiana retained 86.9% of its educators from the previous school year. This is a slight decrease from the retention rate in 2019–2020 of 87.7%.

- Comparing 2019–2020 to 2020–2021, 262 (65.3%) school corporations showed improvement in teacher retention, while 132 (32.9%) saw a decrease in their teacher retention. Seven (1.74%) schools showed no changes.

- West Central School Corporation had the highest retention rate at 100% – all 74 teachers from 2019–2020 returned for 2020–2021.
### Top 10 School Corporations with Retention Improvements, Indiana: 2019–2020 versus 2020–2021

<table>
<thead>
<tr>
<th>Corporation</th>
<th>2020 Retention</th>
<th>2021 Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Community Schools Inc.</td>
<td>40.0%</td>
<td>71.4%</td>
</tr>
<tr>
<td>West Central School Corporation</td>
<td>70.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Randolph Southern School Corporation</td>
<td>66.7%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Southside Sp Srvs of Marion County</td>
<td>63.2%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Oregon–Davis School Corporation</td>
<td>65.8%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Dugger Union Community School Corporation</td>
<td>71.1%</td>
<td>90.2%</td>
</tr>
<tr>
<td>North White School Corporation</td>
<td>72.6%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Jac–Cen–Del Community Sch Corporation</td>
<td>78.3%</td>
<td>95.0%</td>
</tr>
<tr>
<td>South Henry School Corporation</td>
<td>68.4%</td>
<td>84.5%</td>
</tr>
<tr>
<td>Griffith Public Schools</td>
<td>70.0%</td>
<td>84.4%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

### Top 10 School Corporations with Decreases in Retention, Indiana: 2019–2020 versus 2020–2021

<table>
<thead>
<tr>
<th>Corporation</th>
<th>2020 Retention</th>
<th>2021 Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Davieses Community Schools</td>
<td>97.3%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Lanesville Community School Corp</td>
<td>100.0%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Randolph Central School Corporation</td>
<td>89.2%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Orleans Community Schools</td>
<td>92.2%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Vigo County School Corporation</td>
<td>94.7%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Knox Community School Corporation</td>
<td>94.2%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Richmond Community Schools</td>
<td>100.0%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Eminence Community School Corporation</td>
<td>96.9%</td>
<td>78.1%</td>
</tr>
<tr>
<td>North Lawrence Community Schools</td>
<td>85.2%</td>
<td>56.2%</td>
</tr>
<tr>
<td>Clarksville Community School Corporation</td>
<td>76.1%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

### Teacher Retention Rates by School Corporation, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>10 Highest School Corporations</th>
<th>10 Lowest School Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Central School Corp</td>
<td>Clarksville Community School Corp</td>
</tr>
<tr>
<td>100.0%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Loogootee Community Schools</td>
<td>North Lawrence Community Schools</td>
</tr>
<tr>
<td>98.6%</td>
<td>56.2%</td>
</tr>
<tr>
<td>North Judson–San Pierre School Corp</td>
<td>Union School Corp</td>
</tr>
<tr>
<td>98.5%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Jay School Corp</td>
<td>Medora Community School Corp</td>
</tr>
<tr>
<td>96.9%</td>
<td>66.7%</td>
</tr>
<tr>
<td>South Central School Corp</td>
<td>Whitko Community School Corp</td>
</tr>
<tr>
<td>96.8%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Milan School Corp</td>
<td>Scott County School District 1</td>
</tr>
<tr>
<td>96.5%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Southern Hancock County Community School Corp</td>
<td>Elwood Community School Corp</td>
</tr>
<tr>
<td>96.3%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Greencastle Community School Corp</td>
<td>Southwestern–Jefferson County Consolidated Schools</td>
</tr>
<tr>
<td>96.1%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Springs Valley Community Schools</td>
<td>Eminence Community Schools</td>
</tr>
<tr>
<td>96.1%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Barr–Reeve Community School Corp</td>
<td>Randolph Central School Corp</td>
</tr>
<tr>
<td>92.2%</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
School Counselors

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

- In 2020-2021, Indiana had 2,099 school counselors around the state. The number of counselors has steadily grown from 2015-2016 when Indiana had 1,841 counselors.
- Indiana employed one licensed school counselor for every 530 students, illustrating an improvement in the school counselor to student ratio over the past five years. However, Indiana’s current ratio still is more than double the national recommendation of 1 school counselor to 250 students.

School Counselor per Students Ratio by School Corporation, Indiana: 2020-2021

<table>
<thead>
<tr>
<th>10 Lowest School Corporations</th>
<th>10 Highest School Corporations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medora Community School Corporation</td>
<td>1:171</td>
</tr>
<tr>
<td>West Central School Corp</td>
<td>1:223</td>
</tr>
<tr>
<td>Tri-County School Corp</td>
<td>1:250</td>
</tr>
<tr>
<td>North Putnam School Corp</td>
<td>1:258</td>
</tr>
<tr>
<td>MSD Steuben County</td>
<td>1:258</td>
</tr>
<tr>
<td>Sheridan Community Schools</td>
<td>1:259</td>
</tr>
<tr>
<td>MSD Wabash County Schools</td>
<td>1:262</td>
</tr>
<tr>
<td>Eastbrook Community School Corp</td>
<td>1:273</td>
</tr>
<tr>
<td>Clinton Central School Corp</td>
<td>1:274</td>
</tr>
<tr>
<td>North Adams Community Schools</td>
<td>1:274</td>
</tr>
</tbody>
</table>

Arts Education

Arts education and participation, which includes dance, media arts, music, theatre, and visual arts, is related to behaviors that contribute to the health of civil society, such as increased civic engagement and greater social tolerance. The top 10 counties by total enrollments for 2020-2021 represent over half of all art course enrollments in the state (56.2%). The top ten counties are either urban or suburban. Based on course enrollment, Hancock County has the highest number of enrollments of urban/rural counties at 2,257; it is the 15th highest county for enrollment overall. In comparison, the 10 lowest counties represent 1.1% of art course enrollments. Additionally, all ten are rural counties.

Middle and High School Enrollment in Art Courses by County, Indiana: 2020-2021

<table>
<thead>
<tr>
<th>Top 10 Counties</th>
<th>Lowest 10 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>23,546</td>
</tr>
<tr>
<td>Lake</td>
<td>11,840</td>
</tr>
<tr>
<td>Hamilton</td>
<td>11,373</td>
</tr>
<tr>
<td>Allen</td>
<td>8,804</td>
</tr>
<tr>
<td>Elkhart</td>
<td>6,131</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>6,045</td>
</tr>
<tr>
<td>Hendricks</td>
<td>5,222</td>
</tr>
<tr>
<td>Porter</td>
<td>3,979</td>
</tr>
<tr>
<td>Johnson</td>
<td>3,734</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>3,478</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
STEM Education

STEM education is related to the teaching of science, technology, engineering, and math disciplines. This content is critical to preparing students for success in the 21st century, which is becoming more reliant on STEM fields. As of 2020, two-thirds of U.S. jobs (67%), 69% of U.S. GDP and $2.3 trillion in annual federal tax revenue was attributable to STEM. To prioritize STEM learning, Indiana created a STEM school certification, a process to recognize schools with an approach to education that employs inquiry, project-based learning, student-centered classrooms, and out-of-school STEM activities.

One barrier for students is access STEM programs and initiatives. As illustrated by the map of STEM-certified schools, these schools tend to be clustered in more urban and suburban areas; few STEM-certified schools are in rural areas.

The Indiana Department of Education released a six-year STEM plan for the State in 2019. The plan has three goals:

1. Improve STEM Instruction: 100% of Indiana K-12 teachers will be trained in problem/project/inquiry-based approaches to learning by 2025.
2. Scale Evidence-based STEM Curriculum in Classrooms: 100% of Indiana K-12 schools will implement integrated, evidence-based STEM curriculum by 2025.
3. Foster Early STEM Career Exposure: 100% of Indiana’s K-12 schools will create and sustain robust STEM related business and industry partnerships in order to inform curriculum, instruction, and student experiences to foster college and career readiness.

School Climate and Engagement

Positive school climate is connected to overall student engagement and can be linked to academic achievement. Students who are actively engaged in their schoolwork tend to perform better and feel safe at school. When students feel they are being recognized for their work and are learning about opportunities for the future, they are more likely to be engaged. Children thrive when they are surrounded by stable, consistent, and meaningful relationships with caring adults. Even the impact of adversity (i.e. Adverse Childhood Experiences or toxic stress) can be mitigated with the presence of a safe, secure, nurturing relationship. Specifically, exclusionary school discipline (such as suspensions or expulsions) has been found to decrease school engagement, worsen academic performance, and increase the likelihood that students will become involved in the criminal justice system.

- In 2019–2020, 43.4% of Hoosier children 6 to 17 were always engaged in school (e.g., care about doing well in school and does required homework); 39.5% were usually engaged in school; and 17.1% are sometimes or never engaged in school.
  - Compared nationally, Indiana had more students sometimes or never engaged (17.1%) than the national rate (16.8%).
  - School engagement was higher for children ages 6 to 11 (85.3% were always or usually engaged) than for children ages 12 to 17 (75.9%).

The full list of schools can be found [here](#).
The states’ full STEM plan can be accessed [here](#).
For additional data and recommendations regarding STEM programs in Indiana, please check out IYI’s [SPOTLIGHT: ALL IN for Science, Technology, Engineering and Math](#).
School Climate and Engagement continued...

- School engagement was higher for children in households with higher income levels. Children in poverty may regularly experience obstacles and difficulties that divert their attention and make it hard to focus on school. Obstacles, such as health and well-being, food and/or housing insecurity, access to physical and material resources, and mobility, are more often faced by students in poverty than their higher-income peers.135

<table>
<thead>
<tr>
<th>Household income</th>
<th>Always or Usually Engaged</th>
<th>Sometimes or Never Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>72.5%</td>
<td>27.6%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>81.8%</td>
<td>18.3%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>83.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>89.0%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

- Children with two or more Adverse Childhood Experiences (ACEs) had a lower school engagement (64.6% were always or usually engaged) than their peers with one ACE (87.4%) or no ACEs (89.2%).136 Similar to children in poverty, children with multiple ACEs may experience struggles that divert their attention and engagement away from school. Potentially, these two populations may intersect, which may have a negative compounding effect on Hoosier children’s school engagement.

- 52.2% of parents reported that their children always cared about doing well in school. 34.8% of parents reported that their children usually cared, and 10.7% sometimes cared about doing well.137

- 57.0% of parents reported that their children ages 6 to 17 always do their required homework. 29.8% of parents reported that their children usually do their required homework.

- 65.6% of children ages 6 to 11 were reported as always doing their homework compared to 52.3% of children ages 12 to 17.138

- 56.5% of Hoosier children ages 6 to 17 participated in sports in 2019; 47.7% participated in a club or organization; and 37.7% participated in other organized activities (e.g., music, dance, language, or other arts).139,140,141

- In 2019–2020, 37.9% of children ages 6 to 17 reported participating in some type of community service or volunteer work at school, church, or in the community, which was less than the national rate 40.5%.142

- 68.4% of parents of children ages 6 to 17 indicated “always” attending their child’s events or activities, which was higher than the national rate of 67.7%.143

- 92.5% of parents indicated their child, ages 6 to 17, had at least one other adult in their school, neighborhood, or community who knows the child well and who he or she can rely on for advice or guidance. Children ages 6 to 11 (92.1%) had a lower percentage of reporting at least one adult who they rely on for advice than children ages 12 to 17 (92.9%).144

Attendance

Regular school attendance is associated with higher academic achievement, especially for low-income students. Chronic student absence reduces a child’s opportunity and ability to learn. Negative school-related behaviors, including higher rates of absenteeism, can increase students’ risk for dropping out of school. The penalties for students who miss school, such as detention or suspension, may unintentionally worsen the situation, since the youth will again lose access to content.145 Factors that contribute to a child’s frequent absence from school include family health or financial concerns, poor school climate, drug and alcohol use, transportation problems and differing community attitudes towards education.146

- In 2020–2021, students were enrolled for an average of 165 days across all counties.
  - On average, students were absent for about 9 days.

- When disaggregating attendance data, differences emerged based on race/ethnicity. Asian (96.1%) and White (94.9%) had the highest attendance rates among all subgroups.
  - Black (87.6%) and Native Hawaiian or Other Pacific Islander (91.7%) students had the lowest attendance rates in 2020–2021. This equates to missing 20 and 13 days, respectively.

- Disaggregating attendance data for additional subgroups illustrated disparities by income. Students eligible for free meals had the second lowest overall attendance (90.6%) when compared to all subgroups. Students with paid meals had the second highest overall attendance (95.6%).147
As discussed in other sections, specific communities, such as Black and Hispanic/Latino households and low-income families, have felt the economic decline more severely than other households. Similarly in education, specific subgroups experienced greater variance in their instruction than their peers.

- 46.5% of Black students attended schools offering in-person learning for at least half the year in 2020-2021.
- Asian and Hispanic/Latino students had the second lowest percentage for attending schools that offered in-person learning at 63.5%.
- Overall, 71.3% of Indiana schools offered in-person learning for at least half the year. The increase of virtual learning coupled with economic hardships placed on specific communities intensified pre-existing achievement gaps for these students.
- For many elementary and secondary school students with disabilities, COVID-19 has significantly disrupted the education and related aids and services needed to support their academic progress and prevent regression. A fall 2020 report from the Government Accountability Office identified school districts encountering a variety of logistical and instructional factors making it more difficult to deliver special education services during distance learning. Specifically, for students whose needs required hands-on, face-to-face interaction (like occupational or physical therapy), COVID-19, in some cases, brought services to a stand-still.

### Average Days Absent by County, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Counties with the Highest Average Days Absent</th>
<th>Counties with Lowest Average Days Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph</td>
<td>Ohio</td>
</tr>
<tr>
<td>Madison</td>
<td>Daviess</td>
</tr>
<tr>
<td>Washington</td>
<td>Carroll</td>
</tr>
<tr>
<td>Marion</td>
<td>Dubois</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Boone</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
School Safety and Violence

School safety affects students’ emotional well-being and academic achievement. Fear at school can contribute to an unhealthy school climate and lead to negative student behavior. Students who feel unsafe at school are more likely to miss days of class, and students who witness school violence are more likely to experience health problems, social and emotional difficulties, and poor academic performance.\textsuperscript{151}

- During the 2020–2021 school year, 443 arrests were made on school property in Indiana, about 500 fewer arrests than in 2019–2020. This decrease can most likely be attributable to many students going to school virtually due to the pandemic.
- 52 arrests occurred off school property.
- Possession of marijuana was the top reason for on school property arrests (28.9%), followed by battery (22.1%), disorderly conduct (8.1%), illegal of possession of tobacco (5.6%), and battery resulting in bodily injury (4.3%). All other offenses were 2.7%.
- For off school property arrests, possession of marijuana and intimidation were the top reasons (17.3%).
- Low-income students comprised most students arrests in 2020–2021. 268 on school property arrests were of students receiving free or reduced-price meals (60.5%). Low-income students made up 59.6% of arrests off school property.
- Of the on-school property arrests, 53.7% of youth were White, 14.2% were Black, 12.6% were Hispanic/Latino, and 7.4% were Two or more races. Overall, 46.3% of the total arrests were of students of color, though only one-third of the total student population was a racial/ethnic minority.

\begin{itemize}
  \item There was a drop in the percentage of Black students arrested this year (14.2%) as compared to last year (22.8%), significantly reducing the disproportionality compared to Black student population (13.5%). Conversely, the percentage of Hispanic student arrests increased – 10.2% in 2019–2020 to 12.6% in 2020–2021.\textsuperscript{152}
\end{itemize}

### On and Off School Property Arrests by Race/Ethnicity, Indiana: 2020–2021

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|}
\hline
Race/Ethnicity & On School Property & Off School Property & K-12 Population \\
\hline
White & 67.3\% & 66.1\% & 53.7\% \\
Black & 2.8\% & 5.2\% & 14.2\% \\
Hispanic/Latino & 7.7\% & 13.2\% & 12.6\% \\
Two or more races & 12.5\% & 4.3\% & 12.5\% \\
Asian & 0.2\% & 0.2\% & 0.2\% \\
American Indian & 0.7\% & 0.2\% & 0.7\% \\
\hline
\end{tabular}
\caption{Arrests On School Property Arrests Off School Property K-12 Population}
\end{table}

Source: Indiana Department of Education

By grade level, the number of arrests in 2020–2021 was highest in 9\textsuperscript{th} Grade, followed by 10\textsuperscript{th} grade and then 8\textsuperscript{th} grade. The most common reason for the arrests in 9\textsuperscript{th} grade was possession of marijuana, comprising about one-third of the arrests. While marijuana possession was also the most common reason for arrest in 10\textsuperscript{th} grade, battery was the most prevalent reason for 8\textsuperscript{th} grade. 8\textsuperscript{th} and 10\textsuperscript{th} grade had the most arrests off school property with both grades comprising 19.2% of the total arrests.\textsuperscript{153}

### Arrests On School Property by Grade Level, Indiana: 2020–2021

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
Grade & Arrests \\
\hline
4\textsuperscript{th} Grade & 4 \\
5\textsuperscript{th} Grade & 4 \\
6\textsuperscript{th} Grade & 19 \\
7\textsuperscript{th} Grade & 44 \\
8\textsuperscript{th} Grade & 74 \\
9\textsuperscript{th} Grade & 105 \\
10\textsuperscript{th} Grade & 93 \\
11\textsuperscript{th} Grade & 64 \\
12\textsuperscript{th} Grade & 36 \\
\hline
\end{tabular}
\caption{Arrests On School Property by Grade Level, Indiana: 2020–2021}
\end{table}
In 2019–2020, 76.6% of Indiana parents indicated they “definitely agree” that their child is safe at school, compared to 71.6% nationally. Lower income parents had lower rates of feeling their child is safe at school versus higher income parents.\(^{154}\)

<table>
<thead>
<tr>
<th>Household income 0-99% Federal Poverty Level</th>
<th>79.3% definitely agree child is safe at school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household income 100-199% Federal Poverty Level</td>
<td>71.1% definitely agree child is safe at school</td>
</tr>
<tr>
<td>Household income 200–399% Federal Poverty Level</td>
<td>75.4% definitely agree child is safe at school</td>
</tr>
<tr>
<td>Household income 400% Federal Poverty Level or greater</td>
<td>80.5% definitely agree child is safe at school</td>
</tr>
</tbody>
</table>

Of Indiana’s 410 school corporations, 185 (45%) reported having some form of memorandum of understanding (MOU) with local law enforcement regarding arresting students on school property. Most respondents with an MOU indicated that it facilitates the employment of a School Resource Officer.

- 37 school corporations (9%) reported having an established school corporation police department. Of those who answered yes, the average number of officers employed was five.
- 45 school corporations (10.9%) reported employing private security guards. The private security guards were employed for traffic control, special events like athletic events, and to supplement physical security measures.\(^ {155}\)

**Bullying**

Students thrive in schools and organizations where they are safe from violence, bullying, harassment, and substance abuse. School safety includes more than an absence of threats, instead describing an environment where students feel safe both physically and emotionally. Emotionally safe students feel free to express their emotions, have the confidence to take risks and tackle challenges, and feel valued, respected, and connected to their learning.\(^ {156}\) 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.\(^ {157}\)

- In 2019–2020, 38.7% of Hoosier children ages 12 to 17 reported being bullied, picked on, or excluded by other children, which is slightly more than the national rate of 35.2%.
  - Females reported higher incidents of bullying than males (42.9% versus 35.2%, respectively).
  - Children with 1 or more mental, emotional, developmental, or behavioral problem reported higher rates of bullying (58.0%) than their peers without a problem (29.2%).\(^ {158}\)
- In 2019–2020, 17.6% of Hoosier children ages 12 to 17 reported bullying others. Nationally, 13.7% of children ages 12 to 17 reported bullying others.\(^ {159}\)
- There were 1,984 confirmed bullying incidents in 2020–2021, about less than half of incident counts reported in 2019–2020. This sharp decrease was most likely due to many schools moving to virtual instruction due to COVID-19.
  - 40% of incidents were verbal bullying; 28% were physical bullying; 12% were combination incidents; 11% were written or electronic bullying; and 9% were social/relational bullying.
  - None of the categories of bullying saw an increase in number of reported incidents, again most likely due to the varying degrees of in-person and virtual instruction due to the pandemic.\(^ {160}\)

**Bullying Incidents by Category, Indiana: 2014–2021**

![Bullying Incidents by Category, Indiana: 2014–2021](source: Indiana Department of Education)
Out-of-School Time Activities

Out-of-school time programs can support the social, emotional, cognitive, and academic development of youth, as well as reduce risky behaviors, promote physical health, and provide a safe and supportive environment for children and youth. For older youth, afterschool programs can also provide opportunities to engage in work-based learning programs, such as apprenticeships, internships, and mentorship.161

- As of December 2021, Indiana had 1,784 out-of-school time programs registered with the Indiana Afterschool Network. Most of the programs (37.4%) were at a school; 35.3% of programs were at a ministry; and 27.3% of programs were at centers.
- These programs offered capacity for 140,280 children — about 13.2% of children ages 6 to 17 and 19.3% of the 728,541 children who needed care due to all parents in the workforce.
- 78% of programs are in urban counties versus 22% in rural counties. Similarly, 81% of the capacity of out-of-school programs are in urban counties compared to 19% capacity in rural counties.162

Access to high-quality programs is not always equitable, because those who may especially benefit from these types of programs (such as children from under resourced and low-income backgrounds and neighborhoods) often cannot attend these programs due to limited spaces and opportunities.

- Based on a 2020 survey completed prior to the pandemic, for every child in an afterschool program in Indiana, 3 more children are waiting to get in. An estimated 417,000 kids would have participated in an afterschool program if one were available to them in 2020.
- Parents cite cost, location, and accessibility as barriers to accessing these programs for their children.
  - 58% of Indiana parents said that the cost of programs was an important factor in their decision not to enroll their child in a program.
  - 39% of parents reported the lack of availability of programs in their community.
  - 47% of parents noted that their child does not have access to safe transportation to and from programs.163

School Discipline

Many disciplinary techniques can negatively impact student achievement, increase students’ risk of dropping out, and increase the likelihood of involvement in the youth and criminal justice system. Harsh school disciplinary policies and law enforcement policies often intersect to feed young people into the youth justice system, colloquially known as the school-to-prison pipeline.164 Students at a school that has a higher suspension rate are 15% to 20% more likely to be arrested and incarcerated as adults.165 Zero tolerance policies, which stemmed from the 1994 Gun-Free School Act, were intended to keep weapons out of schools, but unclear definitions led to a significant increase in suspensions and expulsions. As zero-tolerance policies were introduced in schools to address violence, schools increased the use of suspensions for non-violent behaviors, like skipping class, talking back to a teacher, or other disruptive behavior.166

In the 2020–2021 academic year, 2.2% of Indiana students received an in-school suspension (nearly 21,000 students), 2.9% received an out-of-school suspension (almost 28,000 students), and 0.09% students were expelled (nearly 900 students).167 The suspension and expulsion rates for 2020–2021 were substantially lower than previous years – most likely due to the prevalence of virtual or hybrid instruction caused by COVID-19.

![Percentage of Students Suspended, Indiana: 2009–2021](chart)

Source: Indiana Department of Education
The percentage of students receiving in-school suspension in Indiana’s counties ranged from 8.7% in Fayette County to 0% in Decatur, Jennings, Newton, and Ohio Counties. The percentage of students receiving out-of-school suspension in Indiana’s counties ranged from 6.7% in Jefferson County to 0.7% in Hamilton County.168

<table>
<thead>
<tr>
<th>Percentage of Students Receiving Out-of-School Suspension by County, Indiana: 2020 – 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10 Highest Counties</strong></td>
</tr>
<tr>
<td>Jefferson</td>
</tr>
<tr>
<td>Pulaski</td>
</tr>
<tr>
<td>Fayette</td>
</tr>
<tr>
<td>Vanderburgh</td>
</tr>
<tr>
<td>LaPorte</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>Kosciusko</td>
</tr>
<tr>
<td>Parke</td>
</tr>
<tr>
<td>Decatur</td>
</tr>
<tr>
<td>Noble</td>
</tr>
<tr>
<td>Henry</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Data Note: Due to data suppression, some students are not represented in the county level calculations for school discipline types.

Eighth grade had the highest percentage of students receiving either an in-school (4.3%) or out-of-school (5.3%) suspension. Seventh grade, however, was not too far behind in terms of the percentage of students receiving an in-school (4.2%) or out-of-school (4.9%) suspension. Sixth and ninth grades had the next highest percentages of suspended students, indicating a peak in disciplinary actions for students experiencing puberty. One grade that was an outlier was kindergarten with 1.6% of students receiving an out-of-school suspension; this data point was out of sync with the 2020-2021 disciplinary bell curve.

<table>
<thead>
<tr>
<th>Percentage of Students Receiving In-School or Out-of-School Suspension by Grade, Indiana: 2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-School Suspension Percentage</strong></td>
</tr>
<tr>
<td>KG</td>
</tr>
<tr>
<td>PK</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Data Note: Due to data suppression, some students are not represented in the school discipline data by grade level.

There are immediate harms from being suspended, such as missing out on critical class time, but there are also long-term negative consequences:

- Students attending schools with higher suspension rates are significantly more likely to be arrested and incarcerated as adults;
- Students who attend schools with lower suspension rates are less likely to interact with the prison system as adults and more likely to attend a four-year college;
School Discipline continued...

- Male students of color were most likely to be affected negatively by stricter school policy; and
- It is unlikely that the gains from removing disruptive peers outweigh the substantial long-term costs to students who are suspended because of stricter disciplinary policy.169

IYI’s Data Report on Youth in Justice System explores the school-to-prison pipeline, as well as disparities in both the juvenile justice system and in school disciplinary actions based on race/ethnicity. Across the nation and in Indiana, students of color face more frequent and severe disciplinary actions when compared to their peers.170 In 2019–2020, Black students were disproportionately represented in school disciplinary data compared to their overall population representation. While more Black students received an out-of-school suspension than their peers, students of Two or more races received the highest number of in-school suspensions.171

Disaggregating school discipline data by additional subgroups further illustrated the pattern of historically marginalized students, such as low-income or special education students, receiving higher rates of disciplinary actions.

- In 2020–2021, 3.6% of students in special education received an in-school suspension compared to 1.9% of their peers in general education. Special education students were more than twice as likely to receive an out-of-school suspension compared to their peers – 5.9% of special education students had an out-of-school suspension versus 2.3% of general education students.

- Students eligible for free or reduced-price meals were also disciplined at higher rates than their peers with paid meals.

<table>
<thead>
<tr>
<th></th>
<th>In-School Suspension</th>
<th>Out-of-School Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free meals</td>
<td>3.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Reduced-price meals</td>
<td>2.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Paid meals</td>
<td>1.5%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

- Suspension rates for English Learners were below their non-English Learner peers. 15% of English Learners received an in-school suspension and 1.8% received an out-of-school suspension. 22% of Non-English Learners received an in-school suspension and 3.0% received an out-of-school suspension.172

When disaggregating school discipline data by microsubgroups of students (which is disaggregating a subgroup by another subgroup), the disparities along gender and race/ethnicity deepen. In the data below, school disciplinary data by race/ethnicity and gender were compared to the total student population in that microsubgroup.

- A disproportionate number of Black and White males, in particular, received suspensions in comparison to their population representation.
  - 6.3% of students in Indiana were Black males in 2020–2021. However, 8.7% of students who received an in-school suspension and 12.8% of students who received an out-of-school suspension were Black males. Both of the suspension rates for this microsubgroup exceeded the overall population representation with out-of-school suspensions being twice as high.
  - For White males, though they comprised only 34.3% of the total student population, 49.1% of in-school suspension and 45.6% of out-of-school suspensions were of students in this microsubgroup. Similar to Black males, the percentage of suspended students who are White males exceed their population representation.
White females were also disproportionally represented, though as an inverse to their White and Black male peers. Whereas White and Black males are overrepresented in school discipline data when compared to their total population comprisal, White females are underrepresented. 32.1% of all students in Indiana were White females, though 18.6% of students who received an in-school suspension and 16.7% of students who received an out-of-school suspension were White females. The misalignment of discipline data to population data for this microsubgroup is another type of disproportionality in the data.

Disciplinary action for Black females was proportionate to their overall population in 2020–2021. 6.1% of all students were Black females. The percentage of students who received an in-school suspension (4.3%) or an out-of-school suspension (5.9%) was either close or identical to Black females’ population. The total microsubgroup population echoed in the discipline data illustrated proportionality in the data.

**Percentage of Unique Students Who Received In-School and Out-of-School Suspensions Compared to Student Enrollment by Race/Ethnicity and Gender, Indiana: 2020–2021**

![Graph showing percentage of unique students who received in-school and out-of-school suspensions compared to student enrollment by race/ethnicity and gender, Indiana: 2020–2021.]

Source: Indiana Department of Education

**Standardized Assessments**

One way to measure students’ mastery of academic standards in reading and math is via standardized assessments. These tests can help track students’ progress toward academic proficiency, providing some indication of students’ college- and career-readiness. Through examination of standardized assessment data, educators, administrators, parents, and policymakers can understand if students are on track toward mastery and which children are not. Standardized tests are an important tool for revealing the differences in achievement for different subgroups. Throughout American history, certain groups of students – specifically students of color and special education students – have received less access to high-quality instruction and well-resourced schools, when compared to their peers. This lack of access is evidenced when standardized test scores are used to measure student achievement. Data obtained through some standardized tests provide comparable, consistent, and objective information about disparities in educational outcomes and inequalities in school funding, and these data can be one source to help inform resource equity in schools and more fair treatment for students of color, low-income students, students with disabilities, and English Learners.

Before the pandemic, many students of color in Indiana experienced disparities in their academic opportunities: less experienced teachers, tracking into less rigorous courses and programs, and lower expectations for their educational achievement. These long-standing gaps in academic opportunities and resources consequently produced gaps in academic growth and proficiency for these students. COVID-19 exacerbated the historical opportunity and achievement gaps for Indiana’s students of color.73
IREAD-3

A child’s third grade reading level correlates with future educational performance. Early literacy has a significant relationship with graduation rates across a variety of contributing factors. Mastering the fundamentals of reading can impact a child’s grade retention and academic progression. Consequently, third grade reading level was shown to be a significant predictor of eighth grade reading level and ninth-grade course performance even after accounting for demographic characteristics and how a child’s school influences their individual performance. Specifically, students who are above grade-level in third grade graduated high school and attended college at higher rates than their peers who were at or below grade level. Nationally, 88% of students who failed to earn a high school diploma were struggling readers in third grade, and they are four times more likely to drop out of high school than proficient readers. While struggling readers account for about a third of students across the nation, they represent more than three-fifths of those who eventually drop out or fail to graduate on time.\textsuperscript{174}

Indiana utilizes IREAD-3 (The Indiana Reading Evaluation and Determination) to measure foundational standards of reading in third grade.\textsuperscript{175}

- In 2020–2021, 81.2\% of 3\textsuperscript{rd} grade students passed the IREAD-3, a 5.9 percentage point drop from the last administration of the assessment in 2018–2019. The precipitous drop in proficiency was most likely a result from the tumult for schools and students during COVID-19.\textsuperscript{176}

Percentage of Students Passing IREAD-3, Indiana: 2012–2021

Source: Indiana Department of Education

- Though proficiency scores for students of all races/ethnicities decreased in 2020–2021, specific subgroups of students saw steeper drops than others.
  - Black students experienced the largest drop in proficiency scores (12.2 percentage points) from 2018–2019 (74.2\%) to 2020–2021 (62.0\%).
  - Hispanic/Latino students’ proficiency scores decreased by 9.6 percentage points.
  - American Indian students’ scores dropped by 7.3 percentage points.
  - Native Hawaiian/Pacific Islander students’ scores dropped by 6.9 percentage points, and this group had the lowest proficiency among all racial/ethnic subgroups.
  - Proficiency scores for students of Two or more races declined by 6.8 percentage points.\textsuperscript{177}
Low-income, special education, and English Learner students, who have also been historically marginalized and faced pre-pandemic gaps in opportunities and achievement, experienced lower overall IREAD-3 proficiency scores when compared to their peers.

- In 2020–2021, 17.4 percentage points separated proficiency scores for students with paid meals (90.0%) and free or reduced-price meals (72.6%). Low-income students’ proficiency had the third largest score drop of all student subgroups between 2018–2019 and 2020–2021 (9.3 percentage points).178 67.8% of low-income students attended schools offering in-person learning.179 To learn more about the factors that impacted low-income students during COVID-19, please see the Economic Well-Being section.

- Students with disabilities had the lowest overall proficiency scores compared to all subgroups in both 2018–2019 and 2020–2021. On the 2020–2021 administration of IREAD-3, 34.8 percentage points separated the proficiency scores of students in general education (87.2%) and in special education (52.4%). Proficiency scores for students in special education dropped 8.6 percentage points from 2018–2019 to 2020–2021.180

- English Learners’ proficiency (72.2%) was 10 percentage points lower than non-English Learners (82.2%) in 2020–2021.181 Even before the pandemic, many students learning English struggled to participate on equal terms in the classroom as they confronted the dual challenge of mastering grade-level content while continuing to learn English. For many English learners, the abrupt shift to learning from home amid the challenges of the pandemic made that struggle even harder.182


![Bar chart showing percentage of students passing IREAD-3 by race/ethnicity](chart1.png)

**Source:** Indiana Department of Education

### Percentage of Students Passing IREAD-3 by Additional Subgroups, Indiana: 2018–2019 versus 2020–2021

![Bar chart showing percentage of students passing IREAD-3 by additional subgroups](chart2.png)

**Source:** Indiana Department of Education
Leveraging the Data

Locally:

• **Provide targeted professional development for teachers:** Teachers need professional development in the areas of differentiated instruction, formative assessment, and data analysis. This can occur during their preparation programs, induction when transitioning into a new district, or in-service throughout the year. Some may need specific professional education to build their skills and knowledge in the fundamentals of literacy (oral language, listening comprehension, phonological awareness, word study, vocabulary, fluency, or comprehension of literary and informational text) and numeracy (the ability to use numbers and solve problems in real life) instruction. Additionally, schoolwide approaches, such as Universal Design for Learning and a multi-tier system of supports, can benefit all students, especially those with learning and attention issues. More educators need access to best practices in evidence-based instruction for different kinds of learning and attention issues. For example, many educators may have heard of using multisensory structured language education, but few educators are trained to use this approach to help students with dyslexia make progress in reading or those with dyscalculia develop their number sense.

Statewide:

• **Examine intersectionality in students’ opportunity and achievement gaps:** Since the passage of No Child Left Behind in 2001, the federal government required all educational data to be disaggregated for specific subgroups. The Every Student Succeeds Act maintained data disaggregation for the following subgroups: race/ethnicity, gender, socioeconomic status, disability, and English Learners. The Indiana Department of Education can, however, exceed this level of disaggregation to include intersecting (or multiple) demographics. Intersectionality explains the ways in which having multiple historically marginalized identities (e.g., race and low-income or disability and English Learner) compounds inequities. Intersectional disaggregation is also known as microsubgroups. Disaggregating student data into subpopulations has helped schools, communities, and decision makers plan appropriate programs, decide which evidence-based interventions to select, use limited resources where they are needed most, and see important trends in behavior and achievement. Including intersectionality in the data disaggregation will provide local and state leaders a deeper and more nuanced understanding of students’ opportunities and achievement gaps. By examining intersecting identities or demographics, schools and communities will be better equipped to make targeted, data-driven decisions.

• **Implement a Pre-K through 3rd grade approach:** Children from disadvantaged households experience gaps in their development of literacy and numeracy skills often because they are under resourced and lack accessibility to high-quality early childhood education. Nationally, only 48% of low-income children are ready for kindergarten-level materials, compared with 75% of higher-income children. Among low-income children, 30% score low on reading readiness and 26% lack readiness in math skills. In these critical milestones, the data show that these students require additional resources to meet the same expectations as their affluent peers. To ensure these students break the cycle of poverty and attain economic mobility, they must have adequate resources to meet or exceed these foundational standards. Academic, social, and behavioral gains for students are sustained if high-quality Pre-K is linked with the elementary grades to create a common structure and coherent sets of academic and social goals. An integrated Pre-K thru 3rd grade approach to education can include:
  o Aligned curriculum, standards, and assessment from Pre-K through third grade;
  o Consistent instructional approaches and learning environments; and
  o Availability of Pre-K for all children ages 3 and 4.

Classrooms in each year of the preschool-to-third-grade continuum should incorporate all elements of quality, promote children’s development, and support higher-order skills in literacy and math while growing social and emotional skills. Developing common, quality measures and approaches to teaching and learning across the preschool-to-third-grade continuum will provide many young children the promise of a high-quality academic career.
ILEARN

ILEARN (Indiana Learning Evaluation Assessment Readiness Network), an online computer-adaptive assessment test, is Indiana’s statewide assessment to measure student proficiency of the Indiana Academic Standards in grades 3–8. Students in grades 3–8 are assessed for proficiency in English/Language Arts and Mathematics.\textsuperscript{191} Science is assessed in grades 4 and 6, and social studies is assessed in grade 5.\textsuperscript{192} ILEARN was first administered in the 2018–2019, replacing the ISTEP examination.\textsuperscript{193}

Students’ scores are categorized into four areas: Below Proficiency, Approaching Proficiency, At Proficiency, or Above Proficiency. If a child scores At or Above Proficiency, they are on track for college and career readiness.\textsuperscript{194}

- In 2020–2021, 28.6% of students in grades 3–8 passed both English/Language Arts and Math ILEARN.
- 40.5% of students in grades 3–8 passed English/Language Arts and 36.9% passed Math.
- For Science in grades 4 and 6, 37.5% of students scored proficient; 38.6% of students in grade 5 were proficient in Social Studies.
- Students of color – specifically Black and Hispanic students and those of Two or more races – have lower rates of proficiency when compared to their peers.

ILEARN Proficiency Rate by Race/Ethnicity, Indiana: 2020–2021

- Low-income students passed ILEARN at lower rates than their more affluent peers. About one-fourth of students eligible for free or reduced-price meals passed English/Language Arts and Math (25.9% and 22.0%, respectively), and 15% of low-income students passed both subjects. Comparatively, over 50.0% of students with paid meals passed English/Language Arts or Math (54.0% and 50.9%, respectively), and 41.1% passed both.
- The largest gaps in proficiency were for Indiana’s special education population. Only 8.3% of special education students were proficient in both English/Language Arts and Math, compared to 32.4% of their peers in general education. The gaps are also present in the subject-specific proficiency:
  - 12.9% of special education students were proficient in ELA, compared to 45.6% of general education students.
  - 14.1% of special education students were proficient in Math, compared to 41.3% of general education students.\textsuperscript{195}

ILEARN Proficiency by Additional Subgroups, Indiana: 2020–2021
ILEARN was not administered in the 2019-2020 school year due to COVID-19. However, data from the 2020-2021 administration of ILEARN illuminated the impact of COVID-19 on students’ learning. The results of the 2020-2021 ILEARN exam showed fewer than one-third of elementary and middle school students are proficient on Indiana’s standards; 28% of students tested passed both the math and English portions of the test — a marked decline from 2018-2019 (37.1%). While scores decreased for all subgroups, historically marginalized subgroups (e.g., students of color, receiving free or reduced-price meals, or in special education) had scores considerably lower than their peers. The subgroup with the lowest proficiency in both ELA and math across all grades was English Learners.

Both ELA and Math ILEARN Proficiency in 3rd through 8th Grade, Indiana: 2018-2019 versus 2020-2021

Source: Indiana Department of Education

Two factors contributed to the bulk of learning loss that occurred from 2019 to 2021:
1. The level of poverty in a school and
2. Limited personalized instruction.

The level of poverty in a school (as measured by the percentage of students eligible for free or reduced-price meals) had the strongest correlation with learning loss, which echoes standardized test trends before the pandemic. There was little data to explain why poverty was such a significant contributor to learning loss during COVID-19, though. Researchers posited that access to computer technology or other telecommunications, educational attainment of parents, accessibility of workspaces, frequency of meals, or the lack of other resources and supports for learning at home could all be contributing factors.

Researchers also found a negative relationship between test scores and initial levels of student pass rates in 2019. Schools that did better in 2019 experienced greater learning loss by 2021. The potential reason behind this could be limited personalized instruction for students whose performance was at the margin of passing scores. Instructional mode (in-person, hybrid, or virtual) was not found to have played a role in learning loss between schools, potentially because schools were balancing instructional loss due to instructional mode and losses due to quarantine and isolation of students and teachers.

NAEP

The National Assessment for Educational Progress (NAEP) can be used to compare Indiana student performance in reading and mathematics across the United States. A random sample of students in grades 4 and 8 take the NAEP every other year. 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.
Based on publicly available state-level data from 2019, 37% of Indiana students in 4th grade scored at or above proficient in reading, compared to 34% of their peers nationally.

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

37% of Indiana students in 8th grade scored at or above proficient in math, compared to 33% of their peers nationally.

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

On average, Indiana 4th and 8th grade students scored the same or better in math and reading than their peers in neighboring states and nationally. 198

<table>
<thead>
<tr>
<th></th>
<th>Indiana</th>
<th>Ohio</th>
<th>Illinois</th>
<th>Kentucky</th>
<th>Michigan</th>
<th>National Average</th>
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<tbody>
<tr>
<td>2019 Math (Range 0-500)</td>
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<tr>
<td>8th Grade</td>
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<td>286</td>
<td>283</td>
<td>278</td>
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<tr>
<td>2019 Reading (Range 0-500)</td>
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<td>4th Grade</td>
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<tr>
<td>8th Grade</td>
<td>266</td>
<td>267</td>
<td>265</td>
<td>263</td>
<td>263</td>
<td>262</td>
</tr>
</tbody>
</table>

Source: The National Assessment for Educational Progress

ISTEP+

ISTEP+ (Indiana Statewide Testing for Educational Progress-Plus) is an assessment tool to measure 10th grade students’ achievement in Mathematics and English/Language Arts. ISTEP+ for 10th graders was utilized through school year 2019-2020. ISTEP+ will be discontinued in the 2021-2022 academic year. It will be replaced with the SAT suite of assessments for English/Language Arts and Math with a new ILEARN end-of-course assessments for biology and U.S. government. 199

Due to suspension of assessments in 2019-2020, Grade 11 students were assessed on ISTEP+ in 2020-2021. The data below reflect first-time test takers in the Grade 11 Cohort (expected graduation year 2022). Because these data represent the ISTEP+ administration in Grade 11 rather than in Grade 10, results are not compared to past years.

- In 2020-2021, 36.4% of 11th grade students passed both English/Language Arts and Math ISTEP+.
- 11th grade students were more likely to pass English/Language Arts (65.9%) than Math (37.1%).
- White 11th grade students were more than three times as likely to pass both English/Language Arts and Math ISTEP+ (41.5%) than their Black peers (13.6%).
- Similar to the achievement data in grades 3-8, 10th grade Hispanic/Latino students (21.9%), American Indian students (27.7%), students of Two or more races (31.5%), and Native Hawaiian or Other Pacific Islander (33.3%) were less likely to pass both English/Language Arts and Math ISTEP+, compared to their peers.
- Students with the lowest proficiency on ISTEP+ assessments were English Learners and students in special education. 200

ISTEP+ Proficiency Rate by Race/Ethnicity, Indiana: 2020-2021

Source: Indiana Department of Education
In 2020–2021, 31.8% of high school students were proficient on the ILEARN biology exam. Disaggregation of the results illustrated similar disparities to ILEARN in grades 3 through 8 and ISTEP+.

- White students were more than three times as likely to be proficient in the ILEARN Biology Exam (36.9%) than their Black peers (11.1%).
- Hispanic/Latino students (18.9%), students of Two or more races (26.9%), American Indian students (28.6%), and Native Hawaiian or Other Pacific Islanders (30.4%) were less likely to show proficiency in the Biology exam compared to their White peers.
- Males were slightly more likely to be proficient in Biology (32.2%) than their female peers (31.4%).
- English Learners struggled much more on the exam, with only 3.7% showing proficiency, compared to Non-English Learners (33.0%).
- General education students were nearly four times as likely to show proficiency in Biology (35.3%) compared to special education students (9.1%).
- 18.6% of students with free or reduced-price meals showed proficiency in Biology, while 41.0% of students who paid for their meals were Biology proficient.

In 2020–2021, 32.5% of students were proficient on the ILEARN U.S. Government exam.

- White students were more than two times as likely to be proficient in the ILEARN U.S. Government Exam (34.9%) than their Black peers (15.8%).
- Hispanic/Latino students (25.0%) and students of Two or more races (11.5%) were also less likely to show proficiency in the U.S. Government exam, compared to their White peers. Note: Data for American Indian, Asian, and Native Hawaiian or Other Pacific Islander students were suppressed by the source due to the n-size.
- Females were slightly more likely to be proficient in U.S. Government (33.9%) than their male peers (31.3%).
- General education students were more than five times as likely to show proficiency in U.S. Government (35.9%) compared to special education students (6.8%).
- 20.5% of students with free or reduced-price meals showed proficiency in U.S. Government, while 36.9% of students who paid for their meals were U.S. Government proficient.

I AM

The I AM (Indiana’s Alternative Measure) assessment aligns with the annual accountability measures for the State. This test is designed to assess students with the most severe cognitive disabilities and covers English/Language Arts, mathematics, science, and social studies. Same as the tests above, the data below represent the 2020–2021 academic year due to the pandemic.

- 45.9% of students grades 3 – 8 were proficient in the I AM English Exam.
- 44.0% of students grades 3 – 8 were proficient in the I Am Math Exam.
- 42.8% of students grades 4 and 6 were proficient in the I AM Science Exam and 31.8% were proficient in the I AM Social Studies Exam in grade 5.
- Similar to the assessments above, there were disparities based on race and ethnicity, however, the gaps were much smaller than ILEARN or ISTEP+.204
High School 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. Ending with the class of 2022, completion of the Core 40 Diploma and passing the Graduation Qualifying Exam (ISTEP+ in grade 10) is a graduation requirement for all Indiana students. However, students may be exempted from the Core 40 requirements and graduate with a General Diploma if the parents and school follow a formal opt-out process. Additionally, students can receive a waiver from the Graduation Qualifying Exam if they meet specific requirements.

In 2020-2021, 71,767 students graduated from Indiana high schools, which was a graduation rate of 86.7%. This was a 1 percentage point decline from 2019-2020. Indiana’s graduation rate reflects all students who met the requirements and attended a public or accredited non-public school.

Graduation Rate, Indiana: 2010–2021

![Graph showing graduation rate for Indiana from 2010 to 2021]

Source: Indiana Department of Education

Corresponding with other educational data outcomes, disparities emerge in the disaggregated graduation rate. For 2020-2021, student subgroups of American Indian (77.0%), Black (77.1%), Two or more races (82.5%), and Hispanic/Latino (82.7%) had graduation rates below the State’s rate. Other demographic subgroups, such as students in special education (74.5%), students qualifying for free or reduced-price meals (82.8%), or English Learners (82.8%), similarly have graduation rates below the State’s average of 86.7%.

Graduation Rates by Subgroup, Indiana: 2020–2021

![Bar chart showing graduation rates by subgroup for Indiana 2020-2021]

Source: Indiana Department of Education
High School Graduation continued...

Graduation Rate by County, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Top 10 Counties</th>
<th>Lowest 10 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren</td>
<td>100.0%</td>
</tr>
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<td>75.8%</td>
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<tr>
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<td>Madison</td>
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<td>Vanderburgh</td>
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<tr>
<td>Union</td>
<td>94.6%</td>
</tr>
<tr>
<td>Crawford</td>
<td>82.8%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Diploma Type

Indiana has three diploma designations:

- Core 40 with Academic or Technical Honors,
- Core 40 (the default diploma unless students opt out), and
- General.

To see the different course and credit requirements for each diploma type, please see here.

The majority of 2020–2021 graduates earned a Core 40 diploma (50.5%); 39.6% of students graduated with either an Academic or Technical Honors diploma. Around 7,100 students earned a General diploma (10.0%), an increase of 500 students and 1 percentage point from 2019–2020.209

- Asian and higher income students in the 2021 cohort had the highest rates of earning an Honors diploma – 55.3% and 45.9%, respectively.
- Students in special education (22.8%), English Learners (16.4%), and qualifying for free/reduced-price meals (12.9%) had the highest rates of earning a General diploma.

Graduation Rates by Diploma Type and Subgroup, Indiana: 2020–2021

Source: Indiana Department of Education
According to the Indiana Commission for Higher Education, Indiana high school graduates who earn the Academic Honors diploma are more likely to go to college. Additionally, those that earned a Core 40 or Honors diploma were also more likely to be successful in higher education.

- Of the 2019 cohort, 89% of students who earned an Academic Honors enrolled in college post-graduation, compared to 46% of those who earned a Core 40 and 14% of those who earned a General Diploma.\(^{210}\)
- Students who earned an Academic Honors or Core 40 diploma were less likely to need remediation – 2% and 16%, respectively – than those who earned a General diploma (33%).
- Among the 2018 cohort, 90% of Honors diploma earners persisted to their second year of college. 61% of those who earned a Core 40 persisted, and 42% of General diploma earners persisted.
- Additionally, 74% of Honors diploma earners completed all attempted coursework, which was more than two times higher than Core 40 earners (35%), and more than three times higher than General diploma earners (24%).\(^{211}\)

913 students earned a Special Education Certificate in 2020-2021.

- 67.5% of these students were White, followed by Black (17.4%), Hispanic (8.8%), and Two or more races (4.8%).
- 56.3% qualified for free or reduced-price meals.
- 3.5% of students were in general education, though the majority (96.5%) were in special education.\(^{212}\)

### Graduation Pathways

In 2017, Indiana created new graduation requirements beginning with the class of 2023. Students need to meet the following three requirements to graduate from high school: Earn the defined credits for the High School Diploma; Learn and Demonstrate Employability Skills; and Postsecondary-Ready Competencies. Though these requirements begin with the class of 2023, schools and districts can opt graduates in cohorts prior to 2023 into the Graduation Pathways policy.

In the 2021 graduating cohort, 35,262 students graduated under the Graduation Pathways policy. This was nearly half of the graduating class (49.1%), which was about 19 percentage points (or about 12,000) students greater than the number of students in the 2020 cohort who graduated via Graduation Pathways.

- Of the 35,262 students who graduated under Graduation Pathways, the 2021 cohort graduated via the ASVAB (37.8%) and Career-Technical Education Concentrator (35.6%) pathways at the highest rates. Similarly, most students utilized Work-Based Learning (45.2%) as their demonstration of employability skills.
- Most students who graduated under Graduation Pathways were White (65.3%), were from a higher income background (56.9%), and were in general education (84.7%).\(^{213}\)

### Graduation Pathways Usage, Indiana: 2020-2021

Source: Indiana Department of Education
Dropouts

Indiana’s high school dropout rate was 6.7% (about 5,500 students) in 2020–2021. This was a decrease of 0.5 percentage points from 2019–2020, though still over a percentage point higher than Indiana’s dropout rate prior to the COVID-19 pandemic. Indiana’s dropout rate has been increasing since 2016. Combining graduation, Special Education certificates, and dropout rates for the 2021 cohort, there were about 4,500 students not captured in the data, which was about 5.4% of the cohort. Those students may have exited to homeschool or may be graduating as a 5th year senior.

When examining other subgroups of historically marginalized students longitudinally, such as students in special education, students receiving free or reduced-price meals, or English Learners, most had dropout rates that trended above the state rate (6.7%). These subgroups similarly had higher dropout rates than their Asian and White peers. Additionally, both Asian and White students had a decrease in their dropout rates between 2019–2020 and 2020–2021, whereas the other subgroups either increased or stayed static.

Similar to the 2021 Graduation Rate, significant disparities by student race and ethnicity emerged. Students in the American Indian (9.8%), Black (10.6%), Hispanic (8.5%), and Two or more races (9.2%) subgroups have dropout rates above the state rate (6.7%). These subgroups similarly had higher dropout rates than their Asian and White peers. Additionally, both Asian and White students had a decrease in their dropout rates between 2019–2020 and 2020–2021, whereas the other subgroups either increased or stayed static.

When examining other subgroups of historically marginalized students longitudinally, such as students in special education, students receiving free or reduced-price meals, or English Learners, most had dropout rates that trended above the state rate in most years. In 2020–2021, however, only students who qualified for free meals had a dropout rate above the State’s at 7.7%. Students with disabilities (3.4%), English Learners (3.5%), and students who qualified for reduced-price meals (4.5%) had dropout rates below the State’s rate.
Opportunity Youth (also known asDisconnected Youth, which are youth ages 16 to 24 who are neither in school nor working) are nine times as likely to have dropped out of high school as connected youth. Nationally, one in four disconnected young people left high school without a diploma. The path to dropping out of high school often starts with academic difficulties and disengagement in middle school, frequently due to a lack of adequate accommodations and supports for learning challenges. Connected youth ages 21 to 24 are more than twice as likely to have a bachelor’s degree (22.4%) as their disconnected counterparts (8.9%). For more information on Opportunity Youth, please see the Economic Well-Being section.

### Dropout Rate by County, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>County</th>
<th>Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigo</td>
<td>15.0%</td>
</tr>
<tr>
<td>Warren</td>
<td>0.0%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>13.5%</td>
</tr>
<tr>
<td>Pulaski</td>
<td>0.8%</td>
</tr>
<tr>
<td>Owen</td>
<td>13.2%</td>
</tr>
<tr>
<td>Blackford</td>
<td>0.9%</td>
</tr>
<tr>
<td>Marion</td>
<td>11.9%</td>
</tr>
<tr>
<td>Floyd</td>
<td>1.4%</td>
</tr>
<tr>
<td>Wabash</td>
<td>11.9%</td>
</tr>
<tr>
<td>Putnam</td>
<td>1.5%</td>
</tr>
<tr>
<td>Jackson</td>
<td>11.4%</td>
</tr>
<tr>
<td>Decatur</td>
<td>1.6%</td>
</tr>
<tr>
<td>Brown</td>
<td>10.8%</td>
</tr>
<tr>
<td>Fulton</td>
<td>1.8%</td>
</tr>
<tr>
<td>Parke</td>
<td>10.7%</td>
</tr>
<tr>
<td>Hendricks</td>
<td>1.8%</td>
</tr>
<tr>
<td>LaGrange</td>
<td>10.2%</td>
</tr>
<tr>
<td>Adams</td>
<td>1.9%</td>
</tr>
<tr>
<td>Martin</td>
<td>9.8%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

### High School Equivalency

The Indiana HSE (High School Equivalency) is an alternative for earning a high school diploma. A HSE Diploma can be earned after completing a test based on five subject areas (math, reading, writing, science, and social studies). The skills taught and tested are at the same level as graduating high school seniors.

- In 2020–2021, 17,505 Hoosiers ages 18 to 24 enrolled in an HSE program—this is more than four times greater than 2019–2020 (4,446). One potential reason for this significant increase could be a need to upskill for more job prospects during the economic downturn of COVID-19.
  - White males (19.3%) and White females (18.2%) comprised the largest subgroup of non-completers.
  - Black males (13.9%) and Black females (11.2%) were the second largest group, followed by females of Two or more races (10.0%).
- 4,729 Hoosiers ages 18 to 24 earned their HSE—27.0% of the total number of enrollees, about 3,000 more Hoosiers in this age range earned an HSE compared to 2019–2020. Proportionally, fewer earned their HSE in 2020–2021 as 32.0% of enrollees earned an HSE in the previous year.
- Most of those who earned an HSE were White (65.9%), Black (15.5%), or Two or more races (12.8%).
  - White males made up most of the total program population (34.7%), while White females were the second largest demographic (31.3%).
  - Black males comprised the third largest group of HSE earners in 2020–2021 (8.5%).
  - There were 604 HSE earners of Two or more races with a nearly even divide between females (313) and males (291).
  - Asian HSE earners made up a small portion of the population. With a total of 71 HSE earners, females (56) were about three times as likely to earn an HSE than males (15).
  - Of the 188 Hispanic/Latino HSE earners, there were more females (117) than males (71). Overall, Hispanic/Latino females comprised 3.7% of the total HSE earners, and Hispanic/Latino males made up 1.5%.
  - 11 American Indian females earned their HSEs.218
High School Equivalency continued...

Percentage of Youth Ages 18 to 24 Who Earned an HSE, Indiana: 2020–2021

Source: Indiana Department of Workforce Development

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Leveraging the Data: Statewide

- **Expand concurrent enrollment in Adult Education and postsecondary education:** Concurrent enrollment in Adult Education and higher education efforts can be widely implemented to support local economies and communities. It expedites credential attainment for young Hoosiers who may feel disenfranchised or marginalized from the economy. Expanding two programs throughout the State will help scale concurrent enrollment in Adult Education and higher education:
  - Ivy Tech Community College can include Adult Education providers through contextual and bridge programs for older youth who need academic remediation. These programs coordinate academic and occupational instruction by providing basic educational remediation concurrently with, rather than as a prerequisite for, college-level courses. These bridge programs are typically one or two-semester interventions that aim to accelerate students’ acquisition of basic academic skills with supports to transition to college. These Adult Education-to-college bridge programs typically offer more coherent and relevant instruction through curricula that better align with students’ career goals; provide increased connections with colleges and vocational training programs for students; and build in an advising component that fosters students’ engagement in the program and supports their transition to postsecondary education.219
  - Ability to Benefit (AtB) concurrently enrolls students in Adult Education and eligible postsecondary programs, allowing an adult without a high school credential to simultaneously earn both a high school and a postsecondary credential. Additionally, AtB allows participants to access federal financial aid, primarily Pell Grants.220 A Pell Grant of $6,345 (2020–2021 level) is an equivalent amount to working a $12/hour job 20 hours per week for one whole school year (two semesters). This aid helps adult students, especially those who are low-income, to attend classes full-time, study more, participate in supplemental academic activities, and take care of themselves with adequate sleep and reduced stress—all of which improve their chances of retention and completion.221 Several states, such as Kentucky, Minnesota, and Washington, have issued guidance to their institutions to expedite the adoption of policies that accept AtB.
School Accountability

The federal Every Student Succeeds Act (ESSA) requires states to assign overall ratings to schools based on required performance indicators. Due to the differences between federal and state accountability standards, Indiana schools receive two grades, one for federal and one for state. The State assigns schools’ overall ratings based on an A–F grading system. Under the federal accountability system, Indiana assigns the following ratings based on the school’s performance against long-term performance goals:

- Exceeds Expectations
- Meets Expectations
- Approaches Expectations
- Does Not Meet Expectations

The federal accountability system assigns schools the above ratings based on the following indicators:

<table>
<thead>
<tr>
<th>Kindergarten – Grade 8</th>
<th>Grade 9 – Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Achievement (English/Language Arts &amp; Math)</td>
<td>Academic Achievement (English/Language Arts &amp; Math)</td>
</tr>
<tr>
<td>Academic Progress (English/Language Arts &amp; Math)</td>
<td>Academic Progress (English/Language Arts &amp; Math)</td>
</tr>
<tr>
<td>English Language Proficiency Progress for English Learners</td>
<td>English Language Proficiency Progress for English Learners</td>
</tr>
<tr>
<td>Addressing Chronic Absenteeism</td>
<td>Addressing Chronic Absenteeism</td>
</tr>
<tr>
<td>Graduation Rate</td>
<td>Graduation Rate</td>
</tr>
<tr>
<td>Strength of Diploma for Graduates</td>
<td>Strength of Diploma for Graduates</td>
</tr>
</tbody>
</table>

Because of the COVID-19 pandemic, the U.S. Department of Education approved states’ waivers to pause federal accountability for both 2019-2020 and 2020-2021 due to the disruption of school instruction. The following data are based on the most recent (2018-2019) accountability ratings:

- In 2018-2019, 4.8% of schools were rated as Exceeds Expectations, 48.1% Meets Expectations, 34.2% Approaches Expectations, and 11.3% Does not Meet Expectations.
- 56.1% of high schools and 53.2% of elementary/middle schools were rated as Meets or Exceed Expectations.
- 96.5% of high schools did not meet expectations for English Learner Progress.
- Looking across student groups on school performance in elementary, middle, and high school, 63.9% of schools Did Not Meet Expectations for students in special education.

Per Indiana’s ESSA plan, accountability indicators are determined only if there is a minimum of 20 students in a school, which is Indiana’s n-size for accountability purposes. Additionally, students must be enrolled in the school for a minimum of 162 days to be counted in the accountability model. If a school does not have enough students from a particular subgroup to reach Indiana’s n-size of 20, those schools do not receive a rating for those subgroups. In Indiana in 2018–2019, for example, 100% of schools received no ratings for American Indian or Native Hawaiian/Other Pacific Islander subgroups; 86% of schools received no ratings for Asian students; 60% for Black students and English Learners; 54% for students of Two or More Races; and 42% for Hispanic/Latino students. The lack of rating potentially overlooks student subgroups for accountability purposes and under identifies schools needing and receiving targeted intervention and support.

Indiana currently has a separate state accountability system that issues schools a second accountability rating issuing letter grades from A to F. The State was operating under a two-year “hold harmless” agreement that protected schools and districts from any consequences due to a drop in their state letter grade. The temporary provision was adopted in 2020 after the State retired the ISTEP exam for elementary and middle school students and began administering the new ILEARN as the standardized test used to calculate the grades.
During the 2021 legislative session, the Indiana General Assembly shifted Indiana’s state accountability system. Under HEA 1514-2021, schools with failing state grades will no longer face the threat of state takeover or the steps that preceded it, such as replacing personnel or working with outside experts. Additionally, the law requires that the State Board of Education create a public data dashboard that highlights certain measures of school performance, such as graduation or attendance rates. To help inform the potential dashboard metrics, the Indiana Department of Education (IDOE) is in the process of identifying the ideal characteristics of a graduate of the Indiana K-12 system during 2021-2022. Modeled after Utah’s Portrait of a Graduate, which includes competencies such as academic mastery, wellness, digital literacy, collaboration, honesty, hard work and resilience, and respect, the State is looking to create a holistic picture of the skills, expertise, and aptitude of Hoosier high school graduates. In addition to academic performance and postsecondary readiness, the IDOE’s graduate portrait will also include qualitative competencies, such as communication, grit, and resilience. The five characteristics finalized by the Indiana State Board of Education in October 2021 are meant to indicate a student’s success after high school:

- Academic mastery
- Career and postsecondary readiness
- Communication and collaboration
- Work ethic
- Civic, financial, and digital literacy

To learn more about these indicators and the Graduates Prepared to Succeed and School Performance Dashboard, please see here. Data from this initiative will be featured in future IYI KIDS COUNT® Data Books.

**Leveraging the Data: Statewide**

- **Increase transparency of use of Elementary and Secondary School Emergency Relief (ESSER) funding:** The Indiana Department of Education released a dashboard illustrating COVID-19 reimbursement. The dashboard displays how much funding each school corporation was allocated and how much of the funding they have remaining. IDOE could consider expanding the dashboard to include information on the use of funding by school districts. For example, Georgia’s dashboard on ESSER funds includes the allocation and remaining information and the amount spent on different programs (e.g., special education, youth apprenticeship, and extended year) by county. Including this level of information will allow for policymakers and stakeholders to understand districts’ use of ESSER funds and evaluation of the effectiveness of the funding.

  - Based on current data and data gaps, the following considerations can increase data transparency in the next phase of school accountability:
    - **Decrease n-size to 10 students:** Currently, Indiana’s n-size for accountability indicators is 20 students, though for reporting purposes is 10 students. The determination for an accountability n-size of 20 in the creation of Indiana’s ESSA plan was to allow for the inclusion of more students and schools in the accountability system than the minimum numbers of 30 and 40 previously used and to have less of an impact on smaller student populations. The data above, however, illustrate that large swaths of historically marginalized subgroups are not assessed for accountability purposes. By lowering the n-size to 10 students, Indiana may be able to identify and support substantially more schools and students. Additionally, an n-size of 10 would allow for statistical reliability in the data and protect student privacy.
    - **Include metrics of postsecondary-readiness and preparation:** Include metrics that indicate students’ likelihood of continuing to postsecondary education and early success such as: FAFSA completion, 21st Century Scholar Enrollment, Scholar Success Program completion, rate of remediation needed in postsecondary, 529 account participation, enrollment in trade or other apprenticeship programs, number and percentage of students earning a Technical Certificate and/or Indiana College Core.
Increase disaggregation of education data to the microsubgroup level: The dashboard can allow for publishing education data on microsubgroups of students (which is disaggregating a subgroup by another subgroup) using data suppression when necessary for students’ privacy. Including disaggregation at the microsubgroup level provides a more nuanced, comprehensive data picture. Some of the microsubgroups for potential consideration include:

- Race and gender,
- Race and ability/disability,
- Race and income level,
- Gender and income level,
- Gender and ability/disability,
- English Learners and ability/disability, and
- Ability and income level.

College Readiness and Success

Successfully attaining a postsecondary education is correlated with achieving greater economic success as youth enter adulthood.232 Nationally, highly educated families continue to have considerably more wealth than less educated families. Families headed by someone with at least a bachelor’s degree had 77% of the wealth total in 2019 and $310,000 in median wealth. This represented a 2 percentage point increase in share of wealth total from 2016 (75% of the wealth total or $293,000 in median wealth). The typical family without a bachelor’s degree had $66,000 in wealth in 2019, compared to $54,000 in 2016. Though the wealth of less educated families grew more rapidly in percentage terms, more educated families had greater median wealth to start with and thus their absolute growth in dollar terms was larger.233 Additional information on the factors of wealth is in the Economic Well-Being section.


Source: Federal Reserve Bank of St. Louis

Median earnings of full-time workers in adulthood (ages 25 to 64) increase as an individual earns a bachelor’s degree or higher. In Indiana, a Hoosier who has a bachelor’s degree has a median income of $46,344 while a Hoosier who only has a High School Diploma has a median income of $29,793.234 The transition from high school to postsecondary education or career is a critical step in a young person’s life.235
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. Dual Credit courses provide opportunities for qualified students to earn college credit from a regionally accredited institution while attending high school. These courses can be taken at your high school or at a college campus and can be taught by regular high school faculty or college faculty.

- 63% of Indiana’s 2019 high school graduates earned AP or dual credits. Black students were least likely to earn AP or dual credits among all racial/ethnic subgroups.

### Percentage of Graduates Earning AP or Dual Credits by Subgroup, Indiana: 2014–2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>Small Populations</th>
<th>White</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>66%</td>
<td>66%</td>
<td>64%</td>
<td>67%</td>
<td>69%</td>
<td>69%</td>
</tr>
<tr>
<td>2015</td>
<td>61%</td>
<td>61%</td>
<td>64%</td>
<td>67%</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td>2016</td>
<td>64%</td>
<td>64%</td>
<td>54%</td>
<td>57%</td>
<td>56%</td>
<td>55%</td>
</tr>
<tr>
<td>2017</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
<td>54%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>2018</td>
<td>49%</td>
<td>50%</td>
<td>40%</td>
<td>39%</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>2019</td>
<td>48%</td>
<td>48%</td>
<td>40%</td>
<td>39%</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

Note: The Commission for Higher Education defines the “Small Populations” group to include students who identify as Native American/Alaskan Native, Native Hawaiian, and Two or more races. These groups are combined due to small populations and data suppression.

- Out of all 2019 graduates in Indiana, 35.0% took an AP exam, and 19.0% of graduates passed an AP exam.
  - 89% of Hoosier graduates in the class of 2019 who took and passed an AP test enrolled in college, compared to 44% of those who did not take an AP test.

- Of all 2019 graduates in Indiana, about 59.0% earned dual credit from an Indiana Public College.
  - Of those high school graduates who earned dual credit from an Indiana Public College, 71% enrolled in college the following year, a rate 32 percentage points higher than those who did not earn dual credit (39.0%).
  - 6% of those who earned dual credit from an Indiana Public College needed remediation, 32 percentage points below those who did not earn dual credit (17.0%).

If high school students complete a sequenced course of dual credit classes, they may earn a certificate, which is a postsecondary credential that typically takes less than one year (short-term certificate) or two years to earn (long-term certificate). High school students also can earn certificates via dual credit courses on their way to an associate or bachelor’s degree, enabling students to stack and embed postsecondary certificates into advanced degrees.

- Among 2019 high school graduates, 1,638 earned the Indiana College Core (formerly known as the STGEC or Statewide Transfer General Education Core). This is a block of 30 college credit hours, which equates to the first year of general education courses and is transferrable among all public institutions in Indiana. The number of 2019 graduates earning the Indiana College Core increased by 438 from 2018 (1,200).
  - In 2019, 62.0% of Indiana College Core earners were female; 36.0% were male; and 2.0% were unknown.
  - 84% of Indiana College Core earners were White; 6% were Hispanic/Latino; 5% were Black; and Asian and students of Two or more races earners were both 2%, respectively.

- 94% of Indiana College Core earners from the high school class of 2018 went on to attend college during the 2018–19 academic year. 70% of these Indiana College Core earners who enrolled in college met all three metrics for early success in college: they do not need remediation, they complete all courses they attempt during their first year of enrollment, and they persist to their second year of enrollment.

- 372 high school graduates in 2018 earned an associate degree (equivalent to 60 college credits or the first two years of college) prior to graduating high school.
• In 2019–2020, 104 high school graduates earned a Technical Certificate from Ivy Tech Community College. This is also 30 credit hours like the Indiana College Core but with a more technical focus and alignment.
  o 2,766 graduates earned a shorter-term certificate (15 to 18 credit hours) from Ivy Tech. These shorter-term certificates typically align with related Technical Certificates.244
  o Of the students earning certificates in 2019, 42.0% were ages 18–24 and 11% were high school students.245

Leveraging the Data: Locally

• Increase access to and completion of advanced coursework for subgroups: Advanced coursework opportunities provide high school students with the chance to earn college credit while they are still in high school. Due to the increased rigor and high expectations of these courses, advanced coursework offers high schoolers valuable opportunities to gain skills and demonstrate competencies in the kinds of learning they can expect to see in postsecondary education. The opportunity gaps in the advanced coursework system (e.g., the inequitable distribution of funding, supports, and pathways for student participation and success) has had a profound impact on which students are enrolling and succeeding in advanced coursework opportunities.246 As illustrated in the data above, students of color or from a low-income background are not accessing and completing advanced coursework at the same rate as their peers. Strategies to overcome potential barriers to greater access to advanced coursework for subgroups include:
  o Building a strong cadre of teachers trained specifically in the delivery of advanced coursework.
  o Creating and implementing a pupil progression framework that readies students for advanced coursework starting in elementary and middle grades.
  o Understanding which advanced courses are already available in the school district, where those are offered, and who is participating in those courses.
  o Auditing requirements for participation in advanced coursework that may result in the under-identification of students, particularly students from subgroups.
  o Building curricula that propels students toward advanced coursework.
  o Coordinating instructional concepts and vocabulary between elementary, middle, and high school staff to continually improve vertical alignment of standards and curricula.
  o Implementing automatic enrollment or academic acceleration policies that automatically place students with demonstrated proficiency in the subsequent highest available course.
  o Recruiting and mentoring students early in their high school careers to prepare them for enrollment and success in advanced coursework.
  o Setting the expectation that all students are suited for advanced coursework.247

Promising Practices:

• AdvanceKentucky, which partners with the Kentucky Department of Education and the National Math and Science Initiative (NMSI), helps school districts across Kentucky establish, grow, and sustain AP programs at their high schools, as well as helping middle schools in the state increase the number of eighth-grade students enrolling and succeeding in algebra. The goal of the program is 1) to strengthen the teaching of AP mathematics, science, and English courses, and 2) to build enrollment and dramatically increase rigorous new learning as evidenced by the number of students taking and earning qualifying scores on AP exams in these subjects.

• Equal Opportunity Schools, an organization based in Seattle, has worked with school districts across 33 states to help improve access to and enrollment in AP and International Baccalaureate courses for students from low-income families and students of color. Their model has four phases: 1) Access Opportunity, 2) Experience Success, 3) Extend Equity, and 4) Sustain Equity. More information can be found here.

• For additional strategies on expanding students’ early access to college and careers, check out this resource from the Center of Excellence in Leadership of Learning at the University of Indianapolis.
The Scholastic Aptitude Test (SAT) and ACT

The Scholastic Aptitude Test (SAT) is used by colleges and universities for admissions and enrollment. The SAT tests students’ knowledge of subjects necessary for college success and includes math, reading, writing, and an essay section. The maximum possible score is 1600. The SAT sets college- and career-readiness benchmarks to represent a 75% likelihood of a student achieving at least a C in the first-semester, credit-bearing college course in a related subject. The SAT Math benchmark is 530, and the Evidence-Based Reading benchmark is 480.

- 43% of Indiana graduates in the class of 2021 took the SAT at some point during their high school career.
- Indiana had the highest total mean SAT score (1095) among our neighboring states: Michigan (1031), Illinois (1007), Ohio (1070), and Kentucky (1048).
- Among Indiana graduates in 2020-2021, the mean SAT score was 544 in Math and 551 in Evidence-Based Reading and Writing, both of which met the SAT benchmarks.
  - When disaggregating the data for 2020-2021 by subgroups, American Indian, Black, Hispanic/Latino, Native Hawaiian, and students of Two or more races met the benchmarks less frequently than their Asian and White peers. Native Hawaiian students had the lowest rate of meeting the benchmarks for English (50%). Black students had the lowest rates of meeting the benchmarks for both Math and English (24%) and for the individual Math subject (26%).
  - Male students had a higher rate of meeting the SAT benchmarks than females.
  - English Learners had a higher rate of meeting the SAT benchmarks than their low-income peers.

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. The ACT College Readiness Benchmarks are the minimum ACT scores required for students to have a high probability of success in credit-bearing, first-year college courses. Students who meet a benchmark on the ACT have approximately a 50% chance of earning a B or better and approximately a 75% chance of earning a C or better in the corresponding college course.

- 25% of Indiana’s 2020 high school graduates took the ACT.
- The average composite ACT score for 2020 Hoosier graduates was 22.6. Compared to neighboring states, Indiana’s composite ACT score ranked third: Illinois (24.7), Michigan (24.6), Ohio (19.9), and Kentucky (19.5).
- Most students (72.0%) met the ACT benchmark for English with the lowest percentage of students (47.0%) meeting the benchmark in Science. 58.0% of students met the Reading benchmark, and 55.0% of students met the Math benchmark.

Postsecondary Enrollment

59% of Indiana’s high school graduating class of 2019 enrolled in college within one year. This declined two percentage points from the 2018 cohorts’ enrollment rate. Black and Hispanic/Latino students had the lowest percentages of enrollment among all subgroups.


Source: Indiana Commission for Higher Education

Note: The Commission for Higher Education defines the “Small Populations” group to include students who identify as Native American/Alaskan Native, Native Hawaiian, and Two or more races. These groups are combined due to small populations and data suppression.
Indiana is home to seven major public universities or university systems, including Ball State University, Indiana State University, Indiana University, Ivy Tech Community College, Purdue University, University of Southern Indiana, and Vincennes University. The state also houses 43 private bachelor’s degree-granting institutions and many additional certificate- and associate degree-granting institutions.257

- 2019 Hoosier high school graduates who earned an Honors Diploma were more likely to enroll in college (89%) than students earning a Core 40 (46%) or General Diploma (14%).
- 2019 Hoosier graduates from rural areas enrolled in college at a lower rate (55%) than their non-rural peers (59%).258

**Percentage of College-Enrollees by Campus Type, Indiana: 2019**

Source: Indiana Commission for Higher Education

**Percentage of College Enrollees by High School Diploma Type, Indiana: 2015–2019**

Source: Indiana Commission for Higher Education

Like Indiana’s graduates, rural students across the U.S. matriculate into postsecondary education at lower rates than their urban and suburban peers. Past economic need created a culture that was less driven by college degrees. The social and health challenges of rural areas coupled with the lack of access to high-speed internet, college-level courses, and transportation many rural areas contend with can create barriers for rural students for higher education enrollment and persistence.269

**College-Going Rate by Student Demographics, Indiana: 2019**

Source: Indiana Commission for Higher Education
Postsecondary Enrollment continued...

In Indiana, male students have tended to have lower rates of college enrollment. Just 51% of 2019 male graduates enrolled in higher education within 1 year, lower than both the state rate of 59% and the rate for female students of 65%. In Indiana this is especially true for rural, White (46%), and Hispanic/Latino (37%), and Black male students (43%). News reports featuring male students throughout the country highlight the pressure to provide for their families immediately after high school, which has become even more acute with the economic impacts of the COVID-19 pandemic. Additionally, hands-on programs that enrolled more men were less adaptable to virtual instruction, accelerating stop outs.

### College-Going Rates by Race/Ethnicity and Gender, Indiana: 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>Black</td>
<td>43%</td>
<td>56%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>42%</td>
<td>56%</td>
</tr>
<tr>
<td>Small Populations</td>
<td>49%</td>
<td>62%</td>
</tr>
<tr>
<td>White</td>
<td>53%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

### 21st Century Scholars

21st Century Scholars program provides up to four years of undergraduate tuition to income-eligible students at participating colleges or universities in Indiana, as well as step-by-step guidance and support to make sure they succeed in college. In order to receive the scholarship, students must be income eligible, enroll in the program in 7th or 8th grade, maintain a grade point average of at least 2.5 on a 4.0 scale, earn at least a Core 40 diploma, and agree to the 21st Century Scholar Pledge. Scholars also must complete the twelve steps of the Scholar Success Program to remain eligible for their scholarship.

- For the class of 2019 high school graduates, it was found that 4 out of 10 seniors would have been eligible for 21st Century Scholars program, yet only half were successfully enrolled.
- When compared to non-Scholars who are low-income or higher-income, 21st Century Scholars were most likely to earn AP or dual credits. 82% of Scholars in the 2019 cohort earned AP or dual credits compared to 44% of low-income, non-Scholars and 69% of higher-income, non-Scholars.
- Among 2019 high school graduates, 21st Century Scholars were more likely to enter college immediately after high school (88.0%) than all Indiana students (59.0%), students receiving free or reduced-price meals (46.0%), and higher-income students (64.0%).

Source: Indiana Commission for Higher Education

Note: The Commission for Higher Education defines the “Small Populations” group to include students who identify as Native American/Alaskan Native, Native Hawaiian, and Two or more races. These groups are combined due to small populations and data suppression.
• In 2019–2020, 21st Century Scholars earned slightly more college credit hours in their freshman year on average (23.0 credit hours) than non-21st Century Scholars (22.4 credit hours) and all students (22.5). However, 21st Century Scholars had a lower GPA on average (2.6) when compared to all students (2.8). Scholars were more likely to need remediation in college (10%) than all Indiana students (9%) but less likely than students receiving free or reduced-price meals (14%). Additionally, a higher percentage of 21st Century Scholars earned attempted remedial credits (72%) compared to all students (71%).

• When compared to their non-Scholar, low-income peers, 21st Century Scholars have higher rates of on-time completion of higher education, though not as high as higher income, non-Scholar students.

• The demographic disaggregation of 21st Century Scholars from 2017 to 2019 has been nearly proportional to the student population with slightly higher representation of those minorities who have been historically underrepresented in higher education – specifically Black and Hispanic/Latino students.

Percentage of Students Who Complete On-Time or with Extended Time by 21st Century Scholars, Indiana: 2020

Source: Indiana Commission for Higher Education

Note: Though all data above reflect the percentage of students who graduated in 2020, when they began their college career varies. The On-Time Completion: Two Year reflects students who began in 2018; the On-Time Completion: Four-Year reflects beginning in 2016; the Extended Completion to Six Years reflects beginning in 2014.

Leveraging the Data: Locally

• **Support more low-income students enrolling in 21st Century Scholars:** Because 21st Century Scholars have a higher FAFSA completion rate (63.1%) than Indiana overall rate (49.5%), as well as a higher college-going rate (88.9%) than Indiana’s overall rate (59.0%), this program is proven to help low-income students seek higher education. All eligible low-income youth should receive this funding to encourage postsecondary enrollment and help offset its cost. Ways to facilitate greater enrollment in this program at the local level include:
  - Taking an intergenerational approach to help low-income parents understand how these programs work and the various components. This may also include explaining the multitude of postsecondary options and opportunities for which a student may use these grants;
  - Requiring every student to complete the 21st Century Scholar form and related activities beginning in middle school. The activities could benefit any student seeking higher education regardless of income level, and family circumstances may change over four to five years to require the need for financial aid;
  - Discussing the additional benefits that come with enrollment. While this program covers tuition and fees, most state institutions provide additional incentives for 21st Century Scholars, such as free room and board; and
  - Creating partnerships between K-12 schools, institutions of higher education, workforce development, and social services programs to create greater awareness of this program with low-income parents. School districts can work with these and other state and community partners to host informational sessions away from schools (e.g., libraries, WorkOnes, community centers, etc.) and at a greater variety of times (at night or outside of work hours).
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. Federal Pell Grants provide up to $6,495 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.

- In 2020-2021, 248,070 high school seniors filing the FAFSA, almost 5,000 more filers than 2019-2020 (243,767 high school seniors).
  - 51.2% of students who filed the FAFSA in 2019-2020 were eligible for a Pell Grant. This decreased to 48.4% of filers in 2020-2021.
  - Around 60,000 FAFSA filers received state aid in both academic years.
  - FAFSA filers were more likely to be female in both years, representing 63.6% of filers in 2019-2020 and 63.2% of filers in 2020-2021.
  - Despite the increase in filers, high school seniors still left more than $65.2 million dollars in Pell Grants unused by not filing their FAFSA.
- For the current class of 2022 seniors, only 35.6% have filed, as of March 14, 2022. Slightly higher, 38.3% of senior 21st Century Scholars have filed.

Indiana state aid is awarded through two main grant programs: The Frank O’Bannon Grant and the 21st Century Scholarship. Eligibility for the O’Bannon Grant is based on financial need, as determined by the FAFSA. Starting in 2013-14, 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.

- 37,871 Indiana students received a Frank O’Bannon Grant in 2019, with an average award amount of $3,974.
- 21,714 Indiana students received a 21st Century Scholarship in 2019, with an average award amount of $8,011.

Recent Changes to FAFSA

The CARES Act (effective July 1, 2021) made the following changes to the FAFSA:

- **FAFSA applications will require less time and effort:** The FAFSA application will become shorter and simpler by reducing the questions by two-thirds – from 108 questions to 36 questions. The application will automatically transfer income data from annual tax filings.

- **Financial aid offices will have more flexibility related to professional judgment:** Financial aid offices or administrators can now adjust financial aid eligibility based on a student’s circumstance, such as unemployment, which could make them eligible for the Pell Grant.

- **Determination of unaccompanied homeless youth becomes less burdensome on the student:** Every year, unaccompanied homeless youth had to indicate their status to continue to receive aid. With the new legislative update, unaccompanied homeless youth are assumed to be independent each year unless indicated otherwise. This removes the requirement of unaccompanied homeless youth to indicate their status which many students found retraumatizing and burdensome.

- **Eligibility and award amount for the Pell Grant expanded:** The maximum award for Pell Grant increased by $400 to $6,895 for the 2022-2023 academic year. Not only has the award amount for the Pell Grant increased, but funding has increased for the campus-based aid program by about $40 million, raising the total funding for these programs to $895 million. The CARES Act also restored the financial aid eligibility for incarcerated students and students who were convicted of drug-related offenses. Incarcerated students could not apply for financial aid under the Violent Crime Control and Law Enforcement Act of 1994. According to the Vera Institute of Justice, the recidivism rate for youth in the juvenile justice system could decrease by 43% if they had access to education.
Leveraging the Data

Statewide:

- **Allow DACA students to access in-state tuition rates:** Affording college for DACA students is a challenge because this student population is not eligible for federal aid and state aid in Indiana. Under federal law, public institutions cannot grant undocumented students scholarships, financial aid, or other benefits, though these benefits do not include in-state tuition rates. Each state can determine access to in-state tuition and state financial aid. In Indiana, immigrant-led households have paid $1.9 billion in federal taxes and $1 billion in state and local taxes in 2018. DACA recipients in Indiana paid almost $21.4 million in state and local taxes in 2018. As of March 2020, about 9,970 current DACA recipients live in Indiana. Since 2021, DACA has been granted to a total of 10,711 children in Indiana. States which offer in-state tuition to undocumented and DACA students have higher high school and college completion rates. 25 states allowed for DACA students to access in-state through legislation. Indiana is one of five states barring in-state tuition.

- **Expand and promote Indiana’s College Goal Sunday:** These statewide FAFSA filing events are hosted by the Indiana Student Financial Aid Association and INvestEd. These events take place twice a year in early-November and February. At College Goal Sunday, students and their families can receive individualized support in completing or correcting their FAFSA at host sites across the state. Volunteers from the event have expertise within financial aid and there are bilingual volunteers who speak Spanish at select sites.

- **Provide targeted support services to remove barriers to completing FAFSA:** The National College Attainment Network identified key practices of states exceeding national completion rates. Targeted support services to remove barriers was the top initiative among these states. Primary strategies of targeting support consist of FAFSA completion events, partnerships with higher education and community leaders, early awareness and consistent messaging, and unique initiatives to fit the needs of students. Initiatives can be designed to target underrepresented populations, such as low-income and first-generation students, to complete FAFSA and close the college-going gap. FAFSA initiatives should be unique to assist the population of the students served within each school.

Promising Practices:

- California’s **Race to Submit** provides workshops on filling out the FAFSA through webinar format in English and Spanish.

- In North Carolina, one-on-one counseling is offered to help navigate through the process in English and Spanish. During COVID-19, the **FAFSAFrenzyNC** initiative was launched, where live Q&A sessions were provided in English and Spanish.

Nationally:

- **Connect FAFSA data with other public benefit programs:** To streamline equity in postsecondary access and increase completion rates for historically underrepresented minorities, the Executive Office and the U.S. Department of Education should connect students with demonstrable financial need (e.g., those eligible to receive Pell Grants) with additional public benefits. This type of streamlined access can ensure that low-income students receive information on other potential services. The connection could include:
  - Proactively notifying all Pell-eligible students of their potential eligibility for public benefits (e.g., SNAP, TANF, housing assistance, and Medicaid);
  - Automatically routing students receiving public benefits to the simplified needs test or setting their expected family contribution to zero;
  - Ensuring that public benefits do not count as income for aid eligibility purposes; and
  - Explicitly requiring financial aid offices to share information about student eligibility for public benefits with colleges’ student support offices.

- **Require institutions of higher education to provide connections with other social services to receive Pell Grants:** In addition to providing program information directly to eligible students based on their FAFSA applications, we urge the Executive Office to consider requiring institutions of higher education (IHES) to provide connections with other social programs in order to receive Pell Grant funding. Similar to financial counseling, IHES would be required to provide eligibility information and connections to social programs – like SNAP, TANF, housing assistance, Chafee grants, and Medicaid – to Pell recipients to increase their financial assistance and reduce burdens that curb postsecondary completion. Requiring IHES to provide these connections in order to receive Pell funding increases the likelihood of informing students of additional financial assistance for which they may be eligible. This approach provides low-income students with a one-stop-shop model akin to the system promoted under the Workforce Innovation and Opportunity Act (WIOA).
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.289

- In Indiana, 9% of the 2019 high school graduates who enrolled in an Indiana public college needed remediation.
  - 6% of students enrolling in higher education needed math remediation, 2% needed English/Language arts remediation, and 1% needed both types of remediation.
  - Black, Hispanic/Latino, and low-income students had higher percentages of needing remediation. These data correlate with academic proficiency and achievement data in K-12, as well as gaps to accessing opportunities, resources, and supports. Similarly, these data echo the socioeconomic disproportionality of Indiana’s data.

**Percentage of Students Who Completed On-Time or with Extended Time by 21st Century Scholars, Indiana: 2020**

<table>
<thead>
<tr>
<th>Category</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>Small Populations</th>
<th>White</th>
<th>Free or Reduced-Price Meals</th>
<th>Paid Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>91%</td>
<td>60%</td>
<td>65%</td>
<td>48%</td>
<td>68%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>未完成</td>
<td>10%</td>
<td>21%</td>
<td>10%</td>
<td>11%</td>
<td>7%</td>
<td>14%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

- Students who took more challenging coursework (e.g., Honors diploma, AP tests, or dual credits) were less likely to need remediation. Those students who did take challenging coursework and needed remediation were more likely to earn remedial credits than those who did not.
- Students who graduated with a waiver had higher rates of remediation than non-waiver graduates. 34% of the 2019 cohort who graduated with a waiver needed remediation upon enrollment.290

**Percentage of 2019 Cohort Needing Remediation and Earning Remedial Credits by Challenging Coursework, Indiana: 2021**

<table>
<thead>
<tr>
<th>Category</th>
<th>Needing Remediation</th>
<th>Earning Remedial Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Core 40</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Graduated with Waiver</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Graduated without Waiver</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Took and Passed an AP Test</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Took but Did Not Pass an AP Test</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Did Not Take an AP Test</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Earned Dual Credit</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Did Not Earn Dual Credit</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education
Persistence

In addition to remediation, GPA, adequate credit load, and persistence to second year of college are also indicators predicting postsecondary success. Maintaining a 3.0 GPA or higher and attending college full-time, as defined by earning 30 credits within the first year, are correlated with on-time degree completion.291

- The average first-year GPA for Indiana 2019 high school graduates enrolled in Indiana public higher education in 2019-2020 was 2.8; on average, these students earned 22.5 credit hours in their freshman year. Disaggregating these data, however, illuminate disparities between subgroups and based on high school coursework.
  - Asian and White students had an average GPA above the state average (3.1 and 2.9, respectively). Black (2.2) and Hispanic/Latino (2.6) students trailed the state average.
  - Low-income students had a lower average GPA (2.4) compared to non-low-income students (2.9).
  - Students who took challenging coursework in high school also had higher GPA averages than their peers.
    - Honors diploma: 3.2
    - Took and Passed an AP Test: 3.3
    - Earned Dual Credit: 2.9
  - Similar disparities between racial/ethnic and socioeconomic subgroups emerge when examining average credit hours earned. Additionally, students who took challenging coursework in high school earned more credit hours than their peers. Students who took and passed an AP test had the highest average freshman credit hours earned (28.5), followed by students who earned an Honors diploma (27.6), took and did not pass an AP test (24.4), and/or earned dual credit (24.2).292

<table>
<thead>
<tr>
<th>Average Freshman Credit Hours Earned by Subgroups, Indiana: 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

- 76.0% of Indiana high school students from the class of 2018 who were enrolled in Indiana public postsecondary in 2018-2019 persisted to the second year of college (2019-2020), and 55% of students completed all credits attempted in 2019-2020.
  - Among racial/ethnic subgroups, Black students had the lowest percentage of persistence to second year (62.0%) and completion of all attempted credits (35.0%) among subgroups. As illustrated in data above, Black students are also less likely to enter college with the safety net of early college credit to help keep them on track for on-time graduation and maintaining need-based financial aid. These data also reflect the K-12 data earlier in this section and provide context to the socioeconomic data in the Economic section.
- 48.0% of Indiana 2018 high school graduates who went straight to college met all three indicators of early success in college (GPA, credits completed, and persistence to the second year).293
Persistance continued...

Percentage of Students Who Persisted to Second Year or Completed All Attempted Credits in First Term by Race/Ethnicity, Indiana: 2020

Source: Indiana Commission for Higher Education

Percentage of Students Who Met All Three Early Success in College Benchmarks by Race/Ethnicity, Indiana: 2013–2018

Source: Indiana Commission for Higher Education
Completion

Many college students, especially those who are in community colleges, face economic insecurities that are a barrier to college for college completion. For students from low-income backgrounds in particular, the challenge with completion is not a lack of aspiration, but rather structural barriers that often make it difficult for students to achieve their goals. Many take on extra jobs to support themselves or their families while in college, leaving them less time to spend on campus or dedicate to schoolwork. Even when low-income students receive loans or grants, they still struggle with debt that may force them to drop out. Black and low-income students shoulder more student debt, even if they receive Pell Grants. Because of this, more Black students (39%) and low-income (38%) borrowers drop out of college compared to their peers.\(^{294}\) Guided pathways, robust counseling services, and financial resources can help students overcome the barriers to college completion.\(^{295}\)

Students whose parents did not attend college may face additional challenges in attending and completing college. These challenges include social, cultural, and academic readiness, as well as limited financial resources.\(^{296}\) First-generation college-goers are less likely to graduate from postsecondary institutions than their peers.\(^{297}\)

- In 2020, 44.4% of Indiana college students at a public Institution graduated on time and 63.6% completed college within six years. The rate of students graduating on time has increased by 2.1 percentage points in the past year and 12.3 percentage points in the past five years.
- 39.7% of 21st Century Scholars who attended a four-year public institution graduated on time in 2021.
- College completion rates vary among student demographics where low-income, racial/ethnic minority students, and adult learners are less likely to graduate on time than all students.\(^{298}\)

Leveraging the Data: Statewide

- **Provide postsecondary-readiness data for additional subgroups:** Indiana provides robust postsecondary data for many subgroups and for many indicators. Current disaggregation of data includes race/ethnicity, gender, income, diploma type, and locale. Data for additional subgroups – students with disabilities, English Learners, students in foster care, and students experiencing homelessness – are not currently published. While some of these data are not tracked at the college-level for these subgroups, readiness data (e.g., AP tests, dual credit, diploma types, and graduating with a waiver) can be provided for these additional subgroups. Providing these data will present a more nuanced picture of postsecondary-readiness for Hoosier students and allow for a deeper understanding of equity barriers various groups may face. Further disaggregation of postsecondary-readiness data to include these subgroups will allow policymakers, schools and districts, parents, and other community-based, youth-serving professionals and organizations to make more informed decisions.

- **Incentivize employers to create opportunities for employees to access postsecondary education:** Knowing that many college students are also working, new opportunities are needed to help them do both more seamlessly. Traditional employer tuition reimbursement programs have not boasted high participation rates for less-affluent employees, but innovations like providing tuition assistance upfront, partnering with institutions for stackable credentials, and offering courses on-site or online can open doors to recruit and retain younger employees.\(^{299}\) All the while, it boosts education attainment across our state and meets growing workforce needs. Some local examples of this are the My Cook Pathway and the McDonald’s Archways to Opportunity program.

- **Align Federal Work Study with work-based learning opportunities:** The Federal Work Study program provides funds for part-time employment to help needy students finance the costs of postsecondary education. Indiana public universities and colleges can model Federal Work Study opportunities for low-income students similar to the EARN Indiana program. Refocusing the Federal Work Study program can help scale work-based learning opportunities for students who have not historically had the economic freedom to take these roles by offsetting the cost of wages. By reconsidering the Federal Work Study program, Indiana universities and colleges can expand access to work-based learning models for lower-income students enrolled in higher education.
Career Readiness and Success

In 2018, schools in Indiana started including the interdisciplinary employability skills standards that were developed by the Indiana Department of Education and Department of Workforce Development. The goal of developing these skills is to assist students with their postsecondary readiness. The standards identified 18 skills that fall under the categories of Mindsets, Learning Strategies, Work Ethic, and Social & Emotional Skills.300

- 72% of Indiana employers said the supply of qualified applicants did not meet the demand in 2021, a 22 percentage point increase from 2020.
- 60% of employers indicated they left jobs unfilled in Indiana in the past year due to underqualified applicants.301

Career and Technical Education

Career and Technical Education aims to prepare youth for a wide range of high-wage, high-skill, and high-demand careers. Indiana’s CTE program is driven to support an education system of high quality and equity for the academic achievement and career preparation of all Indiana students. Students in Indiana’s high school CTE programs ideally gain the knowledge, skills and abilities needed for success in postsecondary education and economically viable career opportunities. Students participating in Indiana’s CTE programs are offered high school courses in agriculture, business, engineering and technology, family and consumer sciences, health science, and trade and industrial.302

- During 2020–2021 school year, 193,323 students enrolled in at least one CTE course. This was about 13,000 fewer students than 2019–2020.
- Of those students, 100,224 (nearly 51.8%) enrolled in at least one advanced course.
  - 8,818 students (about 11.5%) enrolled in a Level II CTE class.
  - 17,969 students (9.3%) were designated as a CTE Concentrator by completing 2 advanced courses.
- During the 2020–2021 school year, the majority of CTE students were male (53.6%). Female students made up 46.3% of the CTE student population.
- White students represented 72.8% of CTE student enrollments during the 2020–2021 school year. Black students represented 12.2% of CTE enrollment, Hispanic students 6.5%, students of Two or more races 6.0%, and Asian students 2.1% of the CTE enrollment.
- About 1 in 3 CTE students were low-income, and 1 in 5 students had a disability.303

As evidenced by the data above, Indiana needs greater equitable access to and participation in high-quality CTE classes for students of color. Historically, schools across the nation placed students of color into technical education programs as an extension of segregation, tracking students into low-quality programs and career paths by race and social class. The job-focused pathways for students of color and low-income backgrounds were less rigorous than the academic pathways for the White and affluent students. Students with disabilities were also tracked into these low-quality programs focused on low-skill, low-wage jobs.304 This kind of tracking did not only occur in the secondary space, but it was also prevalent in higher education. Following the enactment of the Servicemen’s Readjustment Act of 1944, commonly known as the G.I. Bill, Black veterans had trouble securing educational benefits for postsecondary learning. Veterans who did qualify could not find facilities that delivered on the bill’s promise. Often the Department of Veterans Affairs encouraged Black veterans to apply for vocational training instead of university admission and arbitrarily denied educational benefits to some students. In Indianapolis’ Crispus Attucks, Black veterans in the vocational training program were unable to participate in activities related to plumbing, electricity, and printing because adequate equipment was only available to White students – a policy upheld by the school board, demonstrated by an article in The Indianapolis News in 1946.305

Though there has been considerable progress made in Indiana and nationally to reverse past discriminatory policies, inconsistencies in the rigor and quality of CTE programs across different locales and zip codes persist. High-quality CTE programs are often in areas with more concentrated wealth, excluding students from Indiana’s pockets of high poverty. Due to the experiential nature of most CTE programs, enrollment is often limited and there are entrance requirements students must meet. Competition for these programs can crowd out students of color and from low-income backgrounds. Additionally, implicit bias still emerges in CTE programs with assumptions made about students’ intellectual or physical capabilities and interests.306 These briefs from Advance CTE provide state and local policymakers and leaders with strategies to equitably provide high-quality CTE programs to historically marginalized students.
Top 10 Pathways by Student Enrollment, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering</td>
<td>9,887</td>
</tr>
<tr>
<td>Biomedical</td>
<td>9,530</td>
</tr>
<tr>
<td>Management</td>
<td>8,778</td>
</tr>
<tr>
<td>Culinary</td>
<td>7,848</td>
</tr>
<tr>
<td>Agribusiness</td>
<td>7,697</td>
</tr>
<tr>
<td>Marketing</td>
<td>7,435</td>
</tr>
<tr>
<td>Health Care</td>
<td>7,232</td>
</tr>
<tr>
<td>Nursing</td>
<td>7,232</td>
</tr>
<tr>
<td>Computer Science</td>
<td>6,954</td>
</tr>
<tr>
<td>Human Resources</td>
<td>6,306</td>
</tr>
</tbody>
</table>

Source: Governor’s Workforce Cabinet

Top 5 CTE Pathways by Gender, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Gender</th>
<th>Engineering</th>
<th>Physical Therapy</th>
<th>Banking</th>
<th>CompSci</th>
<th>Culinary</th>
<th>Networking</th>
<th>Health</th>
<th>Fashion</th>
<th>Food</th>
<th>Heavy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6,954</td>
<td>6,812</td>
<td>6,769</td>
<td>6,697</td>
<td>6,619</td>
<td>6,542</td>
<td>6,463</td>
<td>6,386</td>
<td>6,364</td>
<td>6,345</td>
</tr>
<tr>
<td>Female</td>
<td>6,953</td>
<td>6,769</td>
<td>6,769</td>
<td>6,697</td>
<td>6,619</td>
<td>6,542</td>
<td>6,463</td>
<td>6,386</td>
<td>6,364</td>
<td>6,345</td>
</tr>
</tbody>
</table>

Source: Governor’s Workforce Cabinet

33,678 student earned dual credits via CTE courses in 2020–2021; this is about 17.4% of all CTE students. 19,976 students earned 6 or more dual credits, which is about 9.8% of all CTE students and 59.3% of CTE students earning dual credit.

Top 10 Pathways by Students Earning Dual Credit, Indiana: 2020–2021

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networking</td>
<td>7000</td>
<td>100%</td>
</tr>
<tr>
<td>Health</td>
<td>6000</td>
<td>60%</td>
</tr>
<tr>
<td>Fashion</td>
<td>5000</td>
<td>90%</td>
</tr>
<tr>
<td>Engineering</td>
<td>4000</td>
<td>50%</td>
</tr>
<tr>
<td>Computer Science</td>
<td>3000</td>
<td>80%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>2000</td>
<td>40%</td>
</tr>
<tr>
<td>Health</td>
<td>1000</td>
<td>70%</td>
</tr>
<tr>
<td>Fashion</td>
<td>1000</td>
<td>30%</td>
</tr>
<tr>
<td>Food</td>
<td>1000</td>
<td>20%</td>
</tr>
<tr>
<td>Management</td>
<td>1000</td>
<td>10%</td>
</tr>
<tr>
<td>Media</td>
<td>1000</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Governor’s Workforce Cabinet
Education | 2022 Indiana KIDS COUNT® Data Book

Career and Technical Education continued...

In 2020-2021, 5,230 Indiana students enrolled in a career and technical education course earned an industry certification, which is about 2.7% of the total number of students enrolled in a CTE course. This is an increase of about 1,900 students from 2019-2020.

- 63.3% of certification earners were male, and 36.6% were female.
  - Male students commonly earned NCCER Carpentry 1, NCCER Core Curriculum, and AWS Certification–Entry Level.
  - Female students earned Certified Nursing Assistant, ServSafe Food Manager, and Cosmetology.
- Most certification earners were White (73.1%), followed by Hispanic/Latino (7.1%), Black (6.7%), Two or more races (5.4%), and Asian/Pacific Islander (0.9%).
  - The most common certifications earned by students’ race/ethnicity were:
    |-------------------|-------------------|-------------------|-------------------|
    | Asian             | Certified Nursing Assistant | Firefighter Certification– Homeland Security | NCCER Core Curriculum |
    | Black             | Certified Nursing Assistant | Pro-Start | NCCER Core Curriculum |
    | Hispanic/Latino   | Certified Nursing Assistant | NCCER Carpentry Level 1 | Emergency Telecommunicator |
    | Two or more races | Certified Nursing Assistant | Emergency Telecommunicator | Pro-Start |
    | White             | Certified Nursing Assistant | NCCER Carpentry Level 1 | NCCER Core Curriculum |

40.8% of certification earners were low-income students, and 23.6% of earners were students with a disability.
  - The most common certifications earned for both low-income students and students with disabilities were Certified Nursing Assistant, NCCER Core Curriculum, and NCCER Carpentry Level 1.

<table>
<thead>
<tr>
<th>Top 10 Certifications Earned by Students, Indiana: 2020–2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nursing Assistant</td>
</tr>
<tr>
<td>NCCER Carpentry Level 1</td>
</tr>
<tr>
<td>NCCER Core Curriculum</td>
</tr>
<tr>
<td>ServSafe Food Manager</td>
</tr>
<tr>
<td>American Welding Society Certification–Entry Level Welder</td>
</tr>
<tr>
<td>American Welding Society Certification (Certified Welder)</td>
</tr>
<tr>
<td>ASE Certification–Automobile and Light Truck Technician: Brakes</td>
</tr>
<tr>
<td>Emergency Telecommunicator</td>
</tr>
<tr>
<td>Certified Indiana County Jail Officer</td>
</tr>
<tr>
<td>Pro-Start</td>
</tr>
</tbody>
</table>

Source: Governor’s Workforce Cabinet
Leveraging the Data: Statewide

- **Embed AP courses into CTE pathways**: AP and CTE courses can work in tandem to support college- and career-readiness by encouraging the development of academic knowledge and technical skills. Rather than separate “college-ready” and “career-ready” coursework and experiences, embedding AP courses into CTE Programs of Study provides all students with engaging, challenging academic coursework that aligns with and supports their post-high school plans.308

**Promising Practice:**

- North Carolina is leading the way with an integrated team approach uniting CTE and Advanced Learning divisions at the North Carolina Department of Public Instruction (NCDPI). The CTE Division is working to embed and implement five key AP courses into the Information Technology and Finance Clusters (AP Computer Science Principles, AP CSA, AP Microeconomics, AP Macroeconomics, and AP Statistics). The NCDPI CTE Division (NCDPI’s integrated team), in collaboration with the College Board, has developed a novel professional development opportunity for CTE teachers to instruct these AP courses within CTE pathways. In addition, the team is actively identifying opportunities and banishing barriers to increase access to AP courses within CTE.

- Tennessee embeds several AP courses into its CTE programs of study. Find Tennessee’s CTE programs of study here. In addition, Hardeman County is partnering with Jackson State University to offer high school students an A.A.S. degree in Computer Information Technology. As part of their pathway, students will take AP Computer Science Principles (AP CSP) in 10th grade as a foundational course that will lead to in-demand Information Technology credentials and an associate degree.

**Work-based Learning**

Work-based learning programs are opportunities to help students learn about the workplace, develop and refine workplace competencies needed to enter, and succeed in a chosen career. Through practical and engaging experiences, students learn first-hand how to complete tasks required for a given industry. Work-based learning can take place in a physical work setting or simulated experience.309 Indiana’s new graduation requirements, Graduation Pathways, include work-based learning as a way for students to fulfill one of the requirements for the Learn and Demonstrate Employability Skills domain. Additional information about how a work-based learning experience can qualify for the Graduation Pathways requirements can be found here.

8,189 students were in work-based learning courses in 2021.

- 50.5% of work-based learning students were female and 49.2% were male.

- In 2020–2021, most students who participated in work-based learning courses were White (74.0%), and 26.0% were students of color. Low-income students comprised 35.7% of students participating.311

**Cover certification costs**: Currently, the State provides $500,000 to CTE districts to cover the costs of certifications using federal funding from the Carl D. Perkins Act. The State can use CTE funding from the Department of Education to cover the costs of certifications at schools and through dual credit courses. The process for allocating State funds to schools could be similar to how the State allocates federal funding based on prior certification results to CTE districts and incentivizing historically disadvantaged students (e.g., students of color, those from low-income backgrounds, or those with disabilities) to earn certifications with additional funding provided.

- **Enrich youth employment**: In Indiana, there are currently more than 12,800 youth employers registered with the Indiana Department of Labor in the newly-created Youth Employment System (YES). This is a chance to partner with registered employers to promote intentional development of employability and technical skills in their younger workforce. Districts can also encourage nearby employers with qualifying roles to sponsor more work-based learning opportunities for high school students at their organization to fulfill that component of graduation pathways.309
In 2021, 51.0% of businesses offered college internships, and 23.0% offered high school internships. Additionally, 27.0% of businesses offered job shadowing, 25.0% offered student site visits, and 18% offered apprenticeships. 31.0% of businesses provide any kind of career awareness/exploration opportunities to local K-12 students.313

The Employer Aid Readiness Network (EARN) Indiana is a work-based learning opportunity for youth enrolled in higher education. EARN Indiana is designed to provide financial assistance to employers who provide paid internships for qualified Hoosier students enrolled full- or part-time in a postsecondary education program. Students with financial need have access to resume-building, experiential, paid internships, while employers receive state matching funds—50% of the student’s hourly rate—for hiring these students. Interns funded through EARN must assist with primary work tasks, such as contributing to project design or development, developing, and carrying out a marketing plan, business strategy, or promotional strategies, writing reports, handbooks, manuals, or newsletters, and other similar tasks.313

- 547 students successfully participated in the EARN program in 2020-2021.
  - 54.6% were female, and 45.4% were male.
  - 1.3% were American Indian, 9.4% were Asian, 7.9% were Black, 12.1% were Hispanic, and 68.2% were White.
- The internships were all across industries, but the top areas were Marketing, Business, Education, STEM, IT, and Manufacturing.
- The full list of participating institutions can be found here.314
In 2022, the State expanded EARN Indiana to the high school space. The Indiana Commission for Higher Education, Department of Education, and Chamber of Commerce piloted this opportunity with 10 high schools as an opportunity to build local capacity for connecting high school students with high-quality internship/pre-apprenticeship experiences beginning in summer 2022 and continuing through the 2022-23 academic school year.

Jobs for America’s Graduates

Indiana leads the nation in the number of students served through the Jobs For America’s Graduates (JAG) program. JAG is a school-to-career program administered by the Department of Workforce Development aimed to keep at-risk youth in school and on track for postsecondary education and career success. JAG primarily targets high school juniors and seniors, though recent expansions of the JAG model have included middle schools and grades 9 and 10, as well as low-income older youth ages 18 to 24 through a College Success program for JAG graduates pursuing postsecondary education. All models of the JAG program include mentoring, leadership development, guidance and counseling, connections to school- and community-based services, and 12-month follow-up services. Governor Holcomb currently serves on the National Board of Directors for Jobs for America’s Graduates and advocates for the continued statewide expansion of JAG.

- 127 Indiana JAG high-school based programs are available in 90 locations with 8 alternative education programs and 119 multi-year programs.
- In the 2020-2021 cohort, Indiana’s JAG program served 4,119 students. JAG students completed 21,575 hours of service learning and 36,836 hours of employer connection hours.
- Indiana’s 2019-2020 JAG participants had a 97% graduation rate, and 85.0% went on to either a job, the military, and/or postsecondary education.
- Among the 2020-2021 JAG participants, about 52% were economically disadvantaged (receiving TANF/free lunch), 39% have a mother or father who did not graduate from high school, 32% have a family environment that is not conducive to education or career goals, and 16% have been suspended, expelled, or put on probation.
- Since 2007, Indiana’s JAG program has served more than 31,600 students.
- Currently, 60 counties have a JAG program.

I often refer grant seekers to the KIDS COUNT® Data Book as it pertains to their work. We hold Listening Sessions with both nonprofit organizations and community members. IYI’s data is often referenced in those conversations for many reasons -- sometimes to affirm our observations, sometimes to prove a point. As we report back to our board members, many times they get a rude awakening at some of our not so favorable statistics. Many times, we hear them repeat this as they consider grant requests, and usually it effects the funding outcome in a positive way.

- An Indiana County Community Foundation

End of Education Section
Where to next?

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Every child deserves access to excellent education, regardless of race or socioeconomic status.

We work to knock down barriers to education. This includes investing in the community, supporting schools, and working together to empower families.

We provide expert support and recognition.

The Mind Trust offers a wide range of academic supports that provide school network executives, leaders, administrators, and teachers with resources and world-class professional development and coaching.

We believe educators deserve expert supports and recognition for the important role they play in the lives of students and families.

EXPLORE NOW! VISIT THEMINDTRUST.ORG
Explore opportunities for educators at all levels.
Methodology

The 2022 Indiana KIDS COUNT® Data Book is a comprehensive collection of significant indicators on the well-being of Hoosier youth and families across the four areas of Family & Community, Health, Economic Well-Being, and Education. Indiana Youth Institute does not design or implement primary research, only secondary research. The Data Book provides the most recent data and research from state partner agencies, peer-reviewed journals, national and state level surveys, as well as credible national entities, such as the Centers for Disease Control and Prevention and the U.S. Census Bureau. Sources and direct links can be found at the end of each section. All data are evaluated to ensure they are from a reliable source, recently available, consistent over time, easily understandable, and relevant. A focus is placed on visualizing data with context and analysis to show trends over time, county comparisons, and disparities by race, place, or income. In certain circumstances, studies older than 10 years were utilized due to the level of respect and impact to the field of child well-being and to provide historical context.

Process

To ensure the current issues and barriers facing youth are addressed, a collaborative process with stakeholders, partners, and peers determines the content for the Indiana KIDS COUNT® Data Book. Essential feedback is gathered through surveys as well as the Indiana KIDS COUNT® Advisory Council, which provides insights on youth topics, data availability, context, and recommendations. Partners and agencies provide support on data checking, clarity on definitions, data context, and changes to methodology to ensure accuracy.

Accuracy

Data were collected through request or by accessing publicly available sources from various agencies at the time of publication. State agencies often depend on local communities reporting their data. Data collection and availability differs among agencies. Every effort is made to ensure information is accurate, valid, and reliable; however, the accuracy of data that is supplied cannot be guaranteed. Reporting and tabulation errors may occur at the source of the data, and this may affect the validity. In addition, agencies may publish updated data throughout the year which may conflict with what is published in this year’s Data Book.

Important Data Reminders

- Data and percentages were calculated using standard mathematical formulas.
- Data are based on different timeframes (i.e., calendar year, school year, and five-year estimates). Readers should check each indicator and data source to determine the reported time period.
- When a small number exists for a data source, data suppression may be used to protect confidentiality.
- County rankings allow for comparisons between counties, but they do not necessarily mean a county is doing well. In a similar way, changes in a ranking from year to year may be due to how data has changed in other counties.
- Data collection and methodology vary among sources and agencies. When comparing data from different sources, readers are encouraged to understand the different methodologies of each source.
- Data presented may not be comparable due to different sources employing varying methodologies and sample sizes.
- Data from different surveys or questionnaires may use different definitions for data indicators. It is advised to review the original source methodology to understand their definitions.
We do it for the kids. Our statewide and local data helps you design programs and make decisions to improve the lives of youth.

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

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

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

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

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