2017 DATA BOOK
a profile of child well-being

FAMILY

ECONOMY

EDUCATION

HEALTH

SAFETY

The Indiana Youth Institute

INDIANA YOUTH INSTITUTE

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A Message from the President and CEO

We all want what's best for Indiana's children. At the Indiana Youth Institute, our vision is that all Hoosier children and youth will be healthy, safe, well-educated and economically secure. Indiana currently ranks 30th in the nation for child well-being. While this ranking represents progress from the past, we have a long way to go to ensure a healthy now and a prosperous future for all of Indiana's children.

IYI's 2017 KIDS COUNT® in Indiana Data Book is our 23rd annual profile of children in Indiana. No matter how you serve kids—through direct service, policy making, or as a parent—this important tool is designed to be your go-to resource to understand the needs of our children.

Our Data Book provides a detailed and comprehensive statistical picture of Indiana children and youth. The Data Book can identify gaps in services and help service providers make the case for funding. It can also help community leaders and policy makers guide decisions about child services and education best practices. Overall, this book is a foundation for planning and action by everyone working to improve the quality of life for children in our state.

While we actively strive for great outcomes for all of our youth, we recognize that some groups of children are at higher risk than others. Throughout this book you will find data disaggregated by race and ethnicity, gender, age, and other factors. The goal is that the detailed data will begin to drive solutions that match the particular challenges of different groups of kids.

The KIDS COUNT in Indiana Data Book is a key resource and a conversation starter for partners, service providers, parents, and community leaders. Together we can navigate pathways and build frameworks to help all Hoosier children and youth achieve health, safety, academic success, and a bright future.

In partnership,

Tami S. Silverman

2017 DATA BOOK

dedicated to all those who are committed
to improving the lives of Indiana's children.

The Indiana Youth Institute
Serving those who impact youth

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

About KIDS COUNT® in Indiana 2016

KIDS COUNT in Indiana is part of a national network of state-level projects coordinated and supported by the Annie E. Casey Foundation (www.aecf.org). The KIDS COUNT project provides national and state-by-state information about the well-being of children, youth, and their families.

The *KIDS COUNT in Indiana 2017 Data Book: A Profile of Child Well-Being,* 21st in the series, is an important tool for community leaders, policymakers, youth workers, advocates and others who impact the lives of Indiana's children. The goal of the Data Book is to collect the best and most recent information available regarding childhood well-being in the state of Indiana.

The KIDS COUNT Data Center, available at datacenter.kidscount.org, uses indicators from reliable sources that are consistently available for the state of Indiana and each county from year to year. In addition, a printable profile for each of Indiana's 92 counties can be found at www.iyi.org/countypages.

TABLE OF CONTENTS

FAMILIES AND COMMUNITIES

TABLE OF CONTENTS continued

ECONOMICS

HEALTH

TABLE OF CONTENTS continued

Percentage Child Population Change, 2001-2015

☐ Population Decrease
■ Population Increase

Source: Easy Access to Juvenile Populations

INDIANA CHILD POPULATION

Indiana is home to the 15th largest population of children nationally. In 2015, more than 1.5 million children younger than 18 resided in Indiana.[1] The child population has been declining slightly in Indiana since the peak of 1.6 million children in 2008. Over the past 15 years, 70 counties have seen a decrease in child population and 22 have seen an increase. Across all age cohorts, there are more male children than female children. The total number of children in younger cohorts is less than the total number of children in older cohorts.

Child Population by Age Group and Sex, Indiana: 2015

	Female	Male
Ages 0-2	122,338	128,698
Ages 3-5	123,726	130,144
Ages 6-8	129,359	134,801
Ages 9-11	130,021	136,986
Ages 12-14	131,402	136,955
Ages 15-17	134,692	140,334
Ages 18-20	136,288	143,723

Source: Easy Access to Juvenile Populations

Diversity

Indiana's child population has increased in racial and ethnic diversity over time and is far more diverse than the adult population. This growing diversity in Indiana's child population mirrors the national trend and indicates a need for cultural awareness among people who work with youth.

In 2000, 17.4% of Hoosier youth were a race or ethnicity other than white, Non-Hispanic. This percentage has grown to nearly a quarter of the child population (24.8%) in 2015.[2]

COUNTY DATA
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

For more information about diversity in the school-age population, see the School Enrollment section in the Education chapter.

Population by Age and Race/Ethnicity, Indiana: 2015

Ages 0-5: 0.5%, 2.4%, 9.8%, 12.9%, 74.5%

Ages 6-17: 0.5%, 2.2%, 9.5%, 12.1%, 75.6%

Ages 18 and Older: 0.4%, 2.2%, 5.2%, 8.8%, 83.4%

Legend: White, Black, Asian, Hispanic, American Indian
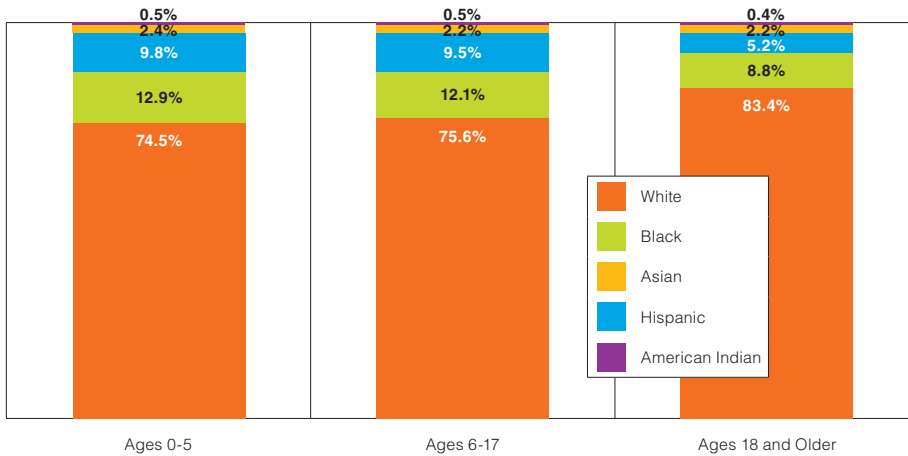
Source: Easy Access to Juvenile Populations

Place of Birth

The majority of Indiana's children were born in Indiana (83.4%), and another 14.7% were born in other states. [3] Only 1.5% of Indiana children are foreign born, and of them 35.1% are naturalized United States citizens.[4] Nearly all (99.0%) of Indiana's children are either native-born or foreign-born naturalized American citizens.[5]

Language

Nearly 1 in 10 Hoosier children ages 5-17 speak a language other than English at home (9.9%), but 92.4% of them also speak English well or very well. Less than two-thirds of children who speak a language other than English at home speak Spanish (61.8%), followed by other Indo-European languages (22.1%), and Asian or Pacific Island Languages (10.7%).[6] In Indiana, less than 1% (8,652) of children speak English "not well" or "not at all."[7]
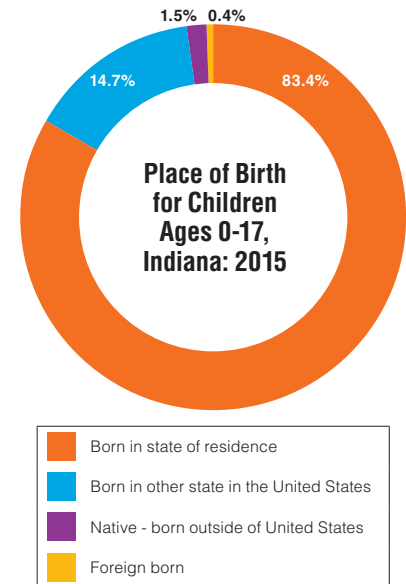
HOUSEHOLDS AND FAMILIES

The families and communities in which children are born and raised have a heavy influence on their future outcomes. Family composition and the relationship between a child's parents are strongly linked to the child's well-being.[8] Similarly, living in supportive neighborhoods and communities is important for positive child and youth development.[9]

The distinction between *family* and *household* as used in United States Census Bureau data is an important one. A household includes all people who occupy a housing unit as their regular place of residence. There are two types of households, family and non-family. A family is composed of two or more individuals who are related to each other by birth, marriage or adoption, and a non-family household may be one person living alone or with others who are unrelated.

Place of Birth for Children Ages 0-17, Indiana: 2015

83.4%, 14.7%, 1.5%, 0.4%

Legend:
Born in state of residence
Born in other state in the United States
Native - born outside of United States
Foreign born

Source: American Community Survey; Table B06001

Child's Relationship to the Householder, Indiana: 2015

- 1.7%
- 2.3%
- 6.6%
- 4.3%
- 2.2%
- 82.9%

- Biological child
- Adopted child
- Stepchild
- Grandchild
- Other relatives
- Foster child or other unrelated child
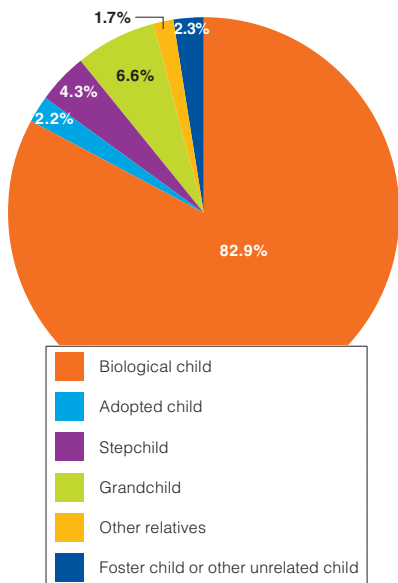
Source: American Community Survey; B09018

Language Spoken at Home for Children Ages 5-17 in Limited English Speaking Households, Indiana: 2015

- 5.9%
- 1.7%
- 10.0%
- 13.3%
- 69.1%

- Speak only English
- Speak Spanish
- Speak other Indo-European languages
- Speak Asian and Pacific Island languages
- Speak other languages

Source: American Community Survey; Table B16003

Households

In Indiana, there are more than 2.5 million households, 786,632 of which have children younger than age 18 in them (31.3%).[10] The majority of Indiana's children live in households with a biological parent (82.9%) or grandparent (6.6%) as the householder. An additional 2.3% live in non-family households as a foster child or are otherwise unrelated to the householder.[11]

Household Language

Research shows that families who speak English as a second language are more likely to be in a lower socioeconomic class, most often due to low wages rather than unemployment. These difficulties can be compounded by living in poor communities as well as trouble accessing social services due to linguistic or cultural barriers.[12]

In Indiana, there are 25,877 children ages 5-17 who are living in households considered to be limited English speaking. This means that they speak a language other than English at home and no one older than age 14 in the household speaks English only or "very well." Of these children, the majority spoke Spanish, followed by other Indo-European languages.[13]

Families

Nearly half of Indiana's families have children younger than 18 (47.2%).[14] In 2015, 78.2% of families with children have 1-2 children, 19.6% have 3-4 children, and 2.2% have five or more children.[15] For families with children, 18.1% have children younger than age five only, 19.2% have children younger than age five and between ages 5 and 17, and 62.8% have children ages 5-17 only.[16]

Children in Indiana experience a variety of different living situations. Research shows that living in a two-parent household is correlated with better health and educational outcomes for children, but is only part of the equation for child well-being.[17] Both single mothers and single fathers face barriers to providing economic stability for their children. Seven in ten children living with a single mother are low income or living in poverty, compared with less than a third of children living in other types of families.[18] Similarly, single fathers are less likely to receive child support payments than single mothers and have to balance work and child care needs as any family does.[19]

- 64.4% of Indiana children live in married couple families, 26.1% in single mother families, and 9.4% in single father families.[20]

- An unmarried partner was present in 41.9% of male-headed and 16.9% of female-headed single parent households.[21]

Family Type for Families with Children by Householder Race/Ethnicity, Indiana: 2015

	Female householder, no husband present	Male householder, no wife present	Married-couple family
All	26.1%	9.4%	64.4%
Asian Alone	8.5%	7.2%	84.3%
White Alone, Non-Hispanic	21.8%	9.2%	69.1%
Hispanic or Latino	29.3%	10.8%	59.9%
Black or African American alone	58.6%	10.1%	31.3%
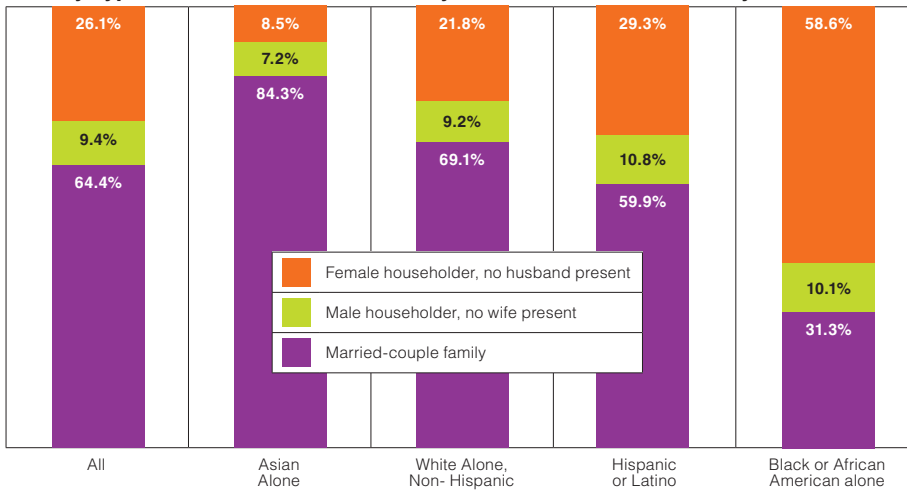
Source: American Community Survey; Table B17010 B-I

Adoptive Families

In 2015, 2.2% of children lived in adoptive families and another 2.3% lived in homes where the householder was a foster parent or other unrelated individual.[22] There are three main avenues for adopting a child in the United States: foster care adoptions, international adoptions and private domestic adoptions.

- 3,593 new adoption case filings were submitted to the Indiana courts in SFY 2015.[23]

- Indiana had 155 inter-country adoptions involving immigration to the United States finalized abroad, and 24 finalized in the United States in federal fiscal year (FFY) 2015.[24]

- In SFY 2016, there were 1,509 children adopted through the Indiana Department of Child Services (DCS).

- The number of children adopted by Indiana families through private agencies is not available.

Number of Finalized Adoptions from the Department of Child Services (DCS) and International Adoptions, Indiana: 2004-2016

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Adoptions from DCS	1,045	979	1,131	1,357	1,494	1,577	1,429	1,484	1,663	1,244	1,038	1,245	1,509
International Adoptions	635	599	562	537	477	361	319	290	287	232	221	155	
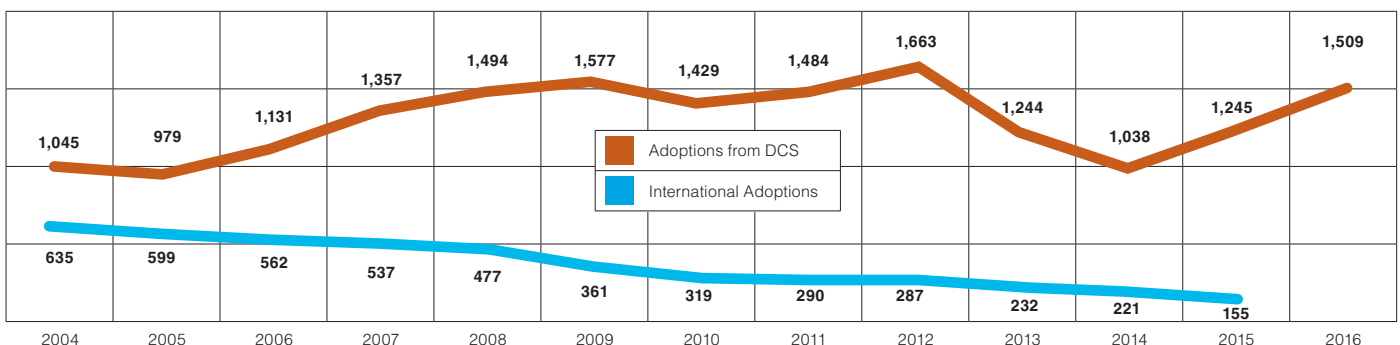
Sources: U.S. Department of State and Department of Child Services

Multigenerational Households

Three percent of Indiana's households are multigenerational, meaning at least three generations of family members are living in the same household.[26] Not all Indiana children who live with their grandparents live in multigenerational families because the parent of the grandchild is not always present.

- In Indiana, 124,352 grandparents live with their grandchildren who are younger than age 18. However, the grandparent is directly responsible for the grandchild in less than half of those households (45.3%).[27]

Although grandparents often are willing to care for the children in their families, they may need additional financial assistance or other support,[28] especially in cases where the child has been a victim of maltreatment.[29]

- Of the grandparents who are responsible for their grandchildren, more than a third were older than age 60 (37.4%) in 2015.[30]

- In households where the grandparent is responsible for the grandchild, 45.2% receive Supplemental Social Security Income (SSI), cash public assistance income or Food Stamp/SNAP benefits, down from 51.1% the previous year (2014).[31]

- In 2015, 19.9% of children whose grandparents were responsible for them live in poverty, which was lower than the rate in the previous year (25.6%).[32]

Adult Educational Attainment

Adult educational attainment also is related to family living situation and economic stability. For example, less educated women are more likely to give birth outside of marriage,[33] and single parents who attend college are less likely to complete their intended degree than other college students.[34]

Highest Level of Educational Attainment for The Population 25 Years and Older, Indiana: 2015

Level	Percentage
Doctoral degree	1.0%
Professional degree	1.4%
Master's degree	6.6%
Bachelor's degree	16.0%
Associate's degree	8.3%
Some college, no degree	20.6%
High school graduate	34.3%
Less than high school	11.8%
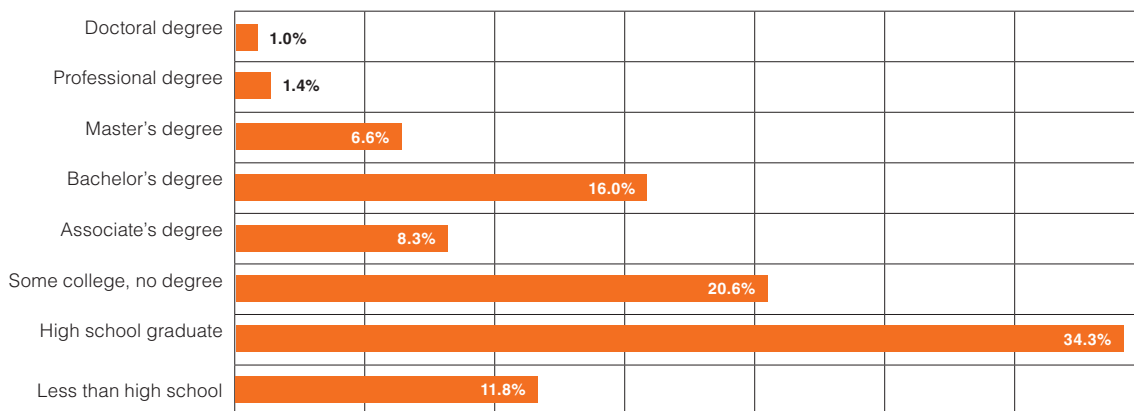
Source: American Community Survey; Table B15002

Children who have parents with higher levels of educational attainment tend to have better outcomes than children whose parents have not had as much formal schooling. Additionally, children of more highly educated parents tend to have greater access to material, human and social resources than their peers.[35] Parental beliefs, attitudes and practices surrounding their child's education also impact the child's success.[36] Adults with greater levels of educational attainment tend to earn more. In Indiana, the median earnings in the last year for individuals with less than a high school diploma were $21,431, compared to individuals with a bachelor's degree ($46,884) or higher ($60,699).[37]

Family Stability

Children thrive in stable and nurturing environments. Although some change in children's lives is normal, sudden, prolonged or dramatic disruptions can affect children's feeling of security.[38] Changes in family living arrangement or makeup can have a profound impact on how a family functions. The more changes in family structure, the more difficult the instability becomes, increasing problem behaviors.[39]

Family Stress

Feeling some stress during pregnancy or while parenting is normal, but high levels of stress that continue for a long time can negatively affect a child. Children in families with high levels of stress are twice as likely as their peers to be disengaged in school and four times as likely to have behavioral or emotional problems. Some family stressors include having difficulty paying bills, struggling to access health care, and having a family member with a physical, learning or mental health condition.[40]

- 51.3% of Indiana high school students live in a family that argues repetitively, more than a third live in a family that has serious arguments (39.7%), and 39.4% live in a family that insults each other.[41]

Family Stressors for Grade 9-12 Students, Indiana: 2016

	YES!	Yes	No	NO!	
Family members often insult each other	18.7%	20.7%	34.1%	26.6%	
Family has serious arguments	18.9%	20.8%	36.9%	23.4%	
Family argues over and over about same thing	23.8%	27.5%	35.4%	13.3%	
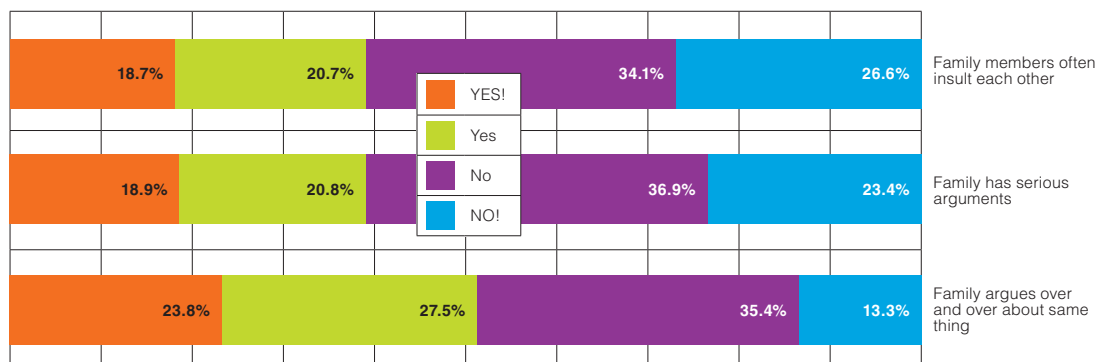
Source: Indiana Prevention Resource Center

Military Parents

Children living in military families often face challenges such as moving frequently, worrying about their parents and having to take responsibility for themselves when a parent is absent or unavailable.[42] Research shows that children in military families struggle with higher rates of anxiety than their peers and often have difficulties in school.[43]

• Indiana is home to 19,885 Reserve members (including National Guard) and 815 active duty military members.[44]

• Nationally, more than 2 in 5 active duty and Reserve members have children (42.1%).[45]

Incarcerated Parents

When a parent or other family member is incarcerated, a family's stability is affected in many ways, including being more likely to move, having lost income from the incarcerated parent, and facing changes in child care or parent/child relationships.[46] These compounded issues are associated with negative outcomes for children, such as increased aggressive behaviors,[47] slower educational performance, higher incidence of poverty and homelessness[48] and a greater likelihood of using illegal drugs.[49]

Parents who have ever been incarcerated fare significantly worse in the labor market than those who have never been incarcerated.[50] Children whose fathers have ever been incarcerated are significantly more likely to display borderline to clinically aggressive behavior than children whose fathers have not been incarcerated.[51] Children with an incarcerated parent are more likely to be diagnosed with ADD/ADHD than children who experienced either parental divorce or death.[52]

As of July 2016, there were 25,993 adults incarcerated in Indiana's institutions,[53] and national estimates indicate that 61.7% of female inmates and 51.2% of male inmates have children younger than the age of 18.[54] 21.3% of Indiana high school students have a parent who served time in jail.[55]

Percentage of High School Students with a Parent who Served Time in Jail by Race/ Ethnicity, Indiana: 2016

Source: Indiana Prevention Resource Center

White	Black	Hispanic	Other
18.8%	36.1%	22.9%	28.6%
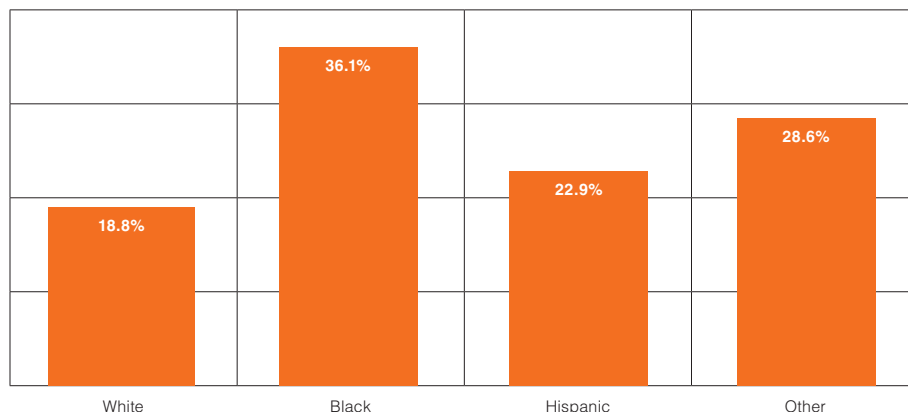
Parents with Mental Health Problems

The prevalence of mental health problems is high among unmarried parents. Nationally, an estimated 1 in 5 children live in households with parents who have major or severe depression.[56] Maternal depression affects the social, emotional and physical health of children. Results suggest that many children live with mothers who report depressive symptoms and few of their mothers receive treatment for their symptoms. Mothers with reported depressive symptoms are faced with numerous challenges, including having low income, food insecurity, and weak social support networks. Young children with mothers reporting depressive symptoms consume more unhealthy foods and beverages and fewer healthy foods and beverages than children with mothers who do not report depressive symptoms, even after accounting for numerous confounding challenges such as low-income status.[57] Paternal depression is associated with higher rates of spanking and lower rates of reading to children.[58]

- Of children living with fathers in the household, 76.3% of fathers report excellent or very good mental health, 19.1% report good mental health, and 4.6% report fair or poor mental health.[59]

- Of children living with mothers in the household, 70.1% of mothers report excellent or very good mental health, 21.5% report good mental health, and 8.4% report fair or poor mental health.[60]

- More than 1 in 10 Hoosier children ages 0-17 have lived with someone who was mentally ill or suicidal (11.1%).[61]

- In 2013-2014, about 203,000 adults ages 18 and or older (4.1% of Indiana adults) had serious thoughts of suicide, and about 237,000 adults (4.8% of Indiana adults) had a serious mental illness. A serious mental illness is a diagnosable mental, behavioral, or emotional disorder of sufficient duration that results in serious functional impairment, which substantially interferes with or limits one or more major life activities.[62] Of Indiana adults with any mental illness, only 43.6% receive treatment.[63]
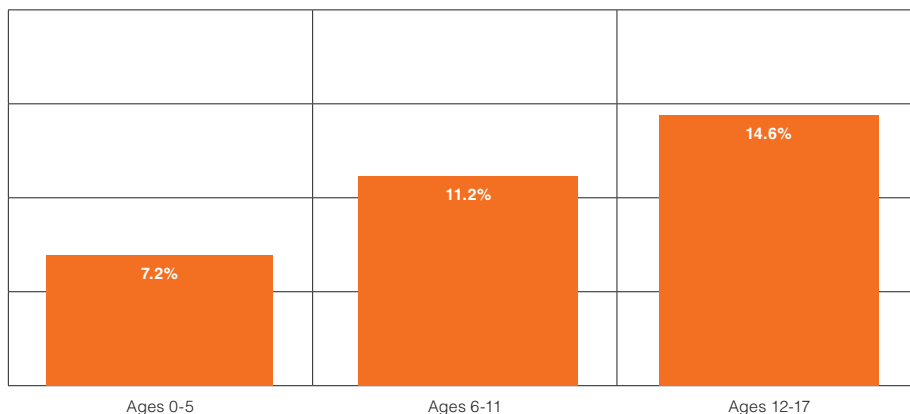
Percentage of Children Ever Living with Somone Who Was Mentally Ill or Suicidal, Indiana: 2011/12

Source: National Survey of Children's Health

Ages 0-5: 7.2%
Ages 6-11: 11.2%
Ages 12-17: 14.6%

Parents with Substance Abuse Problems

Family members who have substance abuse problems affect children in multiple ways, including the adult's behavior when under the influence and the children's access and exposure to the substance. One 2011-2012 survey found that 13.4% of Indiana children have lived with someone who had a problem with alcohol or drugs, greater than the national rate of 10.7%.[64]

- An estimated 6.7% of Indiana teens and adults (ages 12+) were dependent on or abused alcohol in the past year, and 2.8% were dependent on or abused illicit drugs.[65]

- Annually from 2010 to 2014, 7.3% of all adults ages 21 or older (about 335,000 adults) reported heavy alcohol use during the month prior to being surveyed.[66]

- In SFY 2016, 52.2% of children removed from a home by the Indiana Department of Child Services were removed due to parental drug and/or alcohol abuse, up from 48.0% the previous year.[67]

Percentage of Children Ever Living with Somone Who Had a Problem with Alcohol or Drugs, Indiana: 2011/12

0-99% FPL	100-199% FPL	200-399% FPL	400% FPL or higher
18.8%	16.5%	12.5%	6.4%
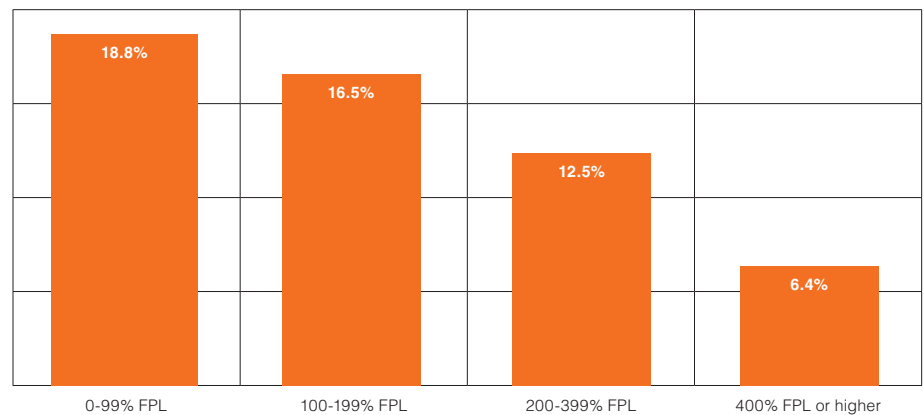
Source: National Survey of Children's Health

Despite the need for alcohol abuse treatment, nearly 9 in 10 (89.6%) individuals ages 12 or older who sought treatment did not receive it during 2010-2014. The percentage is lower (86.4%) for those seeking treatment for dependence on illicit drugs.[68] The percentage of adults being incarcerated with at least one drug offense also has been increasing from 24.2% in 2002 to 31.3% in 2014. This percentage dropped for the first time in more than a decade to 30.5% in 2015 and continued to decrease (29.1%) in 2016.[69]

Parent Engagement

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

- In 2016, 92.5% of Indiana high school students report that the rules in their family are clear.

- Greater than three in four (77.4%) high school students say their parents ask about homework.

- 92.0% of high school students say their parents know where they are and who they are with.

- 86.7% of high school students say their parents know if they come home late.

- More than three in five (61.7%) high school students say their parents would catch them drinking.

- 86.7% of high school students say their parents would catch them if they skipped school.

Positive Parental Engagement, Indiana: 2016

	YES!	Yes	No	NO!	
Parents give me chances for fun with them	39.9%	36.7%	17.5%	5.9%	
I can ask my parent for help if I have a problem	49.2%	33.0%	11.6%	6.1%	
Parents ask me before most family decisions are made	26.6%	38.3%	22.9%	12.2%	
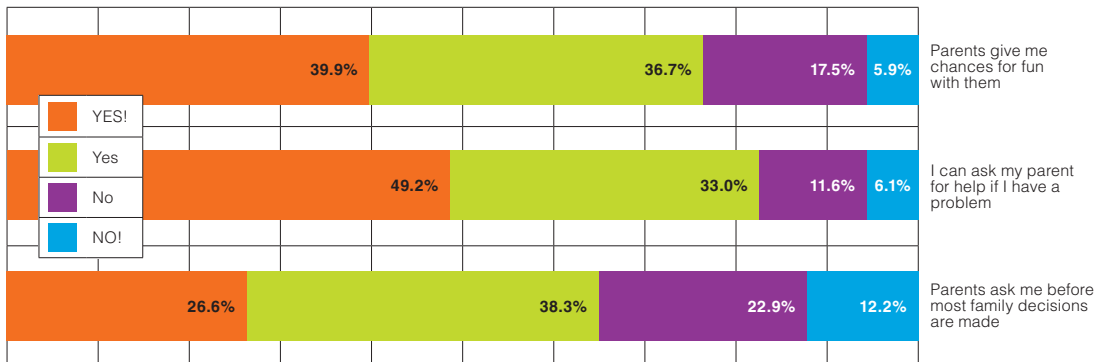
Source: Indiana Prevention Resource Center

NEIGHBORHOODS AND COMMUNITIES

A child's place of residence plays an important part in well-being. Children in Indiana live in homes, neighborhoods and communities with varying types of supports, and the majority of Hoosier children live in neighborhoods with accessible libraries (89.1%)[77], recreation centers (67.0%)[78], or parks or playgrounds (77.2%).[79]

- Indiana children are significantly less likely than the nation as a whole to live in a neighborhood with a playground (75.6% in Indiana compared to 83.6% nationally).[80]

- 1 in 10 children in Indiana live in a neighborhood where there is vandalism, such as broken windows or graffiti.[81]

- 1 in 7 children live in a neighborhood where there is litter or garbage on the street.[82]

Percentage of Children Living in Neighborhoods with Each Amenity by Race/Ethnicity, Indiana: 2011/12

	Neighborhood contains sidewalks	Neighborhood contains a park or playground area	Neighborhood contains a recreation center, community center or boys' or girls' club	Neighborhood contains library or bookmobile
Hispanic	79.1%	84.9%	66.5%	86.9%
White	69.5%	75.3%	65.1%	90.6%
Black	89.2%	83.5%	74.4%	86.3%
Other	74.5%	76.7%	73.9%	80.3%
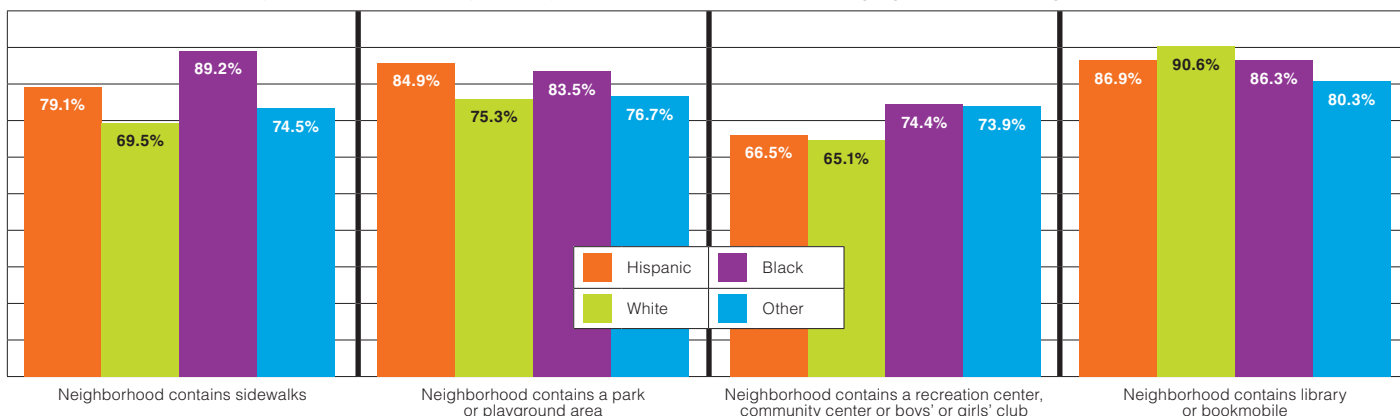
Source: National Survey of Children's Health

Access to Transportation and Technology

Indiana communities rely heavily on individuals driving cars rather than walking or taking public transportation. In Indiana, 14.9% of one person households have no vehicle available, whereas 3.3% of two person households, 4.0% of three person households, and 3.9% of four or more person households have no vehicle available.[83]

Having access to a computer with internet is increasingly important for both adults and children. In Indiana, 7.2% of children younger than age 18 do not have a computer at home, and 11.9% have a computer but no internet access.[84] More than 1 in 4 districts (26%) have 1:1 technology programs, where students are paired with a piece of technology such as a laptop or tablet, at all grade levels.[85]

For more information about vehicle accidents, see the Transportation Safety section in the Safety chapter and the Accidents section in the Health chapter.

Parental Monitoring of Technology for Teens Ages 13-17, United States: 2016

61%	Checked which websites their teen visited
60%	Checked teen's social media profile
48%	Looked through teen's phone calls/messages
39%	Used parental controls for teen's online activities
16%	Used parental controls to restrict cellphone use
16%	Used monitoring tools to track teen's location with his/her cellphone
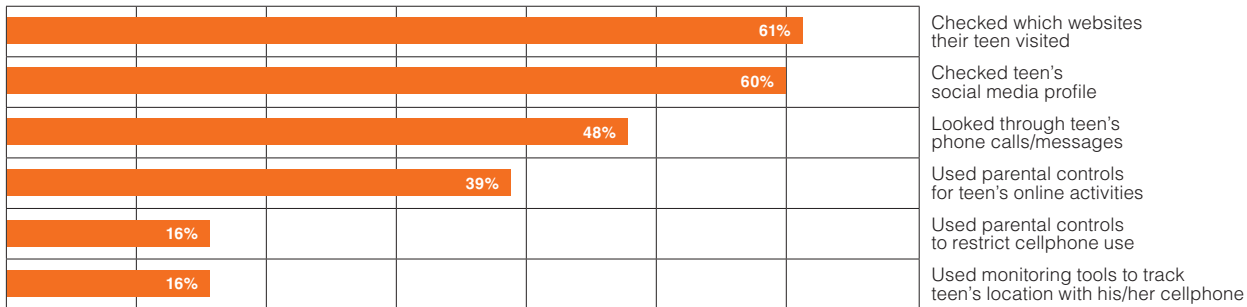
Source: Pew Research Center

Urban/Rural

Most of Indiana's population growth over the past three decades has been in urban areas. Since 2000, Indiana's rural population has remained stable while its urban population increased 11.7%.[86] In this context, "urban" and "rural" locations reference their proximity to metro areas, as defined by the Office of Management and Budget.[87] Hoosiers living in rural areas tend to have higher food insecurity, lower levels of educational attainment, and more difficulty accessing services than those who live in urban areas.[88] Work-support services, such as flexible and affordable child care and public transportation, are less available in rural areas.[89]

- In 2014, per capita income in urban areas ($40,492) was higher than in rural areas ($36,396) in Indiana.[90]

- The poverty rate was higher in urban areas (15.8%) than in rural areas (14.7%) in 2014.[91]

- In 2015, the rural unemployment rate (4.6%) was lower than the urban unemployment rate (4.8%).[92]

- Individuals living in rural areas have lower rates of high school completion than individuals living in urban areas. Urban residents have higher rates of completing college than rural residents.[93]

Population Growth in Rural and Urban Areas, Indiana: 1980-2015

	1980	1990	2000	2010	2015
Urban	4,089,461	4,162,213	4,612,424	5,005,014	5,151,155
Rural	1,400,753	1,381,943	1,468,403	1,479,215	1,468,525
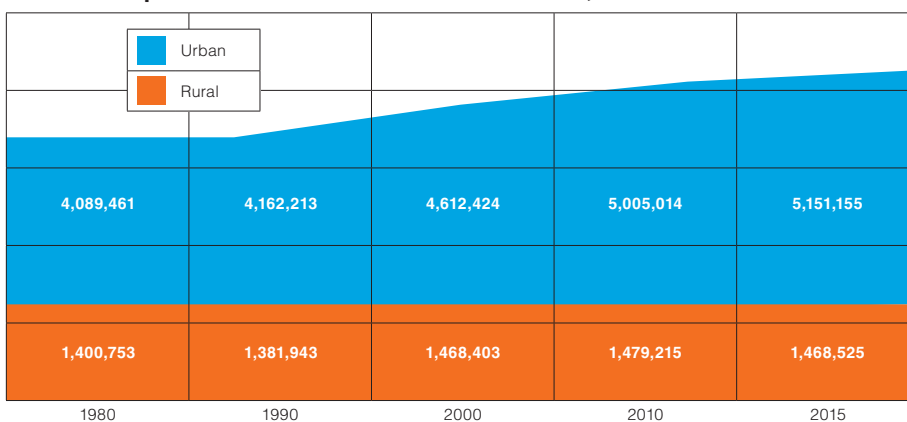
Source: U.S. Department of Agriculture

Communities

Living in supportive communities can contribute to the successful development of children. For example, having positive connections with neighbors, peers and other community members helps youth develop social competence, and youth who have such relationships are less likely to participate in problem behaviors.[94] In 2011-2012, 83.8% of children lived in supportive neighborhoods or neighborhoods in which parents believe that people help each other out, watch out for each other's children, or in which trusted adults are available to help children who may be hurt or scared.[95]

Percentage of High School Students Reporting Neighborhood Support, Indiana: 2016

	Neighbors notice good job and let me know	There are people in my neighborhood who are proud of me	There are people in my neighborhood who encourage me to do my best
White	24.3%	34.0%	37.6%
Black	25.3%	31.6%	36.7%
Hispanic	20.7%	26.9%	30.7%
Other	22.8%	30.4%	34.7%
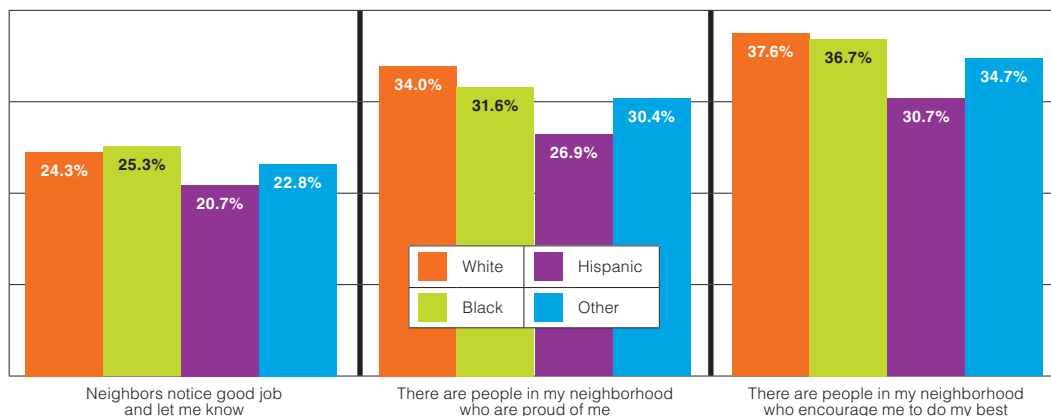
Source: Indiana Youth Survey

Out-of-School Time Activities

Out-of-school time opportunities are an essential part of the communities in which youth live. These programs keep children safe before and after school and also have been shown to give students the academic, social and career-ready skills necessary for success. Students who regularly attend afterschool programs have better grades and behavior in school; better peer relations and emotional well-being; and lower incidences of drug use, violence and unintended pregnancy than their peers.[96]

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Despite these benefits, parents cite cost, location and accessibility as barriers to accessing these programs for their children, and children and teenagers in low-income households have lower rates of participation. Low-income youth are more likely to spend significant time reading, watching TV or playing video games on weeknights, while their peers from more affluent families are more likely to participate in organized activities or volunteer when they are not in school.[97]

As of December 2016, there are 976 out-of-school time programs registered in the Indiana Afterschool Network's database.[98] Of those programs, 59% of Indiana's registered programs are in schools, 24% are in community-based organizations, and 8% are in faith-based organizations.[99]

- Nearly two thirds of programs (64%) offer both before and after school programs, 24% offer afterschool only, and 1% offer before school only, with the remaining 11% unknown.[100]

- 46% of programs are full year, 47% are school year only, 6% are summer only, and 1% is unknown.[101]

- One third of programs have 21 to 50 students (33%), nearly another third have 51 to 100 students (31%), 1 in 7 have more than 100 students (16%), and 1 in 10 have 1 to 20 students (10%), with 11% of programs being of unknown size.[102]

Religion and Spirituality

Faith-based or other authoritative communities during adolescence have been shown to help youth in the transition to young adulthood.[103] Religious involvement during adolescence is associated with a lower risk for negative behaviors such as delinquency and drug use[104] and higher rates of healthy young adult outcomes.[105]

- Half of Hoosier youth attend religious services once or more a week (52.4%) and 22.5% never attend religious services.[106]

- Black youth are most likely to attend religious services once a week (68.7%), followed by Hispanic (52.5%), white (50.4%) and other non-Hispanic youth (46.4%).[107]

Top Ten Activities Offered by Out-of-School Programs Registered with the Indiana Afterschool Network, Indiana: 2016	
Tutoring and Homework	71%
Sports and Recreation	66%
Academic Enrichment	60%
Character Education	57%
Literacy and Reading	57%
Health and Wellness	56%
Science, Technology, Engineering, and Math (STEM)	46%
Cultural Enrichment and Diversity	41%
Civic Engagement and Community Service	38%
Mentoring	38%

*Programs may choose more than one activity offered
Source: Indiana Afterschool Network

How Frequently a Child Attends a Religious Service, Indiana: 2011/12

Never 22.5%, At least once a year 7.7%, At least once a month 17.4%, Once a week or more 52.4%
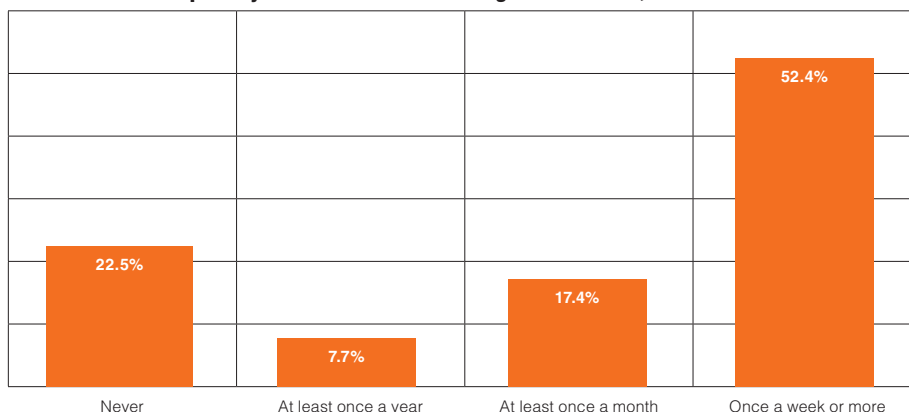
Source: National Survey of Children's Health

Religious Composition of Indiana: 2014

1%
2% 3%
4%
1%
19%
72%
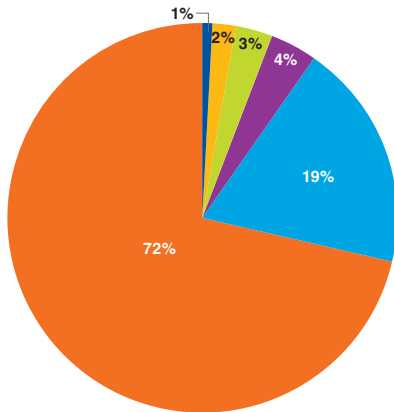
Christian
Evangelical Protestant 31%
Mainline Protestant 16%
Catholic 18%
Historically Black Protestant 5%
Mormon 1%
Other Christian 1%

Nothing in Particular

Agnostic

Atheist

Non-Christian Faith*

Other Faiths

*Non-Christian includes: Jewish, Muslim,
Buddhist, Hindu and Other World Religions
Source: Pew Research Center

In America, 9% of adults participated in religious or spiritual activities on a typical day, and of those who participated, they engaged in that activity for 1.57 hours. However, that percentage was much higher for weekends and holidays with 14.6% of adults participating for an average of 2 hours.[108]

- More than 7 in 10 Indiana adults identify as Christian (72%), and 26% identify as unaffiliated, including atheist and agnostic.[109]

- An additional 2% of Indiana adults are non-Christian faiths including Jewish, Muslim, Buddhist and Hindu.[110]

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COST OF RAISING A CHILD

Nationally, it will cost a family with a child born in 2013 an average of $245,340 to raise that child to age 18; in the urban Midwest, the estimate is slightly lower at $240,570.[1][A] However, child-rearing expenses vary considerably by household income level and child age.[2]

- A single-parent family making less than $61,530 per year spends an average of $164,160 to raise a child from birth to age 18.

- A married-couple family making the same amount spends $176,550.

- Housing accounts for the largest percentage of the cost of raising a child to age 18 in the United States (30%), followed by child care and education (18% for those who spend money on it), food (16%) and transportation (14%).[3]

- The cost to raise a child in a rural area is estimated at $193,590, mostly due to the cost of housing being significantly less in those areas.[4]

Expenditures on a Child from Birth Through age 17, U.S.: 2013

- Housing
- Child Care and Education
- Food
- Transportation
- Miscellaneous
- Health Care
- Clothing
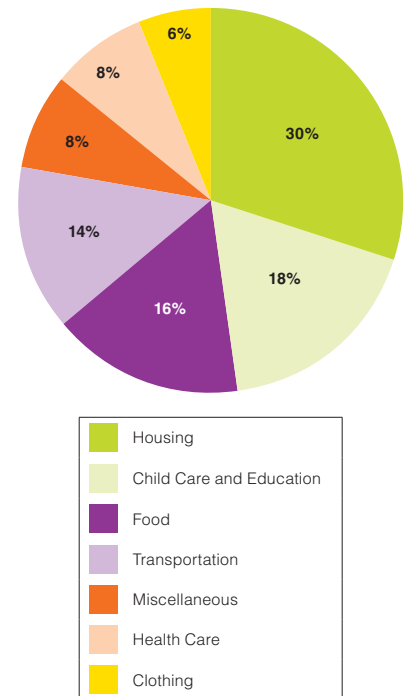
Source: United States Department of Agriculture. Average for a child in middle-income, husband-wife families who have child care and education expenditures.

Before-Tax Income for a Married Couple with Two Children, United States: 2013			
	Less than $61,530	**$61,530 to $106,540**	**More than $106,540**
Average Amount Spent on One Child per Year	$9,130 to $10,400	$12,800 to $14,970	$21,330 to $25,700
Average Percent of Before-tax Income Spent on One Child	25%	16%	12%

Source: United States Department of Agriculture

[A] *Married-couple families in the urban Midwest with incomes between $62,300 and $106,140 annually.*

Child Care and Education

Nationally, child care and education–including the cost of daycare, school or afterschool care–is the second-largest expense for families, and the families of only 17% of eligible children receive child care fee assistance.[5]

However, half of families report that they don't spend money on child care and education at all. A family reporting no expenditures on child care and education may have a parent or family member who is able to care for or teach the child or may utilize free public education. Low-income families are less likely to spend money on child care and education than higher income families.[6] For families that do spend money on child care and education, the expense is considerably higher for children ages 0-5 than for those ages 6-17.

Infant & Toddler Care

Indiana ranked 23rd out of 50 states for center-based infant care affordability and 21st out of 50 states for center-based toddler care affordability in the United States. However, this care still costs a large percentage of a family's income.[7]

In Indiana, more than 1 in 5 low income children ages 0-5 (and 16.7% of all young children) live in families that have problems with child care severe enough that they affect a parent's work. Such issues include last-minute changes, child illness, scheduling, and availability of care or cost. This rate has increased over the past decade.[8]

- In Indiana, average annual fees for an infant in full-time care in a center are $8,929 and $6,833 in a family child care home.[9]

- Fees for toddlers are typically lower at an average of $6,768 in a center and $5,571 in a home.[10]

Cost of Child Care and Percentage of Median Household Income by Child Care Type, Indiana: 2015						
	Center			**Home**		
	Cost	% Married Income	% of Single Mother Income	Cost	% Married Income	% of Single Mother Income
Infant	$8,929	10.90%	39.90%	$6,833	8.40%	30.60%
Four-Year Old	$6,768	8.30%	30.30%	$5,571	6.80%	24.90%
School-Age Child	$4,725	5.80%	21.10%	$3,061	3.70%	13.70%

Source: Child Care Aware of America; American Community Survey

School Age Before and After Care

Indiana ranks 34th out 50 states for center-based before/afterschool care affordability for school-aged children. The average cost is 23.2% of the median income for a single mother and 6.7% of the median income for a married couple.[11] For school-age children, the cost for center-based care is $4,725 and the cost for home-based care is $3,061.[12]

Child Support

In federal fiscal year (FFY) 2015, about $554 million was distributed from noncustodial parents on behalf of children in Indiana.[13] An additional $9.9 million in child support was collected but remained undistributed to the custodial parent for reasons such as missing addresses or incorrect information in the court order.[14] During FFY 2015, the number of child support cases in Indiana was 279,327, down from 351,805 in 2011.[15] There were 321 cases where the custodial parent refused to cooperate with state agencies to identify and locate the noncustodial parent in FFY 2015 in Indiana.[16]

LABOR FORCE

More than three quarters of Indiana adults ages 25 to 65 are in the labor force (77.5%, or more than 2.6 million individuals), meaning that they are currently working or looking for work.[17] An additional 1,392 Hoosiers are in the armed forces. Those individuals not in the labor force are those who are not actively working or looking for work for reasons such as school or family responsibilities, ill health, or transportation problems.[18]

- In 2015, 11.3% of Indiana's employed wage and salary workers were represented by a union, down from 22.6% in 1989.[19]

- Employed persons worked an average of 7.6 hours on the days they worked. More hours were worked, on average, on weekdays than on weekend days—8.0 hours compared with 5.6 hours.[20]

- The top ten occupations in Indiana account for 78.8% of the state's workforce and include occupations such as office and administrative support, production, and sales.[21]

Top Ten Occupations in Indiana, 2015	Number of Employees	Median Hourly Wage
Office and Administrative Support Occupations	406,130	$14.75
Production Occupations	377,510	$15.27
Sales and Related Occupations	291,240	$11.46
Food Preparation and Serving Related Occupations	277,960	$8.99
Transportation and Material Moving Occupations	250,630	$14.38
Healthcare Practitioners and Technical Occupations	177,990	$26.76
Education, Training, and Library Occupations	155,830	$19.99
Management Occupations	138,720	$38.33
Installation, Maintenance, and Repair Occupations	131,660	$20.17
Business and Financial Operations Occupations	115,130	$27.08

Source: Bureau of Labor Statistics

Parental Employment

When parents do better economically, their children do better as well.
Parental employment not only improves the economic circumstance of a family, but also has been shown to improve a child's social and emotional well-being.[22] Children are more likely to perform well academically and earn more when they become adults if their parents have steady employment.[23]

- 88.4% of Indiana's families with children younger than age 18 have at least one employed parent.[24]

- 7.5% of Indiana's children have no parent in the labor force, compared to 8.1% nationally.[25]

- In Indiana, there are 56,347 grandparents responsible for their grandchildren. Of the grandparents, 70.0% ages 30 to 59 are in the labor force, as are 32.1% of custodial grandparents ages 60 or older.[26]

- Employed adults living in households with no children younger than age 18 engaged in leisure activities for 4.5 hours per day, almost 1.1 hours more than employed adults living with a child younger than age 6.[27]

Unemployment

When a parent loses his or her job, the family often must decrease spending on necessities or increase reliance on public assistance, or both. In order to be considered "unemployed" by the United States Census Bureau, a person must be actively looking for a job.

- Indiana's unemployment rate has been improving since 2009 when it reached a peak of 10.3%. In 2015, 4.8% of Indiana's labor force was unemployed.[28]

- In 2015, 1.7% of Indiana's labor force had been unemployed for 15 weeks or longer, compared to 3.9% in 2013, 4.9% in 2009 and 2.2% in 2003.[29]

Some individuals who looked for work in the last year are still available and would like to work, but they did not actively pursue work recently. Additionally, some individuals would like to work full time but have only been able to find part-time work. If these marginally attached and involuntarily part-time workers are included, the unemployment rate is slightly greater at 5.6% in Indiana, compared to 6.1% during FFY 2015 nationally.[30]

Marginally attached workers are not in the labor force but want and are available for work. They have looked for a job in the past 12 months, but were not counted as unemployed because they had not searched for work

Unemployment, Indiana: 2004-2015		
	Percentage of Labor Force Unemployed	**National Rank**
2004	5.3%	28
2005	5.4%	36
2006	5.0%	40
2007	4.6%	28
2008	5.8%	33
2009	10.3%	41
2010	10.0%	36
2011	8.8%	33
2012	8.1%	32
2013	7.5%	33
2014	6.0%	25
2015	4.8%	20

Source: Bureau of Labor Statistics

in the four weeks preceding the survey. Discouraged workers, who are a type of marginally attached workers, want and are available for a job and have looked for a job within the past 12 months, but are not currently looking for one because they believe there a no jobs available or there are none for which they would qualify.

Unemployed and Underutilized Workers, Indiana, SFY 2016

Category	Percent
Unemployed + Discouraged Workers + Marginally Attached + Employed Part-Time for Economic Reasons	8.7%
Unemployed + Discouraged Workers + Marginally Attached	5.6%
Unemployed + Discouraged Workers	4.9%
Unemployed	4.7%
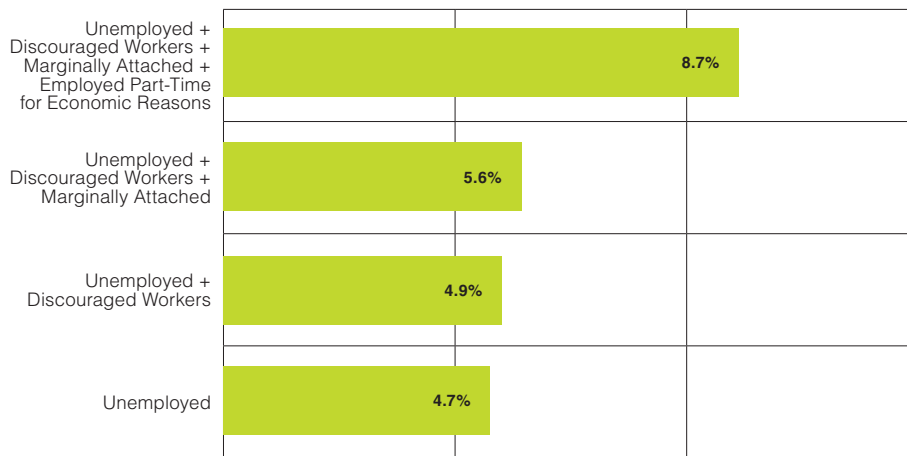
Source: Bureau of Labor Statistics

Unemployment Insurance

Unemployment Insurance benefits help buffer individuals' income levels during a period of unemployment. These benefits can be collected during a 52-week period called a "benefit year," and range up to $390 a week.[31] A benefit year starts the day an individual files a claim and ends the Saturday of the 52nd week after filing for unemployment benefits. Benefits are determined by dividing the past 12 months of wages by 52 and multiplying that figure by 0.47. For example, someone who earned $30,000 would be eligible to receive $271 per week. Indiana workers are eligible to receive up to 26 weeks of state-funded unemployment benefits.[32] The temporary Emergency Unemployment Compensation policy implemented during the recession expired at the end of 2013, and Indiana does not qualify to offer more weeks under the permanent federal Extended Benefit program.

• In 2014, there were 213,026 initial claims filed for unemployment insurance.[33]

• Hoosier beneficiaries collected benefits for an average of 13.9 weeks in 2014 and received an average of $3,551 per period of unemployment.[34]
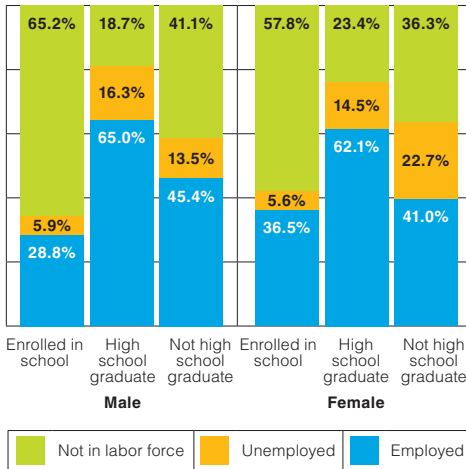
Teens in the Labor Force

Youth who are employed while in high school are less likely to drop out, and those who participate in programs with a work experience component are more likely to enroll in college after graduation. However, research shows that students who work more than 20 hours a week may have lower grade point averages and are more likely to drop out of school than those who work fewer hours.[35]

- The youth labor force is highest between April and July each year as high school and college students take summer jobs or begin permanent employment.

- Nationally, the labor force participation rate for all youth was 60.1% in July of 2016, little change from a year earlier.[36]

- The national youth labor force participation rate in July of 2016 was highest for white teens (62.7%), followed by black (53.8%), Hispanic (56.2%), and Asian (43.1%) teens.[37]

In Indiana, youth ages 14-18 may be employed, but may only work a limited number of hours and at specific times of day. These restrictions loosen with age, and older teens who have withdrawn or graduated from high school are not subject to the restrictions.[38]

- In Indiana 32.7% of teenagers (ages 16-19) who were enrolled in school in 2015 also were employed.[39]

- 3.9% of Indiana's teenagers (ages 16-19) are neither enrolled in school nor in the labor force. Of them nearly half did not graduate high school (48.1%).[40]

INCOME

Indiana's cost of living was the 6th least expensive nationally in quarter three of 2016.[41] Even so, 28.3% of Indiana parents in families with children say that it is somewhat or very often hard given their income to pay for the basics such as food or housing.[42]

In the United States, the federal minimum wage is $7.25 an hour.[43] Though states may choose to increase their minimum wage above the federal rate; Indiana has not. Indiana's median hourly wage is $15.82,[44] compared to $17.40 nationally.[45]

- In Indiana, the 2015 median income was highest among Asian ($60,765) households, followed by white ($52,659), Hispanic ($41,020), and black ($31,639) households.[46]

Employment and Labor Force Participation by Educational Enrollment and Sex for Teens Ages 16-19, Indiana: 2015

Source: American Community Survey: Table B14005

• Median earnings are higher for individuals with higher levels of educational attainment. In Indiana, individuals with less than a high school diploma earned an average of $21,431 and those with only a high school diploma earned $30,137. However, individuals with a college degree or graduate/professional degree earned more ($46,884 and $60,699, respectively).[47]

Between 2007 and 2010, the median income for families with children dipped along with the recession. Starting in 2011, income began to increase. For families with children in Indiana, the median annual income in 2015 was $60,856.[48] The median family income in married couple families with children is much higher ($81,663) than in single father ($37,866) or single mother ($22,356) families with children.[49] In 2015, approximately 77,000 Hoosier families with children earned less than $15,000 a year, down from nearly 85,000 families the previous year.[50] Indiana ranked 32nd out of 50 states and the District of Columbia in median family income among households with children.[51]

Median Family Income Among Households with Children, Indiana v. United States: 2009-2016

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	$56,319	$58,686	$60,944	$58,314	$57,085	$58,035	$59,537	$60,654	$62,091	$64,701
Indiana	$53,865	$55,816	$56,695	$54,148	$51,788	$54,216	$55,716	$56,009	$56,820	$60,856
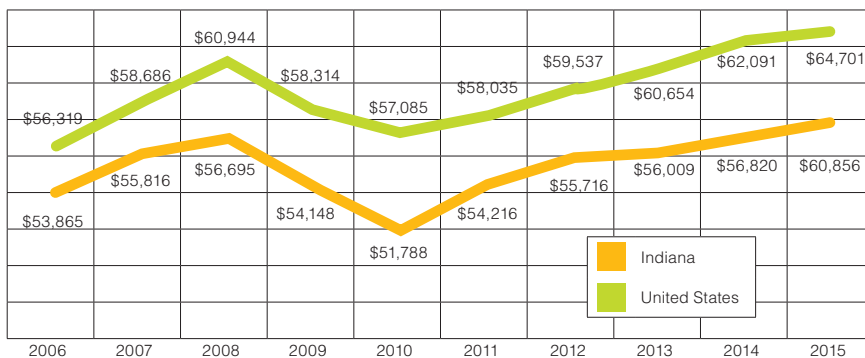
Source: American Community Survey; Table S1903

Low-income Working Families

Children born into low-income families face multiple barriers to success and tend to have worse outcomes than their more affluent peers on many cognitive, behavioral, emotional and health measures.[52] Individuals who spent at least 27 weeks in the labor force (working or looking for work) but whose incomes fell below the official poverty level are considered to be "working poor."

• Nationally, Hispanic and black individuals are more than twice as likely as Asian and white individuals to be among the working poor.[53]

• In 2014, the working poor made up 6.3% of the United States labor force, down from 7.0% the previous year.[54]

• In Indiana, there are 62,134 full-time workers in poverty, and 234,088 part-time or part-year workers living in poverty.[55]

Families with Children by Income Level, Indiana: 2015

Income Level	Number	Percent
Less than $15,000	77,390	11%
$15,000 to $24,999	60,279	8%
$25,000 to $49,999	155,303	22%
$50,000 to $99,999	228,983	33%
$100,000 to $199,999	147,385	21%
$200,000 or more	33,514	5%
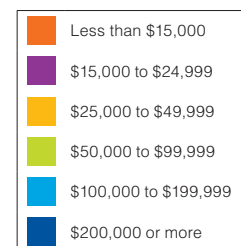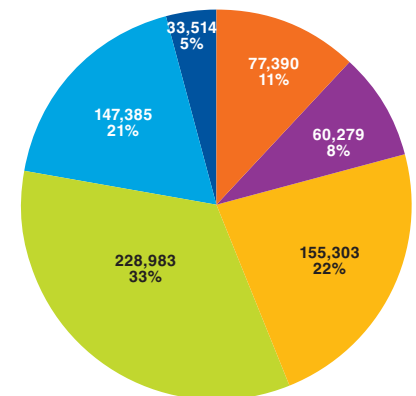
Source: American Community Survey; Table C19131

Percentage of Individuals in Poverty by Work Experience, Indiana: 2015

	In Poverty	Not in Poverty
Worked full-time, year round	2.9%	97.1%
Worked part-time or part year	19.3%	80.7%
Did not work	20.7%	79.3%

Source: American Community Survey; Table C17004

Poverty

Research has shown that families in poverty are more likely than their more affluent peers to have strengths such as close family relationships and engage in positive activities such as eating meals together every day.[56] However, parents in poverty still report struggling with planning, preparing and providing for their families' needs. Many children living in poverty have gaps in learning, knowledge and socio-emotional development that begin as early as infancy and get progressively wider over time. This may be due in part to children in poverty having fewer books and less access to educational resources in their homes.[57]

Poverty guidelines, issued by the United States Department of Health and Human Services, are simplifications of the poverty thresholds that determine the official poverty rate. In 2016, a single-parent family with one child would be considered "in poverty" if its income was less than $16,020 each year, and a married couple with two children would be in poverty earning less than $24,300 each year.

Though other indicators of economic wellbeing in Indiana have returned to prerecession rates, the poverty level remains high among children. 1 in 5 Indiana children younger than 18 (20.9%) live in poverty, and the rate is higher for young children, of whom a quarter live in poverty (23.3% younger than 6).[58]

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/ Household	**Poverty Guideline**
1	$11,880
2	$16,020
3	$20,160
4	$24,300
5	$28,440
6	$32,580
7	$36,730
8	$40,890
For families/household with more than 8 persons, add $4,160 for each additional person	

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

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- Child poverty rates are highest among black children (41.7%), followed by Hispanic or Latino children (36.3%) and white children (14.9%).[59]

- Hoosier children living with one or more foreign-born parent (31.7%) are more likely to live in poverty than those living with only native parents (20.1%).[60]

- Hoosier children with disabilities are more likely to live in poverty (31.4%) than those without a disability (20.4%).[61]

- More than half of children living in single mother families live in poverty (50.6%), considerably greater than the percentage of children in single father (23.2%) or married couple (8.7%) families.[62]

Child Poverty Rate (Ages 0-17), Indiana vs. United States: 2015

	Indiana	United States
Total	20.9%	20.7%
White	14.9%	16.7%
Black	36.3%	30.5%
Hispanic	41.7%	36.4%

Source: American Community Survey, Table B17001

Percentage of Children in Poverty by Family Type, Indiana v. United States: 2015		
	Indiana	**United States**
Married Couple Family	8.7%	10.0%
Single Mom Family	50.6%	46.0%
Single Dad Family	23.2%	24.4%

Source: American Community Survey; Table B17006

Economic Program Eligibility and Enrollment

Families face economic insecurity when their resources are insufficient to meet their needs or when they face a sudden economic shock that is not buffered by a financial or social safety net.[63] Programs providing a safety net for families include those available in nonprofit organizations as well as township, city, state and federal programs. Eligibility for state and federal programs is most often determined using the poverty guidelines or a percentage thereof.

While 13.4% of all Hoosier households live in poverty,[64] only 12.0% receive any sort of cash public assistance or Food Stamps/Supplemental Nutrition Assistance Program (SNAP) benefits.[65]

Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is available to low- to moderate-income working individuals and families. To qualify, taxpayers must meet specific requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return.[66]

Indiana is one of 27 states (including the District of Columbia) that offer a state supplement to the federal EITC.[67] The state's Earned Income Tax Credit (EITC) was initially 6% of the earned income credit claimed on the federal income tax return; it increased to 9% for Tax Year (TY) 2009.[68]

- In TY 2015, 558,000 Hoosier families received an average of $2,346 through the federal EITC.[69]

- Approximately 4 in 5 Hoosier taxpayers who are eligible to receive the EITC do receive the credit.[70]

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) in Indiana provides transitional cash assistance and support to help families with children younger than 18 achieve self-sufficiency by putting an emphasis on work. Benefits are determined by gross family income.[71] Recipients receive supportive assistance while on TANF, which may include child care services, medical assistance for dependent children, transportation services, aid for heating costs and food stamps.[72]

In 2011, federal policy changed the application process for TANF recipients. Applicants are now required to have 20 days of job search activities and attend Applicant Job Search Orientation. These new requirements, along with increased family income due to participation in other federal programs, including the Earned Income Tax Credit, are likely related to the decline in the TANF caseload.[73] While TANF eligibility is based on children in families living below the poverty level, it also requires an asset test and an active job search by an adult.[74]

In Indiana, the maximum allowable amount of cash assistance for a single parent family of three through TANF has remained stable since 1996 at $288 per month, which today equates to 17.1% of the federal poverty level.[75] As the number of families with children in poverty decreased between 2014 (141,697) and 2015 (132,782)[76], the average number of families receiving TANF benefits each month has also decreased from 10,680 in 2014 to 9,237 in 2015.[77] In Indiana, TANF cases have decreased 82.4% from 2003 to 2015.[78]

Monthly Average Number of Families Receiving TANF, Indiana: 2003-2015

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
52,478	51,025	48,908	47,657	46,697	45,639	44,383	40,135	33,746	18,849	13,150	10,680	9,237

Source: Indiana Family and Social Services Administration

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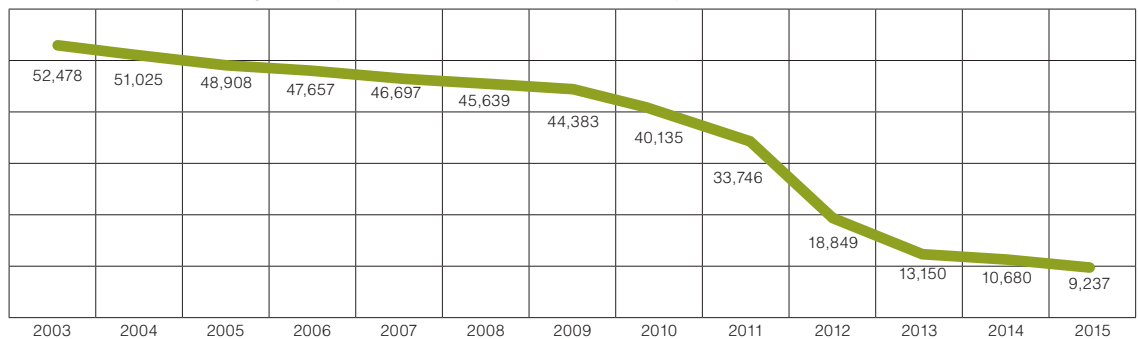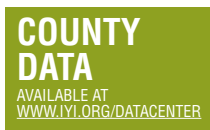
Social Security

Two Social Security programs provide aid to children; Old-Age, Survivors and Disability Insurance (OASDI) and Supplemental Security Income (SSI). OASDI provides support for children whose parents are disabled, retired or deceased, and benefits are based on the parents' earning record.[79] SSI provides support for children with qualifying disabilities and payments are based on need.[80]

- In CY 2015, 101,080 Indiana children received benefits through OASDI.[81]

- Of these, 12,580 had a parent who is retired, 42,671 had a parent who is disabled and 45,829 had a parent who is deceased.[82]

- The national average monthly benefit for children of retired workers was $635, $341 for children of disabled workers, and $825 for children of deceased workers.[83]

- In CY 2014, 24,584 children under age 18 received SSI, with an average monthly payment of $628.33.[84]

HOUSING

A survey of Indiana food bank patrons found that when faced with limited resources, families were most likely to prioritize paying for rent, water, utility bills and transportation costs. Less emphasis was placed on paying for food and medicine, despite some families also reporting such significant chronic health conditions as diabetes and asthma.[85]

- In 2015, Indiana had just over 2.5 million occupied housing units, 68.2% of which were owner-occupied and 31.8% of which were renter-occupied. Of the owner-occupied housing units, 66.3% had a mortgage, and 33.7% did not have a mortgage.[86]

- There are 18,460 occupied housing units that lack complete kitchen facilities (0.7%) and 7,660 that lack complete plumbing facilities (0.3%).[87]

- From 2008 to 2012, 14% of Hoosier households had at least one of the following four severe housing problems: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.[88]

Percentage of Population with Severe Housing Problems, 2008-2012

☐	7-12%
☐	13-16%
☐	17-24%
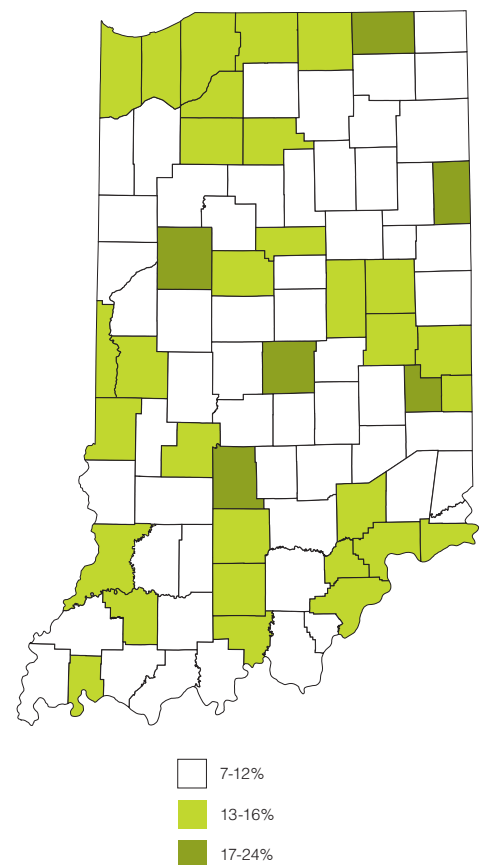
Source: County Health Rankings & Roadmaps

Percentage of Households Paying 30 Percent or More of Their Monthly Income in Housing, Indiana v. United States: 2015

| | Renters | Owners with a Mortage | Owners without a Mortgage |
Indiana: 47.9%, 21.1%, 11.1%
United States: 50.6%, 29.6%, 14.0%

Legend:
- Renters
- Owners with a Mortage
- Owners without a Mortgage
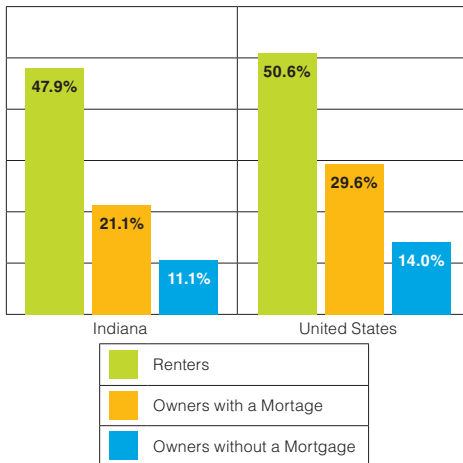
Source: American Community Survey 2015; Table DP04

Housing Affordability

Families who spend more than 30% of their income on housing costs each month are considered to have a housing burden and may not have enough to cover the family's other nondiscretionary spending like food, health care, transportation and child care.[89] While households with a low cost burden have the potential to spend additional resources on their children, some researchers have found that low cost burdens among lower income households may actually correlate with poorer housing quality and less stable neighborhoods.[90]

- In Indiana, 47.9% of renters and 21.1% of owners with a mortgage spend more than 30% of their monthly income on housing.[91]

- The median gross rent is $758 a month, or 29.1% of the median household income. Additionally, 89.9% of renters pay for one or more utilities outside the cost of rent.[92]

Housing Assistance

Indiana's Department of Housing and Urban Development (HUD) offers subsidized housing options using federal funds including Section 8 Project-Based Rental Assistance (PBRA) and the Housing Choice Voucher Program (HCV).

PBRA provides subsidies to select rental complexes for a contractual period of time in order to bridge the difference between rent and what a low-income tenant can afford.[93] The HCV program provides vouchers to help eligible households pay rent on privately owned homes of their choosing. Recipients of vouchers must pay at least 30% of their monthly adjusted gross income towards rent and utilities.

- Over 92,000 low-income households in Indiana use federal rental assistance.[94]

- More than 66% of families receiving rental assistance have extremely low incomes (30% of area median income or less).[95]

- 37% of families receiving housing assistance have children.[96]

Losing a housing subsidy can be particularly harmful to stability for children. Housing vouchers have been shown to reduce homelessness and housing instability among families with children nationwide.[97] Research has associated the loss of a subsidy with a tenfold increase in the likelihood of moving out of one's neighborhood compared to similar households without a subsidy.[98]

Mobility

Families move for a variety of reasons–both positive and negative.
Moves to strong school systems and good neighborhoods may have a positive impact on the child's educational achievement.[99] However, children who move too frequently or during critical educational points are likely to have trouble overcoming the negative outcomes associated with moving.[100]

Numerous studies indicate that children who change schools experience declines in educational achievement.[101] And student achievement overall is significantly lower in schools with high turnover as compared to schools with little or no turnover.[102]

- Of Indiana's 1,500,745 children ages 1-17, 84.4% lived in the same house as they did a year ago. More than 1 in 10 Indiana children moved within the same county (10.4%), an additional 2.9% moved from a different county within Indiana, and 2.1% moved to Indiana from out of state.[103]

- Low-income families often move more frequently than their higher income neighbors and the overall population.[104]

- Regardless of reason or household income, moving was more common among renters, young adults, and those with incomes below the poverty line.[105]
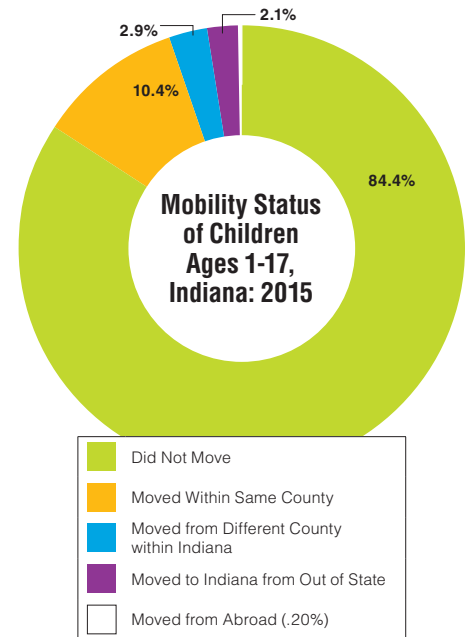
Homelessness

Estimating the population of homeless children is difficult because it is not always obvious when a child is homeless. These youth usually change residences and schools often, and many youth–especially unaccompanied teens–try to hide the fact that they are homeless. However, under the McKinney Vento Act, schools are required to keep track of the number of children that they know are homeless.[106]

A January 2016 point-in-time count identified 5,798 individuals as homeless encompassing 4,351 households. The count found 1,282 children younger than 18.[107] Of these children, 685 were in an emergency shelter, 581 were in transitional housing, and 16 were unsheltered. The count may miss individuals who are not at the selected locations where the count took place.

- According to the Indiana Department of Education, 16,143 public school students were identified as homeless or housing unstable through the McKinney Vento Act during the SY 2016.[108]

Mobility Status of Children Ages 1-17, Indiana: 2015

- 84.4% Did Not Move
- 10.4% Moved Within Same County
- 2.9% Moved from Different County within Indiana
- 2.1% Moved to Indiana from Out of State
- Moved from Abroad (.20%)

Source: American Community Survey; 2015 Table B07001

**Number of Students Identified by the McKinney Vento Act
as Homeless or Housing Unstable, Indiana: SY 2006 - SY 2016**

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
4,789	6,522	7,218	8,974	10,925	12,062	13,430	14,623	16,236	17,437	16,143
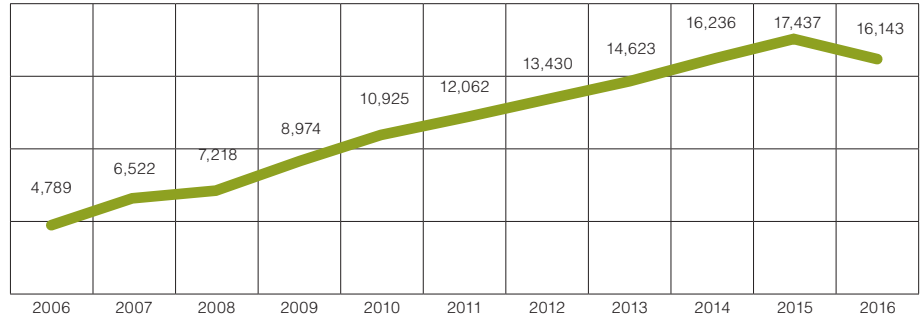
Source: Indiana Department of Education

- In surveys of city officials, the most frequently cited reasons for family homelessness are a lack of affordable housing, poverty, and domestic violence.[109]

- In FFY 2014, Indiana's State Department of Mental Health and Addiction served 106 children ages 0-17 who were homeless or living in shelters.[110]

Homeless children are more likely than their peers to face a variety of negative outcomes, including chronic health problems, difficulty accessing health care, and witnessing violence. They also are more than twice as likely as others to repeat a school grade, be expelled or suspended, or drop out of high school than their peers.[111] Additionally, children who are homeless with their families are likely to be separated from their parents either because children are formally placed in foster care or because parents leave children in the care of relatives and friends.[112]

"Unaccompanied youth" are children and youth who are homeless and on their own—that is, not living with their families.[113] Unaccompanied youth are a particularly difficult population to count. A survey of city officials cited the chief factors for homelessness among unaccompanied youth to be mental illness, a history of maltreatment, substance abuse and lack of affordable housing.[114]

Hunger and Food Insecurity

Households for which the availability of food is uncertain, insufficient or limited due to economic, physical or other constraints are considered "food insecure."[115] Rates of food insecurity are particularly high in households with incomes near or below the federal poverty level and in single-parent households with children.[116]

When children don't get enough food or don't have a well-rounded diet, they have more trouble performing in school and maintaining overall health than their peers. Research shows food insecure children are more likely to suffer from illness, to have developmental delays, and to have health deficiencies that track into adulthood.[117]

- Nearly 1 in 6 Hoosier households struggled to afford enough food for their households in 2015, and 1 in 5 children are food insecure.[118]

- Indiana's 2015 food hardship rank is 22nd out of 50 states.[119]

Federal Food Assistance Programs

Federal food assistance programs help alleviate hunger and poor nutrition for millions of food-insecure individuals. About 6 in 10 food-insecure households in the nation participate in one or more of the three largest federal food and nutrition assistance programs: SNAP, Women, Infants, and Children (WIC) and National School Lunch Program (NSLP).[120] 3 in 10 food insecure Hoosier youth are likely ineligible for federal nutrition programs, compared to 2 in 10 in the United States.[121]

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal food assistance program designed to raise the nutritional level of low-income households. It was called the Food Stamp Program prior to 2008.[122]

- In 2015, more than 1 in 5 households with children younger than age 18 received food stamps at some point in the last year (20.1%).[123]

- In SFY 2015, 848,524 individuals and 387,303 households in Indiana participated in SNAP.[124]

Percentage of Children Who Are Food Insecure, 2014

- 13.5-20.0%
- 20.1-23.0%
- 23.1-26.1%
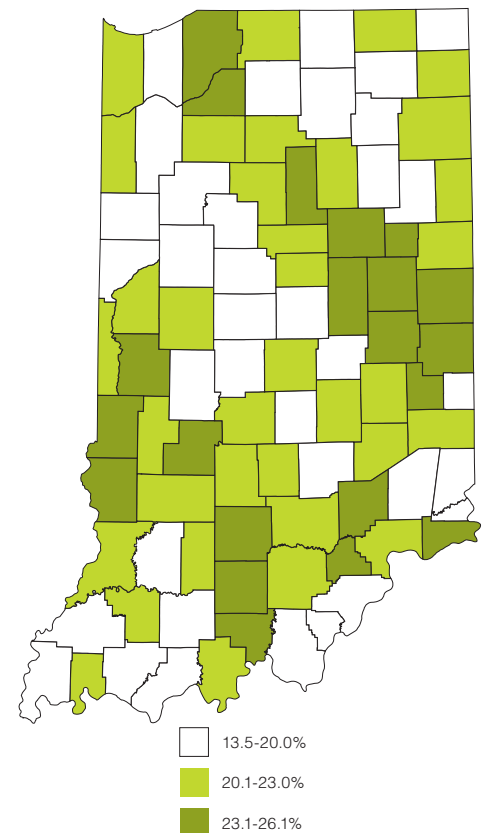
Source: Mind the Meal Gap 2016, Feeding America

For information about child nutrition, see the Nutrition section in the Health chapter.

Monthly Average Number of Persons Issued Food Stamps (SNAP), Indiana: 2007-2015

2007	2008	2009	2010	2011	2012	2013	2014	2015
582,972	607,960	684,280	787,183	867,101	901,880	923,766	906,170	848,524

Source: Indiana Family and Social Services Administration

Women, Infants, and Children (WIC) Participants by Category, Indiana: 2015

- 16.7% Pregnant
- 5.3% Breastfeeding
- 7.4% Non-Breastfeeding
- 39.3% Child
- 31.2% Infant

Source: Indiana State Department of Health, WIC Division

Number of CEP Schools: SY 2016
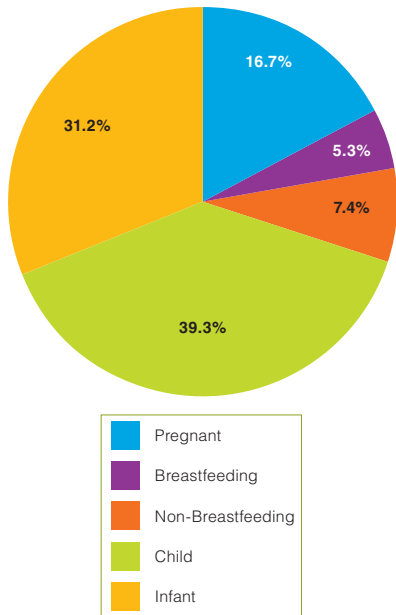
Source: Indiana department of Education

Women, Infants and Children (WIC)

Women, Infants, and Children (WIC) is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women, infants and young children.[125]

In 2015, 260,842 individuals in Indiana received WIC benefits. This number has been slowly decreasing since 2010 when there were 291,126 program participants.[126]

- Of individuals receiving WIC benefits in Indiana, 39.3% were children, 31.2% were infants, and the remaining 29.4% were mothers.[127]

- In FFY 2015, the average monthly benefit per household receiving WIC in Indiana was $38.47.[128]

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. Utilization of the SBP and NSLP programs increased between 2000 and 2015.[129] Program utilization may increase because of increased need or because of intentional efforts by schools and communities to enroll eligible children or both.

- 48.2% of Indiana public school students (504,846) received a free or reduced-price lunch in SY 2016.[130]

- 128,486,041 million meals were served through NSLP in FFY 2015.[131]

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- 272,047 Indiana students participated in the SBP in FFY 2015 eating a total of 45,148,785 meals.[132]

In school year 2015, Indiana schools and districts were able to apply for community eligibility for NSLP and SBP. Community eligibility allows for schools and districts with high percentages of low-income and otherwise eligible children to provide free breakfast and lunch to all students. To qualify for the Community Eligibility Program (CEP), districts must have one or more schools with 40% or more of the student body residing in households receiving SNAP or TANF benefits, who are homeless, runaway or migrant youth, who are Head Start students, or who are foster children.[133]

- During SY 2016, 36 of 152 eligible school districts in Indiana (24%) participated in the CEP, which is lower than the national participation rate (37%).[134]

- Indiana schools (42%) had a lower participation rate than the nation (50%), with 253 of 606 eligible schools participating.[135]

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PRENATAL AND INFANT HEALTH

Parents' health can greatly affect their child. For the mother, good pre-pregnancy health, timely prenatal care, and access to social supports and education all factor into a strong start for her child.[1]

In 2014, there were 83,972 live births in Indiana; 51.4% were males and 48.6% were females.[2] More than half of the state's births were in just ten of Indiana's largest counties (53.1%): Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Vanderburgh, Tippecanoe, Johnson and Porter.[3]

The percentage of births to unmarried mothers increased steadily from 1960 to 2009. However, between 2009 and 2014, the rate of births to unmarried parents has remained steady around 43%.[4] 43.7% of all births in 2014 were to mothers on Medicaid.[5] Black mothers were more likely to be unmarried and more likely to be on Medicaid when giving birth than white mothers.[6] The percentage of Indiana births to white mothers has decreased over time from 87.3% in 2003 to 82.0% in 2014.[7]

Number of Live Births, Indiana: 2004-2014

Line graph data points: 2004: 87,125; 2005: 87,088; 2006: 89,404; 2007: 89,719; 2008: 88,679; 2009: 86,126; 2010: 83,867; 2011: 83,750; 2012: 83,250; 2013: 83,115; 2014: 83,972
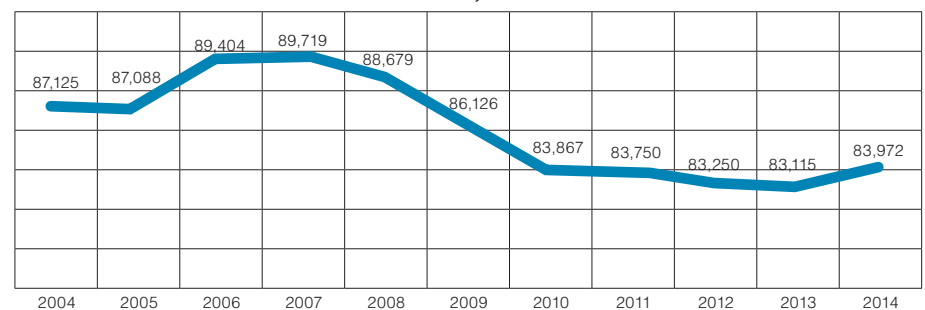
Source: Indiana State Department of Health

Risk and Protective Factors

Some of the most preventable causes of birth defects, developmental disabilities and infant mortality are actions that mothers take while pregnant. For example, babies have improved birth outcomes when their parents avoid risky behaviors such as smoking, using certain medications or drinking alcohol during pregnancy, and engage in healthy behaviors such as getting early prenatal care and breastfeeding.

- Babies with the highest levels of risk for adverse birth outcomes are those with 15- to 20-year-old mothers who have had fewer than 10 prenatal visits.[8]

• Early analysis showed that while significant racial disparities in birth outcomes exist, this disparity is driven primarily by socio-economic factors. Young, low-income women, on Medicaid, regardless of race, tended to have poor birth outcomes.[9]

Smoking

Maternal smoking, both while pregnant as well as after a baby is born, is linked to nearly every negative infant outcome. Women who smoke during pregnancy have a higher risk of miscarriage and of delivering a low birth weight baby than nonsmokers; in addition, smoking during pregnancy increases the risk of Sudden Infant Death Syndrome (SIDS).[10] After a baby is born, parental smoking still negatively affects the child. Children whose parents smoke have a higher risk for a variety of health issues including asthma, bronchitis and pneumonia.

• More than 1 in 7 expectant Hoosier mothers smoke while pregnant (15.1%).[11]

• White mothers are more likely to smoke while pregnant (16.4%) than black mothers (12.1%).[12]

• The rate of smoking while pregnant in Indiana (15%) is nearly twice the national rate (8%).[13]

Alcohol and Drug Use

Using drugs or alcohol while pregnant or breastfeeding increases the likelihood of birth defects and Sudden Infant Death Syndrome.[14] Additionally, children of any age with parents who abuse alcohol or an illicit drug are at an increased risk for abuse or neglect as well as physical, academic, social and emotional problems.[15]

Women who use alcohol during pregnancy are at risk for giving birth to a baby who suffers from Fetal Alcohol Spectrum Disorders (FASD). The effects of FASD range from slight disabilities to severe nervous system disorders.[16]

• Nationally, 9.3% of pregnant women ages 15-44 use alcohol and 2.8% report binge drinking.[17]

• Pregnant women are most likely to use alcohol in their first trimester (20.9%) compared to women in their second or third trimester (4.9% and 3.3% respectively).[18]

COUNTY DATA AVAILABLE AT WWW.IYI.ORG/DATACENTER

Percentage of Mothers who Smoked During Pregnancy, Indiana: 2014		
	All Races	**White**	**Black**
Total	15.1%	16.4%	12.1%
Younger than 18	13.4%	16.7%	3.9%
Ages 18-24	21.4%	24.5%	11.1%
Ages 25-34	12.6%	13.3%	13.3%
Ages 35+	9.5%	9.7%	14.6%

Source: Indiana State Department of Health

Using illicit or illegal drugs while pregnant also has harmful effects on young children. However, pregnant women with a heroin or opioid addiction should seek treatment from health care providers rather than stopping use without supervision.[19]

- Nationally, 5.3% of pregnant women ages 15-44 were current illicit drug users.[20]

- White women (5.3%), black women (5.7%), and Hispanic women (5.9%) used illicit drugs at similar rates.[21]

First Trimester Prenatal Care

Receiving early prenatal care is important for ensuring that a baby is carried to term and at a healthy weight. An expectant mother should seek medical care as early as possible so that doctors can advise her on keeping her baby healthy, and find and treat any health problems that may arise. Pregnant mothers typically should visit a doctor monthly during the first and second trimester (weeks 4-28) and twice a month or more during the third trimester.[22]

Mothers who receive late (defined as beginning in the third trimester of pregnancy) or no prenatal care are more likely to have babies with health problems.[23] However, consistent prenatal care is correlated with positive outcomes for young children and may even reduce the risk of postpartum depression and infant injuries.[24]

- More than two thirds of Indiana mothers receive first trimester prenatal care (67.5%).[25]

- White mothers are more likely to receive first trimester prenatal care (70.1%) than black mothers (55.9%).[26]

- Mothers ages 30-34 (74.2%) are more likely than younger or older mothers to receive first trimester prenatal care.[27]

Breastfeeding

Breastfeeding benefits both infants and their mothers. For the infant, breastfeeding provides nutritionally balanced meals, protection against common childhood illnesses and infections, and a better rate of survival during the first year of life. For the mother, breastfeeding provides improved healing following childbirth, improved postpartum weight loss and a lower likelihood of experiencing postpartum depression.[28] There are a few circumstances, however, in which a mother should not breastfeed, such as when a mother is taking certain medications.[29]

- 79.3% of Hoosier mothers plan to breastfeed when they leave the hospital.[30]

- Breastfeeding is more common among white mothers (80.9%) than black mothers (66.1%).[31]

- In general, older mothers are more likely to breastfeed their newborn than younger women.[32]

Births and Birth Outcomes

Of the more than 80,000 new babies born in Indiana each year, most are born safe and healthy. However, other babies are born too small, too soon, have a birth defect or even die within their first year. The following factors are known to affect birth outcomes:[33]

- Age,
- Genetics,
- Medical health,
- Family socioeconomic status,
- Parental behaviors,
- Access to healthcare for parents and babies, and
- Environmental exposures.

Born Too Soon

Births occurring at least three weeks before an infant's due date (earlier than the 37th week of pregnancy) are considered premature or preterm births. The earlier a preterm baby is born, the less likely the child is to survive the first year[34] and the more likely the child is to have physical or neurological health problems.[35]

COUNTY DATA
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

- In 2014, 8,113 Hoosier babies, or nearly 1 in 10 live births in 2014, were premature.[36]

- Indiana's rate of preterm births (9.7%) has been declining since 2005 (13.5%) and is lower than the national rate of 11.4%.[37]

- Black mothers are more likely to have a baby prematurely (13.4%) than white mothers (9.2%).[38]
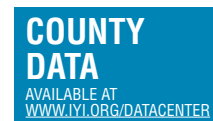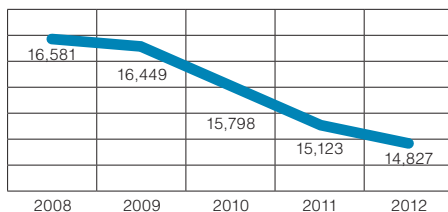
Born Too Small

Infants are considered low birth weight (LBW) when they weigh less than 2,500 grams or 5 pounds 8 ounces at birth. Though they are small, some low birth weight babies are healthy. Others, however, have low birth weights because they were born prematurely or because they don't gain the weight they need before birth due to a birth defect or infection.[39] Infants born at low or very low birth weights are at increased risk for mortality, and those who survive infancy often experience long-term disabilities and impaired development.[40] The percentage of Indiana children born at a low birth weight has remained between 7 and 9 percent since 1995.[41]

- In 2014, 6,700 infants were born at a low birth weight, or 8.0% of all live births.[42]

- Black mothers were more likely to give birth to a LBW infant than white mothers at 13.3% and 7.3%, respectively.[43]

- Mothers younger than age 15 (13.6%) or older than age 39 (11.0%) are more likely to give birth to a low birth weight baby than mothers ages 15-39 (8.3%).[44]

Birth Defects

Birth defects are developmental disorders that occur in an embryo or fetus and include congenital malformations, deformations and chromosomal abnormalities.[45] Some of these defects are genetic, but expectant mothers often can decrease the risk of these disorders by ensuring they are getting proper nutrition and abstaining from risky behaviors such as smoking, drinking alcohol, or using illegal drugs while pregnant.

- 70% of all birth defects do not have a known cause.[46]

- One in ten birth defects have a known genetic cause that may be inherited from a parent.[47]

- 20% of birth defects are caused by exposure to a substance that disrupts the baby's development such as recreational or prescription drugs, substances in the environment (such as radiation or pesticides), or infectious diseases or other health conditions.[48]

Immediately after birth, Indiana hospitals measure babies' responsiveness and vital signs (heart rate, breathing, color, activity and reflex response). Newborns also are screened for 47 unseen but treatable conditions such as sickle cell anemia and hearing loss. Babies born at home must have this screening within one week of birth. Other screening tests might be performed but vary by hospital.[49]

**COUNTY DATA**
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

Number of Children Reported with Unique Birth Defect by Birth Year, Indiana: 2008-2012

2008	2009	2010	2011	2012
16,581	16,449	15,798	15,123	14,827

Source: Indiana State Department of Health

- Between 2008 and 2012, an average of 15,756 unique birth defects were reported each year. Children may have more than one birth defect.[50]

- Birth defects are the second leading cause of death for infants and the third leading cause of death for children ages 1-14.[51]

- Birth defects cause more than 1 in 5 deaths among infants less than a year old, and about 1 in 14 deaths among children ages 1-14.[52]

Infant Mortality

A child's first year of life is the most fragile. In 2014, 597 Hoosier children died prior to their first birthday.[53] In Indiana, infants are more likely to die within their first year than their peers nationally (7.1 per 1,000 in Indiana compared to 5.8 per 1,000 in the United States).[54] The state has lagged the national average consistently for the last two decades and the gap was widest between 2009 and 2011.

- The infant mortality rate is higher for babies born to mothers on Medicaid (7.16 deaths per 1,000) than to mothers not in the Medicaid population (4.19 deaths per 1,000).[55]

- Black infants are more likely to die before reaching age 1 (13.0 per 1,000) than white infants (5.9 per 1,000).[56]

- The leading cause of death for black infants are disorders related to short gestation and low birth weight (26.8%), followed by birth defects (14.4%) and accidents (11.8%).

For more information on children with chronic health conditions, see the Chronic Conditions section in the Health chapter.

Leading Causes of Infant Mortality: Indiana, 2014	
Short Gestation and Low Birth Weight	22.6%
Birth Defects	20.3%
Accidents (Unintentional Injuries)	8.7%
Sudden Infant Death Syndrome	7.7%
Respiratory Distress of Newborn	2.7%

Source: Indiana State Department of Health

Infant Mortality Rate per 1,000, Indiana v. United States: 1990-2014

	1990	1992	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012	2014
Indiana	9.6	9.4	8.8	8.7	7.6	7.8	7.7	8.0	8.0	6.9	7.6	6.7	7.1
United States	9.2	8.5	8.0	7.3	7.2	6.9	7.0	6.8	6.7	6.6	6.1	6.0	5.8
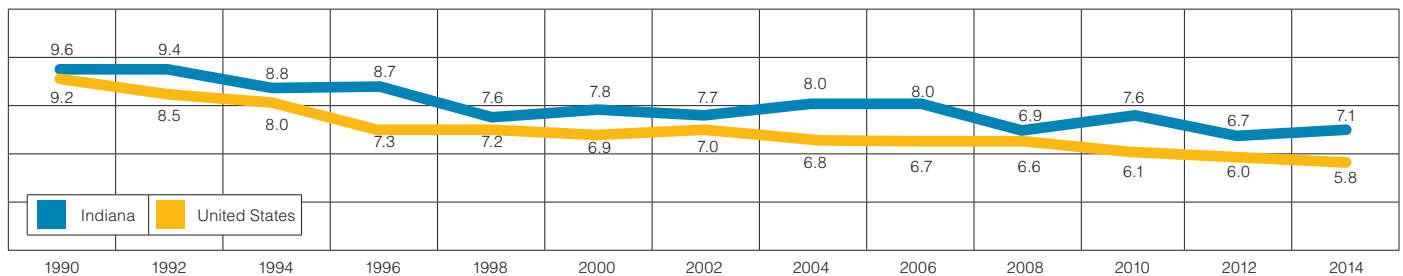
Source: KIDS COUNT Data Center

Infant Mortality Rate per 1,000 by Race, Indiana: 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
White	7.0	6.8	6.8	5.5	6.3	6.2	6.8	5.4	5.7	5.9
Black	18.5	19.7	15.4	14.6	15.4	14.4	10.4	12.5	13.3	13.0
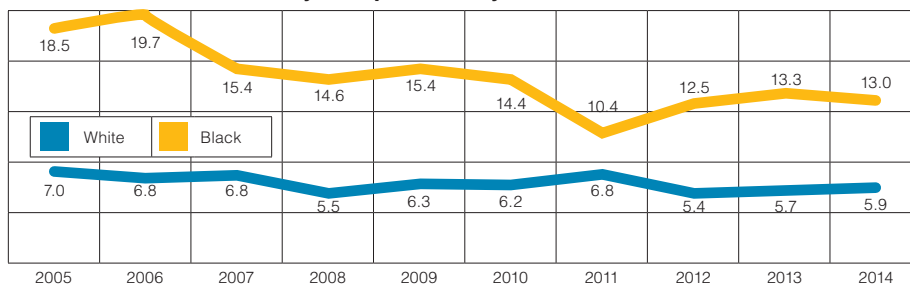
Source: KIDS COUNT Data Center

For more information on accidents as a cause of death, see the Deaths section in the Health chapter.

PREVENTATIVE CARE

Health Insurance

Children with health insurance are likely to be healthier and have lower rates of avoidable hospitalizations and childhood mortality than their uninsured peers. Without access to health insurance, parents are more likely to rely on the emergency room as a source of care and to forego preventive visits for their children.[57]

- 93.2% of Indiana youth have some type of health insurance.[58]

- Black children in Indiana are most likely to have health insurance (96.5%), followed by white non-Hispanic children (93.3%) and Hispanic children (88.7%).[59]

- In Indiana, children living between 138%-199% FPL are the least likely to have health insurance of any kind (89.1%), compared to 97.5% of those living 400% of FPL or above.[60]

- Medicaid is the sole health insurance provider for more than three in ten Hoosiers ages 0-17 (31.4%).[61]

Hoosier Healthwise is Indiana's healthcare program for children up to age 19, pregnant women and low-income parents/caretakers of children younger than age 18.[62] As of December 2015, 81,403 children were enrolled in Hoosier Healthwise through the state's Children's Health Insurance Program (CHIP), up from 72,162 in the prior year.[63] In 2015, 68% of Hoosier children enrolled in CHIP received a primary care visit, 25% had an emergency room visit and 69% received a pharmacy prescription.[64]

Percentage of Children with Health Insurance by Percentage of Federal Poverty Line, Indiana: 2015

Category	Percentage
400% and over PFL	97.5%
200%-300% FPL	93.5%
138%-199% FPL	89.1%
Below 138% FPL	91.8%
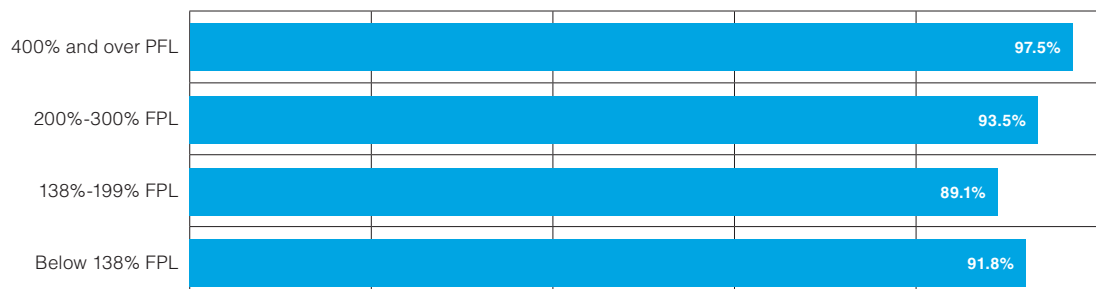
Source: American Community Survey

Vaccinations/Immunizations

Vaccines can help build immunity against preventable diseases and prevent the spread of disease among groups of children and the larger community. Newborns are immune to many diseases through the antibodies of their mother. However, children must receive vaccines before age two to prevent them from becoming susceptible to preventable diseases.[65]

- A 2014 national parent survey results show that Indiana's 19-35-month-old vaccination rate is 66.3%, up from 61.4% in 2012.[66, 67]

- Nationally, vaccination rates for 19-35 month olds are highest for Hispanic children (74.3%), followed by white children (72.6%), Asian children (69.5%), multiracial children (68.5%) and black children (65.4%).[68]

- Rates of vaccination in Indiana increased from 47% in 2013 to 56% in 2015.[69]

Before entering kindergarten, Indiana requires children to receive vaccinations for Hepatitis A and B; Diphtheria, Tetanus, Pertussis (DTaP); Polio; Measles, Mumps, Rubella (MMR); and Varicella. This vaccination series is often called 4:3:1:3:3:1:4, referring to the number of doses a child should receive of each vaccination.[70] In Indiana, 406 children enrolled in kindergarten have a medical exemption from vaccination, and 651 children have a religious exemption, totaling 1,057 children in the state.[71]

- Indiana's Children and Hoosier Immunization Registry Program (CHIRP), assesses actual health records rather than a survey of parents. CHIRP data showed that in 2015, only 56% of Hoosier children ages 19-35 months had completed the full 4:3:1:3:3:1:4 immunization series.[72]

- For the 2014-15 school year, 89.3% of Indiana's enrolled kindergarteners have received the measles, mumps and rubella (MMR) vaccination, 92.7% received the DTaP, and 90.1% have received 2 doses of Varicella vaccination.[73]

- Indiana's kindergarten vaccination rates are slightly lower than the national median of 94.0% for MMR, 94.2 for DTaP, and 93.6 for 2 doses of Varicella.[74]

Schools in Indiana require middle school students to receive Hepatitis B; MMR; Meningococcal Conjugate; Diphtheria, Tetanus, Pertussis; and Varicella vaccinations. Though not required, middle school students also are encouraged to receive seasonal Flu vaccines and the Human Papillomavirus (HPV) vaccination.

- Between 86% and 97% of 6th grade students (depending on the vaccination) have the state required immunizations in SY 2015.[75]

- In SY 2015, 9.2% of 6th graders have received the HPV vaccination.[76]

Oral Health

Research indicates a connection between oral and general health; lack of oral care may lead to other health issues, such as infections or problems with vital organs.[77] Nearly four in five Indiana children received preventative dental care in the past year (78.1%), and only 3.7% of parents reported that their child had an unmet need for dental care in the past year.[78]

- According to parents in a 2011-12 survey, more than two thirds of Indiana's children's teeth are in excellent or very good condition (72%).[79]

- In 2013, half of Indiana's third grade children (51%) have a history of decay in their primary or permanent teeth, and 17% have untreated tooth decay in those teeth.[80]

- Indiana's Hispanic children have a significantly higher prevalence of tooth decay experience compared to non-Hispanic white children.[81]

Fluoride is a natural mineral that has been proven to prevent tooth decay. Starting in 1945, fluoride levels in many public water supplies were adjusted to maximize oral health outcomes across America. Water fluoridation in parts of Indiana began in the early 1950s. 94.7% of Indiana's population is served by community water systems with fluoridated water.[82] Indiana ranks 8th nationally in access to fluoridated water.[83]

Health Habits

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

Nutrition

Healthy eating impacts both a child's day-to-day energy level and ability to focus as well as his or her long-term health outcomes. A child's family traditions and neighborhood services are integral players in a child's access to nutritious goods. Lack of access to low-cost healthy foods for children is related to both food insecurity and obesity among children.[84]

Percentage of High School Students Eating or Drinking Each Type of Food in the Last Seven Days, Indiana: 2015

	Percentage
Drank Sugar Sweetened Drink One or More Times Per Day	18.7%
Drank Soda One or More Times Per Day	24.6%
Did Not Drink Milk	20.0%
Did Not Eat Vegetables	7.3%
Did Not Eat Fruit or Drink 100% Fruit Juice	6.5%

Source: Youth Risk Behavior Survey, 2015

Percentage of Students Who Did Not Eat Breakfast in the Last 7 Days, Indiana: 2015

21.6% Hispanic
17.7% Mixed Race
14.0% White
12.1% Black
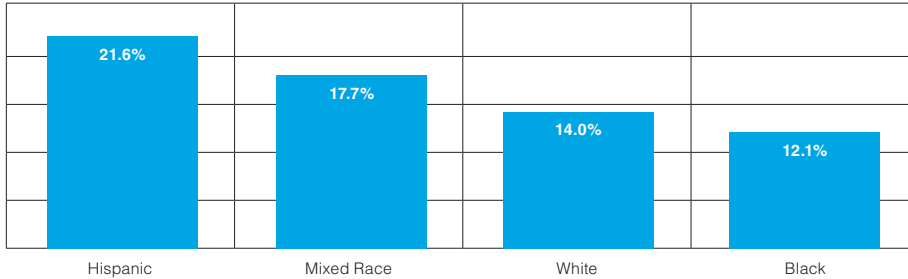
Source: Youth Risk Behavior Survey, 2015

Eating a healthy breakfast is important for children's cognitive functioning (particularly memory), mood, and likelihood of attending school.[85] However, one survey found 15% of students did not eat breakfast in the last seven days before the survey administration.[86] The percentage of students varies by race, ranging from 12.1% of black students to 21.6% of Hispanic students. Just over 30% of students eat breakfast all seven days of the week.[87]

Physical Activity

Research has shown that physically active youth have better academic, cognitive and behavioral outcomes than their peers.[88] In metropolitan areas, children in safe neighborhoods were more likely to exercise frequently than those in unsafe neighborhoods. However, in non-metro areas, children in safe neighborhoods were less likely to exercise frequently than those in unsafe areas.[89]

- In 2015, 46.5% of high school students reported five or more days of physical activity for at least 60 minutes, and 25.3% reported exercising on all seven days.[90]

- 15.4% of high school students report not engaging in physical activity for at least 60 minutes on any day of the week.[91]

- 41.2% of high school students attend physical education classes on one or more days during a school week, and 28.0% of students attended physical education on all five days of a school week.[92]
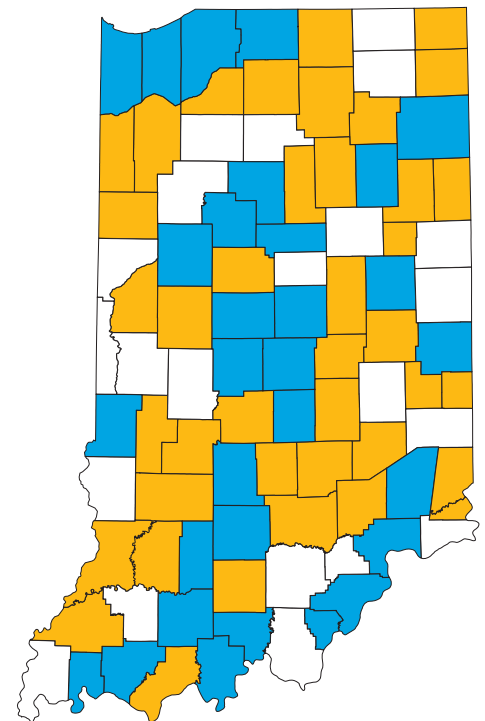
Percentage of Population with Access to Exercise Opportunities, 2014

21.8%-50.8%
50.9%-70.2%
70.3%-93.7%
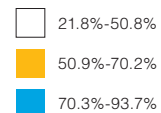
Source: County Health Ranking & Roadmaps
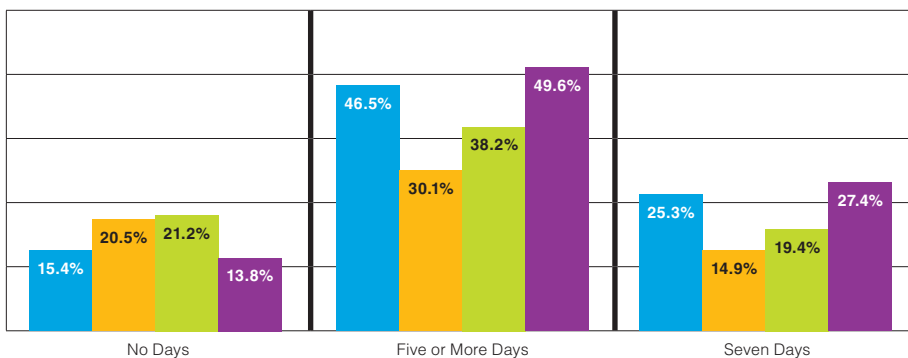
Percentage of Students Reporting the Number of Days with 60 Minutes of Physical Activity, Indiana: 2015

All Students, Black, Hispanic, White

Source: Youth Risk Behavior Survey, 2015

No Days: 15.4%, 20.5%, 21.2%, 13.8%
Five or More Days: 46.5%, 30.1%, 38.2%, 49.6%
Seven Days: 25.3%, 14.9%, 19.4%, 27.4%
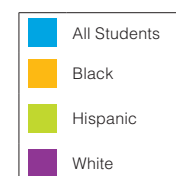
Sleep

Inadequate or poor quality sleep is associated with unhealthy weight, inability to concentrate or focus, and emotional and behavioral problems among youth.[93] In the earliest months of life, infants sleep 9-18 hours each day and toddlers sleep 12-14 hours each day, including naps.[94] The amount of sleep children require decreases with age, and by adolescence youth need slightly more than 9 hours of sleep each night.[95]

- The percentage of Indiana high school students (21.4%) who had eight or more hours of sleep on an average school night is lower than the nation (27.3%).[96]

- Male Indiana high school students (23.5%) are more likely than female students (19.2%) to have at least eight hours of sleep on an average school night.[97]

- White high school students (22.6%) are more likely than black students (17.6%) or Hispanic students (14.8%) to have eight or more hours of sleep on a school night.[98]

Percentage of Students Who Had Eight or More Hours of Sleep on an Average School Night, Indiana: 2015

All	Black	Hispanic	White	Male	Female
21.4%	17.6%	14.8%	22.6%	23.5%	19.2%
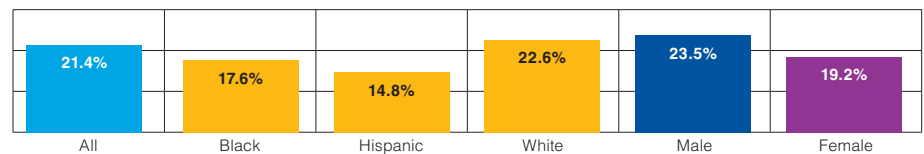
Source: Youth Risk Behavior Survey, 2015

CHRONIC CONDITIONS

A chronic condition is a disease that can be controlled but not cured, and a disability is a physical or mental condition that limits a person's movements, senses or activities. In 2011, more than a quarter of Hoosier children were diagnosed with a chronic condition (27.7%),[99] and 1 in 20 were diagnosed with a disability (4.5%) in 2015.[100]

- The U.S. Census Bureau's American Community Survey reports that less than 1% of young Hoosier children (younger than age 5) and 5.9% of older children (ages 5-17) have some sort of disability.[101]

- Children who are black (6.4%) have a higher rate of having a disability than their white (4.5%) and Hispanic (4.2%) peers.[102]

- Of those with health insurance, 45.0% have private health insurance and 64.1% have public health insurance.[103]

Physical or Sensory Conditions

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

- In 2011-12, 2.4% of Indiana's children (ages 0-17) have a current bone, joint or muscle problem, and an additional 1.2% had one at some point but do not currently.[104]

- 0.7% of Indiana children ages 5-17 have ambulatory difficulties and 0.9% have self-care difficulties.[105]

Childhood Cancer

Cancer is the second leading cause of death among children, and for most cases of childhood cancer, the cause is unknown.[106] From 2008-2012, there was an average of 368 cases of cancer among Indiana children and teens (ages 0-19) and 52 cancer-related deaths. During 2008-2012, white Hoosier children had a higher incidence rate for cancer than African American children (21.2 cases per 100,000 compared to 14.8). These differences in rates between races also are seen nationally.[107]

Overweight and Obesity

Overweight children have an increased risk of developing specific health problems including cardiovascular diseases, type 2 diabetes, sleep apnea, high cholesterol and asthma. According to the Centers for Disease Control and Prevention (CDC), the term "overweight" describes those between the 85th and 95th percentile for weight, while the term "obese" is used for those at, or above, the 95th percentile.[108]

- In 2015, 46.9% of Indiana high school students reported they were trying lose weight – 33.2% of males and 61.0% of females.[109]

- According to their height and weight, 17.3% of Indiana high school students are overweight, and 13.6% are obese.[110]

- 31.6% of Hoosier high school students describe themselves as slightly or very overweight – 26.1% of males and 37.2% of females.[111]

Overweight and Obesity among High School Students by Sex, Indiana: 2015

	Male	Female
Obese BMI	17.5%	9.7%
Overweight BMI	16.5%	18.1%
Students described themselves as slightly or very overweight	26.1%	37.2%
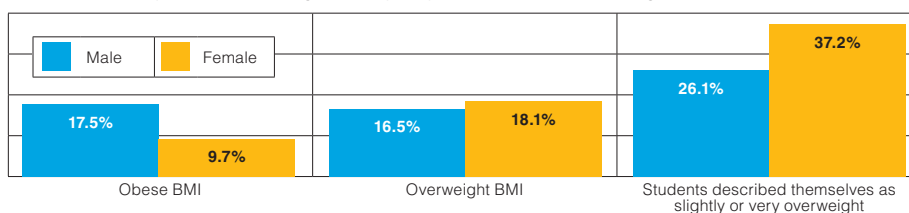
Source: Youth Risk Behavior Survey, 2015

Visual and Auditory Conditions

Many visual problems that affect youth can be corrected by glasses or contact lenses. However, some vision problems stem from damage to or diseases of parts of the eye or brain necessary for processing images.[112]

- In Indiana, 1,364 children younger than 5 and 10,530 children ages 5-17 have vision difficulties that cannot be corrected by glasses or contacts.[113]

- Much hearing loss is congenital, occurring at birth or before, and other hearing loss can be caused by repetitive exposure to loud noises over time or a singular exposure to an extremely loud noise.[114]

- Nearly one quarter of children with hearing loss have one or more additional developmental disabilities, such as cerebral palsy, intellectual disability or vision loss.[115]

- 4.6% of Hoosier youth ages 0-17 have a cognitive disability compared to the national rate of 4.1%.[116]

Cognitive Conditions

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

- 4.6% of Hoosier youth ages 0-17 have a cognitive disability compared to the national rate of 4.1%.[117]

Learning disabilities affect a child's ability to receive, process, analyze or store information. These problems can make it difficult to understand or use spoken or written language, do mathematical calculations or coordinate movements.[118] Three main types of learning disabilities are difficulty with reading (dyslexia), difficulty with written language (dysgraphia) and difficulty with math (dyscalculia). Less common forms include difficulty with memory or social skills.

- In SY 2015, 156 children ages 3-5 were identified by the Individuals with Disabilities Education Act (IDEA) with having a specific learning disability, representing less than one percent of the statewide population of children ages 3-5.[119]

- During the same year, IDEA identified 54,437 youths 6-21 with a specific learning disability, representing 3.7% of the statewide population of youth ages 6-21.[120]

Autism Spectrum Disorder (ASD), Asperger's, and other pervasive development disorders (PDD) affect a child's socialization and communication skills. These disorders often are diagnosable as early as infancy and most often begin before age 3. Doctors recommend that children be screened for and diagnosed with these disorders before age 3 in order to begin intervention as early as possible.[121]

Intellectual disabilities limit a child's ability to function in daily life. Children with intellectual disabilities may be unable to communicate their wants or needs and often take extra time to learn to speak, walk, dress, or eat.[122] They also may lack curiosity, have trouble adapting to new situations, or find it difficult to understand and follow social rules.[123]

Mental Health

Mental disorders among children are described as serious changes in the way children typically learn, behave or handle their emotions. An estimated 1 in 5 adolescents have a diagnosable mental health disorder. The most prevalent mental disorder experienced among adolescents is depression, with 29.3% of Indiana students reporting feeling sad or hopeless to the point that they stopped doing some usual activities almost every day for two or more weeks in a row.[124] Adolescents with mental health problems are at increased risk of participating in behaviors such as substance abuse and unprotected sexual activity.[125]

Nationally, an estimated 14.4% of children ages 4-17 had minor emotional and behavioral difficulties, and an additional 5.3% had definite or severe difficulties. In Indiana, 1 in 20 children have a behavior or conduct problem (5.3%), 4% have a problem with anxiety, and 3.1% have experienced depression.[126]

- Nearly 1 in 8 Indiana children older than age 5 received treatment or counseling from a mental health professional in the last year (12.0%).[127]

- The average Indiana college student younger than age 21 reported having "not good" mental health (defined by stress, depression and problems with emotions) 5.8 days out of the last month.[128]

- Children with health insurance are more likely to receive the mental health services they need (59.3%) than their uninsured peers (40.5%).[129]

For information about parent mental health, see the Parents with Mental Health or Substance Abuse Problems section in the Families and Communities chapter.

Treatment in Indiana's Systems

Mental health services for adolescents are provided by a mix of specialists (psychiatrists, psychologists, social workers and others) in the public and private sectors.[130] The Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals living at or below 200% of poverty or who are enrolled in Medicaid.

DMHA operates six state psychiatric hospitals and contracts with 25 community mental health centers as well as child and addiction treatment providers to offer a full continuum of mental health and addiction treatment services.[131] In Indiana, 53,286 children younger than 18 with a severe emotional disturbance (SED) were served by the DMHA in federal fiscal year (FFY) 2015. DMHA served 32,365 individuals ages 0-12 and 20,921 individuals ages 13-17.[132] 62% of families of children ages 0-17 served by DMHA in Indiana reported that the child had improved functioning as a result of their treatment, and 83% reported improved social connectedness.[133] Across the state, the ratio of population to mental health providers is 710:1.[134]

Percentage of Families Reporting Positively about Their Child's Mental Health Care, Indiana v. United States: 2015

Category	United States	Indiana
Improved Functioning	70.0%	62.0%
Social Connectedness	86.0%	83.0%
Cultural Sensitivity of Staff	94.0%	94.0%
Outcomes	68.0%	60.0%
General Satisfaction with Services	86.0%	88.0%
Access	86.0%	83.0%
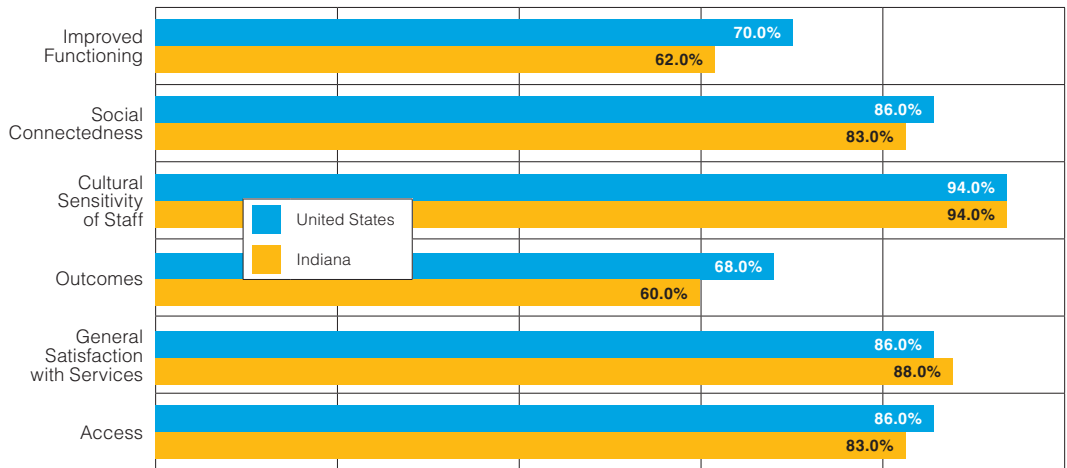
Source: Substance Abuse and Mental Health Services Administration

Mood Disorders

Youth who experience anxiety or depression are more likely than their peers to engage in risky sexual behaviors during adolescence and to struggle with school or work.[135] While feelings of sadness are normal, those that persist for two weeks or more can be a sign of depression which, if left untreated, may get worse or lead to suicidal thoughts or behavior.

- For students in grades 9-12, the Indiana Youth Survey found 30.5% of Indiana's high school students felt sad or hopeless almost every day for two or more consecutive weeks during 2016.[136]

- Of the Hoosier youths ages 12-17 who experienced a major depressive episode from 2010-2014, only 37.6% received treatment.[137]

Suicidal Ideation

In some cases, emotional distress leads youth to contemplate suicide or engage in suicidal behavior. In 2015, the percentage of Indiana high school students (19.8%) who seriously considered attempting suicide was higher than the nation (17.7%).[138] Indiana ranks 3rd out of 37 states in the percentage of high school students who seriously considered attempting suicide and the state ranks 2nd out of 34 states in the percentage of students who made a suicide plan.

White students are less likely than Hispanic and black students to seriously consider attempting suicide, make a suicide plan, attempt suicide, or have a suicide attempt that requires treatment from a doctor or nurse.[139] Females are more likely to have suicidal ideations and to attempt suicide than males.[140]

Percentage of Youth Ages 12-17 with a Major Depressive Episode in the Past Year, Indiana v. the United States
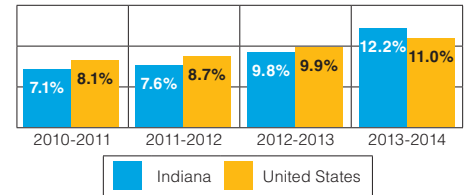
	2010-2011	2011-2012	2012-2013	2013-2014
Indiana	7.1%	7.6%	9.8%	12.2%
United States	8.1%	8.7%	9.9%	11.0%

Source: Substance Abuse and Mental Health Services Administration

Percentage of Students with Suicidal Ideation or Attempted Suicide, Indiana: 2015
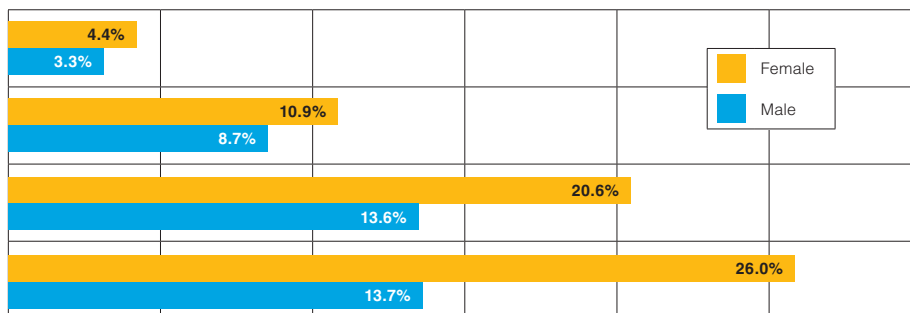
	Female	Male
Suicide Attempt Treated by a Doctor or Nurse	4.4%	3.3%
Attempted Suicide	10.9%	8.7%
Made a Suicide Plan	20.6%	13.6%
Seriously Considered Attempting Suicide	26.0%	13.7%

Source: Indiana Youth Survey

Substance Use

Because substance use disrupts brain function in areas critical to motivation, memory, judgment and behavior control,[141] drugs and alcohol can interfere with learning as well as contribute to behavioral problems and family conflicts.[142] In 2014, drug overdose was the underlying cause for 101 deaths of Hoosiers ages 15-24.[143]

While experimenting with drugs doesn't always lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction.[144] In the past month, 1 in 6 Indiana high school students (16.6%) used a drug other than alcohol or tobacco, and one in 14 used a drug other than alcohol, tobacco or marijuana (6.9%).[145] More than 1 in 10 Indiana high school students

For more information on suicide, see Deaths section in Health chapter.

say that their family does not have clear rules about alcohol and drug use (10.7%).[146] The most commonly used substance among Indiana teenagers is alcohol, followed by electronic vapor products like e-cigarettes, marijuana and regular cigarettes.[147] 13.7% of Indiana teens ages 14 or older say they use alcohol or drugs to relax, feel better about themselves or fit in.[148]

Alcohol

Percentage of High School Students Reporting Substance Use, Indiana: 2016

Substance	Percentage
Alcohol	24.9%
Electronic vapor products	16.9%
Marijuana	14.5%
Cigarettes	10.1%
Cigars	5.2%
Smokeless tobacco	5.2%
Pipe	4.8%
Prescription drugs not prescribed to you	4.3%
Over the counter drugs to get high	3.3%
Hallucinogens/Ecstasy	1.9%
Synthetic marijuana	1.5%
Inhalants	0.8%
Cocaine/Crack	0.8%
Methampletamines	0.4%
Heroin	0.3%
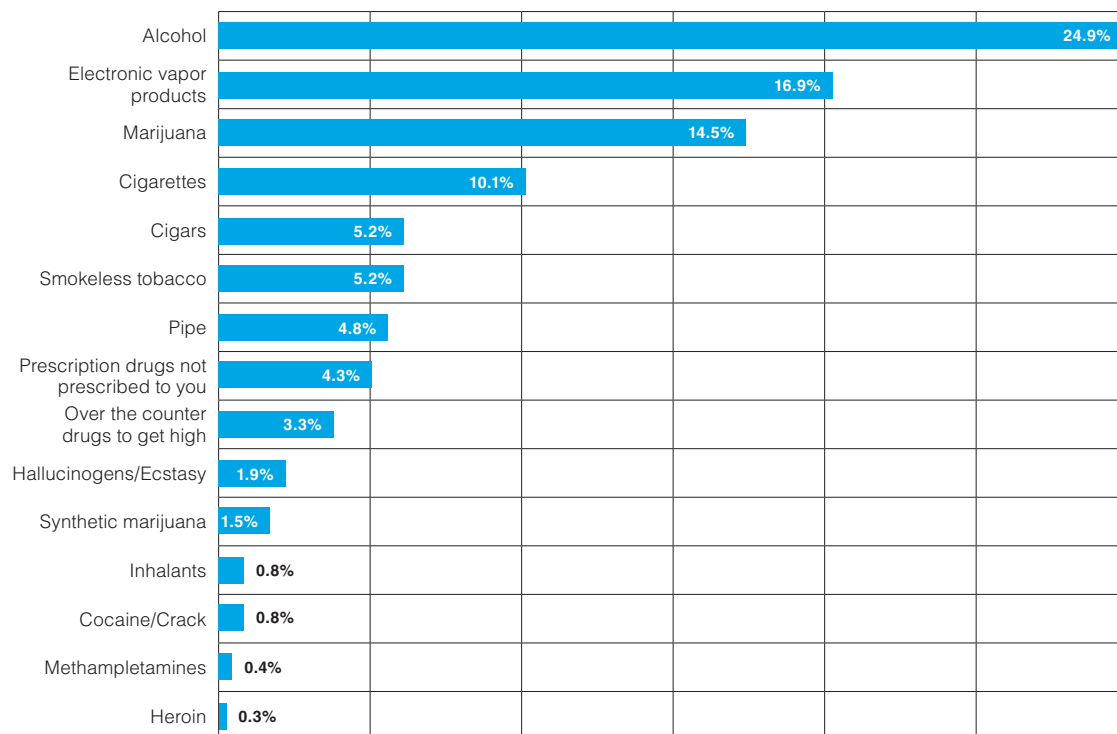
Source: Indiana Youth Survey

Drinking causes slowed reaction times, lowered inhibitions, dizziness, lack of coordination and slurred speech. In excess, it can cause vomiting, unconsciousness and alcohol poisoning.[149] The 2016 Indiana Youth Survey found 3 in 5 Indiana teens say that their parents would not catch them if they were drinking (61.7%).[150]

- According to YRBS 2015, the national percentage of high school students who ever drank alcohol is 63.2%.[151] Indiana high school students were slightly lower at 62.3%.

- In Indiana, alcohol use increases as grade level increases. In 9th grade, 7.4% of students report past month alcohol use and by 12th grade, 34.6% do.[152]

- Indiana's high school seniors who drink alcohol report beginning use at age 14.8.[153]

For more on drug abuse by adults, see the Parents with Substance Abuse Problems section in the Families and Communities chapter.

Binge drinking is defined as having four or more drinks per occasion. The prevalence of binge drinking is higher for high school seniors (17.5%) than for their younger peers.[154]

Alcohol Use among Students by Grade, Indiana: 2016

Legend: Alcohol Use | Binge Drinking

Grade	Alcohol Use	Binge Drinking
7th grade	7.4%	2.6%
8th grade	13.2%	5.0%
9th grade	18.2%	7.8%
10th grade	22.9%	9.8%
11th grade	26.9%	12.2%
12th grade	34.6%	17.5%
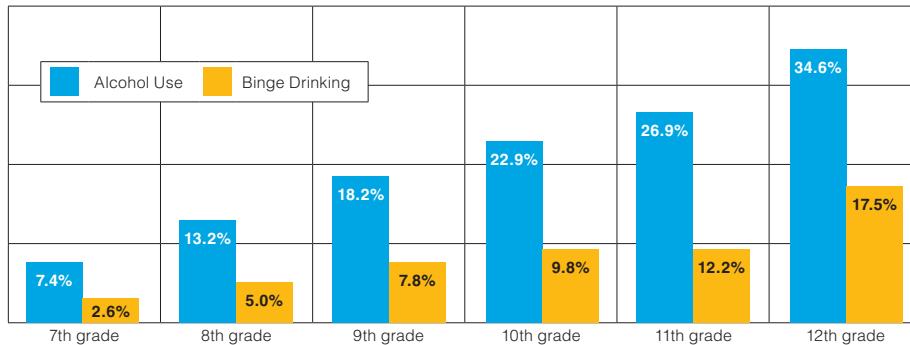
Source: Indiana Youth Survey

Among all college students in Indiana, 62.2% report using alcohol in the past month, and 45.8% report binge drinking in the past month. Even for students younger than age 21, more than half report using alcohol in the past month (53.1%), and 42.9% report binge drinking.[155]

- Of the students who drank alcohol in the past six months, 23.1% reported forgetting where they were or what they did, and 11.6% missed class or an assignment as a result of their drinking.[156]

- 4 out of 5 Indiana college students report drinking alcohol in the past year.[157]

- 25% of Indiana's college students report combining alcohol with energy drinks, and 5.5% combined it with other stimulants such as Adderall.[158]

Tobacco and E-Cigarettes

For Hoosier students in grades 9 to 12, the most frequently used tobacco products were electronic vaping products followed by cigarettes, pipe and cigars. Indiana adolescents are more likely to use cigarettes (6.6%) than their peers nationally (5.2%).[159]

Marijuana

Marijuana is the third most commonly used substance among Indiana high school students. One in seven high school students used marijuana in the past month (14.5%).[160] The main effects of marijuana are euphoria, slowed reaction times, difficulty solving problems and distorted perception.[161] In Indiana, black students were more likely than their peers to use marijuana, and older students were more likely to use it than younger students.[162]

Percentage of Students Using Marijuana in the Last Month by Grade, Indiana: 2016

Grade	Percentage
7th grade	2.8%
8th grade	6.6%
9th grade	10.0%
10th grade	13.7%
11th grade	16.2%
12th grade	20.3%
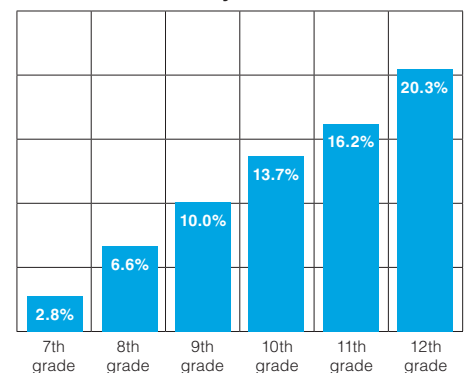
Source: Indiana Youth Survey

Other Drugs

The vast majority of Indiana high school students have never used hard drugs, over the counter drugs, or prescription drugs to get high (6.9%).[163] Indiana adolescents ages 12-17 report slightly less illicit drug use (8.5%) than the US as a whole (9.1%).[164] 4.3% of Indiana high school students used prescription drugs not prescribed to them in the past month, and 3.3% used over-the-counter drugs to get high.[165] For all students who used prescription drugs in grade 12, the mean age of first use was 15.2, and those using over-the-counter drugs started doing so at age 14.5.[166] Indiana's high school seniors who used heroin began using at age 15.1, and those using cocaine started at age 15.6.[167]

Substance Source

Indiana's students obtain the drugs and alcohol they use from a variety of different sources. Most commonly, Hoosier students are given alcohol or prescription drugs by someone who is not their parent.[168] Many students also report that illegal drugs were made available to them on school property.[169] In 2015, black students (31.1%) were more likely than Hispanic students (28.2%) or white students (20.2%) to be given, sold or offered illegal drugs on school property.[170]

Treatment

An estimated 16,000 Indiana youths ages 12-17 needed but did not receive treatment for an illicit drug addiction in 2013-14, and an estimated 14,000 youths in the same age range needed but did not receive treatment for alcohol use.[171] Some substance abuse treatment facilities offer special programs for children or adolescents. In Indiana, 68.8% of the clients in those facilities were younger than 18 years old.[172] Three percent of children in Indiana who are being treated for mental health issues also have a substance abuse diagnosis, compared to 4.3% nationally.[173] In 2012, 835 teenagers (12-17) were admitted to treatment facilities in Indiana for drug use. More than half of these admissions were for marijuana use (61.1%).[174]

SEXUAL ACTIVITY

Nationally, 41.2% of American high school students reported ever having sex with someone.[175] The percentage of Indiana high school students who had sexual intercourse decreased from 51.0% in 2011 to 41.7% in 2015.[176, 177] Three percent of Indiana high school students reported having sexual intercourse before the age of 13.[178] Sexual intercourse at such a young age is often either statutory rape or nonconsensual. There was an 8.1 percentage point decrease in the percentage of high school students who reported having sex with four or more persons, from 16.8% in 2011 to 8.7% in 2015.[179, 180]

Research shows the most common first sexual partner for teenagers is someone they are dating (70% for females and 56% for males). The second most common relationship for teen sexual involvement is with someone they have just met or are just friends with (28% of males and 16% of females).[181]

- The most common reasons for not having sex yet were: against religion or morals, haven't found the right person yet, and don't want to get pregnant or get a female partner pregnant.[182]

- Teens are less likely to be sexually experienced if they live with both parents, their mothers had their first birth at age 20 or older, and if their mothers were college graduates.[183]

- 1 out of every 10 (10%) students have been forced to have sex. Female students (13.4%) had this experience more than twice as often as males (6.4%).[184]
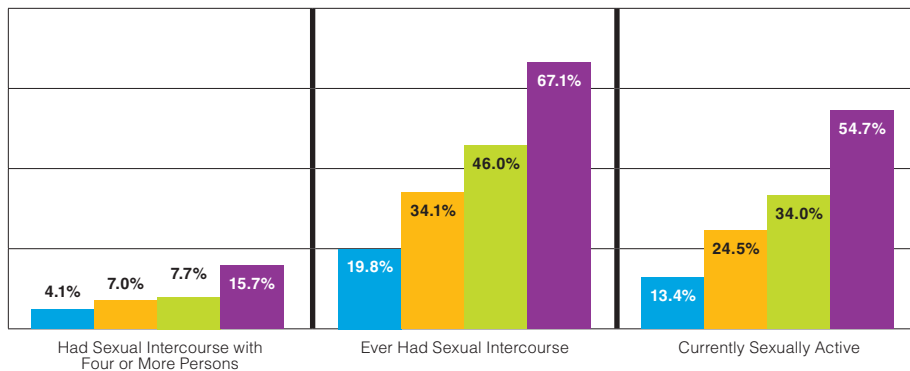
Sexual Activity among High School Students by Grade, Indiana: 2015

	9th Grade	10th Grade	11th Grade	12th Grade
Had Sexual Intercourse with Four or More Persons	4.1%	7.0%	7.7%	15.7%
Ever Had Sexual Intercourse	19.8%	34.1%	46.0%	67.1%
Currently Sexually Active	13.4%	24.5%	34.0%	54.7%
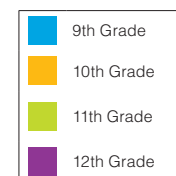
Source: Youth Risk Behavior Survey, 2015

Condom and Birth Control Use

Abstaining from sexual activity is the only way to be sure of avoiding STDs or unintended pregnancy. However, for youth who are sexually active, condom use and birth control are important tools for reducing unintended negative health outcomes. Among Indiana high school students who are sexually active, 15.5% reported not using any method of preventing pregnancy during their last sexual encounter.[185]

- 53.4% of sexually active high school students in Indiana reported using condoms during their last sexual encounter, compared to 56.9% nationally.[186]

- 51.3% of sexually active Hoosier female high school students reported using a condom, compared to 55.6% of males.[187]

- 1 out of 4 (20.2%) sexually active Hoosier teens used birth control pills, 3.9% used an IUD or implant, and 5.6% used birth control shots, patches, or birth control rings (includes females and their partners).

For more information about sexual assault, see the Victimization section in the Safety chapter.

Condom and Birth Control Use among Sexually Active High School Students, Indiana: 2015

- Used a Condom: 53.4%
- Used Birth Control Pills, IUD or Implant, Shot or Patch, or Birth Control Ring: 29.7%
- Used Birth Control Pills: 26.3%
- Did Not Use Any Method to Prevent Pregnancy: 15.5%
- Used Both a Condom and Female Birth Control: 9.4%
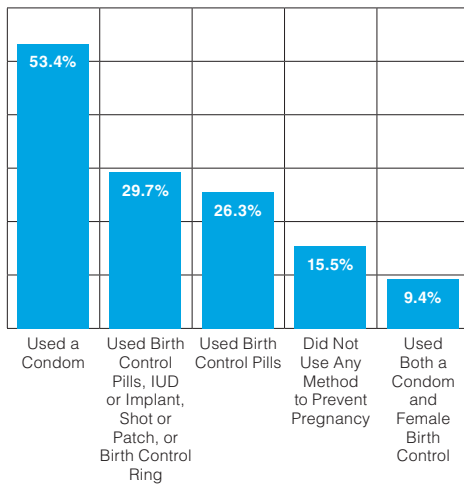
Source: Youth Risk Behavior Survey

- 9.4% of sexually active students in Indiana used both condoms and another form of birth control before their last sexual intercourse.[188]

- Nationally, 83% of sexually active teens reported having no formal sex education before they first had sex.[189]

- In Indiana, 14% of sexually experienced females ages 15-19 reported having ever used emergency contraception.[190]

Teen Births

Research has found that teenage parents often are more socioeconomically disadvantaged, both before and after becoming parents, than their peers. They also often are not prepared for the financial responsibilities and emotional and psychological challenges of child rearing. Because of this, outcomes for teen parents are worse than their non-parent peers, and outcomes for the babies of teen parents are worse than for babies born to older parents.[191] In 2014, 6,801 or 8.1% of newborns in Indiana had at least one parent younger than 20.[192]

- Babies born to white mothers are less likely to have a teenage parent (7.6%) than babies born to black mothers (12.1%).[193]

- More than a quarter of babies born to females younger than age 20 also had fathers younger than age 20 (27.8%).[194]

- Only 38% of teens who gave birth at age 17 or younger earned high school diplomas by their 22nd birthday versus 60% of teens who were 18 or older when they gave birth.[195]

Birth rates among teen females ages 15-17 and 18-19 fell steadily throughout the 1990s. Between 2005 and 2007 there was a slight rise in rates both at the state and national level; however, since then teen birth rates have again started to fall.[196]

- Indiana's teen birth rate for females ages 15-17 is currently at the lowest rate ever recorded, 11.9 per 1,000.[197]

- In 2014, there were 59 births to mothers younger than age 15, 1,581 to mothers ages 15-17 and 4,637 to mothers ages 18-19.[198]

- While most births to young mothers are to white mothers, young black women are more likely to give birth as a percentage of the population.[199] However, the black teen birth rate has seen a considerable decline, from 94.3 in 2000 to 40.3 in 2014.

- In 2000, there was a birth rate gap between black and white mothers of 48.1 births per 1,000 females, which decreased to 14.9 births per 1,000 females in 2014.

Birth Rate per 1,000 Females Ages 15-19 by Race, Indiana: 2000-2014

	Total	White	Black

Black: 94.3 (2000), 89.7 (2001), 84.7 (2002), 83.8 (2003), 80.9 (2004), 77.3 (2005), 82.3 (2006), 80.0 (2007), 76.7 (2008), 73.5 (2009), 63.8 (2010), 54.5 (2011), 50.5 (2012), 44.8 (2013), 40.3 (2014)

Total: 49.1 (2000), 45.7 (2001), 44.5 (2002), 43.4 (2003), 43.5 (2004), 43.2 (2005), 43.8 (2006), 45.1 (2007), 43.7 (2008), 42.3 (2009), 37.5 (2010), 34.8 (2011), 33.0 (2012), 30.3 (2013), 28.0 (2014)

White: 46.1 (2000), 42.7 (2001), 41.0 (2002), 39.7 (2003), 39.9 (2004), 39.8 (2005), 40.0 (2006), 41.5 (2007), 39.3 (2008), 38.2 (2009), 34.3 (2010), 31.2 (2011), 29.1 (2012), 26.7 (2013), 25.4 (2014)

Source: Indiana State Department of Health

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections or diseases known for being passed from person to person through sexual contact. However, STDs can be transmitted in multiple ways: from mother to baby during pregnancy or child birth, through a blood transfusion, from sexual abuse, drug use, or consensual sexual contact.[200] STDs diagnosed in prepubescent children may be indicative of sexual abuse.[201] Many STDs, such as chlamydia and gonorrhea, are curable if caught early, but if left untreated may lead to infertility, pregnancy complications, organ damage and even death.[202]

The number of chlamydia, gonorrhea and syphilis cases among children and teens decreased since 2012. However, the majority of Indiana's chlamydia (70.5%) and gonorrhea (59.2%) cases are still in individuals younger than age 25.[203] In 2014, 20,124 cases of chlamydia, 4,315 cases of gonorrhea, and 56 cases of syphilis were reported to the state for individuals younger than age 25. Females outnumber males for both chlamydia and gonorrhea while syphilis is more prevalent among males. Chlamydia is the most frequently reported STD in Indiana.

The rates of children and young adults living with HIV/AIDS increased between 2010 and 2013, especially for individuals ages 20-24. Additionally, the CDC estimates that more than 50% of youth with HIV in the United States do not know they are infected.[204] In 2015, 38 Hoosier children were born to HIV+ women, down from 152 in 2014, and 3 infants were confirmed to have the disease as well.[205] In 2015, 24 individuals ages 0-19 were newly diagnosed with either HIV or AIDS, down from 45 in 2014.[206]

Number of Deaths by Age, Indiana: 2014

Under 1	597
Ages 1-4	84
Ages 5-9	62
Ages 10-14	59
Ages 15-19	243
Ages 20-24	435
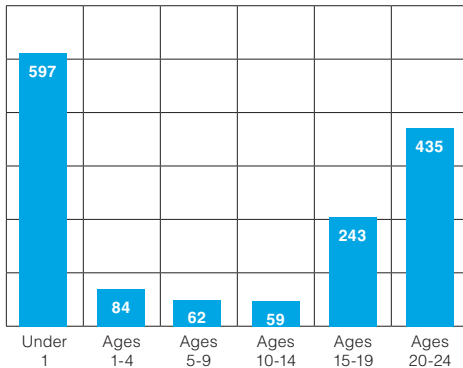
Source: Indiana State Department of Health

COUNTY DATA
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

DEATHS

In 2014, 1,045 Hoosier children and youth died before their 20th birthday.[207] Indiana's child and teen death rate (27 per 100,000) is higher than the national rate of 24 per 100,000. However, both rates have generally been decreasing since 2005.[208] Youth who have had contact with the juvenile justice system have higher mortality rates than the general population, regardless of sex or race.[209] While the total number of child and teen deaths have been decreasing since 2000, the majority of that decrease has been in the white population, declining from 1,042 deaths in 2000 to 730 in 2014.[210] Child and teen deaths (ages 0-19) in the black population have decreased slightly from 260 in 2000 to 253 in 2014.[211]

The leading cause of child and young adult death in Indiana is accidents, most of which are motor vehicle accidents, followed by homicide and suicide. In 2014, 158 children and teens ages 0-19 died by accident.[212] Accidents that affect children include exposure to poisonous materials (including drugs), drowning, firearm discharge, and exposure to fire or smoke. However, younger children are more likely to die of internal causes such as a birth defect or disease, and older youth are more likely to die from external causes such as homicide or suicide. Causes of death for children also vary by race.[213]

Top 5 Causes of Child Deaths by Age, Indiana: 2014							
Under Age 1 (597 Deaths)		Ages 1-4 (84 Deaths)		Ages 5-14 (121 Deaths)		Ages 15-24 (678 Deaths)	
Short Gestation/ Low Birthweight	135	Accidents	30	Accidents	43	Accidents	261
Birth Defects	121	Homicide	13	Cancer	20	Suicide	119
Accidents	52	Birth Defect	5	Birth Defects	10	Homicide	108
Sudden Infant Death Syndrome	46	Septicemia	4	Suicide	9	Heart Disease	25
Respiratory Distress of Newborn	16	Cancer/Influenza and Pneumonia	3	Heart Disease/ Homicide	5	Cancer	22

Source: Indiana State Department of Health

The Indiana State Department of Health reports information about deaths due to legal intervention, when an on-duty law-enforcing agent (including police and military) injures a person in the course of an arrest, maintaining order or other legal action.[214] In 2014, 2 individuals ages 15-24 died from legal intervention in Indiana, down from 6 in 2013.[215]

For more on infant deaths, see the Infant Mortality section in the Health chapter.

The number of homicide deaths among children ages 1-19 increased from 65 in 2013 to 70 in 2014.[216] Homicides account for 55.9% of deaths for black teens and young adults (ages 15-24) but only 5.5% of the deaths of their white peers. For ages 1-19, more males (51) died from homicide than females (14) in 2014, and more males (70) died from homicide than females (10) for the 20- to 24-year-old age range.

According to the 2015 Youth Risk Behavior Survey, Hoosier high school students (3.9%) are more likely than their peers nationally (3.2%) to have been treated by a medical professional as a result of a suicide attempt in the past year.[217] In Indiana, a higher percentage of female students (10.9%) attempted suicide than male students (8.7%). In 2014, there were 52 suicides among children ages 10-19, and 76 suicides among young adults ages 20-24. The majority of child and teen suicides are committed by white males (69.2%).[218]

For information on child maltreatment fatalities, see the Child Abuse and Neglect section in the Safety chapter.

Number of Child Deaths from Motor Vehicle Accidents, Indiana: 2001-2014

Year	Value
2001	168
2002	177
2003	155
2004	185
2005	155
2006	159
2007	148
2008	148
2009	104
2010	114
2011	111
2012	95
2013	110
2014	64
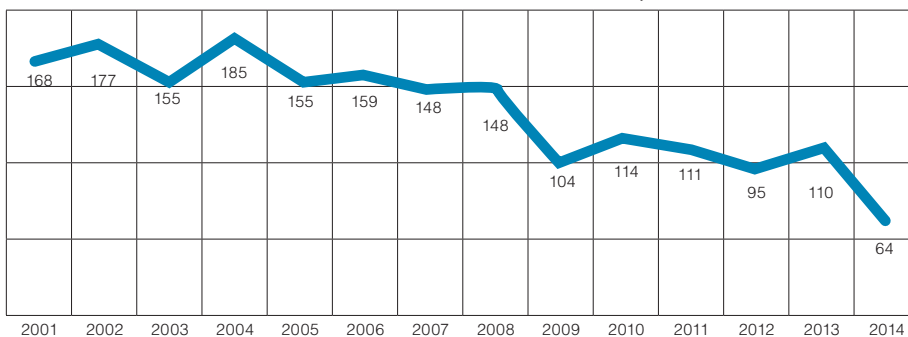
Source: Indiana State Department of Health

Leading Types of Accidental Death among Children and Teens, Indiana: 2014	
Motor Vehicle	62
Drowning	29
Poisoning	22
Smoke/Fire	13
Accidental Discharge of Firearms	6

Source: Indiana State Department of Health

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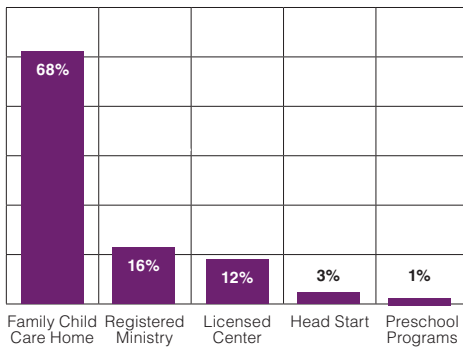
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EARLY CHILDHOOD CARE AND EDUCATION

Child Care Facility Delivery System, Indiana: 2015

Source: Indiana Early Learning Advisory Committee

In 2015, Indiana was home to about 505,000 children ages 0-5.[1] More than two-thirds of children younger than six in Indiana have all parents in the labor force (both parents in married-couple families and the head of household in single-parent families).[2] An estimated 330,000 children likely need some form of care.[3] Approximately 216,000 young Hoosier children are in informal care settings from a family member, friend, or neighbor, and 113,393 are enrolled in known programs.[4] In Indiana, there are 19.9 slots in licensed child care per 100 children ages 0-5, a rate that has remained consistent for at least the past decade (19.4 per 100 children in 2004).[5] Of the known child care programs, 523 were centers, 3,035 were homes, and 696 were ministries.[6]

Parents with access to affordable and dependable child care are less likely to have child care-related disruptions that affect their work attendance or schedule.[7] However, many Indiana families with young children struggle to find adequate child care.

- 1 in 6 Indiana families (16.7%) have had problems with child care severe enough that they have caused a parent to turn down, change or quit a job in the past year; and the rate is higher for low-income families (25.2% of families earning less than 100% of the federal poverty level, or 100% Federal Poverty Line).[8]

- Working parents often rely on the other parent for care, including when the other parent lives separately.[9]

- Single parents often rely on relatives for child care.[10]

Families with nonstandard or irregular work schedules have greater difficulties finding child care.[11] Parents working nonstandard schedules are more likely than parents with standard schedules to rely on multiple types of child care arrangements to fill their child care needs.[12]

- More than one-fifth of parents with children younger than 13 work nonstandard schedules, and the rate is higher among low-income families (30%).[13]

- Of requests that come to Indiana's child care resource and referral, more than half are for infant/toddler care, 96% request full-time care, and more than 1 in 5 request nontraditional hours.[14]

Quality

Children who attend high-quality early child care and education programs have higher test scores, fewer behavior problems and lower rates of grade repetition than their peers.[15] As adults they are more likely to pursue higher education, earn higher wages and rely less on government assistance programs.[16]

Since 2008, Indiana has had a statewide voluntary quality rating and improvement system called Paths to QUALITY™ (PTQ). The PTQ program helps early care and education providers improve their quality and helps parents find high-quality care for their children.[17] There are four levels of quality in PTQ, and providers meet specific standards of health, safety, training, and curriculum in order to advance through the levels.

High-quality programs in Indiana are considered those that have attained levels 3 or 4 in PTQ. In 2015, 2,425 programs participated in the PTQ program, with 968 programs rated as high quality (39.9%).[18] While 42,299 children were enrolled in a high-quality program, only 13% of children in need of care—and 37% of children enrolled in known programs—are enrolled in a high-quality program. Eight of Indiana's 92 counties had no high-quality seats available.

Vouchers

Low-income working families (or families in which the parent is attending school) may receive subsidized child care through Indiana's Child Care Development Fund (CCDF) voucher program. For families above the poverty line, a sliding scale copayment applies.[19]

COUNTY DATA
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

- Families receiving child care subsidies are more likely to be employed than low-income families without subsidies and also are likely to have more stable employment.[20]

- Single mothers who receive child care assistance work an average of 9.4 hours per week more than single mothers without assistance.[21]

Number of Children Receiving and Waiting to Receive a CCDF Voucher, Indiana: 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Receiving	55,844	56,566	55,935	55,360	52,307	46,730	53,041	56,530	59,022	49,972
Waiting	4,317	3,992	5,831	8,488	10,612	13,652	7,358	4,915	4,488	9,227
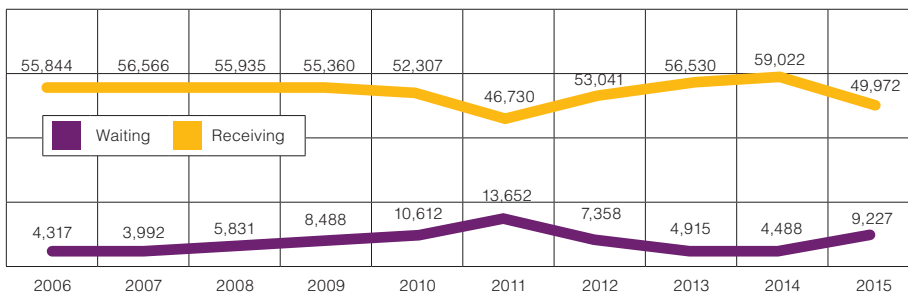
Source: Indiana Family and Social Services Administration

• Nationally, an estimated 15% of all potentially eligible children receive child care fee assistance.[22]

The number of children receiving child care vouchers in FFY 2015 declined (49,972) from the previous year (59,022).[23] In FFY 2015, there were an average of 9,227 children on the waiting list for CCDF vouchers each month.[24]

School Readiness

Indiana does not have a universal school readiness assessment, but the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment is available for use at no cost for all public schools and private early childhood education programs through the Indiana Department of Education. Indiana preschool students with Individual Education Plans (IEPs) are required to take the ISTAR-KR.[25] In 2015, 5% of Hoosier kindergarten students were retained because they were not school ready (3,921 students), at a cost of $22 million to the state.[26]

• Parents of Hispanic children, especially those whose primary household language is not English, are much more likely to be a lot concerned about their child's school skills than parents of children of other races.[27]

Level of Parental Concern about Child's Preschool or School Skills, Indiana: 2011-12
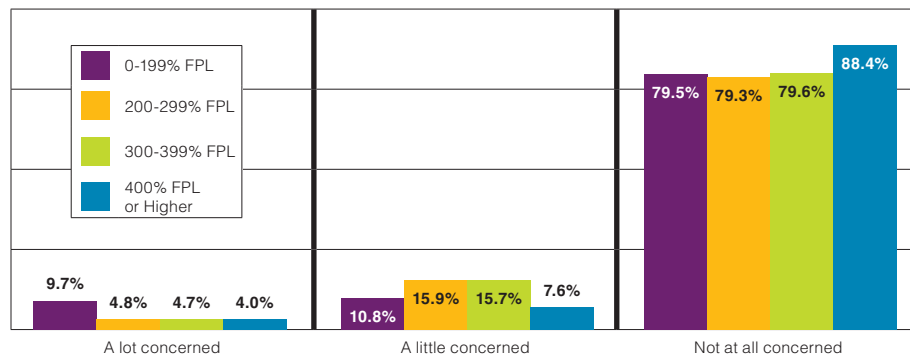
Source: National Survey of Children's Health

Preschool Programs

Preschool programs increase school readiness by strengthening a child's academic skills in reading and math.[28] Preschool also builds young children's social-emotional readiness, self-regulation, attention, and cooperation skills, all of which are foundational for success during children's school years and in later life.[29] While Indiana does not have a universal preschool program, a limited number of young children have the opportunity

to receive state-funded early preschool through the Early Education Matching Grant (EEMG) program or the On My Way Pre-K program. In SY 2016, EEMG served 491 low-income four-year-old students in 19 early learning programs, located in 14 different counties.[30] The On My Way Pre-K program served 1,585 students through 165 early learning programs in five different counties in SY 2016.[31]

Children with disabilities may receive preschool services through the Individuals with Disabilities Education Act (IDEA).[32] In 2015, 100,480 students were enrolled in nursery or preschool programs in Indiana, up from 102,584 the previous year. Of these students, more than half are in public schools (53.9%).[33]

Percentage of Three and Four Year Olds Enrolled in School, Indiana vs. United States: 2005-2015

	2005	2007	2009	2011	2013	2015
United States	45.2%	47.3%	48.4%	47.4%	46.1%	47.6%
Indiana	37.7%	39.4%	40.5%	41.7%	37.5%	39.0%
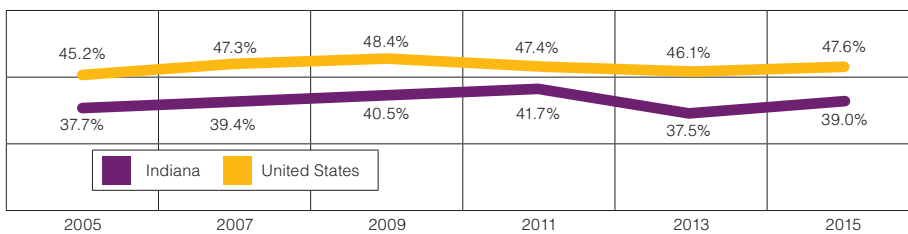
Source: American Community Survey; Table B14003

Early Head Start and Head Start

Early Head Start (EHS) is a federally funded community-based program for low-income pregnant women and children ages 0-3. The program provides child development and family support services such as parent education and quality child care and education in home and center-based settings.[34] In 2015, there were 24 EHS programs in Indiana, with 1,992 available enrollment slots.[35]

Head Start (HS) serves children ages 3-5 in low-income households as well as children living in homeless families or in foster care. HS focuses on comprehensive child development services, parental involvement and partnerships with community service providers. Migrant Head Start provides these services to preschool children of low-income migrant and seasonal farm workers.[36] According to a survey of families enrolled in Head Start in Indiana, the top three benefits of the program were socialization, school readiness skills, and access to health services.[37] The majority of non-English speaking children served by Head Start speak Spanish, followed by Asian languages.[38] Thirty-five Hoosier Head Start programs had 13,284 enrollment slots available to young children in 2015.[39]

Early Head Start and Head Start Enrollment by Program Option, Indiana: 2015

- Center: Full-day, 5 days per week
- Center: Part-day, 5 days per week
- Center: Full-day, 4 days per week
- Center: Part-day, 4 days per week
- Home-based
- Combination option
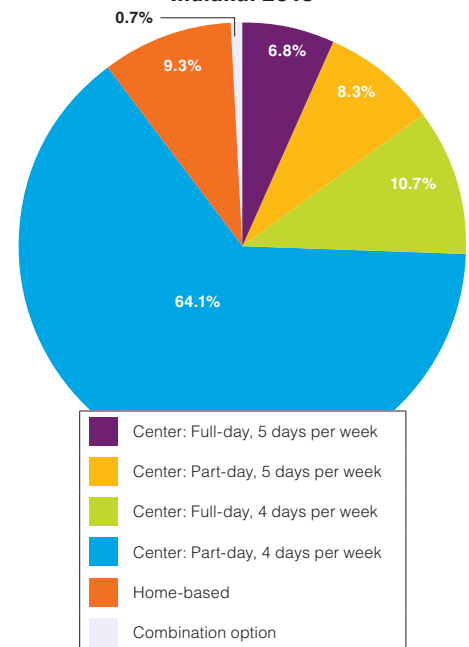
Source: Family and Social Services Administration

Percentage of Children Ages 1-5 with an IFSP or IEP, by Percentage of the FPL, Indiana: 2011/12

0-199% FPL	200-299% FPL	300-399% FPL	400% FPL or Higher
5.4%	1.3%	12.1%	6.0%

Source: National Survey of Children's Health
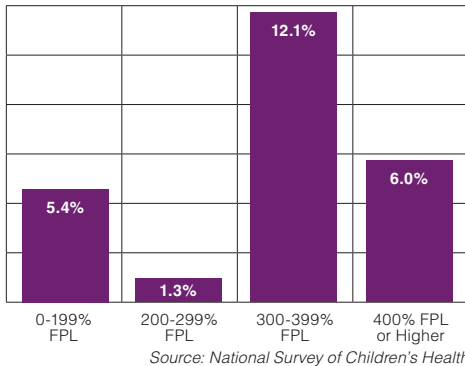
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For more information on children who have disabilities, see the Chronic Conditions section in the Health chapter.

Children with Developmental Delays or Disabilities

Service providers working with young children who have developmental delays or other problems that require Early Intervention or Special Education services work from written intervention plans called 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, 5.5% of children younger than age six had an early intervention plan (IFSP or IEP) in 2011/12, the most recent year for which data are available.[40]

- For Hispanic children, those who speak English at home are more likely to have an IFSP or IEP than those who speak Spanish at home.[41]

The First Steps program seeks to improve educational outcomes for children ages 0-3 who are experiencing developmental delays or disabilities by providing physical, speech, and developmental therapy and services.[42] Services through First Steps are free for families whose income is below 250% of the federal poverty level, and fees are charged on a sliding scale for families with higher incomes.[43] First Steps served 20,457 children in 2015.[44]

KINDERGARTEN THROUGH 12+

All Hoosiers ages 7-18 are required to go to school. However, each school corporation is required to provide a kindergarten program for eligible students starting at age 5. Students in elementary school are required to receive five hours of instruction per day for the 180-day school year, excluding time for lunch or recess.[45] Secondary school students are required to receive six hours of instructional time, excluding time for lunch.

School Counselors

School counselors play several different roles in assisting their students including: boosting student academic achievement, helping students navigate college and career options, and providing emotional and social support to struggling students.[46] Counselors are important to students' postsecondary planning processes because they are required to help students develop graduation and career plans beginning in 6th grade.[47] However, 58% of school counselors report spending less than a quarter of their time on career readiness activities.[48] And most Indiana guidance counselors would like to spend more time helping students with college and career readiness (81%).[49]

- Indiana employs one school counselor for every 619 students.[50]

- During the past year, 45.3% of high school students talked with their counselor about college, 40.9% of students talked about jobs that interest them, and ? of students discussed future plans.

School Enrollment

In Indiana, families with different values and beliefs may choose from any of the following forms of schooling for their children: traditional public schools, public charter schools, private schools, or homeschooling. Indiana students also attend private schools using School Choice Vouchers or attend school virtually by accessing specific online programs within a public school or through one of Indiana's four virtual charter schools. Data for homeschooled students is unavailable due to state reporting requirements.

In SY 2016, there were 1,107,770 students enrolled in grades kindergarten through 12.[51] This enrollment figure includes only students reported to the Indiana Department of Education, and does not include homeschooled students, who are not part of the student enrollment count. Nearly 9 in 10 attended a traditional public school (88.9%), with smaller percentages attending non-public schools (4.6%), public charter schools (3.6%), and Choice Scholarship schools (2.9%).[52] Roughly half (51.3%) paid for their own lunch, while 41.1% were eligible for a free lunch and 7.2% were eligible for a reduced price lunch.
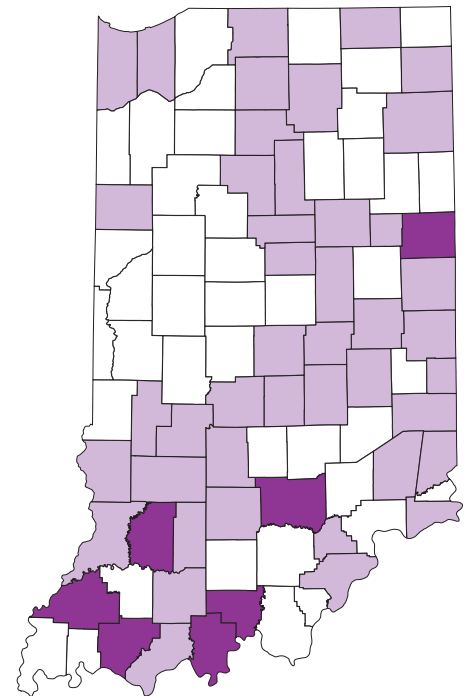
Pupil to Licensed Guidance Counselor Ratio, Indiana: 2016

Average 619 pupil to guidance counselor ratio

☐	351 - 586
☐	587 - 934
☐	935 - 1606

Source: Indiana Department of Education
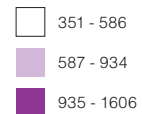
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Parents' Reasons for Homeschooling Their Children, United States: 2011-12

A concern about environment of other schools	91%
A desire to provide moral instruction	77%
A dissatisfaction with academic instruction at other schools	74%
A desire to provide religious instruction	64%
A desire to provide a nontraditional approach to child's education	44%
Other reasons	37%
Child has special needs	17%
Child has a physical or mental health problem	15%

Source: U.S. Department of Education

Percentage of Students Enrolled in Each School Type, Indiana: SY 2016

- Traditional Public
- Public Charter
- Non-Public (excluding choice)
- Choice

Source: Indiana Department of Education

Percentage of Students Enrolled in Schools by Race and Ethncity, Indiana: 2016

- White
- American Indian
- Asian
- Black
- Hispanic
- Multiracial
- Native Hawaiian or Pacific Islander
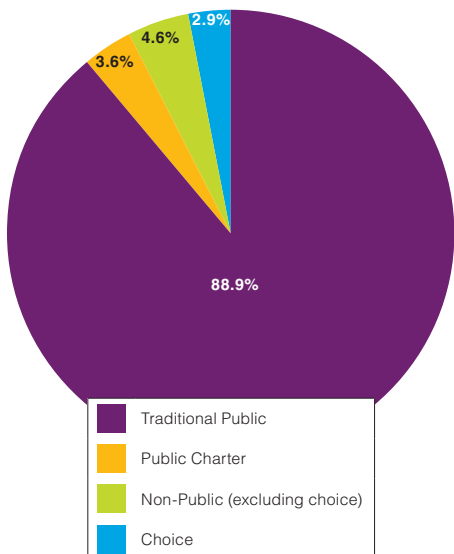
Source: Indiana Department of Education

Public and Non-Public Schools

Most Indiana students are enrolled in non-charter public schools (88.9%).[53] Magnet schools are public schools that offer a specialized curriculum either in a subject matter of emphasis—such as arts, technology or humanities—or in a specific instructional method such as Montessori or International Baccalaureate programs. A charter school is a type of public school that receives public funding but is managed by a for-profit or nonprofit entity.

- There are 87 charter schools authorized to operate in Indiana. The majority of charter schools are located in Marion and Lake counties, followed by Allen and St. Joseph counties.[54]

- In SY 2016, 41,036 students were enrolled in an Indiana charter school (3.6% of all Hoosier students).[55]

- In 2016, 84,241 students were enrolled in Indiana's accredited non-public schools, based on school self-reporting.[56] Some private schools may not report enrollment statistics to the state.

School Choice Vouchers

In 2011, Indiana implemented the Indiana Choice Scholarships program, a voucher program that offsets tuition costs at participating non-public schools for qualifying families of children in grades 1-12.[57] Scholarships were made available for kindergarten students starting in SY 2014.[58]

- In SY 2016, 32,686 students and 316 schools participated in the Choice Scholarship Program.[59]

- The majority of Choice Scholarships are to students in grades 1-8 (73.2%), compared to 5.4% in kindergarten and 21.4% in grades 9-12.[60]

- 2.9% of all Indiana students are enrolled using a Choice Scholarship.[61]

- The total eligible award amount was $134,744,300.75 for SY 2016.

School Choice Scholarship Recipients by Geographic Area, Indiana: SY 2016

Town	7.5%
Rural	8.5%
Suburban	22.4%
Metropolitan	61.6%
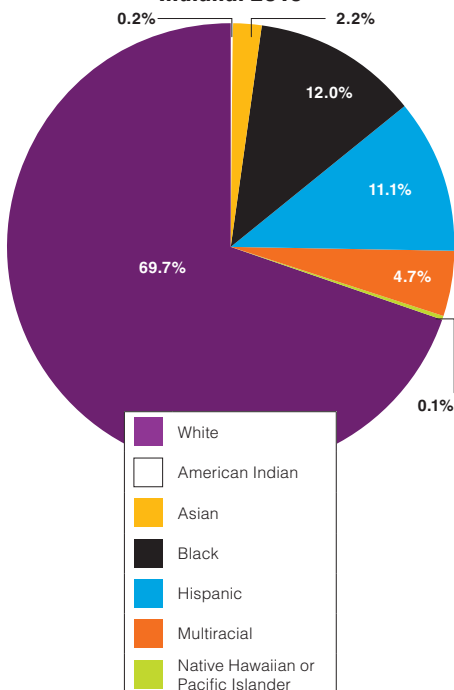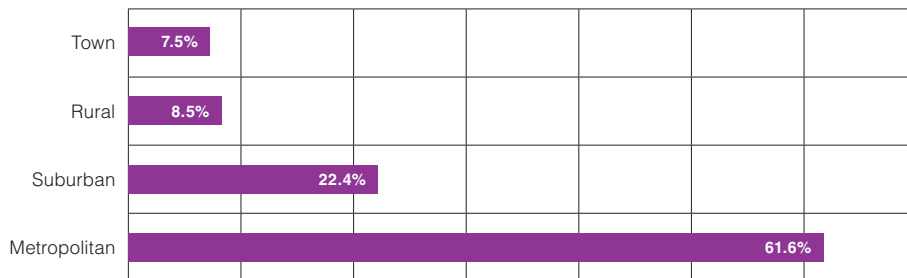
Source: Indiana Department of Education

School Choice Recipients by Race/Ethnicity, Indiana: SY 2012 - SY 2016

Legend:
- SY 2012
- SY 2013
- SY 2014
- SY 2015
- SY 2016
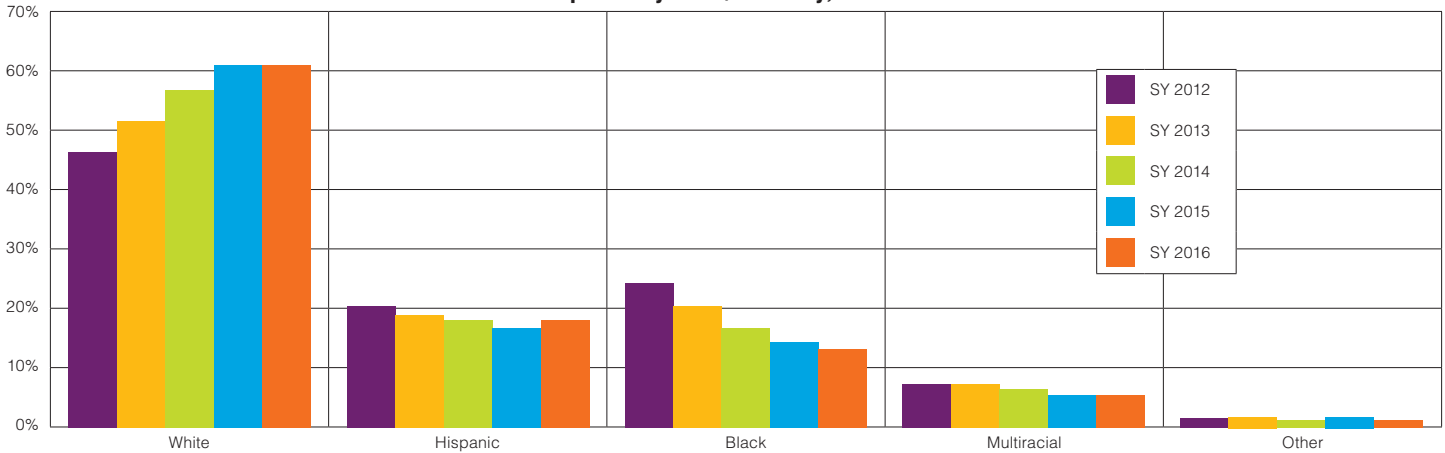
Source: Indiana Department of Education

Special Education

All eligible students with disabilities are entitled to a free, appropriate public education in the least restrictive environment possible.[62]
Public school students who are identified as having special needs receive an Individualized Education Program (IEP) that sets goals for the school year and plans for any special support a child may need to achieve those goals.[63] Some of the services Indiana can provide as part of an IEP include: transportation, speech pathology, audiology, psychological services, physical or occupational therapy, therapeutic recreation, social work services, and mobility services.[64]

- In SY 2016, there were 162,714 Special Education students enrolled in Indiana schools (14.4% of students).[65]

- A survey of parents found that the rate of Hoosier children having an IEP is higher for youth ages 6-11 (14.5%) than for those ages 12-17 (7.0%).[66]

- Hispanic students who live in households that speak Spanish primarily are less likely to have an IEP than those whose primary household language is English.[67]

- In SY 2015, 3,055 Choice Scholarship students were eligible for special education services; of them 581 selected their Choice School as the special education service provider (19.0%) and 2,474 selected the public school corporation (81.0%).[68]

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High Ability

A "high ability student" is one who performs at or shows the potential for performing at an outstanding level of accomplishment in at least one domain when compared to other students of the same age, experience, or environment and is characterized by exceptional gifts, talents, motivation, or interests.[69] Gifted education provides curriculum and instruction according to the student's abilities and interests rather than age expectations.[70] Research has shown the necessity and success of accelerated learning for those students who need it.[71]

- In Indiana, 144,530 children were considered high ability students during SY 2016.[72]

- Less than 1 in 4 high ability students (23.2%) were eligible to participate in the free or reduced price lunch program, while 46.5% of all Indiana students are eligible for the program.[73]

English Language Learners (ELL)

A growing segment of Indiana's population speaks a language other than English at home. Students with Limited English Proficiency (LEP) are students with a primary language other than English who have a limited range of English speaking, reading, writing or listening skills.[74] Students who are Fluent English Proficient (FEP) demonstrate "native" or "native like" English speaking, listening, reading, and writing. In SY 2015, the assessment for measuring English proficiency changed to the WIDA assessment. The WIDA assessment has six categories, with Entering as the lowest proficiency category and Reaching as the highest category. Students who perform at a level of Bridging or Reaching are considered FEP.

- In SY 2016, there were 53,614 ELL students identified in Indiana public and private schools (4.7% of all students).[75]

- According to the WIDA assessment, 27.3% of students tested in SY 2015 were FEP and 72.7% of students were LEP.[76]

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WIDA Proficiency Levels, Indiana: SY 2015

Entering	Emerging	Developing	Expanding	Bridging	Reaching
8.1%	8.8%	25.0%	30.8%	20.9%	6.4%
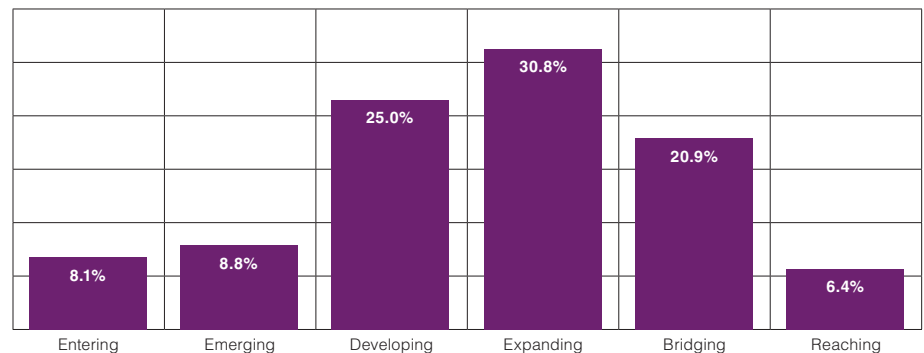
Source: Indiana Department of Education

Success in School

Research shows that attending school more often is associated with higher academic achievement, especially for lower-income students.[77]
Additionally, feeling connected to one's school has a significant impact on a child's educational outcomes, including better attendance, school continuation, and higher grades and test scores.[78]

- 63.8% of Indiana's high school students (grades 9-12) feel that teachers notice when they do a good job and let them know.[79]

- 2 in 5 Hoosier high school students (39.1%) say that their school lets parents know when they do well.[80]

- Half of Indiana's high school students say that teachers praise them when they work hard in school.[81]

Attendance and Engagement

Factors that often are associated with 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.

- The state total attendance rate has held steady around 95 or 96% since SY 2006, with a 95.8% attendance rate in SY 2016.[82]

- The majority of Indiana students missed five or fewer days of school in the past year due to injury or illness (79.9%), and 6.9% missed 11 or more days.[83]

- 4 in 5 Hoosier high school students say that they did not skip school in the past month. 16.5% skipped 1 to 3 days, and 4.1% skipped more than 4 days.[84]

- A third of Hoosier high school students say that their classes are slightly or very boring (33.4%), a similar percentage say that their schoolwork is seldom or never meaningful (34.4%), and 42.2% of students hate being in school often or a lot.[85]

- 74.5% of Indiana's high school students say they did their best work in school either often or a lot.[86]

Precentage of Grade 9-12 Students Reporting That Their Teachers Notice When They Do a Good Job and Let Them Know, Indiana: 2016

	White	Black	Hispanic
NO!	9.9%	10.5%	11.2%
No	26.8%	19.8%	24.3%
Yes	42.5%	37.7%	41.6%
YES!	20.8%	32.0%	23.0%
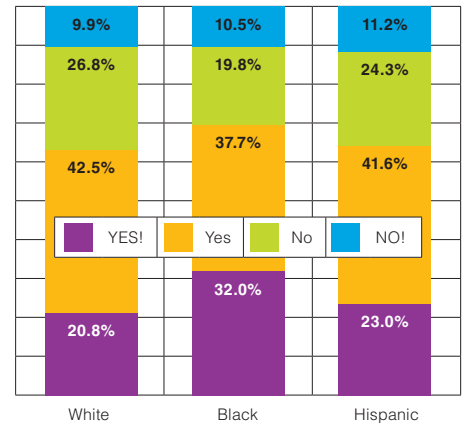
Source: Indiana Youth Survey

Percentage of Grade 9-12 Students Reporting That Their Teachers Praise Them When They Work Hard in School, Indiana: 2016

	White	Black	Hispanic
NO!	6.8%	11.5%	8.6%
No	12.9%	18.7%	14.4%
Yes	47.7%	44.6%	47.6%
YES!	32.7%	25.2%	29.3%
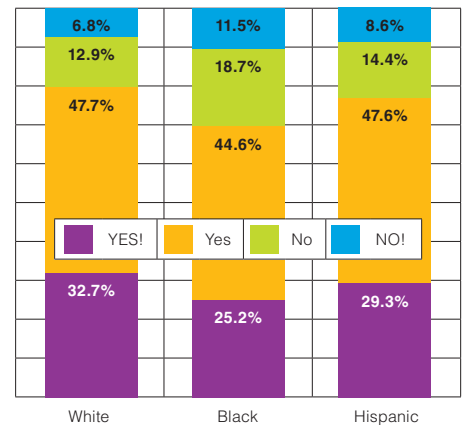
Source: Indiana Youth Survey

Standardized Testing

Hoosier students take a variety of standardized tests throughout their educational careers. In grades 3-8 students take the ISTEP+ in order to assess their mastery of the Indiana Academic Standards.[87] To be eligible to graduate high school, students take End of Course Assessments (ECA) after completing Algebra 1 and English 10.[88] Additionally, in order to compare Indiana students to those in other states, a small random sample of students in grades 4, 8 and 12 also take the National Assessment for Educational Progress (NAEP) every other year.

National

NAEP allows comparison of reading and mathematics results with the rest of the nation's students. NAEP considers students proficient once they have demonstrated competency in understanding challenging subject matter, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.[89] Indiana students were not part of the 12th grade pilot test results in 2013.

On average, Indiana 4th and 8th grade students scored better in math and reading than their peers nationally.[90] More than half of Indiana's 4th graders who took the NAEP scored at or above proficient in math.[91] In reading, only 28% of FRPL-eligible 4th grade students scored proficient or better, with a lower percentage for 8th grade FRPL students in the same subject (23%).

Percentage of 4th and 8th Graders Scoring at Each Achievement Level on NAEP Math and Reading, Indiana: 2015		At or Above Basic	At or Above Proficient	At Advanced
Mathematics	4th Grade	89%	50%	9%
	8th Grade	77%	39%	9%
Reading	4th Grade	75%	40%	9%
	8th Grade	80%	37%	4%

Source: National Center for Education Statistics
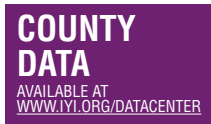
State ISTEP+

All Indiana students in grades 3-8 are tested in English/Language Arts (ELA) and Mathematics using the Indiana Statewide Testing for Educational Progress Plus exam (ISTEP+). ISTEP+ was canceled by the General Assembly in 2016 and is scheduled to be replaced in 2018 by a new test.

On average, Indiana's 4th graders tend to pass ISTEP+ sections at higher rates than 8th graders.[92] Hispanic (38.1%) and black (26.4%) students had the lowest rates of passing both the ELA and Math sections of the ISTEP+.[93] Students who receive free or reduced price lunch–those students whose

family incomes are below 185% of the federal poverty line–have lower passage rates on both sections (36.3%) than non-FRPL students (66.1%). Similarly, special education students had lower passage rates than general education students, and English language learners (ELL) had lower rates than non-ELL students.

Disaggregated Statewide ISTEP+ Passage Rates, Indiana: 2016			
Student Demographic	**ELA Pass %**	**Math Pass %**	**Both ELA and Math Pass %**
American Indian	62.6%	54.5%	47.6%
Asian	78.3%	75.8%	70.3%
Black	43.9%	33.1%	26.4%
Hispanic	54.2%	46.7%	38.1%
Multiracial	62.9%	53.2%	46.1%
Native Hawaiian or Other Pacific Islander	62.4%	59.1%	50.0%
White	71.6%	65.2%	57.8%
Paid meals	78.6%	72.4%	66.1%
Free/Reduced price meals	52.9%	44.9%	36.3%
General Education	72.6%	64.1%	57.2%
Special Education	28.0%	29.0%	18.8%
Non-English Language Learner	67.3%	59.9%	52.8%
English Language Learner	54.7%	50.1%	40.9%
Female	72.1%	59.0%	54.1%
Male	60.3%	58.9%	49.2%

Source: Indiana Department of Education

Reading by 3rd Grade

Students who are not able to read before entering 4th grade are more likely to drop out of high school, be unemployed, be unqualified for military service, and live in poverty.[94]

Indiana's Reading Evaluation and Determination (IREAD-3) tests the reading levels of students in the spring of 3rd grade. Students who do not pass the test cannot be promoted to 4th grade without a Good Cause Exemption.[95] Schools are obligated to provide additional interventions, including reading remediation, to students who fail to pass the IREAD-3 assessment, even if the student receives a Good Cause Exemption.[96]

- In 2015, more than 92% of 3rd graders passed the IREAD-3.[97]

- 4,567 3rd grade students (5.3%) received a Good Cause Exemption in 2015.[98]

Similar to other Indiana test results, students receiving free or reduced price meals, those who are English language learners, and black and Hispanic students were less likely than other groups to pass the IREAD-3.[99]

- 81.5% of students receiving free or reduced price meals passed the IREAD-3, compared to 94.1% of students who paid for meals.[100]

- Black and Hispanic students were least likely to pass the IREAD-3 (81.0% and 83.4%, respectively).[101]

- More than two-thirds (67.4%) of English language learners passed the IREAD-3.[102]

Youth in Indiana also enjoy reading for pleasure. More than a third of youth ages 6-11 spend 30 minutes or more reading for pleasure on an average weekday (35.7%), and the rate is even higher for older youth ages 12-17 (43.0%).[103]

Disaggregated Statewide Passage Rate on IREAD-3, Indiana: 2015
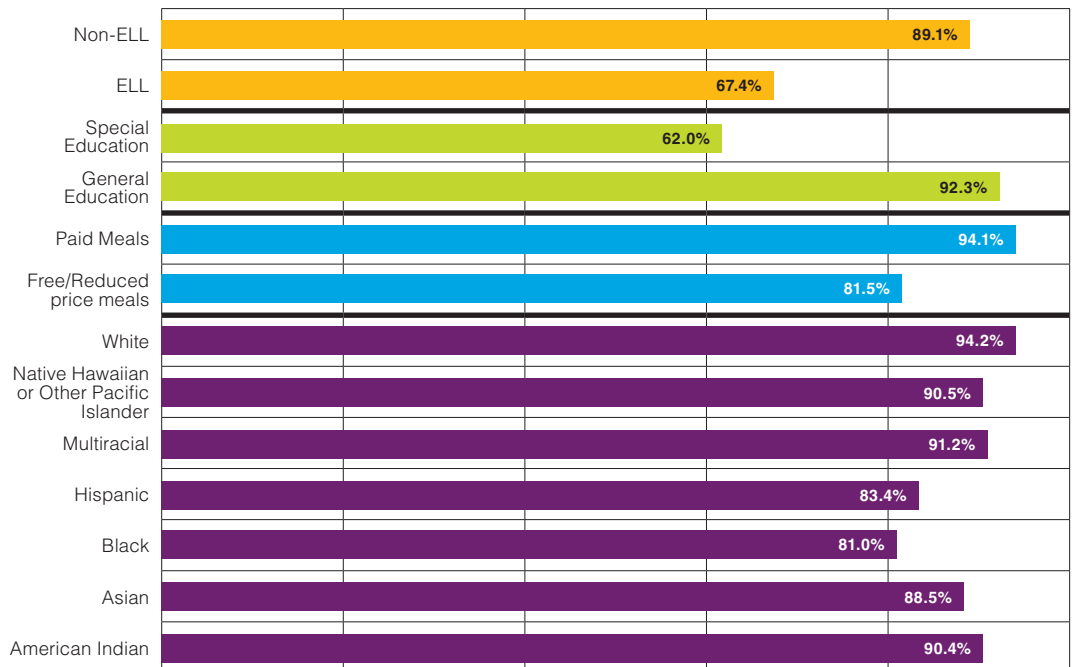
Group	Passage Rate
Non-ELL	89.1%
ELL	67.4%
Special Education	62.0%
General Education	92.3%
Paid Meals	94.1%
Free/Reduced price meals	81.5%
White	94.2%
Native Hawaiian or Other Pacific Islander	90.5%
Multiracial	91.2%
Hispanic	83.4%
Black	81.0%
Asian	88.5%
American Indian	90.4%

Source: Indiana Department of Education

End of Course Assessments (ECAs)

Before graduating from high school, each student must pass an End of Course Assessment (ECA) after completing Algebra 1 and English 10 unless the student meets the requirements for an Evidence-based or Work-readiness waiver.[104] Beginning with the class of 2019, the ISTEP+ Grade 10 Assessment will replace the ECA to assess students' graduation eligibility.[105] As of SY 2012, Indiana was one of 22 states that administered one or more ECA exams.[106]

- In Indiana, most students take the Algebra I and Biology I ECA in grade 9 and the English 10 ECA in grade 10.[107]

- Students taking the Algebra I and Biology I test before grade 10 and the English 10 exam before grade 11 are more likely to pass than those who take it later.[108]

- In 2015, 65.4% of students who took ECAs passed both the English 10 and Algebra 1 assessment.[109]

Percentage of All Test Takers Passing End of Course Assessments, Indiana: SY 2015					
Algebra 1		English 10		Biology 1	
# Tested	% Pass	# Tested	% Pass	# Tested	% Pass
72,895	69.7%	83,524	78.7%	80,267	43.6%

Source: Indiana Department of Education

Graduation

Educational attainment as a youth is important for economic success as an adult. Hoosiers who have earned a high school diploma are less likely to be unemployed and are likely to earn more each year than those who do not complete high school.

- In SY 2015, 88.9% of all Indiana high school students graduated on time.[110]

- Indiana's graduation rate has increased steadily since 2007 when 78.4% of students graduated on time.

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In Indiana, graduation rates vary considerably across school corporations and demographic categories. Students from low-income families, as well as black, Hispanic, and English Language Learner students are less likely to graduate than their peers.[111]

Students who have not graduated high school after four years either have dropped out, passed the General Education Development (GED) test, earned an alternative certification through their IEP, or are still in school. Indiana youth who have not graduated high school are required to attend school until age 18.[112]

High School Graduation Rate, Indiana: SY 2007-2016

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
78.4%	79.7%	83.3%	85.9%	87.1%	88.7%	88.6%	90.0%	88.9%	89.1%
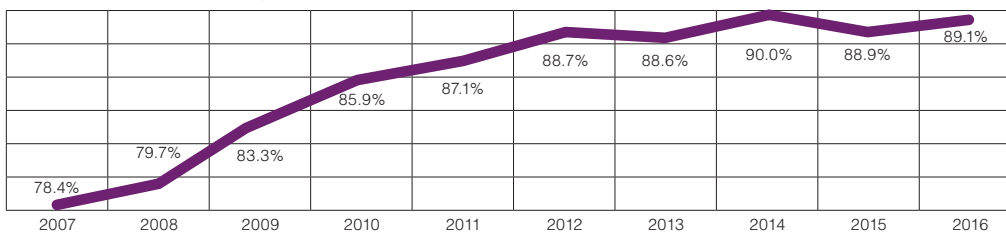
Source: Indiana Department of Education

Disaggregated Graduation Rate, Indiana: SY 2016

School Type			Race or Ethnicity							Meal Type		Education Type		Learner Type		Sex	
89.1%	88.8%	93.4%	85.1%	92.6%	79.6%	86.3%	86.6%	89.6%	90.9%	95.1%	86.5%	93.5%	73.1%	91.3%	75.0%	90.8%	87.4%

Total · Public · Non-Public · American Indian · Asian · Black · Hispanic · Multiracial · Native Hawaiian or Other Pacific Islander · White · Paid meals · Free/Reduced price meals · General Education · Special Education · Non-English Language Learner · English Language Learner · Female · Male

Source: Indiana Department of Education
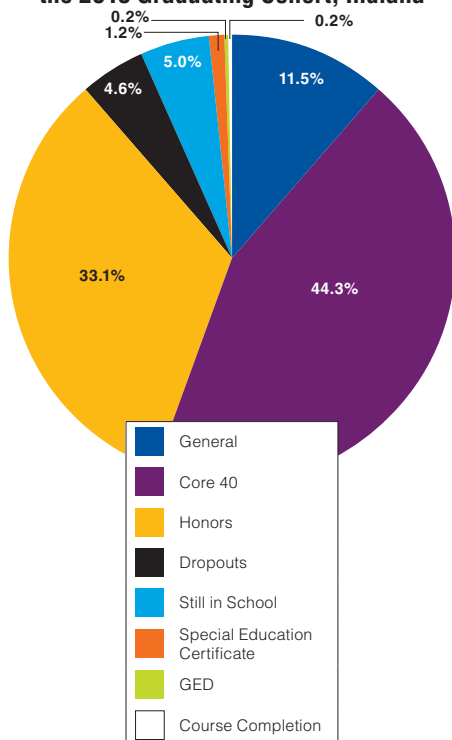
Diploma Type

Completion of the Core 40 diploma is a graduation requirement for all Indiana students. However, students may graduate with a general diploma if the school and parent agree to a waiver of the Core 40 requirements.

- The percentage of Hoosier graduates earning at least a Core 40 diploma has increased from 73.2% in 2007 to 87.1% in 2015.[113]

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

- More than a third of Indiana's SY 2015 graduates earned an honors diploma (37.2%).[114]

Dropouts

Nationally, the majority of young people (ages 16-18) who have left high school without graduating dropped out in 10th or 11th grade (54%), and slightly more than a third were not living with a parent (34%). Only about 30% of youth who have dropped out of high school are currently working. However, for those who are working, a majority (51%) work 40 weeks of the year or more, predominantly in low-skilled positions such as food preparation, sales or construction.[115]

- 6 in 10 American working youth who are not in school and do not have a high school diploma make less than $10,000 a year. However, many of these youth contribute substantially to their households (on average they account for 22% of their households' annual income).[116]

Percentage of Graduation Outcomes for the 2015 Graduating Cohort, Indiana

0.2%
1.2%
0.2%
5.0%
4.6%
11.5%
33.1%
44.3%

- General
- Core 40
- Honors
- Dropouts
- Still in School
- Special Education Certificate
- GED
- Course Completion

Source: Indiana Department of Education

- Low-income youth are more likely to drop out of high school than their higher-income peers. The National Center for Education Statistics reports that in 2012, about 5% of students classified as having a low socio-economic status (SES) dropped out between 2009 and 2012, compared to 0.6% of students with the highest SES.[117]

- Nationally, dropout rates were highest for black students (4.3%), followed by Hispanic students (3.5%), white students (2.1%), and Asian students (0.3%).[118]

- In Indiana, 3,402 students in the class of 2014 dropped out before graduating (4.6%).[119]

High School Dropouts, Indiana: SY 2007 - SY 2015

11.0% 9.4% 7.7% 5.6% 5.3% 5.8% 5.6% 4.6% 4.6%

2007 2008 2009 2010 2011 2012 2013 2014 2015

Source: Indiana Department of Education

School Accountability

Passage of the federal Every Student Succeeds Act (ESSA) in 2015 grants states flexibility in devising and implementing their accountability system.[120] The regulatory rules governing accountability standards are being created at the state and federal level, and the law will be fully implemented in SY 2018. The accountability system must establish ambitious state-designed long-term goals for academic proficiency standards, high school graduation rates, and the percent of ELL students progressing to English language proficiency. The system must also disaggregate accountability standards for economically disadvantaged students, students from major racial and ethnic groups, children with disabilities, and English language learners.

- In SY 2015, more than three fourths of Indiana schools earned an A or B under the current accountability system (76.2%).[121]

- In SY 2015, less than 1 in 10 Indiana schools received a D or F under P.L.221 (8.7%).[122]

Percentage of Schools Receiving Each Grade, Indiana: 2016

19.8%
40.8%
24.2%
9.4%
5.8%

- A
- B
- C
- D
- F
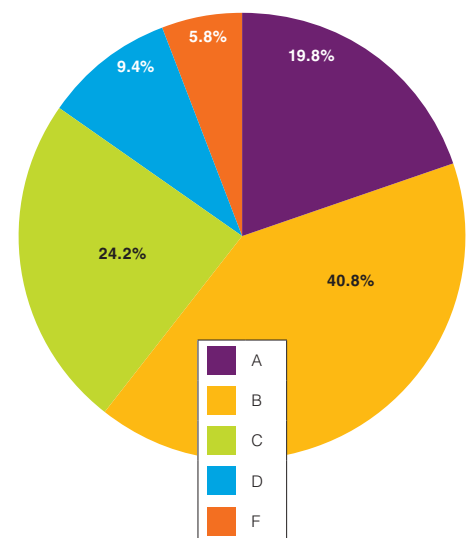
Source: Indiana Department of Education
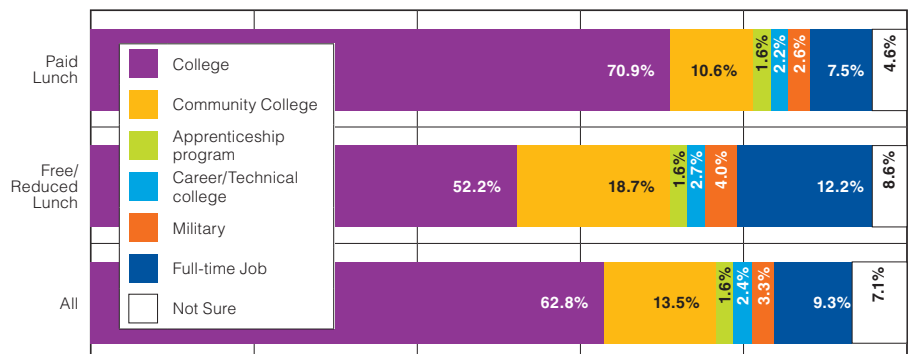
COLLEGE AND CAREER

The more education or training a student obtains, the higher his or her earning potential will be as an adult.[123] In Indiana, high school graduates earn a median of $30,137, compared to individuals with a Bachelor's degree ($46,884) or higher ($60,699).[124]

High school students in Indiana have a variety of different post-high school intentions, aspirations and interests. Nationally, 36% of high school freshmen report that the courses they take are motivated by their college aspirations, 5% are motivated by career aspirations, and 24% are motivated by both.[125] Ninth-grade students from higher socioeconomic backgrounds take higher levels of high school mathematics than their peers, and report that their mathematics course taking is motivated by college aspirations, parent encouragement, and school encouragement.[126]

More than three quarters (76.3%) of Indiana's 12th grade students intend to go to a two- or four-year college in the first year out of high school. The other quarter plan to attend an apprenticeship or technical program, join the military, get a full-time job, or remain unsure about their postsecondary plans.[127]

- Hoosier high school seniors with a parent who has a college degree are more likely to intend to go to a two- or four-year college (83.6%) than seniors whose parents do not have degrees (71.3%).[128]

- 13.2% of Indiana high school seniors whose parents have no college degrees intend to get a full-time job after graduation, compared to 6.0% of those whose parents have a college degree.[129]

- Asian and white high school seniors were more likely to intend to go to a two- or four-year college than seniors of other races/ethnicities.[130]

Post High School Intentions of 12th Graders by Free/Reduced Price Lunch Status, Indiana: 2016

Legend: College, Community College, Apprenticeship program, Career/Technical college, Military, Full-time Job, Not Sure

Paid Lunch: College 70.9%, Community College 10.6%, Apprenticeship 1.6%, Career/Technical 2.2%, Military 2.6%, Full-time Job 7.5%, Not Sure 4.6%

Free/Reduced Lunch: College 52.2%, Community College 18.7%, Apprenticeship 1.6%, Career/Technical 2.7%, Military 4.0%, Full-time Job 12.2%, Not Sure 8.6%

All: College 62.8%, Community College 13.5%, Apprenticeship 1.6%, Career/Technical 2.4%, Military 3.3%, Full-time Job 9.3%, Not Sure 7.1%
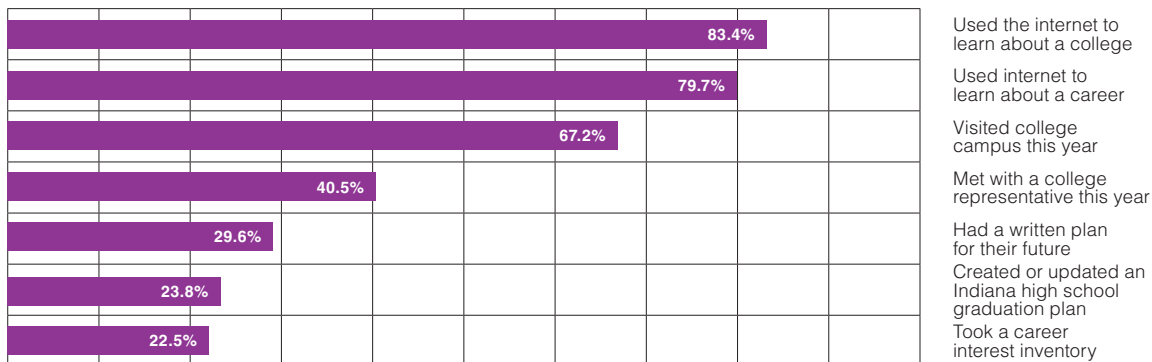
Source: Learn More Survey

Preparation

Students take many steps in preparation for postsecondary success, such as making written plans, researching programs and options on the internet, talking to trusted adults, and maintaining good grades.
Nearly a third (29.6%) of Indiana's 12th grade students have a written plan for their future.[131] Most high school seniors in Indiana use the internet to learn about college (83.4%) or careers (79.7%).[132] More than 2 in 3 Hoosier high school seniors in Indiana visited a college campus in the past year (67.2%).[133]

A number of programs are offered in Indiana to help students prepare for career or college. Students even have the option of participating in a dual credit program that allows them to earn both high school and college credits simultaneously.[134] Other such opportunities include Advanced Placement Courses, 21st Century Scholars, and Jobs for America's Graduates.

Percentage of 12th Grade Students who Planned for College in the Last Year, Indiana: 2016

Category	Percentage
Used the internet to learn about a college	83.4%
Used internet to learn about a career	79.7%
Visited college campus this year	67.2%
Met with a college representative this year	40.5%
Had a written plan for their future	29.6%
Created or updated an Indiana high school graduation plan	23.8%
Took a career interest inventory	22.5%

Source: Learn More Indiana

Programs that Prepare Students for Postsecondary Success

Jobs for America's Graduates

Jobs for America's Graduates (JAG) is a school-to-career program that aims to keep young people in school through graduation and to provide work-based learning experiences that will lead to career advancement opportunities or enrollment in a postsecondary institution.[135]

- There are currently 110 JAG programs in Indiana.[136]

- Since 2006, Indiana's JAG program has served more than 15,000 students.[137]

- Indiana's JAG participants between 2006 and 2015 had a 94% graduation rate, and 88% went on to either a job, the military or postsecondary education.[138]

Twelve Requirements Scholars Must Complete During High School

	PLAN	**PREPARE**	**PAY**
09	Create Your Graduation Plan	Participate in an Extracurricular or Service Activity	Watch "Paying for College 101"
10	Take a Career Interest Assessment	Get Workplace Experience	Complete the College Cost Estimator
11	Visit a College Campus	Take a College Entrance Exam (ACT/SAT)	Search for Scholoarships
12	Submit Your College Application	Watch "College Success 101"	File Your FAFSA

Source: Learn More Indiana: The Scholar Success Program

21st Century Scholars

The Evan Bayh 21st Century Scholars program in Indiana provides high performing, low-income students in Indiana with money for college equivalent to four years of college tuition at a participating public or private college or university in Indiana. Research shows that 21st Century Scholars were more likely to earn an honors diploma[139] and go to college than their peers of a similar background.[140]

In order to receive the scholarship, students must be income eligible, enroll in the program in 7th or 8th grade, earn at least a Core 40 diploma, maintain a grade point average of at least 2.5 on a 4.0 scale, and fulfill a pledge of good citizenship.[141] Beginning with the class of 2017, Scholars also must complete the twelve steps of the Scholar Success Program to remain eligible for their scholarship.

- Compared to non-Scholar low-income students (42%) and all Indiana students (65%), a higher percentage of Scholars (76%) entered college immediately after high school in SY 2015.[142]

- Scholars had a rate of not needing remediation (72%) that was higher than non-Scholar low-income students (61%) but lower than all Indiana students (77%).[143]

- While Scholars had a lower on-time college completion rate (20%) than all Indiana students (25%), the rate was higher than non-Scholar low-income students (14%). The extended time completion rate was 35% for Scholars, compared to 44% for all students and 24% for low-income non-Scholars.[144]

Advanced Placement and Dual Credit Courses

Taking advanced placement (AP) courses during high school helps prepare students for college-level work. The courses are modeled on co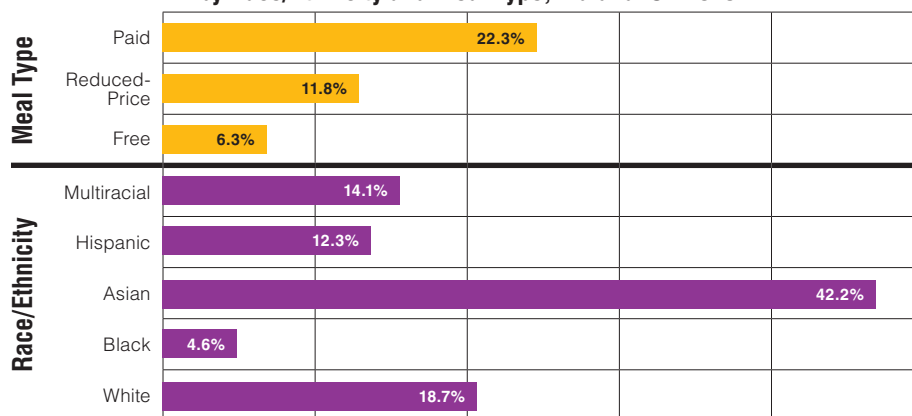mparable college courses, and college and university faculty play an important role in ensuring that AP courses align with college-level standards.[145] Many colleges provide course credit to students who earn a 3 or higher on the relevant AP exam.[146]

- For the 2015 graduating cohort, a third of public school graduates in Indiana took an AP exam (34.0%), and 17.1% of all students passed.[147]

- 11,273 Hoosier public school graduates in the class of 2015 took and passed an AP exam.[148]

- The public school class of 2015 had more graduates passing an AP exam than any other cohort in the past.[149]

- 92% of Indiana 2014 graduates who took and passed an AP test enrolled in college, compared to 61% of those who did not take or pass an AP test.[150]

- Only 3% of students who passed an AP test needed remediation, whereas 21% of students who did not take or pass an AP test needed remediation.[151]

Percentage of Public High School Graduates Passing an AP Exam by Race/Ethnicity and Meal Type, Indiana: SY 2015

Meal Type	
Paid	22.3%
Reduced-Price	11.8%
Free	6.3%

Race/Ethnicity	
Multiracial	14.1%
Hispanic	12.3%
Asian	42.2%
Black	4.6%
White	18.7%

Source: Indiana Department of Education Compass

The Scholastic Aptitude Test (SAT) and ACT

The Scholastic Aptitude Test (SAT) is widely used by colleges and universities for admission and enrollment purposes and it tests students' knowledge of subjects necessary for college success: reading, writing and mathematics. The maximum possible score on the SAT is 1600.[152]

- 44,333 of Indiana's 2016 high school graduates took the SAT at some point during their high school career.[153]

- The mean SAT scores for Indiana's high school graduates in 2015 were 496 in critical reading, 499 in mathematics, and 477 in writing.[154]

- Of Indiana's high school graduates in 2016, most of those who took the SAT took it as seniors (58.4%), followed by juniors (41.3%) and freshmen and sophomores (<1%).[155]

**Mean Score on Each Section of the SAT by Race/Ethnicity,
Indiana: 2016 High School Graduates**

Legend:
- All Students
- Asian
- White
- Hispanic
- Black

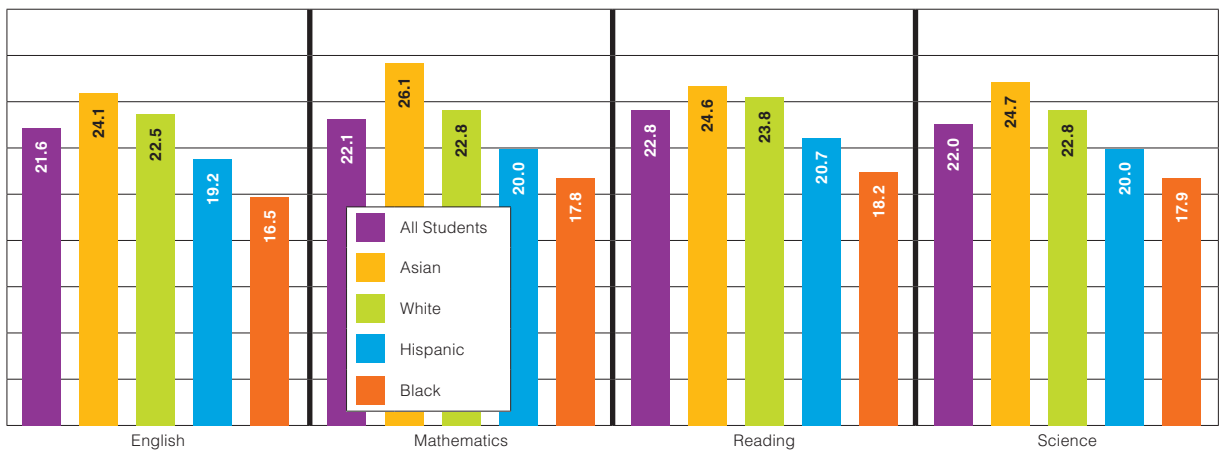|	Critical Reading	Mathematics	Writing
All Students	496	499	477
Asian	512	562	505
White	508	512	488
Hispanic	454	450	437
Black	424	417	412
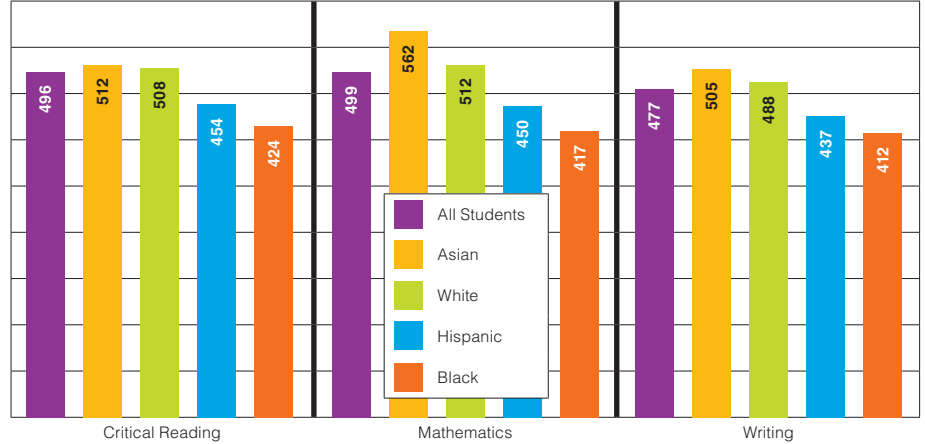
Source: College Board

The ACT assesses high school students' general educational development and their ability to complete college-level work.[156] 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.[157] An estimated 39% of Indiana's graduating class of 2016 took the ACT.[158, 159]

- The average composite score for Indiana's ACT test takers in 2015 was 22.3, higher than the national average of 20.8.[160]

- 35% of Indiana students met all four benchmarks: English, Math, Reading, & Science, compared to 26% nationally.[161]

Mean Score on Each Section of the ACT by Race/Ethnicity, Indiana: 2016 High School Graduates

Legend:
- All Students
- Asian
- White
- Hispanic
- Black

	English	Mathematics	Reading	Science
All Students	21.6	22.1	22.8	22.0
Asian	24.1	26.1	24.6	24.7
White	22.5	22.8	23.8	22.8
Hispanic	19.2	20.0	20.7	20.0
Black	16.5	17.8	18.2	17.9

Source: ACT

Higher Education

Indiana is home to seven major public universities or university systems, including Ball State University, Indiana State University, Indiana University, Ivy Tech Community College, Purdue University, University of Southern Indiana, and Vincennes University. The state also houses 41 private bachelor's degree granting institutions and many additional certificate and associate degree granting institutions.[162]
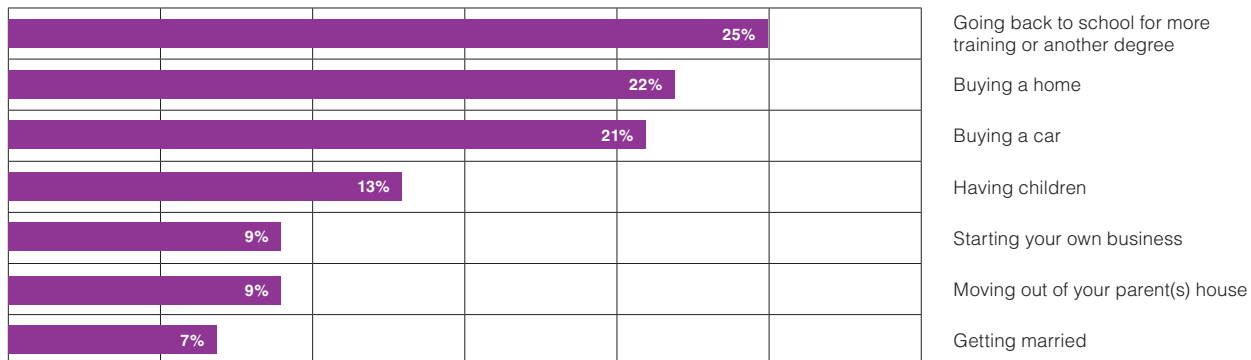
College Cost

The cost of college may be perceived as a barrier to many students who might otherwise pursue a postsecondary education. Indiana's in-state college tuition and fees have increased 3.5% over the past five years.[163] A 2016 report found the annual cost of an Indiana two-year college was $16,648 before financial aid and $9,004 after financial aid.[164] The average debt upon graduation for students with debt was $18,392, with 58% of students having debt. For four-year colleges, the annual cost of attendance was $21,924 before financial aid and $11,146 after financial aid. 68% of students at four year colleges graduate with debt, at an average debt of $27,214 for those who graduated with debt.

College graduates with lower student debt were more likely to thrive - liking where they live and what they do each day, having strong relationships, being able to manage their finances, and having good health - as adults (14%) than those who had $20,000 to $40,000 of school debt upon graduating (4%).[165]

- More than 3 in 4 (76%) either agree or strongly agree that their education was worth the cost of taking out student loans.[166]

Percentage of College Alumni Who Delayed an Activity Due to Student Loan Debt, Indiana: 2015/2016

Activity	Percentage
Going back to school for more training or another degree	25%
Buying a home	22%
Buying a car	21%
Having children	13%
Starting your own business	9%
Moving out of your parent(s) house	9%
Getting married	7%

Source: Gallup-Purdue Index

Graduate students, independent undergraduates, and students who spend four or more years in college are the most likely to accumulate high debt.[167] Graduates from the highest income homes saw a faster rate of increase in borrowing between 2004 and 2012 than those from lower income families. However, students from low-income families continue to be more likely to graduate with student loans at all (77% compared to 50% of their most affluent peers).[168]

- 9% of master's degree recipients graduated with $100,000 or more in debt, compared to 15% of doctoral degree recipients in research/ scholarship.[169]

Financial Aid

In order to receive federal financial aid for college, students must fill out a Free Application for Federal Student Aid (FAFSA). The form is used to determine students' eligibility for different types and amounts of aid.[170] In 2015, 450,990 FAFSAs were received at Indiana colleges and universities, down from 509,078 in 2012.[171] About half (49.3%) of FAFSA filers were the first generation in their families to attend college.[172]

Federal Pell Grants are awarded to undergraduate students who have not earned a bachelor's or a professional degree and can provide up to $5,815 (depending on financial need and cost of attendance) in grant money for a student to attend college.[173] In SY 2015, more than 59.1% of Hoosier FAFSA filers were eligible for a federal Pell grant.[174]

State aid is awarded through two main grant programs: The Frank O'Bannon Grant and the 21st Century Scholarship.[175] Starting in SY 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.[176]

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

Number of Students Receiving and Award Amounts for the Frank O'Bannon Grant and 21st Century Scholars Grant, Indiana: 2015				
	Frank O'Bannon		21st Century Scholars	
	Students	Mean Award	Students	Mean Award
4 Year Public	22,463	$2,750	13,653	$7,454
2 Year Public	10,271	$2,576	2,978	$4,069
Private	10,375	$5,108	2,598	$7,043
Proprietary	3,159	$2,196	406	$2,967

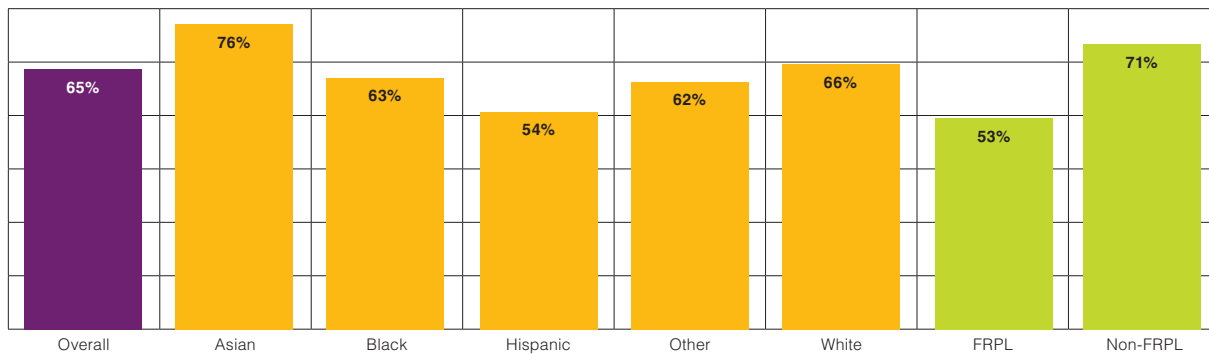*Source: Indiana Commission for Higher Education*

Enrollment

Nearly two-thirds of Indiana's high school graduating class of 2014 went to college (65%).[177] Indiana graduates earning Honors Diplomas were most likely to enroll in college (92%), followed by Core 40 Diplomas (59%) and General Diplomas (24%).[178] Hispanic high school graduates in Indiana are less likely than graduates of other races to enroll in college.[179] Non-FRPL students (71%) are more likely to enroll in college than FRPL students (53%). In 2015, 41.8% of Indiana's 18 to 24 year olds were enrolled in college or graduate school. Of them, 78.8% were in public schools.[180]

Disaggregated College Going Rates, Indiana: 2014 High School Graduating Cohort

| Overall	Asian	Black	Hispanic	Other	White	FRPL	Non-FRPL
65%	76%	63%	54%	62%	66%	53%	71%

Source: Indiana Commission for Higher Education

Remediation

Students who are not sufficiently prepared to complete entry-level courses at the start of their college careers often are required to take remedial courses. The majority of students who begin college with remedial courses never complete their degrees.[181] In Indiana, 18% of the high school graduating class of 2014 who enrolled in an Indiana public college needed remediation. Of Indiana's 2014 high school graduates who enrolled in an Indiana public institution, 82% needed no remediation, 9% needed math remediation, 6% needed English/Language arts remediation, and 3% needed both types of remediation.[182]

Disaggregated College Remediation Rates, Indiana: 2014 High School Graduating Cohort

Overall	Asian	Black	Hispanic	Other	White	FRPL	Non-FRPL
18%	13%	39%	23%	22%	15%	29%	14%
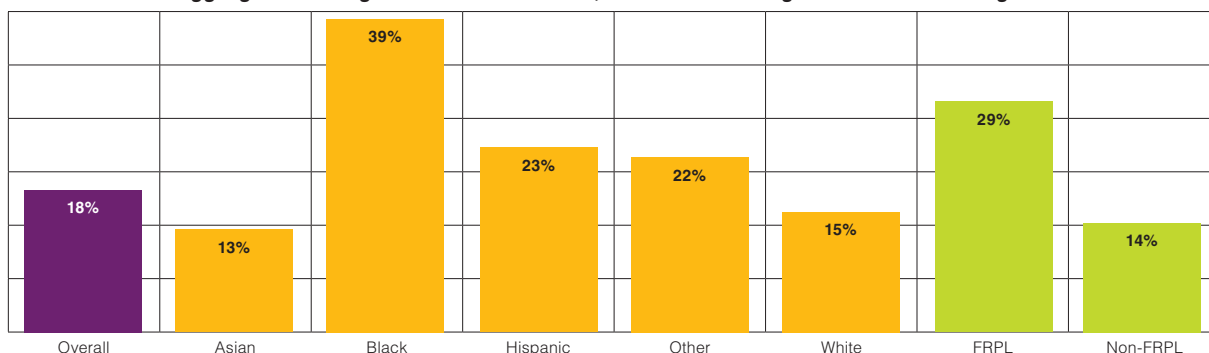
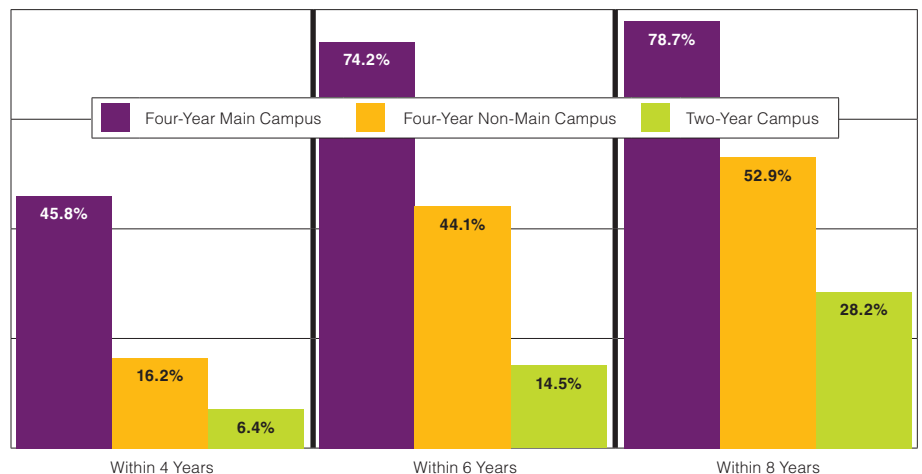*Source: Indiana Commission for Higher Education*

Completion

Not all students who start college in Indiana complete a degree.
Students who volunteer while in college or participate in social clubs, athletics or performing arts are more likely than their peers to complete a degree.[183] However, students who are married, expecting a child or those who work 21 hours or more per week are less likely to complete a postsecondary degree.[184]

- Of students whose college entry year was 2011, 39.6% of full-time four year degree seekers and 4.9% of full-time two-year degree seekers graduated on time.[185]

- The six-year extended time completion rate for the 2009 cohort was 66.5% for full-time four-year degree seekers and 29.3% for full-time two-year degree seekers.[186]

- Black and Hispanic students are about half as likely to graduate on time as white students, and students who receive need-based financial aid are slightly more than half as likely to graduate on time as students who do not receive need-based aid.[187]

Students whose parents did not attend college may face more challenges in attending and completing college than others. These challenges include social, cultural, and academic readiness,[188] as well as limited financial literacy and resources.[189] Research has found that first-generation college-goers are less likely to graduate from postsecondary institutions than their peers.[190]
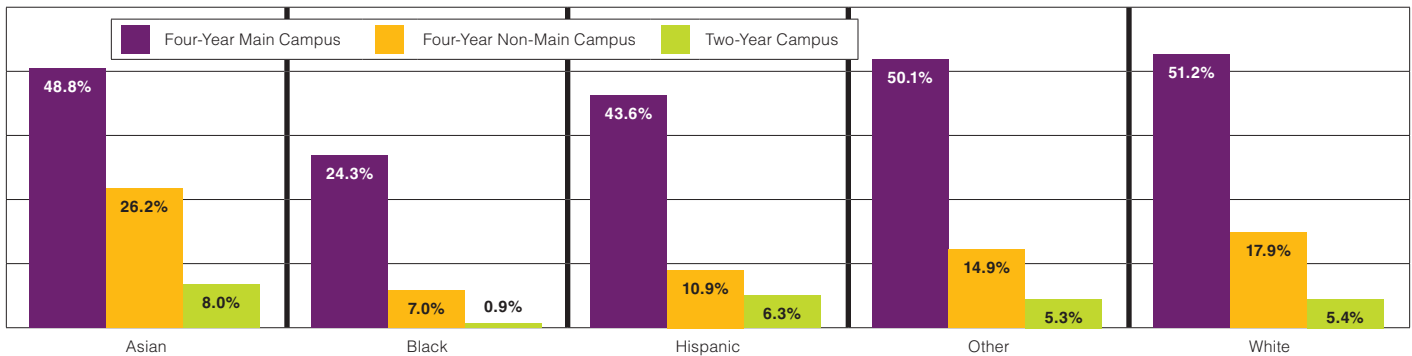
On Time and Extended Time College Completion Rates by Campus Type, Indiana: 2007 College Entry Year

Legend: Four-Year Main Campus | Four-Year Non-Main Campus | Two-Year Campus

	Within 4 Years	Within 6 Years	Within 8 Years
Four-Year Main Campus	45.8%	74.2%	78.7%
Four-Year Non-Main Campus	16.2%	44.1%	52.9%
Two-Year Campus	6.4%	14.5%	28.2%

Source: Indiana Commission for Higher Education

On Time College Completion Rates by Campus Type and Race/Ethnicity, Indiana: 2011 College Entry Year

Legend: Four-Year Main Campus | Four-Year Non-Main Campus | Two-Year Campus

Asian: 48.8%, 26.2%, 8.0%
Black: 24.3%, 7.0%, 0.9%
Hispanic: 43.6%, 10.9%, 6.3%
Other: 50.1%, 14.9%, 5.3%
White: 51.2%, 17.9%, 5.4%

Source: Indiana Commission for Higher Education
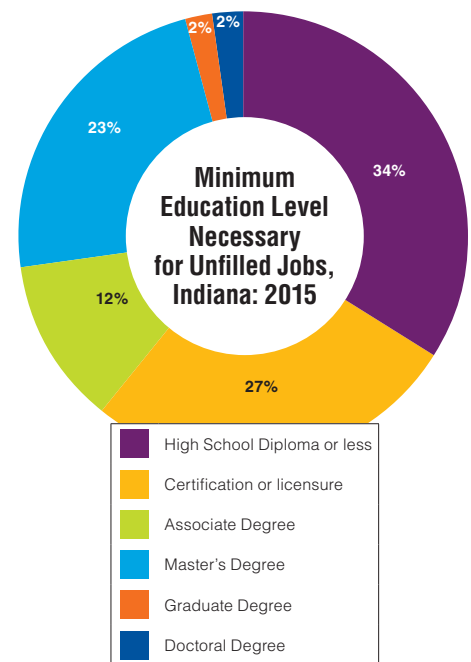
Workplace Readiness

Among Indiana employers, the following skills were rated as the most challenging to find among new job applicants and new hires:[191]

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

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

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

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

- Technology Use: understands and uses technology

Part-time employment or internships while in school help prepare youth for the workforce, and students with paid internships are more likely to be offered a job and to be offered higher pay than their peers with no internship or an unpaid internship.[192] In Indiana, more than a third of teens ages 16-19 who are in school also either work or are looking for work (38.5%).[193]

College graduates (88.0%) are more likely to be in the labor force – those who are employed or are actively seeking employment – than adults who did not graduate from college (73.7%).[194] Additionally, college graduates who had a professor who cared about them as a person, one who made them excited about learning, and who had a mentor who encouraged them to pursue their dreams were more likely to be engaged in their work as adults. However, only 14% of college graduates reported having all three.[195]

Some careers require employees to earn a credential instead of or in addition to an academic degree. More than half of all credentials earned in the United States are in health care (25% of credentialed adults), education (17%), and the trades (13%).[196]

Minimum Education Level Necessary for Unfilled Jobs, Indiana: 2015

34% High School Diploma or less
27% Certification or licensure
12% Associate Degree
23% Master's Degree
2% Graduate Degree
2% Doctoral Degree

Source: Indiana Chamber of Commerce

For more about teen employment, see the Teens in the Labor Force section in the Economics chapter.

Top 5 Occupations for Apprentices, United States: FFY 2015	
Occupation Title	**Active Apprentices**
Electrician	37,398
Plumber	21,594
Carpenter	16,469
Construction Laborer	12,603
Electrical Power-Line Installer and Repairer	7,154

Source: United States Department of Labor

Apprenticeship Programs

Apprenticeships allow students to learn the skills required for a specific occupation. Today there are more than 1,000 nationally recognized occupations in the federal apprenticeship registry. These programs are sponsored and operated on a voluntary basis by individual employers, employer associations, or jointly through labor/management agreements. About 90% of apprenticeship programs are in construction industries.[197] Most programs last between three and five years, and all registered programs issue a nationally recognized Certificate of Completion.

- In FFY 2014, there were 11,283 active apprentices in Indiana's 831 programs. Of them, 7,074 were new apprentices and 2,795 completed their apprenticeship in FFY 2014.[198]

- Indiana is in the top 10 states for number of active apprentices and ranks 7th in number of active apprenticeship programs in FFY 2014.[199]

- In FFY 2014, Indiana had the 3rd highest number of apprentice completers among states.[200]

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SAFE SURROUNDINGS

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

Unintentional Injury

Unintentional injuries are defined as injuries that are predictable and preventable if the proper safety measures are in place. In 2014, this type of injury was the leading cause of death among youths age 1-24.[3] Nationally, the most common types of unintentional injury for youths 18 or younger are falls, being struck by or against an object or person, overexertion, bites or stings, and cuts or piercings.[4]

In 2013, 628 Indiana children ages 0-5 were discharged from a hospital, and 55,472 children visited emergency departments (ED).[5] Infants less than one-year old visited an ED 10,170 times and were hospitalized 319 times. For children ages 0-5, there were 102 deaths due to injury.

From 2011 to 2013, there were 1,189 hospitalizations and 143,597 ED visits in Indiana for children ages 6-11, with 74 deaths.[6] During the same time span, there were 4,166 hospitalizations and 227,901 ED visits for children ages 12-18.[7] For each age range, males were more likely than females to visit an ED, be hospitalized, and die due to an unintentional injury.

Rank	Younger than 1	Ages 1-4	Ages 5-9	Ages 10-14	Ages 15-19
Top 5 Unintentional Injury Causes by Age, United States: 2014					
1	Fall	Fall	Fall	Struck by/Against	Struck by/Against
2	Struck by/Against	Struck by/Against	Struck by/Against	Fall	Fall
3	Other Bite/Sting	Other Bite/Sting	Cut/Pierce	Overexertion	Overexertion
4	Foreign Body	Foreign Body	Other Bite/Sting	Cut/Pierce	MV-Occupant
5	Other Specified	Cut/Pierce	Overexertion	Pedal Cyclist	Cut/Pierce

Source: National Center for Injury Prevention and Control

Exposure to lead, often found in paint in older homes, is harmful to children's nervous systems and may cause learning disabilities, behavioral problems, and in extreme cases, seizures, coma, and even death.[8] In Indiana, children are eligible to be tested for lead poisoning if they:

- receive Medicaid benefits **or**

- are younger than 7 years old, **and**
    - live in a house built before 1978,
    - are a minority, or
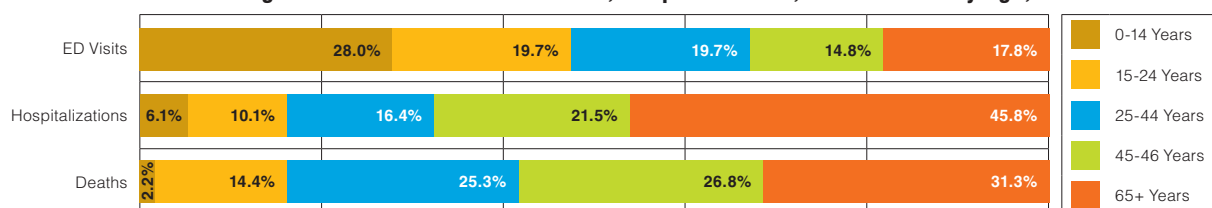   - have a family member who works around lead.[9]

Nationally, over the past three decades the percentage of tested children who had elevated blood lead levels has decreased from 7.6% in 1997 to 0.6% in 2013.[10] The Centers for Disease Control and Prevention (CDC) estimates children residing in about four million households across the nation are exposed to high levels of lead.[11] Hoosier youth are screened at a higher rate and are found to have elevated blood levels less often that their peers nationally.[12]

In 2015, 41,267 unique children ages 0-6, or 7% of Indiana's child population of that age group, were screened for lead poisoning.[13] Of these children, 1,727 tested at or above the CDC reference level, meaning they had low-level lead poisoning. This type of poisoning negatively affects a child's IQ and social skills, and it can contribute to the development of behavioral disorders. Families of children who exceed the reference level receive direct outreach and lead education from the state. Of the 41,267 children tested for lead poisoning, 127 children had high-level lead poisoning, making them eligible to receive case management from the state.

Another type of unintentional injury is concussions, which are traumatic brain injuries (TBI) that alter the way the brain functions.[14] Most concussions will heal over time with rest if no further injury occurs.[15] Concussions in children are most often a result of motor vehicle accident or sports injury. From 2011 to 2013, Hoosier children ages 6-11 had 10,173 emergency department visits due to traumatic brain injuries sustained through sports and recreation, motor vehicle collisions, or other means.[16]

For information on child fatalities due to unintentional injury, see the Deaths section in the Health chapter.

Percentage of Annual TBI-Related Deaths, Hospitalizations, and ED Visits by Age, Indiana: 2013

	0-14 Years	15-24 Years	25-44 Years	45-46 Years	65+ Years
ED Visits	28.0%	19.7%	19.7%	14.8%	17.8%
Hospitalizations	6.1%	10.1%	16.4%	21.5%	45.8%
Deaths	2.2%	14.4%	25.3%	26.8%	31.3%

Source: Indiana State Department of Health

Transportation Safety

The number of Indiana children ages 0-14 sustaining non-incapacitating injuries in motor vehicle crashes was 2,148 in 2015. In 2015, an additional 1,204 Indiana children sustained incapacitating injuries and 35 had fatal injuries, up from 20 fatal injuries the previous year.[17] Of children ages 0-14 receiving incapacitating or non-incapacitating injuries from traffic collisions, the majority were occupants (2,922), followed by pedestrians (219) and pedacyclists (171).[18]

Automobile collisions are a leading cause of death for youths ages 15-20 in the United States.[19] In 2015, 44,095 Hoosier young drivers ages 15-20 were involved in a traffic collision, and 7,841 sustained some type of injury. During that same year, 116 young drivers were involved in traffic collisions that resulted in death, up from 88 deaths the previous year.

- In Indiana, 4.1% of high school females and 7.6% of high school males rarely or never wore a seatbelt.[20]

- Indiana has a lower percentage of high school students who rode with a driver who had been drinking alcohol (17.9%) than the nation (20.0%). Indiana also has a lower percentage of high school students who have driven when drinking alcohol (6.3%) than the nation (7.8%).[21]

- In total, 43.1% of high school students report they have texted or emailed while driving a car or other vehicle, with 41.2% of females and 44.6% of males having done so.[22] The national average for male and female students is 41.5%.

In 2015, 171 Hoosier pedacyclists ages 14 years and younger were injured in Indiana vehicle crashes; one was killed and 68 sustained incapacitating injuries.[23] While rates of bicycle collisions are highest in urban areas, rates of incapacitating or serious injury per collision are higher in rural areas.[24] Indiana high school students rarely or never wore a bicycle helmet at a rate of 88.7%. The percentage is higher for females (91.5%) than males (86.2%). The national average is 81.4% for all students.[25]

Neighborhood Safety

The safety of children's neighborhoods is important to their overall well-being. For example, a child brought up in an unsafe neighborhood may have limited time for outdoor independent play or may have fewer opportunities to engage in physical activity.[26] Conversely, having sidewalks and other safe routes for travel near homes and schools is thought to encourage active and healthy lifestyles and increased social skills among residents.[27]

Neighborhoods vary in the degree to which they have detracting elements, which are indicators of an unhealthy neighborhood environment.[28] These elements include vandalism, rundown housing and litter. In Indiana, 73.3% of parents reported their neighborhood does not contain detracting elements, while 14.9% have one detracting element, 7.6% have two detracting elements, and 4.3% have all three detracting elements. As family income as a percentage of the Federal Poverty Line (FPL) increases, the percentage of children living in neighborhoods without detracting elements also increases.

School Safety

School safety influences students' emotional well-being and academic achievement. The following factors have been found to be associated with the degree to which students feel safe at school: attributes of the school, adults with whom students have a relationship, families, communities, and the broader society.[29]
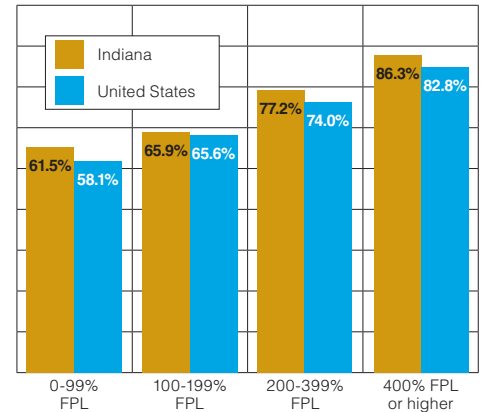
Not all students feel safe at school. The 2015 Youth Risk Behavior Survey (YRBS) found 6.7% of Hoosier high school students did not go to school because they felt unsafe at school or on their way to or from school, putting Indiana 21st out of the 36 states answering this survey question.[30, 31] The percentage of students who did not go to school due to safety concerns varies by race and ethnicity, with 10.7% of black students, 8.5% of Hispanic, and 5.9% of white students not going to school due to safety concerns.[32]

CHILD ABUSE AND NEGLECT

Reporting

In 2015, the Indiana Child Abuse and Neglect Hotline handled 202,493 calls, or an average of about one call every three minutes.[33] There was an average of 585 calls per business day and 206 per weekend, and the average caller spent about 13.5 minutes speaking with an intake specialist.[34]

Percentage of Children Living in Neighborhoods without Rundown Housing, Vandalism or Litter, 2011/2012

	Indiana	United States
0-99% FPL	61.5%	58.1%
100-199% FPL	65.9%	65.6%
200-399% FPL	77.2%	74.0%
400% FPL or higher	86.3%	82.8%

Source: National Survey of Children's Health, 2011/12

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

Percentage of Students Who Did Not Feel Safe at School or Going to or from School, Indiana: 2015

Black	Hispanic	White
10.7%	8.5%	5.9%
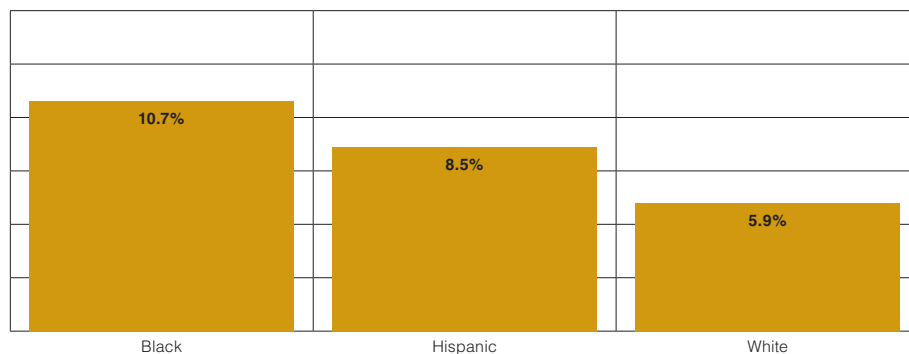
Source: Youth Risk Behavior Survey, 2015

Number of Reports of Child Abuse or Neglect Made to the Department of Child Services, Indiana	
Calendar Year	**Number of Reports**
2012	155,867
2013	156,192
2014	198,684
2015	202,493

Source: Indiana Department of Child Services

For information about mental health in Indiana's Child Welfare System, see the Treatment section in the Health chapter.

The average speed of answer during this period was 15 seconds for law enforcement with an Access Code and 21 seconds for all other reporters.

- Individuals who have contact with children as part of their jobs (teachers, police officers,[38] lawyers and social services staff) are the most likely to report alleged child abuse or neglect (62.7% of reports), followed by friends, relatives and neighbors who submit another 18.6% of reports.[35]

- In Indiana, 8.1% of children under age 18 received a Child Protective Services (CPS) response for an allegation of child maltreatment in 2014.[36]

Prevalence

Allegations of maltreatment are considered "substantiated" when it can reasonably be inferred that child neglect or abuse has occurred. There were 26,892 substantiated assessments of child abuse or neglect in Indiana during SFY 2015.[38]

There are three main categories of child maltreatment. Although a given child may have multiple categories of maltreatment indicated for a specific involvement, each child involvement is counted in only one category using the federal hierarchy of sexual abuse first, physical abuse, and then neglect. The most prevalent form of maltreatment both in Indiana and nationally is neglect. Neglect, as defined by DCS, occurs when "the child's physical or mental condition is seriously impaired or seriously endangered as a result of the parent, guardian, or custodian being unable, refusing, or neglecting to supply the child with necessary food, clothing, shelter, medical care, education, or supervision."

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.[37]
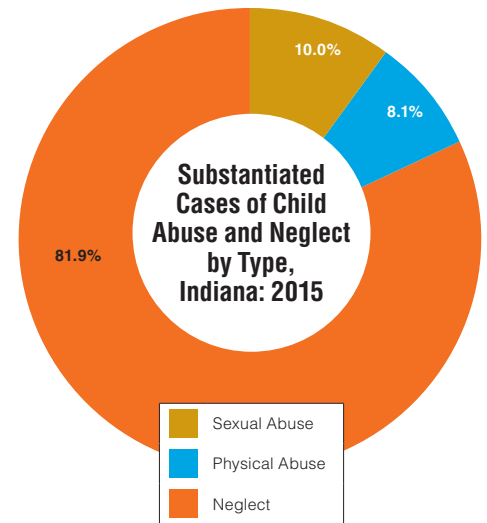
DCS operates a 24-hour, 7-day-a-week hotline for reporting suspected child abuse or neglect: **1-800-800-5556.**

Child Abuse and Neglect Rate per 1,000 Children Under Age 18, Indiana: 2006-2015
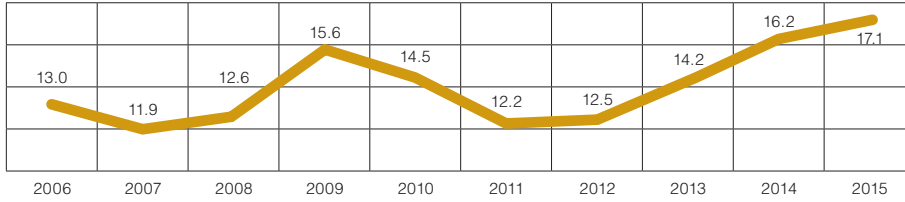
13.0	11.9	12.6	15.6	14.5	12.2	12.5	14.2	16.2	17.1
2006	2007	2008	2009	2010	2011	2012	2013	2014	2015

Source: Indiana Department of Child Services

Assessments and Substantiated Instances of Abuse and Neglect, Indiana: SFY 2015			
	Assessments	**Substantiated Assessments**	**Percentage of Assessments Substantiated**
Sexual Abuse	12,262	2,702	18.1%
Physical Abuse	32,415	2,175	6.3%
Neglect	131,996	22,015	16.7%

Source: Indiana Department of Child Services

Substantiated Cases of Child Abuse and Neglect by Type, Indiana: 2015

- Sexual Abuse — 10.0%
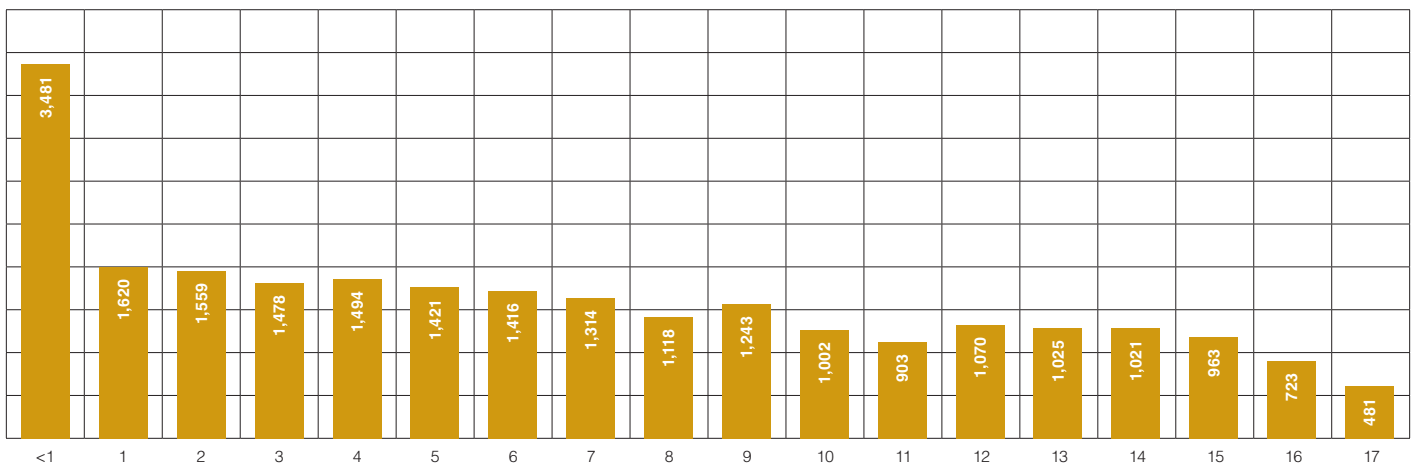- Physical Abuse — 8.1%
- Neglect — 81.9%

Source: Indiana Department of Child Services

Victim Characteristics

Indiana's youngest children (younger than age 1) are the most likely to suffer abuse and neglect (41.9 per 1,000). Nearly half of all cases of child abuse and neglect (47.3%) involve infants and children ages 0-5.[39] The child maltreatment rate per 1,000 was slightly higher for Indiana girls (15.8) than for boys (13.8), and both were higher than the national rates (9.8 and 9.0 per 1,000, respectively).[40] The majority of children who are abused or neglected are white (65.3%). However, the rates of child maltreatment per thousand children are highest for Indiana's multiple race (26.9), black (24.8) and Pacific Islander (20.7) children.[41]

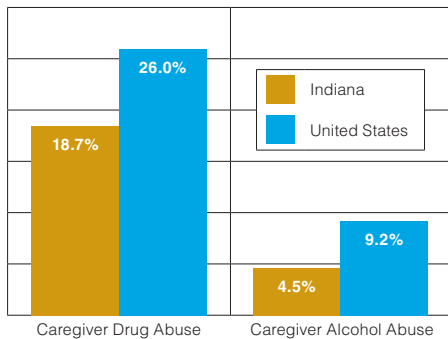**COUNTY DATA** AVAILABLE AT WWW.IYI.ORG/DATACENTER

Victims of Maltreatment by Age, Indiana: 2014

Age	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Victims	3,481	1,620	1,559	1,478	1,494	1,421	1,416	1,314	1,118	1,243	1,002	903	1,070	1,025	1,021	963	723	481

Source: Child Maltreatment, 2014

SAFETY ⚠

Risk Factors for Maltreatment, Indiana v. United States: 2014

26.0% United States
18.7% Indiana
9.2%
4.5%

Caregiver Drug Abuse   Caregiver Alcohol Abuse

Source: Child Maltreatment, 2014

Perpetrator Characteristics

Child maltreatment is influenced by a number of factors, including poor knowledge of child development, substance abuse, other forms of domestic violence and mental illness. Although maltreatment occurs in families at all economic levels, abuse and neglect are more common in poor and extremely poor families than in families with higher incomes.[42]

In Indiana, victims of child abuse and neglect are more likely than those who are not victims to be living with a caretaker who experiences domestic violence, has a financial problem or receives public assistance.[43]
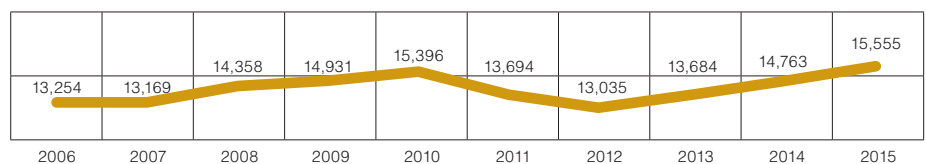
• Parents and other relatives make up the majority of perpetrators of child maltreatment in Indiana (68.4% and 7.9%, respectively).[44]

• Perpetrators of abuse and neglect tend to be young adults ages 18-34 (64.7%).[45]

• Men (47.3%) and women (52.5%) are similarly likely to be perpetrators of child maltreatment in Indiana.[46]

CHINS

COUNTY DATA AVAILABLE AT WWW.IYI.ORG/DATACENTER

In Indiana, children whose physical or mental condition is seriously impaired or endangered as a result of abuse or neglect are declared by the courts to be a Child in Need of Services (CHINS). This designation is typically made if the parents of a child are unable or unwilling to correct the problem on their own.[47]

Most children receiving services from Indiana's DCS have been classified as a CHINS. This may occur because the child was abused or neglected, or because the child or family needs to receive other preventative services from DCS. A child and his or her family may also receive services through an Informal Adjustment. In these instances the parent must admit to wrongdoing and voluntarily comply with services.

• In June of 2016, the number of monthly CHINS cases was 21,374, while 3,109 cases were handled as informal adjustments that were not deemed CHINS.[48]

• As of June 2011, 13,694 children were determined to be children in need of services.[49] From June 2011 to June 2016, the number of CHINS cases increased by 56.1%.

Annual Monthly Average Number of Children in Need of Services (CHINS), Indiana: 2006-2015

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
13,254	13,169	14,358	14,931	15,396	13,694	13,035	13,684	14,763	15,555

Source: Indiana Department of Child Services

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

Each child designated as a CHINS is entitled to an advocate who is dedicated solely to representing the best interest of that child to the courts.[50] Special advocates for children include legal professionals called guardians ad litem (GAL) or trained volunteers called court appointed special advocates (CASA).[51]

There are certified GAL/CASA volunteer programs in 78 of Indiana's 92 counties.[52] In 2015, 3,470 volunteers spoke for 23,524 abused and neglected Hoosier children. However, at the end of 2015, more than 5,100 children were waiting to be assigned a GAL/CASA volunteer.[53]
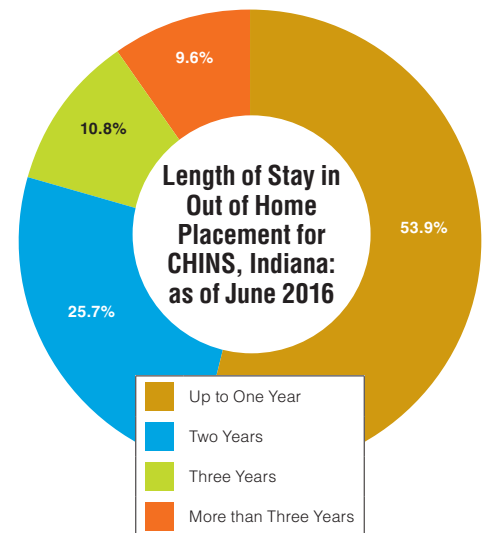
Placements

When abuse and/or neglect occur, DCS seeks first to place a child into a safe environment that is as unrestrictive and homelike as possible. When a child must be temporarily removed from the home while the caregivers receive guidance and/or the children receive care, an Indiana juvenile court oversees intervention services.[54]

Less than a third of children in need of services remained in their homes during the time that DCS handled their cases (28.6%). The other 71.4% were placed in various forms of out-of-home care because they could not safely stay in their homes.[55] Out-of-home placement options include:
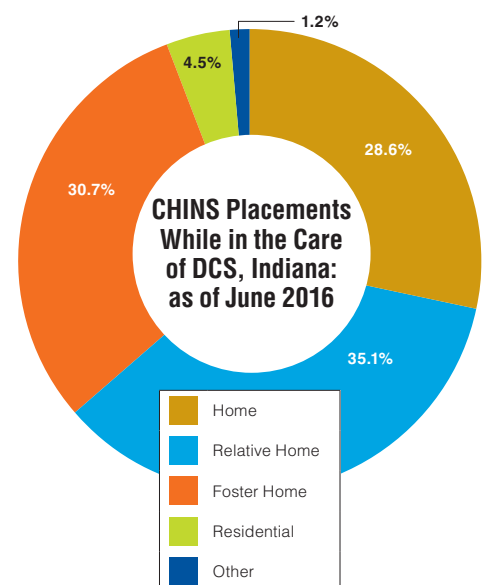
- Licensed resource homes (foster homes)
- Group homes or child-caring institutions
- Other court-approved facilities
- Kinship care within a court-approved relative home or
- Kinship care in a home with a nonrelative who has a bond with the family.[56]

Once placed in the child welfare system, children who move fewer times have better behavioral outcomes than those who have multiple placements.[57] While in the care of the Indiana Department of Child Services, a child has an average of two placements.[58] Of Indiana children in out-of-home placement, more than half were there for less than a year (53.9%).[59]

Of children placed in out-of-home care in June 2016, the most common placement was relatives homes (49.1%), followed by nonrelative poster home (43.0%), residential placement (6.2%), and other (1.7%).[60] There were 4,623 sibling cases in SFY 2015; 71.2% of these cases had all children placed together. In these sibling cases, average number of children per case was between two and three.[61]

Length of Stay in Out of Home Placement for CHINS, Indiana: as of June 2016

9.6%
10.8%
25.7%
53.9%

Legend:
- Up to One Year
- Two Years
- Three Years
- More than Three Years

Source: Indiana Department of Child Services

CHINS Placements While in the Care of DCS, Indiana: as of June 2016

1.2%
4.5%
30.7%
28.6%
35.1%

Legend:
- Home
- Relative Home
- Foster Home
- Residential
- Other

Source: Indiana Department of Child Services

VICTIMIZATION

Child victimization can involve abuse and neglect, physical and sexual assault, bullying, and property crime, as well as indirect exposure to crime. In a 2014 national survey, 37.3% of children reported experiencing any physical assault in the past year, and 5.0% reported experiencing any type of sexual offense.[62] More than 1 in 7 children (15.2%) experienced any type of maltreatment, including physical abuse, emotional abuse, sexual abuse, neglect, or custodial interference or family abduction. Greater than 1 in 4 (27.1%) children were the victims of a property crime. About one quarter (24.5%) of children witnessed any form of violence.

Types of Victimization in the Past Year for Children Ages 0-17, United States, 2014

|	
Physical Assault	37.3%
Property Crime	27.1%
Witnessed Violence	24.5%
Maltreatment	15.2%
Sexual Assault	1.4%

Source: National Survey of Children's Exposure to Violence

Exposure to Domestic Violence

Domestic violence includes a wide range of behaviors from verbal abuse to physical violence. Children who witness violence between adults in their home have a heightened risk for a variety of negative outcomes including behavioral problems, difficulty in school, and even being future victims and perpetrators of domestic violence as adults.[63] Even young children who witness domestic violence are affected; research has found that exposure to parental intimate partner violence is related to difficulty meeting developmental milestones during the first six years of life.[64]

- Nationally, nearly 1 in 10 children ages 0-17 witnessed a family assault in the past year.[65]

- 8.5% of males and 7.8% of females witnessed a family assault in the past year.[66]

Number of Youth Domestic Violence Victims Sheltered, Indiana SFY 2009-2015

2009	2010	2011	2012	2013	2014	2015
3,895	5,420	4,446	4,724	4,868	4,349	3,945
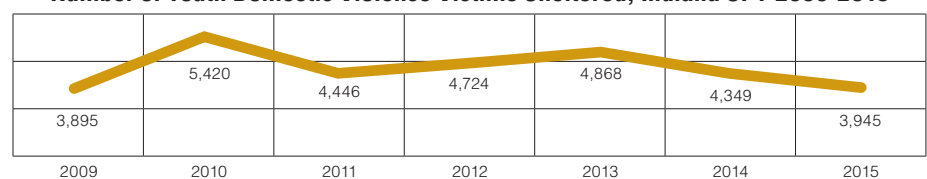
Source: Indiana Coalition Against Domestic Violence

Not all domestic abuse victims seek help from an emergency shelter. However, during SFY 2015, 3,945 children younger than age 18 were served in an Indiana domestic violence shelter and 3,814 were served in nonresidential programs.[67] Of the 49 known family violence-related deaths in Indiana during SFY 2015, three were children younger than 18.[68]

School Violence

Over the past decade, the percentage of Indiana high school students getting into a fight, being injured in a fight, or being threatened or injured with a weapon on school property has decreased. However, Indiana high school students have increasingly skipped days of school because they felt unsafe at school or on their way to and from school; an increase from 4.9% in 2011 to 6.7% in 2015.[69, 70]

Compared to many states, Indiana high school students report having few physical fights on school property, ranking fourth best out of 33 states reporting data.[71]

- The overall percentage for Indiana high school students who reported that they have ever been in a physical fight on school property was 5.5%; 3.4% of females and 7.2% of males reported fighting.[72]

- For fights on school property, students of mixed race (10.4%) had the highest percentage, followed by black students (9.8%), Hispanic students (6.5%), and white students (4.5%).[73]

Indiana has a higher percentage (5.6%) of high school students reporting they carried a weapon (gun, knife, or club) on school property than the nation (4.1%).[74] In Indiana, males (8.3%) are more likely than females (2.6%) to carry a weapon on school property.[75] Black students (2.1%) are least likely to carry a weapon on school property, with 8.3% of mixed race, 6.0% of white and 5.0% of Hispanic students carrying a weapon.

Indiana's percentage (6.6%) of students who were threatened or injured with a weapon on school property is higher than the nation (6.0%). Females (4.7%) were less likely than males (8.3%) to be victimized. Mixed race (9.7%) students are the most likely to be victimized on school property, followed by black students (8.5%), white students (5.9%) and Hispanic students (5.7%).

Physical Violence

Adolescents ages 12-19 are much more likely to be victims of violent crime (including simple and aggravated assault, rape and other sexual assault, and robbery) than adults.[76] Nationally, 56.1% of male and 46.5% of female children ages 0-17 have been victims of any type of assault during their lifetimes. More than 1 in 4 children (29.4%) have been assaulted by a

Percentage of Students Who Have Been in a Physical Fight on School Property by Race/Ethnicity, Indiana: 2015
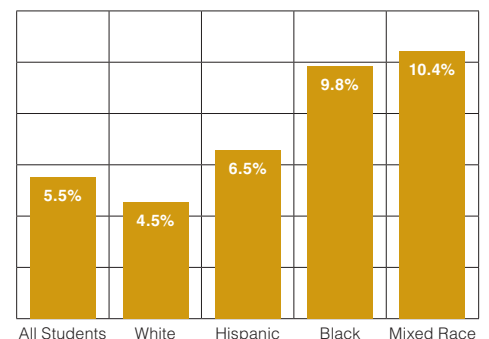
Source: Youth Risk Behavior Survey, 2015

juvenile sibling during their lifetimes, while 26.7% have been assaulted by a juvenile non-sibling, and 11.2% have been assaulted by an adult. 43.7% of children have been victims of assault that did not involve a weapon or result in an injury during their lifetime.
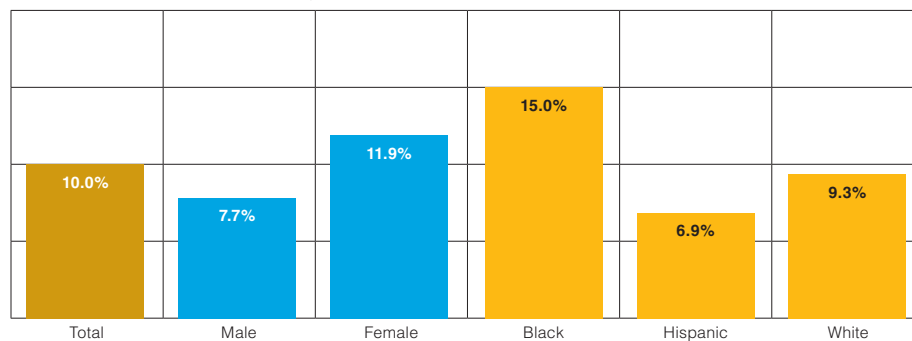
- Only 2.2% of Indiana high school students were injured in a physical fight in 2015.[77]

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

Intimate Partner Violence

According to the Centers for Disease Control and Prevention, Intimate Partner Violence includes "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)."[78]

Intimate partner violence can have a significant negative impact on victims' physical, reproductive, and mental health and academic achievement, as well as their ability to have healthy relationships outside of their abusive intimate relationship. Teen dating violence is associated with symptoms of depression and anxiety, suicidal ideation, engagement in delinquency and antisocial behavior, and abusing alcohol, tobacco, and drugs.[79]

Percentgage of Students Who Experienced Physical Dating Violence during the Past 12 Months, Indiana: 2015

Total	Male	Female	Black	Hispanic	White
10.0%	7.7%	11.9%	15.0%	6.9%	9.3%

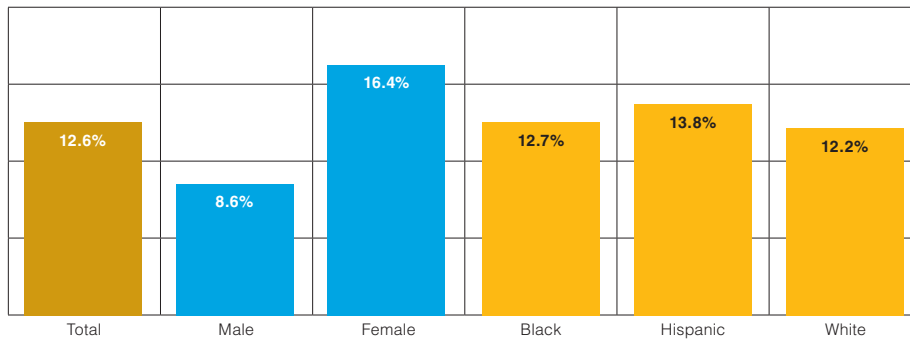*Source: Youth Risk Behavior Survey, 2015*

The overall percentage of Indiana high school students who experienced physical dating violence in the past 12 months in 2015 was 10.0%, which is higher than the nation at 9.6%.[80] Indiana ranks 12th highest in the survey of 36 states.[81] Females (11.9%) had a higher rate of experiencing physical dating violence than males (7.7%).[82] Black high school students (15.0%) had a higher prevalence of physical dating violence than white students (9.3%) and Hispanic students (6.9%).

Sexual Violence

Indiana ranks third highest out of 30 states in the percentage of high school students who reported experiencing sexual dating violence during the past 12 months.[83] 1 in 8 Indiana high school students (12.6%) reported being "forced to do sexual things (counting being kissed, touched, or physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with," compared to 10.6% nationally."[84] Almost twice as many females (16.4%) as males (8.6%) experienced sexual dating violence. The rate of sexual violence does not vary considerably among race and ethnic groups.

Percentage of High School Students Who Experienced Sexual Dating Violence during the Past 12 Months, Indiana: 2015
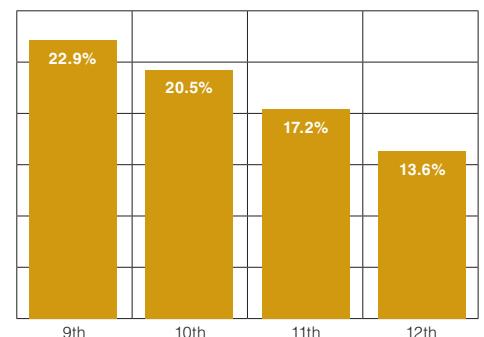

Source: Youth Risk Behavior Survey, 2015

Bullying

Percentage of High School Students Who Were Bullied on School Property within the Past Year, Indiana: 2015

Source: Youth Risk Behavior Survey

Bullying is defined as a pattern of aggressive behavior that is repeated over time and involves an imbalance of power or strength.[85] Traditional forms of bullying include physical violence, verbal taunts and social exclusion. Middle school students were more likely to report being bullied at school than primary school or high school students.[86] About 14% of American students ages 12-18 reported being made fun of, called names, or insulted in the last year; 13% reported being the subject of rumors; and 6% reported that they were pushed, shoved, tripped, or spit on.[87]

Indiana ranks 12th out of 35 states in the percentage of students who were bullied on school property. In Indiana, 14.8% of male high school students and 22.5% of female high school students reported they were bullied on school property, amounting to 18.7% of all students.[88] Students of mixed race (24.1%) reported the highest rate of bullying, followed by Hispanic students at 19.2%, white students at 18.7%, and black students at 14.3%. As students progress from 9th grade (22.9%) to 12th grade (13.6%), the rate of being bullied on school property decreases.
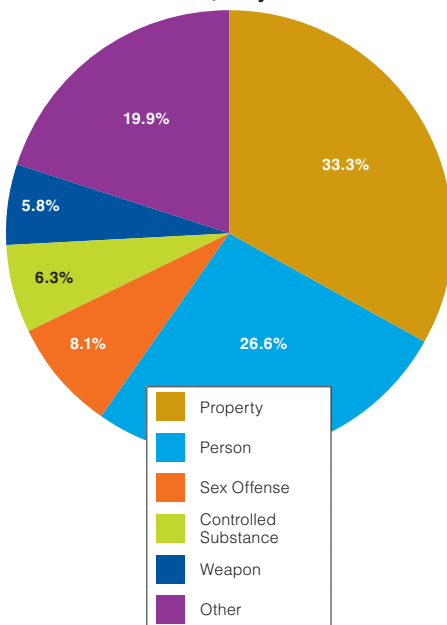
Cyberbullying is defined as willful and repeated harm inflicted through the use of computers, cell phones or other electronic devices.[89] Students from suburban schools and those in private schools reported higher levels of cyberbullying than their peers.[90] In Indiana, 15.7% of high school students report being electronically bullied, which is on par with the national average.[91] In 2015, 11.0% of Hoosier male high school students and 20.6% of female high school students were cyberbullied.

Percentage of High School Students Who Were Cyberbullied within the Past Year, Indiana: 2015

Total	15.7%	
Male	11.0%	
Female	20.6%	
Black	8.9%	
Hispanic	14.0%	
White	16.1%	
Mixed Race	27.7%	
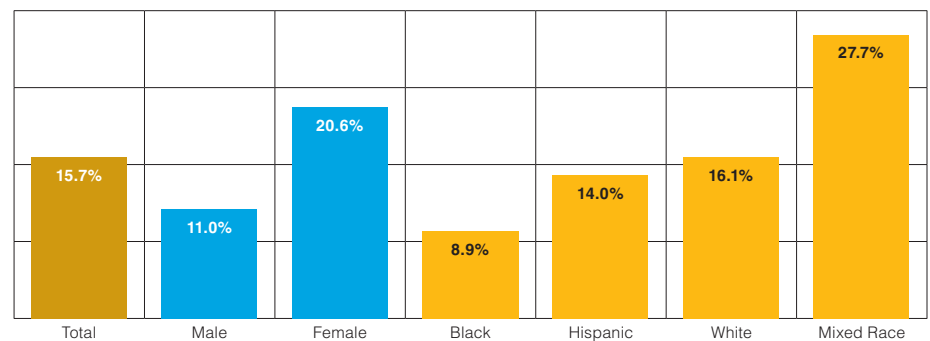
Source: Youth Risk Behavior Survey, 2015

Type of Offense for Juveniles Committed to the Indiana Department of Corrections: Indiana, July 2016

- Property — 33.3%
- Person — 26.6%
- Sex Offense — 8.1%
- Controlled Substance — 6.3%
- Weapon — 5.8%
- Other — 19.9%

Source: Indiana Department of Corrections [a]

JUVENILE DELINQUENCY AND JUSTICE

Official records may underrepresent juvenile delinquent behavior because many juveniles who commit crimes are not arrested or never enter the juvenile justice system.[92] However, as youth age, their ability to control impulses, consider future consequences of their behavior, and take personal responsibility for their actions increases. Therefore most, even serious, juvenile offenders stop committing crimes by their early twenties (about 90%).[93]

Weapons and Firearms

Weapon-carrying among adolescents is associated with an increased risk, within a 12-month period, of injuries requiring medical treatment, repeat/multiple injuries and injuries requiring hospitalization.[94]

- 19.6% of Indiana high school students report carrying a weapon such as a gun, knife or club in the last month, and 5.6% carried a weapon on school property in the past month.[95]

- In 2015, 6.2% of Indiana high school students reported carrying a gun on at least one day in the past month. This rate is higher for males (10.6%) than for females (1.6%).[96]

[a] Other - includes offenses such as Resisting Law Enforcement, Escape/Failure to Return, Intimidation, Disorderly Conduct, and Alcohol & Vehicle Related Offenses

- Of the 5,997 firearms traced in Indiana and recovered in CY 2015, 228 were possessed by someone younger than age 18.[b] [97]

- In Indiana, a higher percentage of white students (21.4%) than Hispanic students (13.6%) and black students (9.5%) reported carrying a weapon anywhere in the previous 30 days.[98]

- 84.9% of Indiana high school students say that their parents would catch them if they carried a gun.[99]

Percentage of High School Students Carrying a Weapon (Gun, Knife, or Club) by Sex and Race/Ethnicity, Indiana: 2015

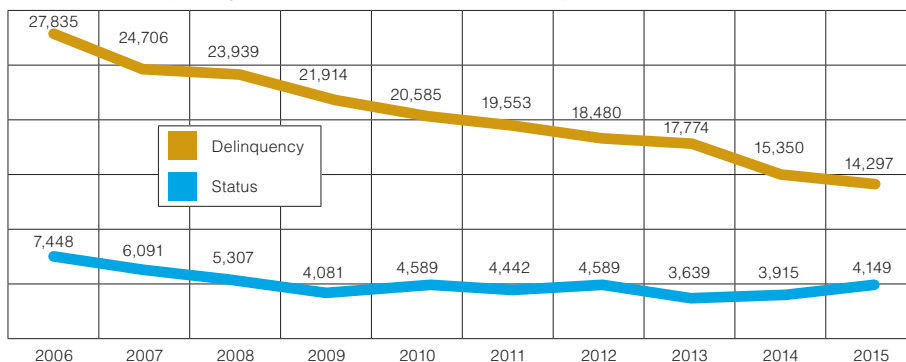| Race/Ethnicity	Female	Male
Black	2.6%	17.0%
Hispanic	4.1%	19.7%
White	9.1%	33.4%
All Students	8.4%	30.2%
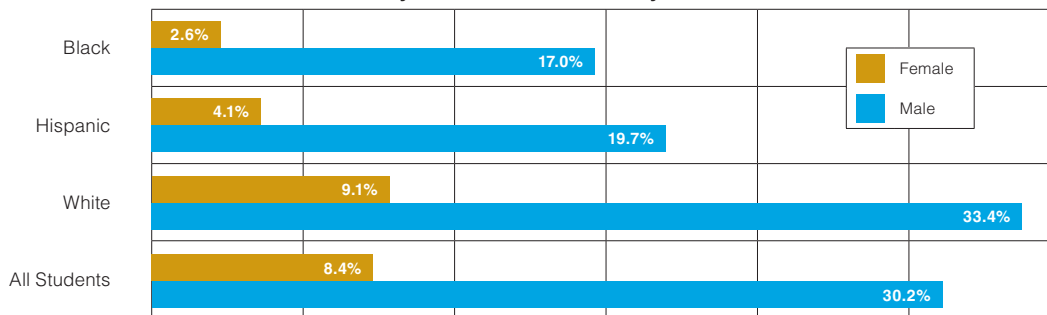
Source: Youth Risk Behavior Survey, 2015

Case Filings

Juvenile offenses are divided into two main types: status offenses are offenses that would not be considered a crime if committed by an adult, such as running away, habitual truancy or buying alcohol; delinquency offenses involve a child who has violated state or federal law or a municipal ordinance.[100] In 2015, there were 14,297 juvenile delinquency cases in Indiana.[101] Delinquency cases in Indiana have decreased consistently since 2006. Status cases followed a similar trend but have remained relatively steady since 2009. In 2015, there were 4,149 status offense cases filed.[102]

COUNTY DATA
AVAILABLE AT
WWW.IYI.ORG/DATACENTER

Deliquancy and Status Offense Case Filings, Indiana: 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Delinquency	27,835	24,706	23,939	21,914	20,585	19,553	18,480	17,774	15,350	14,297
Status	7,448	6,091	5,307	4,081	4,589	4,442	4,589	3,639	3,915	4,149

Source: Indiana Supreme Court, Division of State Court

[b] *Not all firearms used in crimes are traced, and not all firearms that are traced were used in crimes.*
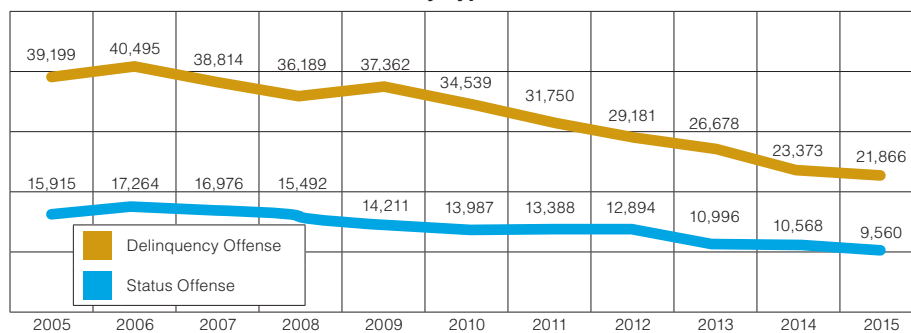
Probation

In order to reduce juvenile delinquency while ensuring the safety of the community, an offender may be sentenced to probation or another alternative to incarceration.[103] Juvenile probation referrals have been decreasing since 2005. In 2015, 31,426 juveniles were referred to probation.[104] Of the 14,394 cases that were disposed in 2015, 86.2% were due to completion of probation.[105]

Juvenile Probation Referrals by Type of Offense, Indiana: 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Delinquency Offense	39,199	40,495	38,814	36,189	37,362	34,539	31,750	29,181	26,678	23,373	21,866
Status Offense	15,915	17,264	16,976	15,492	14,211	13,987	13,388	12,894	10,996	10,568	9,560

Source: Indiana Supreme Court, Division of State Court

Committed to the Department of Corrections

While awaiting a court hearing or placement in a long-term facility or program, juveniles may be confined in juvenile detention centers. The number of youth younger than age 18 being committed to the Indiana Department of Correction (IDOC) has declined steadily from 1,101 in calendar year (CY) 2007 to 723 in CY 2015. There are more males in confinement in Indiana (596) than females (127).[106]

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- As of July 1 2016, the four juvenile corrections facilities in Indiana housed 427 youth, and another 42 youth were on parole.[107]

- The average age at intake into a juvenile facility is slightly older than age 16.[108]

The most common offense for juveniles committed to the IDOC was property crime (33.3%), which includes burglary, theft, shoplifting and vandalism. Other common types of crime for which juveniles are committed to the DOC include an offense against a person (26.6%), which comprises direct physical harm or force, or possession or sale of controlled substances. Of Indiana's DOC juvenile population 10.6% have one or more drug offense.[109]

Youth who are committed to the IDOC stay for varying lengths of time depending on the severity of their offense. It costs an estimated $249.08 each day to house a youth in confinement.[110] Approximately half of confined juveniles (49.7%) were committed for one of the two most serious categories of offense (Level 1: violent or Level 2: serious offenses).

Percentage of Juvenile Offenders by Offense Level, Length of Stay in Months and Average Cost to House for That Length of Time*, Indiana: 2016			
	Percent of Offenders	Length of Stay (months)	Avg. Cost for Length of Stay
Level 1 (violent) Carrying a handgun without a license, criminal recklessness, robbery	39.9%	8.7	$65,009.88
Level 2 (serious) Dealing in cocaine or narcotic drugs, neglect of a dependent, resisting law enforcement	9.8%	9.2	$68,746.08
Level 3 (less serious) Battery, burglary, escape/failure to return to lawful detention, theft	43.8%	8.5	$63,515.40
Level 4 (minor) Violating curfew, disorderly conduct, falsely informing, running away, violating probation	6.5%	8.1	$60,526.44

*Used the length of stay, assuming 30days/month, times the per diem $249.30. Source: Indiana Department of Correction, July 1, 2016 fact card

Recidivism

The IDOC defines recidivism as a "return to incarceration within three years of the offender's date of release from a state correctional institution." In 2015, Indiana's juvenile recidivism rate was 35.3%, which was similar to the previous four years. According to an IDOC report that followed the 1,013 juvenile offenders released in 2012:[111]

- Of the 358 juveniles who recidivated, 169 returned as juveniles and 189 returned as adults.

- 87% of juveniles who recidivated returned to IDOC for the commission of a new crime, and 13% returned for a technical violation of post-release supervision.

- The recidivism rate was higher for black juvenile offenders (43.9%) than for Hispanic (28.1%) or white (31.2%) juvenile offenders.

Recidivism Rates by Offense Category, Indiana: 2015

Person	37.7%
Property	37.0%
Other	35.9%
Weapon	34.9%
Controlled Substance	32.1%
Status	31.6%
Sex Offenses	16.3%

Source: Indiana Department of Corrections[3]

As of 2016, nineteen Indiana counties participate in the Juvenile Detention Alternatives Initiative (JDAI).[112] JDAI is a program that seeks to decrease confinement and recidivism among youth[113] by placing low-risk youth into community-based alternative programs rather than in secure detention.[114] Examples of community-based alternatives include:[115]

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

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

- Residential Alternatives, also called shelter programs, provide nonsecure 24-hour supervision and age-appropriate services such as education, recreation, tutoring and life-skills training.

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

[3] *According to IDOC, offense category is determined by the student's most serious committing offense. "Other offenses" include, but are not limited to: resisting law enforcement, driving intoxicated/suspended, non-support child, conspiracy, aiding an offense, attempt to commit a felony, and missing data.*

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