



# ***Kids Count in Indiana***

***2008 Data Book:  
A Profile of Child Well-Being***



# ***The Kids Count in Indiana Data Book is dedicated to the children of Indiana.***

The Indiana Youth Institute promotes the healthy development of children and youth by serving the institutions and people of Indiana who work on their behalf.

You can help keep these data services coming!  
Do you find the Kids Count in Indiana data helpful?  
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Your gift will be used to keep the data book affordable and our research services free.  
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# Kids Count in Indiana

**2008 Data Book: *A Profile of Child Well-Being***



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# **President and CEO's Message**

## ***Election Year Promises***

Election years, including 2008, are filled with promise and with promises. But do the results of elections result in all that is needed by children and youth?

The promises are many. They go something like this: "I've had a great four years," the incumbent said. "We've made a lot of positive changes, and if you give me another term, we will continue to move forward in ways that benefit all of our citizens."

The challenger's words are different, but the message is the same. "Had enough? I promise to change course and move us in a new direction." Both candidates promise that life will be better.

Certainly, leadership matters, as does which person is elected to higher office. Presidents have created spending programs like 21st Century Community Learning Centers and tax policies like the Child Tax Credit, all in the name of helping families and promoting child well-being.

Similarly, governors have promoted full-day kindergarten, created scholarships to help low-income students attend college and determined the size and scope of the child protection system.

Recognizing the vital importance and unique influence of elected officials, the Indiana Youth Institute makes this Kids Count in Indiana Data Book available to the governor, all members of Indiana's General Assembly and the entire Indiana Congressional delegation. We also send the book to the mayors of Indiana's largest cities as well as to other civic leaders in the profit and nonprofit sectors.

IYI also provides custom data research for all government officials, regardless of political affiliation. In fact, during the same week early in 2008, IYI received a data request from the governor's office and a separate data request from the chair of the House Ways and Means Committee. State government's top Republican and one of the state's top Democrats – both knew they could turn to the Indiana Youth Institute for objective and reliable information on Indiana children and youth.

This is why you can have that same confidence in using these data for your public policy campaigns, as well as for your fundraising efforts, your program planning and your public and media relations. And if you can't find what you're looking for on our Web site, [www.iyi.org](http://www.iyi.org), please call us toll free and we'll find the numbers, statistics, and studies you need: 1-800-343-7060.

Yet, regardless of who wins and who loses on Election Day, will kids have all of their needs fulfilled?

Consider that question in the context of education policy. Imagine that the state's new Superintendent of Public Instruction calls, offering to propose your perfect education reform to the State Legislature. Well-intended people who care deeply about children and youth will have fundamental disagreements over solutions.

Some will propose higher teacher pay. Others will want to change how colleges prepare the next generation of teachers. Some will prefer charter schools. Others will not. And if you really want to stir things up, mention vouchers – either your support or your opposition – as part of your reform plan.

Now, consider this. From the moment of birth until a child turns 18, that child will spend just 10% of life in the classroom. That's right. Just 10%. We all want that to be a great 10%. But we're only talking about 10%.

The rest of life – 90% – is lived in family and among community. If students live in families and communities that are unable or unwilling to support what is happening in the classroom, there is only so much that your “perfect” education reform will be able to accomplish.

The need for wise and passionate public policy debates is great, but the need for family and community involvement can be even greater.

Several community-based initiatives have been designed in Indiana to increase the number of healthy relationships enjoyed by Hoosier students with caring adults. From “Three for Me” in Granger, to “Study Connection” in Fort Wayne, and from “Starfish” and “Common Goal” in Indianapolis, to “Book Buddies” in Columbus, numerous grassroots programs are involving countless Hoosiers in schools and classrooms, helping students increase their academic success.

Which students? Well, about 20,000 students from each high school class never graduate, so identifying those students before they drop out and providing them with

mentoring, tutoring and other assistance could greatly increase Indiana's high school graduation rate.

And research from the Manhattan Institute along with a recent book, “The Price of Privilege” by Dr. Madeline Levine, reveal that students in middle class families can be at higher risk for depression, anxiety, suicide, and other dangerous behaviors than students from low-income communities in unstable families.

Clearly, all kids can be at risk and thus are good candidates for programs that increase parental participation and community involvement.

If more of us do not get involved at home and at school, providing students with the special influence that occurs from a healthy relationship with caring adults, then at least one promise will be realized. We will be left with generation after generation “cuttin’ class” while doing nothing more than “strikin’ matches, just to watch ‘em burn.”

**Bill Stanczykiewicz**  
*President & CEO*

**“We were growin’ our hair, we were cuttin’ class  
Knew it all already, there was nothin’ to learn  
We were strikin’ matches just to watch ‘em burn...”**

**– Kenny Chesney,**  
*“Young” from the album “No Shoes, No Shirt, No Problem”*

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# **About Kids Count in Indiana 2008**

**Kids Count in Indiana** is part of a national network of state-level projects coordinated and supported by the Annie E. Casey Foundation.

The KIDS COUNT project provides national and state-by-state information about the well-being of children, youth, and their families in the United States. The Annie E. Casey Foundation publishes an annual KIDS COUNT book, which features the best available data to measure the educational, social, economic, and physical well-being of children.

The national KIDS COUNT Data Book, other KIDS COUNT publications, and data are available on the Annie E. Casey Foundation Web site: [www.aecf.org](http://www.aecf.org).

The Kids Count in Indiana 2008 Data Book: A Profile of Child Well-Being, fifteenth in the series, is an important tool for planning and action by community leaders, policymakers, youth workers, advocates, and others working to improve the lives of Indiana's children.

Five important areas of child well-being are more closely examined in the narrative section: Indiana's demographics, economics, safety, health, and education.

Information in the Data Book, as it is called by many users, is selected based on three criteria: the reliability and availability of current and future data for the state of Indiana and each county, the role each indicator plays in ascertaining levels of child health and well-being, and feedback from Data Book users on what information is important to them.

## **State/Online County Profiles**

The Data Book reports on more than 50 of the most current and reliable indicators of child health and well-being for the state of Indiana. A printable profile for each of the 92 counties can be found at [www.iyi.org/countypages](http://www.iyi.org/countypages). Most of the indicators appear year after year. They have been chosen because:

- the data come from a reliable source
- the data are available for the state and each county
- the data are gathered in the same way each year and will probably be available in the future, and
- Data Book users have told us that this is the information they need.

The information provided in the Data Book allows you to ask such questions as:

- How is my county doing overall?
- How do the most current numbers compare with base year figures?
- Which indicators appear to be moving in a positive direction? In a negative direction?
- How does my county compare with the state as a whole?
- How does my county compare with neighboring counties or with counties of similar size?

The answers to such questions can be helpful in discussing research, planning and action necessary to improve the well-being of the young people in your county.

# Kids Count Highlights

## **Demographics**

**28.0** – The percentage of Indiana’s population that was under age 20 in 2007, which has declined since 1990, when the under-20 age group made up 29.6% of the total population

**31.7** – The approximate percentage of all Indiana families that were headed by a single parent in 2007; of all families, an estimated 23.7% are headed by single mothers, and 7.9% by single fathers

**43<sup>rd</sup>** – Indiana’s ranking among the 50 states for the percent of residents over age 25 with a bachelor’s degree or higher; 22.1% of Hoosiers held a bachelor’s degree or higher in 2007, compared with 27.5% nationally

**102,978** – The number of grandparents who lived with their own grandchildren under the age of 18 in 2007; of those, 47.6% were responsible for caring for the children

## **Economics**

**\$57,734** – Indiana’s median family income in 2007; nationally it was \$61,173

**33<sup>rd</sup>** – Indiana’s 2007 ranking among the 50 states for median family income

**33** – The number of states with higher costs of living than Indiana in the first quarter of 2008

**24<sup>th</sup>** – Indiana’s 2007 ranking among the 50 states for child poverty

**24<sup>th</sup>** – Indiana’s ranking among the 50 states for its unemployment rate in 2007, which was 4.5%, compared with 4.6% nationally

**46,697** – The average number per month of Hoosier families with children receiving TANF assistance in State Fiscal Year (SFY) 2007

**288,564** – The monthly average number of Indiana citizens under 18 years of age receiving Food Stamps in SFY 2007

**6.7** – The percentage of uninsured Hoosier children in 2007, compared with 11.3% nationally

## **Safety**

**36** – The number of Hoosier children who lost their lives as a result of being abused or neglected during SFY 2007

**3,755** – The number of children who sought refuge in a domestic violence emergency shelter in SFY 2007

**75** – The number of people in Indiana who died as a result of domestic violence in 2007; of these, seven were children

**702** – The numbers of children who died, from any cause, before their first birthday in 2006

**234** – The number of Hoosiers, 15-19, who lost their lives due to unintentional accidents, homicide, or suicide in 2006

## Health

**17.3** – The percentage of Hoosier women who smoked while pregnant in 2006

**13.8** – The percentage of Indiana's 9th-12th graders who were obese (measured by Body Mass Index, or BMI) in 2007

**656** – The number of confirmed cases of lead poisoning in Hoosier children under the age of 7 in 2007

**44.0** – The percentage of Indiana 8th graders who reported having ever used alcohol in 2008, compared with 38.9% nationally

**25.5** – The percentage of Indiana 8th graders who reported using cigarettes on a daily basis, compared with 22.1% nationally in 2008

**49.1** – The percentage of Indiana high school students who reported ever having had sex in 2007, compared with 47.8% nationally

## Education

**1,035,199** – The number of students enrolled in Indiana's public K-12 schools in school year (SY) 2007 (2006-2007)

**97,975** – The number of students enrolled in K-12 non-public schools for SY 2007

**35,772** – The number of children who were home schooled in SY 2008 (2007-2008)

**28,078** – The number of students who were enrolled in alternative schools during SY 2007

**\$11,030** – The average per pupil expenditure in SY 2007 for Indiana public schools

**57.9** – The percentage of Hoosier 10th graders who passed the GQE on the first try during SY 2007

**77** – The graduation rate (expressed as a percentage) reported by the Indiana Department of Education for the Class of 2007

**21,404** – The number of Hoosier youth who participate in Learn and Serve America in SY 2007

# Demographics

**Table 1: Demographics at a Glance, Indiana: 2007**

31.7% of all families with children under 18 were single parent families
49,044 grandparents were raising their own grandchildren
6.9% of Hoosiers ages 5-15 had some form of disability
7.4% of Hoosiers over the age of 5 spoke a language other than English at home; of these, 55.9% speak Spanish
22.1% of Hoosiers had attained a baccalaureate degree or higher
28.0% of the total population was youth under age 20

Source: U.S. Census Bureau. American Community Survey

Indiana's population has increased 4.2% since Census 2000, gaining approximately 253,554 residents. This population growth results from the difference between births and deaths (natural increase) and from the number of people moving in or out of the state (net migration).<sup>1</sup>

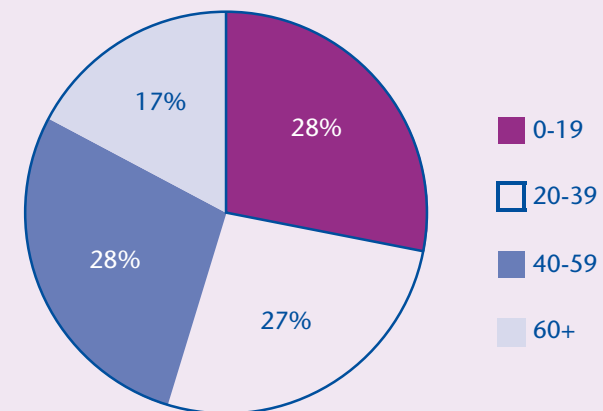
- In 2007, Indiana had an estimated 6,345,289 residents, making it the 15<sup>th</sup> most populous state in the nation.<sup>2</sup>
- Between July 1, 2006 and July 1, 2007, Indiana gained an estimated 149,903 residents from internal migration (the difference in the number of people moving in and out of the state from other states) and 20,452 from international migration, resulting in a net migration increase of 170,355 people.<sup>3</sup>

## Age Distribution

Children and youth under the age of 20 comprise one of the largest group of Indiana citizens, while the smallest group is composed of residents over age 60 (Figure 1).

- The median age of Indiana residents was 36.5 years in 2007, slightly higher than the 35.2 years reported for 2000.
- Since 1990, the number of children and youth under age 20 has decreased as a percentage of the total population. In 1990, the under-20 age group made up 29.6% of the total population; in 2007, this age group accounted for 28.0% of the total population.<sup>4</sup>

**Figure 1: Population Distribution by Age Group: Indiana 2007**



Source: 2007 American Community Survey, U.S. Census, Table S010

## Diversity

The most recent estimates for Indiana's population by race and ethnicity are for 2007. Although racial and ethnic diversity remains small, the Hispanic population has increased steadily since Census 2000 by an estimated 31.4% or nearly 98,327 residents.

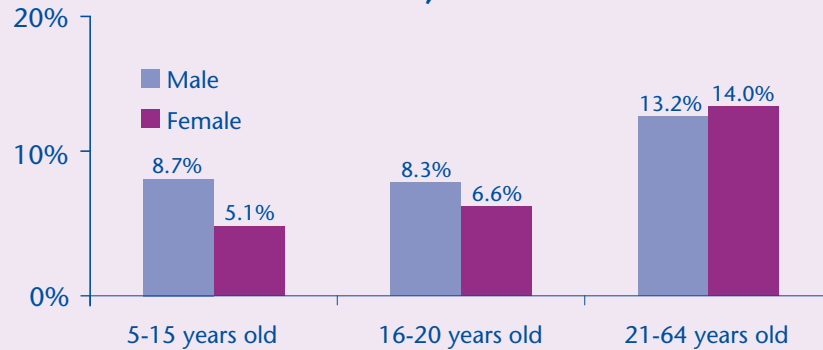
- In 2007, 4.9% of Indiana residents identified themselves as Hispanic, compared with 3.5% in 2000.<sup>5</sup>
- A growing part of the population speaks a language other than English in their homes. In 2007, 7.4% of the population over age 5 spoke a language other than English (nearly half were Spanish-speakers), up from 6.4% of the population in 2000.<sup>6</sup>
- 4.7% of Hoosier households were linguistically isolated.<sup>7</sup>
- Of Indiana residents who identified themselves as non-Hispanic, 87.7% identified themselves as white, followed by black (9.0%), Asian (1.4%), or two or more races (1.5%). Less than 1 percent (0.2%) of the population identified themselves as American Indian or Alaska Native, or Native Hawaiian and Other Pacific Islander.<sup>8</sup>
- Children under the age of 18 are more ethnically diverse than the general population in Indiana. In 2006, 7.3% of youth under the age of 18 were Hispanic. Of Indiana's non-Hispanic child population, 77.6% identified themselves as white, 10.6% as black, and 1.3% as Asian.<sup>9</sup>

## Disability Status

The Census Bureau defines a disability as a long-lasting physical, mental, or emotional condition. Information is available on the types of disability by age and gender, and is updated yearly through estimates published by the American Community Survey.

- Among Hoosier children and adults at least 5 years of age or older, 15.5% reported having some type of disability in 2007.
- From 2006 to 2007, the estimated percentage and number of children with disabilities decreased slightly from 7.4% to 6.9%, or from 70,708 children to 66,521 children.
- Of the 66,521 Hoosier youth ages 5-15 with a disability in 2007, 5.5% had a mental disability, followed by 1.3% with some form of sensory disability, and 1.2% with a physical disability.
- One in five (20.3%) youth with a disability had two or more types of disabilities.
- Boys ages 5-15 are more likely than girls of the same age to have a disability of some kind. This rate of disability increases with age, although the differences between the genders become less apparent (Figure 2 on next page).
- Boys are more likely to have a mental disability (7.3%) than girls (3.7%). Boys are more likely to have a sensory disability (1.5%) than girls (1.2%). Boys are also more apt to have a physical disability (1.3%) compared with girls (1.1%).<sup>10</sup>

**Figure 2: Percent of the Population with One or More Disabilities, Indiana: 2007**



Source: U.S. Census Bureau, 2007 American Community Survey, Table B18001

### **Educational Attainment**

Self-sufficiency in the twenty-first century requires higher levels of education. Higher education is customarily linked with higher earnings. A person earning a baccalaureate degree can earn 76% more than someone who has earned a high-school diploma or G.E.D. Research shows that higher levels of parental education are linked with positive outcomes for children including higher levels of educational achievement, engagement in pro-social behaviors such as volunteering, and lower rates of smoking and binge drinking.<sup>11</sup>

- In 2007, approximately 22.1% of Hoosiers had attained a baccalaureate degree or higher, ranking Indiana 43<sup>rd</sup> among the states. Nationally, 27.5% of people over age 25 have a baccalaureate degree or higher.
- More than eight of ten (85.8%) Hoosiers have high-school diplomas (or G.E.D.) or higher. This ranks Indiana 29<sup>th</sup> among the states, whereas 84.5% of all people in the United States have high-school diplomas or higher.<sup>12</sup>

### **Households and Families**

The American Community Survey collects detailed data about households and families in Indiana. Although the two terms are similar, there are significant differences.

- “Households” are all people who live together in a housing unit, excluding the population living in institutions, college dormitories, and other group quarters. The two major categories of households are family and non-family households.
- “Families” are two or more people living together related by birth, marriage, or adoption.

In 2007, Indiana had an estimated 2.5 million households, 34.1% of which included children under the age of 18. Nearly two-thirds (65.9%) of Hoosier households did not have children under the age of 18.

- Families (one category of “household”) comprised 67.5% of all households in Indiana, which includes married couple families (51.4%) and other families (16.1%). Nearly one-third (32.5%) of all Hoosier households were considered non-family.
- Of family households with children under the age of 18, 68.2% consisted of married couples; 23.7% of households were headed by a single mother, and 7.9% by a single father.<sup>13</sup>

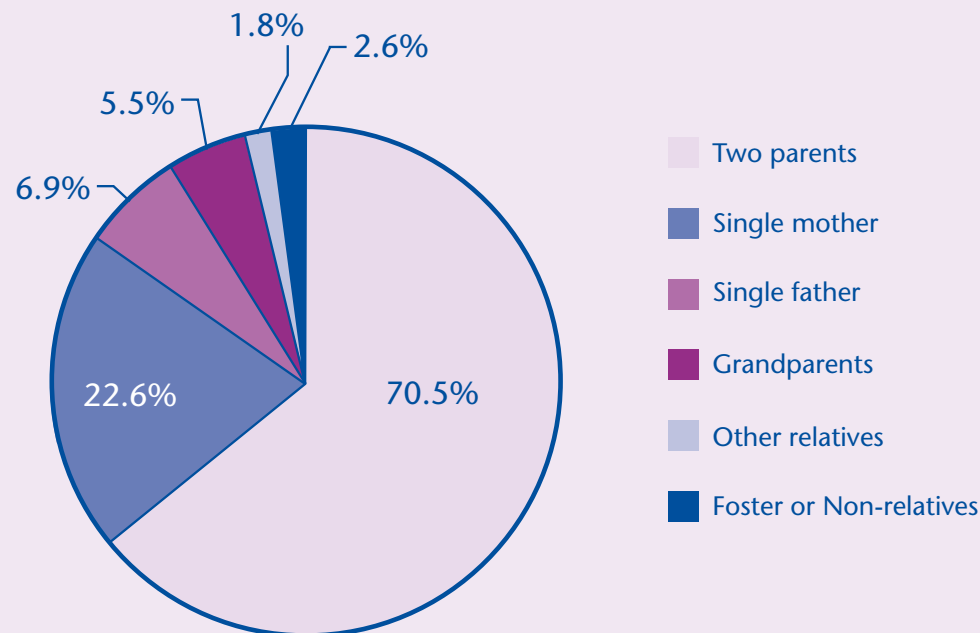
An estimated 1,662,403 families lived in Indiana in 2007. In contrast with children living in two-parent families, children in single-parent families have a greater likelihood of living in poverty, which can be partially attributed to having only one wage earner present.<sup>14</sup> Most children in Indiana are raised in two-parent families; however, many are brought up in other types of household arrangements, including single-parent families and grandparent-headed families (Figure 3 on next page).

- In 2007, of the estimated 102,978 grandparents who lived with their own grandchildren under the age of 18, 47.6% were solely responsible for caring for those children.
- Of the 49,044 grandparents responsible for caring for their grandchildren, about one in four (23.0%) had been caring for them for less than one year, whereas 32.9% had been caring for them for five or more years.
- 33,958 of grandparents responsible for their grandchildren were married. 31,309 were in the labor force. Six out of ten (58.9%) grandparents responsible for their grandchildren were female, and 7.0% of grandparents caring for their grandchildren lived in poverty during the previous 12 months.<sup>15</sup>

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**Figure 3: Children's Living Arrangements, Indiana: 2007**



Source: U.S. Census Bureau, 2007 American Community Survey, Table B09006

# Economics

A critical link exists between economic stability and the mental, physical, and social well-being of youth. Children under age 18 still are more likely than adults to live in poverty.<sup>1</sup>

## Unemployment and Jobs

In 2007, 4.5% of Indiana's labor force was unemployed, compared with 4.6% nationally. This ranked Indiana 24th among the 50 states. Fayette County had the highest unemployment rate at 7.2%; Hamilton County had the lowest unemployment rate at 2.9%.<sup>2</sup> Unemployment rates also vary by sex, age, and race (Tables 2 and 3).

**Table 2: Unemployment Rates by Selected Age Ranges and Sex, Indiana: 2007**

Years of Age	Male	Female	Total
16-19	14.7	15.4	15.1
20-24	9.1	10.0	9.5
25-34	5.3	3.9	4.7
35-44	3.4	3.4	3.4
45-54	4.0	2.5	3.3
55-64	3.7	2.4	3.1
65+	0.8	2.4	1.6

*Source: Bureau of Labor Statistics, Current Population Survey, Preliminary 2007 Data on Employment Status by State and Demographic Group. [www.bls.gov/lau/ptable14full2007.pdf](http://www.bls.gov/lau/ptable14full2007.pdf)*

**Table 3: Unemployment Rates by Race and Age Categories, Indiana: 2007**

	Male	Female	Total
White	4.6	3.6	4.1
Black	10.2	10.5	10.3
Hispanic	4.0	6.0	4.7
Total	5.0	4.2	4.6

*Source: Bureau of Labor Statistics, Current Population Survey, Preliminary 2007 Data on Employment Status by State and Demographic Group. [www.bls.gov/lau/ptable14full2007.pdf](http://www.bls.gov/lau/ptable14full2007.pdf)*

- Between 2006 and 2007, Indiana had a net gain of about 12,600 jobs. The largest changes by industry were an increase of 14,900 jobs in the education and health service sectors and a loss of 10,000 jobs in the manufacturing sector.<sup>3</sup>
- The Indiana Department of Workforce Development has predicted that by 2014, the health-care profession will account for four of the ten most in demand occupations in the state. Registered nurses top the list.<sup>4</sup>

## Income

- Indiana's median family income in 2007 was \$57,734, compared with \$61,173 nationally. This ranked Indiana as 33 among the 50 states.<sup>5</sup>
- Indiana's per capita personal income in 2007 was \$36,616, compared with \$38,611 nationally. This placed Indiana 37<sup>th</sup> among the 50 states.<sup>6</sup>
- In May 2007, Indiana's average hourly wage was \$17.51, compared with \$19.56 nationally, ranking Indiana 32<sup>nd</sup> among the 50 states.<sup>7</sup>
- In the first quarter of 2008, Indiana's cost of living ranked 17<sup>th</sup> least expensive among the 50 states.<sup>8</sup>

## Poverty

- In 2007, 12.3% of Hoosiers were in poverty, compared with 13.0% in the nation. Indiana had the 24th highest poverty rate among the 50 states.<sup>9</sup> Poverty lines are established based on the following information (Table 4).

**Table 4: Poverty Thresholds by Family Size, U.S.: 2007**

Size of Family	Thresholds, 2007	Hourly Wage*
1	\$10,787	\$5.39
2	\$13,884	\$6.94
3	\$16,689	\$8.34
4	\$21,027	\$10.51
5	\$24,744	\$12.37
6	\$27,705	\$13.85

\*Hourly wage needed to meet threshold, based upon a 2,000-hour work year. The federal minimum wage is \$6.55/hour (as of 7/24/2008). For tipped employees, the minimum wage is \$2.13/hour.

Source: U.S. Census Bureau, Poverty Thresholds 2007

- In 2007, 17.3% of Indiana's children under age 18 lived in poverty, compared with 18.0% nationally. Indiana had the 22nd highest child poverty rate among the 50 states.<sup>10</sup>
- In 2007, 38.0% of children lived in low-income families (reporting earnings less than 200% of poverty-\$34,926 a year), compared to 39.0% nationally.<sup>11</sup>
- The average Midwestern household's expenditures totaled more than or roughly equal to its after tax income until income rose above \$40,000.<sup>12</sup>

## Measuring Income Sufficiency

Holding all else constant, research shows that increasing family income is associated with positive child outcomes, including improvement in school achievement and school readiness.<sup>13</sup> Indiana residents have access to many programs designed to assist families in raising their incomes, including unemployment insurance, Temporary Assistance for Needy Families (TANF), the federal Earned Income Tax Credit (EITC), the state Earned Income Credit (EIC), Social Security, and child support enforcement. Program eligibility is determined by income. Table 5, on the next page, provides income eligibility information for some government programs.

### Unemployment Insurance

- In 2007, 186,575 first-time filers received unemployment payments in Indiana, down from 186,602 first-time filers who received unemployment payments in 2006.
- The average value of unemployment benefits for Hoosiers in 2007 was \$290.00 a week (up from \$286.32 in 2006) for an average duration of 13.3 weeks (up from 12.8 weeks in 2006).
- Hoosiers claimed a total of \$702.3 million in state unemployment insurance in 2007 (up from \$665 million in 2006).<sup>14</sup>

### Temporary Assistance for Needy Families (TANF)

TANF provides cash assistance and training services to Hoosier families with children under age 18 and incomes at or below the federal poverty threshold.

- In State Fiscal Year (SFY) 2007, the monthly average of families that had children under 18 and that received TANF was 46,697 (2.9% of Indiana's families with children).

**Table 5: Income Eligibility, Indiana: 2007**

	Max. Yearly Income for a Family of Four
Food Stamps	\$26,856
Hoosier Health Wise	\$42,408
Reduced Lunch Program	\$39,220
Free Lunch Program	\$27,560
Women, Infants and Children (WIC)	\$39,220
Head Start	21,200

Source: [www.govbenefits.gov](http://www.govbenefits.gov)

- In SFY 2007, 68% of monthly TANF recipients were children under age 18.
- The average family benefit was \$184 per month.
- The total value of benefits to Indiana families was \$103.3 million in SFY 2007; this was down from \$105.8 million in SFY 2006.<sup>15</sup>

### **Earned Income Tax Credit (EITC)/Earned Income Credit (EIC)**

Families earning up to \$38,348 (married with two children) or \$36,348 (single with two children) were eligible to receive the EITC for Tax Year (TY) 2006. Indiana is one of 24 states with a state supplement to the federal EITC. Called the Earned Income Credit (EIC), it returns an amount equal to 6% of the EITC to the filer. This will increase to 9% in 2009.<sup>16</sup>

- In TY 2006, 459,000 Hoosier received the federal EITC, totaling about \$852 million.
- 15.5% of Indiana tax filers in TY 2006 were eligible to receive the EITC.<sup>17</sup>

### **Social Security Income**

- In Calendar Year (CY) 2005, 4.2% of Indiana's children received Social Security benefits because of the retirement, death, or disability of a parent, compared with 4.1% nationally.
- Indiana, in CY 2005, had the 25th highest rate of children receiving Social Security among the 50 states.<sup>18</sup>

### **Food Programs**

In 2006, about 11% of Indiana households were "food insecure," meaning they lacked the financial resources to secure enough food to meet basic nutritional needs.<sup>19</sup> The Food Stamp Program, Women, Infants, and Children (WIC), and the National School Breakfast and Lunch Program help Indiana children avoid many negative developmental outcomes due to food insecurity. These may include poorer health status, lower academic performance, and behavioral and psychosocial problems.<sup>20</sup>

### **Food Stamps**

The Food Stamp Program is the nation's largest food-assistance program. Beginning October 1st, 2008, the program was renamed the Supplemental Nutrition Assistance Program (SNAP). To receive services a household must earn at or below 130% of the poverty level as well as meet financial and non-financial eligibility requirements.<sup>21</sup> With current food prices, the maximum monthly Food Stamp allotment for a family of four falls about \$25 short of the USDA's "thrifty food plan," which meets minimum nutritional needs.<sup>22</sup>

- In SFY 2007, the average monthly number of Hoosier Food Stamp recipients under age 18 was 288,564.

- A total of 410,818 children under age 18 received food stamps or about a quarter of Indiana's child population during SFY 2007.
- In Indiana, the average value of food stamps per person was about \$95 per month, or about \$3 per day.
- The total value of food stamps received was \$667.7 million in SFY 2007; this was up from \$647 million in SFY 2006.<sup>23</sup>

### ***Women, Infants, and Children (WIC) Program***

WIC is a program aimed at improving access to nutritious foods and promoting healthier eating habits and lifestyles for pregnant women and infants.

- 255,119 women, infants, and children participated in Indiana's WIC in SFY 2007.
- The average monthly WIC benefit was \$118 for infants, \$36 for children, and \$40 for women.
- Nearly \$97.5 million in WIC benefits were redeemed in SFY 2007.<sup>24</sup>

### ***National School Breakfast Program and National School Lunch Program***

The National School Breakfast Program and the National School Lunch Program are commonly known as the free and reduced price lunch/breakfast programs. They are federally assisted meal programs that provide nutritional meals to children. Public and nonprofit private schools and residential child care institutions are able to use this program.

- In Federal Fiscal Year (FFY) 2007, more than 30.6 million breakfasts and more than 125.4 million lunches were served to Indiana children through these national programs.

- The annual value of Indiana's school breakfasts was \$37.6 million; lunches were \$153.4 million in FFY 2007.<sup>25</sup>
- 28.2% of Indiana students were eligible to receive school lunches at no charge; an additional 7.9% were eligible to receive meals at a reduced fee in SY 2007.<sup>26</sup>

In addition to income-boosting and food-supplement programs, several other programs—the Child Care Development Fund (CCDF) program, Hoosier Healthwise and Healthy Indiana health insurance programs, and housing assistance programs—help supplement family income for other necessities.

### ***Child Care Development Fund (CCDF)***

Securing child care can be especially difficult for low-income families. The Child Care Development Fund is designed to assist parents with child care costs so they can work or further their education. Child care vouchers are available to Hoosier families at or below 170% of the poverty level. (The income eligibility was increased from 140% to 170% of federal poverty guidelines in 2007.)<sup>27</sup>

- In FFY 2007, 58,268 Hoosier children received child care vouchers, with a monthly average of 3,992 children on a waiting list.<sup>28</sup>
- The average cost of care per week for each child was \$89.20.
- The total budget for CCDF in FFY 2007 was \$201 million.<sup>29</sup>

## Health insurance

- In 2006, 6.7% of Hoosier children, or approximately 113,581, were uninsured. This compared with 11.3% nationally.<sup>30</sup>
- 593,199 Indiana children were enrolled in Hoosier Healthwise in SFY 2007.<sup>31</sup>

## Housing

- In 2008, fair-market rent for a three-bedroom residence ranged from a low of \$664 per month in Sullivan County to a high of \$972 per month in Dearborn, Franklin, and Ohio counties.<sup>32</sup>

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# Child Safety

Child safety includes protecting children from abuse, neglect, domestic violence, online exploitation, crime, vehicle accidents, unintentional injury, and death. Table 6 highlights some of the child abuse and neglect statistics for 2007.

**Table 6. Child Abuse and Neglect At a Glance, Indiana: SFY 2007**

11.9	Child abuse and neglect rate (per 1,000 children)
22.1	Percent of abuse cases substantiated
6,242	Number of substantiated cases of abuse
19.2	Percent of neglect cases substantiated
14,231	Number of substantiated cases of neglect
13,169	Number of Children in Need of Services (CHINS)
36	Number of child fatalities

Source: Indiana Department of Child Services

## Child Welfare Reports, Cases, and Rates

The national cost of child abuse and neglect was an estimated \$103.8 billion in 2007. However, the lifelong cost to children who have experienced maltreatment is the foremost concern. Abused and neglected children are more likely to struggle physically, emotionally, socially, cognitively, and behaviorally. The cost of child maltreatment is borne by families and by society, but mostly by children who suffer consequences throughout their lives.<sup>1</sup>

## National

- The national child abuse and neglect rate remained the same between Federal Fiscal Year (FFY) 2005 and 2006 at 12.1 per 1,000 children. The rate is lower than in 2001 when it peaked at 12.5 per 1,000 children.
- During FFY 2006, Child Protective Services (CPS) investigated allegations of maltreatment for an estimated 3.6 million children; an estimated 905,000 were substantiated as victims of child maltreatment. (Allegations are reports of possible abuse. Substantiated means CPS ruled that the child was abused or neglected.)
- U.S. children were more likely to suffer from neglect (64.1%) than any other form of maltreatment, followed by physical abuse (16.0%), sexual abuse (8.8%), psychological maltreatment (6.6%), and medical neglect (2.2%). Another 15.1% were victims of other forms of maltreatment specific to state law, such as abandonment, threats of harm, and congenital drug addiction. The percentages total more than 100% because children can be victims of more than one type of maltreatment.<sup>2</sup>

## Indiana

- Indiana's child abuse and neglect rate decreased between 2006 and 2007, dipping slightly from 13.0 to 11.9 per 1,000 children.
- Of the 28,217 reports of abuse in State Fiscal Year (SFY) 2007, 6,242 were substantiated, compared with 7,450 substantiated (29,371 were suspected) in SFY 2006.
- Of the 12,990 suspected sexual abuse cases reported, 3,866 were substantiated.

- Of the 15,227 suspected physical abuse cases reported, 2,376 were substantiated.
- Of the 74,249 cases of suspected neglect in SFY 2007, 14,231 were substantiated; this compares with SFY 2006, when 15,189 were substantiated.<sup>3</sup>

### **Perpetrator Characteristics**

#### **National**

- Children are most likely to be abused or neglected by their parents. In 2006, 79.4% of child maltreatment victims were mistreated by a parent acting alone or with another person, while another 6.7% were mistreated by other family members.
- Of the perpetrators, 57.9% were women and 42.1% were men.<sup>4</sup>

#### **Indiana**

Abuse in Indiana, by statutory definition, is perpetrated by a parent, guardian, or custodian. Sexual abuse of children is the only category of abuse where all allegations are investigated by the child welfare agency, regardless of the relationship of the child to the perpetrator. Physical abuse and neglect perpetrated by parent, guardian, or custodian only are investigated by child welfare, and thus tracked in these data. Of these categories, biological parents are most likely to be the perpetrators of child abuse or neglect.<sup>5</sup>

- In SFY 2007, parents were perpetrators in 69.6% of all substantiated cases of abuse and neglect.
- Mothers are more likely to abuse or neglect their children than fathers. In SFY 2007, 11,741 (47 % of all perpetrators) mothers were the perpetrators in substantiated cases of child abuse and neglect; fathers were responsible for 5,645 (22.6%) substantiated cases.

- Mothers were more than twice as likely (10,842 substantiated cases) as fathers (4,500 substantiated cases) to neglect their children.
- Fathers sexually abused their children almost nine times more than mothers (313 substantiated cases for fathers compared with 36 cases for mothers).<sup>6</sup>

### **Victim Characteristics**

#### **National**

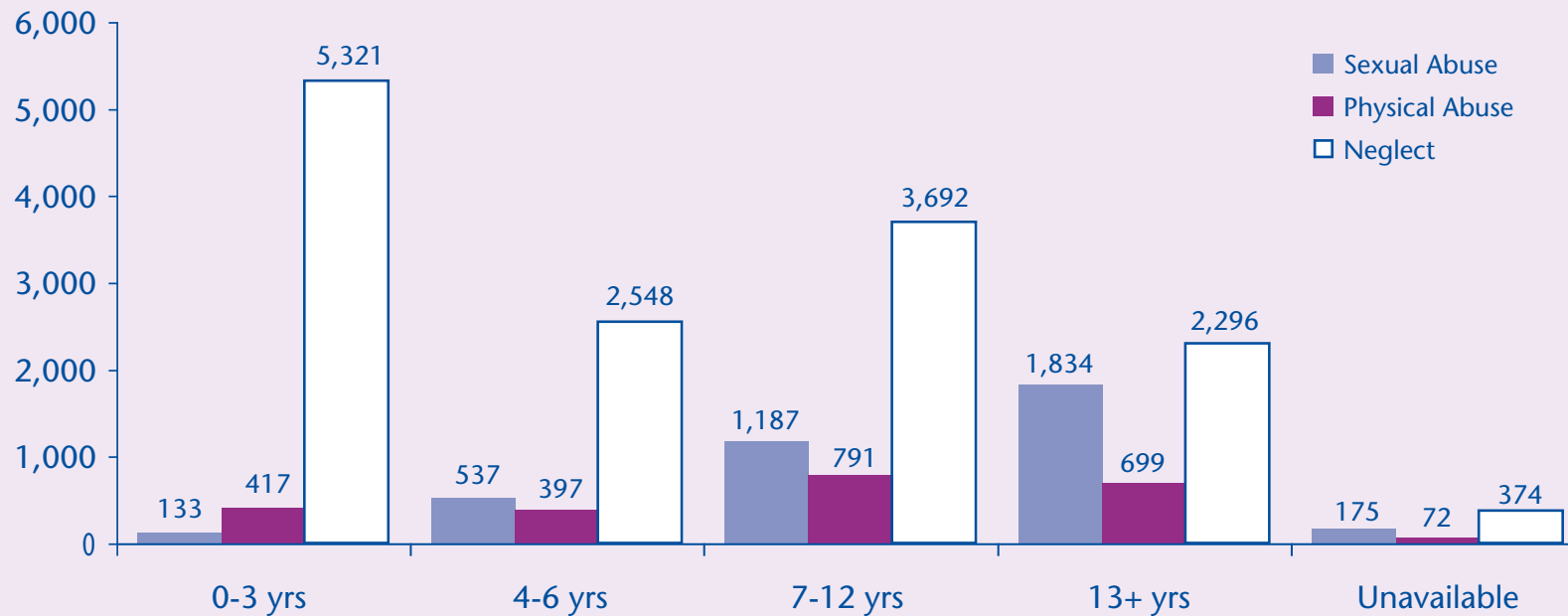
- Younger children are more likely than older children to suffer from abuse and neglect. In FFY 2006, the child abuse and neglect rate for children under age 1 was 24.4 per 1,000 children, compared with 13.5 per 1,000 children ages 4-7.
- One-half of all victims were white (48.8%), nearly one-quarter (22.8%) were black, and 18.4% were Hispanic.

#### **Indiana**

The frequency of type of maltreatment varies depending upon children's age and gender.

- In SFY 2007, females constituted 78.8% of all substantiated sexual abuse cases, with nearly 1,632 (42.2%) of the cases involving females over age 13.
- Children ages 7-12 are more frequently physically abused than any other age group with boys more likely to be physically abused (56.3%) than girls (43.6%). (Age groups do not add up to 100% due to unavailable ages in some cases.)
- Children under the age of 4 were more likely to be the victims of neglect (37.4% of all substantiated cases) than any other age group (Figure 4 on next page).

**Figure 4: Substantiated Abuse and Neglect\* Cases by Age Group, Indiana: SFY 2007**



\*The same child may be counted in more than one category of abuse/neglect for the same investigation.

Source: Indiana Department of Child Services. (2008) Data Management, Reports, and Analysis Department

- 75.6% of all maltreatment victims were white; 17.1%, were black, 5.1% were Multi-racial, and 2.2% were of other races.
- Of maltreatment victims, 93.5% were non-Hispanic (any race).<sup>7</sup>

### Fatalities from Abuse or Neglect

#### National

- During FFY 2006 an estimated 1,530 children died in the U.S. from child abuse or neglect, up from 1,460 children in 2005. The rate per 100,000 increased 4.1% between 2005 and 2006 (1.96 per 100,000 to 2.04 per 100,000).

- Neglect accounted for 41.1% of fatalities, followed by multiple maltreatment (31.4%), and physical abuse (22.4%). The remaining fatalities were due to psychological maltreatment, medical neglect, or sexual abuse.
- Children under the age of 4 accounted for 78% of all fatalities. Of these deaths, 44.2% were infants under the age of 1.
- Only 16% of child maltreatment fatalities occurred in families already involved with CPS agencies.<sup>8</sup>

## **Indiana**

- During SFY 2007, 36 Hoosier children died as a result of maltreatment, reflecting a decrease from SFY 2006 when 53 fatalities occurred.
- 17 of the deaths were due primarily to abuse, while 19 were a result of neglect.
- During SFY 2007, the 17 deaths primarily due to abuse indicated that the children may have suffered other injuries or neglect, but the three main causes of death were related to asphyxiation/suffocation/strangulation and/or skull fracture.
- The leading cause of fatalities in neglect cases was from positional asphyxiation, for example, when a parent, guardian, or custodian rolled over the child while impaired by drugs or alcohol.
- Drug and alcohol use by perpetrators were risk factors in 14 (39%) out of the 36 fatalities, reflecting an increase from SFY 2006 when drugs and alcohol were risk factors in nine (17%) of the 53 fatalities.
- Children under the age of 4 comprised 24 (66.7%) of all fatalities; of these deaths, 14 (38.9%) were infants under the age of 1.
- 25% of deaths had prior substantiated CPS investigations.<sup>9</sup>

### ***Institutional Abuse and Neglect***

Indiana assesses allegations of abuse and neglect of children while in the care of a state agency, such as group homes, foster care, hospitals, schools, and child care facilities.

- There were 215 substantiated cases of abuse and neglect in institutional settings in SFY 2007. Of those cases, 46.0% (99) were cases of neglect, 26.0% (56) were cases of sexual abuse, and 27.9% (60) were cases of physical abuse.

- Foster homes accounted for 25.5% of substantiated cases while in institutional settings, followed by schools (18.6%), and daycare facilities (14.4%).<sup>10</sup>

### ***Prevention efforts***

Child maltreatment is a complex issue, which indicates its prevention must be multifaceted and include comprehensive strategies that target various needs. These needs include parenting and educational classes, life skills training, child care options, and family support services.<sup>11</sup> Healthy Families provides voluntary home visiting services to families throughout Indiana. Through parent education and connecting families to services, Healthy Families seeks to strengthen families and reduce the incidences of child maltreatment, health problems, and delinquency.

In SFY 2007, 17,106 families received assessment and referral services through Healthy Families; down slightly from SFY 2005, when 17,160 families received services. Healthy Families provided home visitation services to 16,716 families; up from SFY 2005 when 13,558 families were enrolled.<sup>12</sup>

The Kids First Trust Fund's (KFTF) goals are to reduce the number of deaths due to child maltreatment, to reduce the number of substantiated cases of maltreatment, and to reduce the infant mortality rate. KFTF provides funding for two programs focusing on these goals: Prevent Child Abuse Indiana and Community Partners for Child Safety. KFTF is funded by donations and by the sale of the Kids First license plates.

- In SFY 2007, the Kids First Trust Fund allocated portions of \$1,563,000 to promote the prevention of child abuse and neglect prevention throughout Indiana. In SFY 2006, \$1 million was allocated.<sup>13</sup>

## **Intervention Efforts**

When abuse and/or neglect occur, it is vital that the youth's best interests are assessed to determine if the child can remain safely in the care of the parent, guardian, or custodian. When it is assessed that the child must be temporarily removed from the home while the caregivers and/or children receive services, or if parental rights should be terminated, intervention services are provided and overseen by an Indiana court with juvenile jurisdiction. When this occurs, the child is appointed a volunteer Guardian Ad Litem (GAL) or a Court Appointed Special Advocate (CASA). Volunteers may be attorneys or other highly trained individuals who can independently determine the child's best interests and make a recommendation to the court on the child's behalf.

- Since July 2005, a state law has required that a CASA/GAL be appointed to every Child in Need of Services (CHINS) case in Indiana. However, they are not available in every case. More than 3,000 children were on a waiting list to be appointed advocates in 2008.
- There are currently 67 CASA/GAL programs in Indiana's 92 counties.<sup>14</sup>
- In 2007, volunteer CASA/GALs represented 16,653 children involved in CHINS cases and 3,296 children involved in termination of parental rights (TPR) cases. This was a significant increase from 2006, when volunteers represented 12,886 children CHINS cases and 2,936 children in TPR cases.<sup>15</sup>

## **Domestic Violence**

Domestic violence is any abusive behavior perpetrated by one intimate partner against another. It can result in emotional trauma, physical injury, and even death.

Children who witness violence between their parents are at high risk of carrying the violence to the next generation.

- Boys who witness domestic violence are twice as likely to be perpetrators of violence when they become adults. Girls who were abused as children often become victims of domestic violence as adults.
- 30 to 60% of those who abuse their partners also abuse children in their home.<sup>16</sup>
- From July of 2006 to June of 2007, 4,500 adults and 3,677 children who were victims of domestic violence in Indiana sought refuge in emergency shelters.
- In SFY 2007, 75 people in Indiana died as a result of domestic violence; of these, seven were children.<sup>17</sup>

## **Internet Safety**

According to federal law, child sexual exploitation includes, among other things, manufacturing and distributing child pornography, online inducement of children for sexual acts, sending obscene materials to children, and the use of misleading domain names.<sup>18</sup> Children's increasing knowledge of and access to the Internet have put them at risk of viewing wanted or unwanted sexual material and have made them targets of online predators. The analysis of two Youth Internet Safety Surveys, one completed in 2000 and the other in 2005, examines the changes in Internet usage and Internet exploitation.

- 87% of youth (ages 12-17) used the Internet in 2005, compared to 73% in 2000.

- In 2000, 25% of youth reported exposure to unwanted online pornography; in 2005, 34% of youth were exposed to unwanted sexual material. In addition, 13% of youth had purposely accessed X-rated Web sites.<sup>19</sup>
- Percentage of youth who reported online harassment increased from 2000 (6%) to 2005 (9%).
- The percentage of youth who reported online sexual solicitations decreased from 19% in 2000 to 13% in 2005.<sup>20</sup>
- Two types of prevention efforts were associated with lower risk of unwanted exposure: software filtering, blocking, monitoring, and attendance at law enforcement Internet safety presentations.<sup>21</sup>
- Cyber bullying among and toward youth is a growing concern with the spread of online social networking sites.<sup>22</sup>

### ***Crime and Violence***

According to the 2007 Indiana Youth Risk Behavior Survey:

- One in five (20.9%) Indiana high school students carried a weapon, such as a gun, knife, or club, in the past month. 9.1% of students reported that they had carried a gun in the past 30 days, an increase over the 5.8% who reported carrying a gun in the 2005 survey.
- 29.5% of Indiana high school students had been in a physical fight in the previous year.
- 9.6% of Hoosier high school students reported that they had been threatened or injured with a weapon on school property one or more times within the past 12 months. This was an increase from the 2005 survey when 8.8% reported similar threats or injury.

- 11.6% of students reported that they had been purposely hit, slapped, or physically hurt by their boyfriends or girlfriends.<sup>23</sup>

### ***Juvenile Justice***

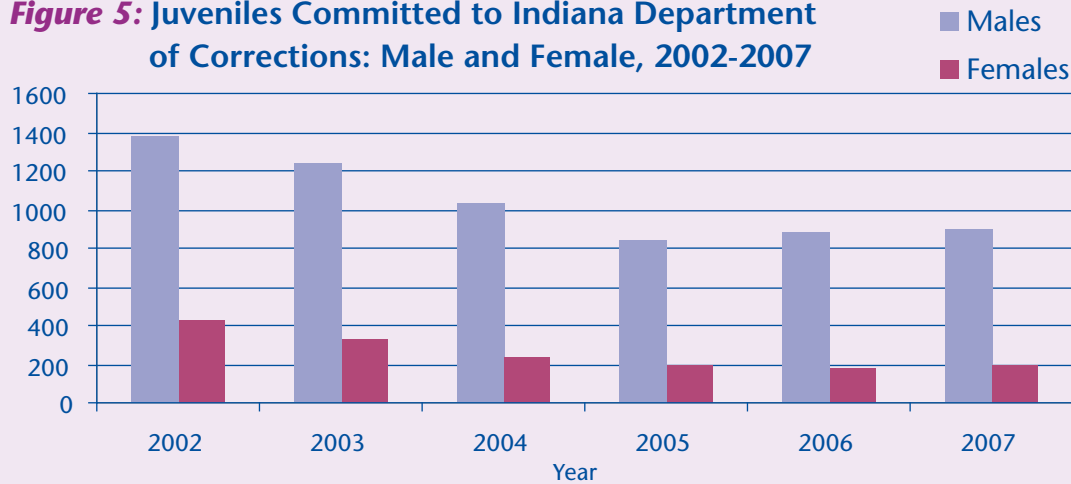
There has been a 45% decrease nationwide in juvenile arrests for violent crime and a 70% decrease in the homicide arrest rate from 1995 to 2004. However, the number of youth placed in detention facilities continues to grow. Possible causes for this trend include the implementation of “zero tolerance” policies in public schools and a low probability of alternative sentencing.<sup>24</sup>

- Nationally, law enforcement makes 2.2 million juvenile arrests annually; of these cases, 1.7 million were referred to juvenile courts.
- In SFY 2006, the estimated daily count of youth detained in juvenile facilities in the U.S. was 92,854. The estimated daily count of Indiana youth in custody was 2,616 in SFY 2006.
- The 2006 nationwide rate of detained and committed youth, ages 10-15, was 125 per 100,000. The rate in Indiana was much higher at 183 per 100,000 youth. This was the fifth highest rate among the 50 states.
- National and Indiana data are the same (3:1) for the ratio of youth of color to white youth in custody.
- In 2006, two out of three (66%) young people in custody nationwide were detained for non-violent offenses. A higher rate (74%) of Indiana youth in custody were detained for non-violent offenses.<sup>25</sup>
- Recent data from CY 2007 indicate that 1,101 youth (902 males and 199 females) were admitted to Indiana Department of Corrections Facilities (Figure 5 on next page). 58.0% of males and

60.8% of females admitted were white, while 31.9% of males and 25.1% of females admitted were black.

- In 2006, 3,490 drivers ages 15 to 20 lost their lives in car accidents in the U.S. An additional 272,000 youth were injured.

**Figure 5: Juveniles Committed to Indiana Department of Corrections: Male and Female, 2002-2007**



Source: Indiana Department of Correction

- The top offenses for which Indiana youth were incarcerated in 2007 were damage to property or person, public administration, public disorder, and controlled substance.<sup>26</sup>
- In FY 2007, the average daily population of youth in Indiana juvenile detention facilities was 1,003. The average daily cost per individual youth was \$148.69.<sup>27</sup>

### Motor Vehicle Safety

In the United States, motor vehicle accidents are the leading cause of death among children ages 2-14 and among youth ages 15-20. Most of these deaths could have been prevented.

- In 2006, 1,794 children, ages 14 and younger, died in car accidents in the U.S. Of those, 331 were pedestrian fatalities, and of the 331 pedestrian fatalities, 62 were struck by drunk drivers.<sup>28</sup>

- Nationally, drivers ages 15-20 accounted for 16.0% of all drivers involved in police-reported crashes in 2006 and 12.9% of all drivers involved in fatal motor vehicle crashes.
- The three biggest risk factors in fatal crashes for passengers ages 8-17 are riding with teen drivers, riding on high speed roads, and riding without safety belts.<sup>29</sup>
- In Indiana, more than 5,000 children under age 16 were injured in car accidents in 2007. Of those, 49 were fatal.<sup>30</sup>

- In 2007, 16-year-old Hoosier drivers had the highest rate (8.4%) of vehicle collisions causing injury than any other age. The leading causes of accidents involving young drivers were driver inexperience and speeding.<sup>31</sup>

### Child Restraints and Seatbelt Use

Research shows that the use of seatbelts can reduce the risk of fatal injury in car crashes by 45%. Child safety seats can reduce the risk of death for infants by 71% and the deaths of toddlers by 54%. Many deaths and injuries could be prevented each year by the proper use of child safety seats, as well as by educating and motivating parents and youth on the importance of buckling up.

- Among the child passengers (ages 0-14) who died in car accidents in the United States in 2006, 45% were unrestrained.<sup>32</sup> Of the teen passengers who died, 58% were unrestrained.<sup>33</sup>

- Nationally, vehicle passengers, ages 10-24, involved in fatal crashes had the lowest restraint use rate (56%), while those under age 10 had the highest rate (79%).<sup>34</sup>
- According to Indiana law, adults are responsible to ensure children ages 0-16 are in appropriate child restraints or seatbelts in all seating positions at all times.
- In 2007, child passengers in Indiana were almost four times more likely to be killed in traffic collisions when they were not properly restrained.<sup>35</sup>
- According to the 2007 Indiana Youth Risk Behavior Survey, 9.2% of high school students reported rarely or never wearing a seatbelt.<sup>36</sup>

## Infant, Child, and Teen Deaths

### Infant Mortality

The number of children per 1,000 live births who die before they reach their first birthday is called the Infant Mortality Rate.

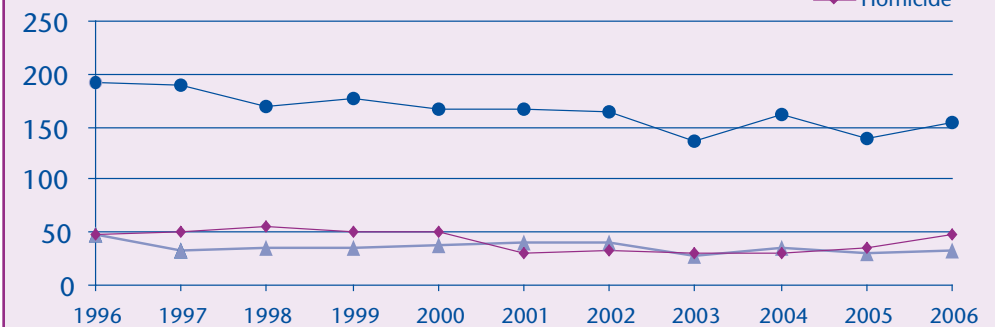
- In CY 2006, 702 Hoosier infants died before they marked their first birthdays.<sup>37</sup>
- The CY 2005 infant mortality rate in the United States was 6.9 deaths per 1,000 births (approximately 78 deaths per day), while the rate was 7.9 per 1,000 births in Indiana in CY 2006.
- Nationally, the mortality rate for African American infants (13.7 per 1,000 births) was significantly higher than the rate for Non-Hispanic white infants (5.7 per 1,000 births). Indiana's African American infant mortality rate in CY 2006 was 18.1 per 1,000 births.<sup>38</sup>

### Childhood Deaths

Childhood deaths are those that occur to children between the ages of 1-14. Unintentional injuries, such as motor vehicle accidents, accidental smoke inhalation, and drowning continue to be the leading causes of death for this population.

- In 2006, 288 childhood deaths occurred in Indiana. This was a decrease from the previous two years.<sup>39</sup>
- In 2005, the national childhood death rate was 20.0 per 100,000 children ages 1-14. Indiana's child death rate in 2006 was 23.7 per 100,000.<sup>40</sup>
- The national childhood death rates for African American, American Indian, and Alaskan Native children (29.0 per 100,000) are the highest of all major racial and ethnic groups.<sup>41</sup>

**Figure 6: Indiana Deaths From Accidents, Suicides, and Homicides (ages 15-19): 1996-2006**



Source: Indiana State Department of Health

### Teen Deaths

Teen deaths are those that occur among youth ages 15-19. Preventable deaths from accidents, homicides, and suicides accounted for 75% of all teen deaths nationally in 2005.

- In 2006, 234 Indiana teens ages 15-19 died as a result of accidents (153), homicides (48), and suicides (33). This number increased from 2005 (207 deaths) and 2004 (228 deaths) (Figure 6 on previous page).<sup>42</sup>
- In 2005, the national teen death rate was 65 per 100,000 teens. The rate for African American youth was 84 per 100,000, while the rate for Non-Hispanic white teens was 60 per 100,000.<sup>43</sup>

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# Health

Children’s health status is perhaps the most important determinant in ensuring positive developmental and health outcomes. Children cannot thrive when their mothers receive inadequate prenatal care, smoke, drink alcohol, or use illicit drugs while pregnant, and when basic health care is not readily accessible during childhood and adolescence. Prevention initiatives and community campaigns can help establish positive health behaviors, but many Hoosier children and families have health issues that impact their daily lives in spite of these efforts. Table 7 highlights the vital health and well-being statistics for Indiana.

The current edition of the United States Surgeon General's national health promotion and disease prevention agenda, Healthy People 2010, contains guidelines for improving the nation’s overall health. States, communities, organizations, and individuals are encouraged to use Healthy People 2010 goals and objectives as measurements for healthy living.<sup>1</sup>

## Maternal Health

Research has identified several factors related to maternal health that help give children a strong start at birth and into early childhood. These factors include:

- good pre-pregnancy maternal health,
- prenatal care at the start of pregnancy,
- a pregnancy that the mother intended or viewed positively,
- the mother’s access to financial and social support,
- a positive marital relationship,

- a high level of maternal education, and
- the absence of smoking, drinking alcohol, or drug use during pregnancy.<sup>2</sup>

**Table 7: Health At a Glance, Indiana: Years Vary**

89,404	Total live births in Indiana <sup>1</sup>
5,154	Number of babies born to unmarried mothers under the age of 20 with less than a high school diploma <sup>1</sup>
41.2	Percent of births to unmarried parents <sup>1</sup>
77.6	Percent of mothers receiving first trimester prenatal care <sup>1</sup>
17.3	Percent of pregnant women who smoked while pregnant <sup>1</sup>
38.4	Percent of 12th graders using alcohol on a monthly basis <sup>2</sup>
24.8	Percent of 12th graders using cigarettes on a monthly basis <sup>2</sup>
65.7	Percent of 12th graders ever having sexual intercourse <sup>3</sup>
7.2	Percent of high school students attempting suicide <sup>3</sup>

*Sources: (1) Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, 2006 Provisional Data; (2) Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents: The Indiana Prevention Resource Center Survey – 2008; (3) Indiana State Department of Health, 2007 Youth Risk Behavior Survey*

In addition to maternal health, research suggests that men's pregnancy intention as well as active involvement during pregnancy may have implications for later involvement with their children. Fathers who reported not wanting the pregnancy to occur were significantly less likely to engage in nurturing behaviors (i.e., holding the baby, waking up with the baby at night, and soothing the baby); whereas fathers who reported wanting the pregnancy were more likely to engage in these behaviors. Researchers also found that men who participated in prenatal activities (i.e., talking about the pregnancy with the mother, seeing an ultrasound, listening to the baby's heartbeat, attending childbirth classes, and buying items for the baby) were also more likely to engage in nurturing and care-giving activities once the child was born.<sup>3</sup>

### **Prenatal Care**

The Healthy People 2010 goal is for 90% of pregnant women nationwide to receive first trimester prenatal care.<sup>4</sup> Indiana has not yet reached that goal. In the state and in the nation, early prenatal care varies by the mother's race and ethnicity.

- In Indiana in Calendar Year (CY) 2006, 77.6% of women received timely prenatal care in the first trimester of pregnancy, slightly fewer than in CY 2005, when 78.9% received early care. In 2006, Asian/Pacific Islander women were the most likely to receive first trimester prenatal care at 80.0%, followed by white women (79.2%), American Indian women (72.7%), black women (65.6%), and Hispanic, any race, women (62.8%).
- In CY 2006, only two Indiana counties—Henry (92.2%) and Posey (90.1%)—attained the Healthy People 2010 goal of having 90% of pregnant women receive first trimester prenatal care.<sup>5</sup>

- Nationally, a higher percentage of women receive first trimester prenatal care. In CY 2005, for example, 83.9% of all mothers received care during the first trimester of pregnancy. This rate has remained relatively unchanged for three years.
- National data for 2005 indicate that 88.7% of non-Hispanic white women received first trimester prenatal care, compared with 76.5% of non-Hispanic black women, and 77.6% of Hispanic women.<sup>6</sup>
- Use of early prenatal care also varies with age. The younger the mother, the less likely she is to obtain first trimester prenatal care. In Indiana in CY 2006, only 65.0% of women ages 15-19 received first trimester prenatal care, compared with 83.6% of women ages 30-34.<sup>7</sup>

### **Smoking During Pregnancy**

Women who smoke cigarettes while pregnant are at greater risk of miscarriage, premature delivery, or having a low birthweight baby.<sup>8</sup> The Healthy People 2010 goal is for 99% of women to abstain from smoking during pregnancy.<sup>9</sup>

- Indiana traditionally has had a higher rate of women who reported smoking during pregnancy compared with the national average—17.3% versus 16.2% nationally in 2005 (a seven-state reporting area).<sup>10</sup>
- In Indiana in CY 2006, a higher percentage of American Indian women (22.7%) reported smoking while pregnant than any other race or ethnicity, compared with white women (18.1%), black women (13.3%), Hispanic women (2.7%), and Asian and Pacific Islander women (1.7%). Between CY 2005 and CY 2006, smoking rates declined among black, white, Hispanic, and Asian and Pacific Islander women but increased slightly among American Indian women.

- Overall, Hoosier women ages 20-24 (24.7%) are more likely to report smoking while pregnant than any other age group, followed by women ages 18-19 (24.0%), and women ages 15-17 (16.9%).<sup>11</sup>

### ***Alcohol Use During Pregnancy***

Drinking alcohol at any time during pregnancy poses a risk to the developing child. As little as one drink per week can lead to adverse birth outcomes such as Fetal Alcohol Syndrome. The cognitive deficits and behavioral problems resulting from prenatal alcohol exposure are lifelong and preventable.<sup>12</sup>

- In CY 2006, 0.4% Indiana women reported using alcohol while pregnant.<sup>13</sup>

### ***Prematurity, Low Birthweight and Very Low Birthweight***

- Infants born with a weight under 5 lbs., 8 oz. are considered low birthweight (LBW); those born with a weight under 3 lbs., 5 oz. are considered very low birthweight (VLBW). Babies born before 37 weeks gestation are considered to be premature and are more likely to be born LBW or VLBW.
- Nationally, 12.7% of all babies were born prematurely in 2005, reaching an all-time high, up from 12.5% in the previous year.<sup>14</sup>
- In CY 2006, 10.3% of all births in Indiana were considered premature, compared with 10.5% in CY 2005.
- In 2006, 8.2% of all births in Indiana were considered LBW, nearly the same as national figures (8.3%). This rate remained about the same from 2005 for Indiana and the nation.

- Mothers ages 10-14 and those over the age of 45 are more likely than other women to deliver LBW babies.
- In 2006, 1.4% of all births in Indiana and the nation were considered VLBW, similar to the 1.5% VLBW births in 2005.<sup>15</sup>

Babies born at LBW or VLBW are at increased risk of infant mortality and morbidity. Many of these infants face monumental challenges as they struggle to survive. Advances in medical technologies and the increase in multiple births have contributed to the rise in the number/percentage of babies born at LBW or VLBW, although there also appears to be a rise in the number of babies born LBW among single births.<sup>16</sup>

### ***Births To Unmarried Parents***

Although children from different family structures can grow up to be successful, children born to unmarried parents, teen parents, or mothers with less than a high-school diploma face more challenges than children born in economically stable two-parent families. Children born to unmarried parents, teen parents, or mothers with less than a high school diploma are likely to have lower income levels than families in which parents are married, more highly educated, and have delayed having children.<sup>17</sup> An increase in births to unmarried parents is one change in American society that has affected family structure and economic stability. Children born to unmarried parents are at an increased risk of having adverse birth outcomes such as LBW, and are more likely to grow up in poverty.<sup>18</sup>

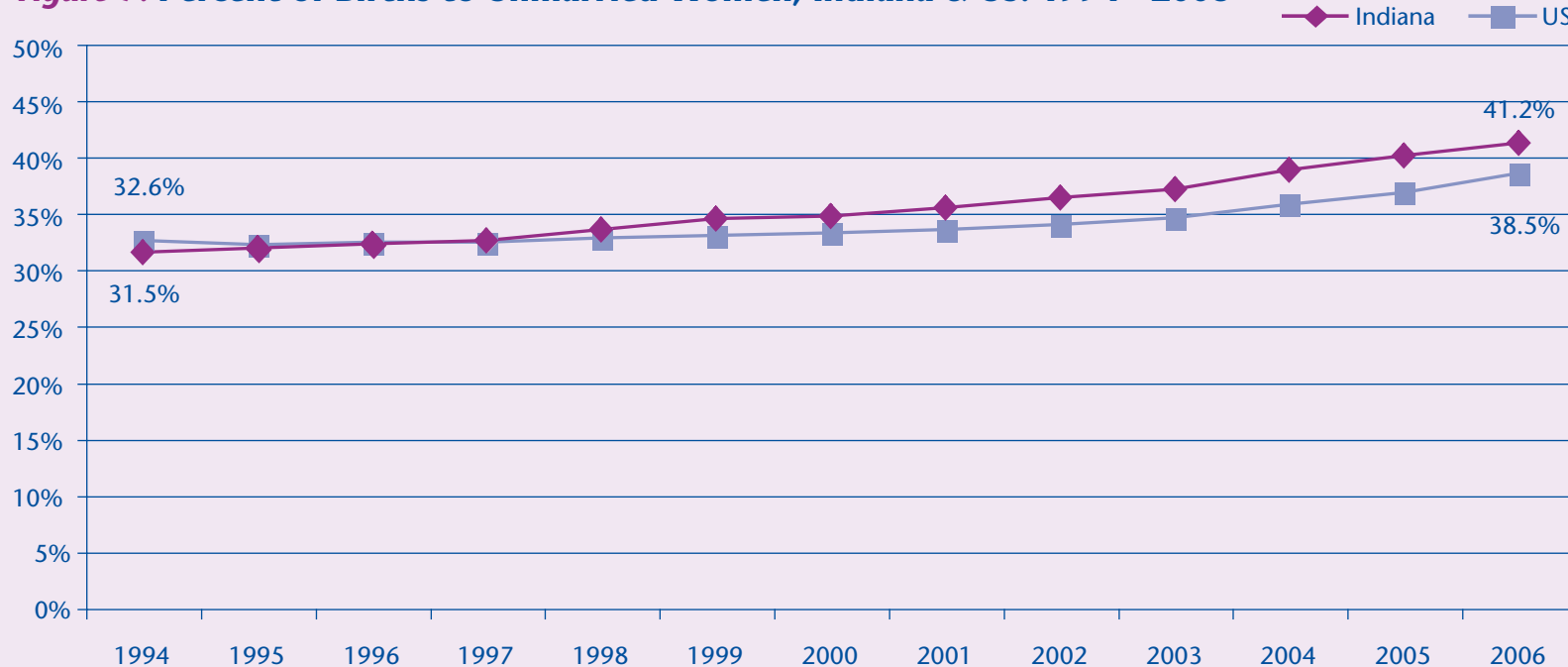
- The percentage of births to unmarried parents continues to rise in Indiana. In 2006, 41.2% of all births—four in ten—were to unmarried parents. This represents the highest non-marital birthrate since it has been recorded—an increase from 40.1% in the previous year. The likelihood of

being an unmarried parent decreases with the age of the mother—87.3% of mothers ages 15-19 years are unmarried compared with 17.0% of mothers ages 35-39 years.<sup>19</sup>

- Nationally, 38.5% of all births in 2006 were to unmarried parents. This number represents another record high, up from 36.9% of births in 2005 (Figure 7).
- Births to unmarried parents differ by the race and ethnicity of the mother. Of the women who gave birth nationally, 70.7% of non-Hispanic black women, 49.9% of Hispanic women, and 26.6% of non-Hispanic white women gave birth while unmarried.<sup>20</sup> In Indiana, the picture is similar. In CY 2006, 78.2% of black women, 54.9% of Hispanic women (any race) and 36.8% of white women gave birth while unmarried.<sup>21</sup>

- According to a recent analysis of data from the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B), which follows a nationally representative sample of children born in 2001, of the 37% of births to unmarried parents, more than half were to cohabiting couples. While children born within cohabiting unions are often better off economically than children born to single-mother households, research indicates they still face greater risks than children born to married couples.<sup>22</sup>
- Children born to cohabiting couples are more likely to be poor, have inadequate access to food, be read to infrequently, and display more problem behaviors compared with children of married couples.<sup>23</sup>

**Figure 7: Percent of Births to Unmarried Women, Indiana & US: 1994 - 2006**



Source: The Annie E. Casey Foundation, KIDS COUNT State Level Data Online, [www.kidscount.org](http://www.kidscount.org); Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

- According to the 2001 data from the ECLS-B, the majority of pregnancies (70%) within unmarried cohabiting couples were unintended.<sup>24</sup>

### **Child Health**

Preventive health care for youngsters begins during well-child visits to a pediatrician's office. Here, doctors assess their patients' physical, emotional, and behavioral health. They also look for developmental delays and early signs of disability. This can lead to early treatment and lessen the impact of any developmental problems on the child and the family. In addition to identifying potential problems, the pediatrician serves as an educator for parents in the areas of development, discipline, injury prevention, and sleep patterns.<sup>25</sup>

- In the U.S. in 2004, children under the age of 6 were significantly less likely to have received a well-child visit during the past year if they did not have health insurance, versus children with health insurance coverage (66.0% and 87.0%, respectively).<sup>26</sup>
- Vaccines now control diseases that once spread quickly and killed thousands. Immunizations are given early in life because many preventable diseases are more common and more deadly among infants and small children. Childhood immunization is an important step in preventing outbreaks of such diseases. Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends vaccinating children against most vaccine-preventable diseases by the time they are 2 years old.
- The CDC's immunization schedule for children recommends four doses of the diphtheria, tetanus, and pertussis (DTP) vaccine; three or more doses of polio vaccine; one or more doses of the

measles-mumps-rubella (MMR) vaccine; three or more doses of the Haemophilus influenzae type b (Hib) vaccine; one of the hepatitis B vaccine; and one or more of the varicella (chickenpox) vaccine. This series, collectively known as the 4:3:1:3:3:1 series, is required before children begin kindergarten.<sup>27</sup>

- According to the 2006-2007 National Immunization Survey, conducted annually by the CDC, 77.5% of children between the ages of 19-35 months were immunized with the 4:3:1:3:3:1 series nationwide, compared with 76.5% of Indiana children in the same age group.<sup>28</sup>
- A new vaccine was released in 2006 to protect young women from Human Papillomavirus (HPV). HPV is the most common sexually transmitted disease (STD) in the U.S. Approximately half of all sexually active women and men are infected with HPV at some point in their lives. Many cases of HPV are asymptomatic, which makes the virus difficult to detect since individuals can be infected but show no symptoms. Some forms of the virus can lead to cervical cancer. Because of the prevalence and the severity of the effects of HPV, the CDC recommends that all young women receive the HPV vaccine as part of a normal vaccination schedule. The vaccine is recommended for girls ages 11-12 years old; however, girls as young as 9 and girls ages 13-26 can receive the vaccine as well. It is recommended that girls get the vaccine before their first sexual contact as it does not work as well for those who have been exposed to the virus before getting the vaccine.<sup>29</sup>

### **Childhood Obesity**

In the past 30 years, the rate of childhood obesity in the United States has doubled. Although researchers have

identified no single clear cause of childhood obesity, they agree that it has serious health consequences such as heart disease, high blood pressure, Type 2 diabetes, sleep disorders, mental health problems, and other complications.

Nationally, reports indicate that treating childhood obesity and its related conditions cost an estimated \$127 million dollars in 1997-99.<sup>30</sup> Treating child obesity and its related health conditions pales in comparison to the cost of treating adults. On a national level, the indirect costs of adult obesity, such as reductions in economic opportunities and productivity, are estimated at \$23 billion a year.<sup>31</sup> Obesity is clearly an economic concern in Indiana as well, with residents paying \$1.6 billion annually in obesity-related medical costs.<sup>32</sup> According to the most recent Youth Risk Behavior Survey administered in 2007:<sup>33</sup>

- 15.3% of Hoosier 9th-12th graders had a Body Mass Index (BMI) between 85-95 percentile for youth their age and were at risk for becoming overweight.
- 13.8% of Hoosier 9th-12th graders had a BMI equal to or greater than the 95th percentile for youth their age and were considered obese.
- Nationally, 15.8% of 9th-12th graders were overweight and 13.0% were considered obese in 2007.
- A recent study suggests that very low food security is strongly associated with overweight infants and toddlers.<sup>34</sup> Researchers found young children living in homes with very low food security to be 61% more likely to be overweight than children living in homes that are food secure.<sup>35</sup> The study estimated that in 2001, one in ten (9.9%) U.S. households with infants reported low food security and 2.7% households reported very low food security.<sup>36</sup>

## **Lead Poisoning**

Elevated blood lead levels (defined as blood lead levels greater than or equal to ten micrograms per deciliter) are harmful to the nervous systems of young children and can cause learning disabilities, lowered intelligence, and behavior problems. Extremely high levels of lead in a child's blood can cause seizures, coma, and even death. Lead was commonly found in the paint used in many homes prior to it being banned as an ingredient in 1978, and it can still be found in many older homes as well as in the natural environment. Because lead poisoning has no obvious symptoms, young children should be tested regularly.<sup>37</sup> Since lead poisoning is preventable, the Healthy People 2010 goal is total elimination of elevated blood lead levels in children.<sup>38</sup>

- In 2007, there were 656 confirmed cases of lead poisoning in Hoosier children under the age of 7.<sup>39</sup>

## **Asthma**

Asthma is the most common chronic childhood illness, affecting approximately 6.8 million American children (about 9% of all children under age 18). Asthma is a chronic inflammation of the airways, characterized by excessive sensitivity of the lungs to various stimuli. Several factors can trigger an asthma "episode" or "attack"—exercise, stress, viral infections, allergies, or airborne irritants such as cigarette smoke or gases.

- Approximately 4.1 million (6%) U.S. children under age 18 experienced an asthma attack or episode in 2006.<sup>40</sup>
- In 2006, an estimated 12.2% of Indiana children age 17 and younger had ever been diagnosed with asthma.<sup>41</sup>

## Oral Health

Research indicates a connection between oral health and general health. Lack of oral care and treatment can lead to lung and heart disease, infections, low birthweight, and pre-term babies.<sup>42</sup> According to the CDC, children's oral health improved nationwide in many areas between 1988-1994 and 1999-2004. Highlights of the report include:

- Tooth decay in permanent teeth among children ages 6-11 has decreased from 25.0% to 21.0% and from 68.0% to 59.0% among youth ages 12-19.
- Among children ages 6-11, the use of dental sealants to protect molars increased from 22.0% to 30.0%, while the use of sealants increased from 18.0% to 38.0% among youth ages 12-19.
- Rates of baby teeth decay among children ages 2-5 increased from 24.0% to 28.0%.<sup>43</sup>

The National Survey of Children's Health provides additional measures of children's oral health for the state and the nation. Some findings of this report include:

- In 2003, among Hoosier youth ages 1-17, 74.8% received preventive dental care in the previous year, compared with 72.0% of youth nationally.
- Elementary-age children are most likely to receive preventive care in Indiana and nationwide. In Indiana, 87.1% of youth ages 6-11 received preventive care, compared with 81.6% of youth ages 12-17, and only 51.4% of children 1-5 years old. Nationally, 83.7% of youth ages 6-11 received preventive care, compared with 79.8% of those ages 12-17, and 48.0% of children ages 1-5.
- There is great variation in the receipt of dental care by race. In Indiana, 78.1% of Non-Hispanic white children received preventive care, compared

with 61.8% of Non-Hispanic black children and 49.9% of Hispanic children.<sup>44</sup>

## Mental Health

According to the World Health Organization, mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community."<sup>45</sup> Many individuals have short periods of time when they experience poor mental health, while others cope with more serious mental illness that may impact their lives permanently. Whether problems with mental health are long or short term, people with these disorders often face social isolation, poor quality of life, and increased mortality.<sup>46</sup>

Results from the Indiana Youth Risk Behavior Survey offer some insights into the mental health status of Hoosier youth. According to the 2007 survey:<sup>47</sup>

- 27.5% of Hoosier youth felt so sad or hopeless almost every day for at least two weeks that they stopped some of their usual activities. Although this does not confirm a mental health disorder, it is one of the criteria used to diagnose depression and other mental health problems.
- 15.8% reported seriously considering attempting suicide during the previous year.
- 11.7% made a plan for attempting suicide during the previous year.
- 7.2% attempted suicide one or more times during the previous year.
- 2.9% made a suicide attempt that required the medical attention of a doctor or nurse (due to injury, poisoning, or overdose).

## **Alcohol, Tobacco, and Other Drug Use**

The most recent survey of Indiana 8th-12th graders by the Indiana Prevention Resource Center (IPRC) reveals that overall drug use is down. Another favorable result of this year's survey is that the age of first use of "gateway" drugs (alcohol, tobacco, and marijuana) increased. In 2008, the average age of first time use of alcohol was 13, for cigarettes it was 12.7, and for marijuana it was 13.8.<sup>48</sup>

### **Alcohol Use**

- In 2008, 44.0% of Indiana 8th graders reported having ever used alcohol, down from 45.4% in 2007, but still higher than the 2007 national rate of 38.9%. By 12th grade, 68.5% of Indiana students had used alcohol; lower than the 2007 state rate (69.2%) and the nation (72.2%).
- In 2008, 18.8% of Indiana 8th graders reported using alcohol on a monthly basis, compared with 2007 when the state rate was 19.9% and the national rate was 15.9%. By 12th grade, 38.4% of Indiana students used alcohol on a monthly basis, less than in 2007 when the state rate was 39.7% and the national rate was 44.4%.
- Binge drinking is defined as drinking five or more alcoholic beverages in one sitting. More than one in ten (12.2%) of Indiana 8th graders reported binge drinking, compared with 2007 when binge drinking was reported by 13.2% in Indiana and 10.3% in the nation. By 12th grade, 26.9% of Indiana students reported binge drinking compared with 2007 when the state rate was 28.6% and the national rate was 25.9%.
- In 2008, 39.9% of Indiana 12th graders reported driving while under the influence or riding in a car being driven by someone else who was under the influence of drugs or alcohol within the past year.<sup>49</sup>

### **Tobacco Use**

- In 2008, 25.5% of Indiana 8th graders reported having ever used cigarettes, lower than the 2007 state (28.1%) rate, but higher than the national (22.1%) rate. By 12th grade, 48.2% of Indiana students had used cigarettes, nearly the same as in 2007 (48.4%) but still higher than the 2007 national rate of 46.2%.
- 4.7% of Indiana 8th graders reported using cigarettes on a daily basis, compared to 2007 when the rates were 5.5% in Indiana and 3.0% in the nation. By 12th grade, 15.0% of Indiana students used cigarettes on a daily basis, compared to 2007, when 14.7% of Indiana and 12.3% of U.S. students used cigarettes daily.
- 2.3% of Indiana 8th graders reported smoking half a pack of cigarettes or more per day; compared with 2007 statistics—2.7% in Indiana and 1.1% nationally. By 12th grade, 8.6% of Indiana students reported heavy smoking, half a pack or more a day; this compared with 2007, when 8.5% of Indiana and 5.7% of U.S. students reported heavy smoking.<sup>50</sup>

### **Over-the-Counter Medicine for Non-Medical Use**

- In 2008, 12.9% of Indiana 12th graders reported ever using over-the-counter medicine for non-medical use, and 5.1% reported monthly use.
- 9.7% of Indiana 8th graders reported ever using over-the-counter medicine for non-medical use, and 4.3% reported monthly use.

### **Other Drug Use**

- In 2008, 14.4% of Indiana 8th graders reported ever having used marijuana; this compared with 2007, when the rates were 16.1% for Indiana and 14.2% nationally. By 12th grade, 36.5% of Indiana

students had used marijuana; the same as in 2007, and below the 2007 national rate of 41.8%.

- In 2008, 9.5% of Indiana 8th graders reported ever having used inhalants. Of 12th grade students in Indiana, 9.0% had used inhalants.
- In 2008, 1.5% of Indiana 8th graders reported ever having used methamphetamines, nearly the same as in 2007, when the rates were 1.6% of Indiana and 1.8% of U.S. 8th graders. By 12th grade, 2.7% of Indiana students had used methamphetamines; lower than in 2007, when the rates were 3.4% for Indiana and 3.0% nationally.<sup>51</sup>

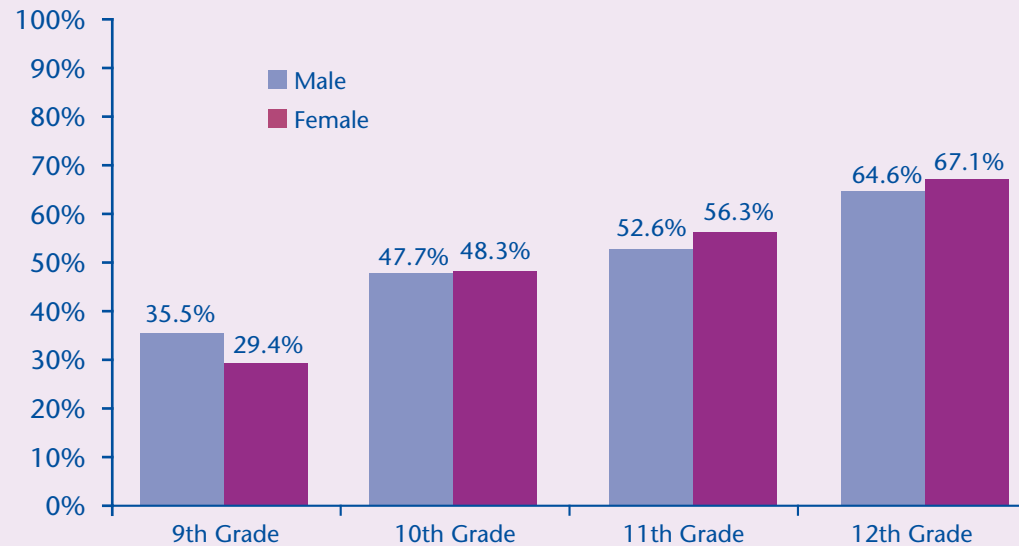
### **Sexual Activity**

Biological changes of puberty and social and emotional interactions signal an adolescent's sexual maturity; however, exploration of a teen's sexuality can lead to risky sexual behavior. Certainly a teen's perceptions and attitudes play a role in sexual behavior, and recent studies indicate adolescents perceive oral sex as more acceptable than intercourse.<sup>52</sup> Health practitioners are concerned about potentially rising STD rates because of adolescents' misconception that oral sex poses little if any risk as compared with other forms of intercourse. Youth engage in oral sex more frequently, and use protection less often, compared with other forms of intercourse.<sup>53</sup>

- According to a 2002 national survey of teens, ages 15–19, about 24 % of males and 22% of females reported having had heterosexual oral sex but not vaginal intercourse.<sup>54</sup>

- In 2007, 49.1% of Indiana high school students reported ever having sexual intercourse, representing an increase since 2005, when 44.5% of students reported ever having sex. Nationally, 47.8% of high school students report ever having had sexual intercourse.<sup>55</sup> (Figure 8)

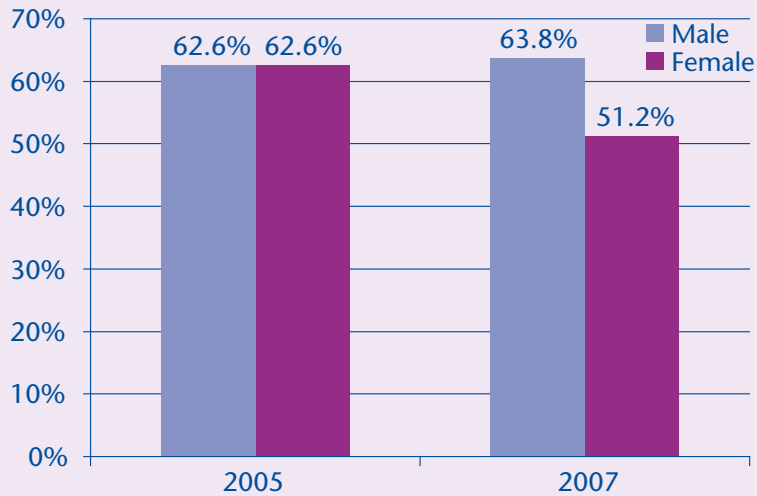
**Figure 8: Percent of Students Who Have Ever Had Sexual Intercourse, Indiana: 2007**



Source: Indiana State Department of Health. Youth Risk Behavior Survey

- The likelihood of engaging in sexual intercourse increases with age. In 2007, nearly one-third (32.5%) of Hoosier 9th graders and two-thirds (65.7%) of Hoosier 12th graders reported ever having sexual intercourse. Between 2005 and 2007, the number of 9th graders who reported ever having sexual intercourse remained relatively the same, however, the percentage of 12th graders increased from 59.6% in 2005.
- Nationwide, in 2007, 32.8% of 9th graders and 64.6% of 12th graders reported having ever had sexual intercourse.<sup>56</sup>

**Figure 9: Students Who Used a Condom During Last Sexual Intercourse, Indiana: 2005 & 2007**



Source: Indiana State Department of Health, Indiana Youth Risk Behavior Survey, Trend Analysis Report

- Among sexually active students, 57.1% of Hoosier high-school students reported using condoms during their last sexual encounter, compared with 61.5% nationally. This represents a slight decrease from the percentage of students reporting condom use in 2005, when 62.6% of Indiana teens and 62.8% of U.S. teens reported using condoms (Figure 9).<sup>57</sup>

### Teen Births

Nationally, the teen birthrate rose slightly from 2005. In 2006, it increased to 41.9 births per 1,000 females ages 15-19, up slightly from 40.5 per 1,000 in 2005.

- The national birthrate for males ages 15–19 was 17.0 per 1,000 births in 2004, essentially unchanged from the all-time low of 16.9 per 1,000 births in 2003.<sup>58</sup>

The picture is somewhat different in Indiana.

- In CY 2006, the birthrate for females ages 15-19 was 43.8 per 1,000, basically unchanged from 43.2 per 1,000 in 2005. For mothers ages 18-19, the birthrate increased slightly to 80.3 per 1,000, up from 78.8 per 1,000 in CY 2005. For ages 15-17, the 2006 birthrate was 20.8 per 1,000, basically unchanged from 20.5 per 1,000 in CY 2005. (Table 8)
- In CY 2006, 9,726 babies were born to mothers ages 10-19 (10.9% of all births) and 2,996 babies born to males ages 10-19 (3.4% of all births).
- In CY 2005, the number of induced terminations of pregnancies involving Hoosiers ages 19 and younger decreased from 2,188 in 2000 to 1,694.<sup>59</sup>

**Table 8: Ages 10-19 Birth Rate\*, U.S. and Indiana: 2006**

Ages	National	Indiana
10-14	0.6	0.5
15-17	22.0	20.8
18-19	73.0	80.3
15-19	41.9	43.8

\* births per 1,000 teens in each age group

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, 2006 Provisional Data. Hamilton, B.E., Martin, J.A., Ventura, S.J. (2007); Births: Preliminary Data for 2006, National Vital Statistics Reports Hyattsville, MD: National Center for Health Statistics, Vol 56, No.7

## The Cost of Teen Births

- In 2004, teen childbearing cost U.S. taxpayers at least \$9.1 billion in federal, state, and local taxes. These costs included \$1.9 billion for public health care, \$2.3 billion for child welfare, \$2.1 billion for state prisons, and \$2.9 billion in lost revenue due to decreased earnings and lower taxes paid by teen mothers over the course of their lifetimes.<sup>60</sup>
- Teen childbearing cost Indiana taxpayers at least \$195 million in 2004. The majority of costs are associated with negative outcomes for children born to teen mothers, including: \$37 million for public health care, \$40 million for child welfare, \$33 million for incarceration, and \$64 million in lost tax revenue.<sup>61</sup>

## Sexually Transmitted Diseases

- Sexually transmitted diseases (STDs) are infections or diseases passed from person to person by sexual contact. The Centers for Disease Control and Prevention (CDC) reports that half of the 19 million new infections each year occur in young people ages 15 to 24.<sup>62</sup>

### Chlamydia

- In 2007, the number of Indiana youths under age 20 diagnosed with Chlamydia increased to 7,360, up from 6,924 in 2006.
- Youths make up 35.7 % of total Chlamydia cases in Indiana, a slight increase from 34.1% in 2006.

### Gonorrhea

- In 2007, the number of Indiana youths under age 20 diagnosed with gonorrhea was 2,376 as compared with 2,363 in 2006.
- Youth make up 27.1% of total Indiana gonorrhea cases, a slight increase from 26.5% in 2006.

## HIV/AIDS

- As of December 31, 2007, 335 Indiana residents under age 20 had been diagnosed with HIV, and 131 were living with AIDS. The number of HIV and AIDS cases is up significantly from 2006; 220 and 112 respectively.<sup>63</sup> While HIV can be transmitted through sexual activity, some youth cases may be due to perinatal HIV transmission.

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# Education

Laying the groundwork for learning begins well before children enter the classroom. Family characteristics—age, education, and access to health care—can influence academic success. Children’s health at birth and beyond and their early childhood experiences are important factors.<sup>1</sup> The quality and stability of a young student’s relationships provide the foundation not only for school readiness, but also for a wide range of developmental outcomes, including self-confidence, impulse control, conflict resolution, knowing the difference between right and wrong, and the ability to develop and maintain relationships.<sup>2</sup>

## Child Care

Many Hoosier families with children under age 18 (733,148) have all parents in the workforce. Thus, many parents turn to child care during the workday. A young child's relationship with caregivers outside the family is very important. However, poor program design and frequent turnover often undermine the quality and stability of many child care arrangements.<sup>4</sup> In an effort to help parents find high quality care for their children, Indiana has begun to implement a voluntary quality rating system for regulated child care

**Table 9: Paths to Quality Indicators, Indiana**

Indicator Area	Measures...
Regulation	State child care licensure or registration
Teacher education and specialized training	Amount of formal education and training/ workshops related to child development issues
Structural quality	Child care features such as teacher-child ratio, group size, and physical characteristics of child care facility
Process quality	Teacher-child interactions, children's engagement, types of daily activities, developmentally appropriate curriculum, language and literacy opportunities, and respect for individual children and families
Assessment	Appropriateness of assessment of both child progress and program trends, quality, and effectiveness
Provision for children with special needs	Accommodations or adaptations to physical environment, activities, and time for children with disabilities
Program policies and procedures	Adequacy of staff orientation, written policies and procedures, records, advisory board, annual program evaluation, strategic planning, and teacher's planning time
Professional development	Director or lead caregiver maintenance of skills through continuing education and/or participation in professional organizations, networking, or mentoring
Parent-teacher communication and involvement	Parents and provider communication about the child and program
Accreditation by NAEYC or other organizations	Achievement of quality criteria substantially beyond the mandatory requirements of the government

providers called Paths to Quality (PTQ). This system assigns providers a quality level of 1 (meets basic health and safety needs) to 4 (national accreditation) based on 10 indicators (Table 9 on previous page).

- At the time of publication, 531 providers were participating in the PTQ system.<sup>5</sup>
- In SFY 2007, 606 licensed child care centers had space for 61,308 children. Head Start had 13,937 of these spaces, and Early Head Start had 1,281.
- In SFY 2007, 2,992 licensed child care homes provided 36,642 spaces.
- In SFY 2007, 645 registered child care ministries had an estimated capacity of 40,804. (Child care ministries are not required to be licensed, but Indiana offers a voluntary certification program that recognizes ministries meeting standards in four areas.<sup>6</sup>)
- The average annual cost of full-time center-based care was \$7,000-\$9,000. The average annual cost of full-time home-based care was \$4,700-\$5,300.
- 81% of child care requests were for infants, toddlers, and preschoolers; 19% were for school-age children.
- 92% of requests were for full-time care; 8% for part-time care.<sup>7</sup>
- Indiana's centers, homes, and ministries accommodated 42% of children under age 6 with all present parents in the workforce.<sup>8</sup>

### ***K-12 Learning***

In Indiana, children are required by law to attend school until they graduate, turn 18, or fulfill the requirements for withdrawal beginning at age 16.<sup>9</sup> Students have several paths to completing their formal education. These include public schools, nonpublic schools, charter

schools, home schools, and alternative schools.

- In School Year (SY) 2007 (2006-2007), 1,035,199 children attended public schools, (84% of the school-age population).
- 97,975 children attended nonpublic schools, (8% of the school-age population).
- 9,837 children attended charter schools, (0.8% of the school-age population).
- 35,772 children were homeschooled, (3% of the school-age population).<sup>10</sup>
- 28,078 children attended alternative schools, (2% of the school-age population).<sup>11</sup>

Although Indiana law does not require children to attend school until the school year in which they turn 7, many children begin with kindergarten. In SY 2008 (2007-2008), 263 of Indiana's 293 public school corporations and charter schools had applied for Department of Education grants to help operate full-day kindergarten programs.<sup>12</sup>

- In SY 2008, 61% of Indiana's kindergarten students attended full-day kindergarten,<sup>13</sup> a 40% increase over SY 2007.
- A 2006 survey of Indiana's public school superintendents reported that 96% believed full-day kindergarten improved academic achievement, and 93% believed it improved social skills.<sup>14</sup>
- Public opinion was split on funding full-day kindergarten. 49% of Hoosiers supported full-day kindergarten even if it means increasing taxes; 49% opposed.<sup>15</sup>

### ***School and Teacher Quality***

Education Week's annual "Quality Counts" report grades states in six categories related to student success.

Overall, Indiana most recently received a B- and ranked 12th best in the nation. Indiana's rankings in the six categories ranged from first in the nation for "standards, assessment, and accountability" to 29th in the nation for the "chance for success" index (Table 10).<sup>16</sup>

**Table 10: Education Week's "Quality Counts" Results, Indiana: 2008**

Education Policy and Performance Area	State Grade	State Rank
Chance for Success	C+	29th
K-12 Achievement	C-	25th
Standards, Assessments, and Accountability	A	1st
Transitions and Alignment	C+	12th
Teaching Profession	C-	28th
School Finance	B	11th

*Source: Education Week. A Special Supplement to Quality Counts*

- 50% of Indiana residents rated Indiana public schools as "excellent" or "good;" 34% rated them as "fair;" 10% rated them as "poor."
- 62% of Indiana residents rated public school teachers as "excellent" or "good;" 29% rated them as "fair;" and 5% rated them as "poor."
- 76% of Indiana residents believed achievement gaps between low- and high-performing students are related to factors other than quality of schooling received, such as family income or educational attainment.<sup>17</sup>

No Child Left Behind (NCLB) and Public Law 221 (PL 221) are the federal and state efforts, respectively,

to improve school quality and accountability. Both measures require that schools show yearly improvement in indicators related to student achievement for the total student population and student sub-groups including race/ethnicity, family income, English proficiency, and ability level. NCLB requires school improvement activities for schools participating in the Title 1 program that repeatedly fail to meet "adequate yearly progress" (AYP); PL 221 extends similar mandates to all schools that are on academic probation. Table 11, on the next page, compares these consequences.

- 59% of Indiana Title 1 schools achieved AYP as defined by NCLB.
- Of the Title 1 schools that did not achieve AYP and are in improvement status, 36% are in Year 1 improvement status; 31% are in Year 2 status; 17% are in Year 3 status; 8% are in Year 4 status; and 8% are in Year 5 status.<sup>18</sup>
- In SY 2008, 57% of all Indiana schools achieved academic progress as defined by PL 221; 7% of schools are on academic probation.<sup>19</sup>

### **School Funding and Expenditures**

Beginning in 2009, changes to Indiana's property tax system will shift the funding stream for school operating costs from local levels to the state level, funded in part by a one percentage point increase in the sales tax.

- The average per pupil expenditure in SY 2007 was \$11,030.<sup>20</sup>
- 45% of Indiana residents thought the amount of money spent of public education affects the quality of education "a lot;" 31% said "somewhat;" and 19% said "a little" or "not at all."<sup>21</sup>

**Table 11: School Improvement Requirements Under No Child Left Behind and PL 221, Indiana: 2007**

<b>Year</b>	<b>No Child Left Behind*</b>	<b>PL 221**</b>
First	None.	School's improvement plan may be revised to shift resources, change personnel, or request outside team to manage the school or assist in development of new plan. Eligible for state technical assistance.
Second	Students enrolled in school given option to transfer to another public school in corporation. School develops or revises its school improvement plan and uses 10% of Title 1 funding for professional development. Corporation and state provide technical assistance for implementation or development of school improvement plan.	School implements revised school improvement plan. Eligible for state technical assistance.
Third	Same as second year, plus supplemental educational services (such as tutoring) made available to students.	School implements revised school improvement plan. Eligible for state technical assistance.
Fourth	Same as third year, plus at least one of the following: <ul style="list-style-type: none"> <li>• Replace school staff relevant to failure to make AYP;</li> <li>• Implement new curriculum;</li> <li>• Significantly decrease management authority at school level;</li> <li>• Appoint outside expert to advise school on making AYP;</li> <li>• Extend school year or school day;</li> <li>• Restructure internal organization of school.</li> </ul>	State Board assigns an expert team to school to assist in revising the school's improvement plan and recommend changes.
Fifth	Same as fourth year, plus the school corporation must prepare to carry out a plan for alternative governance of the school.	State Board assigns an expert team to school to assist in revising the school's improvement plan and recommend changes.
Sixth	Same as third year, plus arrangements made for one the following: <ul style="list-style-type: none"> <li>• Reopen as a charter school;</li> <li>• Replace all/most of staff relevant to failure to make AYP;</li> <li>• Enter into a contract with another entity with a demonstrated record of effectiveness;</li> <li>• Turn operations over to the state;</li> <li>• Other form of major restructuring of school's governance.</li> </ul>	If the State Board determines that intervention will improve the school, one or more of the options listed will be implemented: <ul style="list-style-type: none"> <li>• Merge school with nearby school;</li> <li>• Assign special management team to operate all/part of school;</li> <li>• Department's recommendations for improving school;</li> <li>• Other options as expressed at public hearing, including closing school;</li> <li>• Revise school's plan for changes in operations, professional development, or intervention for teachers or administrators.</li> </ul>

*\*No Child Left Behind consequences apply to Title 1 schools*

*\*\*PL 221 consequences apply to all Indiana schools*

## **Exceptional Learners**

### **First Steps**

Services intended to help children learn to their full ability are available from birth. For children under age 3, the First Steps Program provides services for children experiencing developmental delays or disabilities. For families whose incomes are at 250% or less of the federal poverty guidelines, the services are free; for families with higher incomes, fees are charged on a sliding scale.<sup>22</sup> At age 3, children qualify for transitional services and special education services at no cost through public school systems; other services are available for a fee through private providers.

- 16,229 children under age 3 (6.3% of the under 3 population) received First Steps services in SFY 2007.

The most utilized services were speech therapy (52.8%), developmental therapy (52.4%), and physical therapy (33.4%).<sup>23</sup>

### **Special Education**

- 178,029 children (17% of public school students) received special-education services in SY 2007.
- The most common disability areas identified were communication disorders (48%), learning disabilities (36%), and mild mental disabilities (10%).<sup>24</sup>

High-performing planning districts, whose special-education students scored consistently above the average ISTEP+ passing rate for special-education students, describe themselves as having several common features:

- decentralization, with decision making usually at the school building level,

- serving students with disabilities through a partnership between special education and general education personnel,
- providing service in the general education classroom in the school of legal settlement,
- feeling like valued members of the general education staff, and
- having the support of the local corporation administration and planning district administration.<sup>25</sup>

### **High Ability**

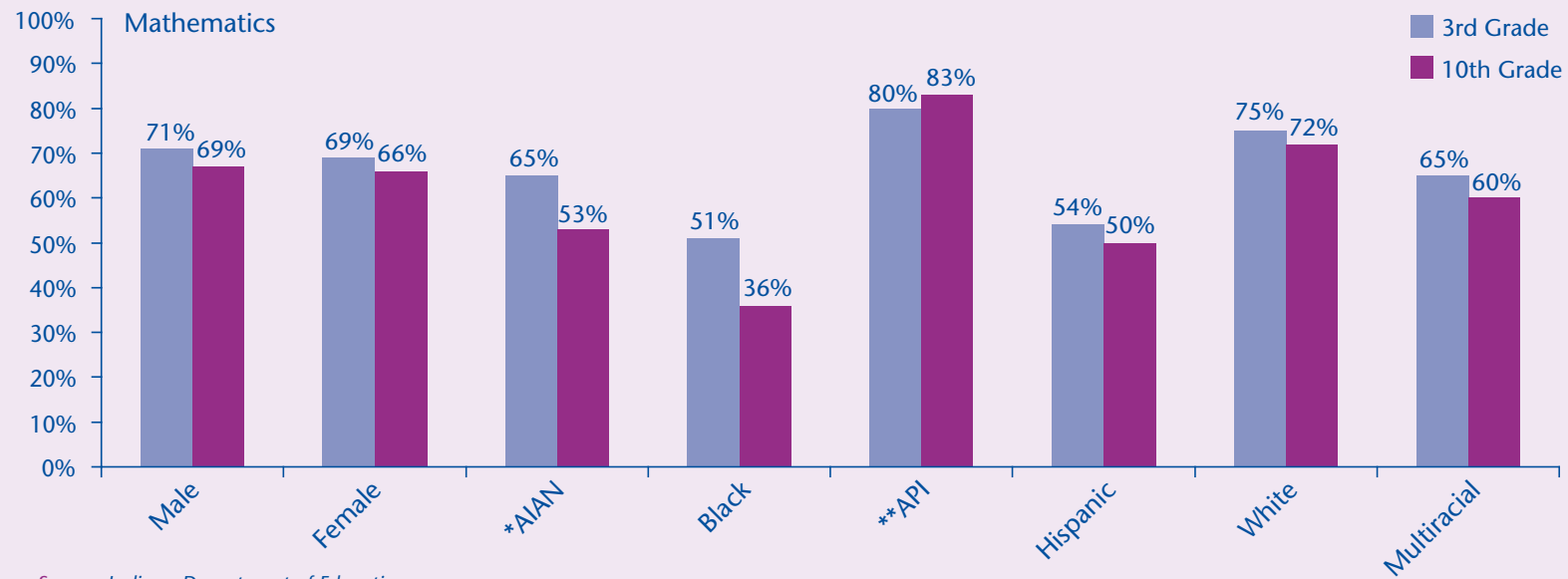
According to Indiana code, a high ability student is one who performs at or shows the potential for performing at an outstanding level of accomplishment in at least one domain, when compared to other students of the same age, experience, or environment, and is characterized by exceptional gifts, talents, motivation, or interests.<sup>26</sup> There are 115,195 Indiana public school students (11% ) characterized as “high ability.”<sup>27</sup>

### **Standardized Testing**

Indiana children take several standardized tests throughout their education careers, including the Indiana Statewide Testing for Educational Progress-Plus (ISTEP+), the National Assessment for Educational Progress (NAEP), and the Graduation Qualifying Exam (GQE).

- In grades 3-10, students are tested on English/ language arts and mathematics. Students in grades 5 and 7 have an additional science component. In the fall of 2007, 71% of public school students passed the English/language arts section, 74% the mathematics section, and 61% passed the science section. Figure 10, on the next page, provides additional information.<sup>28</sup>

**Figure 10: ISTEP+ Passing Rates by Sex and Race, Indiana: Fall 2007**



Source: Indiana Department of Education

\*American Indian or Alaska Native  
 \*\*Asian and Pacific Islander

- For SY 2010 (2009-2010), ISTEP testing will move to the spring.<sup>29</sup> Testing will take place twice for SY 2009, once in the fall and again in the spring.
- Every two years, public school students in grades 4 and 8 take the NAEP exam. These results compare Indiana students with the rest of the nation in reading and mathematics. The most recent data show that even though Indiana students scored the same or better than the nation at both grade levels and subject areas, only 31% to 46% (depending on grade and subject) have demonstrated proficiency in the subject matter for their grade level.<sup>30</sup>
- The GQE measures 9th grade proficiency in both English/language arts and mathematics; passing it is a prerequisite for receiving a high school diploma in Indiana. Students first take the GQE beginning in the 10th grade; students are permitted to take the GQE up to five times during their high school career. In SY 2008, 58% of Indiana public school students passed the GQE on the first try.<sup>31</sup>
- Advanced Placement (AP) courses are college level courses offered in high school. Students who score well on the exam given at the end of an AP course can bypass beginning level courses in that subject in college. Indiana high schools are required to offer at least two AP courses. A total of 19% of students take an AP exam, below the national average of 25%.<sup>33</sup> Of Hoosier students who registered for an AP course in SY 2007, 18,149 attempted the exam, and about 80% (14,456) passed the exam.<sup>34</sup> Research finds that students who pass one or more AP exams are more likely to graduate from college in five years or less than non-AP students.<sup>35</sup>
- Dual-credit courses are courses offered by colleges on campus, in high schools, or online in which students simultaneously earn high school and college credit. Indiana high schools are required to offer at least two dual-credit courses.<sup>36</sup> AP courses are not considered dual credit since AP courses are not offered by a college and do not automatically result in college credit.

### **College Preparation**

Of Indiana 11th graders, 61% said they would like information or advice on preparing for education and/or training after high school.<sup>32</sup> Preparing for college includes choosing appropriate high school courses, obtaining dual or advanced credit, meeting admissions requirements of more colleges by taking the SAT and/or ACT, and planning for college costs.

- Indiana high schools now offer three diploma tracks, all of which contain at least the minimum college-prep curriculum (Core 40). A student must complete a formal process to opt out of one of the college-prep diploma tracks.

### **SAT and ACT**

Of the college entrance exams, more Hoosier 12th grade students take the SAT. In 2008 62% of students took the SAT and 22% took the ACT.<sup>37</sup>

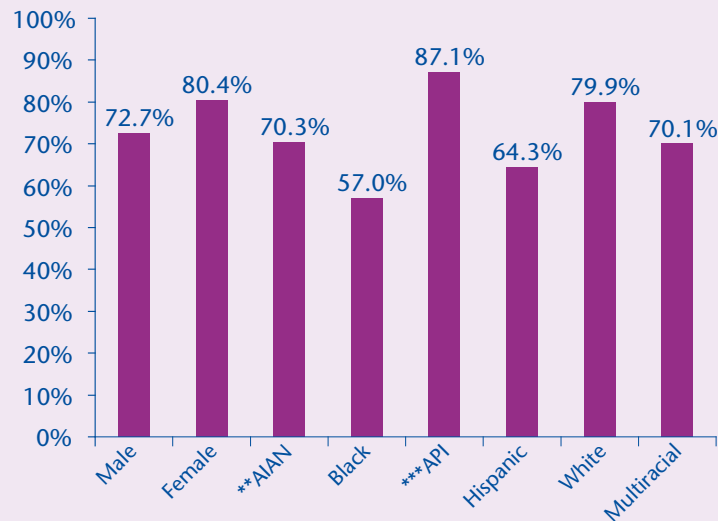
- Indiana's 2008 overall SAT scores remain below the national average. Indiana's average combined score was 1485 (1487 in 2007); compared to the national average of 1511.
- Indiana's average math score was 508, one point higher than in 2007.
- The reading score dropped from 497 in 2007 to 496 in 2008.
- The writing score dropped from 483 to 481.<sup>38</sup>

- The 2008 national average composite score for the ACT was 21.1. Indiana's average score was 22.0 in 2008 (15,884 Indiana students took the test).<sup>39</sup>

### Graduation

Public school graduation rates continue to vary considerably across school corporations and demographic categories. Students from low-income families, as well as black, Hispanic, and Limited English Proficient students are significantly less likely to graduate than their peers (Figure 11).

**Figure 11: Public Graduation Rate\* by Sex and Race, Indiana: SY 2007 (2006-2007)**



Source: Indiana Department of Education

\*Known as the Four Year or Less Graduation Rate  
 \*\*American Indian or Alaska Native  
 \*\*\*Asian and Pacific Islander

- In SY 2007, 77% of 12th graders earned a high school diploma in four years; 12% dropped out; 3% earned a G.E.D.; 1% earned a special-education certificate; 1% earned a non-diploma completion certificate; and 7% are still enrolled in school. (Percentages add up to more than 100% due to rounding.)

- 15% of Indiana public high schools had a graduation rate higher than 90%, and 9% had a graduation rate lower than 60%.<sup>40</sup>
- 82.4% of students graduating in 2007 from public high schools in Indiana planned to pursue higher education.<sup>41</sup>

### College Cost

In 2008, the average annual cost of tuition and fees at a public four year college in Indiana was \$6,877; for a private four year college, the average cost was \$24,856.<sup>42</sup> Of Indiana 11th graders, 46% say they do not think they can afford college and 65% report needing information on financial aid.<sup>43</sup>

### Out-of-School Learning

From birth to age 18, Hoosier children spend approximately 10% of their lives in school. The rest is spent in family and community settings. These environments have a significant impact on a child's social and emotional development and supplement the education that the youth receives in school.

### Afterschool and Youth Development Programs

- In SY 2007, 21st Century Community Learning Centers served over 19,000 children in 45 locations.<sup>44</sup>
- 9% of Indiana 6th graders regularly attended youth centers in SY 2007. This percentage decreased by grade, with 6% of 12th graders attending.
- 18% of Indiana 6th graders regularly participated in supervised youth activities in SY 2007. This percentage decreased by grade, with 8% of 12th graders participating.

- 26.5% of Indiana 6th graders regularly participated in afterschool classes in SY 2007. This percentage decreased by grade, with 18% of 12th graders participating.<sup>45</sup>

### **Extracurricular Activities**

- 35% of Indiana 6th graders regularly participated in school sports teams in SY 2007. This percentage was higher in junior high and early high school but returned to 35% for 12th graders.
- 12% of Indiana 6th graders regularly participated in school clubs or intramurals in SY 2007. The percentage rose by grade, reaching 16% for 12th graders.<sup>46</sup>

### **Community Based Activities**

- 11% of Indiana 6th graders regularly volunteered outside the home in SY 2007. This percentage rose by grade, reaching 16% for 12th graders.<sup>47</sup>
- In SY 2007, 21,404 (1.7% of school-age students) students participated in Learn and Serve America, a service-learning program that helps K-12 students meet community needs while improving their academic skills and learning the habits of good citizenship.<sup>48</sup>

### **Workforce Development**

- 13% of Indiana 6th graders regularly worked for pay outside the home in SY 2007. This percentage rose by grade, reaching 58% for 12th graders.<sup>49</sup>
- 38% of Indiana 11th graders have visited or job shadowed someone who works in a career that interests them.<sup>50</sup>

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# Frequently Asked Questions

Where do the data come from? The Indiana Youth Institute (IYI) does not generate the statistical information contained in the Data Book. Most of the numbers are supplied by Indiana state agencies such as the Indiana State Department of Health, the Indiana Family and Social Services Administration, the Indiana Department of Child Services, the Indiana Department of Correction, and the Indiana Department of Workforce Development, which collect the information for administrative purposes. Some of the numbers come from federal sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, and the U.S. Department of Education. Also included is information from studies conducted by academic institutions and research organizations such as the Indiana Prevention Resource Center, the Indiana Business Research Center and the Indiana Economic Development Council. For information about a specific indicator, consult the “Definitions and Data Sources” section.

Are the numbers accurate? Every effort is made to ensure the numbers in the Data Book are accurate. Errors do creep in, however. Some errors may be made when the information is collected, others when it is transferred to an electronic database, and still others when it is reported. When IYI recognizes that an error has been made in the book, an “errata notification” is published. Where there are known problems with an indicator, we try to point them out.

Many indicators are expressed in the form of rates, calculated either directly from Census population data or from annual population estimates created by the U.S. Census Bureau. New information from the U.S. 2000 Census was released through 2003. The new

Census data provide a statistical base for the first decade of the 21st Century.

Why are some of the numbers so old? This Data Book contains the most current information available at press time. State agencies, the sources for most of the data, must collect information from all 92 counties and compile it into a single data set for the state as a whole. Periodically, IYI will update the online Kids Count Database on IYI’s Web site when updated information becomes available.

## ***Some Cautions for Interpreting Data***

We offer the following precautions for using the information in this Data Book.

Understand the indicator: Understand what is being measured and how the information is presented. Some figures represent actual numbers while others are given as rates or percentages. Rates and percentages permit comparisons from one group or county to another, or for different years in the same group or county. “Percent change” indicates how much change has occurred between two points in time. Percent change is calculated using the formula:

$$\frac{\text{Value at Time 2} - \text{Value at Time 1}}{\text{Value at Time 1}} \times 100 = \text{Percent Change}$$

Beware of small numbers: Indiana’s counties vary greatly in size and composition. What may be a fairly regular event in one county may be a very rare event in another. There may also be greater variations from year to year in some counties than in others. In general, the smaller the county, the smaller the number of some events that

can be expected to occur. For example: if two child deaths occur in County X in 2004, but three deaths occur the following year (2005), there will be a 50% rise in child deaths between 2004 and 2005. If only one death occurs in 2006, there will be a 67% decrease in child deaths between 2005 and 2006. Using the above formula, the calculations would be as follows:

$$\% \text{ change between 2005 (Time 2) and 2004 (Time 1):} \\ \frac{3 - 2}{2} \times 100 = \frac{1}{2} \times 100 = .5 \times 100 = 50\% \text{ increase}$$

$$\% \text{ change between 2006 (Time 2) and 2005 (Time 1):} \\ \frac{1 - 3}{3} \times 100 = \frac{-2}{3} \times 100 = -.67 \times 100 = 67\% \text{ decrease}$$

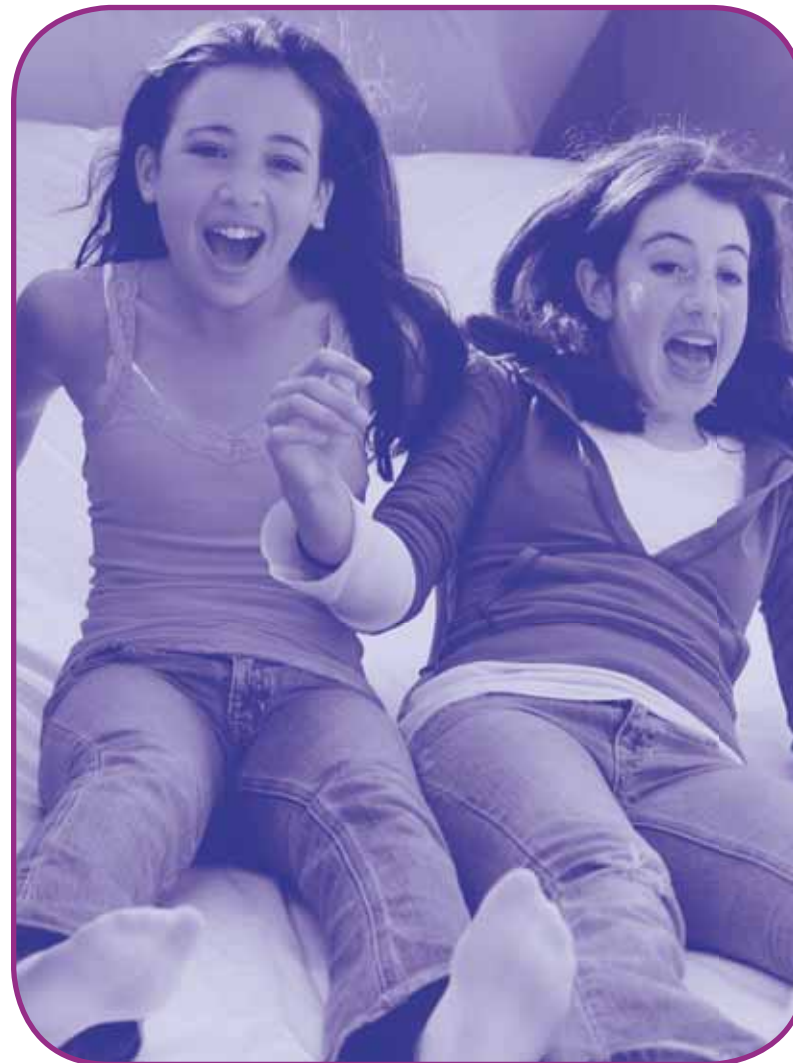
In the case of “rare events,” longer trends rather than year-to-year differences are more useful as a gauge of whether progress is being made toward improving the well-being of your county’s children.

*Many indicators are related:* Look at the patterns among indicators in your county. Unemployment rates and poverty are obviously related. Perhaps less obvious are the relationships among teen births, maternal smoking, low birth weight, and infant mortality. Talk with people in your community to help uncover more subtle links among the indicators. Share information with people from other counties and find out what they are doing to promote change.

*Remember the limits and uses of data:* Numerical data provide important information, but they are just one type of information. A number may reflect more or less accurately how many Hoosier children live below the poverty line, but a number cannot describe the day-to-day complexities for a family living in need. A number can tell us how many Hoosier infants are born too soon or too small, but a number cannot express the anxieties of parents who watch their tiny children struggle to

live. A number can tell us how many Hoosier children have completed high school, but a number cannot describe the efforts of families, teachers, and students themselves who brought them to this point, nor can a number express the pride in accomplishment that comes with the diploma.

Numbers must be used with care, and their meaning must be derived from what is actually happening in the lives of the people represented by the numbers.



# **About the Indiana Youth Institute**

## ***Serving those who work with youth***

***Strong youth workers build brighter futures for Indiana's children.*** IYI offers free and low-cost assistance and resources to Indiana youth workers and their nonprofit organizations, helping them to be more efficient, effective, and successful.

Established in 1988 with strong support from Lilly Endowment, the Indiana Youth Institute now serves nearly 8,000 youth workers, teachers, youth ministers, counselors, community leaders, and other children's advocates with programs that strengthen their ability to serve children and youth.

### ***IYI INFORMATION***

***IYI Weekly Update***, a free electronic newsletter featuring relevant reports, free resources, grant tips and other useful information sent to nearly 8,000 youth workers each week.

***IYI's Web Site***, [www.iyi.org](http://www.iyi.org), an online source for new reports on children, data for grant proposals, information about IYI's programs and library materials, and links to other valuable sources of youth development information.

***Virginia Beall Ball Library***, a free lending library of youth development and nonprofit management materials with easy online access at [www.iyi.org](http://www.iyi.org).

***Free Custom Data Research*** on Indiana youth for use in grant proposals, policymaking, speeches, media articles, and planning.

***Issue Alerts***, concise reports about "hot-topic" youth issues.

### ***IYI TRAINING & CAPACITY BUILDING***

***Regional Trainings***, offered at substantial discounts and taught by national instructors on topics such as fundraising, working with children and promoting parental involvement.

***Audio Conferences*** on hot-topic youth issues, with free easy access from the convenience of your desk.

***Professional Development Grants*** of up to \$750 for qualified youth workers to attend courses, seminars, workshops, and conferences that will help them meet their mission, and Staff Training Grants of up to \$1,500 for on-site instruction of staff and volunteers.

***Kids Count in Indiana Conference***, an annual fall conference designed to give Indiana youth workers the inspiration, networking, information, and tools they need to effectively serve children.





**Youth Service Help Line**, 877-IYI-TIPS, a free telephone assistance service that provides quick answers from professional mentors to fund development, youth development, and legal questions.

**Consulting Services**, offering affordable one-on-one assistance from professional consultants located throughout the state who can assist with fundraising and marketing plans, strategic plans, board development, program evaluation, technology, and other nonprofit management issues.

**Jobs for America's Graduates**, coordination of a statewide collaboration with the Indiana Department of Workforce Development to improve graduation outcomes for high-risk students through intensive mentoring and employability skills development in schools.

## **IYI PARENT & COMMUNITY INVOLVEMENT**

**Parent Involvement Initiative**, trainings and other efforts to help youth workers, teachers, and communities increase parental involvement in the lives of their children.

**Indiana Responsible Fatherhood Initiative**, a federally-funded, five-year program to promote involved fatherhood by supporting coalitions of small faith-based and community organizations.

**Youth Worker Cafés**, quarterly lunchtime meetings in local communities that bring youth workers together, building relationships and collaborations that help kids.

**Faith in Our Kids**, an outreach program to faith-based youth organizations that connects them with IYI resources and other efforts to promote healthy youth development.

**Indiana Youth Investment Awards**, an annual program that recognizes outstanding youth work in Indiana with financial awards and extensive publicity.

**Family Friendly Workplace Awards**, an annual recognition program that honors employers in Indiana whose policies and procedures underscore the importance of family and parental involvement.

**Kids Count Media**, media resources – including public service announcements, newspaper op-eds, and a weekly radio program – that promote the health and well-being of Indiana youth.

**Drive of Your Life.org and Trip to College.org**, IYI's free interactive Web sites that assist parents and middle school students in making good choices about careers, colleges and the high school courses that will help them reach their goals.

# Indicator Definitions and Data Sources

**The following indicators are included in the state and county profiles. Data year definitions are as follows:**

**SFY** – State Fiscal Year: July 1 – June 30

**SY** – School Year: From the beginning of the school term in the fall through the end of the summer (e.g., SY 2005 corresponds to the school term beginning fall 2004 and ending summer 2005)

**FFY** – Federal Fiscal Year: October 1 – September 30

**CY** – Calendar Year: January 1 – December 31

## Economic

**Per Capita Personal Income (CY)** – This income measure is the total reported personal income of the residents in the state (or county) divided by the resident population estimate in the state (or county) for the same year. Per capita personal income is often used as an indicator of the quality of consumer markets and of the economic well-being of the residents in the state (or county). Personal income is the income received by persons from all sources included in the Bureau of Economic Analysis personal income measure.

*\*Source of Data: U.S. Department of Commerce, Bureau of Economic Analysis*

**Unemployment Rate (CY)** – The percent of unemployed persons in the civilian labor force. The civilian labor force includes all persons age 16 and older who are not residents of institutions or on active duty in the armed forces and are either working or looking for work.

*\*Source of Data: Indiana Business Research Center*

**Monthly Average of Persons Issued Food Stamps (SFY)**

– The average number of individuals per month issued Food Stamps.

*\*Source of Data: Indiana Family and Social Services Administration, Department of Family Resources*

**Monthly Average of Families Receiving TANF (SFY)** –

The average number of families per month who received Temporary Assistance for Needy Families (TANF). Prior to 1996, this cash assistance program was called Assistance to Families with Dependent Children.

*\*Source of Data: Indiana Family and Social Services Administration, Department of Family Resources*

**% of Children in Poverty, Ages 0-17 (CY)** – The percent of children younger than age 18 living in households with incomes below the federal poverty thresholds as reported by the Small Area Income and Poverty Estimates. The federal poverty threshold is calculated annually and differs according to the size and composition of the household.

*\*Source of Data: U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch*

**% of Students Receiving Free Lunches/Textbooks (SY)**

– Percent of public and non-public school students in grades K-12 who received free lunches and textbooks. Students from families with incomes below 130% of the poverty guidelines are eligible to enroll in the free lunch program. Under a state program initiated during the 1999-2000 school year, all public school students in Indiana who are eligible for free meals are also eligible for free textbooks.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**% of Students Receiving Reduced Priced Lunches (SY)**  
– Percent of public and non-public school students in grades K-12 who received reduced priced lunches.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Children Enrolled in Hoosier Healthwise (SFY)**  
– The number of children younger than age 19 who were enrolled in the Hoosier Healthwise program as of June of each year, not including blind and disabled children. Hoosier Healthwise is a program for children and pregnant women instituted July 1, 1998—funded through Medicaid and the Children’s Health Insurance Program (CHIP). These figures include children enrolled in Hoosier Healthwise Package A that expanded eligibility for comprehensive medical and dental service to children younger than age 19 in families with incomes up to 150% of the federal poverty guideline. Hoosier Healthwise coverage is also available to children in families with incomes between 150-200% of the federal poverty guideline through a sliding scale of low premiums and co-payments (Package C).

*\*Source of Data: Indiana Office of Medicaid Policy & Planning*

## Safety

**# of Child Physical Abuse Cases Substantiated by CPS (SFY)** – The number of cases that following investigation by Child Protection Services were determined to be substantiated child physical abuse. Substantiated child physical abuse numbers are included within the total number of substantiated child abuse cases.

*\*Source of Data: Indiana Department of Child Services*

**# of Child Sexual Abuse Cases Substantiated by CPS (SFY)** – The number of cases that following investigation by Child Protection Services were determined to be substantiated child sexual abuse. Substantiated child sexual abuse numbers are included within the total number of substantiated child abuse cases.

*\*Source of Data: Indiana Department of Child Services*

**# of Child Neglect Cases Substantiated by CPS (SFY)**  
– The number of cases that following investigation by Child Protection Services were determined to be substantiated child neglect.

*\*Source of Data: Indiana Department of Child Services*

**Child Abuse & Neglect Rate (SFY)** – The rate of substantiated cases of child abuse and neglect per 1,000 children younger than age 18.

*\*Source of Data: Indiana Department of Child Services*

**# of Children in Domestic Violence Emergency Care Shelters (SFY)** – The number of children served in domestic violence emergency care shelters.

*\*Source: Indiana Coalition Against Domestic Violence*

**# of Termination of Parental Rights Case Filings (CY)** – The number of new cases filed in Indiana courts seeking termination of parental rights. In cases involving multiple children, a case is filed for each child.

*\*Source of Data: Indiana Supreme Court, Division of State Court Administration*

**Total # of Infant Deaths (CY)** – The number of deaths from all causes among infants under 1 year of age. Deaths are reported by place of residence, not place of death.

*\*Source of Data: State Department of Health, Epidemiology Resource Center, Data Analysis Team*

**Total # of Child Deaths, Ages 1-14 (CY)** – The number of deaths from all causes among children ages 1 through 14. Deaths are reported by place of residence, not place of death.

*\*Source of Data: State Department of Health, Epidemiology Resource Center, Data Analysis Team*

**Total # of Teen Deaths by Accident, Homicide, and Suicide** (CY) – The number of deaths among teens ages 15 through 19 due to accident, homicide, and suicide. Deaths are reported by place of residence, not place of death.

*\*Source of Data: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team*

**# of Juvenile Delinquency Case Filings** (CY) – The number of cases filed in Indiana courts on behalf of children younger than age 18 who were alleged to be delinquent.

*\*Source of Data: Supreme Court, Division of State Court Administration*

**# of Juvenile Status Case Filings** (CY) – The number of cases filed in Indiana courts on behalf of children younger than age 18 who were alleged to have committed status offenses; acts that would not have been defined as offenses if committed by an adult (i.e. underage drinking, underage smoking, curfew violations, etc).

*\*Source of Data: Supreme Court, Division of State Court Administration*

**# of Juveniles Committed to the Department of Correction** (CY) – The number of children younger than age 18 committed to the Indiana Department of Correction.

*\*Source of Data: Indiana Department of Correction*

## **Health**

**Total # of Live Births** (CY) – The total number of live births to women of all ages.

**% of Low Birthweight Babies** (CY) – The percent of infants born at a birth weight of less than 2,500 grams (about 5.5 pounds).

**% of Mothers who Reported Smoking During Pregnancy** (CY) – The percent of women who reported they had smoked during pregnancy.

**% of Mothers who Received 1st Trimester Prenatal Care** (CY) – The percent of pregnant women who began prenatal care during the first three months of pregnancy.

**Non-Marital Births as a % of All Births** (CY) – Births to single mothers of all ages as a percentage of all live births.

**# of Babies Born to Single Mothers Under Age 20 without a High School Diploma** (CY) – The number of babies born to unmarried women under age 20 who have less than a high school education. This indicator is included because these risk factors are cumulative in their effect on the development and well-being of infants.

**Teen Birthrate, Ages 15-17** (CY) – The number of births to mothers ages 15 through 17 per 1,000 females in this age group.

*\*Source of Health Data: All pregnancy and birth data supplied by the Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team*

## **Early Childhood Education**

**# of Licensed Child Care Centers** (SFY) – The number of child care centers licensed by the Indiana Family and Social Services Administration.

*\*Source of Data: Indiana Family and Social Services Administration, Bureau of Child Development*

**# of Licensed Child Care Homes** (SFY) – The number of child care homes licensed by the Indiana Family and Social Services Administration.

*\*Source of Data: Indiana Family and Social Services Administration, Bureau of Child Development*

**# of Registered Child Care Ministries** (SFY) – The number of child care ministries registered with the Indiana Family and Social Services Administration.

*\*Source of Data: Indiana Family and Social Services Administration, Bureau of Child Development*

**# of Licensed Child Care Spaces per 100 Children, Ages 0-4** (SFY) – The capacity of licensed child care centers and homes in the county (or state) per 100 children ages 0-4. This figure was calculated by dividing the capacity of all licensed centers and homes by the total number of children ages 0-4 in the county (or state) and multiplying the resulting figure by 100.

*\*Source of Data: Indiana Family and Social Services Administration, Bureau of Child Development; Puzanchera, C., Finnegan, T. and Kang, W. "Easy Access to Juvenile Populations." Calculations by the Indiana Youth Institute*

**Annual Number of Children Receiving Child Care and Development Fund (CCDF) Child Care Vouchers** (FFY) – The number of children whose child care arrangements were supported through Indiana's CCDF Child Care Voucher program. The CCDF Child Care Voucher program is administered by the Bureau of Child Development in the Indiana Family and Social Services Administration (FSSA) and subsidizes child care for children younger than age 13, or through age 18 for children who have appropriately documented special needs. These children must reside with a parent or guardian who is employed or attending an educational activity, and earns an income at or below a certain percentage of the federal poverty threshold (for FFY 2000, the percentage was 143%; for FFY 2006, the percentage was 127%).

*\*Source of Data: Indiana Family and Social Services Administration,*

*Bureau of Child Development*

**Monthly Average of Children on Waiting List for Child Care and Development Fund (CCDF) Child Care Vouchers** (FFY) – The average number of children who are waitlisted for financial assistance for child care support through Indiana's CCDF Child Care Voucher program.

*\*Source of Data: Indiana Family and Social Services Administration, Bureau of Child Development*

## **Education, Grades K-12**

**Public School Enrollment, K-12** (SY) – The total enrollment in Indiana public schools, kindergarten through grade 12.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**Non-Public School Enrollment, K-12** (SY) – The total enrollment in accredited and non-accredited non-public schools (independent and parochial), kindergarten through grade 12.

*\*Source of Data: Indiana Non-Public Education Association*

**# of Home Schooled Children** (SY) – The number of children being educated at home registered with the Indiana Department of Education.

*\*Source: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Alternative School Participants** (SY) – The number of students in grades 6 through 12 who participated in public alternative school. These figures do not include students who attended private alternative schools or who participated in a small number of public alternative school programs for students below the 6th grade.

*\*Source of Data: Indiana Department of Education*

**Total Per Pupil Expenditure** (SFY) – Total dollar amount spent per student enrolled in public schools in the county (or state).

*\*Source of Data: Indiana Department of Education*

**% of Graduates Passing the GQE** (SY) – The percent of public high school graduates who passed the Graduation Qualifying Exam. High school seniors who did not pass the GQE may graduate on a waiver.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**% of 10th Graders Passing the GQE Math Standard** (SY) – The percent of 10th graders in public schools who earned a passing score on the Math Standard of the Graduation Qualifying Exam.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**% of 10th Graders Passing the GQE Language Standard** (SY) – The percent of 10th graders in public schools who earned a passing score on the Language Standard of the Graduation Qualifying Exam.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Expulsions** (SY) – The number of expulsions for all causes in kindergarten through grade 12 in public schools.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Suspensions** (SY) – The number of suspensions for all causes in kindergarten through grade 12 in public schools. Suspensions include out-of-school and in-school suspensions.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Expulsions and Suspensions** (SY) – The combined number of expulsions and suspensions for all causes in kindergarten through grade 12 in public schools. Suspensions include out-of-school and in-school suspensions. Earlier data are not available as the Department of Education began collecting this information in SY 1997-1998.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Public School Student Dropouts** (SY) – The number of public school students who dropped out of grades 7 through 12. A dropout is a student who leaves school before graduation without transferring to another school or institution. Dropouts include students who fail to return to school following expulsion when eligible; students who transfer to adult programs, technical schools, GED programs, or to programs not leading to a high school diploma, and students who are incarcerated in adult institutions. Students who suffer from prolonged illness or die, suspended students, students whose whereabouts are unknown, and students who transfer to another institution within an education program leading to a high school diploma are not defined as dropouts.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**# of Public High School Graduates** (SY) – The number of students who graduated from Indiana public high schools.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**% of Grads Intending 4-Year College** (SY) – The percent of public high school graduates indicating their intention to attend a 4-year college following graduation.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

**% of Grads Intending Vocational/Tech School (SY)** – The percent of public high school graduates indicating their intention to attend a vocational or technical school following graduation.

*\*Source of Data: Indiana Department of Education; Analysis of data by the Indiana Business Research Center*

### **State and County Page Graphics**

**Percent of Children in Poverty, Age 0 -17: 2005** – The percent of children younger than age 18 living in households with incomes below the federal poverty thresholds as reported by the Small Area Income and Poverty Estimates. The federal poverty threshold is calculated annually and differs according to the size and composition of the household.

*\*Source of Data: U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch*

**2007 Population: 0 to 17 Years of Age** – The population of children 0 - 17 years of age by race and ethnicity.

*\*Source of Data: Puzananchera, C., Finnegan, T. and Kang, W. (2007). "Easy Access to Juvenile Populations" Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/>*

**Non-Martial Births as a Percent of All Births, CY 1996-2006** – Births to unmarried mothers of all ages as a percentage of all live births.

*\*Source of data: Indiana State Department of Health*

### **Graduation Rates By School District: 2007–**

Calculation of Indiana's graduation rate has varied over the years. As per legislative intent, the 2006-07 graduation rate (Class of 2007) that will be published in the 2007 Annual Performance Report will be the percentage of students who entered Grade 9 in fall 2003 and graduated in four years or less. This is the first publication of this method for calculating graduation rates. For more information, please visit [www.doe.state.in.us/htmls/gradrate.html#1](http://www.doe.state.in.us/htmls/gradrate.html#1)

*\*Source of Data: Indiana Department of Education*

### **For additional copies of the Kids Count in Indiana 2008 Data Book, contact:**

**Address:** Indiana Youth Institute  
603 East Washington, Suite 800  
Indianapolis, IN 46204-2692

**Phone Numbers:** 317.396.2700  
800.343.7060

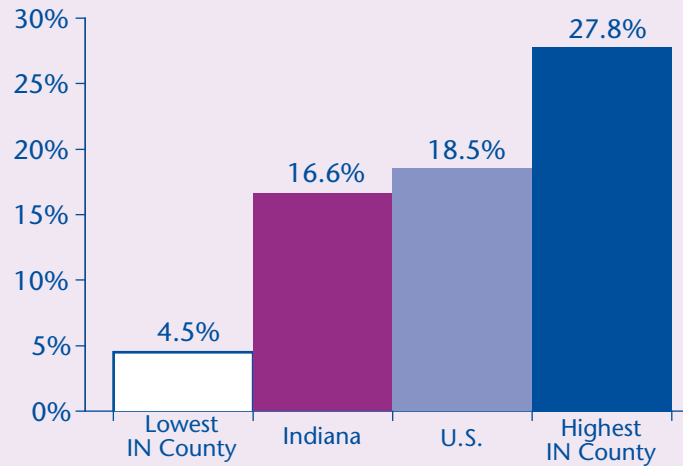
**Fax:** 317-396-2701

**Youth Service Helpline:** 877.IYI.TIPS (494.8477)

**Web Address:** [www.iyi.org](http://www.iyi.org)

# 2008 Indiana Profile

## Percent of Children In Poverty: 2005



## Indiana Population, Ages 0-20 by Race and Ethnicity: 2006

White	1,475,224
Black	216,147
American Indian	4,542
Asian	25,899
Hispanic	120,296

**Total: 1,842,108**

## Economics

	Base Year		Current Year	
Per Capita Income (CY)	2000	\$27,130	2006	\$32,288
Unemployment Rate (CY)	2000	2.9	2007	4.5
Monthly Average of Persons Issued Food Stamps (FY)	2000	297,341	2007	582,972
Monthly Average of Families Receiving TANF (SFY)	2000	30,432	2007	46,697
% of Children in Poverty, Age 0-17 (CY)	2000	11.6	2005	16.6
% of Students Receiving Free Lunches/ Text Books (SY)	2000	20.2	2007	28.2
% of Students Receiving Reduced Price Lunches (SY)	2000	6.1	2007	7.9
# of Children Enrolled in Hoosier Healthwise (SFY)	2000	292,726	2007	593,199

## Safety

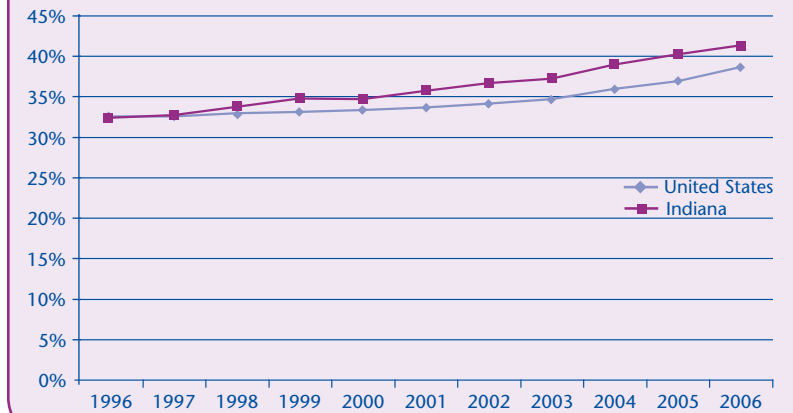
	Base Year		Current Year	
# of Child Neglect Cases Substantiated by CPS (SFY)	2000	15,634	2007	14,231
# of Child Sexual Abuse Cases Substantiated by CPS (SFY)	2000	4,637	2007	3,866
# of Child Physical Abuse Cases Substantiated by CPS (SFY)	2000	4,415	2007	2,376
Child Abuse and Neglect Rate per 1,000 Children Under Age 18 (SFY)	2000	16.1	2007	11.9
# of Children in Domestic Violence Emergency Care Shelters	2000	4056	2007	3,755
# of Termination of Parental Rights Case Filings (CY)	2000	1,637	2007	2,504
# of Infant Deaths (CY)	2000	676	2006	702
# of Child Deaths, Age 1-14 (CY)	2000	305	2006	288
# of Teen Deaths by Accident, Homicide, or Suicide (CY)	2000	256	2006	234
# of Juvenile Delinquency Case Filings (CY)	2000	24,419	2007	24,706
# of Juvenile Status Case Filings (CY)	2000	6,033	2007	6,091
# of Juveniles Committed to the Department of Correction (CY)	2000	2,035	2007	1,312

<b>Health</b>	<b>Base Year</b>		<b>Current Year</b>	
# of Live Births (CY)	2000	87,697	2006	89,404
% of Low Birthweight Babies (CY)	2000	7.3	2006	8.2
% of Mothers who Reported Smoking During Pregnancy (CY)	2000	20.2	2006	17.3
% of Mothers who Received 1st Trimester Prenatal Care (CY)	2000	79.4	2006	77.6
Non-Marital Births as a % of All Births (CY)	2000	34.6	2006	41.2
# of Babies Born to Single Mothers Under the Age 20 without High School Diploma (CY)	2000	6,492	2006	5,154
Teen Birth Rate per 1,000 Females Age 15-17 (CY)	2000	26.2	2006	20.8

<b>Early Childhood Education</b>	<b>Base Year</b>		<b>Current Year</b>	
# of Children Served by First Steps (SFY)	2000	16,548	2006	18,028
# of Licensed Child Care Centers (SFY)	2000	685	2007	606
# of Licensed Care Homes (SFY)	2000	3,515	2007	2,992
# of Registered Child Care Ministries (SFY)	2000	504	2007	645
# of Licensed Child Care Spaces per 100 Children, Ages 0-4 (SFY)	2000	24.3	2007	22.7
Annual Number of Children Receiving Child Care Vouchers (FFY)	2000	91,090	2007	56,566
Monthly Average of Children on Waiting List for Child Care Vouchers (FFY)	2000	3,185	2007	3,992

<b>Education, Grades K-12</b>	<b>Base Year</b>		<b>Current Year</b>	
Public School Enrollment (SY)	2000	983,090	2007	1,035,199
# of Alternative Education Enrollment (SY)	2000	31,454	2007	28,078
# of Non-public School Enrollment (SY)	2000	110,277	2007	99,616
# of Home Schooled Children (SY)	2000	14,529	2008	35,772
Total Per Pupil Expenditure (SY)	2000	\$8,457	2007	\$11,030
% of Graduates Passing the GQE (SY)	2000	95.1	2007	92.1
% of 10th Graders Passing the GQE Math Standard (SY)	2000	69.7	2007	64.7
% of 10th Graders Passing the GQE Language Standard (SY)	2000	76.7	2007	66.2
# of Expulsions (SY)	2000	7,307	2007	6,095
# of Suspensions (total) (SY)	2000	295,562	2007	332,168
# of Expulsions and Suspensions (SY)	2000	302,869	2007	338,263
# of Public School Student Dropouts (SY)	2000	8,309	2007	9,031
# of Public High School Graduates (SY)	2000	56,999	2007	59,887
% of Grads Intending Vocational/Tech School (SY)	2000	8.0	2007	7.2
% of Grads Intending 4-year College (SY)	2000	56.6	2007	59.2

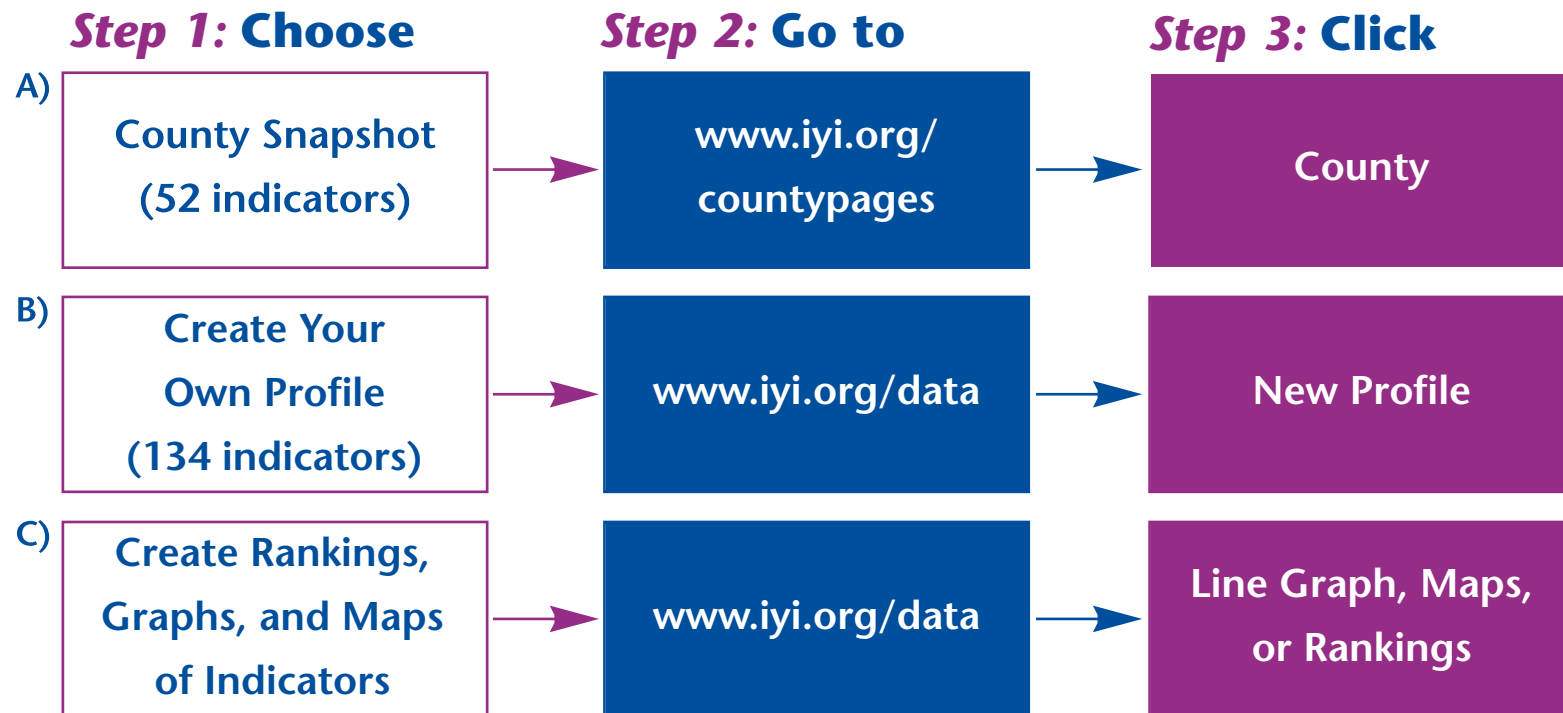
### Percent of Non-Marital Births: 1996 - 2006



### Graduation Rates By Group: 2007

All Students	76.5
Free/Reduced Price Lunch	58.6
Special Education	52.6
Limited English	58.8
Asian	87.1
Black	57.0
Hispanic	64.3
Multiracial	70.1
Native American	70.3
White	79.9

# How Do I Get the Data?



## *Still cannot find the data you need?*

While the online database has over 134 indicators at the state, county, and school district level, you may still need other data or more recent research on a specific topic. The Indiana Youth Institute can help you with custom data research. A qualified staff member is available to research state and county data or specific topics regarding Hoosier youth today. Call IYI at 800.343.7060 or go to [www.iyi.org/datarequest](http://www.iyi.org/datarequest) to inquire about this service.

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*Use this pocket to store your data.*

1. For a snapshot of your county, go to [www.iyi.org/countypages](http://www.iyi.org/countypages)
2. Select and create your own, state, county, or school district level profile, ranking, map, or graph at [www.iyi.org/data](http://www.iyi.org/data)

