

HOOSIER UPLANDS

2020 COMMUNITY ASSESSMENT SUMMARY

The following is a compilation of the 2020 Hoosier Uplands' Children's Services Community Assessment highlights. Our service area is comprised of four counties in Southern Indiana which include: Lawrence, Martin, Orange, and Washington. The area is very rural and is not included in any of the region's metropolitan districts.

Head Start has been a part of the Hoosier Uplands regime since its inception in 1965. Head Start serves 221 children in five centers. There are 13 classrooms which are comprised of the following options: two full-day and 11 extended day sessions. Early Head Start was added in 1999 and serves 66 children and/or pregnant women in a home visiting setting. There are six caseloads.

DEMOGRAPHICS

In the Hoosier Uplands service area, the total population of children age 0 to 4 is 5,889. Lawrence County's 0 to 4 population make up the largest portion of age eligible children in the service area at 42.34%. Washington County is next with 27.00% followed by Orange with 19.88%, and Martin with 10.78%.

The service area is predominately white with 97.57% of the 2018 population falling into that category. Multi-racial is next comprising 1.10% of the population. The remaining breakdown is African American (0.64%), Asian (0.35%), American Indian or Alaskan Native (0.33%), and Native Hawaiian or Other Pacific Island (0.01%).

The four county service area has seen a slight increase in the Hispanic population over the last five years. In the four county area, 1.38% of the population identifies themselves as Hispanic. The county with the largest concentration of Hispanic population is Lawrence with 1.60% followed by Orange with 1.54%. Washington and Martin round it out with 1.33% and 1.05% respectively.

2018 – Age 0 to 4 Population, Race, and Hispanic Origin Estimates

	Lawrence	Martin	Orange	Washington
Number of children ages 0 to 4	2,493	635	1,171	1,590
American Indiana / Alaskan Native	15	2	1	5
Asian	11	1	6	5
Black	9	5	16	1
Native Hawaiian and Other Pacific Island	1	0	0	0
White	2,418	624	1,134	1,561
Two or More Race Groups	39	3	14	18
Non-Hispanic or Latino	2,453	628	1,153	1,569
Hispanic or Latino	40	7	18	21

Data shows that the following speak a language other than English in their home: Lawrence County (2.2%), Orange County (1.9%), Washington County (1.7%), and Martin County (1.6%). The predominate language spoken other than English in the service area is European (1.09%) followed by Spanish (0.55%). The number of dual language learners in the service area is relatively low with the following percentages of students falling into that category: Washington (0.3%), Lawrence (0.2%), Orange (0.2%), and Martin (0.1%).

Indiana children live in many different types of families. Compared to children living in two-parent families, kids living with a single-parent or experiencing family structure transitions fare worse in developmental outcomes. Both single mothers and single fathers tend to face greater barriers to providing economic stability for their children. Four in 10 children living with a single mother live in poverty (38.0%), compared with 17.5% of children living with a single father and 5.4% of children living in a married-couple family. In Indiana, one in four children live with a single mother and nearly one in 10 live with a single father. In the four county service area, children living with a single parent ranges from 9.66% in Orange County to 8.15% in Martin County. Data from the 2018-19 PIR shows that 47.49% of families served by Head Start and Early Head Start were single parent households. Of those, 77.64% were single mothers and 14.29% were single fathers.

ECONOMIC WELL-BEING

Unemployment rates for 2018 showed that two of our counties were in the top 25% in Indiana with Orange County coming in at 3.9% ranking the 16th highest in the state. Lawrence County ranked 25th in the state with 3.8% while Washington (3.5%) ranked 39th, and Martin (2.7%) ranked 81st.

Employment can be an important step out of poverty, but for low-income families, it does not guarantee an escape from poverty. Compared with children in higher socioeconomic status (SES) households, children in low SES households experience higher rates of parent-reported mental health problems and greater exposure to stress which can lead to negative long-term physical and mental health. There are 14.5% Hoosier children living in working-poor households.

Data from the 2018-19 PIR shows that 44.18% of two-parent Head Start families had at least one parent in the workforce. In Early Head Start, 53.33% of two-parent families had at least one parent in the workforce. There were 28.92% of Head Start single-parents working and 17.78% of Early Head Start single-parents. Data also shows that 5.22% of Head Start families had at least one parent in school or job training. In Early Head Start, 3.33% of families had at least one parent in school or job training.

Despite relatively low unemployment rates, poverty rates remained excessive particularly with children under age 18. This can be attributed, in part, to a majority of jobs existing in the retail and services fields. As a result, median family incomes remain

low. Two counties are ranked 90th and 88th out of 92 counties. Washington County's median income in 2018 was \$44,534 (90th) and Orange County's was \$44,968 (88th).

One in five Hoosier children (17.5%) lives in poverty. Children younger than age five are more likely to live in poverty (20.8%) than older children (17.2%). Children in single-mother families are six times more likely to live in poverty (44.4%) than children in married-couple families (7.5%), and twice more likely than children in single-father families (20.1%). Orange County's child poverty rate was the 17th highest in the state at 21.8%.

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

Hoosier Uplands Service Area Poverty Rates - 2018

AREA	Poverty Rate	Rank in State	Child Poverty Rate	Rank in State
Indiana	13.0%	N/A	17.5%	N/A
Lawrence	12.5%	36 th	17.3%	38 th
Martin	11.8%	44 th	15.6%	53 rd
Orange	15.6%	16 th	21.8%	17 th
Washington	13.4%	33 rd	20.4%	25 th

Children who lack a stable home are vulnerable to many adverse outcomes, including chronic health problems, difficulty accessing health care, and witnessing violence. Homeless children and youth are difficult to count because they usually change residences and schools often. Under the McKinney-Vento Act, schools are required to keep track of the number of homeless children living in their district. This includes students who are living in motels, trailer parks, campgrounds, shelters, or sharing housing with others because of economic hardship. In 2016, 1.53% of students in Indiana were classified as homeless. In our service area, Washington County had the highest rate of student homelessness with 2.54% ranking them number 32 in the state. Lawrence County ranked 42nd in the state with 1.08% while Orange County had 0.25% and Martin County had a 0.07% homeless rate. Data from the 2018-19 PIR shows that 5.9% of families served by Head Start and Early Head Start were homeless. Of those families, 50% acquired housing during the enrollment year.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adverse Childhood Experiences (ACEs) are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health. The cumulative effect of ACEs has a lifelong impact on children. As the number of ACEs increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life. Nearly half (46.2%) of Hoosier children have experienced one or more ACEs. Hoosier youth have a higher prevalence than their peers nationally in seven out of nine ACEs as measured by the National Survey of Children's Health.

National Survey of Children's Health - Adverse Childhood Experiences

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

CHILD CARE

Child care and education—including the cost of daycare, school or afterschool care—is the third largest expense for families. Finding child care can be a difficult task and especially impacts rural areas. Other factors such as cost, child care subsidies, work schedules, waiting lists, and transportation can also limit access to child care. Indiana is in the top ten states for the most expensive center-based infant and toddler care for both married-couple and single families. Of all families with children younger than six, 9.4% have problems with child care severe enough that they have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year.

According to the U.S. Census Bureau, nearly two thirds (64%) of young Hoosier children need child care because all parents are working. This means if a child is in a two-parent household, then both parents are working. If a child is in a single-parent household, then the single parent is working. In our four county area the percentage of children under the age of six needing child care is Orange – 58%, Martin – 57%, Washington – 56%, and Lawrence – 52%. Many families with young children struggle to find adequate child care. Families with nonstandard or irregular work schedules tend to face greater difficulties finding child care. Parents working nonstandard work schedules are more likely to rely on multiple types of child care arrangements to fill their child care needs.

Low-income, working families may receive subsidized child care through Indiana’s Child Care and Development Fund (CCDF) voucher program. In 2017, there was an average of 7,235 children on the waiting list for a CCDF voucher each month. The average number of children waiting for a voucher has increased by 81.2% since 2007.

Hoosier Uplands Service Area Child Care Availability - 2017

	Lawrence	Martin	Orange	Washington
Licensed Centers	2	1	1	1
Licensed Homes	21	3	16	18
Registered Ministries	5	1	0	1
Total Child Care Capacity (slots)	454	89	272	304
Number of children 0 to 4 with all parents in workforce	1296	362	679	890
Number of children 0 to 4 without licensed child care	842	273	407	586
Number of children receiving child care vouchers	134	20	64	108
Monthly average number of children waiting for vouchers	25	2	13	26

PATHS TO QUALITY

High-quality early education and child care improves cognitive outcomes and enhances school readiness. There is a positive effect on children and their families when care is consistent, developmentally appropriate, emotionally supportive, and the environment is safe. These positive outcomes are long-lasting and continue to impact children as they grow into adulthood.

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

All five of Hoosier Uplands’ Head Start centers are rated high-quality with three star ratings. We are also the only licensed centers in each county. Other than Head Start, the breakdown of PTQ high-quality rated homes or ministries is: Lawrence – 4, Martin – 1, Orange – 0, and Washington – 0.

PRE-SCHOOL

Preschool programs increase school readiness by strengthening a child’s academic skills in reading and math. Preschool also builds young children’s social-emotional readiness, self-regulation, attention, and cooperation skills. These skills are foundational

for success during children's school years and in later life. Less than half of Indiana children ages three to four (41.6%) are enrolled in preschool.

Indiana does not currently have a universal Pre-Kindergarten program, however, a limited number of young children have the opportunity to receive state-funded early preschool. Indiana's Pre-K pilot, On My Way Pre-K, was created to provide low income four-year olds with access to free, high quality Pre-K the year before they start kindergarten. In 2017, the Indiana General Assembly expanded the program from five pilot counties to 20 counties, none of which were located in the Hoosier Uplands service area. However, HB 1628 signed by the Governor recently opened it up to all counties beginning July 1, 2019. The grant may only be accepted by qualifying institutions, including those on Level 3 or 4 of the State's voluntary "Paths to Quality" rating system. Families must qualify for the program demonstrating eligibility based on income. A family's income must fall within 127% of the federal poverty level. Participating families must have a service need (working, going to school, job training, etc.). Children must be four years old by August 1 to qualify. Families apply for the grant in the spring for the fall school year. All applications are placed in a randomized lottery process. Service area data for the 2019-20 school year shows that there are no children being served by "On My Way Pre-K" providers at this time.

There are several privately owned "preschools" in the area. No prerequisites are required in order to become a preschool in Indiana except for the length of time the children attend which cannot be more than four hours. There is no set curriculum and "teachers" do not have to have any formal training. Prices in the area range from \$50.00 to \$115.00 per month depending on the number of days offered weekly. Many preschools do not include meals, none include transportation and several meet for only two hours per day. The number of preschools fluctuates; currently there are three privately owned preschools in Lawrence County, two in Orange County, one in Martin County and two in Washington County providing approximately 163 slots.

CHILDREN WITH SPECIAL NEEDS

Parents and caregivers face increased caregiving demands and coordination of care for children with developmental disabilities. Service providers working with young children who have developmental delays that require early intervention or special education services work from written intervention plans. Plans are called Individualized Family Services Plans (IFSPs) if the child is three or younger or Individualized Education Plans (IEPs) if the child is older than age three. In Indiana 1 in 10 Hoosier children received services under an early intervention plan in 2017. Hoosier children with two or more Adverse Childhood Experiences (ACEs) are nearly four times as likely to receive an early intervention plan (15.7%) compared to children with no ACEs (4.1%).

The First Steps program provides early intervention services for children ages 0 to 3 who are experiencing developmental delays or disabilities. Available services include assistive technology, family education, health services, service coordination, and developmental, physical, speech, and occupational therapy. Services through First

Steps are free for families whose income is below 250% of the federal poverty level, and fees are charged on a sliding scale for families with higher incomes.

In 2018-2019, 22,964 Hoosier children with IFSPs were served by First Steps. Among the services provided by First Steps, 68% of children received speech therapy, 53% received developmental therapy, 52% received occupational therapy, and 49% received physical therapy. In the four county service area a total of 339 children were served with a county breakdown of: Lawrence (185), Orange (46), Washington (71), and Martin (37).

Data from the 2018-19 PIR shows that 28.18% of Early Head Start’s cumulative enrollment had an IFSP. Diagnosed disabilities included speech/language (61.29%), gross motor (29.03%), and developmental delay (9.68%).

Indiana’s 92 counties are grouped into 10 First Steps Clusters. The Hoosier Uplands service area counties fall into three separate clusters: **Cluster J** which consists of Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Hancock, Jackson, Jefferson, Jennings, **Lawrence**, Monroe, Ohio, Ripley, Rush, Shelby, Switzerland, and Union Counties; **Cluster F** which consists of Clay, Daviess, Greene, Knox, **Martin**, Owen, Parke, Putnam, Sullivan, Vermillion and Vigo Counties; **Cluster I** which consists of Clark, Crawford, Dubois, Floyd, Gibson, Harrison, **Orange**, Perry, Pike, Posey, Scott, Spencer, Vanderburgh, Warrick and **Washington** Counties.

2018-2019 First Steps Children Receiving Service Types

	Cluster F	Cluster I	Cluster J	Total	Percent
Children Served	1,169	2,995	2,483	6,647	100.00%
Assistive Technology	1	32	5	38	0.57%
Audiology	10	251	97	358	5.39%
Developmental Therapy	760	1,767	1,438	3,965	59.65%
Health Services	0	0	0	0	0.00%
Interpreter Services	0	0	0	0	0.00%
Medical	0	0	0	0	0.00%
Nursing	0	0	0	0	0.00%
Nutrition	8	0	15	23	0.35%
Occupational Therapy	756	1,940	1,461	4,157	62.54%
Other Services	0	0	0	0	0.00%
Physical Therapy	594	1,862	1,039	3,495	52.58%
Psychology	0	0	9	9	0.14%
Social Work	0	0	0	0	0.00%
Speech Therapy	483	1,345	1,777	3,605	54.23%
Vision	0	0	0	0	0.00%

All eligible students age 3 to 22 are entitled to a free, appropriate public education in the least restrictive environment possible. Assessments are used to determine eligibility.

Information is collected about a suspected disability and is used to determine if there is a developmental delay or an impairment that adversely affects educational performance. Public school students who are identified as having special needs receive an Individualized Education Plan (IEP) that sets goals for the school year and plans for any special support a child may need to achieve those goals. Some the services Indiana can provide as part of an IEP include: transportation, speech pathology, psychological services, physical or occupational therapy, and an educational interpreter.

In 2018 there were 174,863 special education students enrolled in Indiana schools equating to 15.3% of enrollment. Among the 16 disability categories in which students are placed, 31.1% have a specific learning disability, 23.3% have a language or speech impairment, 14.9% have another health impairment, 9.3% are in the autism spectrum, 7.3% have an emotional disability, and 5.8% have a mild cognitive disability.

Data from the 2018-19 PIR shows that 19.85% of Head Start's cumulative enrollment had an IEP. Diagnosed disabilities included speech/language (50.00%), developmental delay (48.08%), and hearing impairment (1.92%).

The four county area is served by three different special education cooperatives:

Orange-Lawrence-Jackson-Martin-Greene Joint Services

Eastern Greene Schools

Brownstown Central Community School Corporation

Medora Community School Corporation

*Mitchell Community School Corporation

*North Lawrence Community Schools

*Orleans Community Schools

*Shoals Community School Corporation

South Central Area Special Education Cooperative

Crawford County Community School Corporation

*East Washington School Corporation

*Paoli Community School Corporation

*Salem Community Schools

*Springs Valley Community School Corporation

*West Washington Community School Corporation

Daviess-Martin Special Education Cooperative

Barr-Reeve Community Schools, Inc.

*Loogootee Community School Corporation

North Daviess County Schools

Washington Community Schools

**denotes school systems in the Hoosier Uplands service area.*

The number of elementary students in special education in each county for 2019 was: Lawrence (615 – 24.00%), Washington (451 – 24.90%), Orange (324 – 20.51%), and Martin (133 – 22.47%).

**2019 Indiana Special Education Enrollment by Disability Area
Preschool Ages 3 to 5A**

PART B - Preschool	2019 Count	Percentage
Multiple Disability	112	0.73%
Orthopedic Impairment	146	0.95%
Blind or Low Vision	56	0.36%
Deaf or Hard of Hearing	200	1.30%
Emotional Disability - FT	5	0.03%
Emotional Disability – All Other	2	0.01%
Specific Learning Disability	29	0.19%
Developmental Delay	5,665	36.70%
Language/Speech Impairment	7,923	51.33%
Mild Cognitive Disability	85	0.55%
Moderate Cognitive Disability	51	0.33%
Severe Cognitive Disability	6	0.04%
Deaf Blind	4	0.03%
Autism Spectrum Disorder	817	5.29%
Traumatic Brain Injury	12	0.08%
Other Health Impairment	322	2.09%
Total Unduplicated Count	15,435	

Public school systems in the service area provide pre-school programs to children who have been identified as eligible under section 619 of Part B of IDEA which guarantees a free appropriate public education to children with disabilities age three through five. Special education preschool is provided to children in the following school districts through the three area cooperatives: North Lawrence Schools (68 slots), Mitchell (42 slots), Paoli (21 slots), Orleans (10 slots), Shoals (26 slots), Salem (11), East Washington (15), and West Washington (19). Based on poverty rates, the following county breakdown applies to the number of Head Start eligible children being served in special education preschools: Lawrence (19), Martin (4), Orange (7), and Washington (9).

PRENATAL AND BIRTHS

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

Early prenatal care is important for the health of the baby and mother. Expectant mothers should seek medical care as early as possible so that doctors can advise on keeping the baby healthy, as well as finding and treating any health problems that may arise. Pregnant mothers should typically visit a doctor monthly during the first and

second trimester and twice a month or more during the third trimester. Mothers are more likely to have babies with health problems when they receive late or no prenatal care. Consistent prenatal care is associated with positive outcomes for infants and may reduce the risk of postpartum depression and infant injuries. Approximately 7 in 10 Indiana mothers receive first trimester prenatal care (68.6%). Washington County ranked 12th in the state for lowest percentage of mothers receiving first trimester prenatal care with only 60.2%. Orange was 24th with 65.4% followed by Lawrence (71.7%) and Martin (77.9%).

The number of live births has increased in two of the four counties in our service area. Orange County has seen an 18.7% increase since 2014 ranking it the 4th highest increase in the state. Washington County has had a 3.5% increase in births. Lawrence (-1.0%) and Martin (-15.0%) have both seen decreases.

The percentage of births born to mothers on Medicaid in Indiana is 41.0%. In the four county area, Orange County has the highest percentage with 43.3% followed by Lawrence with 40.5%. Washington is a bit lower with 37.6% and Martin comes in at 23.0%.

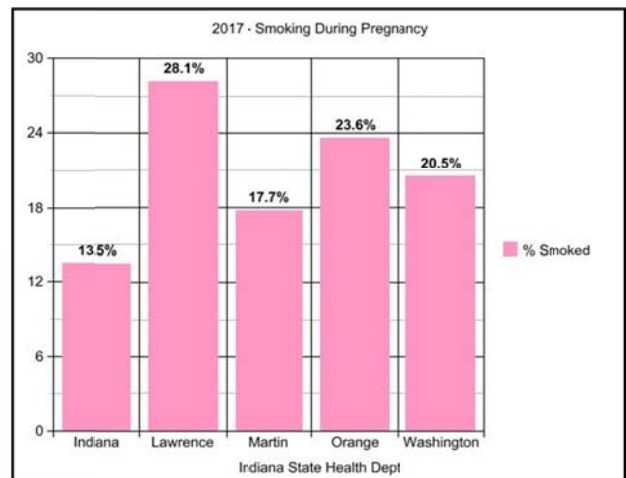
Live Births by Race and Ethnicity – 2017

Location	Total	White	Percent	Black	Percent	Hispanic	Percentage
Indiana	82,251	66,773	81.18%	10,791	13.12%	7,671	9.33%
Lawrence	481	473	98.34%	4	0.83%	7	1.46%
Martin	113	111	98.23%	1	0.88%	0	0.00%
Orange	254	245	96.46%	6	2.36%	5	1.97%
Washington	322	319	99.07%	1	0.31%	5	1.55%

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

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

Maternal smoking, both during pregnancy and after a baby is born, is linked to negative birth outcomes. Smoking is associated with a higher risk of

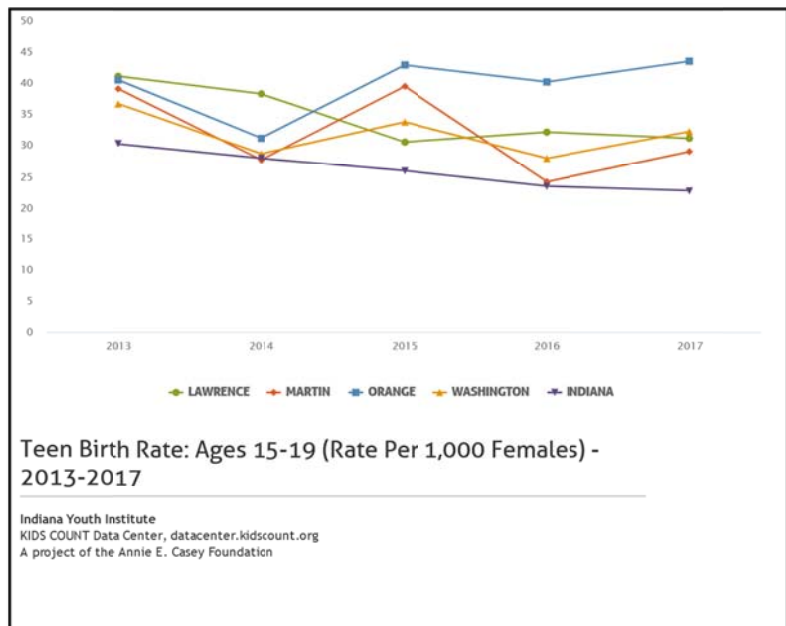


miscarriage, low birthweight, premature birth, some birth defects, and Sudden Infant Death Syndrome (SIDS). After a baby is born, parental smoking still negatively affects the child. Exposure to secondhand smoke can cause serious health problems in children, including asthma, bronchitis, pneumonia, and SIDS. The 2017 rate of smoking while pregnant in Indiana (13.5%) is significantly higher than the national rate (7%). All four counties in the service area were drastically higher than the state rate with Lawrence County ranking 6th highest in the state at 28.1%. The remaining counties are as follows: Orange – 23.6%, Washington – 20.5%, and Martin – 17.7%.

Babies born earlier than the 37th week of pregnancy are considered preterm or premature. The earlier a preterm baby is born, the less likely the child is to survive the first year and the more likely the child is to have physical or neurological health problems. In 2017, 8,102 Hoosier babies were born prematurely (1 in 10 live births); this is equivalent to the national rate (10%). Martin County is number one in the state for percentage of preterm births with 15.8%. The remaining counties fall under the state average as follows: Lawrence (9.7%), Washington (9.6%), and Orange (8.9%).

Babies are considered low birthweight when they weigh less than 2,500 grams (5 lbs. 8 oz.) at birth. Though some low birthweight babies are healthy, others have low birthweight because they were born prematurely or did not gain enough weight due to a birth defect or infection. Infants born at low or very low birthweight are at increased risk for mortality, may have breathing problems, are prone to infections, and have a higher risk for chronic health problems such as diabetes and heart disease. Lawrence County ranked 4th in the state for percentage of low birth-weight babies born with 10.2% and 3rd in the state with percentage of very low birth-weight babies born with 2.5%.

Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socio-economically disadvantaged, both before and after becoming parents, than their peers. Orange County ranked 5th highest in the state for the teen birth rate among ages 15 to 19 with 43.5 per 1,000 females. Other county rates include Washington – 32.3, Lawrence – 31.2, and Martin – 29.1. The Indiana rate was 22.8.



INFANT / TODDLER PROGRAMS

While infants make up 16% of all young children ages 0-5, they are only 7% of young children enrolled in known programs in the state. Toddlers are 33% of children ages 0 to 5, but they are only 23% of those enrolled in known programs. Families with infants and toddlers have fewer options, as unlicensed school-based programs are not permitted to enroll children who are that young. The result is fewer infants and toddlers enrolled compared to their proportion of the population. This is a possible indication that the statewide early childhood education system is not meeting the needs of families and toddlers. This is especially critical because research shows the importance of prioritizing the healthy development of children from birth to age three, as this is the single most critical period of brain development.

One of the primary state funded abuse prevention programs is Healthy Families, a program of the Department of Child Services (DCS). The Healthy Families Initiative (HFI) seeks to strengthen families and reduce the incidences of child maltreatment and health problems through parent education and connecting families to services. Healthy Families works closely with hospital maternity wards, prenatal clinics, and other local agencies to identify families that could benefit from education and support services. The program provides voluntary home visiting services to families throughout Indiana including all four counties in the Hoosier Uplands service area. Four separate agencies are responsible for those services including: Lawrence County – The Villages of Indiana (Bedford); Martin County – Child-Adult Resource Services (Washington); Orange County – Lincoln Hills Development Corporation (Tell City); and Washington County – Blue River Services (Corydon). To be eligible for the program, families must be expecting a baby or have a newborn younger than 75 days old; be below 250% of federal poverty level; and be identified as at increased risk for child maltreatment. Services can be provided until the child turns three. The only statistics available show that in 2014 less than 38 families were served in Washington and Martin counties and more than 38 families were served in Lawrence and Orange counties. Healthy Families cannot dual enroll with other home visiting programs.

The other home-based program being offered in Lawrence, Orange, and Washington counties is the Nurse-Family Partnership. Nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. Services are coordinated through Goodwill of Central and Southern Indiana (Bloomington) and IU Health (Bedford and Paoli). To be eligible for the program, women must have had no previous live births, be less than 28 weeks pregnant, and be at 200% or below the Federal Poverty Level. Mothers can be dual enrolled with other home visiting programs.

CHILD HEALTH

Regular checkups are important for children's health. Well-child visits provide parents a chance to ask questions about a child's health and allow doctors to assess any unmet health needs. Access to regular health care services is important for ensuring children

maintain good health. When a child regularly receives comprehensive health care from a primary care physician or team that is familiar with the family, the child, and the child's health history, the child is considered to have a medical home. Children in poverty, 0-99% FPL, are less likely to have a medical home (39.2%), compared to children in higher income households, at or above 400% FPL (63.6%). Data from the 2018-19 PIR shows that 100% of Early Head Start and 97.71% of Head Start's cumulative enrollment had an ongoing source of continuous, accessible health care by the end of the enrollment year.

Children with health insurance tend to be healthier than their uninsured peers. They are more likely to receive early care for health problems and have a lower risk of hospitalization, obesity, eating disorders, and mental health problems. Without access to health insurance, families are more likely to rely on the emergency room as a source of care, have care delayed or unmet, and have prescriptions unfilled. In 2017, 91.2% of Hoosier children at or below 100% federal poverty level had some type of health insurance. Hoosier Healthwise is Indiana's healthcare program for pregnant women, children up to age 19, and former foster children through age 25. In the four county service area children at or below 200% poverty without health insurance are Martin County – 9.4%, Washington County – 9.2%, Orange County – 7.4%, and Lawrence County – 7.3%. Data from the 2018-19 PIR shows that 99.09% of Early Head Start and 95.80% of Head Start's cumulative enrollment had health insurance by the end of the enrollment year. Of the pregnant women served, 100% had health insurance.

Vaccination is one of the best ways parents can protect infants and children from potentially harmful diseases. Before entering kindergarten, Indiana requires children to receive a series of vaccinations that the CDC refers to as 4:3:1:3:3:1:4. The percentage of Hoosier infants 19-35 months old that have received the complete series is 63%. In the Hoosier Uplands' service area the percentages of children 19-35 months old that have received the series are: Lawrence – 75%, Orange – 65%, Washington – 62%, and Martin – 58%. Data from the 2018-19 PIR shows that 86.36% of Early Head Start and 99.24% of Head Start's cumulative enrollment were up-to-date on all immunizations by the end of the enrollment year.

Allergic conditions, in which a child's immune system overreacts to substances in the environment that are normally harmless, are some of the most common medical issues among Indiana children. Skin allergies, respiratory allergies, and food allergies are the most prevalent. One in four Indiana children (23.5%) have been diagnosed with allergies.

Common symptoms of asthma include coughing, chest tightness, shortness of breath, and wheezing. While uncontrolled asthma can cause serious health risks, most childhood cases are mild or moderate. Of Indiana children, 12.4% have been diagnosed with asthma compared to 11.8% nationally.

NUTRITION

Healthy eating impacts children’s day-to-day energy levels and ability to focus as well as long-term health outcomes. A child’s family traditions and neighborhood services are integral factors in a child’s access to nutritious goods. Lack of access to low-cost healthy foods for children is related to both food insecurity and obesity among children.

Households without consistent access to adequate food are considered food insecure. Food insecurity can contribute to unhealthy cycles of food deprivation and overeating. Children who eat less or skip meals when food is unavailable may overeat when food does become available. These chronic changes in food intake can contribute to weight gain, disordered eating behaviors and metabolic changes that promote fat storage. More than one in six Hoosier children (17.7%) are food insecure. Indiana’s food hardship ranking is 20th highest out of 50 states. Hoosiers living in rural areas are more likely to experience food insecurity. Orange County is the 10th highest in the state with 20.6% children who are food insecure. The remaining counties in the service areas are Washington and Lawrence with 19.1% and Martin with 17.7%.

Children who are overweight or obese face greater risk for other chronic health conditions. Obesity threatens to shorten life expectancy and factors such as poor diet quality, excessive sedentary time, inadequate physical activity, stress and sleep deprivation places children at an increased risk. These health challenges can be long-lasting, as overweight and obese children are more likely to be overweight or obese adults. One in 10 Indiana parents (10.3%) say they are concerned about their child’s weight. Data from the 2018-19 PIR shows that 17.94% of Head Start children served were overweight according to the BMI while 16.9% were shown to be obese.

Children often eat more while viewing media, and children’s exposure to advertisements for unhealthy food products can affect future food preferences and is a significant risk factor for obesity. Nearly three-quarters of Hoosier children (72.4%) spend at least an hour per day watching TV or playing video games, compared to 73.3% nationally. Data collected during the 2018-19 program year showed that 31.82% of Head Start families eat their meals while watching TV. Below is the Indiana WIC overweight and obesity rates for children ages 2 to 5.

2018 - Indiana WIC Children Ages 2 – 5 Overweight and Obesity Rates

	Indiana	Lawrence	Martin	Orange	Washington
Overweight Rates	19.1%	20.1%	16.8%	23.0%	20.7%
Obesity Rates	14.0%	14.3%	6.3%	16.4%	17.5%

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food assistance to low-income households. Studies have shown that children who receive SNAP benefits are less likely to be overweight when compared to children in food-insecure households not receiving SNAP. Studies have also shown that SNAP

participation improves children’s dietary intake, improves mental health outcomes for parents, and health outcomes for children. In Indiana, 16.1% of households with children younger than 18 received SNAP in the past year. The average monthly benefit for individuals receiving SNAP was \$118. In the four county area the monthly average number of persons issued food stamps (SNAP) was Lawrence (4,250), Washington (3,023), Orange (2,234), and Martin (837).

Women, Infants and Children (WIC) is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women, infants and young children. Available services include nutrition and health screening, nutrition education and counseling, and breastfeeding promotion and support. According to the National Survey of Children’s Health, 10.6% of Hoosier families with children received WIC benefits in the past year. The average monthly benefit is \$32.72.

WIC Services Provided - 2017

	Total	Pregnant	Breastfeeding	Non-Breastfeeding	Child	Infant
Lawrence	2190	14.7%	7.8%	14.1%	37.1%	26.3%
Martin	426	12.2%	6.3%	12.4%	45.3%	23.7%
Orange	1207	14.8%	9.2%	13.5%	39.1%	23.4%
Washington	1435	14.6%	7.9%	12.5%	42.3%	22.7%

ORAL HEALTH

Oral health is an important part of good overall health, and cavities are one of the most common chronic childhood conditions in the United States. Children with poor oral health are more likely to miss school and receive lower grades compared to their peers. Children in households with an income below 100% FPL are less likely to receive preventative dental care (75.6%) than their peers at or above 400% FPL (89.1%).

In Indiana there are 1,850 people for every one dentist. The ratio of population to dentists in the four county service area is Martin – 5,090:1, Washington – 3,460:1, Lawrence – 3,030:1, and Orange 2,150:1. Because of the patient load and differences in opinion, area dentists range from not wanting to see a child younger than age three to wanting to see a child when the first tooth comes in.

Data from the 2018-19 PIR showed that 93.89% of Head Start children completed a professional dental examination. The number of Early Head Start children who were up-to-date on a schedule of age-appropriate preventive and primary oral health care was 76.36%.

MENTAL HEALTH

Promoting the behavioral and mental health of youth is critical to promoting their cognitive and academic achievement. When youth have stressors, feel unsafe, or are dealing with adversity, their ability to learn is impaired. Children must have good mental

health to reach their full potential. Mentally healthy children reach developmental and emotional milestones, learn beneficial social skills, and have a positive healthy quality of life in home, school, and in their communities. Mental health influences all areas of child well-being. Factors such as Adverse Childhood Experiences (ACEs), trauma, and poverty have been linked to an increased risk for mental health illnesses. Nearly half (46.2%) of Hoosier children have experienced one or more ACEs. Hoosier youth have a higher prevalence than their peers nationally in seven out of nine ACEs as measured by the National Survey of Children's Health.

Living in a poor or low-income household has been linked to an increased risk for mental health illness. Children living in poverty face barriers to receiving mental health services and are less likely to be connected with high-quality mental health care. These factors can be especially challenging in rural areas as residents often travel long distances to receive services. An estimated 3.8 million Hoosiers live in mental health professional shortage areas. All four counties in the Hoosier Uplands service area have been designated as mental health shortage areas. There are no providers that specialize in mental health care for children under the age of six.

SUBSTANCE ABUSE

Indiana's current opioid epidemic is bringing parental substance abuse to the forefront and making this issue more critical than ever. When parents struggle with substance abuse, Indiana's kids are affected. Babies born to women who use opioids during pregnancy are at an increased risk for poor fetal growth, preterm birth, congenital heart defects, and may also experience opioid withdrawal at birth, known as neonatal abstinence syndrome (NAS).

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

In Indiana, 9.2% of children have lived with someone who had a problem with alcohol or drugs, compared to 8.5% nationally. In 2017, 6 in 10 Hoosier children (63.8%) were removed from their home by the Indiana Department of Child Services due to parental drug and/or alcohol abuse. In the four county service area, Lawrence County was among the 10 highest counties in Indiana of children removed due to drug/alcohol abuse with 90%.

The table below shows affirmative answers to a voluntary end-of-the-year questionnaire that was completed by 178 of 339 families.

Program Year 2018-19 Substance Abuse Survey

Question	Percentage
The enrolled child is in or has been in foster or kinship care because of drugs	32.58%
The enrolled child has a parent currently in jail because of drugs	17.98%
The enrolled child has had a parent arrested in past because of drugs	35.96%
The enrolled child was born addicted to a substance	10.67%
The enrolled child was born to an addicted mother	23.60%

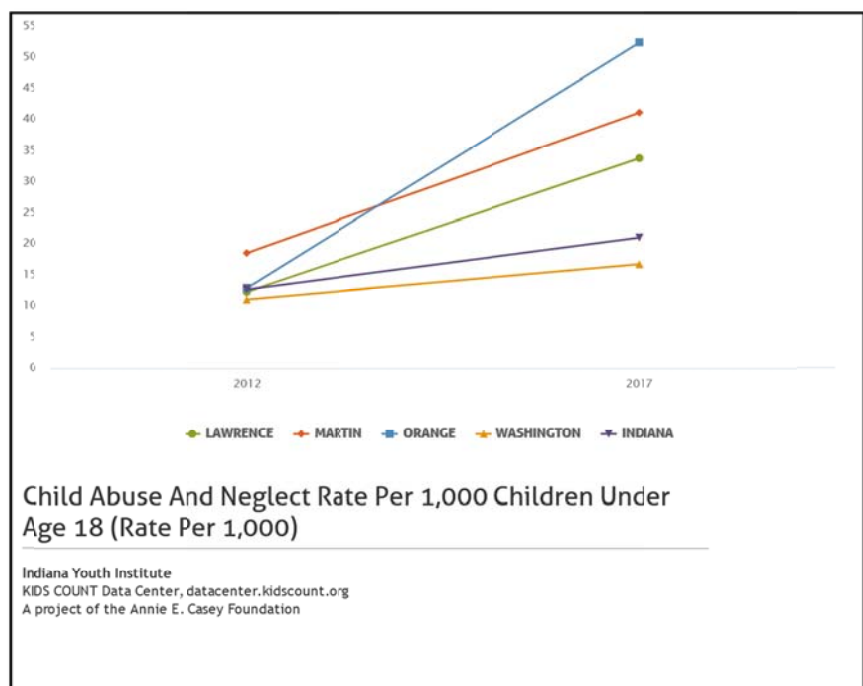
INCARCERATED PARENTS

When a parent or other family member is incarcerated, a family's stability is affected by lost income, higher mobility, social stigma, and unstable environments. Overwhelmingly, incarcerated parents are fathers. For children, parental incarceration is associated with greater emotional difficulties, low school engagement, and less parental monitoring. Children who have a parent who has served time in jail are more likely to experience additional adverse childhood experiences. As the number of adverse childhood experiences increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life. In Indiana, 10.0% of Indiana children have a parent who has served time in jail, compared to 7.7% nationally.

CHILD ABUSE AND NEGLECT

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

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

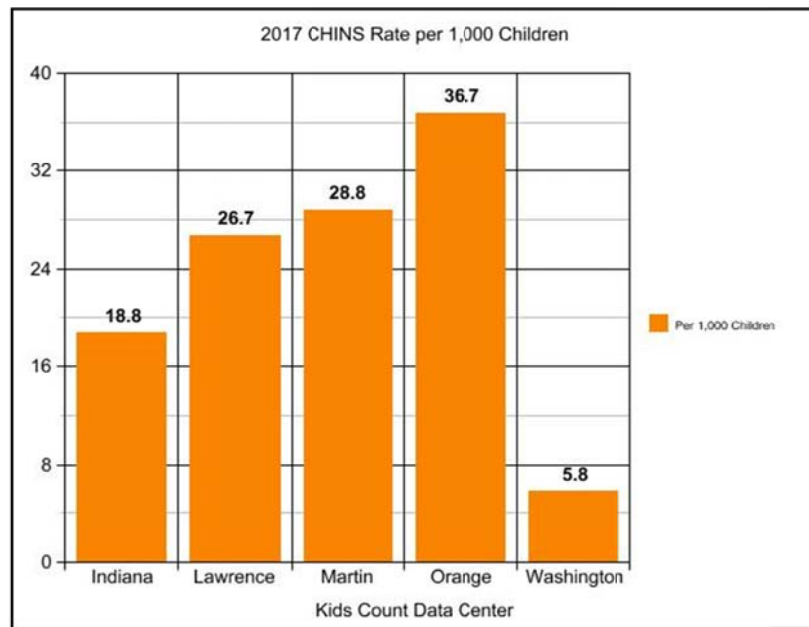


who have contact with children as part of their jobs are the most likely to report alleged child abuse or neglect. In 2019, the Indiana Child Abuse and Neglect Hotline received 203,158 reports, averaging 698 calls per day.

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

In the four county service area, Orange County ranked the 3rd highest for their child abuse and neglect rate of 52.2. This was a 129.96% increase in just three years. Martin County ranked 16th with 41.0, Lawrence County ranked 29th with 33.6, and Martin County came in at 74th with 16.6.

In Indiana, children are declared by the courts to be a Child in Need of Services (CHINS) if they are seriously impaired or endangered by abuse or neglect and the parents of a child are unable or unwilling to correct the problem on their own. The number of Hoosier children designated as CHINS has more than doubled since 2014. The 2017 rate of CHINS per 1,000 children in Indiana’s counties ranges from 55.6 to 2.5. In the four county service area, Orange County has



the highest rate per 1,000 children with 36.7, ranking it 11th highest in the state. Martin County ranks 19th in the state with 28.8, followed by Lawrence County at 22nd highest with 26.7. Washington County’s rate of 5.8 puts it at 90th out of 92 counties.

Children in foster care face increased risk of behavioral and emotional problems, difficulties in school, and poor physical and mental health. This displacement may be the result of abuse, neglect, parental substance abuse, child behavior problems, inadequate housing or other factors. Children who have special needs or suffer from behavioral disorders are more likely to experience multiple placements. For youth, being separated from family and familiar surroundings can be traumatizing. Separations that are sudden, unexpected, or prolonged can interfere with a child’s ability to adjust to their

new everyday life and hinder their ability to develop healthy coping strategies. Younger children are more likely to be placed in foster care. One in three children in foster care are ages 0 to 4 (36.9%). Nearly one in five children in foster care (19.3%) have experienced more than two placements. Of the children in foster care waiting for adoption, 12.9% have been waiting four years or longer.

In the four county area, Lawrence County is the 22nd highest in the state for 2017 with 297 children in foster care. Orange County ranked 50th with 167 children in the system followed by Martin (79th) with 80, and Washington (86th) with 54. Data from the 2018-19 PIR shows that 25% of Early Head Start and 21% of Head Start's cumulative enrollment were in foster care. Over the past five years, Early Head Start has seen a 58% increase in foster children served. Head Start has seen a 54% increase. This concern has many implications such as the rise in drug abuse in our service area as well as the shortage of foster parents and the increase in children who have had two or more adverse experiences.

Kinship care involves a relative or someone with significant emotional connection to a child, such as a grandparent, providing care when parents are not able to raise their child. Kinship care reduces trauma, helps children maintain family bonds, and increases a sense of belonging. Although grandparents often are willing to care for the children in their families, they may face additional emotional and financial challenges. Because many grandparents are not licensed in the foster care system, they may not be eligible for the same services and financial support as licensed foster parents. Of the children whose grandparents are responsible for them, 21.7% live in poverty. Data from the 2018-19 PIR shows that 15.08% of Early Head Start and Head Start's families were grandparents while 4.05% were other relatives.

ELIGIBLE CHILDREN SERVED

The chart below is an estimation of eligible children. The number of children shown being served by programs other than Head Start or Early Head Start is a rough estimation. There were no service reports available from the Nurse-Family Partnership program therefore estimations were based on percentage of first time moms and adult poverty rates. No services for the Healthy Families programs were included due to a lack of service statistics.

	Lawrence	Martin	Orange	Washington
Total Children 0 to 4	2,493	635	1,171	1,590
Child Poverty Rates	17.3%	15.6%	21.8%	20.4%
Eligible Children 0 to 4	431	99	255	324
Eligible Children – 3 & 4 Year Olds	220	50	130	165
Head Start Slots	119	34	34	34
Special Ed Pre-School (Poverty Est)	19	4	7	9
Child Care – CCDF 3 & 4 Year Olds	68	10	33	55
Eligible Children Not Served	14	2	56	67
Eligible Children – Toddlers	142	33	84	107

Eligible Children – Infants	69	16	41	52
Early Head Start Slots	39	8	10	9
Nurse-Family Partnership Infants (Est)	27	N/A	17	20
Child Care – CCDF Infants	21	3	10	17
Child Care – CCDF Toddlers	44	7	21	36
Eligible Infants & Toddlers Not Served	80	31	67	77
Live Births (Est of Pregnant Women)	481	113	254	322
Adult Poverty Level	12.5%	11.8%	15.6%	13.4%
Pregnant Women in Poverty	60	13	40	43
Early Head Start Slots	7	1	2	2
Nurse-Family Partnerships (Est)	23	4	17	17
Eligible Pregnant Women Not Served	30	8	21	24