

Hoosier Uplands Head Start & Early Head Start



2013
Community Assessment
Updated January 2014

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COMMUNITY ASSESSMENT SYNOPSIS



COMMUNITY ASSESSMENT SUMMARY

The following is a summary of the 2014 Hoosier Uplands' Children's Services Community Assessment Update. Our service area is comprised of four counties in Southern Indiana which include: Lawrence, Orange, Washington and Martin. 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 275 children in five centers. There are 11 classrooms which are comprised of the following options: three full-day, three single sessions, and five double sessions. A Head Start home based option was added in 2012 with a caseload of 12. Early Head Start was added in 1999 and serves 76 children and/or pregnant women in a home visiting setting.

POPULATION AND FAMILY STRUCTURE

Indiana's population has increased 0.8% since the 2010 Census. It is the 16th most populous state in the nation. All four counties in the service area experienced a decrease in population with Washington County seeing the largest decrease of 1.2%.

Older adults 45 to 64 comprise the largest sector in the four county area with 28.91% of the population. The service area experienced a decrease of 5.97% in children ages 0-4 from 2010 to 2012.

People from all over the world live in Indiana, with five in every 100 people hailing from another country. The foreign-born population in Indiana is larger than the population of Fort Wayne, our second largest city (at 252,000). Of the 264,000 people who were born in countries other than the United State, the majority have come to Indiana from Latin America (49.4%), Asia (25%) and Europe (17.4%).

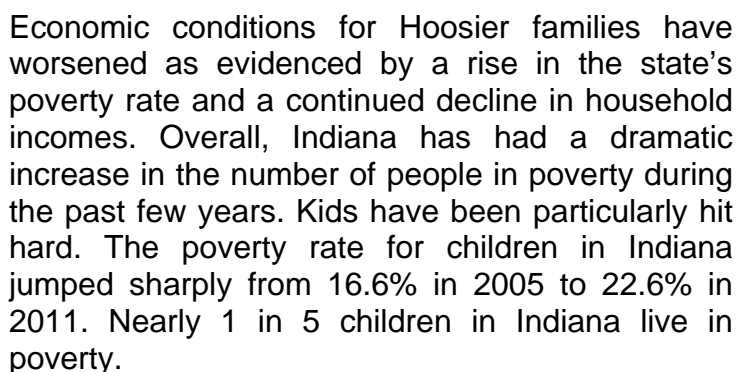
The Hispanic population is projected to add 284,600 residents by 2030. This figure equates to a 100 percent increase over 2005 and will account for 38% of the state's total growth. As a share of Indiana's total, the Hispanic population is expected to jump from 4.5% to 8% in 2030. Nearly all counties will see relatively substantial increases in their Hispanic populations.

The four county service area has also seen an increase in the Hispanic population. While the percentage of the overall population is small, the increase over the past eight years indicates a trend that will continue to increase. In the four county area, 1.27% of the population identifies themselves as Hispanic. Since 2000, there has been a 45% increase in the Hispanic population for the four county area.

The family structure in our four county area continues to be slightly dominated by that of the married couple. Indiana women who are married are much less likely to live in poverty than their unmarried counterparts. Married couples in our area make up 78.91% of the total family households according to Census data. Of married couples, 36.29% have children. Single parents make up 12.72% and grandparents raising grandchildren comprise 4.03% in the four-county area.

According to data from the State Department of Health, Indiana's out-of-wedlock birthrate for 2011 is 42.7%. Indiana's rate of children being born to single mothers ranked 15th in the US. Indiana's rate was 1.7% higher than the national average. While demographics are not destiny, children born into single-parent families face decreasing chances for stability during childhood and self-sufficiency as adults. According to the national research organization Child Trends, "Children born to unmarried mothers are more likely to grow up in a single-parent household, experience instability in living arrangements, live in poverty and have socio-emotional problems."

ECONOMIC WELL-BEING



Mother-only families are more likely to be poor because of the lower earning capacity of women. The median annual income for female-headed households with children under six years old is roughly 1/4th that of two-parent families. The poverty rate for single parent women is 39.2% while the national average is 37.4% in 2010.

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arrangements – such as extended family or neighbors – as alternatives to formal day care. Although this form of child care may allow the single parent's limited income to be distributed across a greater set of needs (housing, clothing, food), quality of care may be sacrificed.

Indiana's unemployment rate for 2012 was 8.4 compared to the US rate of 8.1. Unemployment rates continue to remain high in our service area. The area's lowest rate was 6.7 in Martin County. Washington County's rate of 8.6 placed it at number 40 in the state. The workforce in Orange and Lawrence Counties has been hit hardest with rates of 9.5 and 10.7 respectively. They rank as the 24th and 4th highest unemployment rates in the state.

While annual averages for 2013 are still unavailable, October 2013 did show two of the counties in the service area are above the national unemployment rate of 7.0. Lawrence County's rate was highest at 8.8, followed by Orange County at 8.1. Washington County was at 7.6 and Martin County was 5.6. Indiana's rate for October was 7.0.

Indiana continues to lack high-wage jobs because of the increasing dominance of the service sector industries in the state's economy, and also because of the relative low educational attainment of its adult workforce. According to Census data, 13.6 percent of the population age 25 and older in Indiana did not graduate. Area statistics are even higher with 17.8% in Martin, 20.3% in Orange, and 17.8% in Lawrence not graduating. Washington County has the highest percentage of non-graduates with 21.3%. Census data also shows that only 22.7% of the Indiana population over 25 has a bachelor's degree or higher compared to 28.2% in the nation.

Indiana wages have been stagnant for the past several years and have not kept pace with average wages in the US. The median income in Indiana in 2011 was \$46,410 compared to the national income of \$50,502. Our area median incomes are even lower with Martin County topping the list in 2011 with \$44,715. Lawrence County's rate was \$43,471 and Washington County's \$39,085. Orange County posted the 5th lowest median household income in the state at \$37,910.



There were 36,181 bankruptcy cases in Indiana in 2012, an 8.02% decrease from the previous year. Of these, 98.09% were non-business filings. Indiana's bankruptcy rate ranked 8th in the nation. Like the US, the vast majority of bankruptcy filings in Indiana are personal bankruptcies.

The 2013 housing wage in Indiana was \$13.81 per hour for a two bedroom unit. The housing wage is the hourly wage a family must earn – working 40 hours a week, 52

weeks a year – to be able to afford rent and utilities in the private housing market. In Indiana, a minimum wage worker earns an hourly wage of \$7.25. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 76 hours per week, 52 weeks per year. Or a household must include 1.9 minimum wage earners working 40 hours per week year-round in order to make the two-bedroom FMR affordable. Housing is affordable when 30% or less of household income goes toward housing-related expenses. In order to rent a two bedroom apartment in the four county area, a family would have to spend between 54 and 60% of their income.

Children comprise 43% of members of Indiana households that receive emergency food assistance, such as food banks. A food insecure family lacks access to a sufficient food supply due to lack of financial resources. Food insecurity has the potential to impact a child's development and well-being, including such factors as cognitive development and iron deficiency. It also has a negative impact on socio-emotional behaviors, such as acting out, and physical health, including increased risk of chronic health conditions. In addition, while the cost of food has steadily increased, food program supplements often fail to meet the USDA's basic "thrifty food plan," or the lowest budget costs for food.

Almost one out of six (16.3%) Indiana households were food insecure in 2011; for children, the food insecurity rate was higher, at 22.7%. Orange County had the 6th highest child food insecure rate in 2011 with 24.9%.

The Food Stamp Program is the nation's largest food assistance program, and was renamed the Supplemental Nutrition Assistance Program (SNAP) in 2008. To receive services, a household must earn at or below 130% of the poverty level as well as meet other financial and non-financial eligibility requirements. Research shows that SNAP participation reduces the likelihood of food insecurity. For SFY 2012, 901,880 persons in Indiana received SNAP benefits, up from 867,101 persons in SFY 2011. In our four county service area, Lawrence County went from 3,530 persons receiving food stamps in 2005 to 6,486 in 2012.

INDIANA SELF-SUFFICIENCY STANDARD

From rising health care costs to growing numbers of single parent heads of households and the cost of child care, many Indiana families are struggling to make it. The Indiana Self-Sufficiency Standard calculates how much money working adults need to meet their basic needs without subsidies of any kind. It accounts for varying costs of living and working by family size and composition and by where these families reside in Indiana. By using the information in the Standard, we can learn more about what wages are adequate to cover basic living costs such as housing, child care, food, transportation, health care, and taxes. Below is a listing of the Self-Sufficiency Standard for each of our area counties compared to the federal poverty guidelines.

Area Self-Sufficiency Standard – Family of Four

2013 Federal Poverty Guidelines	\$23,550
Lawrence County	\$38,895
Washington County	\$35,045
Martin County	\$34,977
Orange County	\$35,877

HEALTH ISSUES AND WELL-BEING

The health status of children is perhaps the most important determinant in ensuring future positive development and health outcomes. Children cannot thrive when their mothers receive late or no prenatal care, smoke, drink, or use illicit drugs while pregnant, and when basic healthcare is not readily accessible during childhood. Prevention efforts and community-wide campaigns can help establish positive health behaviors, but far too many Hoosier children and families have health issues impacting their daily lives.

The Indiana WIC program participated in the 2011 Pediatric Nutrition Surveillance conducted by the Centers for Disease Control and Prevention (CDC). Data among participants in the WIC program show that 14.3% of children aged 2 to 5 were considered obese. The study also showed that 16.4% were overweight. In the Hoosier Uplands Service area, Washington County had the highest percentages with 17.2% of 2 to 5 year olds who are considered obese and 21.9% who were overweight. The county ranked the 6th highest in the state in the overweight category.

Health professional shortage areas (HPSAs) and medically underserved areas (MUAs), established under the U.S. Public Health Service Act, are federal designations of a geographic area which meet the criteria as needing additional primary health care services.

In our four county service area, Lawrence County and parts of Martin, Orange and Washington Counties were designated as an MUA. All four counties were designated as an HPSA in regards to primary care professionals. Orange County was designated as an HPSA in regards to mental health professionals.

A closer look at the four county area reveals some of the key positions that are lacking. The Indiana Professional Licensing Agency reports only three audiologists, six mental health counselors, seven psychologists, three marriage and family therapists, and seven speech pathologists in the four county area. With a total population of 104,570, there are only 90 physicians, 31 dentists, 24 social workers, 30 clinical social workers, 15 optometrists, and 13 dieticians available. Lawrence County has two hospitals. Washington and Orange have one each. Martin County is one of two counties in the state with no hospital facility.

Expectant mothers can give their unborn children a head start in life by receiving early and adequate prenatal care. Prenatal care enhances pregnancy outcomes and long-term maternal health. It also serves as an opportunity for health providers to advise expectant mothers on proper nutrition and the dangers of high-risk maternal behaviors such as smoking, alcohol use, and drug use during pregnancy. Data shows that 30.5% of expectant mothers did not receive first trimester care in the United States. Indiana rates indicate that 31.9% of pregnant women did not seek first trimester care in 2011. The percentages for our service area range from 21.0% in Martin County to 33.1% of Washington County's expectant mothers without first trimester care.

A study released in September 2009 by Indiana University suggests that pregnant Indiana women have one of the nation's highest rates of alcohol, tobacco and drug use. The study found that Indiana ranks 7th in the nation among women who smoke during pregnancy, and that nearly 18,000 Hoosier babies are born each year to mothers who smoke.

Tobacco use during pregnancy is one of the key preventable causes of a number of poor birth outcomes, including low birth weight, miscarriage, infant mortality, as well as a host of poor child development



outcomes, such as learning disabilities and behavior problems. In 2011, the prenatal smoking rate in Indiana was 16.6% compared to 9.1% nationally. Even more alarming are the rates for our service area. Washington County's rate of 17.9% was the lowest in our area while still above the Indiana rate. Lawrence County's rate was 26.0% and Martin County's was 24.4%. Orange County's rate was very high at 26.9%.

Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma, bronchitis, pneumonia, middle ear infection, and other diseases. It has been estimated that between 50 and 75 percent of children in the United States have detectable levels of cotinine in their bloodstream.

In 2011 Indiana had the 5th highest smoking rate in the US. There were approximately 1.25 million smokers in the state, or 25.6% of the adult population. The national average was 21.2%. If you consider that there are many teen smokers, that figure would be even higher. Twelfth grade students were surveyed and 46.9% reported that they had smoked. The average age of first time use of cigarettes was 12.8.

In 2011, 8.1% of all births in Indiana were considered LBW. In the service area Lawrence County had the highest percentage of low birth weight babies with 10.6%, ranking it the 3rd highest in the state.

Giving birth during adolescence is often associated with long-term difficulties for both the mother and her child, including an increased risk of living in poverty. Babies born to

teen mothers are at a higher risk for low birth weight and infant mortality. In addition to health factors, children born to adolescent mothers are more likely to grow up in homes offering lower levels of emotional support and cognitive stimulation. Indiana's teen birth rate for females ages 15-19 has been decreasing overall since 2007. Data for the Hoosier Uplands service area in 2011 showed Lawrence County had the highest rate for 15-19 year olds with 50.1 ranking it 9th in the state. Orange County's rate was 39.0 (38th) and Washington County's rate was 37.9 (44th).

ABUSE AND NEGLECT

Research has consistently found that children are likely to suffer negative outcomes as a result of abuse and neglect. These outcomes include both short and long term consequences for children's physical and mental health, cognitive skills, education attainment, and social and behavioral development. As a result, children who experience abuse and neglect are at risk for a variety of adverse outcomes as they mature and develop into adolescents and adults.

The state child abuse and neglect rate decreased between 2009 and 2012, from 15.6 to 12.5 per 1,000 children. Two counties in the service area had higher abuse and neglect rates than the state average of 12.5. Martin had the highest rate of 18.3, up from the previous year's rate of 14.1. Orange County's rate was 12.7, down from the previous year's rate of 25.3.

SUBSTANCE ABUSE

Production, distribution, and use of Methamphetamine (Meth) are a threat to the health and safety of Indiana's families and communities. Because of their age and circumstances, Meth addicts often have children. If parents are producing their own supply of Meth, their children can be at risk. Children and adolescents are more likely to become users of meth as a result of parent/family exposure. Economic and social deterioration of the families and the communities in which children and adolescents live are significant cause for the prevention of this widespread epidemic.

A high percentage of Meth labs seized have been in rural farming areas south of I-70 and west of I-65, particularly along the corridor from Evansville to Bloomington. This region encompasses our four county area. The Meth culture is more apt to involve men and women. Most of them are jobless and on welfare, living in small, rural communities. Meth abusers are typically white, ranging in age from 19 to 35.

Meth is identified as the number one law enforcement challenge facing counties across the country. Indiana ranks second in the country for meth lab seizures and incidents reported to the Drug Enforcement Administration in 2010. It was one of 16 states recently targeted for an educational campaign by the White House's Office of National Drug Control Policy.

Indiana State police say the state had an all-time high of 1,115 meth lab incidents in 2004, but the number dropped to 992 in 2005 after a law was passed limiting cold medicine sales. Unfortunately, reported meth labs rose to 1,724 in 2012.

In 2012, there were 76 Meth labs seized in our four county area. Washington County experienced a huge increase with 36, up from 3 the previous year ranking it the 12th highest in the state.

CHILD CARE SERVICES

Child care in Indiana takes many forms – grandparents supervising a single toddler, stay-at-home moms overseeing a mix of her own and her neighbor's children, a group of infants and young children being cared for in a home or center, and church-based programs. The quality of child care in Indiana affects the way children develop and grow. A Carnegie Corporation study confirmed that the quality of child care has an impact on children's well-being and ability to learn. While research shows that GOOD quality child care can help children's development in a range of areas including language, social skills, relationships with teachers and self-perception, it also shows that children in POOR quality child care are delayed in language and reading skills, and display more aggression toward other children and adults.



Professional, quality care is hard to find in a marketplace where child care / preschool teachers and providers earn low wages. Child care providers in Indiana earned an average of \$19,190 in 2012 according to wages estimates from the Bureau of Labor Statistics. In addition, studies of child care providers find that they tend to receive no benefits or paid leave.

Low wages are closely linked to rapid turnover rates among child care providers, which break that stable relationship that children need to have with their caregivers to feel safe and secure. Turnover rates among child care providers are high throughout Indiana. The turnover rates in southern Indiana where wages are lowest are the highest in the state with a rate of 30% for family child care homes and a rate of 50% for staff in centers. In contrast, turnover rates for public school teachers nationwide are only 6.6%.

The most recent census data indicate 425,503 children under the age of five resided in Indiana in 2012. Statistics for 2012 indicated that 67.0% of children under the age of six have all parents in the labor force. Approximately 285,087 children in Indiana under the age of five are in need of child care. The majority of Indiana's children under the age of six spend at least 36 hours a week in child care. About 1 in 6 children are in unregulated care. The licensed child care capacity in Indiana was only 100,862 in 2012. There were 53,450 slots in registered child care ministries.

Compared to the number of children under the age of five in the four county area, available licensed child care slots are very much in demand. There are a total of 5,938 children ages 0 to 4 in the service area, however there are only 1,313 licensed child care slots available in 2012.

Child care is expensive. For a family with small children, child care costs are the greatest single household expense. Nearly all (93%) of child care requests in Indiana are for full-time, and more than half (60%) of child care requests are for infant or toddler care. In 2012, the cost of child care for an infant in an Indiana center was more than a third (37%) of the state median income for a single mother and 11% of the state median income for a two-parent family.

According to the National Association of Child Care Resource & Referral's report, *Parents and the High Price of Child Care: 2013*, Indiana was listed as the 9th least affordable state for care in a center for a school aged child.

In Indiana the average, annual fees paid for full-time infant care in a center was \$8,073. The average, annual fees paid for full-time care for a child age four in a center was \$6,448. Compare this to the average tuition and fees paid for a state college which is \$8,704.

In the four county area, the average annual cost for child care of an infant in a licensed center was \$6,474. The average annual cost for a toddler was \$5,239, and the average cost for a 3 to 5 year-old was \$4,953.

In the four county area, the average annual cost for child care of an infant in a licensed home was \$4,524. The average annual cost for a toddler was \$4,277, and the average cost for a 3 to 5 year-old was \$3,965.

EARLY CHILDHOOD EDUCATION

Indiana is one of 11 states in the nation that does not offer state-funded pre-kindergarten programs. It is up to the individual schools to offer early childhood education programs if they feel compelled to do so, and if funds allow. The only pre-kindergarten programs offered statewide are the early childhood special education program and Head Start.

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 six privately owned preschools in Lawrence County, three in Orange County, one in Martin County and four in Washington County providing approximately 421 slots.

Indiana law does not require children to attend school until the school year in which they turn seven (entering 1st grade). Of Indiana’s 5 and 6 year olds, only 44% were enrolled in kindergarten. Of Indiana’s 3 and 4 year olds, 5.4% were enrolled in a publicly funded preschool program.

SPECIAL NEEDS

In Indiana, 4,485 (1.1%) young children ages 0-5 have a reported disability, and 2,850,468 older children 5-17 (5.3%) have a reported disability. Of Hoosier youth younger than 18 with a reported disability, more than one quarter (28%) have two or more types of disabilities. The number of students in special education in each county for 2013 was: Lawrence (1,257 – 18.0%), Washington (787 – 18.2%), Orange (563 – 16.5%), and Martin (281 – 18.2%).

The disability areas experiencing the greatest increases from 2011 to 2012 were Other Health Impairment with a 10.84% increase and Autism with a 6.49% increase. The disability areas with the highest numbers are Learning Disability and Language / Speech Impairment.



A growing number of children in the US and Indiana are being diagnosed with autism. Twenty years ago, the incidence of autism used to be 1 in 5,000 children. In 2007 the incidence of autism was 1 in 150.

According to statistics from the 2012-2013 school year, Indiana’s rate of students with autism was 1 in 80 or 13,020 students.

HEAD START & EARLY HEAD START ENROLLMENT

Based on the statistical findings included in this report, Hoosier Uplands Children’s Services will serve a total of 287 children in Head Start. A county breakdown includes: Lawrence (148), Orange (40), Washington (62) and Martin (37). The Early Head Start will serve a total of 76 children or pregnant moms. The county breakdown will be as follows: Lawrence (32), Orange (22), Washington (16) and Martin (6).

**HOOSIER UPLANDS
ECONOMIC DEVELOPMENT
CORPORATION**



CORPORATE MISSION STATEMENT

Our mission is to plan, implement or cause to be implemented, and provide comprehensive services to the poor, elderly, and disabled. This corporation will strive to alleviate poverty, improve living conditions, and provide access to health care and social services to those families and individuals in need within the service area. All our endeavors will be pursued with the client in mind, never forgetting the value of every human being or the importance of our responsibility to the public which we serve.

AGENCY HISTORY

“Antipoverty office opens at Mitchell for three counties” read the headlines in August 1965. One year prior, President Lyndon Johnson signed into law the Economic Opportunity Act after declaring his “war on poverty.” The mission of “a hand up not a hand out” paved the way for Community Action Agencies across the country.

Meanwhile, in our own corner of the world, Representative Lee Hamilton introduced the Community Action concept to Indiana’s chamber executives, county political party chairmen and commissioners. The state was divided into several regions. Lawrence, Orange and Washington Counties were grouped together. Leaders from the three counties met at Spring Mill to form an agency called Lawrence, Orange and Washington Economic Development Corporation (L.O.W.).

Salem Chamber of Commerce President, Bill Goen was named as the agency’s first director. L.O.W. received its certificate of incorporation from the state of Indiana on January 24, 1966. The first order of business was to set up a group of directors representing each county to meet and discuss the existing needs. Projects were voted on and applications for assistance were filed.

Office space was obtained from the Emerson School in Mitchell. In addition to Goen, the staff consisted of an assistant director and a secretary. The first grant received was for \$47,000.

The first programs operated by L.O.W. were a youth job program, a senior citizens program, and the preschool program that is known today as Head Start.

Over the next 40 years, L.O.W. would see many changes. The offices moved from the Emerson school to a location over The Bank of Mitchell. From there it moved to 521 West Main Street in Mitchell where the Aging and Community Services offices are located today. The Administrative office is located in a new facility at 500 West Main Street that was constructed in 2009. The first full time



branch office opened in Bedford in 1990. Soon after, branch offices opened in Salem, Marengo, Shoals and Paoli.

In 1978, Home Health was initiated as a new program. The age old concept of health care at home was reborn and today serves as a cornerstone at Hoosier Uplands as well as in the health care profession. In 1996, the Agency also became a Medicare Certified Hospice agency.

In 1990, Martin County was incorporated into the service area. The agency name was then changed to Hoosier Uplands Economic Development Corporation. In 1980, Hoosier Uplands was designated as the Area 15 Agency on Aging, and Crawford County was added to the sphere of aging and disability services.

In 1989, Hoosier Uplands was one of three areas in Indiana chosen to pilot the CHOICE (Community and Home Options to Institutional Care for the Elderly and Disabled) program. CHOICE was introduced as an alternative to nursing home placement.

Over the years Hoosier Uplands has added many programs and continued to expand services. A lot of Hoosier Uplands' changes over the years can be attributed to an ever changing society. One of the major differences between the world of 1966 and today is the increasing numbers of people who are considered "working poor."

SERVICES OFFERED BY HOOSIER UPLANDS TODAY

With a combined budget totaling \$24,103,056.00 in 2011, Hoosier Uplands offers many services to residents in Lawrence, Orange, Washington, Martin, Crawford, Daviess, Greene, Harrison, Dubois, Jackson, and Scott Counties. Services include:

Area XV Agency on Aging

Information and Assistance
Case Management
Home Health Aide
Homemaker
Attendant Care
Respite
Adult Day Care
Home Delivered Meals
Transportation
Skilled Nursing Care
Assistive Technology
Home Modifications
Personal Emergency Response System
Senior Center Congregate Meal Sites
Legal Services
Information Health Fair
Senior Games
Nursing Home Pre-Admission Screening
The Angel Foundation
Wheelchair Loan Program

Children's Services Division

Head Start
Early Head Start
Springs Valley Preschool
USDA Child and Adult Care
Food Program

Strategic Development

Before & After School Services
Consulting Services
Rural Health Initiatives
Tobacco Prevention/Cessation
South Central Indiana Area
Health Education Center
Youth Development & Prevention
Initiatives
ISDH TB Program

Health Care Services Division

Hospice
Home Health Care
Home Health Care Client Maintenance

Community Services Division

Energy Assistance Program
C.H.D.O. Works Grant
Environmental Services Program
Weatherization
Martin County Health Department
Martin County WIC Program
Duke Helping Hand Program
Weatherization Deferral Repair Program
Community Development and Improvement Program

Housing and Family Services

Section 8 Housing
HUD Housing Counseling
Budget Counseling
Foreclosure Counseling

GOVERNMENTAL AND ADVISORY GROUPS

Hoosier Uplands is governed by a 30 member board consisting of representatives from the low-income sector, private sector, and public sector in the following counties: Lawrence, Orange, Washington, Martin and Crawford.

Several of Hoosier Uplands' programs have advisory councils assisting them in various programmatic functions. Those councils include: Head Start Policy Council, Home Health Professional Advisory Committee, Hospice Professional Advisory Committee, and the Aging & Disability Services Advisory Council.

HOOSIER UPLANDS FACILITIES

Hoosier Uplands administrative office located in Mitchell, houses the administrative staff as well as Home Health Care and Hospice, Housing and Family Services, Children's Services, and Strategic Development. The Area XV Agency on Aging has an office in Mitchell which is also home base for the Community Services Division. The Early Head Start office is located in Mitchell. Head Start also has a center located in Mitchell.

Head Start has a center in Bedford which also serves as a community services branch office.

In Salem, there is a branch office as well as a Head Start Center. In Martin County, there is a branch office, which also houses the Martin County Health Department, in Shoals. There is also a Head Start Center in Loogootee.



In Paoli, there is a Head Start Center and a community services branch office.

Hoosier Uplands also has several apartment projects located in Salem, Mitchell, Bedford, Orleans, Marengo, Paoli and Loogootee.

HOOSIER UPLANDS CHILDREN'S SERVICES DIVISION



CHILDREN'S SERVICES PROGRAMS

The Hoosier Uplands Children's Services Division serves children and families through Head Start, Early Head Start, and the Springs Valley Preschool.

Head Start was one of the first programs to be offered by Hoosier Uplands in 1966. At that time it was a small, summer program. Today, the federally funded preschool program is funded to serve 287 children age's three to five. During calendar year 2012, Head Start served over 503 children and families. Over 63,993 accident free miles were logged transporting children. There were 67 children with an Individualized Education Plan who were also served.



Early Head Start was added to the division in 1999. The program is funded to serve 76 infants, toddlers and pregnant women through a home-based model of service delivery. During calendar year 2012, Early Head Start completed 99 Devereaux Early Childhood Assessments, 117 Ages and Stages Questionnaires, and created 217 developmental goals for enrolled children.

Springs Valley Learning Center is a fee-for-service pre-school program in French Lick that was added in 2007. The program is provided through collaboration with the Springs Valley School Corporation and focuses on developing school readiness skills. Classes are offered to children ages three through five.

Facilities

Bedford Head Start Center

710 6th Street
Bedford, IN 47421
812-275-0052

The Bedford Head Start Center is located in Lawrence County. The center houses four classrooms – two double sessions and two full-day sessions. There is also a home based caseload. There are 18 employees at the facility and services are provided to 114 children and their families. The facility is a licensed day care center.



There are two busses providing transportation to the center. Each route takes approximately 1.25 to 1.5 hours. One bus logs 68 miles per day and the other logs 63 miles. The bus routes serve the communities of Judah, Needmore, Avoca, Patton Hill,

Oolitic, Bedford, Tunnelton, Buddha, Vinegar Hill, Springville, Fayetteville, Williams, Lavender Lane and Reuter Terrace.

Staff at the center include: early education supervisor, four lead teachers, six assistant teachers, one lead cook, one assistant cook, two family case managers, and two bus drivers.

The early education supervisor has a master's degree in early childhood. One teacher has a bachelor's degree in early childhood education and three teachers have an associate's degree in early childhood. Three assistant teachers have a CDA. Three assistant teachers have an associate's degree in early childhood.

A large meeting room offers space for parent activities to take place on site. There is no dedicated space in the facility for the Early Head Start program to provide programming. The center is equipped with DSL Internet service.

Mitchell Head Start Center

1240 Orchard Street
Mitchell, IN 47446
812-849-4448



The Mitchell Head Start Center, located in Lawrence County, houses one double session classroom. There are six employees at the facility, and services are provided to 34 children and their families. The facility is a licensed day care center.

There is one bus providing transportation to the center. Each route takes approximately 1.25 to 1.5 hours. The bus logs 75 miles each day. The routes cover the Mitchell and Orleans areas.

The staff at the Mitchell Center includes the early education supervisor (who also serves as the supervisor at the Loogootee Center), one lead teacher, one assistant teacher, one cook, one family case manager and one bus driver.

The early education supervisor has a bachelor's degree in education. The teacher has a bachelor's degree. The assistant teacher has an associate's degree in early childhood.

The facility has an extra classroom for parent activities or Early Head Start socializations. The site has DSL internet connection.

Loogootee Head Start Center

401 South Oak Street
Loogootee, IN 47553
812-295-4700

The Loogootee Head Start Center is located in Martin County. The center houses one full-day class and one single session class. There are eight employees at the facility and services are provided to 37 children and their families. The facility is a licensed day care center.



There is one bus providing transportation to the center. The route is 44 miles in length and takes 1.25 hours to complete one-way. The communities of Shoals, Loogootee and Whitfield are covered.

The staff at the Loogootee Center includes the early education supervisor (who also serves as the supervisor at the Mitchell Center), two lead teachers, two assistant teachers, one assistant teacher / bus driver, one family case manager and one cook.

The early education supervisor has a bachelor's degree in education. There are two teachers with an associate's degree in early childhood. Two assistant teachers have their CDAs and one is working on obtaining hers.

There is a spacious playground, adequate parking, and space for Early Head Start to provide socializations. There is also space for parent activities and meetings. The center has DSL Internet services.

Paoli Head Start Center

414 W. Longest Street
Paoli, IN 47454
812-723-3687

The Paoli Head Start Center is located in Orange County and is licensed. The facility houses two single session classrooms and an Early Head Start



home-based caseload. There are 10 employees at the center, and services are provided to 52 children and their families.

There are two busses providing transportation to the Paoli center. One route is 63 miles round-trip and takes 1.75 hours to complete. The second route is 51 miles round-trip

and takes 1.5 hours to complete. The communities of Paoli, French Lick, and Valeene are covered.

The staff located at Paoli includes the early education supervisor (who also serves as supervisor at the Salem Center), two lead teachers, two assistant teachers, two bus drivers, one family case manager, one cook, and an Early Head Start home visitor.

The early education supervisor has a master's degree in early childhood. Both teachers have an associate's degree in early childhood, and both assistant teachers have a CDA. The Early Head Start home visitor has a master's in early childhood.

The facility does have a meeting space that is somewhat limited due to the size. The facility has a nice playground area. The center has DSL Internet.

Salem Head Start Center

902 South Aspen Drive
Salem, IN 47167
812-883-5368
1-800-487-8890



The Salem Head Start Center is located in Washington County. The facility is a licensed day care center. Salem houses two double session classrooms providing services to 62 children and their families. The home-based Early Head Start serves

approximately 11. There are 10 employees located there.

There are two busses serving transportation to the Salem center. Each route takes approximately 1.25 to 1.5 hours. One bus logs 87 miles each day and the other logs 68. The communities of Campbellsburg, Salem, Kossuth, Pekin, and South Boston are served.

Staff includes the early education supervisor (who also serves as the supervisor for Paoli), two lead teachers, two assistant teachers, a family case manager, two bus drivers, a cook and an Early Head Start home visitor. The early education supervisor has a master's degree in early childhood. One lead teacher has a bachelor's degree in early childhood, and the other has an associate's degree in early childhood. One assistant teacher has a CDA, and the other assistant is working on hers.

There is no area available for parent meetings and activities or workshops to take place during the day. The facility has DSL Internet service.

Early Head Start

502 Warren Street

812-849-5446

1-800-276-2242

Mitchell, IN 47446

The office located in Mitchell houses the Early Head Start program. Staff located at this facility includes five home visitors and the Early Head Start supervisor. The office has DSL Internet service.

**Mitchell Administrative Building**

500 West Main Street

Mitchell, IN 47446

812-849-4447

1-800-827-2219

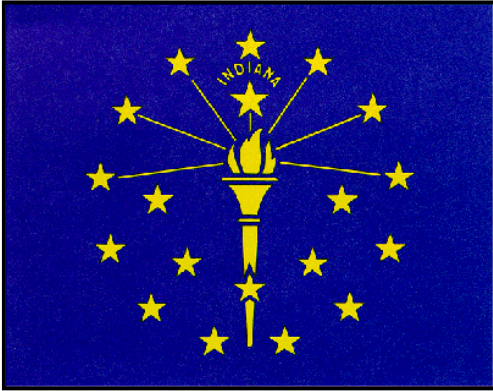


In addition to other Hoosier Uplands programs, the Mitchell Administrative Building is the location of the director and assistant director of Children's Services. Staff located at this facility include the data management specialist, a data entry clerk, the Children's Services RN, Early Head Start LPN, early intervention specialist, DECA Specialist, health specialist, administrative assistant, food services supervisor, family services specialist and transportation specialist. This facility has T1 Internet service.

INDIANA PROFILE



INDIANA PROFILE



The State of Indiana is the 19th U.S. state and is located in the Midwestern region of the United States. With 6,537,334 residents, it is ranked 16th in population and 16th in population density. Indiana is ranked 38th in land area. There are 92 counties in Indiana.

Indiana is a diverse state with a few large urban areas and a number of smaller industrial cities. It is known nationally for its professional sports teams, the Indianapolis Colts, champions of the 2007 NFL

Super Bowl, the NBA Indiana Pacers and for the Indianapolis 500 motorsports race, the largest single-day sporting event in the world that is held annually over the Memorial Day weekend, and for a strong basketball tradition, often called Hoosier Hysteria.

Residents are called Hoosiers. Although many stories are told, the origin of the term is unknown. The state's name means "Land of the Indians." The name dates back to at least 1800, when Indiana Territory was created, at which time the territory was unceded Indian land.

GEOGRAPHY

Indiana is bounded on the north by Lake Michigan and the state of Michigan; on the east by Ohio; on the south by Kentucky, with which it shares the Ohio River as a border; and on the west by Illinois. Indiana is one of the Great Lake States.

There are 24 Indiana state parks, nine man-made reservoirs, and hundreds of lakes in the state. Areas under the control and protection of the National Park Service or the United States Forest Service include:

- George Rogers Clark National Historical Park in Vincennes
- Indiana Dunes National Lakeshore near Michigan City
- Lincoln Boyhood National Memorial in Lincoln City
- Hoosier National Forest in Bedford

Southern Indiana

The Hoosier Uplands service area is located in Southern Indiana where there is a mixture of farmland, forest and very hilly areas, especially near Louisville and in the south central lime hills areas. The Hoosier National Forest is a 200,000 acre nature preserve in south central Indiana. The limestone geology of Southern Indiana has created numerous caves and one of the largest limestone quarry regions in the USA. Many of Indiana's official buildings, such as the State capitol building, the downtown monuments, many buildings at Indiana University in Bloomington, and the Indiana Government Center are all examples of Indiana architecture made with Indiana

limestone. Indiana limestone has also been used in many other famous structures in the US, such as the University of Illinois' Memorial Stadium, the Empire State Building, the Pentagon, and the Washington National Cathedral. In addition, 35 of the 50 state capitol buildings are also made of Indiana Limestone.

Climate

Most of Indiana has a humid continental climate with hot, humid summers and cool to cold winters. The extreme southern portions of the state border on a humid subtropical climate with somewhat milder winters. Summertime maximum temperatures average around 89 degrees. Winters are a little more variable, but generally cool to cold temperatures with all but the northern part of the state averaging above freezing for the maximum January temperature, and the minimum temperature below 20 degrees for most of the state. The state receives a good amount of precipitation, 40 inches annually statewide, in all four seasons, with March through August being slightly wetter.

The state does have its share of severe weather, both winter storms and thunderstorms. The state averages around 40-50 days of thunderstorms per year, with March and April being the period of most severe storms. Indiana is the Great Lakes state which is most vulnerable to tornadic activity. In fact, three of the most severe tornado outbreaks in US history affected Indiana, the Tri-State Tornado of 1925, the Palm Sunday tornado outbreak of 1965 and the Super Outbreak of 1974. The Evansville Tornado of November 2005 killed 25 people.

DEMOGRAPHICS

As of 2012, Indiana had a population of 6,537,334, which is an increase of 0.8% since the 2010 census. There are 425,503 children age 0 to 4 in Indiana which accounts for 6.5% of the total population. The age breakdown in population includes:

Indiana Population – 2012 Census Estimates

Total Population	6,537,334	
Preschool (0-4)	425,503	6.50%
School Age (5-17)	1,165,974	17.80%
College Age (18-24)	662,480	10.10%
Adult (25-44)	1,661,297	25.40%
Older Adult (45-64)	1,732,932	26.50%
Older (65+)	889,148	13.60%

Racial Composition

The racial composition is predominately white with 86.6% falling into that category. African American is the next largest category with 9.4% of the population. The number of Hoosiers identifying themselves as multi-race now number 116,175 – a 69% increase over the decade. At 73.3%, the state's Asian population grew at an even faster rate and

the African American or black population is up 16%. In contrast, Indiana's white population grew at a more modest 2.8%. While Indiana's racial and ethnic makeup has shifted, the state remains less diverse than the nation.

Racial Composition – 2012 Census Estimates

American Indian / Alaskan Native Alone	25,494	0.40%
Asian	116,029	1.80%
African American	616,199	9.40%
Native Hawaiian / Other Pacific Island Alone	3,769	0.10%
White	5,659,668	86.60%
Two or More Race Groups	116,175	1.80%
Non-Hispanic	6,124,725	93.70%
Hispanic	412,609	6.30%

Hispanic Population

Like much of the country, Indiana's Hispanic population is growing. According to the U.S. Census Bureau, Indiana's 412,609 Hispanic residents in 2012 represented the state's largest minority group and accounted for 6.3% of the state's total population. Furthermore, census population indicates that the Hoosier Hispanic population grew by 82% between 2000 and 2010 and accounted for 43% of the growth in total population.

CAPITAL

Indianapolis is the capital city of Indiana. The city's 2012 population is 844,220 making it the 12th largest city in the US. Indianapolis has been labeled as "The Racing Capitol of the World" as a result of the infamous Indy 500. Its metropolitan area is among the fastest growing in the Midwest and the US, with growth centered in the surrounding counties.

LAW AND GOVERNMENT

Indiana's government has three branches: executive, legislative and judicial. The governor, elected for a four-year term, heads the executive branch. The General Assembly, the legislative branch, consists of the Senate and the House of Representatives. Indiana's fifty State Senators are elected for four-year terms and one hundred State Representatives for two-year terms. The judicial branch consists of the Indiana Supreme Court, Court of Appeals, the Indiana Tax Court, and local circuit courts.

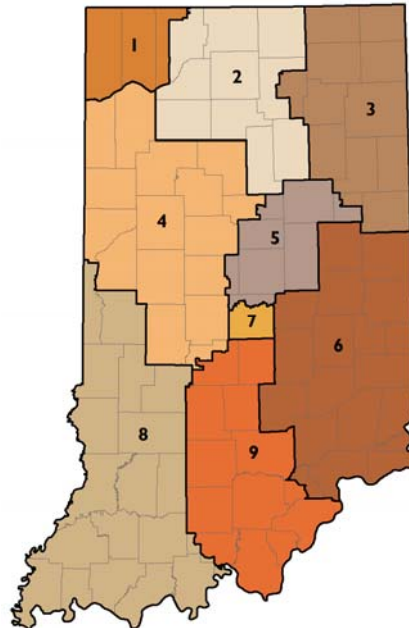
Politics

The current governor of Indiana is Mike Pence. Governor Pence is a former member of the United States House of Representatives for Indiana's 6th congressional district.

Indiana has long been considered to be a Republican stronghold. It has only supported a Democrat for president four times since 1900. Nonetheless, half of Indiana's governors in the 20th century were Democrats.

The state's US Senators are Dan Coats (R) and Joe Donnelly (D). Indiana has nine representative districts including 1-Peter Visclosky (D), 2-Jackie Walorski (R), 3-Marlin A. Stutzman (R), 4-Todd Rokita (R), 5-Susan Brooks (R), 6-Luke Messer (R), 7-Andre Carson (D), 8-Larry Bucshon (R), and 9-Todd Young (R).

Congressional Districts



Source: Indiana Business Research Services, using the boundaries created after Census 2010 redistricting and provided by the Legislative Services Agency, May 2011

ECONOMIC WELL-BEING

Indiana's unemployment rate for 2012 was 8.4 ranking the state 15th in the Nation. Indiana's per capita income, as of 2011, was \$35,689. The highest percentage of Indiana's income is from manufacturing which accounts for 16.8%. Indiana's manufacturers include steel, pharmaceuticals and medical devices, automobiles, electrical equipment, transportation equipment, chemical products, rubber, petroleum and coal products, and factory machinery.

The state is located within the Corn Belt and the state's agricultural methods and principal farm outputs reflect this. Soybeans are also a major cash crop. Specialty crops include melons, tomatoes, grapes and mint. Parcels of woodland support a furniture-making sector in the southern portion of the state.

Indiana is becoming a leading state in the production of biofuels, such as ethanol and bio diesel. Indiana now has 12 ethanol and four biodiesel plants. Reynolds, located north of Lafayette is known as BioTown, USA. The town is experimenting with using biofuels and organic fuels, such as those made with manure, to power the town.

In mining, Indiana is probably the best known for its decorative limestone from the southern, hilly portion of the state, especially from Lawrence County. One of the many public buildings faced with this stone is the Pentagon, and after the September 11, 2001 attacks, a special effort was made by the mining industry of Indiana to replace those damaged walls with as nearly identical type and cut of material as the original facing. There are also large coal mines in the southern portion of the state.

2012 Annual Industry Distribution of Jobs and Average Wage

Industry	Jobs	Pct. In State	Annual Ave. Wage
TOTAL	2,812,347	100.0%	\$41,240
Private	2,418,425	86.0%	\$41,357
Ag, Forestry, Hunting	13,884	0.5%	\$32,337
Mining	6,736	0.2%	\$64,340
Construction	124,999	4.4%	\$54,083
Manufacturing	481,845	17.1%	\$56,312
Wholesale Trade	116,260	4.1%	\$56,978
Retail Trade	312,508	11.1%	\$24,322
Transportation, Warehousing	127,843	4.5%	\$41,150
Utilities	14,338	0.5%	\$81,714
Information	42,046	1.5%	\$47,741
Finance and Insurance	92,349	3.3%	\$59,954
Real Estate, Rental, Leasing	32,334	1.1%	\$36,768
Professional, Technical Serv	100,367	3.6%	\$58,892
Mgmt of Companies	29,082	1.0%	\$83,539
Administrative, Waste Serv	169,787	6.0%	\$27,508
Educational Services	251,162	8.9%	\$37,619
Health Care, Social Asst	395,412	14.1%	\$42,588
Arts, Entertainment, Recre	42,172	1.5%	\$29,363
Accommodation & Food Serv	245,919	8.7%	\$13,958
Other Services	82,288	2.9%	\$27,581
Public Administration	126,567	4.5%	\$42,420

Indiana's economy is considered to be one of the most business-friendly in the US. This is due in part to its conservative business climate, low business taxes, relatively low union membership, and labor laws. The doctrine of at-will employment, whereby an employer can terminate an employee for any or no reason, is in force.

Indiana has a flat state income tax rate of 3.4%. Many Indiana counties also collect income tax. The state sales tax rate is 7%. Property taxes are imposed on both real and personal property in Indiana and are administered by the Department of Local Government Finance. Property is subject to taxation by a variety of taxing units (schools, counties, townships, cities and towns, libraries), making the total tax rate the sum of the tax rates imposed by all taxing units in which the property is located. However, a "circuit breaker" law enacted on March 19, 2008 limits property taxes to one percent of assessed value for homeowners, two percent for rental properties and farmland and three percent for businesses.

Families in Poverty

Research shows it takes an income of about twice the poverty level to provide basic needs for a family and, depending upon the local cost of living, that necessary income can be even higher. In 2011, 15.8% of Hoosiers were in poverty compared with 15.9% nationally. Indiana had the 23rd highest poverty rate among the 50 states.

Indiana families with children under age 18 and incomes at or below 100% of the federal poverty threshold are eligible to apply for cash assistance and/or employment and training services. In State Fiscal Year 2012, 18,849 families received TANF monthly.

In order to be eligible for the Food Stamp Program, households must earn at or below 130% of poverty as well as meet additional financial and non-financial requirements. In SFY 2012, the average monthly number of Food Stamp recipients was 901,880, or 13.80% of Indiana's population.

Housing

Housing is affordable when 30% or less of household income goes toward housing-related expenses. Families with incomes below 80% of the area's median income may be eligible for Section 8 assistance. In 2009, 60.0% of low-income households in Indiana with children lived in unaffordable housing, compared with 67.0% nationally, ranking Indiana 29th of the 50 states.

TRANSPORTATION

Airports

Indianapolis International Airport serves the greater Indianapolis area and is currently in the process of a major expansion project. When fully completed, the airport will offer a new midfield passenger terminal, concourses, air traffic control tower, parking garage, and airfield and apron improvements.

Other major airports include Evansville Regional Airport, Fort Wayne International Airport (which houses the 122nd Fighter Wing of the Air National Guard), and South Bend Regional Airport. Although Fort Wayne is designated as an international airport, there are no international flights operating out of the facility. A long-standing proposal to turn the under-utilized Gary Chicago International Airport into Chicago's third major airport received a boost in early 2006 with the approval of \$48 million in federal funding over the next ten years.

The Terre Haute International Airport has no airlines operating out of the facility but is used for private flying. Since 1954, the 181st Fighter Wing of the Indiana Air National Guard has been stationed at the airport. However, the BRAC Proposal of 2005 stated that the 181st would lose its fighter mission and F-16 aircraft, leaving the Terre Haute facility as a general-aviation only facility.

The southern part of the state is also served by the Louisville International Airport across the Ohio River in Louisville, Kentucky.

Highways

The major U.S. Interstate highways in Indiana are I-69, I-65, I-94, I-70, I-74, I-64, I-80, and I-90. The various highways intersecting in and around Indianapolis earned it the nickname "The Crossroads of America".

There are also many state highways maintained by the Indiana Department of Transportation.

County Roads

Most Indiana counties use a grid-based system to identify county roads; this system replaced the older arbitrary system of road numbers and names, and (among other things) makes it much easier to identify the sources of calls placed to the 9-1-1 system. For this reason, the system is often called "9-1-1 addressing".

Counties have an east-west division line, dividing the county into north and south parts, and a north-south meridian line, dividing it into east and west parts. Roads are numbered by taking the distance, in miles, from the appropriate baseline and multiplying it by 100. Thus, a north-south road that is 1 mile east of the meridian line is county road 100 E; and an east-west road that is 4.75 miles north of the division line is county road 475 N. Some roads run diagonally, or do not run in straight lines; these roads are sometimes given names rather than numbers.

Rail

Indiana has over 4,255 railroad route miles, of which 91 percent are operated by Class I, railroads, principally CSX Transportation and Norfolk Southern. Other Class I railroads in Indiana include Canadian National and the Soo Line, a Canadian Pacific Railway subsidiary, as well as Amtrak. The remaining miles are operated by 37 regional, local, and switching & terminal railroads. The South Shore Line is one of the country's most notable commuter rail systems extending from Chicago to South Bend. Indiana is currently implementing an extensive rail plan that was prepared in 2002 by the Parsons Corporation.

Ports

Indiana annually ships over 70 million tons of cargo by water each year, which ranks 14th among all U.S. states. More than half of Indiana's border is water, which includes 400 miles (640 km) of direct access to two major freight transportation arteries: the Great Lakes/St. Lawrence Seaway (via Lake Michigan) and the Inland Waterway System (via the Ohio River). The Ports of Indiana manages three major ports which include Burns Harbor, Jeffersonville, and Mount Vernon.

EDUCATION

In SY 2013 Indiana had an annual enrollment of 1,041,602 students. In addition, 80,554 attended non-public schools. There were 170,754 public school students enrolled in special education resulting in 14%. The Indiana Department of Education reported a graduation rate of 88.4% for the Class of 2012.

Indiana is known as the "Brain Bank of the Midwest" as Indiana's colleges and universities attract the fourth largest number of out-of-state students in the nation and the largest out-of-state student population in the Midwest. In addition, Indiana is the third best state in the country at keeping high school seniors in-state as Indiana colleges and universities attract 88% of Indiana's college attendees. Indiana universities also lead the nation in the attraction of international students with Purdue University and Indiana University ranked #3 and #17 respectively in the total international student enrollment of all universities in the United States. This exceptional popularity is attributed to the high quality of the research and educational universities located in the state. The state's leading higher education institutions include Indiana University, Rose-Hulman Institute of Technology, Purdue University, University of Notre Dame, Earlham College, Indiana-Purdue at Indianapolis, Indiana Wesleyan University, Butler University, Ball State University, Valparaiso University, Vincennes University, Wabash College, and DePauw University among the many public and private institutions located in the state.

Education Attainment – American Community Survey

Education Attainment	2000	2010	2011
Total Population 25+	3,893,278	4,165,617	4,199,481
Less than 9 th Grade	5.3%	4.3%	4.2%
9 th to 12 th Grade, No Diploma	12.6%	9.5%	9.1%
High School Graduate (include GED)	37.2%	36.2%	35.8%
Some College, No Degree	19.7%	20.3%	20.6%
Associate's Degree	5.8%	7.3%	7.5%
Bachelor's Degree	12.2%	14.3%	14.6%
Graduate Degree or More	7.5%	7.9%	8.1%

MILITARY INSTALLATIONS

Indiana was formerly home to two major military installations, Grissom Air Force Base near Peru (reduced to reservist operations in 1994) and Fort Benjamin Harrison near Indianapolis, now closed, though the Department of Defense continues to operate a large finance center there.

Current active installations include Air National Guard fighter units at Fort Wayne, and Terre Haute airports (to be consolidated at Fort Wayne under the 2005 BRAC proposal, with the Terre Haute facility remaining open as a non-flying installation). The Army National Guard conducts operations at Camp Atterbury in Edinburgh, Indiana and helicopter operations out of Shelbyville Airport. The Crane Naval Weapons Center is in

the southwest of the state and the Army's Newport Chemical Depot, which is currently heavily involved in neutralizing dangerous chemical weapons stored there, is in the western part of the state. Also, Naval Operational Support Center Indianapolis is home to several Navy Reserve units as well as a Marine Reserve unit and a small contingent of active and full-time-support reserve personnel.

TIME ZONES

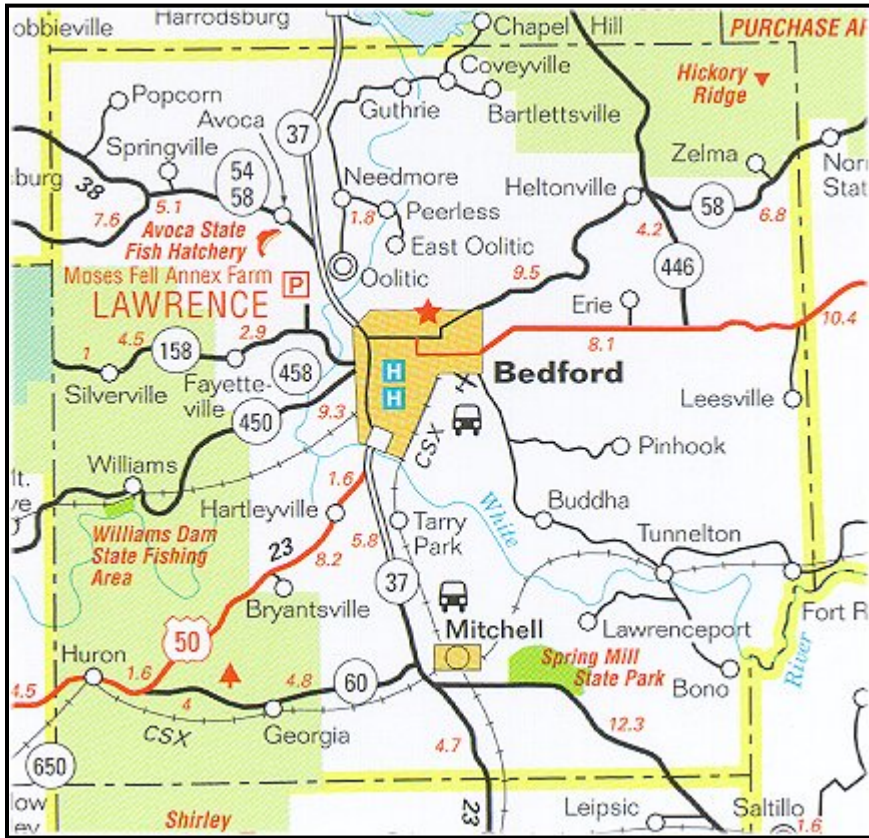
Indiana is one of 13 U.S. states that are divided into more than one time zone. Indiana's time zones have fluctuated over the past century. At present most of the state observes Eastern Time; six counties near Chicago and six near Evansville observe Central Time.

Indiana Counties



Map by the Indiana Business
Research Center, January 2004

LAWRENCE COUNTY PROFILE



LAWRENCE COUNTY PROFILE

With man-made and natural wonders, Lawrence County, Indiana is known as the 'Limestone Capital of the World' and the center of Hoosier Heartland. Generations of southern Indiana men have lived in limestone houses, worshipped in limestone churches, dulled their hearing with the noise of limestone fabricating mills, filled their lungs with the gray, gritty dust and finally marked one another's grave with beautiful, art carved limestone markers. Yet, few residents in the heart of the stone belt realize the wealth and the beauty that the limestone industry has brought to Lawrence County.

This product, which is so abundant in this area, is known by several names: Indiana or Bedford Stone - for marketing purposes. Salem - for its geological formation. Oolitic - for its composition. The town of Oolitic owes its name to the material which is made up of "Oolites".

The area of production is known as the "Stone Belt". This belt extends northward to Putnam County and southward through Owen, Monroe, Lawrence, Washington, Orange, and Crawford Counties.

Some of the most famous buildings constructed with Indiana limestone are as follows: The Empire State Building in New York, the Tribune Tower in Chicago, the Pentagon and the National Cathedral in Washington DC. Thirty-five of the state capitol buildings are made of Indiana limestone and a varied number of other famous buildings throughout the country. Limestone has made a comeback from depression times and is recognized as a long lasting, durable product.



GEOGRAPHY

Lawrence County is a rural county with a total area of 448.8 square miles, of which, three square miles is water. The county is located in southern Indiana and is surrounded by Monroe, Jackson, Washington, Orange, Martin and Greene Counties.

DEMOGRAPHICS

As of 2012, Lawrence County has a population of 46,078, a decrease of 0.1% from the year 2010. There are 2,597 children age 0 to 4 in Lawrence County which accounts for 43.74% of that age group population in the four county service area. The age breakdown in population includes:

Lawrence County Population – 2012 Census Estimates

Total Population	46,078	100.00%
Preschool (0-4)	2,597	5.60%
School Age (5-17)	8,028	17.40%
College Age (18-24)	3,444	7.50%
Adult (25-44)	10,766	23.40%
Older Adult (45-64)	13,330	28.90%
Older (65+)	7,913	17.20%

Racial Composition

The racial composition is predominately white with 97.6% falling into that category. Multi-racial is next with 1.1%.

Racial Composition – 2012 Census Estimates

American Indian / Alaskan Native	166	0.36%
Asian	224	0.49%
African American	208	0.45%
Native Hawaiian / Other Pacific Island	13	0.03%
White	44,960	97.57%
Two or More Race Groups	507	1.10%
Non-Hispanic	45,436	98.61%
Hispanic	642	1.39%

CITIES AND TOWNS

Bedford is the county seat in Lawrence County and the largest city with a population of 13,402. Bedford features a broad-based economy. Major employers are GM Powertrain, Indiana Limestone, Manchester Tank, and Stone City Products. In addition, Bedford is a major regional health services center, with two hospitals providing comprehensive medical services.

No Interstate highways are nearby; the closest is Interstate 65, approximately 35 miles east. U.S. Highway 50 goes through the heart of the city, connecting Bedford with Seymour to the east and Vincennes to the west. It also runs through other cities, like Cincinnati. It takes a long time to travel because Southern Indiana is very hilly. State Road 37 connects Bedford to Bloomington to the north and Mitchell to the south.



The next most populated town is Mitchell with 4,334. Spring Mill State Park is located in Mitchell, and the town is noted for being the home of astronaut Gus Grissom. Major employers are Lehigh Cement Company and Hoosier Uplands. Oolitic has a population of 1,182. There three unincorporated towns which include: Bono, Buddha, and Pinhook. The county's townships are Bono, Guthrie, Indian Creek, Marion, Marshall, Perry, Pleasant Run, Shawswick, and Spice Valley.

GOVERNMENT

Lawrence County has three county commissioners and a seven member council. Other elected offices include: attorney, prosecutor, sheriff, surveyor, treasurer, auditor, assessor, recorder and clerk. Lawrence County is in the 9th congressional district.

ECONOMIC WELL-BEING

Lawrence County's unemployment rate for 2012 was 10.7 making it the 4th highest in the state. The 2011 per capita income for the county is \$31,205, ranking it 65 out of 92 counties. The highest percentage of Lawrence County's income is from retail trade and manufacturing which accounts for 15.0%.

2012 Annual Industry Distribution of Jobs and Average Wage

Industry	Jobs	Pct. In County	Annual Ave. Wage
TOTAL	12,629	100.0%	\$33,046
Private	10,518	83.3%	\$33,252
Ag, Forestry, Hunting	13	0.1%	\$26,984
Mining	132	1.0%	\$39,828
Construction	456	3.6%	\$40,778
Manufacturing	1,892	15.0%	\$55,337
Wholesale Trade	219	1.7%	\$37,664
Retail Trade	1,897	15.0%	\$21,462
Transportation, Warehousing	345	2.7%	\$35,557
Utilities	62	0.5%	\$58,855
Information	154	1.2%	\$33,335
Finance and Insurance	385	3.0%	\$38,810
Real Estate, Rental, Leasing	81	0.6%	\$28,530
Professional, Tech Services	578	4.6%	\$45,279
Mgmt of Companies	D	D	D
Admin, Waste Services	D	D	D
Educational Services	1,186	9.4%	\$32,005
Health Care, Social Assist	D	D	D
Arts, Entertainment, Recrea	63	0.5%	\$11,500
Accommodation & Food Serv	1,190	9.4%	\$12,813
Other Services	403	3.2%	\$23,564
Public Administration	538	4.3%	\$33,779

Families in Poverty

In 2011, the poverty rate for Lawrence County was 15.4%, making it 31st in the state. Over a six year period, the county's poverty rate increased from 9.7% to 15.4%.

In 2012, a monthly average of 88 families received TANF. Food Stamps were distributed to a monthly average of 6,486 recipients in 2012.

Housing

There are a total of 21,119 housing units in Lawrence County in 2011. Of those units, 19.1% are renter occupied. The fair market rental cost for a two-bedroom unit is \$619.00 in 2013.

EDUCATION

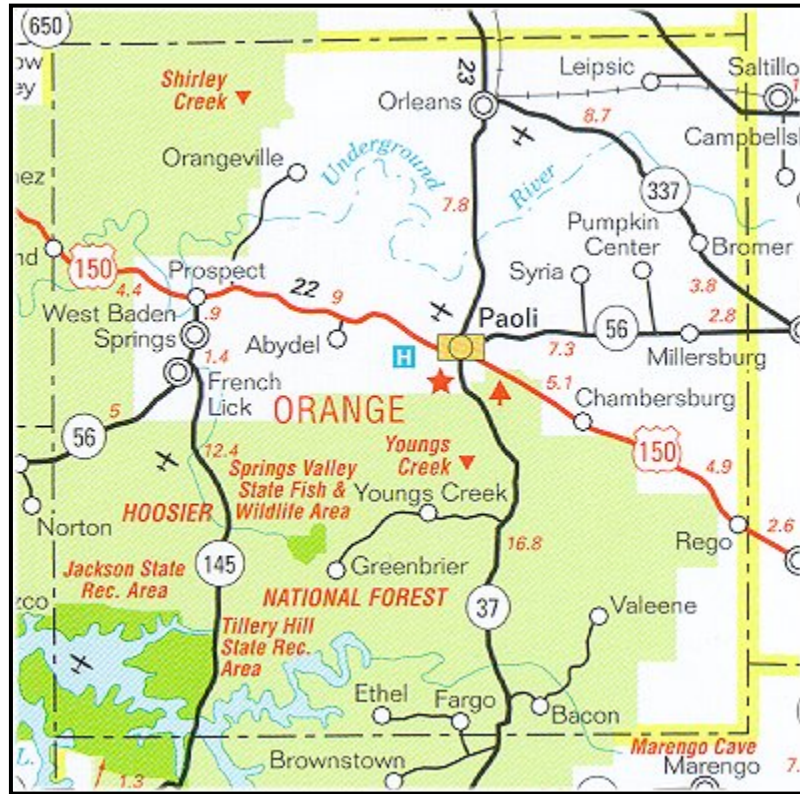
There are two school districts in Lawrence County. North Lawrence Community Schools has one high school (9th-12th), three middle schools (6th-8th), one intermediate school (3rd-5th), eight elementary schools (K-5th), and one primary school (PK-2nd). Mitchell Community Schools has one high school (9th-12th), one middle school (6th-8th), one elementary school serving 3rd-5th, and one elementary school serving PK-2nd. The total enrollment for the county is 6,967. There were 1,254 public school students enrolled in special education resulting in 18.0% of the total enrollment.

There are also four non-public schools and one accredited private school.

Education Attainment – American Community Survey

Education Attainment	2000	2010	2011
Total Population 25+	31,175	31,810	31,970
Less than 9 th Grade	6.5%	5.6%	5.7%
9 th to 12 th Grade, No Diploma	16.1%	13.4%	12.1%
High School Graduate (include GED)	46.3%	44.2%	43.5%
Some College, No Degree	15.6%	17.8%	18.5%
Associate's Degree	4.7%	6.4%	7.3%
Bachelor's Degree	6.4%	7.9%	8.4%
Graduate Degree or More	4.3%	4.6%	4.5%

ORANGE COUNTY PROFILE



ORANGE COUNTY PROFILE

More than half of Orange County, in the scenic hills of Southern Indiana, is devoted to the Indiana National Forest. West Baden Springs, five miles from Paoli, near French Lick, is home to one of Indiana's most majestic buildings, the West Baden Springs Hotel. Once touted as the Eighth Wonder of the World, and a health mecca and gambling oasis, the 94-year-old hotel was recently saved from neglect through the purchase of the Indiana Historic Landmarks Foundation.

The grand hotels in French Lick and West Baden Springs—both listed in the National Register of Historic Places and located one mile apart in southern Indiana—offer a fascinating window on the grand hotel era of the early twentieth century and the tradition of “taking the waters.” Guests from Al Capone to FDR, Bing Crosby to Helen Keller, captains of industry and pampered socialites came to imbibe the waters and take spa treatments, enjoy sports and entertainments, and perhaps test their luck in the casinos.



Today, the lavishly restored French Lick and West Baden Springs Hotels still draw visitors for the same pursuits. The casino at French Lick brings gaming back to the area for the first time in over 50 years, and is the grandest casino in Indiana. The 84,000 square-foot features 42,000 square feet of Vegas-style gaming, all on one floor, with soaring 27-foot ceilings. The overall design, complementing the resort's historic lobby, is of the Beaux Arts architectural style, an eclectic neoclassical style known for its use of ornate masonry work and grandiosity.

GEOGRAPHY

Orange County is a rural county with a total area of 399.5 square miles, of which, nine square miles is water. The county is located in southern Indiana and is surrounded by Lawrence, Washington, Crawford, Dubois, and Martin Counties.

DEMOGRAPHICS

As of 2012, Orange County had a population of 19,690, a decrease of 0.8% from the year 2010. There are 1,108 children age 0 to 4 in Orange County which accounts for 18.66% of that age group population in the four county service area. The age breakdown in population includes:

Orange County Population – 2012 Census Estimates

Total Population	19,690	100.0%
Preschool (0-4)	1,108	5.63%
School Age (5-17)	3,678	18.68%
College Age (18-24)	1,489	7.56%
Adult (25-44)	4,539	23.05%
Older Adult (45-64)	5,626	28.57%
Older (65+)	3,250	16.51%

Racial Composition

The racial composition is predominately white with 97.01% falling into that category. The next group is two or more races with 1.23% in that category.

Racial Composition – Census 2012 Estimates

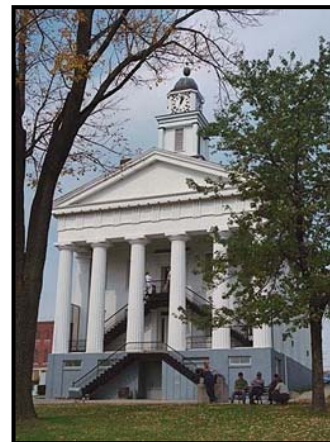
American Indian / Alaskan Native	75	0.38%
Asian	67	0.35%
African American	200	1.02%
Native Hawaiian / Other Pacific Island	2	0.01%
White	19,104	97.01%
Two or More Race Groups	242	1.23%
Non-Hispanic	19,457	98.82%
Hispanic	233	1.18%

CITIES AND TOWNS

Orange County has no designated “cities.” Paoli is the county seat in Orange County and the largest town with a population of 3,645. The only hospital in Orange County is located in Paoli. There are no Interstate highways nearby.

The next most populated town is Orleans with 2,135. Orleans is recognized as the Dogwood Capitol of the World. Orleans has the largest employers in the county including Paoli, Inc. and Reynolds, Inc.

French Lick (1,798) and West Baden (568) share a common border and are known as “Springs Valley.” The next two largest employers are located in French Lick which includes French Lick Springs Resort and Pluto Corporation. French Lick is the boyhood home of NBA basketball player, Larry Bird. West Baden is home to the majestic West Baden Hotel.



The county's townships include: French Lick, Greenfield, Jackson, Northeast, Northwest, Orangeville, Orleans, Paoli, Southeast, and Stampers Creek.

GOVERNMENT

Orange County has three county commissioners and a seven member council. Other elected offices include prosecuting attorney, attorney, sheriff, surveyor, treasurer, auditor, assessor, recorder, and clerk. Orange County is in the 9th congressional district.

ECONOMIC WELL-BEING

Orange County's unemployment rate for 2012 was 9.5 ranking it 24th in the state. The 2011 per capita income for the county was \$30,007, ranking it 79th out of 92 counties. The highest percentage of Orange County's jobs is from accommodation and food services with 24.9%.

2012 Annual Industry Distribution of Jobs and Average Wage

Industry	Jobs	Pct. In County	Annual Ave. Wage
TOTAL	7,376	100.0%	\$30,366
Private	6,380	86.5%	\$30,189
Ag, Forestry, Hunting	D	D	D
Mining	D	D	D
Construction	671	9.1%	\$45,780
Manufacturing	1,237	16.8%	\$33,535
Wholesale Trade	D	D	D
Retail Trade	651	8.8%	\$19,419
Transportation, Warehousing	157	2.1%	\$47,455
Utilities	D	D	D
Information	77	1.0%	\$20,777
Finance and Insurance	82	1.1%	\$32,882
Real Estate, Rental, Leasing	33	0.4%	\$17,567
Professional, Tech Services	67	0.9%	\$30,369
Mgmt of Companies	68	0.9%	\$59,467
Administrative, Waste Svcs	168	2.3%	\$34,515
Educational Services	563	7.6%	\$33,765
Health Care, Social Assistance	D	D	D
Arts, Entertainment, Recreation	143	1.9%	\$13,447
Accommodation & Food Svcs	1,838	24.9%	\$23,813
Other Services	141	1.9%	\$17,803
Public Administration	370	5.0%	\$28,092

Families in Poverty

In 2011, the poverty rate for Orange County was 17.1%, making it 23rd in the state. Over a six year period, the county's poverty rate increased from 12.0% to 17.1%.

In 2012, a monthly average of 39 families received TANF. Food Stamps were distributed to a monthly average of 3,165 recipients in 2012.

Housing

There are a total of 9,144 housing units in Orange County. Of those, 19.3% are renter occupied. The fair market rent for a two-bedroom unit is \$619.00.

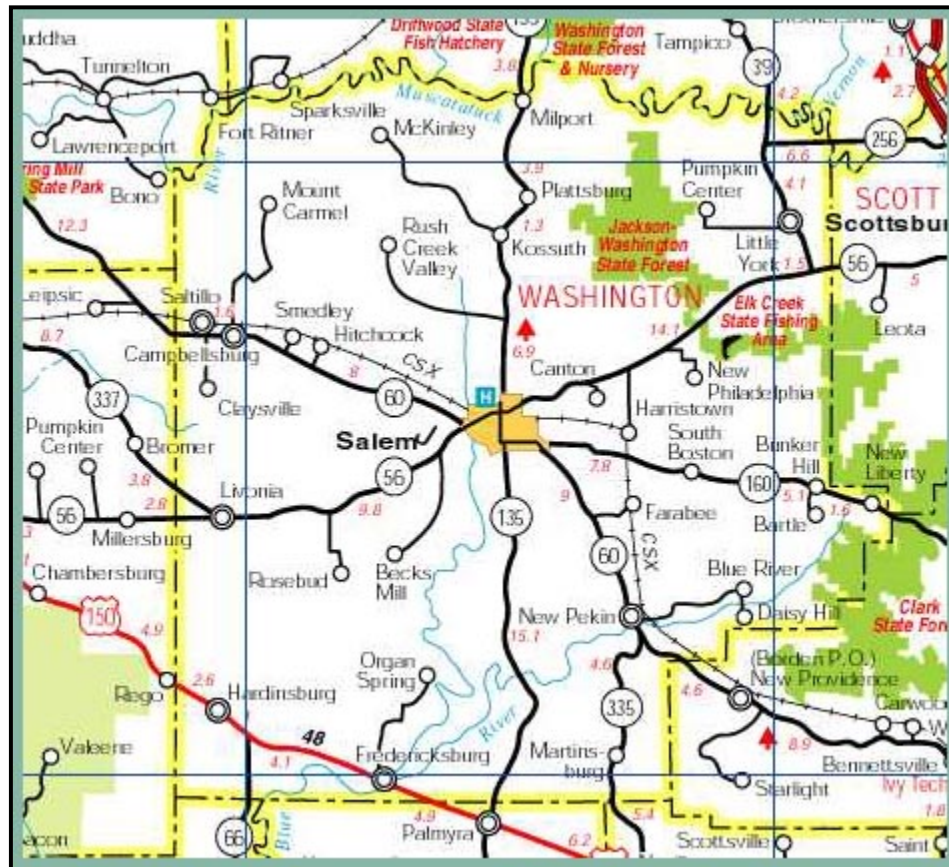
EDUCATION

There are three school districts in Orange County. Paoli Community School Corporation has one junior-senior high school (7th-12th) and one elementary school (K-6th). Springs Valley Community School Corporation has one junior-senior high school (6th-12th) and one elementary school (K-5th). Orleans Community Schools has one junior-senior high school (7th-12th) and one elementary school (K-6th). The total enrollment in the county is 3,408. There were 562 students enrolled in special education resulting in 16.5% of the total enrollment. There are also two non-public schools in the county.

Education Attainment – American Community Survey

Education Attainment	2000	2010	2011
Total Population 25+	12,818	13,397	13,363
Less than 9 th Grade	10.1%	7.7%	7.3%
9 th to 12 th Grade, No Diploma	16.0%	13.6%	13.0%
High School Graduate (include GED)	45.3%	44.9%	44.7%
Some College, No Degree	15.1%	16.3%	17.6%
Associate's Degree	3.3%	5.1%	5.2%
Bachelor's Degree	5.4%	7.0%	7.3%
Graduate Degree or More	4.8%	5.0%	5.0%

WASHINGTON COUNTY PROFILE



WASHINGTON COUNTY PROFILE

Salem Speedway, which was opened in 1947, continues to be an action-packed half-mile, high-banked oval track which features stock, midget and sprint races. Over the years, it has hosted many of the best-known names in automobile racing. With over 50 years of racing, it is not surprising that Salem Speedway has developed a strong racing heritage and tradition that continues today.

Situated in the scenic hills of Southern Indiana, the Salem Speedways roars to life with upwards of eighteen "special events" each year. In its second half-century of existence, the Salem Speedway had enjoyed, the recognition of being one of the most unique and renowned tracks in the country. Any history of auto racing since World War II would have to devote a sizeable chapter to the activities at Salem.



Many of the giants of auto racing have competed on the treacherous Salem High banks at some point in their careers.

The Salem Speedway officially opened for business on June 22, 1947, with Tommy Hinnershitz winning the 20-lap feature event for AAA "Big Cars" in front of over 7,000 enthusiastic fans that packed the grounds for the inaugural Salem Event. Since that sunny day, the names of those who have been fast enough to reach the checkered flag first is an honor roll of the sport. Included upon that list are luminaries such as; Ted Horn, Troy Ruttman, Bob Seikert, Parnelli Jones, A.J. Foyt, Bobby Unser, Al Unser, Mario Andretti, Curtis Turner, Benny Parsons, Bobby Allison, Darrell Waltrip, Mark Martin, Rusty Wallace, Alan Kulwicki, Ken Schrader, Tony Stewart, Kenny Irwin, Jr., Jeff Gordon and many others.

GEOGRAPHY

Washington County is a rural county with a total of 514.4 square miles, of which, two square miles is water. The county is located in Southern Indiana and is surrounded by Jackson, Scott, Clark, Floyd, Harrison, Crawford, Orange, and Lawrence Counties.

DEMOGRAPHICS

As of 2012, Washington County had a population of 27,921, a decrease of 1.2% from the year 2010. There are 1,613 children age 0 to 4 in Washington County which accounts for 27.16% of that age group population in the four county service area. The age breakdown in population includes:

Washington County Population – 2012 Census Estimates

Total Population	27,921	100.00%
Preschool (0-4)	1,613	5.78%
School Age (5-17)	5,195	18.61%
College Age (18-24)	2,266	8.12%
Adult (25-44)	6,739	24.14%
Older Adult (45-64)	8,019	28.72%
Older (65+)	4,089	14.63%

Racial Composition

The racial composition is predominately white with 98.30% falling into that category. Multi-racial is next with 0.88%.

Racial Composition – 2012 Census Estimates

American Indian / Alaskan Native	62	0.22%
Asian	79	0.28%
African American	87	0.31%
Native Hawaiian / Other Pacific Island	2	0.01%
White	27,447	98.30%
Two or More Race Groups	244	0.88%
Non-Hispanic	27,569	98.74%
Hispanic	352	1.26%

CITIES AND TOWNS

Salem is the county seat in Washington County and the largest city with a population of 6,236. The county's top three employers are located in Salem including Flexcel, GKN-Sinter Metals, and Tecumseh Products. The only hospital in the county is located in Salem. The closest Interstate is I-65 located 20 miles away.

The next most populated town is New Pekin with 1,387. The town is known nationally as the site of the oldest consecutive Fourth of July celebration in the country. Campbellsburg, first known as Buena Vista, has a population of 579. Other towns include Hardinsburg (245), Little York (190), Livonia (127), Saltillo (91), and Fredericksburg (84).



The county's townships include: Brown, Franklin, Gibson, Howard, Jackson, Jefferson, Madison, Monroe, Pierce, Polk, Posey, Vernon, and Washington.

GOVERNMENT

Washington County has three county commissioners and a seven member council. Other elected offices include: council attorney, prosecuting attorney, attorney, sheriff, surveyor, treasurer, auditor, assessor, recorder, and clerk. Washington County is in the 9th congressional district.

ECONOMIC WELL-BEING

Washington County's unemployment rate for 2012 was 8.6 making is the 40th highest in the state. The 2011 per capita income for the county was \$29,544, ranking it 82 out of 92 counties. The highest percentage of Washington County's jobs is from manufacturing which accounts for 27.9%.

2012 Annual Industry Distribution of Jobs and Average Wage

Industry	Jobs	Pct. In County	Annual Ave. Wage
TOTAL	5,631	100.0%	\$30,708
Private	4,486	79.7%	\$30,057
Ag, Forestry, Hunting	D	D	D
Mining	D	D	D
Construction	232	4.1%	\$27,951
Manufacturing	1,572	27.9%	\$38,211
Wholesale Trade	96	1.7%	\$32,546
Retail Trade	777	13.8%	\$23,436
Transportation, Warehousing	83	1.5%	\$38,789
Utilities	16	0.3%	\$43,790
Information	91	1.6%	\$32,241
Finance and Insurance	140	2.5%	\$43,490
Real Estate, Rental, Leasing	38	0.7%	\$15,633
Professional, Tech Services	99	1.8%	\$30,413
Mgmt of Companies	D	D	D
Administrative, Waste Services	D	D	D
Educational Services	D	D	D
Health Care, Social Assistance	652	11.6%	\$29,452
Arts, Entertainment, Recreation	26	0.5%	\$11,137
Accommodation & Food Services	383	6.8%	\$12,427
Other Services	151	2.7%	\$15,259
Public Administration	67	1.2%	\$40,583

Families in Poverty

In 2011, the poverty rate for Washington County was 15.2%, making it 33rd in the state. Over a six year period, the county's poverty rate increased from 10.5% to 15.2%.

In 2012, a monthly average of 59 families received TANF. Food Stamps were distributed to a monthly average of 4,387 recipients in 2012.

Housing

There are a total of 12,206 housing units in Washington County. Of those units, 18.3% are renter occupied. The 2012 Fair Market rent for a two-bedroom unit is \$584.00.

EDUCATION

There are three school districts in Washington County. Salem Community Schools has one high school (9th-12th), one middle school (6th-8th), one upper elementary school (3rd-5th), and one lower elementary school (K-2nd). East Washington School Corporation has one high school (9th-12th), one middle school (5th-8th), and one elementary school (K-4th). West Washington School Corporation has one junior-senior high school (7th-12th) and one elementary school (K-6th). The total county enrollment is 4,332. There were 788 students enrolled in special education resulting in 18.2% of the total enrollment. There are also four non-public schools in the county.

Education Attainment – American Community Survey

Education Attainment	2000	2010	2011
Total Population 25+	17,648	18,705	18,842
Less than 9 th Grade	8.5%	6.8%	6.4%
9 th to 12 th Grade, No Diploma	16.3%	13.5%	14.9%
High School Graduate (include GED)	44.1%	46.4%	45.4%
Some College, No Degree	16.5%	16.8%	16.6%
Associate's Degree	4.3%	6.0%	6.3%
Bachelor's Degree	6.8%	5.3%	5.4%
Graduate Degree or More	3.4%	4.6%	5.0%

MARTIN COUNTY PROFILE



MARTIN COUNTY PROFILE

The Naval Surface Warfare Center Crane Division is a United States Navy installation located predominantly in Martin County. The base started development during World War II, in 1940. The base is the third largest naval installation in the world, comprising approximately 100 square miles of territory. Lake Greenwood, an 800-acre lake, is entirely encompassed by the base. Reconstructive White Oak wood for the USS Constitution is harvested from this base from a grove of trees known as "Constitution Grove."

Jug Rock is a natural geological formation located outside of Shoals in the valley of the East Fork of the White River. It is composed of sandstone, and is the largest free-standing table rock formation (also called a "tea table") in the United States east of the Mississippi River. It is part of the Mansfield formation, laid down in the Pennsylvanian geological epoch, roughly 325 to 286 million years ago. Erosion along fracture lines separated it from a nearby cliff. Because of its caves and cliffs, the region around and including Shoals was a popular hideout for bootleggers during the Prohibition era.



GEOGRAPHY

Martin County is a rural county with a total area of 336.10 square miles, of which, four square miles is water. The county is located in southern Indiana and is surrounded by Greene, Lawrence, Orange, Dubois, and Daviess Counties.

DEMOGRAPHICS

As of 2010, Martin County had a population of 10,260, a decrease from 10,334 in 2010. There are 620 children age 0 to 4 in Martin County which accounts for 10.44% of that age group population in the four county service area. The age breakdown in population includes:

Martin County Population – 2012 Census Estimates

Total Population	10,260	100.00%
Preschool (0-4)	620	6.04%
School Age (5-17)	1,765	17.20%
College Age (18-24)	756	7.37%

Adult (25-44)	2,334	22.75%
Older Adult (45-64)	3,074	29.96%
Older (65+)	1,711	16.68%

Racial Composition

The racial composition is predominately white with 99.13% falling into that category. Multi-racial is next with 0.76%.

Racial Composition – 2012 Census Estimates

American Indian / Alaskan Native	35	0.34%
Asian	35	0.34%
African American	22	0.21%
Native Hawaiian / Other Pacific Island	1	0.01%
White	10,090	98.34%
Two or More Race Groups	77	0.76%
Non-Hispanic	10,171	99.13%
Hispanic	89	0.87%

CITIES AND TOWNS

Shoals is the county seat in Martin County and has a population of 751. Martin County has had the most county seats of any county in Indiana, totaling nine. Major employers are United States Gypsum Company and National Gypsum Company.

Loogootee is largest and only city in the county with a population of 2,726. Surprisingly, Loogootee has never been the county seat. Loogootee has a long standing, proud tradition of high school basketball. It is the home of the winningest high school basketball coach in state history, Jack Butcher, who has over 800 wins.



Crane only has a population of 184, but it is also the home of the largest employer in the area. The Naval Surface Warfare Center employs 3,300. The county's townships are Center, Halbert, Lost River, Mitcheltree, Perry, and Rutherford.

GOVERNMENT

Martin County has three county commissioners and a seven member council. Other elected offices include: attorney, prosecuting attorney, coroner, sheriff, treasurer, assessor, and clerk. Martin County is in the 8th congressional district.

ECONOMIC WELL-BEING

Martin County's unemployment rate for 2012 was 6.7% making it the 84th highest in the state. The 2011 per capita income for the county is \$33,378, ranking it 42 out of 92 counties. Almost half of Martin County's jobs are from public administration which accounts for 57.3%.

2012 Annual Industry Distribution of Jobs and Average Wage

Industry	Jobs	Pct. In County	Annual Ave. Wage
TOTAL	7,270	100.0%	\$63,398
Private	2,473	34.0%	\$41,052
Ag, Forestry, Hunting	6	0.1%	\$31,455
Mining	N/A	N/A	N/A
Construction	62	0.9%	\$25,815
Manufacturing	358	4.9%	\$45,252
Wholesale Trade	78	1.1%	\$41,559
Retail Trade	347	4.8%	\$19,260
Transportation, Warehousing	108	1.5%	\$33,891
Utilities	12	0.2%	\$47,615
Information	22	0.3%	\$29,497
Finance and Insurance	36	0.5%	\$36,414
Real Estate, Rental, Leasing	21	0.3%	\$26,696
Professional, Tech Services	1,305	17.9%	\$64,898
Mgmt of Companies	N/A	N/A	N/A
Administrative, Waste Svcs	16	0.2%	\$31,646
Educational Services	243	3.3%	\$32,032
Health Care, Social Assistance	112	1.5%	\$23,159
Arts, Entertainment, Recreation	D	D	D
Accommodation & Food Services	D	D	D
Other Services	65	0.9%	\$17,242
Public Administration	4,168	57.3%	\$78,249

Families in Poverty

In 2011, the poverty rate for Martin County was 14.0%, making it 47th in the state. Over a six year period, the county's poverty rate increased from 10.0% to 14.0%.

In 2012, a monthly average of 16 families received TANF. Food Stamps were distributed to a monthly average of 1,210 recipients in 2012.

Housing

There are a total of 4,802 housing units in Martin County. Of those units, 12.1% are renter occupied. The 2013 Fair Market rent for a two-bedroom unit is \$619.

EDUCATION

There are two school districts in Martin County. Loogootee Community School Corporation has one junior-senior high school (7th-12th), one upper elementary school (4th-6th), and one lower elementary school (K-3rd). Shoals Community School Corporation has one junior-senior high school (7th-12th) and one elementary school (PK-6th). The total county enrollment is 1,545. There were 281 students enrolled in special education resulting in 18.2% of the total enrollment. There are also four non-public schools in the county.

Education Attainment – American Community Survey

Education Attainment	2000	2010	2011
Total Population 25+	7,066	7,035	7,077
Less than 9 th Grade	8.5%	5.1%	5.6%
9 th to 12 th Grade, No Diploma	17.3%	13.7%	12.3%
High School Graduate (include GED)	42.3%	43.1%	42.0%
Some College, No Degree	15.0%	18.9%	19.5%
Associate's Degree	8.0%	10.8%	11.2%
Bachelor's Degree	4.5%	4.9%	5.4%
Graduate Degree or More	4.3%	3.1%	4.1%

FAMILIES AND COMMUNITIES



WHAT IS A FAMILY?

One definition states that a family is a primary social group in any society, typically consisting of a man and a woman, or any two individuals who wish to share their lives together in a long-term commitment to one another, bring up offspring and usually reside in the same dwelling. The US Census Bureau says that a family contains two or more people, including at least one person related to the designated householder by blood, marriage, or adoption. Society's definition of "family" is rapidly expanding and has come to include single parents, biracial couples, blended families, unrelated individuals living cooperatively, and homosexual couples.

The following poem sums it up best:

A Family

*A Family is a Place
To cry
To laugh
To vent frustration
To ask for help
And tease
And yell
To be kissed and hugged and smiled at.*

*A Family is a People
Who care when you are sad
Who love you no matter what
Who share your triumphs
Who don't expect you to be perfect
Just grow with honesty
In your own direction.*

*A Family is a Circle
Where we learn to like ourselves
Where we learn to make good decisions
Where we learn to think before we do
Where we learn integrity and respect for others
Where we are special
Where we share ideas
Where we listen and are listened to
Where we learn the rules of life
To prepare ourselves for the world.*

*The world is a Place
Where anything can happen.*

*If we grow in a Loving Family
We are ready for the world.*

POPULATION

Indiana's population has increased 0.8% since Census 2010, gaining approximately 92,039 residents. This population growth results from natural increase (the difference between births and deaths) and net migration (the number of people moving in minus the number moving out). In 2012, 6,537,334 people lived in Indiana, making it the 16th most populous state in the nation.

All four counties in the service area experienced a decrease in population in 2012. Washington County had the highest decrease of 1.2%.

Total Population from 2010 to 2012

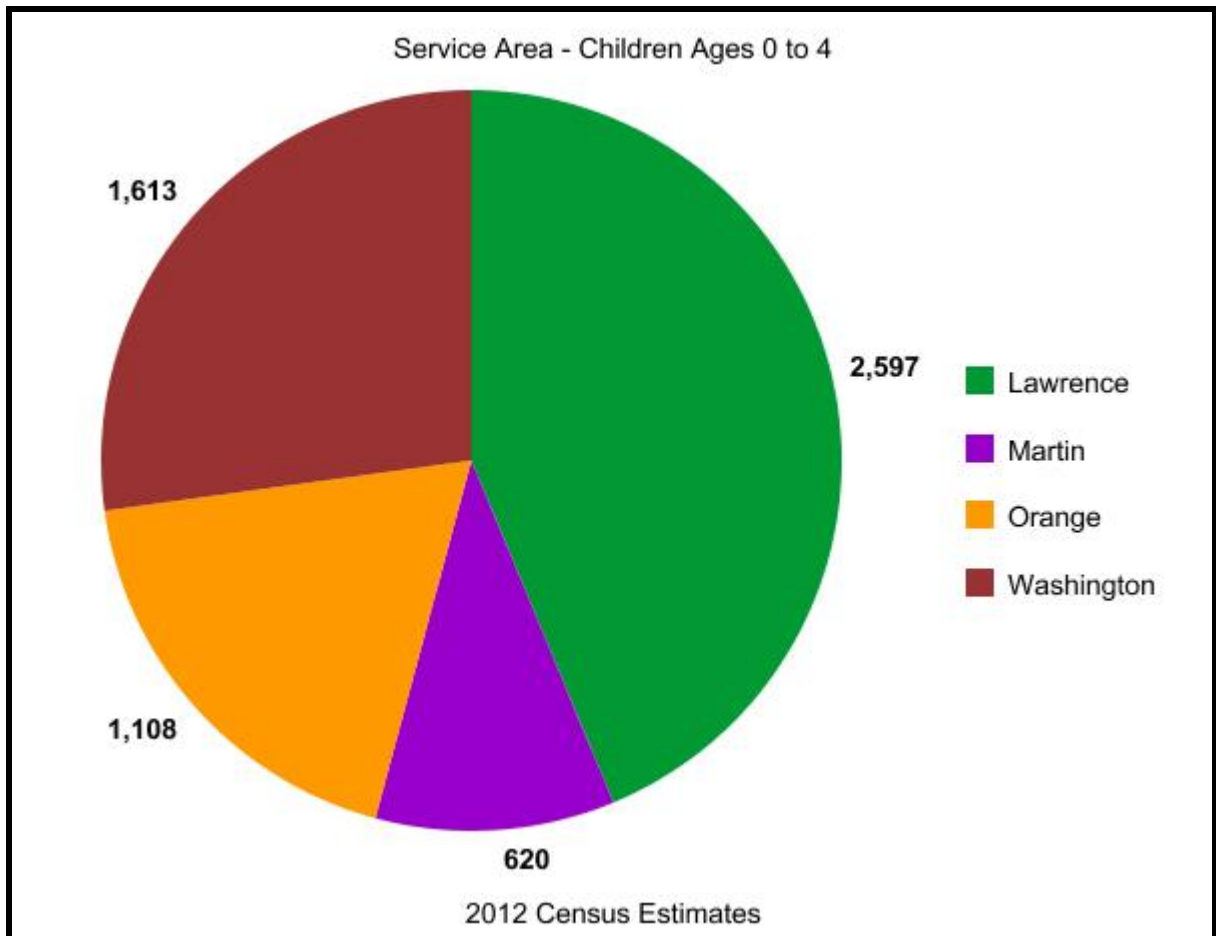
County	2010	2012	Change
Lawrence	46,134	46,078	-0.1%
Orange	19,840	19,690	-0.8%
Washington	28,262	27,921	-1.2%
Martin	10,334	10,260	-0.7%

Adults 45 to 64 comprise the largest sector in the four county area with 28.91% of the population. The next largest age group is adults 25 to 44 with 23.45% of the population. Children age 5 to 17 make up 17.96%, older adults 65 and over are at 16.32% and college age 18 to 24 is 7.65%.

Area Population of Children Ages 0 to 4

County	2000	2005	2010	2012
Lawrence	2,963	2,742	2,723	2,597
Martin	647	650	674	620
Orange	1,296	1,299	1,222	1,108
Washington	1,809	1,766	1,696	1,613

Lawrence County's 0 to 4 population makes up the largest portion of the service area at 43.74%. Washington County is next with 27.16% followed by Orange with 18.66%, and Martin with 10.44%.



RACIAL COMPOSITION

According to population projections, Indiana's population will become increasingly diverse over the next 20 years. The two-or-more races category will be Indiana's fastest growing group, increasing 135% between 2005 and 2030. The Asian population will be second in terms of growth with an increase of 54%. Indiana's black population, already the state's largest non-white group, is expected to expand by more than one-quarter by 2030. While it is true that Indiana's racial composition will shift, the state is – and will remain – much less diverse than the nation. A comparison of the Indiana projections to national projections produced by the U.S. Census Bureau reveals that Indiana's share of total population that is white is projected to be a full nine percent points higher than the nation.

The Hoosier Uplands service area is predominately white with 97.74% of the 2012 population falling into that category. Multi-racial is next comprising 1.03% of the population. The remaining breakdown is African American (0.50%), Asian (0.39%), American Indian or Alaskan Native (0.32%), and Native Hawaiian or Other Pacific Island (0.02%).

DIVERSITY

People from all over the world live in Indiana, with five in every 100 people hailing from another country. The foreign-born population in Indiana is larger than the population of Fort Wayne, our second largest city (at 252,000). Of the 303,145 people who were born in countries other than the United State, the majority have come to Indiana from Latin America (46.4%), Asia (30.9%) and Europe (14.1%).

By 2007, Indiana's proportion of foreign-born residents was less than half that of the nation's 12.6%. Indiana's proportion ranks it at 35th among the 50 states. But, when we consider the percent of our population by specific region of the world, our percentages are similar to that of the nation. In the case of people born in Mexico and now living in Indiana, we have a proportion (39.8%) that is nearly 10% higher than the nation as a whole and ranks Indiana 16th among the states. Indiana also tends to attract more people (proportionally) from Europe; with a percentage more than 4 points higher than the nation.

The Hispanic population is projected to add 284,600 residents by 2030. This figure equates to a 100 percent increase over 2005 and will account for 38% of the state's total growth. As a share of Indiana's total, the Hispanic population is expected to jump from 4.5% to 8% in 2030. Nearly all counties will see relatively substantial increases in their Hispanic populations.

The four county service area has also seen an increase in the Hispanic population. While the percentage of the overall population is small, the increase over the past eight years indicates a trend that will continue to increase. In the four county area, 1.27% of the population identifies themselves as Hispanic. Since 2000, there has been a 45.00% increase in the Hispanic population for the four county area.

Service Area 2012 Hispanic Population

	Lawrence	Orange	Washington	Martin	Total
Percent of Total Population	1.40%	1.20%	1.30%	0.90%	1.27%
Change in Population Since 2000	+18%	+20%	+16%	+27%	+18%

Language

The 2010 Census Data shows that the following percentages of families speak a language other than English in their home: Lawrence (2.4%), Martin (1.7%), Orange (4.3%), and Washington (1.6%). Of those, many families have indicated that they speak English less than "very well."

**Language Spoken at Home
2011 American Community Survey – 5 Year Estimates**

	Indiana	Lawrence	Orange	Washington	Martin
Speak only English	92.1%	97.6%	95.7%	98.4%	98.3%
Speak other Language	7.9%	2.4%	4.3%	1.6%	1.7%
Spanish / Spanish Creole	4.4%	0.9%	0.6%	0.8%	0.2%
Other Indo-European Lang	2.2%	1.1%	3.6%	0.5%	0.9%
Asian / Pacific Island Lang	1.0%	0.4%	0.1%	0.3%	0.6%
Other	0.3%	0.0%	0.0%	0.0%	0.0%
Speak English "Very Well"	59.7%	76.0%	73.1%	68.9%	66.9%
Speak English less than "Very Well"	40.3%	24.0%	26.9%	31.1%	33.1%

HOUSEHOLDS AND FAMILIES

The distinction between family and household in census data is an important one. Household includes all the people who occupy a housing unit as their usual place of residence. The two major categories of households are family and non-family households. A family is considered a group of two or more people residing together and related by birth, marriage, or adoption.

- An estimated 1,656,099 families lived in Indiana in 2011, with 749,063 of them containing children under 18.
- Families comprised 66.7% of all households in Indiana in 2011, with the remaining one-third defined as non-family households.
- In 2011, the average Hoosier household had 2.53 people, while the average family had 3.17 people.

A majority of children in Indiana are raised in married couple families; however, many live in other types of household arrangements, including single parent families and families headed by grandparents.

Married Couples

Research indicates that marriage, on average, leads to better social and economic outcomes for adults and for children, whereas single parenthood and divorce often have the opposite effect. For example, studies show that people who are married are healthier, are likely to live longer, are more satisfied with their jobs, have more social support, have more income, are less prone to mental disorders, and are involved in fewer unhealthy or risky behaviors than people who are not married or who are divorced. Children raised by their married biological parents, on average, have better outcomes than children who are raised in other types of families.

According to Census, in 2011, 67.69% of family households in Indiana with children under the age of 18 consisted of married couples. Data from the 2011 Census

estimates indicated that of family households in the four county service area, 28.88% were married with children.

Family Households American Community Survey 2007 - 2011

	Family Households	Married No Children	Married with Children	Single Parent	Single Parent Male	Single Parent Female
Indiana	1,656,099	45.02%	30.62%	14.62%	3.56%	11.06%
Lawrence	13,084	50.89%	28.14%	13.25%	3.81%	9.44%
Orange	5,146	52.04%	31.36%	10.14%	2.66%	7.48%
Washington	7,380	50.07%	28.29%	13.35%	3.14%	10.20%
Martin	2,729	52.77%	29.31%	10.30%	4.43%	5.86%

Single Parents

According to the American Community Survey, in 2011 32.31% of family households with their own children in Indiana were single-parent families. Among those families, 75.64% were headed by single mothers and 24.36% were headed by single fathers. Children growing up in families with only one parent in the home may be disadvantaged in terms of financial resources and the emotional and social support needed for healthy development.

Single Parents – Households with own children American Community Survey 2007-2011

	Single Mothers	Percent	Single Fathers	Percent
Indiana	183,083	24.44%	58,596	7.82%
Lawrence	1,235	22.80%	499	9.21%
Orange	385	18.02%	137	6.41%
Washington	753	24.50%	232	7.55%
Martin	160	14.80%	121	11.19%

Grandparents

More than 1 in 16 children in Indiana live in a grandparent-headed household. Illness, divorce, substance abuse, and mental illness of the parent are a few of the typical reasons that grandparents take care of their grandchildren. Although grandparents are often willing to care for the children in their family, they may need financial assistance to do so, or may need additional support due to the child's previous maltreatment. Despite a slight national increase in the number of grandparents responsible for their grandchildren (from 2,696,053 grandparents in 2009 to 2,738,300 in 2010), the number of Hoosier grandparent caregivers decreased in 2010 after a 3-year increase.

Of Hoosier grandchildren living in a grandparent-headed household:

- 44.5% were under 6 years old, 31.9% were 6-11 years old, and the remaining 23.6% were 12-17 years old.
- 75.8% were White (including Hispanic), 15.6% were Black or African American (including Hispanic), and 9.2% were Hispanic or Latino (of any race).
- More than half (53.4%) of children living with grandparents resided in households that received Supplemental Security Income (SSI), cash public assistances income, or food stamp benefits.

**Grandparents Responsible for Grandchildren
American Community Survey 2007-2011**

	Indiana	Lawrence	Orange	Washington	Martin
#Grandparents responsible for grandchildren	60,461	525	111	346	171
No parent present	36.87%	42.19%	38.83%	63.75%	29.29%
Percent below poverty	17.12%	4.95%	17.12%	30.06%	17.54%

Divorce

Based on available research, there are many studies that examine the antecedents of healthy marriage. These studies find that:

- Job loss and economic insecurity put strains on individual and family well-being, especially for men.
- People who experience divorce in childhood are less likely to communicate effectively in their own marriages and are more likely to experience the dissolution of their own marriage.
- Children from previous relationships are often a source of conflict in new relationships.
- Conflict resolution reflects the ability to address or resolve conflict that can undermine a relationship.
- The presence of couple violence is a marker of an unhealthy marriage. In addition, violence against children indicates an unhealthy marriage.

In the four county service area according to the American Community Survey, the divorce rates are among the highest in the state. All four counties have a divorce percentage in excess of 11% (Lawrence – 12.9%, Martin - 13.1%, Orange – 13.0%,

Washington 13.7%). Indiana's rate is 12.1% which is higher than the US rate of 10.6% in 2011.

Remarriage

For the first time, the Census Bureau collected data on the number of times people have been married. Nationwide, 24.5% of those people who have ever married have been married more than once. Indiana ranks 14th among the states on this measure, at 28.3% in 2008.

Non-Marital Birthrate

According to data from the State Department of Health, Indiana's out-of-wedlock birthrate for 2011 is 42.7%. Indiana's rate of children being born to single mothers ranked 15th in the US. Indiana's rate was 1.7% higher than the national average.

While demographics are not destiny, children born into single-parent families face decreasing chances for stability during childhood and self-sufficiency as adults. According to the national research organization Child Trends, "Children born to unmarried mothers are more likely to grow up in a single-parent household, experience instability in living arrangements, live in poverty and have socio-emotional problems."

Child Trends acknowledges that an increasing percentage of non-marital births are occurring among cohabitating couples. But a recent national study revealed that the prospects for children born into a cohabitating household are just as onerous. Summarizing a review of data on teenagers and family structure, the Urban Institute reported, "Living with a single mother and her boyfriend is no better than living with a single mother. In many cases, it is significantly worse."

Two counties in the service area experienced an increase in non-marital birthrates. Orange County saw the largest increase from 35.6 in 2010 to 44.1 in 2011.

Non-Marital Births as a Percentage of All Births

Year	Indiana	Lawrence	Orange	Washington	Martin
2000	34.6	26.7	25.5	28.0	26.1
2010	43.0	40.4	35.6	43.9	37.1
2011	42.7	41.1	44.1	36.8	30.3

Teen Births

Indiana's rate of births to teen mothers ages 15-19 has been decreasing since 2007, from a rate of 45.1 to a rate of 34.8 per 1,000 in 2011. Nationally, for females ages 15-19, the birth rate is 29.4 per 1,000, which is the lowest rate reported in nearly seven decades.

Research shows that the children of teenage mothers are likely to have lower school achievement, more health problems, be incarcerated during adolescence, and face

unemployment as a young adult, even after adjusting for those factors that increased the teenager's risk for pregnancy.

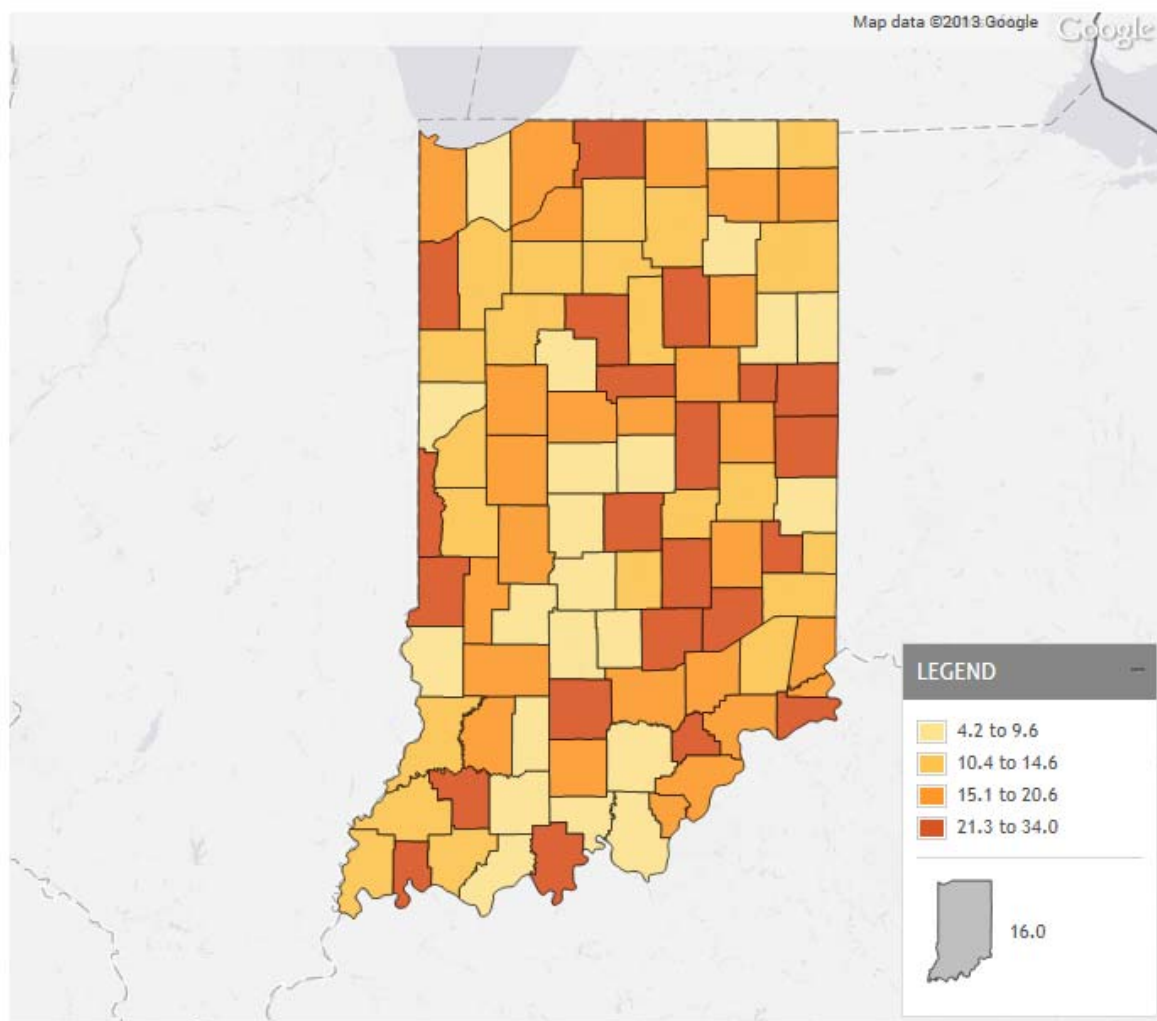
Older teens are more likely to give birth than younger teens. In 2011, there were 93 births to mothers ages 10 to 14 (0.4 per 1,000), 2,135 to mothers ages 15-17 (16.0 per 1,000), and 5,782 to mothers ages 18 or 19 (61.2 per 1,000).

Data for the Hoosier Uplands service area in 2011 showed Lawrence County had the highest rate for 15-19 year olds with 50.1 ranking it 9th in the state. Orange County's rate was 39.0 (38th) and Washington County's rate was 37.9 (44th).

In 2011, only one of four counties in the area experienced a higher birthrate than the state for females age 15-17. Lawrence County's rate was 24.4, down from the 2010 rate of 29.6. Washington County saw a substantial decrease from 2010's rate of 27.3 to 9.6 in 2011. Orange County experienced an increase in their rates from 2010 with 15.8.

Teen Birthrate per 1,000 Females Age 15-17

	2000	2008	2009	2010	2011
Indiana	26.2	20.5	20.8	18.5	16.0
Lawrence	23.6	30.1	24.8	29.6	24.4
Orange	19.9	13.4	13.2	12.8	15.8
Washington	30.0	24.7	30.7	27.3	9.6
Martin	8.9	26.2	28.4	n/a	5.1



TEEN BIRTH RATE PER 1,000 FEMALES AGES 15-17 (RATE PER 1,000) - 2011

Indiana Youth Institute

KIDS COUNT Data Center, datacenter.kidscount.org

A project of the Annie E. Casey Foundation

COST OF RAISING A CHILD

Each year the U.S. Department of Agriculture estimates the cost of raising a child. According to the most recent report, a middle-income family with a child born in 2012 can expect to spend about \$241,080 for food, shelter, and other necessities to raise that child over the next 17 years. With inflation, this cost rises to \$301,970. This represents a 2.6% increase from 2011. Expenses for transportation, child care, education, and food saw the largest percentage increases related to child rearing from 2011. There were smaller increases in housing, clothing, health care, and miscellaneous expenses during the same period.

CHILD CARE



CHILD CARE

Child care in Indiana takes many forms – grandparents supervising a single toddler, stay-at-home moms overseeing a mix of her own and her neighbor’s children, a group of infants and young children being cared for in a home or center, and church-based programs. Indiana law regulates health and safety standards for three types of child care settings: licensed centers, licensed homes, and registered child care ministries.

A comparison of Indiana’s licensing and registration requirements and the standards identified by national experts was conducted by Healthy Child Care Indiana based at Indiana University in Bloomington. The comparison found:

- Indiana’s licensing requirements for child care centers significantly addressed 60% of the national standards.
- Indiana’s licensing requirements for child care homes reflected slightly more than 30% of the national standards at a significant level.
- Indiana’s registration requirements for child care ministries significantly complied with 20% of the national standards.

Efforts to Improve

The state of Indiana has continued to make good faith efforts to improve the quality of childcare available to Hoosiers. For example:

- Senate Bill 110 requires all child care providers who receive state reimbursements (regardless of licensure or registration) to meet eight minimum standards.
- Senate Bill 110 also created minimum educational requirements for all licensed child care home providers.
- The Bureau of Child Development created a four-tiered system of reimbursement for child care providers who receive state vouchers, offering incentive for increasing the quality of a limited number of child care settings.
- The Bureau of Child Development and the Indiana Association for Child Care Resource and Referral launched a Web site that allows parents to locate licensed or registered child care facilities near their home or work. Care Finder Indiana (www.carefinderindiana.org) also allows parents to have on-line access to licensure violations for licensed child care centers and ministries.

Quality of Child Care

The quality of child care in Indiana affects the way children develop and grow. A Carnegie Corporation study confirmed that the quality of child care has an impact on children’s well-being and ability to learn. While research shows that GOOD quality child care can help children’s development in a range of areas including language, social

skills, relationships with teachers and self-perception, it also shows that children in POOR quality child care are delayed in language and reading skills, and display more aggression toward other children and adults.

Professional, quality care is hard to find in a marketplace where child care / preschool teachers and providers earn low wages. Child care providers in Indiana earned an average of \$19,190 in 2012 according to wages estimates from the Bureau of Labor Statistics. In addition, studies of child care providers find that they tend to receive no benefits or paid leave.

Low wages are closely linked to rapid turnover rates among child care providers, which break that stable relationship that children need to have with their caregivers to feel safe and secure. Turnover rates among child care providers are high throughout Indiana. The turnover rates in southern Indiana where wages are lowest are the highest in the state with a rate of 30% for family child care homes and a rate of 50% for staff in centers. In contrast, turnover rates for public school teachers nationwide are only 6.6%.

Paths to Quality



Indiana is one of many states implementing a voluntary rating system designed to help parents find high quality care for their children. Called a “Paths to QUALITY (PTQ)” system, implementation of the program began in 2008. This system assigns providers with quality levels based on 10 indicators: Level 1 means the provider meets basic health and safety needs, Level 2 adds in learning environments, Level 3 providers include a

planned curriculum that aligns with Indiana Early Learning Guidelines and Level 4 means the facility has achieved national accreditation. By the end of October 2013, the number of providers enrolled in the program was 2,371; 265 licensed centers and homes had received a Level 4 rating.

Availability

The most recent census data indicate 425,503 children under the age of five resided in Indiana in 2012. Statistics for 2012 indicated that 67.0% of children under the age of six have all parents in the labor force. Approximately 285,087 children in Indiana under the age of five are in need of child care. The majority of Indiana’s children under the age of six spend at least 36 hours a week in child care. About 1 in 6 children are in unregulated care. The licensed child care capacity in Indiana was only 100,862 in 2012. There were 53,450 slots in registered child care ministries.

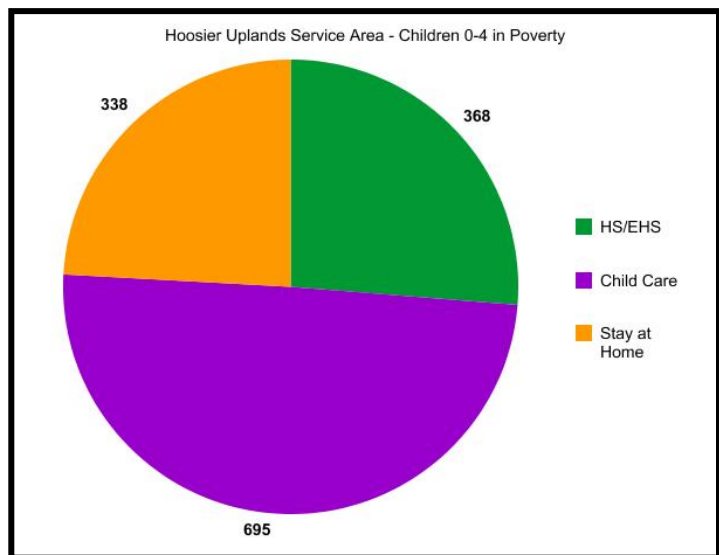
Compared to the number of children under the age of five in the four county area, available licensed child care slots are very much in demand. There are a total of 5,938 children ages 0 to 4 in the service area, however there are only 1,313 licensed child care slots available in 2012.

2012 Licensed Child Care Data

	Lawrence	Orange	Washington	Martin
0-4 Year Olds	2,597	1,108	1,613	620
0-4 Year Olds in Poverty	600	286	390	125
Number of Centers	2	0	2	1
Number of Homes	24	17	27	7
Number of Ministries	5	0	1	1
Licensed slots per 100	18.4	20.6	29.2	22.0
Total Slots Available	478	228	471	136

Head Start Eligible Children

There are approximately 1,401 children under the age of five in the four-county area who are living in poverty. The Hoosier Uplands Head Start and Early Head Start are funded to serve 363 children in the four counties. Based on slots available, county poverty rates, and percentage of parents in the workforce, approximately 695 children eligible for Head Start / Early Head Start in the four county area are being served through some type of child care.



Cost of Child Care

Child care is expensive. For a family with small children, child care costs are the greatest single household expense. Nearly all (93%) of child care requests in Indiana are for full-time care, and more than half (60%) of child care requests are for infant or toddler care. In 2012, the cost of child care for an infant in an Indiana center was more than a third (37%) of the state median income for a single mother and 11% of the state median income for a two-parent family.

According to the National Association of Child Care Resource & Referral's report, *Parents and the High Price of Child Care: 2013*, Indiana was listed as 9th least affordable state for care in a center for a school aged child.

In Indiana the average, annual fees paid for full-time infant care in a center was \$8,073. The average, annual fees paid for full-time care for a child age four in a center was \$6,448. Compare this to the average tuition and fees paid for a state college which is \$8,704.

In the four county area, the average annual cost for child care of an infant in a licensed center was \$6,474. The average annual cost for a toddler was \$5,239, and the average cost for a 3 to 5 year-old was \$4,953.

In the four county area, the average annual cost for child care of an infant in a licensed home was \$4,524. The average annual cost for a toddler was \$4,277, and the average cost for a 3 to 5 year-old was \$3,965.

FY 2012-2013 Area Child Care Costs – Weekly Market Rates

Licensed Option	Lawrence	Orange	Washington	Martin
Center – Infant	\$130	\$150	\$109	\$109
Center – Toddler	\$120	\$100	\$92	\$91
Center – 3-5 Year Old	\$110	\$100	\$87	\$84
Home – Infant	\$99	\$78	\$91	\$80
Home – Toddler	\$95	\$75	\$83	\$76
Home – 3-5 Year Old	\$85	\$70	\$75	\$75

Children Need Quality Child Care, Even in a Recession

In the current recession, with more than 14 million Americans unemployed and another 9 million working part-time because they cannot find full time work, child care is even more unaffordable for families. Children of these parents may find themselves in informal, patchwork arrangements as parents look for work, work part-time, or work reduced hours at multiple jobs to make ends meet.



Some parents have responded to the current economy by removing their children from organized child care programs or licensed settings. This means that more children may be in child care where the provider has not had a background check or training in health and safety practices, let alone training in child development to foster age appropriate activities.

Child Care Assistance

Families who meet poverty guidelines (127% of FPL) and are either working or going to school are eligible for subsidized child care through Indiana's CCDF voucher program. All licensed child care providers, as well as legally licensed exempt homes and centers meeting the minimum provider eligibility, are considered eligible to receive reimbursement through the program. In 2007, the Family and Social Services Administration (FSSA) increased the eligibility levels of families served from those whose income was up to 140% of the FPL to those with an income of up to 170% of the

FPL. While a family must initially meet the 127% requirement to enter the program, they now can stay in the program until they reach the 170% mark. For those above the poverty line, a sliding scale co-payment applies.

A recent study by the Government Accountability Office estimates that only 17% of eligible children receive child care fee assistance. The number of children receiving child care vouchers has decreased since 2007, and the number of children on the waiting list for vouchers has increased during the same period of time. The program has had an increasing number of families remaining in the program for longer periods of time, which means that fewer unique families are served during the year.

2012 CCDF Vouchers

	Annual Number of Children Receiving Vouchers	Monthly Average of Children On the Waiting List
Indiana	53,041	7,358
Lawrence	185	11
Orange	76	4
Washington	136	19
Martin	42	6

ECONOMIC WELL-BEING



OCCUPATIONAL OUTLOOK THROUGH 2040

Like much of the United States, Indiana experienced dynamic growth in the size of its labor force during the last half of the 20th century. Spurred by the entrance of baby boomers into the workforce and increasing labor force participation by women, Indiana's labor force doubled from 1.57 million in 1950 to 3.12 million in 2000. The most dramatic jump in Indiana's labor force occurred during the 1970s when the state added more than 460,000 workers. Labor force growth slowed during the difficult 1980s but rebounded strongly the following decade.

Between 2000 and 2010, however, Indiana's labor force grew by only 132,000—its smallest gain over a decade since the Census Bureau began collecting data on the size of the labor force in 1940. While the recent economic slump may have contributed to this lackluster performance, labor force projections produced for the Indiana Department of Workforce Development by the Indiana Business Research Center (IBRC) indicate that this slowdown is less a byproduct of the Great Recession and more likely a harbinger of continued slow growth in the coming decades.

Labor force change in the state is expected to slow to less than 120,000 in this decade and will be essentially flat between 2020 and 2030—a decade during which the entire baby boom cohort will have reached traditional retirement age. Indiana's labor force will likely begin to grow again—albeit slowly—after 2030. To help put this in perspective: Indiana's labor force grew by an average of 310,000 per decade between 1950 and 2000. However, over the next three decades combined, Indiana's total labor force growth is expected to be 150,000.

As a group, the 46 rural and mid-sized Indiana counties that are not in a metro area are projected to lose labor force over the next two decades. Lawrence and Orange Counties are expected to decline by 0.5% by 2020. Martin County faces a loss of more than 0.6%. Washington County, on the other hand, may see a 0.3% increase.

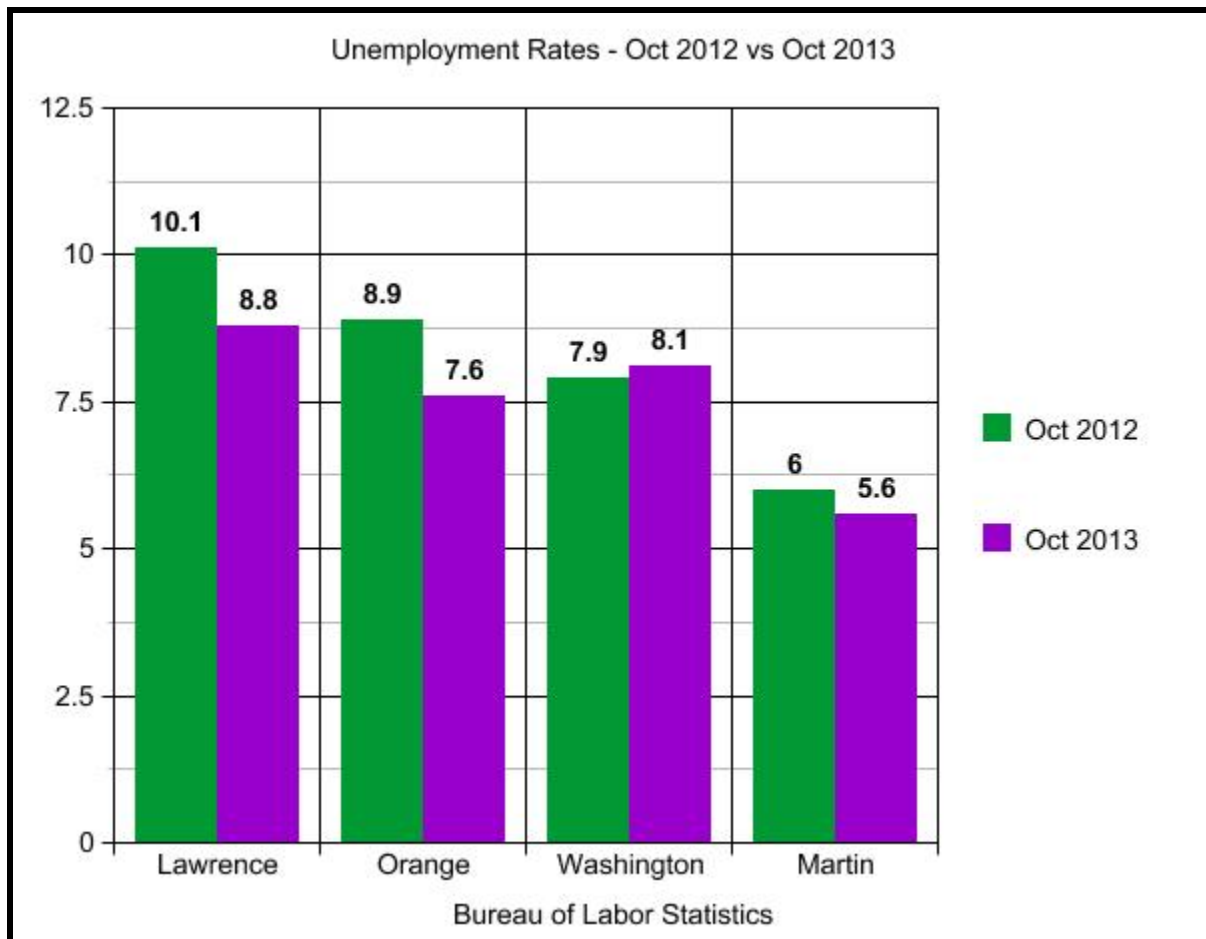
UNEMPLOYMENT

Indiana's unemployment rate rose by 6 points during the recession, followed by slow improvement since early 2009. However, it's been rising gradually the past several months as more Hoosiers re-enter the labor force looking for work.

Indiana's unemployment rate for 2012 was 8.4 compared to the US rate of 8.1. Unemployment rates continue to remain high in our service area. The area's lowest rate was 6.7 in Martin County. Washington County's rate of 8.6 placed it at number 40 in the state. The workforce in Orange and Lawrence Counties has been hit hardest with rates of 9.5 and 10.7 respectively. They rank as the 24th and 4th highest unemployment rates in the state.

All four counties have seen an increase in rates since 2000 when the lowest unemployment rate in the area was 3.3 in Martin County, and the highest was 4.2 in Orange County. Indiana's rate of unemployment in 2000 was 2.9.

While annual averages for 2013 are still unavailable, October 2013 did show three of the counties in the service are above the national unemployment rate of 7.0. Lawrence County's rate was highest at 8.8, followed by Orange County at 8.1. Washington County was at 7.6 and Martin County was 5.6. Indiana's rate for October was 7.0.



JOB WAGES AND INCOME

Indiana continues to lack high-wage jobs because of the increasing dominance of the service sector industries in the state's economy, and also because of the relative low educational attainment of its adult workforce. According to Census data, 13.36% of the population age 25 and older in Indiana did not graduate. Area statistics are even higher with 17.8% in Martin, 20.3% in Orange, and 17.8% in Lawrence not graduating. Washington County has the highest percentage of non-graduates with 21.3%. Census data also shows that only 22.7% of the Indiana population over 25 has a bachelor's degree or higher compared to 28.2% in the nation.

Indiana wages have been stagnant for the past several years and have not kept pace with average wages in the US. The median household income in Indiana in 2011 was \$46,410 compared to the national income of \$50,502. Our area median incomes are even lower with Martin County topping the list in 2011 with \$44,715. Lawrence County's rate was \$43,471 and Washington County's \$39,085. Orange County posted the 5th lowest median household income in the state at \$37,910.

AREA MAJOR EMPLOYERS

French Lick Casino

The French Lick Casino in Orange County opened in November of 2006. One of the frequently cited reasons for rural casino development is the number of jobs generated for local residents. Preliminary data indicate that approximately 1,005 jobs were added in Orange County from the fourth quarter of 2005 to the fourth quarter of 2006. Absent the casino, Orange County could have possibly lost approximately 100 jobs, which is consistent with recent trends.



Naval Surface Warfare Center

The \$2 billion Crane Naval Surface Warfare Center (NSWC Crane) represents Martin County's largest employer. It is the 11th largest single site employer in Indiana, and the 3rd largest employer in Southwest Indiana. The base is also the 3rd largest naval installation in the world by geographic area and employs approximately 3,300 people. The base contributes more than \$1.3 million per day to the Indiana economy. Unlike most US military land bases, NSWC Crane is 90% civilian.

In 2005, the Base Realignment and Closure Commission recommended to retain most existing operations at Crane, with weapons and armaments research, development and acquisition, and test and evaluation remaining. Gun/ammunition, combat system security, and energetic materials went to Naval Air Weapons Station China Lake. This resulted in a net loss of 672 civilian jobs from the base.

Area Major Employers

Lawrence	Orange
GM Powertrain	Paoli, Inc.
North Lawrence School Corporation	Reynolds, Inc.
Lehigh Cement Company	French Lick Springs Resort
Stone Belt	Paoli Peaks
Garden Villa	IU – Paoli Health
Hoosier Uplands	Wal-Mart
Indiana Limestone Company	Crestwood Manufacturing
PRD, Inc.	Wildwood Association
Lowe's	Paoli School Corporation
Wal-Mart	Paoli Health and Living
IU – Bedford Health	Pluto Corp.
Dunn Memorial Hospital	JSI Division

Washington	Martin
Net Shape Technologies GKN-Sinter Metals Tecumseh Products Jean's Extrusions SpeedFlex II Salem School Corporation West Washington School Corporation St. Vincent Hospital – Salem	NSWC Crane US Gypsum Company National Gypsum Company Perfect Fit, Inc. Stone Belt Freight Shoals Community School Corporation

POVERTY

The US Census Bureau determines the number of Americans who are “poor” by using a “poverty threshold” which was developed in 1963. This standard is derived from the US Department of Agriculture’s assessment of the amount necessary for a given number of people to eat in 1963, multiplied by approximately three (based on a 1955 survey that found families spending about 1/3rd of their income for food).

Using this measure, Indiana’s poverty rate for 2011 was 15.8, slightly below the national rate of 15.9. An even greater percentage of Indiana’s children are living under that threshold. The Indiana poverty rate for children under the age of 18 in 2011 was 22.6 ranking it 22nd in the nation. The rate for children under age five in Indiana was the 22nd highest in the nation at 26.5.

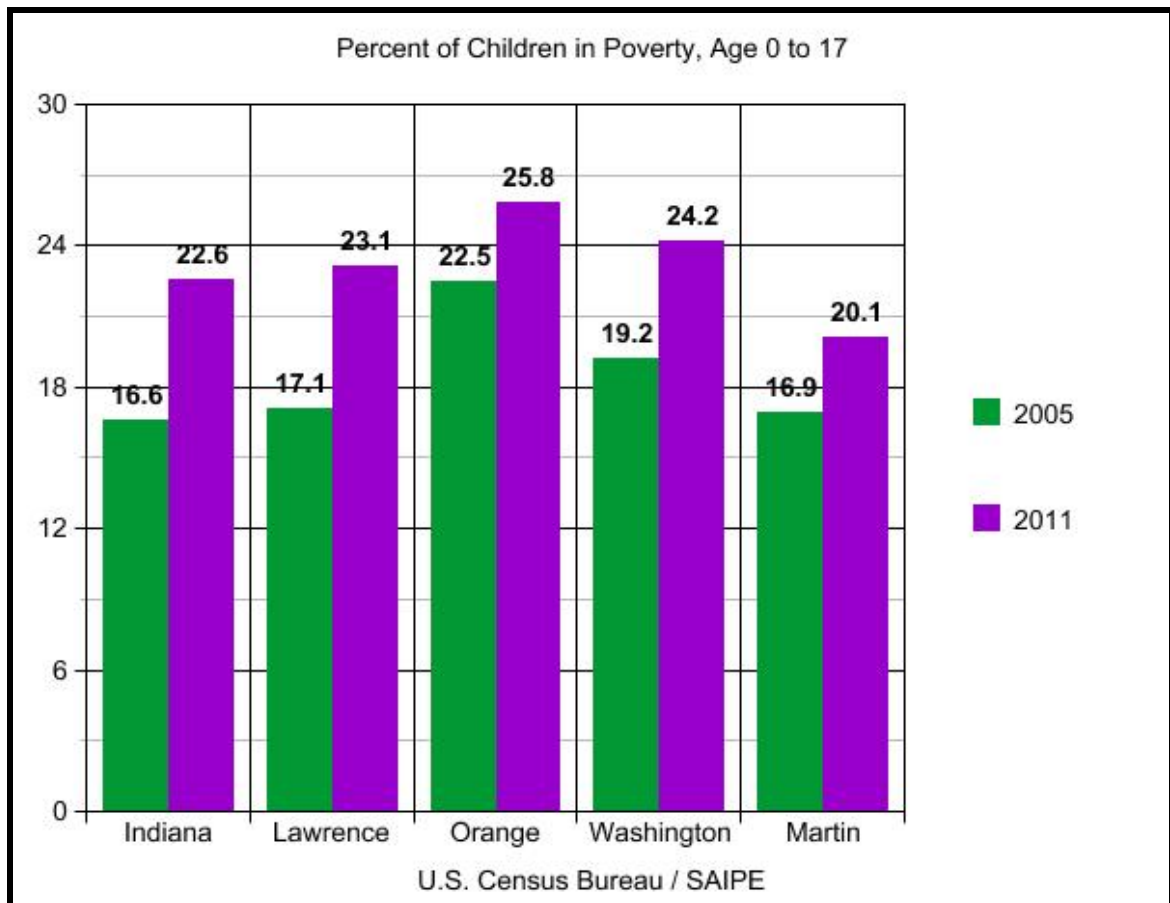
However, it is likely that many more Hoosiers than estimated by the US Census Bureau are in need of assistance to make ends meet. The federal poverty threshold for a family of three in 2012 is an annual income of \$19,090. Recent studies of actual household needs critique the federal poverty thresholds as being unrealistically low, and public opinion mirror this conclusion.

2011 Area Poverty Levels

County	All Age Groups	Children 0-5	Children 0-17	Children 0-17 in 2000
Lawrence	15.4	N/A	23.1	12.4
Orange	17.1	N/A	25.8	17.2
Washington	15.2	N/A	24.2	14.3
Martin	14.0	N/A	20.1	13.8
Indiana	15.8	26.5	22.6	12.1

Economic conditions for Hoosier families have worsened as evidenced by a sharp rise in the state’s poverty rate and a continued decline in household incomes. Overall, Indiana has had a dramatic increase in the number of people in poverty during the past few years. Kids have been particularly hit hard. The poverty rate for children in Indiana jumped sharply from 16.6% in 2005 to 22.6% in 2011. Nearly 1 in 5 children in Indiana live in poverty.

In 2011, Indiana's poverty rate for children under age 18 was 22.6%. The county statistics for our service area included Martin at 20.1%, Lawrence at 23.1%, and Washington with 24.2%. Orange County's rate of 25.8% ranked 18th in the state. Indiana's poverty rate for children under the age of five was 26.5%.



Single-Parent Families in Poverty

Mother-only families are more likely to be poor because of the lower earning capacity of women. The median annual income for female-headed households with children under six years old is roughly 1/4th that of two-parent families. The poverty rate for single parent women is 39.2% while the national average is 37.4% in 2010.

One of the major expenditures of single parents is child care. Of a single mom's income, 37.27% is spent on child care – this figure nearly doubles when more than one child needs day care. For this reason, 65% of single parents are turning to informal, unpaid arrangements – such as extended family or neighbors – as alternatives to formal day care. Although this form of child care may allow the single parent's limited income to be distributed across a greater set of needs (housing, clothing, food), quality of care may be sacrificed.

Poor, single, working parents often are forced to choose between quality and flexibility of child care arrangements. Many jobs offering adequate pay require long and/or irregular hours. For many single parents, this may mean using less well-trained or

experienced child care providers who are working long hours or supervising too many children.

Seventy-eight percent of all single parent women are employed; however the hourly rate is 70% of men's hourly wages. If single working mothers earned as much as comparable men, their family incomes would increase by nearly 17% and their poverty rates would be cut in half.

Grandparents in Poverty

Since 2000, Indiana's percentage of grandparent caregivers who worked soared from 61% to 71% (significantly higher than the US rate of 59%). Meanwhile, the state's percentage of those in poverty has stayed about the same at 17.24%.

It is interesting to note that the vast majority of the state's grandparent caregivers in poverty are, in fact, under the age of 60. Of the 9,899 grandparent caregivers in poverty, 76.29% are under the age of 60. Meanwhile, just 14.38% of all grandparent caregivers age 60 and older have income below poverty level.

Aging grandparents face many difficulties when raising grandchildren, including their own failing health; for example 47% of those caregivers age 60 and older in Indiana have a disability. However, it is the younger set of grandparents who are more likely to be in poverty, struggling with the financial burdens of raising a second generation.

INDIANA SELF-SUFFICIENCY STANDARD

From rising health care costs to growing numbers of single parent heads of households and the cost of child care, many Indiana families are struggling to make it. The Indiana Self-Sufficiency Standard calculates how much money working adults need to meet their basic needs without subsidies of any kind. It accounts for varying costs of living and working by family size and composition and by where these families reside in Indiana. By using the information in the Standard, we can learn more about what wages are adequate to cover basic living costs such as housing, child care, food, transportation, health care, and taxes.

Below is a listing of the Self-Sufficiency Standard for each of our area counties compared to the federal poverty guidelines for a family of four (2 adults, 1 infant, 1 school age child).

Area Self-Sufficiency Standard – Family of Four

2013 Federal Poverty Guidelines	\$23,550
Lawrence County	\$38,895
Washington County	\$35,045
Martin County	\$34,977
Orange County	\$35,877

ASSISTANCE PROGRAMS

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), and the state Earned Income Tax Credit (EIC).

Additionally, other programs such as Food Stamps; Women, Infants, and Children (WIC); the National School Breakfast and Lunch Programs; Hoosier Healthwise and Healthy Indiana health insurance plans; and Section 8 rent subsidies help divert a family's income to other necessities.

Unemployment Insurance

Unemployment Insurance (UI) benefits help buffer individuals' income levels during a period of unemployment, which may be especially important for families. These benefits are available based upon total wages earned during a base period, and range from a minimum of \$50 per week to a maximum of \$390. All claims for unemployment benefits are in effect for a 52-week period called a "benefit year," but full benefits are paid for up to 26 weeks, and some claims are eligible for fewer weeks. Benefits paid in Indiana have decreased since their peak in 2009. Using fourth-quarter statistics for comparison, the number of individuals and average duration of benefits have all decreased in the past three years.

In 2012, unemployment payments decreased across the board. There were 180,558 beneficiaries who were paid \$676.6 million. The average value of unemployment benefits in 2012 was \$284.28 a week.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) in Indiana provides transitional cash assistance and support to help families with children under age 18 achieve self-sufficiency, by putting an emphasis on work. Benefits are determined by gross family income. Recipients receive supportive assistance while on TANF, which may include child care services, after-school child care for children age 6 and older, medical assistance for dependent children, transportation services, aid for heating costs, and food stamps. Research on TANF has been mixed, with some finding no long-term impact on children, and others finding positive impact on school achievement.

In State Fiscal Year (SFY) 2012, the average number of families in Indiana each month that received TANF was 18,849. The average family benefit was \$203.35 per month. The total value of benefits to Indiana families was \$46.1 million in SFY 2012.

2012 - Monthly Average Families Receiving TANF

County	2005	2010	2011	2012
Indiana	48,908	40,135	33,746	18,849
Lawrence	182	160	146	88
Orange	133	105	76	39
Washington	127	136	106	59
Martin	67	33	28	16

Supplemental Security Income (SSI)

Another safety net for U.S. children comes in the form of Social Security benefits. These are available to children through payments made either directly to them or indirectly to assist the family of a Social Security beneficiary. Social Security has two programs that pay benefits directly to disabled children: Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI).

OASDI pays benefits to qualified children under 18 who have disabled or deceased parents. This benefit also is available to unmarried children in a claimant family who were disabled before age 22 and continue to be disabled thereafter. The amount of benefits is based on the parents' earning record.

- As of December 2012, 11,877 Hoosier children received OASDI benefits by parental retirement, 45,606 as a survivor, and 46,340 from disability.
- Children represented 8.3% of all OASDI benefit recipients in Indiana during 2012.

SSI makes payments to individuals in need, including disabled children under age 18 whose families have little income or few resources. SSI payments are based on need, rather than prior work. These payments continue as long as the child is disabled and has little income or few resources.

- In Indiana, 25,793 children under age 18 received SSI in 2012.
- Of Indiana's SSI beneficiaries, 20.6% are children, compared to 15.9% nationally.

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

The Earned Income Tax Credit (or EITC) is considered one of the nation's largest anti-poverty programs, and nationally, four out of five of those who are eligible participate in the program. This credit is available to low to moderate income working individuals and families. Congress originally approved the tax credit legislation in 1975 to offset the burden of Social Security taxes and to provide an incentive to work. To qualify, taxpayers must meet specific requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return.

- For Tax Year (TY) 2011, 557,000 Hoosiers received the EITC, totaling \$1.22 billion. The average amount received was \$2,200.
- Indiana is one of 25 states that offer a state supplement to the federal EITC. The state's earned income credit (EIC) was initially 6% of the earned income credit claimed on the federal income tax return; it increased to 9% for TY 2009.

Food Programs

Children comprise 43% of members of Indiana households that receive emergency food assistance, such as food banks. A food insecure family lacks access to a sufficient food supply due to lack of financial resources. Food insecurity has the potential to impact a child's development and well-being, including such factors as cognitive development and iron deficiency. It also has a negative impact on socio-emotional behaviors, such as acting out, and physical health, including increased risk of chronic health conditions. In addition, while the cost of food has steadily increased, food program supplements often fail to meet the USDA's basic "thrifty food plan," or the lowest budget costs for food.

In a national survey of food availability, one out of every five (20.4%) Indiana respondents had a food hardship or a time in the last year when they did not have enough money to buy food they or their family needed.

- Almost one out of six (16.3%) Indiana households were food insecure in 2011; for children, the food insecurity rate was higher, at 22.7%.
- Orange County had the 6th highest child food insecure rate in 2011 with 24.9%.
- The USDA reports that three out of every five (57%) food-insecure households in the U.S. had participated in one or more of the three largest nutrition assistance programs: Supplemental Nutrition Assistance Program (SNAP), Women, Infant, and Children (WIC), and the National School Lunch Program (NSLP).

Supplemental Nutrition Assistance Program (SNAP) / Food Stamps

The Food Stamp Program is the nation's largest food assistance program, and was renamed the Supplemental Nutrition Assistance Program (SNAP) in 2008. To receive services, a household must earn at or below 130% of the poverty level as well as meet other financial and non-financial eligibility requirements. Research shows that SNAP participation reduces the likelihood of food insecurity. Children in households receiving SNAP benefits are already eligible for free meals through the federal Free and Reduced Lunch Program and should be automatically enrolled, yet not all are. In Indiana, only 56% of school age SNAP participants were directly certified for free school.

- For SFY 2012, 901,880 persons in Indiana received SNAP benefits, up from 867,101 persons in SFY 2011.
- A total of 401,415 households benefited from the program in SFY 2012, up from 381,217 households in SFY 2011.

- The total value of food stamps received in Indiana was \$1.4 billion, an increase from \$1.3 billion in 2011 and \$978 million in 2009.
- In 2011, the average value of food stamps per Hoosier served was about \$132 per month, or about \$4 per day. The average benefit per household was \$299 per month.

Monthly Average of Persons Issued Food Stamps

	2000	2005	2010	2011	2012
Indiana	297,241	550,416	787,183	867,101	901,880
Lawrence	1,733	3,530	5,294	6,193	6,486
Orange	1,350	2,394	2,941	3,141	3,165
Washington	1,458	2,394	3,910	4,369	4,387
Martin	607	960	1,006	1,150	1,210

IMPACT

The Indiana Manpower Placement and Comprehensive Training (IMPACT) Program provides services designed to help recipients of Food Stamps and TANF achieve economic self-sufficiency. The program meets the work requirements that are included in the Federal rules and guidelines for implementing state TANF programs.

The IMPACT Program assists participants in achieving economic self-sufficiency through an approach that emphasizes job placement and job retention complemented by education and training activities. A critical component of IMPACT is “work first,” which emphasizes individuals accepting a job they can obtain with existing education and skills, with case management services to coordinate an array of services including education, training, job search, job placement, and social services offered by the Indiana Family and Social Services Administration through the Division of Family Resources (DFR) and local providers.

To assist clients in becoming self-sufficient, funds designated for IMPACT services are contracted at the county level to provide necessary services. Contracts can be for a range of services for the client as well as for providing services to the whole family and outreach to the faith-based community service providers

SFY 2013 – County IMPACT Data

	Lawrence	Orange	Martin	Washington	Indiana
TANF					
Average Monthly Caseload	11	2	.58	6.75	3,794.66

Caseload = Number of individuals receiving IMPACT services

Women, Infants, and Children (WIC) Program

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. To be eligible, an applicant must be an Indiana resident, have a medically-based risk or a “nutrition risk” as determined by a health and dietary assessment, and be income eligible (less than or equal to 185% of the federal poverty line). The following are categories of eligible recipients for WIC: pregnant women, breastfeeding women (up to one year), non-breastfeeding postpartum women (up to six months), infants (up to age 1), and children (up to age 5). Studies show that infants and children who receive WIC services are more likely to be breastfed, less likely to be underweight at birth, less likely to be sick, and more likely to be intellectually prepared when they start school.

- During FFY 2012, 277,568 women and children received WIC benefits.
- Indiana’s average monthly benefit per person in FFY 2012 was \$37.85, compared to an average of \$44.99 per person nationally.
- Preliminary results show that Indiana’s WIC program had food costs of just over \$74 million during FFY 2012. This is down from the previous year’s spending of \$83 million.

Area WIC Participants – 2012

	Lawrence	Orange	Washington	Martin
# Participants	1,900	1,032	1,218	445

National School Breakfast and Lunch Programs

Low-income children who participate in school-based nutrition programs have more frequent attendance, are on time more often, and achieve better educational outcomes. During SY 2013, 41.0% of Indiana public school students received school lunches at no charge. An additional 8.1% received meals at a reduced fee. These numbers have been increasing since 2006.

Percent of Students Receiving Free and Reduced Lunches – 2012

	Lawrence	Orange	Washington	Martin	Indiana
Free	39.0%	42.8%	41.7%	33.6%	40.0%
Reduced	8.9%	10.5%	9.7%	9.7%	8.2%

Health Insurance

Insured children are likely to be healthier and have lower rates of avoidable hospitalizations and childhood mortality than their peers. Without access to health

insurance, parents are more likely to rely on the emergency room as a source of care and to forego preventive visits.

Hoosier children ages 0-17 are less likely to be covered by health insurance (8.4% uninsured) than their peers nationally (7.1% uninsured).

Though most children receive coverage through a parent's private health insurance plan, many – including wards of the state – rely on government programs for access to healthcare. In Indiana, a majority (56.9%) of children younger than 18 have private insurance only, with another 31.0% having public insurance only, and 3.6% having a combination of both.

The Children's Special Health Care Services (CSHCS) provides supplemental medical coverage to families with children from birth to 21 years of age who have a serious chronic medical condition that has lasted—or may be expected to last—at least two years. The CSHCS program served 6,670 children and youth with special healthcare needs in Indiana during SFY 2011.

Children under Age 19 Who are Uninsured

	Lawrence	Orange	Washington	Martin	Indiana
2008	9.6%	12.2%	11.3%	11.1%	9.8%
2009	10.0%	10.0%	9.9%	10.2%	9.1%
2010	9.1%	8.7%	9.9%	8.9%	9.1%
2011	9.0%	8.4%	8.1%	8.2%	8.3%

Healthy Indiana Plan

HIP is for uninsured Hoosier adults between the ages of 19-64. Parents or caretaker relatives of children in the Hoosier Healthwise program are likely candidates for HIP. Individuals must earn less than 100% of the federal poverty level (FPL). A single adult earning no more than \$12,071 a year, or families of four earning approximately \$24,734 likely meet the basic financial requirements. Individuals cannot be covered under Medicare or other minimum essential health coverage.

HIP is being extended for another year through December 31, 2014. Eligibility levels for the Healthy Indiana Plan are changing for 2014, so some Hoosiers, depending on income, will be eligible for federal government programs that can be accessed through www.healthcare.gov.

Rx for Indiana

Rx for Indiana is a program that connects qualified, low-income people with discount prescription medicines, direct from the pharmaceutical manufacturer. Their mission is to increase awareness of and enrollment in existing patient assistance programs for those who may be eligible. Rx for Indiana offers a single point of access to public and private patient assistance programs, including more than 150 programs offered by

pharmaceutical companies and access to more than 1,200 medicines for free or at a low cost.

Child Support

Child support is a critical income source for single-parent families, especially since the proportion of children living with both parents has decreased and public support for single-parent families is limited. Undistributed collections (i.e., payments which cannot be disbursed to custodial parents for reasons such as missing addresses or incorrect court order information) are a current focus for the Department of Children's Services, and are steadily decreasing.

- For FFY 2011, Indiana's child support caseload was approximately 351,805 cases.
- In FFY 2011, nearly \$573 million in child support collections was distributed.

HOUSING

According to the United States' Surgeon General, all children and families should have access to a safe, affordable, healthy, and accessible home. In Indiana, married couple families are more likely to own their housing unit, while single mother families are most likely to rent their housing.

Rent burden is defined as spending more than 30% of household income on rent. In Indiana 45.4% of renters and 23.7% of mortgage owners spend 30% or more of their income on housing each month.

The 2013 housing wage in Indiana was \$13.81 per hour for a two bedroom unit. The housing wage is the hourly wage a family must earn – working 40 hours a week, 52 weeks a year – to be able to afford rent and utilities in the private housing market.

In Indiana, a minimum wage worker earns an hourly wage of \$7.25. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 76 hours per week, 52 weeks per year. Or a household must include 1.9 minimum wage earners working 40 hours per week year-round in order to make the two-bedroom FMR affordable.

Housing is affordable when 30% or less of household income goes toward housing-related expenses. In order to rent a two bedroom apartment in the four county area, a family would have to spend between 54 and 60% of their income.

National Low Income Housing Coalition's Out of Reach 2013

	Lawrence	Orange	Washington	Martin
Number of Households	18,305	7,665	10,662	4,150
Number of Renter Households	4,027	1,763	2,239	581
Percent Who Are Renters	22%	23%	21%	14%

Estimated renter median income	\$22,510	\$21,927	\$21,672	\$19,863
Rent affordable at renter median income	\$563	\$548	\$542	\$497
2013 Fair Market Rent – 2 bedroom	\$619	\$619	\$619	\$619
Percent of median renter income needed to afford 2 bedroom at FMR	110%	113%	114%	125%
Estimated percent of renters unable to afford 2 bedroom at FMR	54%	54%	56%	60%

Housing Assistance

The U.S. Department of Housing and Urban Development Department (HUD) in Indiana offers subsidized housing options including Section 8 Project-Based Rental Assistance (PBRA) and the Housing Choice Voucher Program (HCV). The HCV program provides vouchers to help eligible households pay rent on privately owned homes of their choosing. The family must pay at least 30% of its monthly adjusted gross income for rent and utilities. PBRA provides subsidies to select rental complexes to offset the cost of construction and rehabilitation so these units can bridge the difference between rent and what a low-income tenant can afford. Research has shown that vouchers are cost-effective and can reduce homelessness and housing instability, especially for families with children.

- 34,728 families received housing choice vouchers in 2011, and 45% of those families included children.
- 29,646 families used to PBRA program in 2011 and nearly a third (30%) of those families included children.

Homeless

Lack of stable housing can have a long-term impact on children. Research shows that homeless youth have lower educational achievement at every grade level and tend to change schools 3.2 times.

An estimated 29,000 children in Indiana are homeless. In SY 2012, the Indiana Department of Education (DOE) identified 14,870 children and youth as homeless, an increase from 13,419 in SY 2011 and 12,248 in SY 2010. However, about 42% of homeless children are younger than age six, so they are not counted by the DOE. Between 2007 and 2011 Indiana saw a 19% increase in the number of individuals estimated to be staying in shelters.

Nationally 37% of the entire homeless population in the United States was made up of families. And in 2011, an estimated 341,040 homeless children were in shelters, 94% of whom were with their families. The number of children in shelters increased by 1.9% (6,221 children) between 2007 and 2011.

Bankruptcies

There were 36,181 bankruptcy cases in Indiana in 2012, an 8.02% decrease from the previous year. Of these, 98.09% were non-business filings. Indiana's bankruptcy rate ranked 8th in the nation in 2011. Like the US, the vast majority of bankruptcy filings in Indiana are personal bankruptcies.

Indiana Housing Market

It took a while, but Indiana's housing market now appears to be squarely on the road to recovery. Over a 12-month period ending in June 2013, for instance, the number of houses sold in Indiana increased by nearly 17% over the previous year and house prices climbed more than 3%. With building permits up roughly 12% over the same period, the boost in demand is beginning to spill over to the new construction market too. Given the depth of the housing slump, there are still a few more miles left on the path to a healthy market. Existing home sales in Indiana are still more than 10% off the 2007 mark, and the share of mortgages that are seriously delinquent is only about two-thirds of the way back to the state's pre-crash level. Meanwhile, despite the recent uptick, residential construction activity in the first half of 2013 is still at low levels last seen in the early 1980s.

Foreclosures

One of the key factors behind climbing house prices has been the declining foreclosure rate. The mortgage technology firm FNC Inc. reports that, at the depth of the crisis in early 2009, a little more than one-third of all U.S. home sales were foreclosed properties. At the same time, these foreclosures were selling at 25% below market value.

As the foreclosure situation improved, however, its effect on prices diminished. At the national level, foreclosures as a share of sales had been cut in half to 18% by the fourth quarter of 2012. FNC indicates that the foreclosure discount has fallen to 12% during the same period, which is comparable to foreclosure discount estimates before the housing bust.



This situation should continue to improve as the volume of lender-owner properties decline in Indiana and around the country. According to the Mortgage Bankers Association, the state's foreclosure rate has declined more than 1 percentage point from 4.94 in the fourth quarter of 2011 to 3.49 in mid-2013. Even with this sharp decline, Indiana's foreclosure rate remains above the U.S. average and ranks 14th highest among the states with one in every 745 housing units receiving a foreclosure filing.

Foreclosures for the Year As of December 18, 2013

	Number of foreclosures
Indiana	5,788
Lawrence	72
Orange	19
Washington	34
Martin	7

ENERGY COSTS

Energy prices, unemployment, and stagnant incomes are straining the budgets of Indiana's lower- and middle-class families. Indiana households with annual incomes below \$50,000, representing 53% of Indiana's population, spend an estimated average of 21% of their after-tax income on energy. Energy bills for the poorest households earning less than \$10,000 represent 73% of their family incomes, before accounting for any energy assistance programs. Increased energy costs are competing with other necessities for lower- and middle-income family budgets across Indiana.

Gasoline

Gasoline prices have declined from their 2012 peaks, but are above \$3.50 per gallon in many areas. Gasoline accounts for the largest single increase in consumer energy costs since 2001. EIA's February 2013 Short-Term Energy Outlook projects 2013 average retail gasoline costs at \$3.61 per gallon, nearly two and a half times higher than the \$1.47 per gallon price in 2001.



Residential Heating

The cost of heating your home this winter may depend on your energy provider. The Energy Department reported that heating bills will rise 15% for natural gas customers, although local providers are projecting small decreases.

The Energy Department also said bills will rise 19% for heating oil customers as temperatures come closer to normal. Last winter was the warmest on record. Fuel prices will be relatively stable, but customers will have to use more to keep warm than they did a year ago.

Heating oil customers, though, are expected to pay the highest heating oil prices and the biggest overall heating bills ever, an average of \$2,494. That's 20% more than last year.

Energy Assistance Program

The Energy Assistance Program provides financial assistance to low-income households in order to maintain utility services during the winter heating season. The program is implemented through the community action agencies with outreach offices in every county. Hoosier Uplands oversees the program in Lawrence, Orange, Washington, and Martin Counties. During the 2011-12 program year, 4,525 households were served with regular heating assistance. There were 4,402 households who received summer cooling assistance.

TRANSPORTATION

In cities and towns across the US, more and more Americans are saying, “no” to high gas prices by getting out of their cars and turning to public transportation to get to work, get to school, visit friends and family, go shopping, or wherever life takes them. Riding public transportation saves money, is easy, safe, and efficient. It also reduces vehicle wear and tear, and saves on maintenance costs.

Transportation options in the four county area are limited. The following provide services:

- Mitchell Transit Service has been providing transportation to the Mitchell community since 1982. MTS is a city-wide public service limited to the residents of Mitchell. MTS have concentrated their efforts on supplying the transportation needs of the elderly, handicapped, children and anyone without means of transportation. The fares are \$0.75 for adults and youth, \$0.50 for elderly and handicapped, and infants are free.
- Bedford operates a municipal public transit system known as TASC, the Transit Authority of Stone City. TASC operates a point deviation route service that provides door-to-door transportation anywhere in the city of Bedford from 6 a.m. to 6 p.m. Monday through Friday. The regular fare is \$.75, The Senior Citizen fare is \$.50. Children under the age of 10 with paying adult are \$.25.
- Orange County Transit provides transportation in the entire county. OCTS takes call-in riders as well as riders on a weekly schedule. Services run from 4:30 am until 6 p.m., Monday through Friday. Fares range from \$3.00 to \$10.00 depending on pick-up point and destination, and whether it's a round trip or one-way.
- The Southern Indiana Transportation Services (SITS) through Blue River Services serves Crawford, Harrison, Scott and Washington Counties. SITS provides demand-response public transportation, medical transportation, and deviated route transportation. Fares range from \$2.00 to \$8.00 depending on destination and whether it's a round trip or one-way.

HEALTH AND WELL-BEING



HEALTH AND WELL-BEING

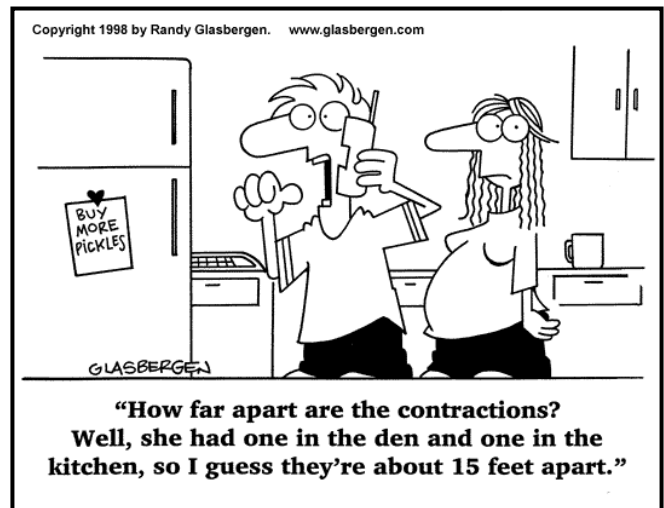
The health status of children is perhaps the most important determinant in ensuring future positive development and health outcomes. Children cannot thrive when their mothers receive late or no prenatal care, smoke, drink, or use illicit drugs while pregnant, and when basic healthcare is not readily accessible during childhood. Prevention efforts and community-wide campaigns can help establish positive health behaviors, but far too many Hoosier children and families have health issues impacting their daily lives.

The current edition of the US Surgeon General's national health promotion and disease prevention agenda, Healthy People 2020, contains guidelines for improving the nation's overall health. States, communities, organizations, and even individuals are encouraged to use Healthy People 2020 goals and objectives as a measurement for healthy living.

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 which was intended or viewed positively by the mother.
- The mother's access to financial and social support.
- A positive marital relationship.
- A high level of maternal education.
- The absence of smoking, drinking, or drug use during pregnancy.



In addition to maternal health, research suggests that a father's pregnancy intentions as well as active involvement during pregnancy may have implications for later involvement with his children. Fathers who reported not wanting the pregnancy to occur were significantly less likely to engage in nurturing behaviors such as holding the baby, waking up with the baby at night, and soothing the baby. Conversely, fathers who reported wanting the pregnancy were more likely to engage in supportive behaviors. Researchers also found that men who participated in prenatal activities including talking about the pregnancy with the mother, viewing 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.

Prenatal Care

A child's health begins with the parent. From prenatal care through childhood, parental health and lifestyle has a lasting effect on a child. For mothers, good pre-pregnancy maternal health, timely prenatal care, and access to social support and education all factor into a strong start for her child. For fathers, research has found that pregnancy intentions and active involvement during pregnancy may have positive implications for his child, primarily that the father will likely be more engaged in caregiving activities once the child is born.

Prenatal care is a vital step in creating healthy outcomes for babies. Mothers who receive no prenatal care are three times more likely to give birth to a baby with a low birth weight; as well, the baby is five times more likely to die. Many women who lack adequate care tend to have social risk factors such as low socioeconomic status or propensity for teen pregnancy. These factors cannot be fully addressed through better prenatal care.

In 2007, Indiana began using the Revised U.S. Standard Certificate of Live Birth, which changed the information available regarding prenatal care and therefore cannot be compared to previous years. Early prenatal care varies by age and race among Indiana mothers. The younger the mother, the less likely she is to obtain first trimester prenatal care.

- In Indiana during calendar year (CY) 2011, 68.1% of women received first trimester prenatal care, down from 68.5% in 2010.
- In the states using the new certificates, 69.5% of U.S. women received prenatal care within the first three months of pregnancy.

Percent of Mothers Receiving First Trimester Care

	2009	2010	2011
Indiana	66.1%	68.5%	68.1%
Lawrence	76.0%	77.7%	78.1%
Orange	73.0%	72.7%	74.9%
Washington	61.8%	64.3%	63.9%
Martin	77.2%	80.2%	79.0%

Teen Births

Indiana's rate of births to teen mothers ages 15-19 has been decreasing since 2007, from a rate of 45.1 to a rate of 34.8 per 1,000 in 2011. Nationally, for females ages 15-19, the birth rate is 29.4 per 1,000, which is the lowest rate reported in nearly seven decades.

Research shows that the children of teenage mothers are likely to have lower school achievement, more health problems, be incarcerated during adolescence, and face unemployment as a young adult, even after adjusting for those factors that increased the teenager's risk for pregnancy.

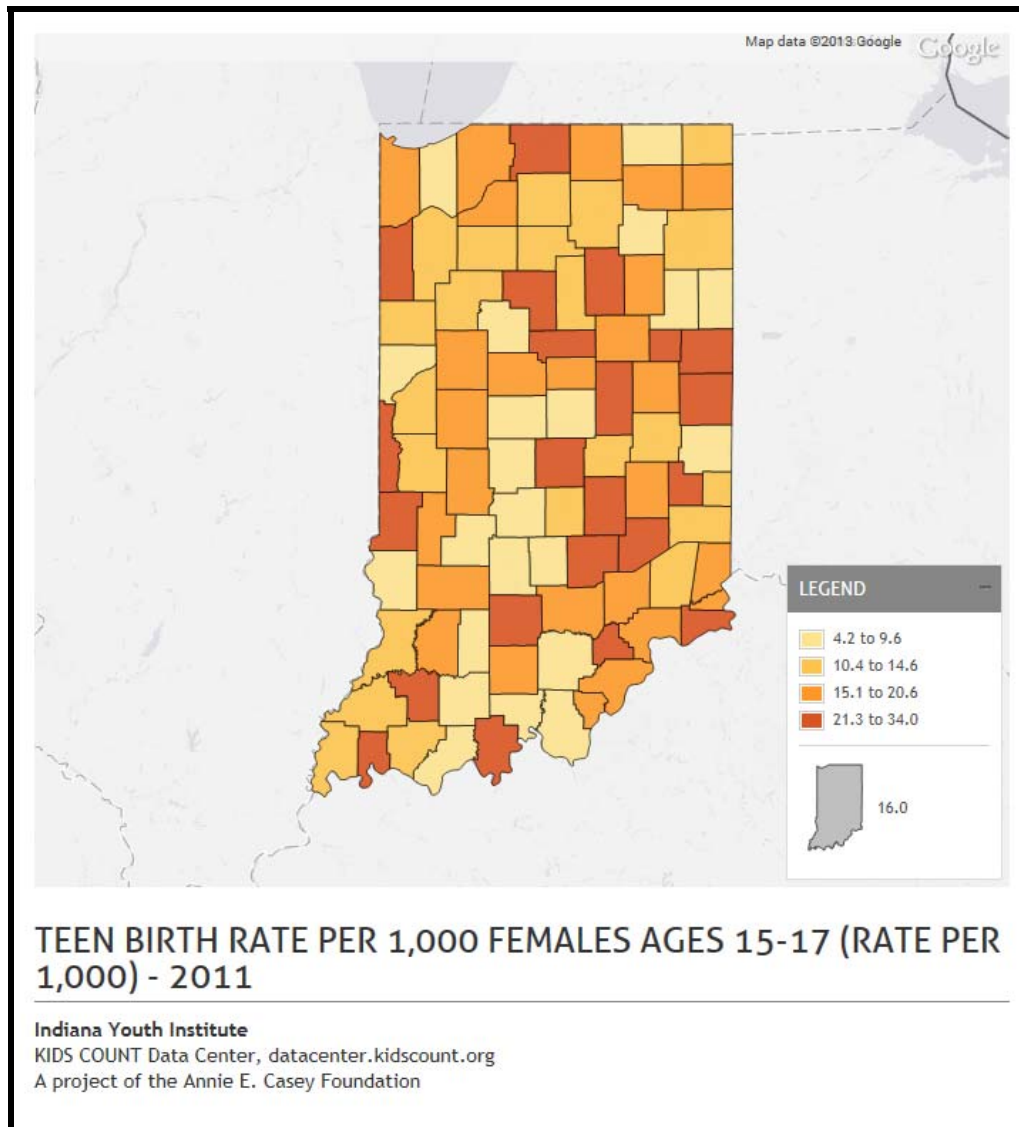
Older teens are more likely to give birth than younger teens. In 2011, there were 93 births to mothers ages 10 to 14 (0.4 per 1,000), 2,135 to mothers ages 15-17 (16.0 per 1,000), and 5,782 to mothers ages 18 or 19 (61.2 per 1,000).

Data for the Hoosier Uplands service area in 2011 showed Lawrence County had the highest rate for 15-19 year olds with 50.1 ranking it 9th in the state. Orange County's rate was 39.0 (38th) and Washington County's rate was 37.9 (44th).

In 2011, only one of four counties in the area experienced a higher birthrate than the state for females age 15-17. Lawrence County's rate was 24.4, down from the 2010 rate of 29.6. Washington County saw a substantial decrease from 2010's rate of 27.3 to 9.6 in 2011. Orange County experienced an increase in their rates from 2010 with 15.8.

Teen Birthrate per 1,000 Females Age 15-17

	2000	2008	2009	2010	2011
Indiana	26.2	20.5	20.8	18.5	16.0
Lawrence	23.6	30.1	24.8	29.6	24.4
Orange	19.9	13.4	13.2	12.8	15.8
Washington	30.0	24.7	30.7	27.3	9.6
Martin	8.9	26.2	28.4	n/a	5.1



Smoking During Pregnancy

Women who smoke during pregnancy have more than twice the risk of delivering a low birth weight baby. Pregnant smokers also have a 30-50% higher risk for miscarriage than nonsmokers. Children whose mother smokes have additional risks. The babies of mothers who smoked during pregnancy have twice the risk of SIDS than infants of nonsmoking mothers. Children of mothers who were exposed to secondhand smoke when pregnant have lower cognitive development scores at age 2, compared to those whose mothers lived in smoke-free homes during pregnancy. The Healthy People 2020 objective is for 98.6% of women to abstain from smoking during pregnancy.

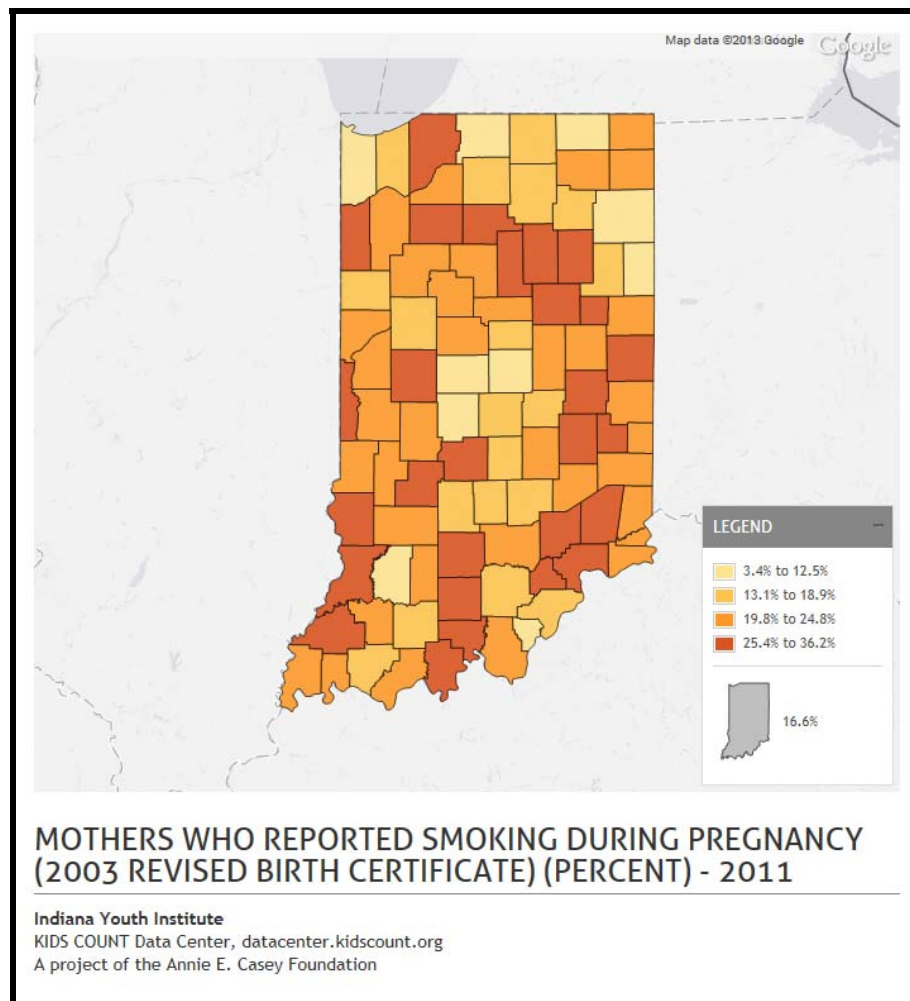
A study released in September 2009 by Indiana University suggests that pregnant Indiana women have one of the nation's highest rates of alcohol, tobacco and drug use. The study found that Indiana ranks 7th in the nation among women who smoke during pregnancy, and that nearly 18,000 Hoosier babies are born each year to mothers who smoke.

Indiana traditionally has had a higher rate of women who reported smoking during pregnancy compared with national averages – 16.6% versus 9.1% nationally in 2011. Mothers ages 20-24 have the highest rate of smoking while pregnant (24.5%) in Indiana followed closely by those ages 18-19 (24.3%).

Pregnant women in the service area are still puffing on cigarettes at a prodigious rate. All four counties experienced rates higher than the state for moms smoking during pregnancy in 2011. Orange County had the highest rate of 26.9% (15th in the state) and Washington County experienced the lowest rate of 17.9%.

Smoking during Pregnancy

	2006	2007	2008	2009	2010	2011
Indiana	17.3%	18.5%	18.5%	18.2%	17.1%	16.6%
Lawrence	22.7%	27.2%	28.4%	32.4%	29.3%	26.0%
Orange	28.5%	29.5%	33.5%	30.0%	32.9%	26.9%
Washington	27.0%	31.4%	24.5%	23.8%	18.4%	17.9%
Martin	27.0%	21.4%	20.5%	22.0%	23.3%	24.4%



Alcohol Use During Pregnancy

Alcohol use by the mother during pregnancy is one of the most preventable causes of birth defects and developmental disabilities. The Centers for Disease Control and Prevention warns pregnant women, and those who are trying to become pregnant, to abstain from alcohol consumption in order to eliminate the chance of giving birth to a baby who suffers from Fetal Alcohol Spectrum Disorders (FASD). The effects of FASD range from slight disabilities to severe nervous system disorders. A 2011 national government survey of drug use and health found that an estimated 9.4% of pregnant women ages 15-44 reported current alcohol use, 2.6% binge drinking, and 0.4% heavy drinking while pregnant. Corresponding data are not available by state or county.

A study released by Indiana University in September 2009 estimates that 10% of pregnant women in Indiana drink alcohol.

Drug Use During Pregnancy

Some women need medication during pregnancy for their health or for the health of the baby. However, women should consult their doctor regarding such medications and whether or not they are safe for use during pregnancy. Illegal drugs may also have harmful effects on children, and as many as 1 in 10 babies may be born to women who used illegal drugs during their pregnancies.

The national survey by SAMHSA shows that 5.0% of pregnant women ages 15-44 were currently using illicit drugs. Younger pregnant women are more likely to be illicit drug users (20.9% for those 15 to 17 and 8.2% for those 18 to 25) compared to older pregnant women (2.3% of those ages 26 to 44).

Induced Pregnancy Termination

There were 8,808 terminated pregnancies reported in Indiana in 2012. Of those, 12.7% were for women 19 years or younger. Women age 20 to 24 had the highest percentage with 33.4%.

Live Births

Indiana had 83,750 live births in 2011, down from 2000 when there were 87,697. All the counties in the service area experience declines in number of live births since 2000. Lawrence County had 470 in 2011. Washington County had 291 followed by Orange County with 227. Martin County had 119.

Birth weight

Births occurring at least three weeks before an infant's due date (earlier than the 37th week of pregnancy) are considered premature or preterm births and are at a higher risk for complications, such as breathing difficulty, heart problems, and intestinal issues. Some babies are naturally born too early, while others might be due to C-sections or optional surgery. Research shows that waiting until the 39th week, if possible, is best for

the health of a child. Indiana's rate of preterm births (11.7%) was slightly lower than the national rate (12.0%) during 2010, after a decade of being slightly higher than the nation. Rates of preterm birth vary by race; babies who have black mothers are more likely to be born too soon.



Infants born weighing between 1,500 and 2,499 grams (3 lbs., 5 oz. to 5 lbs., 8 oz.) are considered low birth weight (LBW); those born weighing less than 1,500 grams (3 lbs., 5 oz.) are considered very low birth weight (VLBW). Infants born at low- or very low-birth weight are at increased risk for mortality, while those who survive infancy more often experience long-term disabilities and impaired development. Overall, one out of every thirteen births to Hoosier mothers was a LBW baby in 2010; the percentage of VLBW babies has fluctuated between 1.4% and 1.5% for the last ten years of data. Hoosier mothers ages 10-14 (11.8%) and those over the age of 45 (14.7%) are the most likely to deliver LBW babies. Babies with black mothers have the highest rates of being born both LBW and VLBW.

In 2011, 8.1% of all births in Indiana were considered LBW. In the service area Lawrence County had the highest percentage of low birth weight babies with 10.6%, ranking it the 3rd highest in the state.

Area Low Birth weight Percentages

	2007	2008	2009	2010	2011
Indiana	8.5%	8.5%	8.3%	8.0%	8.1%
Lawrence	7.9%	7.9%	8.0%	12.4%	10.6%
Orange	10.6%	10.6%	9.3%	8.8%	8.4%
Washington	6.7%	6.7%	10.3%	8.2%	5.8%
Martin	7.1%	7.1%	6.5%	8.6%	5.0%

Breastfeeding

The health, nutritional, immunologic, economic, and emotional advantages of breastfeeding to mother and baby are well recognized. The Surgeon Generals Call to Action to Support Breastfeeding (2011) highlights the following benefits of breastfeeding.

- Breast milk provides superior nutrition for optimum infant growth and adequate hydration.

- Breastfeeding lowers the risk of childhood obesity, gastrointestinal and lower respiratory infections, leukemia, asthma, type 2 diabetes, heart disease, allergic responses, and SIDS.
- Health benefits for the breastfeeding mom include a reduction in risk of breast and ovarian cancer and other chronic conditions.
- Research shows that families who chose to breastfeed save more than \$1,200-\$1,500 per year on formula expenditures alone. In addition, breastfeeding provides substantial savings in health care cost and time lost to care for sick babies.

In fiscal year 2012, 67.8% of infants on the Indiana WIC Program were ever breastfed. Although the Healthy People 2020 objective to increase the proportion of children ever breastfed to 81.9% continues to be the goal to achieve statewide. The breastfeeding initiation rates have increased steadily over the last decade. Prevalence of ever breastfeeding increased from 49.3% in fiscal year 2002 to 67.8% in 2012.

Maternal Depression

Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. However, maternal depression can also be compounded by other environmental factors such as poverty, with research showing low-income mothers experiencing higher levels of depression. Maternal depression can impact children's development of social-emotional skills through impairment of the mother's ability to complete tasks that are vital to young children, such as bonding and attachment. Other studies show similar findings, with maternal depression increasing the risk to a child's social development, in particular their social interactions and exhibiting of problem behaviors.

Estimates show that roughly one of every 10 women is depressed during any trimester of her pregnancy or any month within the first year after delivery. State-level data on maternal depression are not available, but using a nationally representative sample, the Center for Disease Control and Prevention (CDC) gauged prevalence rates of depression among women postpartum. Certain groups of women were more likely to report severe depression: women with less than 12 years of education, those who were Medicaid recipients, and those who delivered low-birth weight babies. Also, women who experience physical abuse during pregnancy and those who reported emotional, partner-related, financial, or traumatic stress were more likely to report being severely depressed compared to women who did not report these abuses and stresses.

CHILD HEALTH

The Bright Futures guidelines for health supervision of infants, children, and adolescents recommend that children visit a physician for preventative health care six times during the first year, three times in the second year, and annually thereafter. Preventive visits provide the opportunity to monitor a child's growth and development,

assess behavior, provide immunizations, discuss important issues regarding prevention of injury and violence, review appropriate nutrition, and answer any parental questions.

In Indiana, 84.6% of children had a preventative health care visit in the last year. By intervening early, providers and parents may influence children's health and development, including both their readiness to learn at school and also their risk of suffering from diseases later in life.

Medical Home

A medical home is sustained medical care between a child, family, and pediatric care team. The American Academy of Pediatrics (AAP) specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional that is familiar with the family, child, and the child's health history. More children under 18 in Indiana – as well as Children with Special Health Care Needs (CSHCN) – receive medical home care compared to the nation. In Indiana, 57.9% of children under 18 receive medical home care versus 54.4% in the Nation according to the National Survey of Children's Health.

Immunizations



Vaccines now control diseases that once spread quickly and killed thousands. Immunizations are given early in life because many vaccine-preventable diseases are more common and more deadly among infants and small children. Additionally, childhood immunization is an important step in maintaining high vaccination

levels, which prevent 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 two years old.

According to the 2011 National Immunization Survey, conducted annually by the CDC, 73.3% of children between the ages of 19-35 months were immunized with the recommended vaccine series nationwide, compared with 70.1% of Indiana children in the same age group. Indiana ranked 31st in the nation. Florida had the highest percentage with 85.8% immunized.

In 2012, the Indiana State Department of Health rolled out a new system called My Vax Indiana, through which parents can track their children's vaccines electronically.

Asthma

Asthma is a chronic inflammation of the airways characterized by excessive sensitivity of the lungs to various stimuli. Several factors may trigger an asthmatic “episode” to “attack”: exercise, stress, viral infections, allergies, or airborne irritants such as cigarette smoke or gasses. Asthma is the most common chronic childhood illness, affecting approximately 7 million (about 9.5%) American children under age 18 in 2011.

- In a state survey of health risk factors, 11.6% of children from birth to 10 years old were diagnosed as having asthma.
- 17.0% of the children ages 11-17 had been diagnosed.
- For children under 18, the prevalence of asthma in Indiana is higher for boys (14.2%) than girls (12.8%); for Black children (23.1%) than White children (12.1%); and for Hispanic children (17.5%) than non-Hispanic children (13.0%).

Diabetes

Diabetes is one of the top five health concerns in schools. Until a cure is found, diabetes must be managed 24 hours a day, seven days a week. One in three children born in the year 2000 eventually will live with diabetes, according to an estimate by the American Diabetes Association. Currently about one in 400-600 children and adolescents have Type 1 diabetes. Juvenile diabetes is the second most chronic disease affecting children. More alarming, children as young as 10 years old are developing Type 2 diabetes, a disease often described as “adult-onset” because it typically affects persons after age 40. Some 39,000 adolescents in the US already have obesity-linked Type 2 diabetes, and nearly 2.7 million more may have blood sugar levels that could spur diabetes and other health problems.

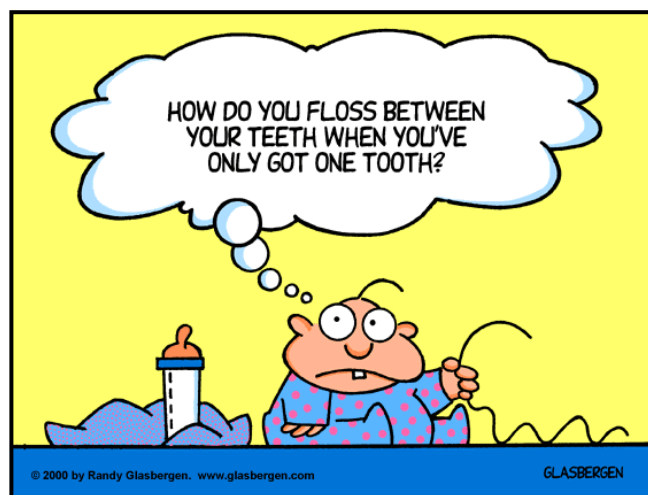
Because a link exists between Type 2 diabetes, Indiana has real cause for concern. In 2011, 31.4% of children 10 to 17 were overweight or obese.

Indiana does not have a diabetes registry, so Hoosier healthcare professionals who suspect the disease is on the rise have no way to measure its prevalence or make correlations to lifestyle factors.

Oral Health

Research indicates oral health is connected to general health. Lack of oral care and treatment can lead to lung and heart disease, infections, low birth weight and preterm babies.

The National Survey of Children's Health provides measures of children's oral health for the state and nation. The report showed in 2011, among Hoosier



youth ages 1-17, 78.1% received preventive dental care in the previous year, compared with 77.2% of youth nationally.

Younger children in Indiana are less likely to receive preventative dental care (53.9% for 0-5 year olds) than older children (87.2% of 6-11 year olds and 88.8% for 12-17 year olds).

Lead Poisoning

Elevated blood lead levels are harmful to the nervous system 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. Until it was banned as an ingredient in 1978, lead was commonly found in the paint used in many homes. It may still be found in many older homes as well as in other environments and young children should be tested regularly because lead poisoning has no obvious symptoms.

In Indiana, children may be tested for lead poisoning if they are younger than 7 years old and present defined risk factors, including living in a house built before 1978, being a minority, or having a family member who works around lead. In 2011, 868 Hoosier children exhibited elevated blood lead levels compared to 893 in 2004 (the first year in which reliable electronic data is available). The number of children found to have elevated blood lead levels based on testing continues to decline. However, total screening rates remain low – only 9% of all children aged 7 and under were tested in 2011. By Indiana law, the only children who are required to be tested for lead poisoning are those who receive Medicaid benefits; even with that requirement, just 20% of the Medicaid population was tested in 2011 (up from 14% in 2010).

Secondhand Smoke

The 2006 U.S. Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Secondhand Smoke," has concluded that there is no safe level of exposure to secondhand smoke and that, on average; children are exposed to more secondhand smoke than adults.

Children's bodies are still developing, and exposure to the poisons in secondhand smoke puts them at risk of severe respiratory diseases and can hinder the growth of their lungs. When the air is tainted with cigarette smoke, young, developing lungs receive a higher concentration of inhaled toxins than do older lungs. And think about it: young children have less control over their surroundings than the rest of us. Babies can't move to another room because the air is smoky. They depend on adults to provide them with clean air to breathe.

Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma, bronchitis, pneumonia, middle ear infection, and other diseases. It has been estimated that between 50 and 75 percent of children in the United States have detectable levels of cotinine in their bloodstream.

In 2011 Indiana had the 5th highest smoking rate in the US. There were approximately 1.25 million smokers in the state, or 25.6% of the adult population. The national average was 21.2%. If you consider that there are many teen smokers, that figure would be even higher. Twelfth grade students were surveyed and 46.9% reported that they had smoked. The average age of first time use of cigarettes was 12.8.

One-third (31.5%) of children in Indiana live in a household where someone smokes, compared to 26.2% in the nation.

Thirdhand Smoke

Recent research describes how tobacco smoke contamination lingers even after a cigarette is extinguished – defined as “thirdhand” smoke. Small children are especially susceptible to thirdhand smoke exposure because they can play on, touch and mouth contaminated surfaces. Thirdhand smoke can remain indoors long after the smoking has stopped, and even low levels of tobacco particulates have been associated with cognitive deficits among children. These findings underscore the possibility that even extremely low levels of these compounds may be neurotoxic and, according to the researchers, justify restricting all smoking in indoor areas inhabited by children.

NUTRITION

Low Food Security

Because hunger is not easily measured, the United States Department of Agriculture (USDA) uses food insecurity as an indicator that can be tracked over time. Food insecurity means the availability of food in a household is uncertain, insufficient, or limited due to economic, physical, or other constraints. Food insecurity has the potential to impact a child’s development and well-being, resulting in less cognitive development and manifested in physical traits such as iron deficiency. It also has a negative impact on socio-emotional



behaviors, such as acting out, and on physical health, including increased risk of chronic health conditions. Almost one out of six (16.3%) Indiana households was food insecure; for children, the food insecurity rate was higher, at 22.7%

While the cost of food has steadily increased, food stamp allotments often fail to meet the USDA’s basic “thrifty food plan,” or the lowest budget costs for food. The USDA reports that three out of every five (57%) food-insecure households in the U.S. participates in one or more of the three largest nutrition assistance programs: Supplemental Nutrition Assistance Program (SNAP, or food stamps), Women, Infants,

and Children (WIC), and the National School Lunch Program (NSLP). Children account for 43% of the members of Indiana households receiving emergency food assistance, such as food distributed by food banks. In a national survey of food availability, one out of every five (20.4%) Indiana respondents had a food hardship or a time in the last year when they did not have enough money to buy food they or their family needed. Households with children were more likely to have higher food hardship rates.

In the Hoosier Uplands service area, Orange County had the 6th highest child food insecurity rate in 2011 with 24.9%.

Child Food Insecurity Rates

	2009	2010	2011
Indiana	24.5%	22.7%	22.7%
Lawrence	29.8%	25.5%	24.1%
Orange	29.9%	26.8%	24.9%
Washington	29.6%	24.6%	21.0%
Martin	24.5%	20.9%	21.3%

Source: Indiana Youth Institute

Programs to Fight Childhood Hunger

Program discussed earlier in the Economic Well-Being section of this assessment include: Food Stamps, National School Breakfast and Lunch Program, and WIC.

Indiana Food Banks

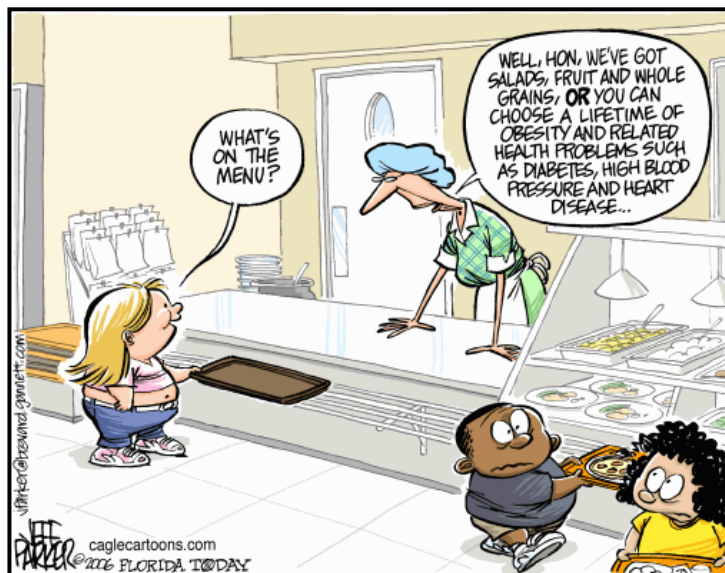
The Hoosier Hills Food Bank collects, stores, and distributes nutritious food products to non-profit organizations, which provide free feeding programs that serve both ill and needy families and individuals in several counties including Lawrence, Orange, Washington, and Martin Counties. Within the four-county service area, Hoosier Hills Food Bank distributes food to 18 agencies.

Hoosier Hills distributed a record amount of food in 2012. Food programs received 3.1 million pounds of food. Ten of the agencies in our four-county area were among the top 25 distributing agencies.

Childhood Obesity

Childhood obesity is a current, persistent, and common issue in the lives of America's youth: Nearly one in three children in the U.S. is overweight or obese, a number that has tripled over the last 30 years. Although there is no one clear cause of childhood obesity, there appears to be consensus that it has serious health consequences, such as heart disease, high blood pressure, Type 2 diabetes, sleep disorders, mental health problems, and other health complications.

Nationally, reports indicate that treating childhood obesity and its related conditions cost an estimated \$14 billion. 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. Obesity is clearly an economic concern in Indiana as well, with Indiana residents paying \$1.6 billion annually in obesity-related medical costs.



In 2010, the CDC reassessed the terms used for children who are overweight or obese. The term “overweight” now describes those between the 85th and 95th percentile for weight, while the term “obese” is used for those at, or above, the 95th percentile. According to the most recent Youth Risk Behavior Survey (2011):

- 15.5% of Hoosier 9th-12th graders were overweight, almost identical to the national rate of 15.2%
- 14.7% of Hoosier high school students were obese, slightly higher than the national rate of 13.0%
- Roughly one-third (31.8%) of Hoosier high school students would describe themselves as slightly or very overweight, and half (49.2%) are trying to lose weight (with two-thirds of females compared to one-third of males saying this).

The Indiana WIC program participated in the 2011 Pediatric Nutrition Surveillance conducted by the Centers for Disease Control and Prevention (CDC). Data among participants in the WIC program show that 14.3% of children aged 2 to 5 were considered obese. The study also showed that 16.4% were overweight. In the Hoosier Uplands Service area, Washington County had the highest percentages with 17.2% of 2 to 5 year olds who are considered obese and 21.9% who were overweight. The county ranked the 6th highest in the state in the overweight category.

2011 Pediatric Nutrition Surveillance – 2 to 5 year olds

	Indiana	Lawrence	Orange	Washington	Martin
Overweight	16.4%	16.1%	14.8%	21.9%	12.7%
Obese	14.3%	12.6%	14.8%	17.2%	16.4%

Eating Disorders and Weight Control

A young person may try to control his or her weight by increasing exercise, not eating, or taking laxatives. When taken to an extreme, these behaviors may lead to negative health consequences or even death. Early identification and treatment may prevent progression of eating disorders and extreme weight control behaviors and reduce the risk of chronic health issues. More students reported taking diet drugs in the 2011 Youth Risk Behavior survey (6.3%) compared to the 2009 survey (4.9%). However, this figure is down over time from the 2003 survey in which 10.1% of students took drugs to lose weight. The percentage of students vomiting to lose weight has persistently increased across survey years, from 4.8% in 2003 to 6.7% in 2011.

MENTAL HEALTH

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions. Nearly one in five Hoosier youth (19.9%) have mental health needs, with 9 to 13% having significant functional impairments, and 5 to 9% meeting the federal definition of serious emotional disturbance.

Mental health problems can be stigmatizing, and depending on the type of problem, children may be judged more harshly than adults for mental health issues. For instance, Americans see childhood depression as more serious, more in need of treatment, and more problematic overall than adult depression.

Mental Health Care

The National Survey of Children's Health shows that the youngest children in Indiana are least likely to receive the mental health services they need, with 49.9% of children ages 0-5 who need services not receiving them, compared to 33.5% ages 12 to 17.

The Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals living at or below 200 percent of poverty or who are enrolled in Medicaid. DMHA operates six state psychiatric hospitals and contracts with community mental health centers as well as child and addiction treatment providers to offer a full continuum of mental health and addiction treatment services. The primary system used by DMHA to fund public mental health and addiction services is called the Hoosier Assurance Plan (HAP). Services provided through HAP include treatment planning, 24-hour crisis intervention, case management, outpatient services, acute stabilization services, residential and day treatment, family support services, medication monitoring, and services to prevent unnecessary hospitalization.

During SFY 2010, a total of 42,387 youth in Indiana ages 0-21 years were receiving behavioral health services by contracted providers through DMHA. Of them, approximately 85% are on Medicaid, 77% live below the poverty level and another 21% live between 100 and 200 percent of the poverty level.

Early Childhood Mental Health Services

First Steps provides qualifying infants and toddlers with a variety of services. Included in those services are two types of mental health services. They include Specialized Individual and Family Counseling and Psychological Services and Social Work Services. Psychological Services include testing and other assessments, consultation about child development, and parent training. Social work services include family assessments related to the eligible child.

Mental Health Professionals

National data indicates that 79% of children with mental health needs do not receive mental health care. One reason may be that access to mental health services is inadequate. The Indiana State Department of Mental Health has designated several counties as “Mental Health Professional Shortage Areas.” One of those counties is in our service area, Orange County.

HEALTHCARE ACCESS

According to the Rural Healthy People 2010 survey, access to quality health services (which includes access to primary care) was rated as the top ranking rural health priority. Maintaining a regular source of care is exceptionally difficult to achieve in rural America given the shortage of not only primary care physicians, but also non-physician primary care providers and specialists.

Health professional shortage areas (HPSAs) and medically underserved areas (MUAs), established under the U.S. Public Health Service Act, are federal designations of a geographic area which meet the criteria as needing additional primary health care services.

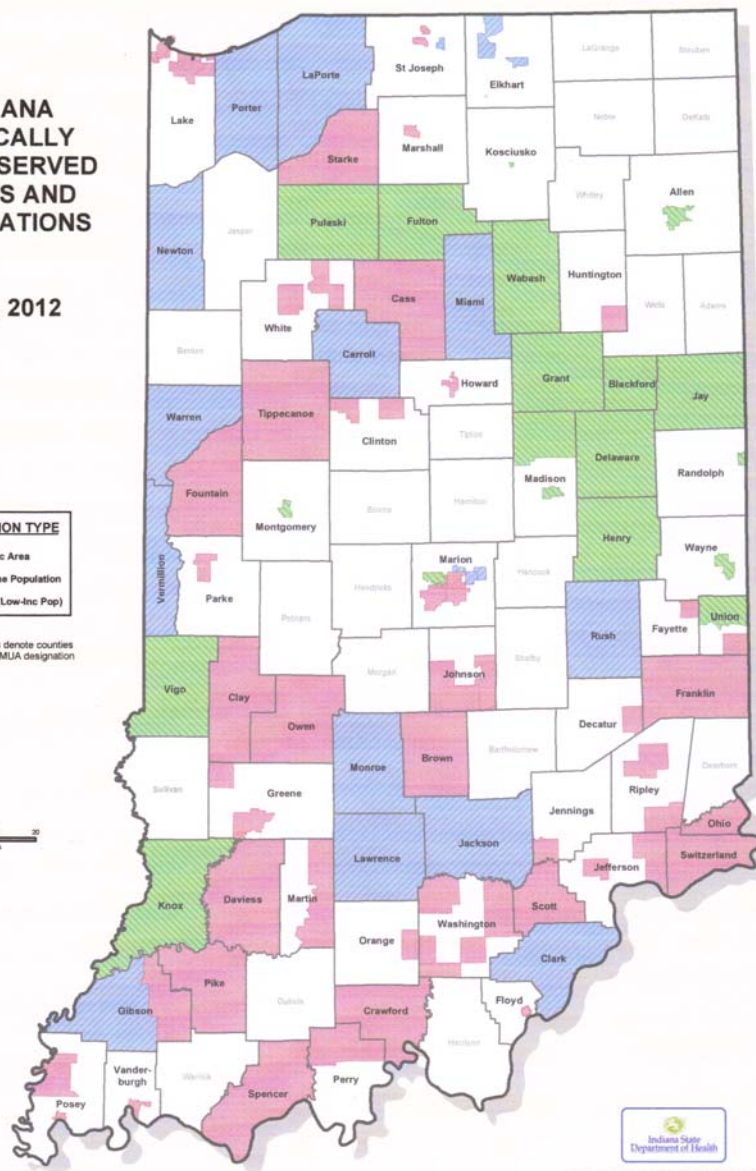
In our four county service area, Lawrence County and parts of Martin, Orange and Washington Counties were designated as an MUA. All four counties were designated as an HPSA in regards to primary care professionals. Orange County was designated as an HPSA in regards to mental health professionals.

A closer look at the four county area reveals some of the key positions that are lacking. The Indiana Professional Licensing Agency reports only three audiologists, six mental health counselors, seven psychologists, three marriage and family therapists, and seven speech pathologists in the four county area. With a total population of 104,570, there are only 90 physicians, 31 dentists, 24 social workers, 30 clinical social workers, 15 optometrists, and 13 dieticians available. Lawrence County has two hospitals. Washington and Orange have one each. Martin County is one of two counties in the state with no hospital facility.

July, 2012

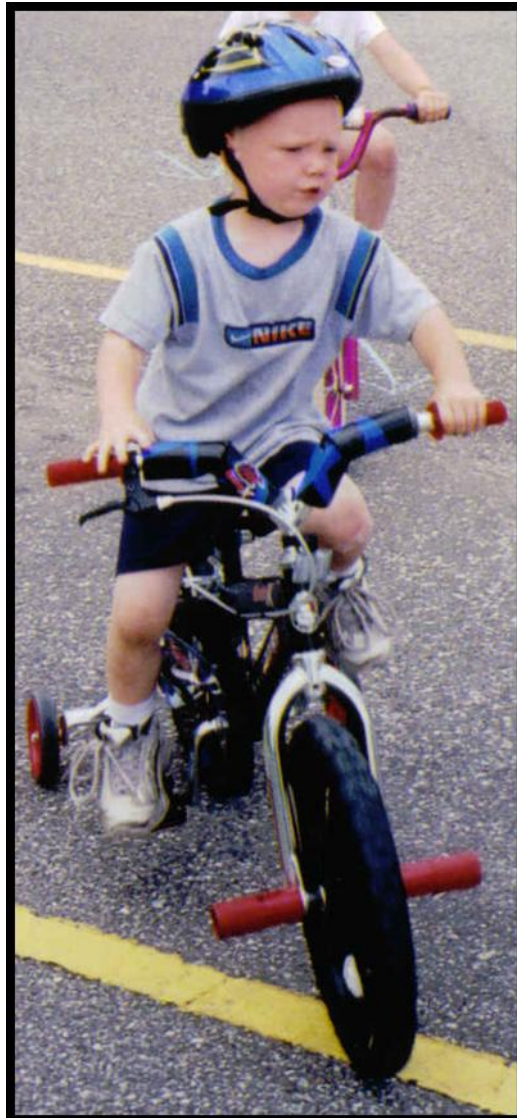
- Geographic Area
- Low-Income Population
- Governor (Low-Inc Pop)

Bold county names denote counties having any type of MUA designation



Source: Shortage Designation Branch, HRSA.

CHILD SAFETY AND WELL-BEING



CHILD ABUSE AND NEGLECT

Research has consistently found that children are likely to suffer negative outcomes as a result of abuse and neglect. These outcomes include both short and long term consequences for children's physical and mental health, cognitive skills, education attainment, and social and behavioral development. As a result, children who experience abuse and neglect are at risk for a variety of adverse outcomes as they mature and develop into adolescents and adults.

The state child abuse and neglect rate decreased between 2009 and 2012, from 15.6 to 12.5 per 1,000 children.

In Indiana there are three main categories of child maltreatment, and a child is counted in only one category per investigation using the federal hierarchy of sexual abuse first, then physical abuse, and then neglect. Allegations of maltreatment are considered "substantiated" if evidence from an investigation reveals them to be true.

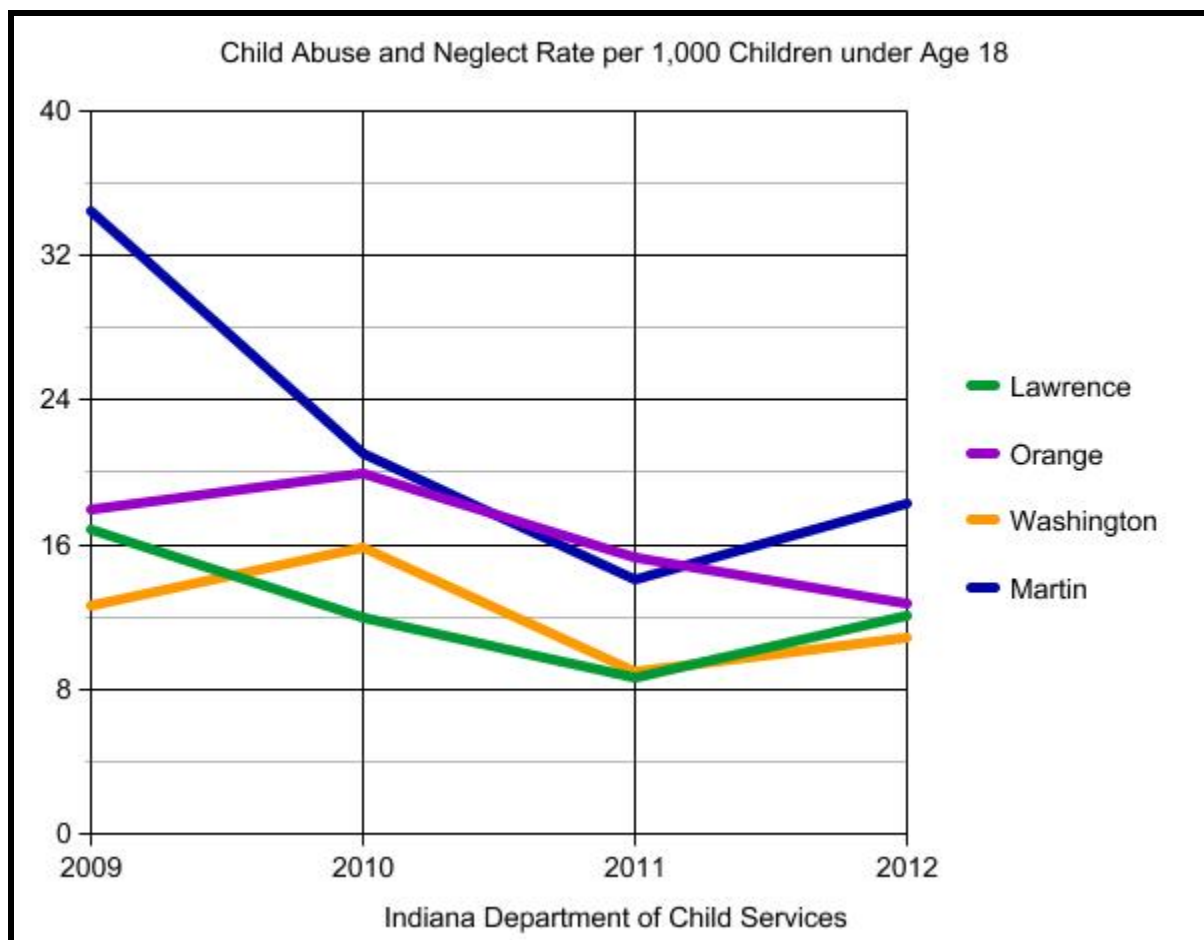
In SFY 2012, there were 20,008 substantiated cases of child abuse or neglect, or one every 26 minutes. Both in Indiana as well as nationally, more children are neglected each year than are abused. Almost three quarters (74.0%) of all substantiated cases in Indiana were neglect, while nationally 78.5% of substantiated cases were neglect.

The child abuse and neglect rate is calculated by determining the number of substantiated child abuse and neglect cases and applying it to a population of 1,000 children. In 2012, Indiana's child abuse and neglect rate was 12.5 per 1,000, compared to the 2011 rate of 12.2 per 1,000. Children nationally fared better than those in Indiana according to the most recent data showing a national rate of 9.1 per 1,000 children being abused or neglected in 2011.

County Child Abuse and Neglect Cases - 2012

	Lawrence	Orange	Washington	Martin
# Neglect Cases Substantiated	95	53	46	36
# Sexual Abuse Cases Substantiated	16	5	19	1
# Physical Abuse Cases Substantiated	19	4	11	8
Abuse / Neglect Rate per 1,000 Children	12.1	12.7	10.9	18.3

Two counties in the service area had higher abuse and neglect rates than the state average of 12.5. Martin had the highest rate of 18.3, up from the previous year's rate of 14.1. Orange County's rate was 12.7, down from the previous year's rate of 15.3.



Victim and Perpetrator Characteristics

Though nearly 65% of Indiana's victims of abuse and neglect are White, as a percentage of the population, White (9.9 per 1,000) and Hispanic (8.4 per 1,000) children were less likely to be victims than Multi-Race (18.9 per 1,000), Pacific Islander (26.9 per 1,000), or African American (18.7 per 1,000) children. Both nationally and in Indiana, children ages birth to 1 year old had the highest victimization rate at 21.2 and 30.5 per 1,000 respectively.

A majority (80.8% nationally and 77.1% in Indiana) of perpetrators were parents of the victim, and younger people (ages 20-29) accounted for the largest proportion of perpetrations (36.4% nationally and 39.9% in Indiana).

Fatalities

During SFY 2011, 40 Hoosier children died from maltreatment, 27 due to abuse and 13 because of neglect. Six of the fatality cases occurred in a household with a prior history with DCS. Younger children are at the greatest risk for fatality due to abuse and neglect, with 48% of abuse fatalities and 38% of neglect fatalities affecting children younger than one.

Starting in SFY 2010, Indiana's DCS adopted the use of the National Center for Child Death Review Case Reporting System to collect child fatality information. A majority of

the cases of death due to child maltreatment (83%) were ruled homicide, and 15% were ruled accidents.

Nationally, four-fifths (78.3%) of child fatalities were caused by one or more parents and 8.8% of fatalities occurred in families that had received family preservation services in the past five years.

Institutional Abuse and Neglect

Indiana also investigates allegations of abuse and neglected children while they are in the care of a state agency in places such as group homes, foster care, hospitals, schools, and child care facilities. These children may be particularly vulnerable to maltreatment because of circumstances that removed them from their homes, or they may be unable to communicate they are being maltreated. Just as troubling is the fact that children in schools or child care facilities where parents often assume their children are safe and nurtured, can also be victims of child abuse and neglect.

In Indiana, there were 305 substantiated cases of abuse and neglect in institutional settings in SFY 2009. Of those cases, 45.9% were cases of neglect, 28.9% were cases of sexual abuse, and 25.2% were cases of physical abuse.

Foster care home accounted for the most physical abuse (28 substantiated cases) and neglect (47 substantiated cases), and sexual abuse (18 substantiated cases) in the state.

Intervention

Intervention efforts in Indiana seek to use the least restrictive and most home-like environment for a child first. It is vital that the children's best interests are assessed when abuse and/or neglect occur to determine if a child may remain safely in the care of the parent, guardian, or custodian. When 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.

Kinship Care

Multiple placement alternatives exist for children who cannot stay safely in their homes. One option is "kinship care," which involves placing a child with a relative or a non-relative who has a bond with the family. Children also may be placed in licensed foster home, a group home or child caring institution, or other court-approved facility. Approved caregivers can choose to become licensed in order to receive funding through the state to run one of three types of resources homes: standard foster care homes, special needs foster care homes, and therapeutic foster care homes, which care for children with serious emotional disturbances or developmental disabilities. Children may be placed in non-licensed homes if the court so approves. Recent research has shown that children placed in kinship care experience fewer placements and are more likely to achieve permanency through guardianship.

Foster Care

Indiana's foster parents provide 24-hour temporary placement for children and youth who can no longer safely remain in their own homes due to the risk of abuse or neglect or because they exhibit behaviors that may result in danger to themselves or others. When possible, a child is placed in close proximity to the child's family, particularly when reunification with the family is the case plan goal. The overarching goal of placement is to provide substitute family life in a safe, stable, and nurturing environment. The state strives to place children in the least restrictive, most family-like setting that meets the child's needs. Data gathered from June 2012 shows the following:

While in the care of the Department of Child Services, a child has an average of 2.6 different placements. A placement is when a child is placed in a residence outside of the usual home and the average number of placements is calculated per removal episode.

Almost a third (29.5%) of children in need of service (CHINS) were placed back at home, while the other 70.5% were placed in various forms of out-of-home care while DCS handled their cases.

The median length of stay for a child in out-of-home placement for 2012 was 365.5 days. Half (50.0%) of CHINS spend less than a year in out-of-home placement.

Three-quarters (74.2%) of CHINS are placed with their siblings.

Average Monthly Total CHINS

Year	Lawrence	Orange	Washington	Martin
2009	60	16	35	33
2010	44	30	66	35
2011	29	35	38	20
2012	35	24	29	20

Guardian Ad Litem (GAL)/Court Appointed Special Advocate (CASA)

An audit of the National CASA Association by the U.S. Department of Justice found that children with GAL/CASA volunteers are substantially less likely to spend time in long-term foster care (defined as more than three years in care). Once a judge has determined a child to be a CHINS, Indiana law requires a child advocate to be appointed to represent the child in all legal matters. Volunteers receive training by CASA organizations so that they can independently determine the child's best interests and make recommendations to the court on the child's behalf.

- Children in 73 of Indiana's 92 counties were served by organized volunteer GAL/CASA programs in 2012, an increase of one county from the previous year.
- Lawrence and Washington are the only counties in the Hoosier Uplands service area with a GAL/CASA program.

- 3,466 GAL/CASA volunteers advocated for abused and neglected children, and 924 new volunteers were recruited and trained in 2012.
- GAL/CASA volunteers provided a voice for 18,699 children in abuse/neglect and termination of parental rights cases in 2012, and made 155,210 contacts with those children.
- At the beginning of 2012, there were 2,350 children waiting for an advocate to be assigned to them; at the beginning of 2013, there were 2,344 children waiting for an advocate to be assigned to them.

Prevention

Without timely, supportive interventions, maltreated children are more likely to be involved in the juvenile justice system, suffer from mental health problems, become homeless, and either lag behind in school or experience school failure. These poor outcomes can follow children into adulthood where long-term consequences also occur, such as unemployment, poor health, drug addiction, homelessness, incarceration, and the potential perpetuation of child abuse. One estimate suggests that the price tag of these poor outcomes amounts to an additional \$70 billion annually beyond the initial costs to the child welfare system.

Healthy Families

One of the primary state funded 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.

Evaluation of HFI shows success in promoting positive parenting practices. Families who participate in HFI are healthier and use regular medical services more often than those who do not participate. The program also has been shown to enhance school readiness in the children who participate. In SFY 2012, 11,342 families received Healthy Families assessments and 10,747 received home visiting services.

Kids Trust Fund

The Kids Trust Fund provides funding for programs that address the prevention of child maltreatment. The fund supports programs seeking to reduce child maltreatment through community education and/or by providing services to a targeted group of people who may be at risk for maltreating their children. Kids First is funded solely by the sale of the Kids First license plates.

In 2011, the Kids First Trust Fund allocated \$500,000 to provide child abuse and neglect prevention services in the state.

DOMESTIC VIOLENCE

Domestic violence is a pattern of coercive behaviors used to control an intimate partner. It includes emotional, sexual, physical and financial abuse. It causes victims to change their behavior in response to the abuse. Domestic violence is often cyclical. This is one reason it is so confusing and difficult for the victim to leave. Stage 1 is the tension building state. Stage 2 is the explosion of violence. Stage 3 is the calm stage. During the calm or “honeymoon” stage, the abusers are often extremely remorseful, promising never to repeat the violence and to go for counseling. They may even shower their partners with gifts, flowers, and romantic dinners.

With the economic downfall, law enforcement agencies throughout the state are seeing an increase in domestic violence calls. Domestic violence programs throughout the state also reported an increased hardship for victims during the economic downturn. The economic climate may give batterers additional leverage when using emotional and financial abuse to control their partners.

Statistics show that 95% of victims are women. Sometimes men are victims and same-sex partners may also be abused. Statistics also show that 95% of abusers are men. Many witnessed domestic violence as a child. Abusers are often good providers, charming, sober, and respected in the community. However, behind closed doors, they are controlling, extremely jealous and threatening. An abuser with access to weapons greatly increases the risk of a potentially lethal incident.

A domestic battery occurs every nine seconds. Nearly 1 in 4 women and 1 in 12 men between the ages of 18 and 65 have experienced domestic violence. Domestic violence is a leading cause of emergency room visits for women.

The Effects on Children

Children in violent homes are in grave physical danger. Children are often hurt during an abusive incident, either by getting caught in the crossfire, or by trying to intervene. Of sons over the age of 14, 62% are injured in an attempt to protect their mother during an abusive incident. Current statistics also show that children are the target of abuse at a rate that is 1500% higher in violent homes than the national average.

Violence is modeled from generation to generation. Of children who witnessed their mothers being abused by their partners, 53% acted out with their parents and 60% acted out with siblings. As this method of dealing with conflict is generalized, the children often have to face the consequences of their own behavior in society. These children may be expelled from school, labeled emotionally handicapped, or incarcerated.

It is reported that 40% of children who witness domestic violence suffer depression. Studies show that those children exhibit low self-esteem, poor impulse control, sleeping difficulties, and other mood-related problems.

Indiana Statistics

- During SFY 2013, 6,819 women, 32 men and 4,868 children in Indiana sought refuge in emergency domestic violence shelters. These numbers do not represent all domestic abuse victims, as some do not seek help from an emergency shelter.
- In SFY 2013, 58 people in Indiana died as a result of domestic violence. Two of the victims were children under age 18.
- According to the Youth Risk Behavior Survey, 11.3% of Indiana high school students reported that they had been purposely hit, slapped, or physically hurt by their boyfriends or girlfriends in 2011. This indicator has consistently hovered around 11 to 12% for the last five years of data.

Domestic Violence Victims July 1, 2012 – June 30, 2013

	Lawrence	Orange	Washington	Martin
Received Residential Services	13	21	51	2
Received Non-Residential Services	491	206	148	136

Crisis Line

The Indiana Coalition Against Domestic Violence has a 24-hour crisis line (1-800-332-7385) as well as a website (www.icadvinc.org). During PY 2011-12, the total number of crisis line calls was 59,196.

BULLYING

Bullying is defined as a pattern of aggressive behavior that is repeated over time and involves an imbalance of power or strength. Traditional forms of bullying include physical violence, verbal taunts or social exclusions, while cyber-bullying involves aggressive behaviors communicated over a computer or cell phone. Bullying at school is common for Indiana adolescents. One out of every four (25.0%) Hoosier high school students say they have been bullied at school in the last year, with girls being more likely to be bullied (28.2%) than boys (21.8%). When looking at electronic bullying, 9th graders were most likely to be bullied compared to other grades, and females were more likely to be electronically bullied than males.

- Nationally, 28% of students reported being bullied at school. Types of bullying include making fun of another (17.6%); spreading rumors (18.3%); pushing, shoving, or spitting (7.9%); threatening with harm (5%); excluding on purpose (5.6%); and manipulating (3.3%).

New legislation that took effect in July 2013 requires that all Indiana school corporations include guidelines about investigating and reporting bullying incidences in their

discipline policies and requires schools to provide training on bullying prevention to school staff and volunteers.

SEATBELTS

According to the National Highway Traffic Safety Administration, motor vehicle crashes remain the leading cause of death among children ages 15 and under in the United States. In Indiana, 30 children age 0 to 15 were killed and 4,007 injured in traffic collisions on Hoosier roadways in 2012.

The use of seatbelts and child safety seats greatly increases the chances of surviving crashes and decreases the risk of serious injury. Child safety seats reduce the risk of death of infants by 71% and toddlers (ages 1-4) by 54%. The use of booster seats for children ages 4-8 reduces the risk of serious injury by 59%.

Of the child fatalities in Indiana in 2012, 39.1% were unrestrained. Of the injuries, 17.4% were unrestrained.

INFANT AND CHILD DEATHS

Infant deaths are those that occur before a child's first birthday. The infant mortality rate for all Hoosier children in 2010 was 7.6 deaths per 1,000 live births. The rate nationally was 6.1 per 1,000 births. In 2010, 630 Hoosier infants did not reach their first birthday.

Childhood deaths are those occurring between the ages of 1-14. The leading cause of death for children 1-14 in Indiana are accidents, cancer, homicide, birth defects and heart disease.

In 2010, the childhood death rate for Hoosier children was 17 per 100,000, or 212 children. The national childhood death rate was 17.0 per 100,000 children ages 1-14.

Area Infant and Child Deaths

	Lawrence	Orange	Washington	Martin
Number of Infant Deaths – 2005	5	1	2	1
Number of Infant Deaths – 2011	3	0	0	0
Number of Child Deaths – 2005	0	0	0	3
Number of Child Deaths – 2011	2	0	0	0

METHAMPHETAMINE

Production, distribution, and use of Methamphetamine (Meth) is a threat to the health and safety of Indiana's families and communities. Because of their age and circumstances, Meth addicts often have children. If parents are producing their own

supply of Meth, their children can be at risk. Children and adolescents are more likely to become users of meth as a result of parent/family exposure. Economic and social deterioration of the families and the communities in which children and adolescents live are significant cause for the prevention of this widespread epidemic.

A high percentage of Meth labs seized have been in rural farming areas south of I-70 and west of I-65, particularly along the corridor from Evansville to Bloomington. This region encompasses our four county area. The Meth culture is more apt to involve men and women. Most of them are jobless and on welfare, living in small, rural communities. Meth abusers are typically white, ranging in age from 19 to 35.



Meth is identified as the number one law enforcement challenge facing counties across the country. Indiana ranks second in the country for meth lab seizures and incidents reported to the Drug Enforcement Administration. It was one of 16 states recently targeted for an educational campaign by the White House's Office of National Drug Control Policy.

Indiana State police say the state had an all-time high of 1,115 meth lab incidents in 2004, but the number dropped to 992 in 2005 after a law was passed limiting cold medicine sales. Unfortunately, reported meth labs rose to 1,395 in 2010.

In 2012, there were 76 Meth labs seized in our four county area. Washington County experienced a huge increase with 36, ranking it 12th in the state.

Meth Labs Seized

	2005	2006	2007	2008	2009	2010	2011	2012
Lawrence	3	8	2	8	11	5	22	16
Martin	1	4	2	2	10	11	7	11
Orange	3	3	9	5	9	9	7	13
Washington	8	9	12	6	7	3	3	36

EDUCATION



EDUCATION

According to Education Week's annual Quality Counts 2011 report, Indiana was rated second in the nation for its academic standards, assessments, and school accountability. In the same report, Indiana ranked 45th of all states in the category of teaching profession.

The EPE Research Center's Chance-for-Success Index provides a detailed look at the role that education plays as a person moves from childhood, through formal K-12 education, and into college and the workforce. "Chance-for-Success" is a state-by-state index that contains 13 indicators related to education, family, and home environment, and provides policymakers information that can be used to make any necessary changes in public education systems. The report finds that the nation has made little progress improving the opportunities for students to succeed throughout their lives. The nation receives a C+ on the report's annual Chance-for-Success.

Indiana received a 77.8% (C+) overall ranking it 20th in nation. The state's highest marks were in the categories of Linguistic Integration (percent of children whose parents are fluent English-speakers) with 94.0% and Kindergarten Enrollment (percent of eligible children enrolled in kindergarten programs) with 76.2%. The state's lowest marks were in the categories of 4th Grade Reading (percent of 4th grade public school students "proficient" on NAEP) with 33.7% and Adult Educational Attainment (percent of adults 25-64 with a 2- or 4-year postsecondary degree) with 32.9%.

EARLY CHILDHOOD AND SCHOOL READINESS

Getting ready for school begins long before a child buys supplies for their first day. Many critical aspects of brain development occur before, or soon after, birth. Experiences both inside and outside of the home play significant roles in the development of language and literacy skills. According to early childhood program research, children who attend high quality early care and education are more likely to



pursue higher education as adults, earn higher wages, and rely less on government assistance programs. The home environment also influences a child's outcomes. Reading aloud and telling stories to young children are important ways to help them learn how to speak and read on their own. In Indiana, only half (52.9%) of children 0-5 are read to every day by members of their family.

Preschool

Indiana is one of 11 states in the nation that does not offer state-funded pre-kindergarten programs. It is up to the individual schools to offer early childhood education programs if they feel compelled to do so, and if funds allow. The only pre-kindergarten programs offered statewide are the early childhood special education program and Head Start.

Of Indiana's three and four year olds, 5.4% were enrolled in a publicly-funded pre-kindergarten program. Programs included local public PK, Head Start, and special education services. Of those, 18.57% were being served in special education preschools.

However, many of Indiana's youngest citizens participate in some sort of early childhood programs, ranging from informal care arrangements with neighbors and relatives to educational preschool programs such as Head Start. In 2011, 53% of Hoosier 3-5 year olds were enrolled in some type of nursery school, preschool, or kindergarten program, ranking Indiana 40th in the nation.

Area Privately Owned Preschools

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 6 privately owned preschools in Lawrence County, three in Orange County, one in Martin County and four in Washington County providing approximately 421 slots.

Preschools and Head Start Eligible Children

Based on poverty rates, approximately 98 Head Start eligible children could be served by privately owned preschools. This figure is contingent upon affordability and transportation. A county breakdown includes Lawrence (37), Orange (27), Washington (29), and Martin (5).

Paths to QUALITY

Not all early childhood education programs are created equally, and quality varies from program to program. Some states have adopted quality rating systems for their child care system as a way for parents and others to access quality. The Indiana Family and social Services Administration (FSSA) announced in April 2007 that Indiana will adopt and implement Paths to QUALITY as a statewide initiative. However, the program is voluntary and only for regulated child care providers. Paths to QUALITY has four different levels of quality a care provider may meet.

- Level 1: Health and safety needs are met, including staff criminal history checks, CPR and First Aid training, TB screening, written emergency plans, and a hazard-free environment.
- Level 2: Environment supports children's learning. The agency has the appropriate ratio of staff to children; parents are informed of children's activities and their schedule with provides play time, relaxed routines, and a variety of interesting materials and activities. Child care staff receives 10 hours of training annually.
- Level 3: Planned curriculum supports children's development. Age-appropriate activities are used to help children learn and prepare for school. Parent evaluations are performed. Child care providers receive 16 hours of training annually.
- Level 4: National accreditation: the highest recognition of quality a child care provider can achieve. The child care provider has at least 18 months of experience and receives 16 hours of training annually.

Professional Development

A child's brain develops in response to the child's experiences by building neurological networks in reaction to the environment. A quality early care and learning environment is critical to this development and to school readiness skills. By age three, children have already developed most of their capacity to acquire vocabulary and 85% of a child's capacity to learn is determined by age five.

The Indiana Bureau of Child Care (BCC) funds several ongoing quality improvement projects using federal grant funds designated specifically to strengthen and improve early care and learning environments in child care facilities for Indiana's young children. This quality investment in child care has an economic impact and benefits communities as well as families and children.

Research indicates that young children's learning and development depends on the educational qualifications of their teachers. According to the 2007 Indiana Child Care Workforce Study, more than half of teachers and family child care providers report little more than a high school education. To increase the professional development and educational qualifications of child care center teachers, directors, and family child care providers, the BCC began providing funding for the T.E.A.C.H. Early Childhood Indiana scholarship program. In 2010, there was an increase of 7% of teachers and family child care providers who reported having a CDA (Child Development Associate).

There are five types of T.E.A.C.H. scholarships available: Child Development Associate's Credential (CDA), CDA Assessment Scholarship, CDA Renewal Scholarship, Associate's Degree, and Bachelor's Degree in Early Childhood Development. Hoosier Uplands Head Start currently has 5 employees that have T.E.A.C.H. scholarships (1 CDA, 1 Associate's and 3 Bachelor's).

Other professional development opportunities for providers include non-formal CDA training and on-line learning. These projects assist non-traditional participants to earn a nationally recognized credential and meet state licensing requirements through a

statewide training system of qualified organizations. Participants can attend training close to home or via the internet.

KINDERGARTEN

Indiana law does not require children to attend school until the school year in which they turn seven (entering 1st grade). Of Indiana's 5 and 6 year olds, only 44.4% were enrolled in kindergarten.

STANDARDIZED TESTING

Hoosier students take standardized tests throughout their educational careers: ISTEP+ during grades 3-8 and the National Assessment for Educational Progress (NAEP) during grades 4 and 8. In addition, students take End-of-Course Assessment (ECA) after completing Algebra 1, English 10, and Biology 1.

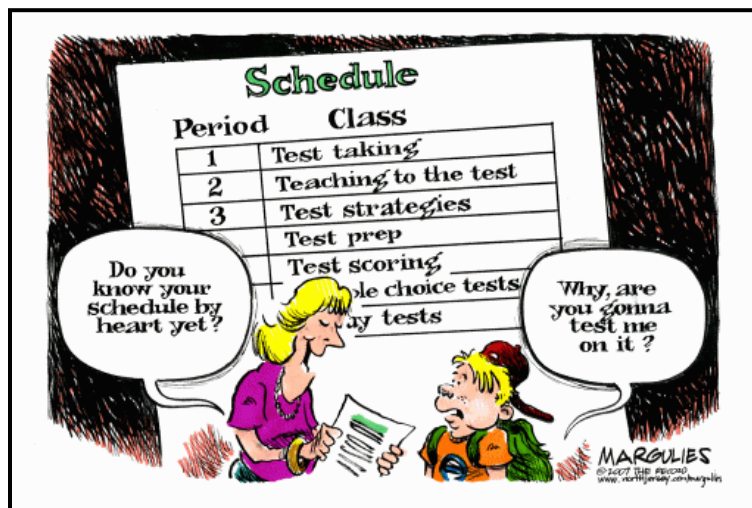
State Testing

Beginning in SY 2010, ISTEP+ testing moved to the spring semester. Students in grades 3-8 are tested in English/Language Arts and Mathematics, while those in grades 5 and 7 receive an additional section in Social Studies. Those in grades 4 and 6 receive an additional section in Science. Since 2010 Indiana student scores have improved every year across all subject areas.

- Asian and White students have the highest rates of passing both the ELA and Math sections of the ISTEP+ (81.5% and 77.9%, respectively), while Hispanic and Black students have the lowest rates (61.8% and 50.3%, respectively). This pattern holds true across each section of the ISTEP+.

National Testing

In addition to state testing, students in grades 4 and 8 take the National Assessment of Educational Progress (NAEP) exam every two years, which allows comparison of reading and mathematics results with the rest of the nation's students. NAEP considers students proficient once they have demonstrated competency in understanding challenging subject matter, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter. Indiana's average scores are similar or slightly higher than the national average, but have remained stagnant over the last decade.



Reading by Third Grade

A major indicator of a child's future success is the ability to read proficiently by third grade. Students who are not able to read before entering 4th grade are more likely to drop out of high school, be unemployed, be unqualified for military service, and live in poverty. Indiana started testing the reading levels of third graders in the spring of 2012 with a test called I-READ that measures foundational reading standards. Students take the exam in March, but may retake it in June in order to pass to the next grade. If a student does not pass, they will be retained in the third grade. Nine out of 10 Indiana third graders passed the test (90.9%).

Third Graders Passing I-READ in 2013

School Corporation	Percent Passing
North Lawrence	93.2%
Mitchell	91.5%
Paoli	93.4%
Springs Valley	89.6%
Orleans	100.0%
Shoals	87.2%
Loogootee	91.5%
Salem	94.0%
West Washington	100.0%
East Washington	95.0%

End-of-Course Assessments (ECA)

Before graduating from high school, each student must pass an End-of-Course Assessment (ECA) after completing Algebra 1, English 10 and Biology 1. As of SY 2012, Indiana was one of 22 states who administered one or more ECA exams.

- In Indiana, most students take the Algebra 1 and Biology 1 ECA in grade 9 and the English 10 ECA in grade 10.
- Students taking the Algebra 1 and Biology 1 test in earlier grades are more likely to pass than those who take it later. However, students taking the English 10 exam in 10th grade are more likely to pass than those in grades 9 or 11.

Students may graduate without passing the ECA if they have met the following requirements: take the test one time every school year after the school year in which they first took the ECA, attend help sessions to prepare for the retest, maintain a 95 percent attendance rate, earn a "C" average, satisfy all other graduation requirements, and either obtain a written recommendation from the teacher(s) in the subject area(s) not passed and the school principal or obtain a GQE Work-readiness waiver which requires at least one industry certification.

SPECIAL EDUCATION

In Indiana, all eligible students with disabilities are provided a free appropriate public education in the least restrictive environment. The Indiana Department of Education identified the following exceptionalities: autism spectrum disorder, communication disorder, deaf-blindness, developmental delay, emotional disability, hearing impairment, learning disability, mental disability, multiple disabilities, orthopedic impairment, other health impairment, traumatic brain injury, and visual impairment.

- In Indiana, 4,485 (1.1%) young children ages 0-5 have a reported disability, and 2,850,468 older children ages 5-17(5.3%) have a reported disability. Of Hoosier youth younger than 18 with a reported disability, more than one quarter (28.0%) have two or more types of disabilities.
- As a percentage of the Hoosier population ages 3-17, the number of children served by the Individuals with Disabilities Education Act (IDEA) rose from 10.8% in 2000 to 11.5% in 2011.
- The most common disabilities among special education students were learning disability (28.23%), speech or language impairments (37.31%), other health impairment (8.78%) and Autism (6.79%) in 2012.
- Of all public school students, 14.9% received special education services in 2012.

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.*

Children Serviced by Area Planning Districts - 2007

Cooperative	Ages 3-5B	Ages 6-11	Ages 12-17	Ages 18-21	Total 3-21
Daviess-Martin	114	464	466	44	1,088
Orange-Lawrence	237	1,057	1,008	101	2,403
South Central	162	776	610	74	1,622
Total	513	2,297	2,084	219	5,113

The number of students in special education in each county for 2013 was: Lawrence (1,257 – 18.0%), Washington (787 – 18.2%), Orange (563 – 16.5%), and Martin (281 – 18.2%).

Indiana Special Education Enrollment by Disability Area

APC LEVEL 1	2012 Count (A)	2011 Count (B)	Difference (A-B)
Multiple Disability	2,065	2,054	+11
Orthopedic Impairment	1,487	1,528	-41
Blind or Low Vision	976	954	+22
Deaf or Hard of Hearing	2,238	2,217	+21
Emotional Disability - FT	6,267	6,647	-380
Severe Cognitive Disability	517	542	-25
Deaf Blind	28	27	+1
Autism Spectrum Disorder	13,020	12,226	+794
Traumatic Brain Injury	477	482	-5
Totals	27,075	26,677	+398
APC LEVEL 2			
Emotional Disability – All Other	6,871	6,771	+100
Specific Learning Disability	54,132	54,030	+102
Mild Cognitive Disability	11,643	12,375	-732
Moderate Cognitive Disability	3,669	3,818	-149
Other Health Impairment	16,837	15,191	+1,646
Totals	93,152	92,185	+967
APC LEVEL 3			
Language or Speech Impairment	71,560	71,468	+92

The disability areas experiencing the greatest increases from 2011 to 2012 were Other Health Impairment with a 10.84% increase and Autism with a 6.49% increase. The disability areas with the highest numbers are Learning Disability and Language/Speech Impairment.

Special Education Preschool and Head Start Eligible Children

Special education preschool is provided to children in the following school districts through the three area cooperatives: North Lawrence Schools (52 slots), Mitchell (36 slots), Paoli (10 slots), Orleans (10 slots), and Shoals (11 slots).

Based on poverty rates, the following county breakdown applies to the number of Head Start eligible children being served in special education preschools: Lawrence (20), Orange (5), and Martin (2).

2010 - Indiana Public Preschool Programs Part B of IDEIA, Section 619

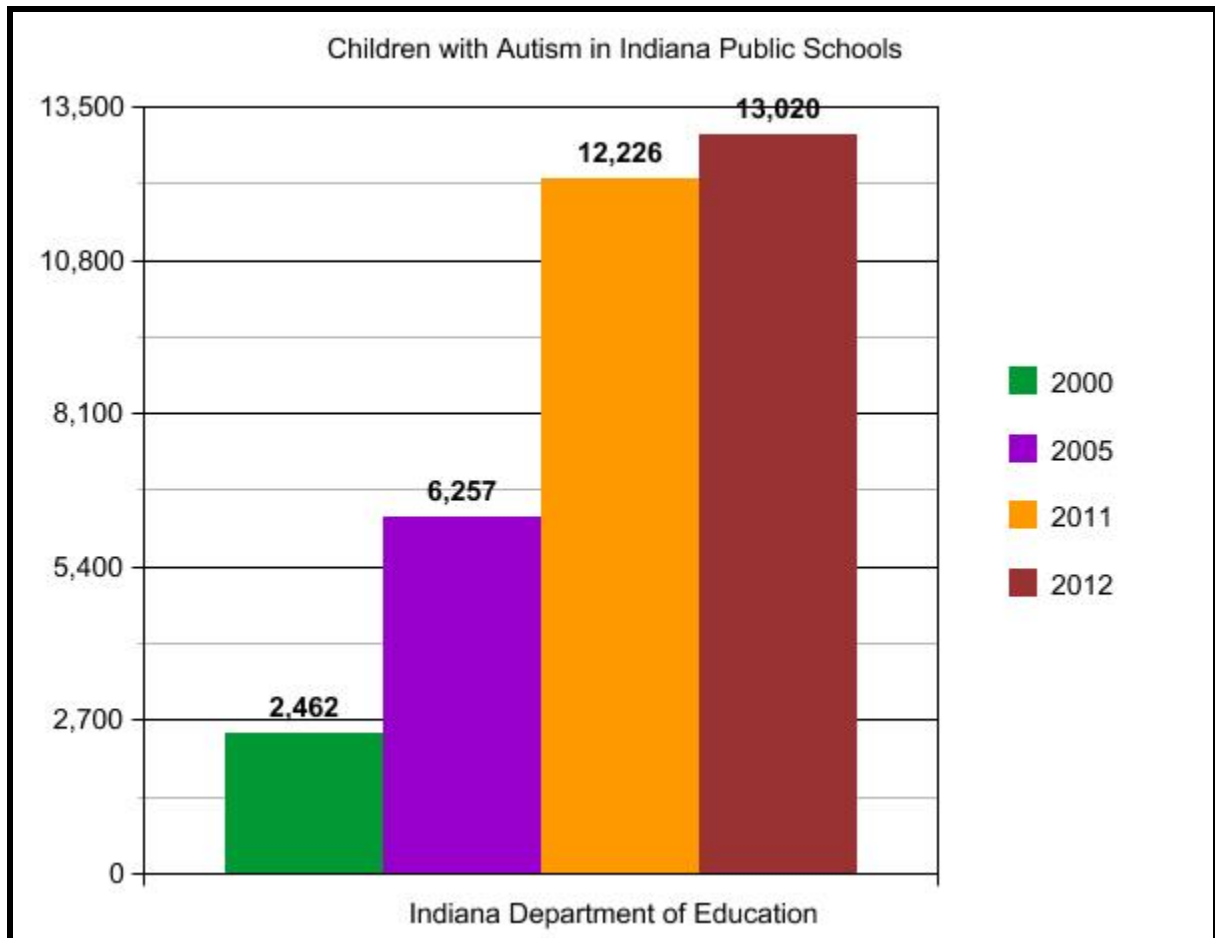
	Age 3	Age 4	Age 5	Total
Mental Retardation	100	136	465	701
Hearing Impairments	68	71	91	230
Speech or Language Impairments	2,491	3,529	5,262	11,282
Visual Impairment	18	19	50	87
Emotional Disturbance	x	X	51	65
Orthopedic Impairments	64	81	122	267
Other Hearing Impairments	111	133	270	514
Specific Learning Disabilities	X	X	136	147
Deaf-Blindness	X	X	X	X
Multiple Disabilities	83	86	130	299
Autism	161	260	557	978
Traumatic Brain Injury	6	10	0	16
Developmental Delay	1,596	1,851	678	4,125
Totals	4,702	6,198	7,825	18,725

Autism

A growing number of children in the US and Indiana are being diagnosed with autism. Autism developmental disabilities (ASDs) can cause significant social, communication and behavioral challenges. People with ASDs process information differently than others, and ASDs are “spectrum disorders” whose effects are unique for each person, ranging from very mild to severe. People with ASDs share some similar symptoms, such as problems with social interaction, but there are differences in when the symptoms began, their severity, and their exact nature. In the US, autism is increasing between 10 and 17% a year according to the Autism Society of America.

While no Indiana data is available, it is estimated that nationally about 1 in 50 children have an ASD, a sharp increase from the 2000 estimate of 1 in 150 children. The CDC cites an increase in early intervention and diagnosis by doctors as the reason for this rise in prevalence.

According to statistics from the 2012-2013 school year, Indiana’s rate of students with autism was 1 in 80 or 13,020 students. During SY 2010-2011, the rate was 1 in 98.



Experts predict the trend will continue. The Autism Society of America says the number of kids with autism in the US will climb from 1.5 million to more than 4 million during the next decade.

No one knows for sure why autism is on the rise, because no one is certain what causes autism. The condition tends to run in families, suggesting a genetic link. Scientists suspect a number of genes, rather than a single one, are responsible for the disorder. Some experts feel environmental factors may play a role. Some of the factors that have been widely discussed by the media include mercury exposure, PCPs, and vaccines. However, no clinic studies have proven any of these to be causes.

Most experts agree that early intervention is crucial to help a child who's been diagnosed with autism. Depending on the individual's specific problems, therapy might include behavior training; speech, physical and occupational therapy; and special help with socialization and communication skills. Many kids with autism have to be taught how to pick up on social cues. Once they learn, they tend to do better socially.

Attention Deficit Hyperactivity Disorder (ADHD)

Children with ADHD have difficulty paying attention and controlling impulsive behaviors, and can be overly active. In Indiana, 11.7% of children ages 2-17 were reported to have ADHD, 74% of who were receiving medication for the disorder. The national rate of

children reported to have ADHD was lower at 7.9%, with two-thirds receiving medication (65.6%).

- Children living under 200% of the poverty level are more likely to be diagnosed with ADHD than their more affluent peers.
- Boys are more likely to be diagnosed ADHD than girls.

FIRST STEPS



The First Steps Early Intervention System is Indiana's response to Part C of the Individuals with Disabilities Education Act (IDEA). First Steps provides services to Hoosier families whose children have a developmental delay, a diagnosed condition with a high probability of resulting in a developmental delay, or are at risk of a developmental delay because of biological risk factors. Services such as physical, occupational, developmental, and speech therapies, transportation, service coordination, and nursing services are available to these families.

First Steps is based in each of Indiana's 92 counties and is implemented by a Local Planning and Coordination Council in each of them. First Steps works with local education, health and social service professionals to meet the special needs of children and families. First Steps services are free to families whose incomes fall below 250% of the poverty guidelines. For families with higher incomes, a nominal fee is charged for services. Indiana averages 33.8 days from referral to IFSP. The average age for referral is 13 months.

In 2012, 20,056 Hoosier children were served by First Steps. In the four county service area a total of 249 children were served with a county breakdown of: Lawrence (121), Orange (34), Washington (66), and Martin (28). The most common services received were speech therapy, developmental therapy, physical therapy and occupational therapy.

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.

**2012-2013 First Steps
Children Receiving Service Types**

	Cluster F	Cluster I	Cluster J	Total	Percent
Children Served	892	2,369	1,958	5,219	100.00%
Assistive Technology	3	34	5	42	0.35%
Audiology	18	344	53	415	3.46%
Developmental Therapy	674	1,328	1,541	3,543	29.53%
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	2	0	20	22	0.18%
Occupational Therapy	394	1,330	790	2,514	20.96%
Other Services	0	0	0	0	0.00%
Physical Therapy	165	1,356	836	2,357	19.65%
Psychology	3	0	9	12	0.10%
Social Work	0	0	40	40	0.33%
Speech Therapy	564	1,361	1,126	3,051	25.44%
Vision	0	0	0	0	0.00%
Totals	1,823	5,753	4,420	11,996	

HIGH SCHOOL GRADUATION

A recent report shows that school connectedness has a strong relationship to educational outcome, including attendance, staying in school, and higher grades and test scores. In SY 2006, legislation changed the calculation of graduation rates to reflect the graduation of those students who enter as a freshman and then graduate four years later. Comparison of rates before and after 2006 is not recommended because rates were calculated differently. 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.

The Indiana Department of Education reported a graduation rate of 88.4% for the Class of 2012. Graduation rates at the county level were Lawrence (85.7), Orange (89.9), Washington (87.9), and Martin (75.8).

Indiana High School Diploma Requirements

The Indiana State Board of Education adopted new course and credit requirements for earning a high school diploma. With these changes, students will have the option of earning four diploma types:

- General Diploma

- Core 40
- Core 40 with Academic Honors
- Core 40 with Technical Honors

The Indiana General Assembly made the completion of the Core 40 a graduation requirement for all students beginning with those who entered high school in fall 2007. The legislation includes an opt-out provision for parents who determine that their student could benefit more from the General Diploma. The legislation also made the Core 40 a minimum college admission requirement for the state's public four year universities beginning in the fall of 2011.

POST-SECONDARY EDUCATION

ACT and SAT

The Scholastic Aptitude Test (SAT) is widely used by colleges and universities for admission and enrollment purposes by testing students' knowledge of subjects necessary for college success: reading, writing, and mathematics. The ACT assesses high school students' general educational development and their ability to complete college-level work. The four skill areas covered are: English, Mathematics, Reading, Science, and an optional writing test. The maximum scores on the SAT and ACT are 2400 and 36, respectively.

- From 1972 to 2012, Critical Reading scores in Indiana decreased from 530 to 496, while Mathematics has slightly increased from 509 to 514.
- While the number of Indiana students taking the SAT has increased from 34,404 in 2008 to 39,694 in 2012, the composite score has decreased slightly but consistently in the same period, from 1,000 in SY 2008 to 994 in SY 2012.
- 62.5% of high school graduates took the SAT, while 27.9% of high school graduates took the ACT.
- The average ACT score for the state has been 22 for the last five years of data (2008-2012).

Post High School Graduation Intentions

Two-thirds (65%) of Hoosier high school students (grades 8 through 12) plan to attend a four-year college after high school, with another 8% planning to attend a two-year college. Additionally, 3% plan to enter an apprenticeship or career-technical college, 6% to work full-time, and 6% to join the military, while the remaining 12% are unsure of their plans after high school.

First Generation College Students

First generation college students may face more challenges in attending and competing college than others. These students may need more financial preparation and support, as well as additional support on campus due to a lack of family and peer support. Just more than half (56%) of 9th and 11th grade potential first generation students expect to go to a four-year college or university after high school.

College Costs

The cost of college may be perceived as a barrier to many students who might otherwise pursue such a post-secondary education. One in seven Hoosier high school students or their parents (14%) attended a program about financial aid last year. And 69% of 12th graders submitted the Free Application for Federal Student Aid or FASFA, which is used to determine what types and what amounts of aid students may receive in college.

In Indiana the average annual cost of a public two-year college has increased 16.8% over the last eight years, from \$3,126 in SY 2005 to \$3,650 in SY 2013. Over the same time, the cost of a public four-year college or university has increased 23.1% from \$7,073 to \$8,704.

Twenty-First Century Scholars Program

The Twenty-first Century Scholars Program began in 1990 as Indiana's way of raising the educational aspirations of low- and moderate income families. The program aims to ensure that all Indiana families can afford a college education for their children.

Income eligible 7th and 8th graders who enroll in the program and fulfill a pledge of good citizenship to the state are guaranteed the cost of four years of college tuition at any participating public college or university in Indiana.

Changes in the 21st Century Scholars program have set new requirements for enrolled students who started high school in fall 2013. These requirements include maintaining a minimum 2.5 GPA and participating 12 specific college readiness activities while in high school. In addition, once enrolled in college, students must participate in academic success programming and maintain a 2.5 GPA.

Post-Secondary Schools

There is only one post-secondary school located in the four county area. The Bedford College center, which is a branch of the Oakland City University, is located in Lawrence County. The college center offers both associate and bachelor's degrees. The coursework is generally in business.

Public four-year colleges in the surrounding area are Indiana University in Bloomington and Indiana University Southeast in New Albany. Two year colleges in the area are Vincennes University and Vincennes University Jasper Campus. There are two Ivy Tech Community College campuses, one in Bloomington and the other located in

Sellersburg. All schools are, at the least, an hour away depending on your county of residence.

Workplace Readiness

Last year, only 15% of Hoosier high school students participated in job shadowing or an internship. In fact, two in five employers (42.4%) rate high school graduates as “deficient” in their preparation for entry-level jobs. Because of this lack of preparation, three in five employers (58.8%) plan to hire more four-year college graduates and about half (49.5%) plan to hire more two-year college/technical school graduates.

The most important skills necessary for workplace readiness as cited by employers include:

- Professionalism / Work Ethic
- Oral and Written Communications
- Teamwork / Collaboration
- Critical Thinking / Problem Solving

ADULT LITERACY

It is estimated that between 800,000 and 1.5 million adults in Indiana have literacy skills that are below the level necessary for life in America today. These adults cannot understand dosage instructions on their medicine. They cannot locate the intersection of two highways on a roadmap. They cannot read a bedtime story to their child. They cannot file a tax return or research health information or treatment options on the Internet.

SOAR

The SOAR program teaches adults how to improve their reading and survival skills. They use tutor volunteers who attend a 12 hour workshop to become certified to teach adults how to read, and then spend about one and a half hours each week tutoring.

Services through SOAR are free and confidential. They have offices in all counties of the service area. Locations include Bedford, Paoli, Loogootee, and Salem.

FAMILY AND COMMUNITY NEEDS SURVEYS



A close-up photograph of a hand holding a black pen, marking a survey form. The form is tilted and contains the following text and checkboxes:

Survey:	<input checked="" type="checkbox"/>
Excellent:	<input type="checkbox"/>
Good:	<input type="checkbox"/>
Fair:	<input type="checkbox"/>
Poor:	<input type="checkbox"/>

HOOSIER UPLANDS HEAD START FAMILY SURVEY

In November 2013 families in the Head Start and Early Head Start Programs were asked to complete a needs survey. Questions concerning health services, child health concerns, nutrition needs, educational services, and general social/consumer services were asked.

There were a total of 262 respondents broken down by county as follows: Lawrence (120), Orange (47), Washington (61), and Martin (34).

Just over half of the respondents were two-parent households (51.15%). Single parent headed by a female was the next largest group with 35.88%. Single parent headed by a male was 6.11%. Grandparents raising grandchildren comprised 5.72% and 1.14% were foster parents.

The following is a ranking of needed services indicated on the completed surveys:

Most Needed Health Services in the Community

Rank	Service	Percent
1	Health Insurance	23.07%
2	Access to Healthcare	15.07%
3	Prescription Cost Assistance	14.42%
4	Dental Care / Adult	12.19%
5	Dental Care / Child	10.88%
6	Mental Health / Counseling	7.34%
7	Immunizations	6.42%
7	Smoking Cessation	6.42%
9	Prenatal Care	4.19%

“Health Insurance” was the number one most needed health service indicated by all four counties (Lawrence, Orange, Washington and Martin). The second most needed service was “Prescription “Care” in Lawrence and Orange Counties. Washington County and Martin County indicated “Access to Healthcare” as their second priority.

Most Important Child Health Concerns in the Community

Rank	Service	Percent
1	Teen Pregnancy	16.08%
2	Childhood Obesity	15.82%
3	Secondhand Smoke	14.94%
4	Nutrition	14.30%
5	Asthma	8.86%
6	Ear Infections	7.97%
7	Lice	7.22%
8	Child Immunizations	4.81%
9	Diabetes	3.92%

Rank	Service	Percent
10	Vision	2.41%
11	Hearing Problems	2.28%
12	Lead Poisoning	1.39%

In Lawrence and Martin Counties, “Nutrition” was the number one child health concern. Orange County indicated “Teen Pregnancy” as their top priority. Washington County’s top concern was “Childhood Obesity.” “Secondhand Smoke” was the second in Martin and Orange Counties. Lawrence County indicated “Childhood Obesity” and Washington County listed “Teen Pregnancy” as their second highest concern.

Most Important Nutrition Needs in the Community

Rank	Service	Percent
1	Smart Shopping	24.70%
2	Food Pantries	23.76%
3	Nutrition Education	18.39%
4	Food Stamps	14.23%
5	Cooking Classes	11.14%
6	Soup Kitchens	7.79%

Lawrence, Orange and Washington Counties indicated that “Food Pantries” was the number one nutrition need in their communities. Martin County listed “Smart Shopping” as their top priority.

Most Needed Education Services in the Community

Rank	Service	Percent
1	After School Program	17.79%
2	Preschool	16.97%
3	College Assistance	16.41%
4	GED	11.17%
5	Adult Education	10.62%
6	Special Education Services	10.48%
7	Quality Tutors	8.69%
8	Literacy Program	5.66%
9	English as a Second Language	2.21%

Washington and Orange Counties listed “Preschool Services” as the most needed education service in their communities. Lawrence and Martin Counties indicated “After School Program” as the most needed education service.

Most Needed Social Services in the Community

Rank	Service	Percent	Rank	Service	Percent
1	Employment	21.88%	15	Parenting Classes	2.29%
2	Affordable Housing	12.60%	16	Crime Prevention	2.16%
3	Child Care	7.51%	17	Family/Marriage Counseling	2.04%
4	Utility Bill Assistance	6.23%	17	Transportation	2.04%
5	Homeless Assistance	4.58%	19	Legal Services	1.91%
6	Child Support Enforcement	4.45%	20	Grandparent Raising Grandchildren Support Group	1.65%
7	Holiday Assistance	3.69%	20	Book Rental/School Supply Assistance	1.65%
8	Job Skills Training	3.31%	22	Child Special Needs Support Group	1.53%
9	Alcohol/Drug Abuse	3.18%	23	Domestic Abuse Counseling	1.15%
9	Budget Management	3.18%	24	Mental Health Counseling	0.89%
11	Free Clothing	2.93%	25	Prenatal Education	0.64%
12	Child Abuse	2.67%	26	Foreclosure Assistance	0.51%
12	Child Care Payment Assistance	2.67%	27	Counseling AIDS/STD	0.25%
14	Weatherization	2.42%	28	Divorced Parent Mediation	0.00%

All four counties listed "Employment" as the most needed service in the area.

HOOSIER UPLANDS COMMUNITY NEEDS SURVEY

During the months of June, July and August 2010, Hoosier Uplands conducted a survey to assess the human service needs of families living in Lawrence, Martin, Orange, Crawford and Washington Counties. The survey was conducted in two parts. Part one was a mailed survey to elected officials within the five-county area. There were 17 responses received from the "Elected Officials Survey."

Part two was a random survey of individuals conducted throughout each of the counties. Mail-in surveys were sent to clients receiving Energy Assistance and/or Case Management services through Hoosier Uplands. The remainder of the surveys were either conducted face-to-face or given to area businesses to distribute to their employees.

Part One - Results from Elected Officials

When asked which social services were needed in each of their communities they answered as follows:

Rank	Service	Percent	Rank	Service	Percent
1	Certificate Programs to Help People Get Jobs	58.8%	9	Child Care	20.6%
2	Help for People Seeking Employment	55.9%	9	Youth Programs (3-12)	20.6%
3	Health Insurance Coverage	41.2%	9	Help for People Applying for Social Security Benefits	20.6%
3	Help for People Unable to Pay Water Bill	41.2%	9	Removal/Repair of Condemned and Vacant Houses	20.6%
4	Support for Caregivers of Senior Citizens	38.2%	9	Affordable Legal Services	20.6%
4	Help for People Unable to Pay Electric/Gas Bill	38.2%	10	Parenting Skills Training	17.6%
5	GED Classes	35.3%	10	Help for People Unable to Pay Rent/Mortgage	17.6%
5	Affordable Housing	35.3%	11	Financial Aid for Higher Education	14.7%
5	Food Assistance	35.3%	11	Help Starting a Business	14.7%
5	Help for People with Homes in Foreclosure	35.3%	11	Homeless Services/Shelters	14.7%
6	Support for Caregivers of Disabled Children	29.4%	11	Help with Reliable Transportation	14.7%
6	Teen Programs	29.4%	12	Adult Literacy Skills Training	11.8%
6	Help with Budgeting Money	29.4%	12	Help Living a Healthy Lifestyle	11.8%
6	Mental Health Services	29.4%	12	Free Income Tax Prep	11.8%
7	Financial Education	26.5%	13	Healthy Relationship Programs	8.8%
8	Credit Counseling	23.5%	14	Computer Skills Training	5.9%
8	Home Insulation or Weatherproofing Services	23.5%	14	Help for People to Build Financial Assets	5.9%
			15	Support Groups	2.9%
			15	Nutrition Education	2.9%

Part Two - Results from Individual Random Surveys

There were 3,481 respondents. The following is a ranking of services in most need of attention within the overall service area:

Rank	Services	Percent
1	Help paying gas/electric bills	29.0%
2	Help paying water bills	14.7%
3	Help for those seeking employment	12.1%
4	Certificate programs to help people get jobs	12.0%
5	Affordable legal services	11.9%

Rank	Services	Percent
6	Financial aid for higher education	11.8%
7	Home insulation or weatherproofing services	11.0%
8	Support for caregivers of senior citizens	10.9%
9	Mental health services	10.0%
10	Support for caregivers of disabled children	9.3%
11	Help for people in need of reliable transportation	7.7%
12	Help for people with a home in foreclosure	6.3%
13	Teen programs (ages 10-18)	6.0%
14	Removal/Repair of condemned and vacant homes	6.0%
15	Youth programs (ages 3-12)	5.1%
16	GED classes	4.3%
17	Free income tax preparation services	4.0%
18	Help for people who want to live a healthy lifestyle	3.9%
19	Help with budgeting money	3.7%
20	Financial education	3.5%
21	Computer skills training	2.5%
21	Adult literacy skills training	2.3%
22	Parenting skills training	1.8%
23	Help for people who want to start a business	1.6%
24	Help for people to build financial assets	0.9%
25	Credit counseling	0.5%
26	Support groups	0.2%

SOURCES



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Indiana Association for the Education of Young Children – <http://www.iaeyc.org>

Indiana Business Research Center – <http://www.ibrc.indiana.edu>

Indiana Coalition Against Domestic Violence – <http://www.icadvinc.org>

Indiana Department of Child Services – <http://www.in.gov/dcs/index.htm>

Indiana Department of Education – <http://www.doe.in.gov>

Indiana Department of Workforce Development - <http://www.in.gov/dwd/>

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Indiana Family and Social Services Administration – <http://www.in.gov/fssa>

Indiana Institute for Working Families – <http://www.indianaselfsufficiencystandard.org>

Indiana Institute on Disability and Community – <http://www.iidc.indiana.edu>

Indiana Judicial Branch / Division of State Court Administration / Office of Guardian Ad Litem – <http://www.in.gov/judiciary/admin/2339.htm>

Indiana Prevention Resource Center – <http://www.drugs.indiana.edu/prev-stat/county-profiles-gis-in-prevention>

Indiana Professional Licensing Agency – <http://www.in.gov/pla>

Indiana State Department of Health – <http://www.state.in.us/isdh>

Indiana State Library – <http://www.in.gov/library/index.htm>

Indiana State Police – <http://www.in.gov/isp>

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My Vax Indiana – <http://gateway.isdh.in.gov/MyVaxIndiana>

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Hoosier Uplands Children's Services

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