

## INDIANA BLACK EXPO

### STATE OF OUR BLACK YOUTH 2007: INDIANA

#### Children and Families

##### Key Data

U.S. Census Bureau 2005 estimates show that 8.8% of Indiana's residents were Black, 88.6% were White, followed by, Asian (1.2%), and two or more races (1.1%). Less than one percent (0.3%) of the population was American Indian or Alaskan Native, or Native Hawaiian and Other Pacific Islander.<sup>1</sup> Slightly more than 95% of Indiana's population was non-Hispanic, while slightly less than 5% was Hispanic.

Indiana had slightly more Black families headed by single parents (65.1%) than the nation (63.1%) in 2005. Of Black Hoosier families, 56.9% were headed by single mothers, 8.2% were headed by single fathers, and the remaining 34.9% were headed by married parents. In the United States, 55.2% of Black families were headed by single mothers, 7.9% by single fathers, and 36.8% by married parents.

##### Why It Matters

Parents play vital roles in children's healthy physical, mental and emotional development, school readiness, and educational success,<sup>2</sup> and family structure affects a child's well-being. Children living with both biological parents in a low-conflict marriage tend to have better outcomes than those living in other family arrangements.<sup>3</sup> In contrast, children living in single-parent families on average experience more difficulties with physical and mental health, education, and behavior.<sup>4</sup> Because single-parent families tend to have lower incomes than married-parent families, the negative outcomes can be partially attributed to poverty.<sup>5</sup> However, research suggests that only about one-half of the negative effects of living in a single-parent family are attributable to income differences between single and married parent families.<sup>6</sup>

The effects of single parenthood on child outcomes may differ by race. Some data suggest that after controlling for poverty, single parenthood is associated with reduced well-being for White children but not for Black children. One hypothesis is that Black families historically have had strong kinship ties, which may provide a set of parenting resources outside the context of a married-couple family.<sup>7</sup>

For children living in single-parent families, encouraging responsible parenthood from both the custodial and non-custodial parents can be beneficial. Fathers tend to be the non-custodial parent, therefore, there are many initiatives aimed at encouraging responsible fatherhood. Research suggests that when fathers spend more time parenting, building positive relationships with their children, and engaging in activities such as eating meals together, going on outings, and helping with homework, children benefit. The positive outcomes may include higher levels of cognitive development, social competence, and school performance.<sup>8</sup>

In addition to encouraging father involvement, several research studies have found that children whose fathers provide child support, especially when support agreements are reached cooperatively rather than by court order, experience better cognitive development, academic achievement, and behavior. The impact of child support appears to go beyond simply increasing economic security of children. Receipt of child support is associated with more positive child outcomes at a greater rate than other sources of increased income.<sup>9</sup>

##### Best Practices

Best practices include:

- Helping couples avoid unintended pregnancies;
- Preventing teen pregnancy;
- Encouraging unmarried parents to marry;
- Strengthening existing marriage and relationships; and,
- Providing premarital counseling.

While there may not be societal consensus on non marital childbearing, there is agreement that teen childbearing is undesirable on many levels. While specific interventions (such as sex education, abstinence education, and the distribution of contraceptives) may be controversial, the variety of effective approaches to prevent teen childbearing should help parents, communities, and government make progress. In particular, programs that combine youth development and sexuality education, and community service approaches are effective.<sup>10</sup> Additionally, evidence indicates that high quality early childhood programs can prevent adolescent childbearing a decade or more later.

There is not yet a proven method for promoting and building strong marriages, particularly for disadvantaged unmarried couples, only promising insights from research studies and existing programs such as San Francisco's Becoming a Family Project, Oklahoma's, Prevention and Relationship Enhancement Program, and the Administration for Children and Families' Black Healthy Marriage Initiative.

The Center for the Study of Social Policy has issued research-based state policy goals for encouraging strong families through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>11</sup> These policy goals include the provision of funding for teen pregnancy prevention programs with proven track records, and public education campaigns that use research-based methods to promote and support healthy marriages.

#### Economics

##### Key Data

Indiana's economic data reveal mixed findings for Black families. The unemployment rate for Black Hoosiers ages 16 and older was 15.6% in 2005, compared with 13.2% nationally; Indiana's rate, which increased 30% from 2000 to 2005, was more than 18% higher than the national rate. Indiana's median household income typically is lower than that of the nation. In 2005, Indiana's Black families had a median household income of \$28,760 compared with \$30,939 nationally. Home ownership among Black families in Indiana also lagged the nation in 2005, with 43.0% of Black Hoosiers owning their own homes versus 45.8% nationally.

While Blacks in Indiana struggle on some indicators of economic stability, fewer Black Hoosier children (42.1%) lived in poverty in 2005 than Black children nationally (56.2%). Indiana's rate was 25% lower than the national rate, although child poverty among Black Hoosiers increased more than 30% between 2000 and 2005.

##### Why It Matters

Family economic success impacts a wide range of child outcomes. Compared with children in more economically stable families, those in poor families are more likely to have low academic achievement, drop out of

school, score lower on cognitive tests, experience chronic health problems such as asthma and anemia, engage in smoking and early sexual activity, and become pregnant as teenagers, among other negative outcomes. These negative outcomes, which have effects that persist beyond childhood, appear to be even more likely for children whose families live in poverty for long periods of time.<sup>12</sup> The reasons children living in poor families fare worse than their more affluent counterparts go beyond apparent disadvantages such as lack of access to high quality schools, health care, and proper nutrition. Adults living in poverty are more likely to have additional problems, including low education levels and mental health issues, which have negative impacts on their children.<sup>13</sup> Thus, raising a family's income alone will not completely remedy the effects of child poverty; assisting families with the complex, underlying issues is important as well.<sup>14</sup>

Families in economic distress are vulnerable to inappropriately priced financial services, such as loans, insurance, and home mortgages, and typically have low levels of asset accumulation. Nearly three-quarters of Black children grow up in households with zero or negative net financial assets.<sup>15</sup> For these families, building cash reserves to weather financial emergencies or purchase homes may be out of reach.

Programs that build economic self-sufficiency often focus on workforce development, community investments, and family economic support. Workforce development programs aim to improve skills and educational attainment, bolster early work experiences and attitudes towards work, and improve physical access to jobs for minorities. They also work to reduce discrimination.<sup>16</sup> Community investments promote economic self-sufficiency by increasing homeownership, and creating affordable housing, while also encouraging community economic development and neighborhood business development. Likewise, family economic support programs provide education on saving/asset building, consumer financial services, and avoidance of predatory lending practices; assistance also may be provided in filing income taxes and obtaining public benefits such as Food Stamps, child care and housing vouchers, and health care.<sup>17</sup>

### Best Practices

Best practices cited for workforce development include:

- Individualized tutoring programs such as Success for All and Reading One-to-One;
- Mentoring programs like Big Brothers Big Sisters, and school-to-work programs such as Pro Tech and Career Academies; and,
- Community investments focused on attracting businesses and bettering the quality of neighborhood housing and services through Empowerment and Redevelopment Zones.

Additionally, the Center for the Study of Social Policy has issued research-based state policy goals for increasing family economic success through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>18</sup> These goals include increasing investments in worker training, devoting significant resources to training workers with low skill levels, customizing and targeting training for “hard-to-employ,” entry-level, and low-wage individuals who may be unemployed or employed in low skill, low wage jobs.

## Education

### Key Data

Despite gains in some areas, racial disparities in education persist. On average, Black and Hispanic teens have lower levels of educational

achievement than their White and Asian peers.<sup>19</sup> By 12th grade, the average Black and Hispanic student can do math and read on the same level as a White 8th grader.<sup>20</sup> In addition, Black students are over-represented in special education services and under-represented in gifted and talented programs.<sup>21</sup> (Data on special education and gifted and talented enrollment can be found on the state and city pages of this report.) Slightly less than one in five (18.5%) Black Indiana public school students received special education services in the 2006 school year, an increase of almost 10% since 2000, while fewer than 5% of Black students were enrolled in gifted and talented programs.

The rate of Black students who dropped out of school increased 66.1% between 2000 and 2006, from 30.4 per 1,000 Black youths ages 15-19 to 50.5 per 1,000. Suspension and expulsion rates increased 38.0% for Black students between 2000 and 2006. Though more Black students dropped out of school or were suspended or expelled, more students reported that they intended to enroll in vocational school, two-year and four-year colleges. In 2006, 57.8% of Black students intended to enroll in a four-year college compared with 46.4% in 2003; 17.1% intended to enroll in a two-year college, compared with 12.5% in 2003; and 9.9% planned to enroll in vocational school, up slightly from 9.3% in 2003.

### Why It Matters

Children who do well in school are more likely to graduate from high school and college, which in turn is associated with better odds of obtaining and retaining jobs,<sup>22</sup> and thus lower risk of unemployment, higher wages, more opportunities for advancement, and greater likelihood of economic success. Adults with higher education levels report being in better physical and emotional health, and are less likely to divorce than their less-educated peers.<sup>23</sup>

Some forms of school discipline may negatively impact academic achievement. Research shows that school removal is associated with negative academic and social risks, including grade retention, dropping out, school disengagement, arrest, and incarceration.<sup>24</sup> Data shows that Blacks are more likely than other students to experience the negative outcomes linked to removal.<sup>25</sup>

Another important influence on academic achievement is the education level of parents. Research shows that higher levels of parental education are associated with better outcomes for children. These child outcomes include higher levels of educational achievement, engagement in pro-social behaviors such as volunteering, and lower rates of risk behaviors, such as smoking.<sup>26</sup>

### Best Practices

Programs that successfully raise the educational achievement of Black youth and may reduce the achievement gap share two common threads demanding curricula and strong social support systems that value and promote academic achievement. Examples include:

- The Calvert program;
- The Knowledge is Power program; and,
- “Supplementary education” programs that promote students’ academic and social development beyond the traditional school day.<sup>27</sup>

The Center for the Study of Social Policy has issued research-based state policy goals for increasing educational achievement through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>28</sup> These goals include raising teacher qualifications, offering financial incentives to qualified teachers, reducing class sizes, and providing school choice for students in low-performing schools.

## Health

### Key Data

Like the gaps in education, gaps persist in the health status of Black and White children. Minority and poor children continue to lag behind White children in several health indicators including infant mortality, immunizations, asthma, dental care, lead exposure, and obesity.

Lead levels have decreased dramatically in all children since 1980, however Black and poor children have higher blood lead levels than their White and/or more affluent peers.<sup>29</sup> Exposure to even low levels of lead can slow a child's development, cause learning disabilities, behavior problems, and lower IQs.<sup>30</sup> Young children often explore by putting toys and other objects, which may be contaminated with lead, in their mouths, increasing their risk of lead exposure. Sources of lead can include drinking water, contaminated soil, and lead-based paint. Though the use of lead-based paint in homes was discontinued in the 1970's, deteriorating paint in older homes remains the leading source of lead exposure in children.<sup>31</sup> In Indiana, the rate of Black children screened for lead exposure increased more than 65% between 2000 and 2006, with slightly more than 216 Black children ages 0-4 per 1,000 children in that age group screened in 2006. A lead exposure indicator was added to the state and city pages of this report.

Another health issue for children is obesity, which is the most common chronic health problem facing youth today. In Indiana, the number of overweight high school students increased 3.5% in just two years. Of Hoosier students in grades 9-12, 15% reported being overweight in 2005, exceeding the national rate of 13.1%.<sup>32</sup> Racial disparity exists in overweight and obesity rates. More than one-third (36%) of Black students ages 6-11 nationally are overweight, compared with just over one-quarter (26%) of White youths of the same age. Overweight rates are higher for older students. Over 40% of Black students ages 12-19 nationwide are overweight, as compared with nearly 27% of their White peers.<sup>33</sup> Some researchers believe today's children may be the first generation to have a shorter life expectancy than their parents.<sup>34</sup> Indiana data were not available by race and city/county, and therefore are not included on the state and city pages of this report.

Because a link exists between weight and Type 2 diabetes, Indiana may experience an increase in Type 2 diabetes as the number of overweight and obese children rises. National trends show that increases in the prevalence of Type 2 diabetes in youth have mirrored the increasing rates of overweight youth in the past 15 years.<sup>35</sup> Obese youth are 12.6 times more likely to develop factors contributing to Type 2 diabetes, which is typically seen in adults over age 40.<sup>36</sup> Research suggests that type 2 diabetes is being diagnosed more frequently in children and teens, particularly in Blacks and other minorities.<sup>37</sup> Diabetes now is one of the top five health concerns in schools, and its lifelong consequences include increased risk for heart disease, kidney failure, adult blindness, and shortened lifespan. Indiana does not have a diabetes registry, making it difficult to accurately track incidence rates.<sup>38</sup>

Other health issues facing Hoosier Blacks include rates of non marital births, low birth weight babies, and infant deaths. In Indiana in 2004, Blacks have higher rates of non-marital births (77.9% compared with 68.8% for Blacks nationally), low birth weight babies (13.7% versus 13.4% nationally), and infant deaths (1.7% compared with 1.3% nationally), but lower rates of pre-term births (13.9% versus 17.7% nationally). All of these rates increased between 2000 and 2004 in Indiana.

### Why It Matters

The health status of children is perhaps the most important determinant in ensuring positive long term developmental 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 health care is not readily accessible during childhood and adolescence. Family and child health factors can have lifelong implications. Family health is impacted by income and education levels, and in turn, health impacts economic success, school readiness and success, and positive youth development. One researcher has suggested that differences in family health conditions and behaviors may account for as much as one-quarter of the racial gap in school readiness.<sup>39</sup> Children with chronic health problems and limitations may be more likely to be reported as sad, unhappy or depressed.<sup>40</sup>

### Best Practices

Strategies for improving child and family health outcomes include:

- Form community partnerships between local schools, places of worship, early childhood education programs, community organizations, and health care programs in one location.
- Employ health workers who understand cultural nuances and networks within the community and how to approach families. Training for these workers in nutrition, tenant rights, and home lead inspection is important.
- Employ mobile vans to go to schools and early childhood centers where many children can be reached directly and efficiently. One example is the Community DentCare Network, established by, Columbia University and Harlem Hospital in 1996 to ensure preventive services and easy access to dental care in underserved areas.<sup>41</sup>

The Center for the Study of Social Policy has issued research-based state policy goals for improving family health through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>42</sup> These policies include affordable health insurance, easily accessible and culturally appropriate health care, comprehensive health and physical education in schools, and nutrition standards for school meals.

## Child Maltreatment

### Key Data

Child abuse and neglect is a complex problem that occurs in all racial and ethnic groups and across all socioeconomic levels. There are a variety of factors that can contribute to an increased risk of child abuse and neglect, such as unemployment, poverty, births to mothers under age 20, births to unwed mothers, low birth weight, and premature birth. Experiencing multiple factors compounds the risk and may increase feelings of stress and social isolation.

Despite evidence that there are no racial differences in the incidence of child maltreatment, racial disparities exist in the child protection system.<sup>43</sup> Consistent with national trends, Black children in Indiana are over-represented at every point in the child welfare system, from investigations and out-of-home care to termination of parental rights. Indiana's Black rates of substantiated cases of child abuse (14.3 Black children per 1,000 Black youths ages 0-19), neglect (3.3 per 1,000), and sexual abuse (3.4 per 1,000) were higher than U.S. rates in 2005 (8.3 per 1,000, 2.2 per 1,000 and 0.9 per 1,000, respectively).

### **Why It Matters**

Child abuse or neglect may be associated with physical injuries, delayed physical growth, and psychological and emotional problems, such as aggression, depression, and post-traumatic stress disorder. In extreme cases, child maltreatment can lead to death. Abused children are at an increased risk for substance abuse, eating disorders, obesity, depression, suicide, and sexual promiscuity later in life. Some research suggests children who experienced maltreatment are more likely than others to become involved in criminal behavior as juveniles and adults. Adults who were abused as children are more likely to abuse their children. Data suggest approximately one in three adult survivors of child abuse or neglect will subject their children to maltreatment.<sup>44</sup> Women who were physically abused as children are twice as likely to be victims of physical assault as adults.<sup>45</sup>

Because child maltreatment is a complex problem with many contributing factors, a multifaceted prevention approach is important. A key to breaking the cycle of abuse and preventing future child maltreatment is providing age appropriate treatment to all children who have been abused or neglected. Treatment programs for abused children include therapeutic day school programs as well as day hospital programs, residential programs, and home and clinic setting treatment.<sup>46</sup>

### **Best Practices**

Parent education and support services for Black families should recognize the importance of the extended family and include all caregivers. Grandmothers often are significant caregivers for children of teen mothers and may be the primary caregivers.<sup>47</sup> Best practices include interventions targeted toward parents, all children, and abuse and neglect victims.

- Parent support programs, oftentimes geared toward new parents or at-risk families, provide prenatal support, medical care, home visitation, and screenings for health and developmental problems.
- Crisis care and respite care can decrease the possibility of abuse by alleviating parental stress.
- Education programs such as Parent Effectiveness Training, Parent Nurturing, and Systematic Training for Effective Parenting reduce maltreatment risk factors by improving child-rearing competence and stress management.

The Center for the Study of Social Policy has issued research-based state policy goals for improving family relationships through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>48</sup> These policies include funding for family-centered, community-based approaches to child protection and respite care services.

## **Protective Factors**

### **Key Data**

Search Institute has identified 40 developmental assets that help youth grow into healthy adults. These include internal assets, such as motivation level, resistance skills, and personal power, and external assets, such as family support, school rules, and parent involvement. Developmental assets can serve as strong influences on adolescent behavior, protecting teens from negative-risk taking behaviors and encouraging pro-social behaviors. Teens who possess higher levels of assets engage in fewer high-risk behaviors than their peers with lower asset levels. These positive effects hold true for youth from all racial/ethnic groups and socioeconomic backgrounds.<sup>49</sup> Internal characteristics related to

thriving behaviors in Black youth include self-esteem and reading for pleasure.<sup>50</sup> External protective factors include the schools, libraries, churches, and other youth serving organizations in the community. Indiana had 4.5 youth serving organizations per 1,000 Black children, 2.3 libraries per 1,000 Black children, and 55.0 places of worship per 1,000 Black children in 2005.

### **Why It Matters**

Participation in after school programs and clubs is linked to higher academic performance, greater likelihood of college attendance, and increased self-esteem. Children enrolled in after school programs are less likely to skip school, start drinking alcohol, and exhibit problem behaviors.<sup>51</sup>

Likewise, teens that attend religious services are less likely to take negative risks, skip school, get suspended or expelled, get in trouble with the police, drink alcohol, and use drugs. They are more likely to volunteer in their communities, participate in student government, and play sports. The benefits of religious attendance may be greater for children living in low-income neighborhoods.<sup>52</sup>

### **Best Practices**

Successful organizations and programs serving youth have the following characteristics.

- The environment is free of danger and promotes positive interactions among participants.
- The setting has consistent rules, clear boundaries, fair controls, and appropriate supervision.
- Caring relationships are based on good communication, responsiveness, and guidance.
- Everyone has the opportunity to “belong,” regardless of gender, ethnicity, disabilities, etc.
- Rules of behavior include expectations, values and morals, and obligations for service.
- Practices support autonomy, making a difference, being taken seriously, and taking responsibility.
- Opportunities are available to expand physical, intellectual, emotional, cultural, and social skills.
- The program is marked by coordination among the family, school, and community.<sup>53</sup>

The Center for the Study of Social Policy has issued research-based state policy goals for encouraging positive youth development through its Policy Matters project, an effort to measure and benchmark state policies in several areas affecting child well-being.<sup>54</sup> Policies include funding and school credit for community activities, and voter registration and participation programs.

## **High Risk Behaviors**

### **Key Data**

During adolescence, teens have both positive and negative opportunities to explore and develop their identities. Participation in sports, the arts, volunteer activities, and family or church activities are healthy behaviors. Health compromising and potentially dangerous behaviors include criminal activity, experimentation with drugs and alcohol, and premature sexual activity.

Teen birth rates have declined slowly and steadily since 1991, with Black teenage girls experiencing the fastest rate of decline. However, birthrates for Black teenage girls remain higher than those of their White peers.<sup>55</sup> Though Indiana’s Black teen birth rate fell more than 14% between 2000 and 2004, the rate was 80.9 per 1,000 girls ages 15-19, nearly 30% higher