

Interim Report
Commission on Childhood Poverty
August 15, 2010

In response to the growing number of Hoosier children living in poverty, state legislators enacted Public Law 131-2009, which appointed a Commission on Childhood Poverty in Indiana. The goal of the Commission is to evaluate the costs and effects of childhood poverty and provide a plan to reduce childhood poverty by 50% in Indiana by the year 2020.

In order to achieve this goal, Commission members have been charged with the following responsibilities: (1) identifying and analyzing the occurrence of poverty in Indiana, (2) analyzing the long-term effects of poverty on a child, the child's family, and the child's community, (3) analyzing the costs of child poverty to municipalities and Indiana, (4) providing information on statewide public and private programs that address the reduction of child poverty, (5) examining the percentage of the target population served by programs and the current state funding levels for programs, (6) preparing reports consisting of the Commission's findings and recommendations, and (7) presenting an implementation plan that includes procedures and priorities for implementing strategies.

The Commission held its first meeting on July 22nd and created four subcommittees to begin the work of the Commission to understand issues related to childhood poverty. Commission members are diligently working toward our goal of submitting a final report no later than Dec. 31st, 2011.

Following are the progress and preliminary findings of the four committees:

SUBCOMMITTEE ON OCCURANCE OF POVERTY IN INDIANA

To understand the impact of poverty on children in the state of Indiana, it is necessary to first insure we understand standard definitions of poverty in describing the conditions. It is also critical to understand where in the state poverty most affects Hoosiers, and the influencing factors that plunge some families into poverty. Poverty in the U.S. is a complex measurement that in simple terms means a families inability to achieve an adequate standard of living. This inability can have major negative implications for the well-being of children.

DEFINING POVERTY

Poverty - the U.S. measures poverty as: “A family is in poverty if their total money income (before taxes) is less than a threshold that varies by family size and composition and is updated annually for inflation.”¹

Poverty guidelines - this measure is also used by the federal government and they are issued annually. The guidelines are a simplification of the poverty thresholds for use for administrative purposes i.e. determining financial eligibility for certain federal programs.

Poverty Threshold - this threshold designed by the US Census Bureau is mainly used for statistical purposes-for instance, preparing the estimates of the number of Americans in poverty for each year’s report. It is the minimum level of income deemed necessary to achieve an adequate standard of living in the U.S. It basically looks at total cost of all the essential resources that an average human adult consumes in one year, considers family unit size and then determines the threshold. For example in 2008 for a 4-person family unit with two (2) children, the poverty threshold was \$21,834.

Relative poverty - can be defined as having significantly less access to in income and wealth than other members of society.

State of Indiana Poverty Trends

From 2000 - 2008 more than 39.1 million Americans were living in poverty. This is a 15.4 percent increase in the number of low-income people and twice the growth rate of the population as a whole during this same time period.² Additionally in the state of Indiana:

- Indiana ranks 23rd in the nation in the number of children under 18 living in poverty.
- 2008 the state poverty rate climbed 30% to reach a rate of 13.1%
- For children living in the state, the rate has increased by 46% from 150,000 to 277,500 meaning that 17.9% of Hoosier children live in poverty (national average 18.2).
- Nearly 2 out of every 10 Hoosier families lived in poverty
- 18% of Indiana’s children lived in poverty
- Nearly one out of every three female-headed households are impoverished
- 22% of all families were asst poor - not having adequate resources to subsist at the Federal Poverty guidelines for three (3) months if loss of income were to occur.
- A family of four (4) must make less than \$21,200 to live below the poverty line

¹ U.S. Census Bureau

² Downing, Sarah. “The Status of Working Families in Indiana”, 2009 Indiana Institute for Working Families, Indianapolis, IN

The standard safety net of employment has grown tattered in the recent decade and the housing bubble burst of 2006 along with an increase in costs of basic items like gasoline, food and housing has wreaked havoc on many parts of the state. It should be noted that in the 1990's, Indiana had one of the nation's lowest childhood poverty rates (less than 10%).

Indiana Counties with the Highest Poverty Rates

Rank	County	Under age 18 in Poverty
1	Switzerland <i>(Vevay & Patriot)</i>	26.8%
2	Wayne <i>(Richmond, Cambridge, Hagerstown, City, Fountain City, Economy, Milton - others)</i>	26.7%
3	Crawford <i>(Marengo, Milltown, Taswell, English, Alton, Eckerty, Leavenworth)</i>	26.5%
4	Grant <i>(Marion, Gas City, Fairmont, Jonesboro, Mathews, Upland, Fowlerton, Swayzee - others)</i>	25.6%
5	Vigo <i>(Terre Haute, Riley, Seelyville, West Terre Haute - other unincorporated towns)</i>	25.3%
6	Parke <i>(Bloomingtondale, Mansfield, Marshall, Mecca, Montezuma, Rockville, Rosedale)</i>	24.8%
7 - 9	Lake, Jay, and Scott <i>(Gary, Hammond, East Chicago, Crown Point Hobart-Portland, Pennville, Dunkirk-Scottsburg, Lexington, Austin - others)</i>	24.7%
10	Starke <i>(Hamlet, Knox, North Judson) other</i>	24.1%
11	Marion <i>(Indianapolis)</i>	24.0%
12	Vanderburgh <i>(Evansville, Darmstadt)</i>	23.8%

The lowest childhood poverty rates are in Hamilton 5%, Hendricks 6.3, Hancock 7.0, Boone 7.8, Dubois 8.2, Warrick 10.0, Whitley 10.2, Johnson 10.7, Tipton County 11%, and Porter 11.2 counties (note that many of these counties are 'doughnut' counties surrounding metropolitan Indianapolis).

Poverty statistics also vary along racial lines and with immigrant families. Self-Sufficiency standards that measure how much income a family of a certain composition in a given place needs to adequately meet their basic needs without public or private assistance should also be carefully considered.

Poverty/Ethnicity

In 2008, black and Hispanic children in Indiana were more likely to live in poverty than White children.

- 13% (158,788) of white children lives in poor families.
- 49% (90,094) of black children live in poor families'
- 29% (38,520) of Hispanic children live in poor families

Nearly, one-third of children from immigrant families lived in poverty in Indiana during 2008.

- 31% (26,723) of children of immigrant parents lives in poor families.
- 18% (265,264) of children of native-born parents lives in poor families.

Note: The FPG for a family of 4 in 2008 was \$21,200

Source: *National Center for Children in Poverty*

http://www.nccp.org/profiles/IN_proviel_7.html

Low-income Working Families

Nearly one-third of Indiana's children live in low-income working families.

- 28 % of Indiana's working families are low-income (earning below 200% of FPG)
- 32% of Indiana's children live in a low-income working family

Source: *Working Hard, Still Falling Short, Working Poor Families Project, 2008*

Self-Sufficiency Standard

According to US Census Data, 19 percent of Indiana's families lived below the FPG in 2008. However, many more families lack self-sufficiency.

- The Standard incorporates the cost of housing, child care, food; transportation, health care, taxes, and miscellaneous expenses (10%).
- In Indiana, the Self-Sufficiency Wage for a single adult with one preschooler ranges from about \$21,800 to \$40,900 depending on the county.

Source: *The Self-Sufficiency Standard for Indiana 2009*

SUBCOMMITTEE ON EFFECTS OF LONG-TERM POVERTY ON CHILDREN, THEIR FAMILIES AND COMMUNITIES IN INDIANA

The poverty rate for Indiana has increased from 14% in 2000 to 18% in 2008, an increase of 29%. (*Annie E. Casey Foundation, 2010 Kids Count Data Book* www.datacenter.kidscount.org).

In Indiana among all children, 1 in 6 is poor, and a baby is born poor in Indiana every 29 minutes. (*Children's Defense Fund, Cradle to Prison Pipeline Factsheet, March 2009*; www.childrensdefense.org)

The High Cost of Poverty

The negative long-term effects of poverty on children, their families, and communities are numerous spanning health, social, emotional, educational, and economic outcomes.

“Some studies have shown that the earlier poverty strikes in the developmental process, the more deleterious and long-lasting its effects. Further, initial developmental problems engendered by child poverty can often be exacerbated by subsequent poverty; in this sense, the effects of poverty can be said to be cumulative.” (*Abner, J.L., Conley, D.C., & Li, J. (1997). The effects of poverty on child health and development. Annual Review of Public Health, 19(1), 463-484.*)

Health

The Connecticut Commission on Children (2008) determined children in poverty are more likely to have the following health problems: (www.cga.ct.gov/coc)

- Low birth weight
- Bacterial meningitis
- Infectious disease
- Asthma
- Anemia
- Poor cognitive development
- Stunted growth
- Obesity
- Missed immunizations
- Hunger/food insecurity
- Lead poisoning

Children in poverty are up to 3 times more likely to die during childhood. (www.cga.ct.gov/coc)

Both the infant mortality rate and child death rate for Indiana are above the national average. (*Annie E. Casey Foundation, 2010 Kids Count Data Book* www.datacenter.kidscount.org).

Infant mortality, serious physical disabilities, grade repetition and learning disabilities are more prevalent among low birth weight children. (www.cga.ct.gov/coc)

In Indiana, the percent of low-birth weight babies has risen 15% (from 7.4% in 2000 to 8.5% in 2007). Indiana ranks 30th with babies of low birth weight among all states. (Annie E. Casey Foundation, 2010 Kids Count Data Book www.datacenter.kidscount.org).

Children in poverty are 3.6 times more likely to have poor health and 5 times more likely to die from an infectious disease. (www.cga.ct.gov/coc)

Thirty-four percent (34%) of children from lower income households are obese, compared to 19% of children from higher income households. (www.cga.ct.gov/coc)

Poor children are at a higher risk for asthma and lower respiratory illness. (Aber, Bennett, Conley, & Li, 1997)

Poor children are at a higher risk for lead poisoning. (Aber, Bennett, Conley, & Li, 1997)

Children from disadvantaged backgrounds have been shown to be at greater risk for injuries resulting from accidents or physical abuse/neglect. (Aber, Bennett, Conley, & Li, 1997)

Children from low-income families are less likely than children in higher-income families to be in excellent or very good health at both 9 and 24 months. (*Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B) Executive Summary for the Council of Chief State School Officers, June 2009* found at http://www.childtrends.org/Files/Child_Trends-2009_07_10_ES_DisparitiesEL.pdf).

Social/Emotional

Parents living in poverty are more likely to endure stress, evidence mental health problems (e.g., depression, anxiety), and experience heightened marital/partner conflict. All of these factors, in turn, adversely affect the quality of parenting and subsequently, the parent-child relationship. (Sesma, A., Jr. (May 2003). *Childhood poverty: pathways and programs. Healthy Generations—University of Minnesota. 4 (1), 5-7.*

Children under the age of 6 whose parents exhibit depression are at 2 to 5 times greater risk for homelessness, use of food banks, lack of medical care, unreliable child care and placement in foster care. (www.cga.ct.gov/coc)

One study found that *long-term poverty* is associated with children's inner feelings of anxiety, unhappiness, and dependence, while *current poverty* is associated with acting out, disobedience and aggression. (Moore, K., Glei, D., Driscoll, A., Zaslow, M., & Redd, Z. (2002). *Poverty and welfare patterns: Implications for children. Journal of Social Policy. 31(2), 207-227.*

“Research results suggest that owing to the chronic stress of poverty, parents are more likely to display punitive behaviors...and less likely to display love and warmth...Since a supportive and stable home environment is important for children’s mental health and development, receipt of long-term harsh treatment results in an insecure emotional attachment of children to their parents and subsequent behavioral problems, poor goal orientation, low levels of self-confidence and social competence, and a greater tendency towards inconsistent conduct and behavior.” (Aber, Bennett, Conley, & Li, 1997)

The effects of neighborhood conditions have been considered as potential mediators of the poverty-child outcome link. Children living in poverty are more likely to be exposed to ...high levels of “social toxicity,” defined by Garbarino as “the social context [that] has become poisonous to development...violence, poverty, disruptions of relationship, nastiness, despair, depression, paranoia and alienation...”(Garbarino. *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass, 1995 as noted by Sesma, A., Jr. (May 2003). *Childhood poverty: pathways and programs*. Healthy Generations—University of Minnesota. 4 (1), 5-7).

Educational

A review of ten studies on the effects of poverty on children concluded that poverty has large and consistent associations with negative academic outcomes. (Moore, K.A., Redd, Z.,Burkhauser, M., Mbwana, K., Collins, A.; *Children in poverty: trends, consequences, and policy options*, Child Trends Research Brief: April 2009)

High school students from low income families drop out of school six times as often as student from high-income families. (www.cga.ct.gov/coc)

While the Indiana high school dropout rate has improved (from 13% in 2000 to 8% in 2008), Indiana still ranks 36 nationally for percent of teens not in school and not high school graduates. (Annie E. Casey Foundation, 2010 Kids Count Data Book www.datacenter.kidscount.org).

Sixty-six percent (66%) of children whose parents do not have a high school degree live in poor families, while 25% of children whose parents have a high school degree, but no college education live in poor families. (National Center for Children in Poverty—www.nccp.org)

Poor children who go hungry perform significantly below non-hungry low-income children on standardized tests. (www.cga.ct.gov/coc) Children that live below the poverty level are 1.3 times more likely to have developmental delays or learning disabilities than non-poor children. (www.cga.ct.gov/coc)

Infants and toddlers from lower-income families score lower on cognitive assessments than those from higher income families. (*Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B) Executive Summary for the Council of Chief State School Officers, June 2009 found at http://www.childtrends.org/Files/Child_Trends-2009_07_10_ES_DisparitiesEL.pdf*).

Even after controlling for relevant parent characteristics (e.g., education), poor children begin kindergarten with significantly lower achievement in math, reading, and general knowledge than their higher income peers (Gershoff, 2003; Lee & Burkham, 2002; West, Denton, & Germino Hausken, 2000) and increasingly fall behind as they progress through school (Fryer & Levitt, 2004, 2005; Rathbun & West, 2004).” (Aber, Bennett, Conley, & Li, 1997)

“Out-of-school factors (OSFs) play a powerful role in generating existing achievement gaps...Six OSFs common among the poor...significantly affect the health and learning opportunities of children, and accordingly limit what schools can accomplish on their own:

1. Low birth-weight and non-genetic prenatal influences on children
2. Inadequate medical, dental, and vision care, often a result of inadequate or no medical insurance (Health coverage: 7.9% of children in Indiana are uninsured. www.childrensdefense.org).
3. Food insecurity
4. Environmental pollutants
5. Family relations and family stress
6. Neighborhood characteristics

These OSFs are related to a host of poverty-induced physical, sociological, and psychological problems that children often bring to school, ranging from neurological damage and attention disorders to excessive absenteeism, linguistic underdevelopment, and oppositional behavior.”

(David C. Berliner, *Poverty and Potential: Out of School Factors and School Success at* http://greatlakescenter.org/docs/Policy_Briefs/Berliner_NonSchool_EXEC_SUM.pdf)

Teen Pregnancy

Indiana teen birth rate (births per 1,000 females ages 15-19) has improved slightly from 49% in 2000 to 45% in 2007, but the rate is still higher than the national average. (Annie E. Casey Foundation, 2010 Kids Count Data Book, www.datacenter.kidscount.org).

Children of teenage mothers are more likely to perform poorly in school. (www.cga.ct.gov/coc)

Children of teenage mothers are more likely to repeat a grade, score lower on standardized tests and are less likely to complete high school. (www.cga.ct.gov/coc)

Teen mothers are more likely to drop out of high school and are less likely to receive a college degree. (www.cga.ct.gov/coc)

Economic

Child poverty is also costly for business, consumers, and the state. Every year a child spends in poverty costs society approximately \$11,800 in future productivity (Children’s Defense Fund Action Council, 2006). Based on Indiana statistics, this could equate to \$3.3 billion in future productive capacity per year. (Source: Datasheet with references provided to the Indiana Commission on Childhood Poverty, July 22, 2010)

The percent of children in single-parent families in Indiana has risen by 14% (from 29% in 2000 to 33% in 2008). (*Annie E. Casey Foundation, 2010 Kids Count Data Book, www.datacenter.kidscount.org*).

Seventy-five percent (75%) of children in poor families in Indiana live with a single parent. (*National Center for Children in Poverty— www.nccp.org*)

In Indiana, 21% of children in poor families have at least one parent who is employed full-time, year-round. While 37% of children in poor families have a least one parent who is employed either part-year or part-time. Forty-two percent (42%) of children in poor families do not have an employed parent. (*National Center for Children in Poverty— www.nccp.org*)

“Early-Childhood Poverty and Adult Attainment, Behavior and Health study,” reported in *Education Week* (March 3, 2010) concludes that living in poverty before age 5 can have a critical impact on children’s earnings trajectories 30 years later. ..More so than any other periods of childhood, the researchers found, poverty in early childhood was strongly linked to having lower earnings and fewer work hours 30 years later.

Poverty rates for adults who were poor during childhood are much higher, especially for those individuals with high levels of exposure to poverty during childhood. (*Wagmiller, Robert Lee, Adelman, R.M. (November 2009). *Childhood and Intergenerational Poverty: The Long-Term Consequences of Growing Up Poor*. National Center for Children in Poverty*).

Homelessness: Of the 285,000 children living in poverty in Indiana, one out of every twenty (5%) are homeless. 25%-40% of homeless individuals are families with a single woman as head of household with 2-3 children. Homeless children have higher rates of hunger, developmental delay, depression, anxiety, behavior problems, poorer school performance, school failure and need for special education, poorer achievement rates of reading, spelling, and math compared to higher socioeconomic group children.

Homeless children have higher rates of:

- Hunger
- Developmental delay
- Depression
- Anxiety
- Behavior problems
- Poorer school performance, school failure and need for special education
- Poorer achievement rates of reading, spelling, and math compared to higher socioeconomic group children (Commission member Dr. Joe O’Neill)

Possible areas to explore for solutions:

- The Benefit Bank of Indiana is an outreach effort sponsored by Purdue Extension in partnership with faith-based and community organizations across the state. Its goal is to move more Indiana residents out of unemployment, poverty, or welfare and into self-sufficiency and to boost the economic prosperity of local communities. The Benefit Bank would connect more low- and moderate-income Indiana residents with the work supports for which they are eligible by using a Web-based tool called The Benefit Bank and at sites sponsored by faith-based and community organizations. Over \$624 million in federal work supports dollars are unclaimed every year in Indiana by eligible residents who do not apply, including over \$105 million in EITC refunds for working families; \$291 million in food stamps (now called SNAP) for low-income families; \$180 million in health insurance for children; \$198 million in Pell Grants for college students; \$91 million in Medicare Part D subsidies for low-income seniors.
- Focus on providing quality early childhood experiences for children and their families. The research base is available to provide evidence that spending the resources up front when children are young saves more than double the money later and really makes a difference in the quality of their lives and the lives of their families in many ways.

SUBCOMMITTEE ON ESTIMATED COST OF CHILD POVERTY ON MUNICIPALITIES AND INDIANA

According to the Human Services Policy Center in conjunction with Washington Kids Count, Indiana loses approximately 10.4 billion dollars annually to childhood poverty (Pfungst, 2008). Approximately 3.3 billion dollars of this amount is lost future productive capacity (Children’s Defense Fund Action Council, 2006).

Another way to view childhood poverty is in relation to Indiana’s Gross Domestic Product (GDP). It is estimated the cost of child poverty is equivalent to 4% of Indiana’s GDP (Holzer, Schanzenbach, Duncan, and Ludwig, 2008). Over the past several years, Indiana has spent the largest portion of the estimated 10.4 billion dollars on *health care, crime and corrections, educational programs, public assistance programs, and housing programs*. While exact dollar amounts are not available, due to challenges in identifying all individuals living in poverty and those individuals living in poverty who do not seek services, using research studies and viewing governmental budget reports, estimates can be made on the direct spending by Indiana. Below is a breakdown of these data.

Health Care: \$1,271 million

Nationally, poverty raises direct expenditures on health care by about 22 billion dollars per year (Holzer et al., 2008). On average, the lost health capital per child in poverty is valued at \$13,700 annually (Holzer et al., 2008). By Indiana's numbers, this equates to nearly 3.8 billion dollars. According to the Indiana Family & Social Service Administration's Monthly Financial Review (2009a), Indiana spends nearly 2 billion dollars annually on the following health care items³:

- (1) Medicaid Expenses to Children and Families - \$1,151,889,584
- (2) CHIP Programs - \$120,213,844

Crime and Corrections: \$31 million

Researchers conservatively infer child poverty doubles the likelihood that individuals commit costly crimes, relative to children growing up in families with incomes about twice the poverty line (Holzer et al., 2008). Nationally, 2 trillion dollars are spent each year on crime and corrections, with 1.3 trillion stemming from crimes commonly associated with poverty (Holzer et al., 2008). Based on these research findings and statistics, it is estimated 2/3 of the money spent by the Indiana Department of Corrections is related to offenders who come from a life of poverty. After reviewing the Indiana Department of Corrections (2009) financial and statistics measurements, it is estimated Indiana spends the most money annually on the following appropriations:

- (1) Juvenile Facilities - \$37,009,800
- (2) Food Service - \$611,830
- (3) Medical Costs - \$1,877,348
- (4) Preventative Maintenance - \$379,847
- (5) Capital Expenditures - \$6,481,762
- (6) Total - \$46,360,587
- (7) 2/3 Total - \$30,907,058

It is difficult to estimate the amount of money spent on adult institutions, offender re-entry, camps, etc. that are related to child poverty. However, it is likely millions of additional dollars are spent on these causes annually.

Educational Programs: \$646 million

According to researchers from the Center on Budget and Policy Priorities (Carey, 2002), states spend an average of 17.2% of their allocated education budget on programs targeting children living in poverty. Based on the Indiana Department of Education (2009) annual budget, Indiana spends more than half billion dollars on such programs.⁴

³ Henry Kaiser Family Foundation. OMPP Quarterly Financial Review

⁴ US Department of Agriculture, Food and Nutrition Service. Indiana Office of School Financial Management.

- (1) Head Start - \$93,016,553⁵
- (2) National School Lunch Program - 223,916,090
- (3) School Breakfast Program - 43,295,716
- (4) Summer Food Service Program for Children – 5,645,215
- (5) Special Milk Program - \$1,901,622
- (6) Textbook reimbursement: \$39,000,000
- (7) Early Intervention Program \$ 4,720,000
- (8) Rural and low income schools - \$296,508
- (9) Education Consolidation and Improvement Act Chapter 1 - \$234,674,887

Public Assistance Programs: \$2,281 million

Indiana has a variety of public assistance programs to aid children and families living in poverty. These programs are administered by the Indiana Family & Social Services Administration. Using Indiana Family & Social Services Administration (2009b) monthly management reports, it is estimated Indiana spends the following amounts on public assistance programs annually:⁶

- (1) Temporary Assistance for Needy Families – \$86,654,081
- (2) Food Stamps - \$1,140,965,892
- (3) Subsidized Child Care - \$158,029,605
- (4) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – 104,333,584
- (5) Federal Earned Income Tax Credit – 791,100,000

Housing Programs: \$221 million

There are two main programs to assist low-income families. The HUD Public Housing Program provides decent and safe rental housing for eligible low-income families. Housing Choice Voucher Program (Section 8) provides assistance to very low-income families. The family is responsible to find housing, and if the owner agrees, a housing subsidy is paid to the landlord directly.⁷

- (1) Public Housing program - \$ 49,074,939
- (2) Housing Choice Voucher - \$ 171,764,425

Additional Information:

⁵ Figures for the program year 2004–2005. Retrieved from <http://www.in.gov/fssa/dfr/3292.htm>

⁶ Indiana Family and Social Service. US Department of Agriculture, Food and Nutrition Service.

⁷ US Department of Housing and Urban Development.

For a copy of the 2009-2010 and the 2010-2011 Indiana State Budgets, visit the Indiana State Budget Agency website <http://www.in.gov/sba/2543.htm>.

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- USDA food and nutrition service. WIC program Data <http://www.fns.usda.gov/pd/wicmain.htm>

SUBCOMMITTEE EXAMINING EXISTING PROGRAMS, IDENTIFYING THE PERCENTAGE OF THE TARGET POPULATION SERVED, AND PROVIDE CURRENT STATE FUNDING LEVELS

Ten (10) areas of responsibilities were given to the Indiana Commission on Childhood Poverty. This sub-committee was appointed and then asked to address responsibility number five (5), which reads: “Examining the percentage of the target population served by programs and the current state funding levels for the programs.”

The first step was identifying existing programs from a variety of sources, i.e., the State of Indiana website, the internet, interviews with various social service agencies, the State Budget, and personal knowledge. This research yielded identification of programs within the State that serve to provide assistance to low income children directly and to them indirectly by providing services to their families.

When evaluating whether to include a program some guidelines had to be used such as childhood being defined as birth to age 18. Based upon this guideline, programs that decrease infant mortality and low birth weights, such as prenatal care, were not included. Included are programs that are administered by the State of Indiana but may be 100% funded by the federal government. They are included because it may be determined that in addition to the federal funding, an infusion of state funding may also be warranted.

While many of the programs are administered through Indiana Family and Social Services Administration (FSSA), some programs are administered through the Indiana Department of Health or the Indiana Department of Education. Here are the identified programs.

1. **TANF (Temporary Assistance to Needy Families).** This program provides cash assistance to children under the age of 18 who are deprived of financial support from one or both their parents.
2. **Food Stamps.** This program is designed to raise the nutritional level of low income households by supplementing their food purchasing dollars with a predetermined allowance for food.
3. **IMPACT (Indiana Manpower Placement & Comprehensive Training).** A program designed to help recipients of Food Stamps and TANF achieve economic self-sufficiency through education, training, job search and job placement.
4. **CCDF (Child Care Development Fund).** Financial assistance is provided to families that are working or in school.
5. **Lead and Healthy Homes.** This program screens children for lead poisoning, provides treatment to those affected, and provides for the remediation of the environment that caused the disease.

6. **CHIP (Children's Health Insurance Program).** Initially a federal program, it is being carried out as part of Indiana's Hoosier Healthwise (Indiana's health insurance program).
7. **CSHCS (Children's Special Health Care Services).** This program provides supplemental medical coverage to children ages birth to 21 years of age who have serious, chronic medical conditions.
8. **Child Immunization.** Administered through the Indiana Department of Health, this service strives to prevent disease, disability, and death in children, adolescents, and adults through vaccinations.
9. **First Steps.** This targets infants and toddlers who may be experiencing developmental delays or disabilities and ensures that they have early intervention and access to services close to their homes.
10. **Head Start / Early Head Start.** These programs promote school readiness by enhancing social and cognitive development of children through education, health, nutrition, and other services.
11. **Stop-Over.** This crisis intervention program is for adolescent youth and their families. It began as a safe haven for runaway youth. This is currently a privately funded program.
12. **WIC (Women, Infant, and Children).** This is a nutrition program designed to improve access to nutritious foods, promote a healthier eating and lifestyle,
13. **A.S.K. (About Special Kids).** A resource of services for families with special needs children. This program provides support and referrals to resources and care.
14. **Full Day Kindergarten.** This is not a program in the purest sense of the word but included as a commitment by Indiana to help break the cycle of poverty.
15. **Youth Challenge Program.** This was designed to support programs geared toward enhancing the educational development of high school dropouts. One program partnered with the Indiana National Guard to establish the Hoosier ChalleNGe Academy.
16. **Youth Services Bureau.** At the core of the many programs within this agency are four principals: juvenile delinquency prevention, information and referral services, community education, and youth advocacy.

17. **21st Century Scholars.** Indiana's effort to raising the educational aspiration of low to moderate income families aimed at insuring these young people can afford a college education.

Program Funding Levels

#	Title	2010 State Budget	Federal or other sources
1	TANF	\$ 3,799,216	\$198,510,169
2	Food Stamps	1,071,248,747 (FFY'09)	Unknown
3	IMPACT	1,880,252	2,978,847
4	CCDF	34,418,255	138,105,924
5	Lead and Healthy Homes		961,164
6	CHIP		133,600,000
7	CSHCS		13,862,070
8	Child Immunization	11,010,000	3,296,671
9	First Steps		
10	Head Start / Early Head Start	67,678	175,000
11	Stop-Over	No State Funding	Unknown
12	WIC	961,164	141,270,959
13	A.S.K	Information not available	Information not available
14	Full Day Kindergarten	58,500,000	
15	Youth Challenge Program	Information not available	Information not available
16	Youth Services Bureau	1,528,000	
17	21 st Century Scholars	28,289,852	

The figures used in the chart were taken from the 2009-2010 State Budget. Some programs were listed in more than one line item. However, these data provide a working foundation as the Commission proceeds to address the issue of childhood poverty in Indiana.

All of programs geared toward the reduction of childhood poverty are not identified here as this is a work in progress. As the Commission moves forward, more data will be gathered and more information about specific programs targeting children in poverty will be forthcoming.