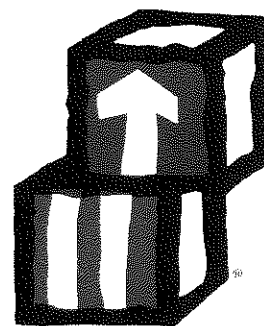


COMMUNITY ACTION PROGRAM OF EVANSVILLE
COMMUNITY ASSESSMENT

2013 – 2014



CAPE Head Start/Early Head Start

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EXECUTIVE SUMMARY

INTRODUCTION AND OVERVIEW STATEMENT

Community Action Program of Evansville Head Start/Early Head Start is committed to providing high-quality early childhood educational services to eligible children and families which effectively address their needs and those of the community at large. Those services include, but are not limited to, providing early childhood educational opportunities designed to prepare children to enter kindergarten and mainstream schools at a time when acquiring basic educational and social skills has never been more important – nor needed earlier.

In order to ensure that services rendered address the current needs in the most effective manner, Community Action program of Evansville Head Start/Early Head Start has commissioned a thorough community assessment which identifies the strengths and needs of the three counties served by this Agency. Results of this assessment have been used to identify goals and objectives for the next three-year planning cycle as annual strategies to insure that goals are met in a timely manner.

In keeping with the Head Start Performance Standard, 1305.3, “Determining Community Strengths and Needs,” this assessment includes the collection and analysis of data related to:

- The demographic make-up of Head Start-eligible children and families including their estimated number, geographic location, and racial and ethnic composition;
- Other child development and childcare programs that are serving Head Start eligible children, including publicly funded State and local preschool programs and the approximate number of Head Start eligible children being served by each;
- Estimated number of children with disabilities five years old or younger, including types of disabilities and the relevant services and resources provided to these children by community agencies;
- Data regarding the education, health, nutrition and social service needs of Head Start Eligible children and their families as defined by those families and by institutions in the community that serve young children;
- Resources in the community that could be used to address the needs of Head Start eligible families, including assessment of their availability and accessibility.

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METHODOLOGY

The data collected for analysis in the Triennial Community Assessment represents the most up-to-date and relevant information available related to the families and communities of Vanderburgh, Gibson and Posey Counties. To accomplish this, CAPE assembled data related to their service areas with the input and support of program advisory committees and community experts, and local and state agencies.

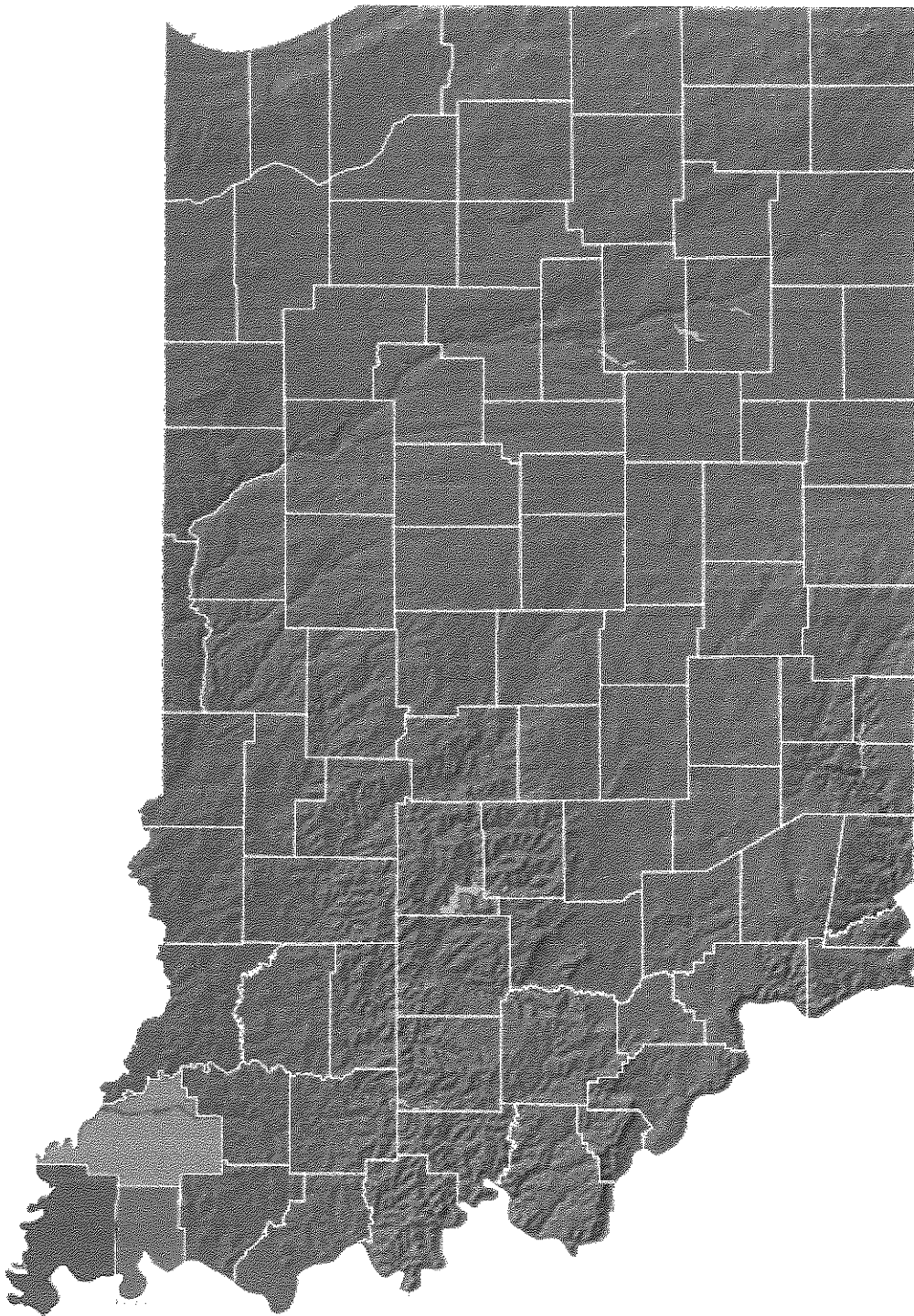
Community Action Program of Evansville (CAPE) explored a variety of external data sources including other community needs assessments. Information came from community evaluations, governmental department summaries, demographic information related to social welfare and community health, national census records, local and regional news reports and community safety indicators. In addition, CAPE gathered and reviewed internal data including Federal review findings, annual self-assessment reports, ChildPlus records of child and family demographics, Family partnership Agreement results and Child Outcomes results to further determine then specific needs of families already served by the program.

The comparison of data was accomplished on multiple levels. The steps included data sharing, reviews for relevancy, identification of missing information and the recognition of further steps needed. The initial results of this process were shared with the full management team, the Board of Directors and the Policy Council during the strategic planning session. The focus of the strategic planning process was to share information, update as necessary and develop a strategic plan of action. The final results of the process are reflected in this report.

I: GEOGRAPHIC LOCATION

CAPE Head Start/Early Head Start provides comprehensive services to children and families who reside in Vanderburgh, Gibson, and Posey Counties. All three counties are located in the southwestern tip of the Hoosier State where Indiana, Kentucky and Illinois meet in the “toe” of Indiana. The service area is bordered by Illinois on the west and Kentucky on the south, with the Ohio and Wabash Rivers forming border lines. The service vicinity includes an urban area in the largest county, Vanderburgh, and rural areas in Gibson and Posey Counties. CAPE serves as the grantee agency providing Head Start and Early Head Start programs to the three counties, and is currently funded for 544 Head Start slots in all three counties, and 116 pregnant women and infant/toddler slots in Posey and Vanderburgh Counties.

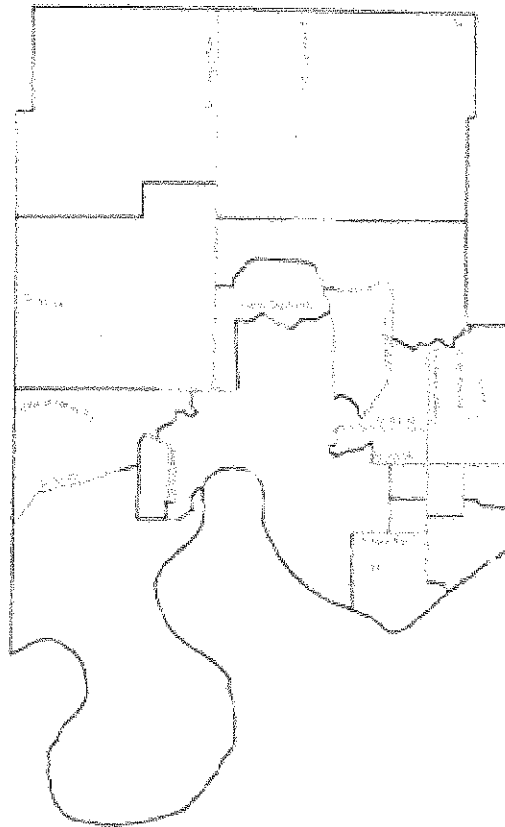
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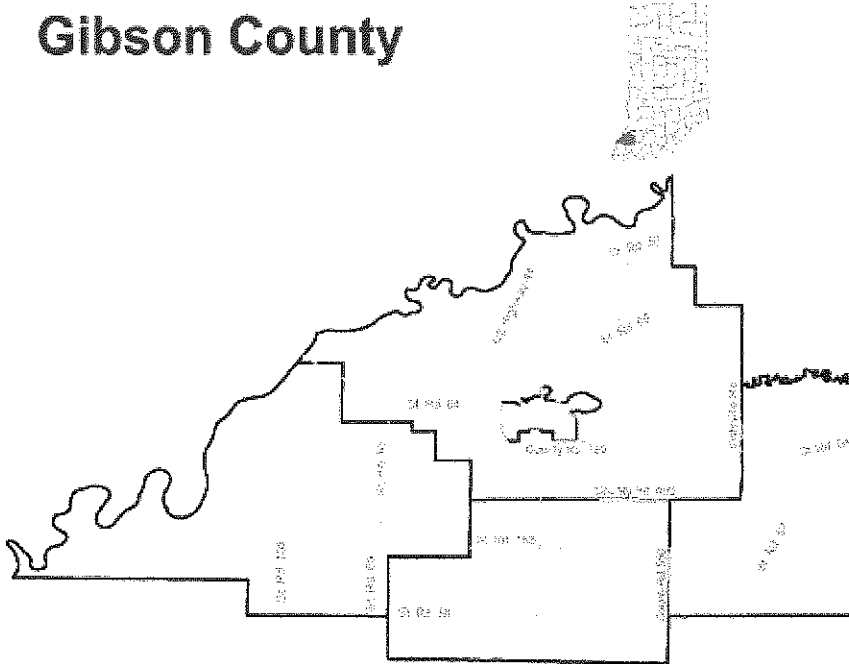
Indiana political map with Gibson, Posey and Vanderburgh Counties highlighted.

1. The first part of the document is a title page. It contains the title "The Role of the State in the Development of the Economy" and the author's name "John Doe".

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Gibson County



Gibson County is the second-largest of the tri-county area with a population of 32,890. Gibson County's 81 Head Start slots representing 14.8% of the pre-school children the agency presently serves.

CAPE Head Start/Early Head Start

Posey County



Posey County is the smallest of the three counties served by CAPE Head Start/Early Head Start, with a population of 26,385, representing 50 Head Start slots or 9.3% of the pre-school slots. Posey County has 24 Early Head Start slots representing 20.7% of the Early Head Start children.

Within the tri-county service area consisting of Vanderburgh, Gibson and Posey Counties, there are a variety of program options designed specifically to meet the needs of our families:

- Extended Day (5 hours/4 days per week)
- Double Session (3.5 hours/4 days per week, am & pm schedules)
- Full Day (10-11.5 hours per day, 5 days per week)
- Home Base (Early Head Start only)

CAPE Head Start/Early Head Start

The City of Evansville is the economic, financial and cultural hub of the area that includes the three counties in the CAPE Head Start/Early Head Start service area. The city's resource tentacles reach out in many directions, with resources to be had in low-income housing, medical and dental care, education, job training, and many other forms of service to citizens, many of which are available in other communities, but not with the same concentration as can be found in the Evansville urban area. The city in particular and the entire area in general possesses a strong network of community resources and numerous health and educational opportunities.

A. Community Strengths

CAPE Head Start/Early Head Start's service area consisting of Gibson, Posey and Vanderburgh Counties, individually and collectively offers resources to address a variety of family needs. Both small resource and larger institutions such as family resource centers, neighborhood health clinics, WIC offices, shelters and food banks provide services, and some of these have formal agreements with Head Start/Early Head Start to provide for needs of client families.

The three-county area has many opportunities and forums for collaboration, including the 4-C's organization, Lampion, the Mayor's Education Round Table, the Commission on Domestic and Sexual Violence, and many others. Some see their mission as identifying and planning for childcare related issues, while others bring resources together to plan and collaborate to meet the needs fo children with disabilities, providing input and making recommendations for program development, funding, and implementation.

Facilities and personnel exist within CAPE Head Start/Early Head Start to provide mental health services on-site at Head Start and Early Head Start centers, for client children in need, in consultation with organizations who make such services a specialty. Referrals to such partner organizations are also often made when children are in need of further

The three-county community displays a notable commitment to the education and well-being of its children, works hard to provide whatever services are necessary and possible, often finding innovative ways of financing such services.

CAPE Head Start/Early Head Start

B. Community Challenges

Like all American communities, the three counties served by CAPE Head Start/Early head Start is experiencing budget shortfalls that threaten the quality and quantity of services to client children and families. Cities, counties and towns are seeing fewer state and federal dollars being returned to local municipalities for the production of service-oriented resources, and are trying to meet the challenge of doing more with less.

And like all American communities, our tri-county area faces a sharp increase in children in need of early childhood education. Such education for some children will need to include observation for children in need of services. Some students will need help for mental health, emotional, physical and other kinds of issues which, if left untouched, would impede their ability to learn. These are among the services offered to this tri-county area by CAPE Head Start/Early Head Start.

This Organization faces challenges similar to nearly every business, every agency, and every government on the American landscape – how to provide more service to more people with fewer dollars. The key to providing quality services is to find new ways to create an efficient organization with free-flowing ideas for helping kids get a break in life that they might not have received but for their exposure to our programs.

II: POPULATION BREAKDOWN IN THE TRI-COUNTY AREA

In order to assess the needs of the community, it is first necessary to *know* the community. To accomplish this, we submit population data that presents a clear picture of the community as a whole, and broken down into the families of our client kids, and the kids themselves. These figures demonstrate the existence of a multitudinous habitancy of young people, many of whom will need a special boost to be successful in primary education.

CAPE Head Start/Early Head Start

Geographic Locations of Population Centers:

Gibson County has a population of 32,890, of which 16,061 are male, and 16,829 are female. The median age is 39.2 years.

Posey County has a population of 26,385, of which 12,986 are male and 13,399 are female. The median age is 40.8 years.

Vanderburgh County has a population of 173,942, of which 82,764 are male, and 91,178 are female. The median age is 37.3 years.

The Three County Area has a population of 233,217, of which 111,811 are male, and 121,406 are female. The average median age is 39.1 years.

Age Distribution in the Three County Area:

	Gibson County			Posey County			Vanderburgh County		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Under 5	6.4%	6.7%	6.2%	4.9%	4.9%	4.9%	6.8%	7.4%	6.3%
5-9 Yrs	7.1%	7.7%	6.6%	7.0%	6.6%	7.4%	6.7%	7.0%	6.5%
10-14 Yrs	6.2%	6.0%	6.5%	6.4%	7.1%	5.8%	5.8%	6.4%	5.2%
15-19 Yrs	6.3%	6.6%	5.9%	7.5%	7.8%	7.2%	7.2%	7.2%	7.1%
20-24 Yrs	6.1%	6.4%	5.9%	6.5%	6.8%	6.1%	7.8%	7.8%	7.9%
25-29 Yrs	6.6%	7.0%	6.2%	4.9%	5.7%	4.2%	6.6%	6.5%	6.7%
30-34 Yrs	6.2%	6.8%	5.6%	5.0%	4.9%	5.0%	6.2%	6.7%	5.8%
35-39 Yrs	5.9%	5.9%	6.0%	6.0%	5.4%	6.6%	6.1%	6.3%	5.9%
40-44 Yrs	7.8%	7.9%	7.7%	8.5%	8.7%	8.3%	7.0%	7.3%	6.8%
45-49 Yrs	8.4%	9.0%	7.9%	9.3%	9.5%	9.2%	7.6%	7.9%	7.3%
50-54 Yrs	7.2%	7.3%	7.1%	8.3%	8.8%	7.9%	7.1%	7.4%	6.8%
55-59 Yrs	5.9%	5.5%	6.3%	7.8%	7.8%	7.8%	5.9%	5.5%	6.3%

CAPE Head Start/Early Head Start

Age Distribution in the Three-County Area (Continued)

	Gibson County			Posey County			Vanderburgh County		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
60-64 Yrs	4.9%	5.4%	4.5%	5.0%	4.8%	5.2%	4.5%	4.8%	4.3%
65-69 Yrs	3.4%	3.0%	3.9%	3.8%	3.8%	3.9%	3.5%	3.1%	3.9%
70-74 Yrs	3.8%	3.6%	3.9%	3.1%	2.9%	3.4%	3.1%	3.0%	3.3%
75-79 Yrs	3.2%	2.0%	4.3%	2.6%	2.3%	2.8%	2.9%	2.3%	3.5%
80-84 Yrs	2.5%	1.9%	3.0%	2.2%	1.4%	3.0%	2.3%	1.6%	3.0%
85 and Over	2.0%	1.4%	2.6%	1.1%	0.7%	1.4%	2.6%	1.8%	3.3%

The Three County Area is home to 54,324 children age 0-18

Gibson County is home to 7,750 Children Age 0-18

Posey County is home to 6,029 Children Age 0-18

Vanderburgh County is home to 40,545 Children Age 0-18

III: Households and Families

The Three-County Area contains 95,886 households.

There are 12,986 Households in Gibson County

There are 10,435 Households in Posey County

There are 72,465 Households in Vanderburgh County.

Types of Households in the Three County Area:

	Married Couple Family	Male, No Wife Family	Female No Husband Family	Non Family Household
Gibson Co.	7,081	625	935	4,345
Posey Co.	6,339	286	782	2,028
Vanderburgh Co.	33,234	3,348	8,130	27,753

Source: American Community Survey 2006

CAPE Head Start/Early Head Start

Households By Type

Items	Gibson County	Posey County	Vanderburgh County
Family Households	8,641	7,407	44,712
With Own Children Under 18	3,636	3,188	20,303
Married Couple Families	7,081	6,339	33,234
With Own Children Under 18	2,915	2,498	12,937
Female Householder No Husband	935	782	8,130
With Own Children Under 18	513	557	5,272
Non-Family Households	4,345	No Data	27,753
Householder Living Alone	28.9%	26.6%	32.9%
65 Years and Older	10.9%	30.4%	11.0%
Households /w/ One or more under 18	31.7%	10.4%	31.0%
Households with one or more over 65	33.5%	30.4%	30.8%
Average Household Size	2.46	2.50	2.29

Source: American Community Survey 2006

CAPE Head Start/Early Head Start

The following tables indicate a breakdown by county of the 2007 data from the American Community Survey, by race, of persons 15 years of age and older. In these tables, N=data numbers too small to report, or no specific data available.

RACE	Gibson County	Posey County	Vanderburgh County
One Race	N	N	N
White	25,455	21,239	126,252
African American	N	N	10,602
Native American	N	N	N
Asian	N	N	N
Hawaiian or Islander	N	N	N
Other Race	N	N	N
Two Or More Races	N	N	1,175
Hispanic or Latino	N	N	N
White, Not Hispanic	25,346	20,975	125,595

CITIZENSHIP STATUS:

Native	26,206	21,312	136,960
Foreign Born	193	234	3,417

There has been a significant rise in Hispanic and Latino in our service area within the 2008-09 program years. CAPE currently has 43 Hispanic/Latino children enrolled, 25 in Head Start and 8 in Early Head Start. There is a waiting list for admission, which currently has 7 Hispanic/Latino children for Head Start, and 3 for Early Head Start. These figures represent 6.6% of our enrollment as Hispanic/Latino. That represents a 5.4% rise from the 2007 statistics

CAPE Head Start/Early Head Start

Friends and family members are joining other families from coming into our area. Our families have found year-round work in our orchards, growing apples, melons, and peaches, in all three counties.

IV: POPULATION BY AGE AND SEX:

Age	Male	Female	Male	Female	Male	Female
Total	16,061	16,829	12,986	13,399	82,764	91,178
Under 5 Yrs	6.7%	6.2%	4.9%	4.9%	7.4%	6.3%
5-9	7.7%	6.6%	6.6%	7.4%	7.0%	6.5%
10-14	6.0%	6.5%	7.1%	5.8%	5.8%	5.2%
15-19	6.6%	5.9%	7.8%	7.2%	7.2%	7.1%
20-24	6.4%	5.9%	6.8%	6.1%	7.8%	7.9%
25-29	7.0%	6.2%	5.7%	4.2%	6.5%	6.7%
30-34	6.8%	5.6%	4.9%	5.0%	6.7%	5.8%
35-39	5.9%	6.0%	5.4%	6.6%	6.3%	5.9%
40-44	7.9%	7.7%	8.7%	8.3%	7.3%	6.8%
45-49	9.0%	7.9%	9.5%	9.2%	7.9%	7.3%
50-54	7.3%	7.1%	8.8%	7.9%	7.4%	6.8%
55-59	5.5%	6.3%	7.8%	7.8%	5.5%	6.3%
60-64	5.4%	4.5%	4.8%	5.2%	4.8%	4.3%
65-69	3.0%	3.9%	3.8%	3.9%	3.1%	3.9%
70-74	3.6%	3.9%	2.9%	3.4%	3.0%	3.3%
75-79	2.0%	4.3%	2.3%	2.8%	2.3%	3.5%
80-84	1.9%	3.0%	1.4%	3.0%	1.6%	3.0%
85&over	1.4%	2.6%	0.7%	1.4%	1.8%	3.3%

CAPE Head Start/Early Head Start

POPULATION:

Total Population	Gibson County	Posey County	Vanderburgh County
	32,890	26,385	173,942

Minutia:

- The CAPE service area counties have a combined population of 233,217. Seventy-five percent (173,942) of these people live in Vanderburgh County. Gibson County's population was 32,890 and Posey County's was 26,385. *Source: U.S. Census Bureau, 2007.*
- The CAPE service area is the 8th largest among the state's CAA's based on population. Vanderburgh County is the 7th most populated county in the state, while the other two range from 49th to 60th out of Indiana's 92 total counties.
- The City of Evansville dominates the CAPE service area population totals. Evansville, the county seat of Vanderburgh County, is the 3rd largest city in Indiana with 115,738 people. Evansville's population accounts for approximately 50% of the entire service area population. No other city in the area has more than 10,000 people.
- The population growth rate of the CAPE service area from 1990 to 2000 was the 7th lowest in the state at 3.8%. This figure is well below the 9.7% growth rate of the state as a whole. Each county was below the state average, with both Vanderburgh and Posey Counties at 4.2% and Gibson County at only 1.8% *Source: CAA Secondary Data*
- The population of the CAPE service area from 2000 to 2007 was the 13th highest in the state (0.9%). This figure is below the 4.4% growth rate of the State of Indiana overall. Each county was below the state average with both Vanderburgh and Posey Counties at 4.2% and Gibson County at only 1.8% *Source: CAA Secondary Data*

CAPE Head Start/Early Head Start

Population Characteristics:

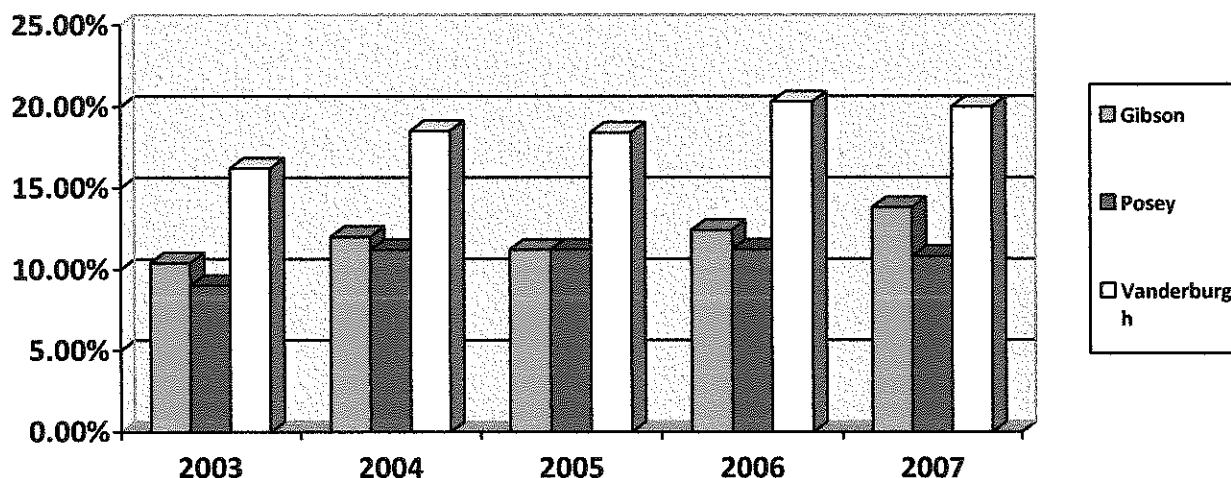
- 6.8% of the total population of the CAPE service area is African-American. By far the highest proportion of African-Americans resides in Vanderburgh County (8.6%). No other service area county has more than 2.1% and that figure is well below the 8.9% state average.
- CAPE's service area has 2,486 Hispanics, most of which reside in Vanderburgh County (2,023). In total, Hispanics make up 1.1% of the population of the area. The service area figures are well below the 4.8% state average as well as below each of its comparison CAA's. Source: CAA Secondary Data
- The growth of the Hispanic population between 200 and 2006 in all three service area counties was between 13% and 15%, which is well below the statewide growth rate of 39% Source: CAA Secondary Data
- 14.4% of the CAPE service area population is over age 65, which is a higher rate than the statewide 12.4% average. (See table on population by age). Each county showed percentages at or above the state average. Source: CAA Secondary Data
- 11.1% of households in CAPE's service area are female-headed with no husband present. That works out to 11.9% of Vanderburgh County; 9.2% or lower in the other two counties. This figure matches the state average 6.8% of all households in CAPE's service area are female-headed households (7.3% in Vanderburgh County, below 6.0% percent in the other two counties, which is nearly identical to the state average.
- The number of single parent female households is growing in each of CAPE's service area counties. Vanderburgh County's number increased 13.3% in reporting periods 1990 and 2000, with each of the other service area counties increasing by 20% or more. The state average is 23.3% Source: CAA Secondary Data
- 49.5% of CAPE's female survey respondents stated that they were single parents. For females under age 50, that figure rises to 64.7%.
- 66% of individuals in the tri-county area have cell phones. Of those, 25% use them as their primary communication source, and have eliminated land-line home telephones. 3.5% of households in the area have no telephone service at all.

CAPE Head Start/Early Head Start

IV: THE CHALLENGE OF POVERTY

The poverty level in Gibson and Vanderburgh Counties has continued to climb the last few years. Posey County's poverty rate decreased marginally in 2007, but is now on the rise again with the rate of unemployment increasing in all the counties, though Posey County was particularly hard hit, with sufficient force to reverse a decrease in poverty.

Population of Children Ages 0-17 At or Below Poverty Level



Definition: the percent of children under age 18 living in households with incomes below the federal poverty thresholds as reported by the Small Area Income and Poverty Estimates. The federal poverty threshold is calculated annually and differs according to the size and composition of the household. Data reported for each year reflect income in the previous year as reported by the 1995-2001 Current Population Surveys.

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

CAPE Head Start/Early Head Start

Family Income and Poverty

	Gibson County			Posey County			Vanderburgh County			
Income/Poverty	Number	Rank	% of State	Number	Rank	% of State	Number	Rank	% of State	Indiana
Per Capita Personal Income 2007	\$30,769	29	92.8%	\$34,635	14	104.3%	\$36,543	10	110.0%	\$33,215
Median Household Income 2007	\$47,197	35	99.5%	\$55,562	10	117.2%	\$42,512	67	89.6%	\$47,422
Poverty Rate, 2007	10.5%	54	85.4%	7.8%	84	63.4%	13.9%	19	113.0%	12.3%
Poverty Rate, Children Under 18	13.8%	63	80.7	10.8%	83	63.2%	20.0%	20	117.0%	17.1%
Welfare Family Monthly Av 2008	94	53	0.3%	118	39	0.3%	1,179	6	3.2%	36,687
Food Stamp Recipients 2008	2,498	56	0.4%	1,814	67	0.3%	19,762	6	3.1%	644,281
Free/Reduced Lunch 2008	1,616	63	0.4%	1,010	77	0.2%	12,000	6	2.7%	436,945

Poverty Characteristics:

- The CAPE service area counties had 27,490 people in poverty in 2005, or 11.8% of the area's population. These numbers have risen significantly (and alarmingly) since 2000 when there were 22,993 people in poverty and the poverty rate was 10.3% of the overall population. The number of people living in poverty was the 9th largest and the percentage was the 11th highest among all CAAs.
- The poverty rate in the CAPE service area was slightly lower than Indiana's rate as a state whole, which was 12.2%. Only Vanderburgh County (20.0%) was above the state average. Both Gibson (13.8%) and Posey (10.8%) Counties were in the bottom third of the state.

CAPE Head Start/Early Head Start

Poverty Characteristics (Continued)

- *7.3% of individuals 65 and older in Vanderburgh County had incomes below the poverty level in 2000, ranking 61st in the state. Posey County's rate of 10.0% ranked 14th. The statewide average was 7.7%*
- *2005 estimates show 8,924 children under the age of 18 living in poverty in the CAPE service area. The percentage of children living in poverty ranged from 11.2% in both Gibson and Posey Counties, to 18.4% in Vanderburgh County. The statewide figure was 16.6%.*
- *A leading indicator of poverty is single parent female households, particularly with children under age 5. 52.4% of these families in Vanderburgh County had incomes below the poverty level, ranking 18th in the state. Both Gibson (47.0%) and Posey (46.9%) Counties were above the statewide average for poverty levels, which was 43.6%, as well.*
- *61% of CAPE survey households had incomes below 75% of poverty. That means an average family of 3 earning no more than \$1,073 per month. 77% had incomes below 100% of poverty – for a family of 3, they earned no more than \$1,431 per month – with 23% above that level.*
- *69.6% of CAPE's female survey respondents under age 40 who had incomes below 100% of poverty level were single parent families.*
- *The Self Sufficiency Standard, a detailed calculation of what amount of income a family needs to meet all its basic needs, is roughly twice the federal definition of the poverty level, or 200% of the poverty level. When we consider this calculation, actual numbers and percentages of people who need assistance increases dramatically.*
- *In the CAPE service area, 61,412 people, or 27.5% of the entire population, lived below the 200% poverty level in 2000. 76% of those, or 46,719, live in Vanderburgh County. That county's percentage of the population below 200% of poverty is 28.3%. Gibson County, (27.3%) also has a higher rate than the statewide average of 25.8%*
- *22,514 people in CAPE's service area received food stamps in 2005, which is a 27.1% increase since 2002. 19,069 people received food stamps in Vanderburgh*

CAPE Head Start/Early Head Start

County, noting a 29.2% increase, which accounted for 84.7% of the of the overall population in the service area.

- *47.3% of CAPE Survey Respondents received food stamps. That figure is high even among tjhose respondents who were employed (34.1%)*
- *2,089 families in CAPE's service area received TANF in 2005, which was a 20.3% decrease since 2002 (including an 81.6% decrease in Gibson County). A,811 families received TANF in Vanderburgh County, accounting for 86.7% of the total for the service area.*
- The economic impact of helping families move out of poverty is significant. Let us consider those CAPE Survey respondents for which their poverty level could be determined and who fall below 100% of the poverty level. If each of these families moved to exactly 100% of the poverty level, there would be an increase in income of \$150,256 *per month*. Projecting that into the entire CAPE service population, it would mean an increase in income of \$8,722,953 *per month*, or 104,675,437 *per year*. Consider that this increased income would then be spent largely in the community, stimulating the local economy. To accomplish this, all that is necessary is to move the people *up to* the federal definition of poverty. The impact of moving those people to a level where they can meet all their basic needs – which is roughly double the federal poverty level – increases exponentially.

CAPE Head Start/Early Head Start

VI: HOUSING

Home ownership, and rental property, is normally more affordable in Gibson and Posey Counties. Despite recent protests, property taxes remain low on single family dwellings, the more so thanks to tax caps enacted by the Indiana General Assembly.

Most of the farmland in Gibson and Posey Counties is family owned of long standing.

In Posey County there are certain Historic Districts in which the prices of homes and property are very high, such as New Harmony. New Harmony is considered a tourist area that attracts thousands of people during “festivals” and “artist days.” The historic district real estate prices are disproportionately high compared to other portions of the three-county CAPE service area.

A Capsule Look at Housing in the Three County CAPE Service Area

Units	Gibson	Posey	Vanderburgh
Total Housing Units	15,022	11,615	80,981
Occupied Units	12,986	10,435	72,465
Vacant Units	2,036	1,180	8,516
Owner-Occupied	10,296	8,684	48,432
Renter Occupied	2,690	1,751	24,033
Median Value	\$94,000	\$119,600	\$107,100

Source: American FactFinder

Calculating the median value of homes in the CAPE three-county area reveals that the average home would cost approximately \$106,900. Thus, it would be virtually impossible for families at or below the poverty level to purchase and hold on to a home, especially in the present economic climate. Since the economic crash in October of 2008, houses for sale have been moving very slowly, and the market in all three counties has seen a decline in the value of unsold homes. According to the local newspaper, the Evansville Courier and Press, the value of local homes has declined 30% since August of 2008, and in the same observation period, the foreclosure rate has increased 15%. CAPE has seen a spike in customers using the services of the foreclosure specialist. The agency served 13,991 households and 32,601 individuals in 2007.

CAPE Head Start/Early Head Start

A client survey was conducted among clients in all three CAPE service area counties. Among the data gleaned from the questions and answers;

- 5,377 single parent female households accounted for 38.4% of all households surveyed.
- CAPE clients included 5,857 children ages 0-5, 4,780 children ages 6-11 and 3,793 children ages 12-17. Together, these 14,430 children accounted for 44.3% of all the people CAPE served.
- In 2007, CAPE documented serving 1,652 senior citizens aged 70 or over, which is 5.1% of the total of those served.
- 81.7% of households served in 2007 had incomes below 100% of the Federal poverty level.
- Over three-fourths (85.8%) of all household heads were working. This figure is well above the statewide average of 50.8%
- 1,107 households, or 7.9% of those served, were on public cash assistance when CAPE rendered help to them.
- Households served were generally fairly small; households with one, two, or three people accounted for 72.4% of households served. The average size of CAPE households is 2.3 persons.
- 67.7% of households served lived in rental housing.
- There were only 2,279 intact two-parent families, 16.3% of households served. Of families with children, only 27.9% were two-parent families.
- Among the 32,114 people surveyed who declared a race, 22,325 or 69.5% were Caucasian; 7,761, or 24.2% were African American, and 487, or 1.5% were Hispanic/Latino.
- 21.1% of the people surveyed reported that they had no private health insurance
- 34.6% of persons over age 24 who were surveyed had less than a high school diploma or GED. Only 6.0% of the household heads had two or more years of post-high-school education.
- 70.3% of CAPE survey respondents rent their home, compared to 27.7% renter-occupied homes in the area as a whole. Statewide, 57.9% of survey respondents rent their homes.

CAPE Head Start/Early Head Start

- A key indicator of poverty is percentage of household income spent on rent. Typically, if a family spends over 30% of the household income on rent, it will likely have problems meeting other basic needs. 45.3% of rental households in Indiana spent over 30% of their disposable income on rent. Vanderburgh County (48.7%) was above the state average, while each other other service area counties were will below. (2000 Census Figures)
- Among survey respondents, 53.9% spent more than one-third of their income on rent, compared to 48.4% statewide.
- Only 73.0% of survey respondents said they were satisfied with their housing situation. That's well below the statewide average of 75.7%.
- 4.6% of CAPE survey respondents reported experiencing homelessness in the last 12 months. Projecting that figure outward over the entire CAPE service area population, that translates to 644 families having experienced homelessness in the last year.

CAPE Head Start/Early Head Start

VI: EMPLOYMENT

Beyond question the economic downturn of 2008/09 had adverse effects on many of the people served by CAPE Head Start/Early Head Start. Many of those who had jobs before suddenly find themselves without them, and those without jobs are discovering that finding a job – difficult before – is now next to impossible.

The Evansville Metropolitan Statistical Area (MSA) includes all three CAPE Head Start/Early Head Start service counties, as well as Warrick County and Henderson County Kentucky. The July 2009 unemployment rate for the entire MSA is 8.6%, up from 5.3% a year ago. The economic meltdown produced a 3.3% spike in joblessness in the entire MSA.

Breaking that down peculiar to the counties in the CAPE Head Start/Early Head Start service area, we find Gibson County ranking 72nd in the state with a 9.0% unemployment rate; Posey County ranking 80th in Indiana with an unemployment rate of 8.4%, and Vanderburgh County ranking 82nd with an unemployment rate of 8.2%

That means that the unemployment rate for CAPE Head Start/Early Head Start's three-county area is 8.5%

Indiana's unemployment rate as of July 2009 is 10.4%.

From those numbers, one might conclude that the CAPE Head Start/Early Head Start service area fares better than the state as a whole. While that might be true, we also find that the three counties are ranked 72nd, 80th and 82nd in the state – and from that we can note that the economies of these counties are regional in nature, that is, that they depend on one another, and thus, as goes one, so goes the other two.

EARNINGS

There remains a significant gender gap in earnings across the state, including within the three counties served by CAPE Head Start/Early Head Start, as the following table shows:

Subject	Total	Male	Female	Median Earnings	Median Earnings-Male	Median Earnings-Female
Gibson County Employed Over 16	16,120	53%	46.7%	\$28,801	\$38,460	\$21,533
Posey County Employed Over 16	13,293	53.9%	46.1%	\$32,490	\$45,745	\$25,064
Vanderburgh Employed Over 16	83,008	51/5%	48.5%	\$28,549	\$35,693	\$22,193

CAPE Head Start/Early Head Start

The median earnings for adult workers, (16 years of age or older) in the CAPE Head Start/Early Head Start were generally at or slightly below state averages. In Vanderburgh County, median earnings were at 90.4% of state averages. Gibson and Posey County earnings equaled 91.4% of state averages, with only Floyd County being over the state average line.

A key indicator of yearly household income is number of hours worked, with increased worked hours having a far greater impact on overall income than an increase in the hourly wage. Of those responding to a CAPE survey, who were employed, over half (59%) worked less than 36 hours per week. Factoring in spouses, 54.4% worked less than 36 hours per week.

Principle sources of income for Head Start client families (other than welfare payments) include:

- Unemployment Insurance
- Fast Food outlets
- Transportation
- Menial Factory Work
- Construction
- Automotive Repair
- Nursing Home work
- Other positions paying minimum wage or slightly above.

(Source: U.S. Department of Labor)

CAPE Head Start/Early Head Start

VII: TRANSPORTATION

Neither Gibson County nor Posey County offers public transportation. A public transportation system does exist in Vanderburgh County, but busses run only in the city limits of Evansville and only until 7pm. All three counties offer taxicab service, but cab fares have kept pace with the spiraling cost of gasoline. River City Cab of Evansville reports that the average cost of a 7 mile trip is \$15.00.

The majority of inhabitants of all three counties depend on their own private means or on family and friends for local travel. Many churches have their own busses with which to bring in congregational members, but these private busses are for church transportation only and are not available for shopping trips, doctor appointments, and so on. Local malls depend mainly on private transportation for the importation of customers, though busses do run to Evansville malls up to – but not later than – 7pm.

MEANS OF TRANSPORTATION TO WORK BY SELECTED CHARACTERISTICS

GIBSON COUNTY

Subject	Total	Car, Truck, Driving Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over	19,501	16,029	2,723	Not Available
AGE:				
16-19 Years	3.1%	3.0%	3.7%	Not Available
20-24 Years	9.7%	9.0%	15.5%	Not Available
25-44 Years	50.1%	49.5%	58.3%	Not Available
45-54 Years	22.1%	22.7%	17.3%	Not Available
55-59 Years	7.0%	7.4%	3.5%	Not Available
60 Years & Over	8.0%	8.3%	1.7%	Not Available
SEX:				
Male	64.2%	63.8%	67.8%	Not Available
Female	35.8%	36.2%	32.2%	Not Available

CAPE Head Start/Early Head Start

POSEY COUNTY

Subject	Total	Car, Truck, Driving Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over	9,770	8,321	673	Not Available
AGE:				
16-19 Years	N	N	N	N
20-24 Years	N	N	N	N
25-44 Years	N	N	N	N
45-54 Years	N	N	N	N
55-59 Years	N	N	N	N
60 Years & Over	N	N	N	N
SEX:				
Male	N	N	N	N
Female	N	N	N	N

CAPE Head Start/Early Head Start

VANDERBURGH COUNTY

Subject	Total	Car, Truck, Driving Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over	104,332	90,341	8,222	1,000
AGE:				
16-19 Years	5.0%	4.5%	7.3%	9.8%
20-24 Years	10.4%	10.1%	12.1%	9.8%
25-44 Years	41.9%	42.0%	47.2%	47.6%
45-54 Years	25.2%	25.8%	19.3%	18.7%
55-59 Years	9.2%	9.2%	9.8%	5.2%
60 Years & Over	8.3%	8.5%	4.4%	2.9%
SEX:				
Male	51.8%	51.7%	52.7%	55.8%
Female	48.2%	48.3%	47.3%	44.2%

CAPE Head Start/Early Head Start

TRANSPORTATION: EARNINGS FOR WORKERS (Gibson County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Excluding Cab
Workers 16 and over with earnings	19,501	16,029	2,723	Not Available
\$1 to \$9,999 Or Less	11.2%	10.8%	10.7%	Not Available
\$10,000 to \$14,999	7.5%	6.5%	11.7%	Not Available
\$15,000 to \$24,999	15.3%	15.9%	11.2%	Not Available
\$25,000 to \$24,999	13.8%	14.7%	10.7%	Not Available
\$35,000 to \$49,999	12.5%	13.0%	8.4%	Not Available
\$50,000 to \$64,999	15.2%	14.6%	21.1%	Not Available
\$65,000 to \$74,999	10.1%	9.3%	15.2%	Not Available
\$75,000 and up	14.3%	15.3%	11.0%	Not Available
Median Age (Years)	40.3	40.8	33.2	

CAPE Head Start/Early Head Start

TRANSPORTATION: EARNINGS FOR WORKERS (Posey County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Excluding Cab
Workers 16 and over with earnings	N	N	N	Not Available
\$1 to \$9,999 Or Less	N	N	N	Not Available
\$10,000 to \$14,999	N	N	N	Not Available
\$15,000 to \$24,999	N	N	N	Not Available
\$25,000 to \$24,999	N	N	N	Not Available
\$35,000 to \$49,999	N	N	N	Not Available
\$50,000 to \$64,999	N	N	N	Not Available
\$65,000 to \$74,999	N	N	N	Not Available
\$75,000 and up	N	N	N	Not Available
Median Age (Years)	43.9	43.2	43.3	

CAPE Head Start/Early Head Start

TRANSPORTATION: EARNINGS FOR WORKERS (Vanderburgh County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Excluding Cab
Workers 16 and over with earnings	104,292	90,301	8,222	1,000
\$1 to \$9,999 Or Less	15.4%	13.9%	19.4%	41.8%
\$10,000 to \$14,999	7.5%	7.0%	9.3%	17.2%
\$15,000 to \$24,999	17.9%	17.8%	20.6%	24.1%
\$25,000 to \$24,999	18.1%	18.3%	20.4%	13.5%
\$35,000 to \$49,999	18.2%	19.1%	14.5%	3.4%
\$50,000 to \$64,999	10.7%	11.1%	9.5%	0.0%
\$65,000 to \$74,999	3.1%	3.4%	0.7%	0.0%
\$75,000 and up	9.1%	9.4%	5.5%	0.0%
Median Age (Years)	42.2	42.5	37.5%	

TRANSPORTATION: POVERTY STATUS IN THE LAST 12 MONTHS (Gibson County)

Subject:	Total	Car, truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over for whom poverty is determined	19,501	16,029	2,723	0
Below 100% of Poverty Level	4.5%	4.2%	6.8%	-
100 to 149% of Poverty Level	4.1%	3.9%	6.2%	-
At or Above 150% of Poverty Level	91.4%	91.8%	86.9%	-
Workers 16 and Older	19,501	16,029	2,723	-

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TRANSPORTATION: POVERTY IN THE LAST 12 MONTHS (Posey County)

Subject:	Total	Car, truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over for whom poverty is determined	N	N	N	N
Below 100% of Poverty Level	N	N	N	N
100 to 149% of Poverty Level	N	N	N	N
At or Above 150% of Poverty Level	N	N	N	N
Workers 16 and Over	19,501	16,029	2,723	-

TRANSPORTATION: POVERTY IN THE LAST 12 MONTHS (Vanderburgh County)

Subject:	Total	Car, truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cabs
Workers 16 and Over for whom poverty is determined	103,020	89,716	8,126	1,000
Below 100% of Poverty Level	4.7%	4.0%	6.2%	41.1%
100 to 149% of Poverty Level	5.4%	4.6%	12.2%	15.8%
At or Above 150% of Poverty Level	89.8%	91.4%	81.6%	43.1%
Workers 16 and Over	104,332	90,341	8,222	1,000

CAPE Head Start/Early Head Start

TRANSPORTATION: OCCUPATION (Gibson County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cab
Management, Professional and Related	N	N	N	N
Service Occupations	N	N	N	N
Sales and Office Occupations	N	N	N	N
Farming, Fishing and Forestry Occupations	N	N	N	N
Construction, Extraction, and Maintenance	N	N	N	N
Production, Transportation and Material Moving	N	N	N	N
Armed Forces	N	N	N	N

TRANSPORTATION: OCCUPATION (Posey County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cab
Management, Professional and Related	N	N	N	N
Service Occupations	N	N	N	N
Sales and Office Occupations	N	N	N	N
Farming, Fishing and Forestry Occupations	N	N	N	N
Construction, Extraction, and Maintenance	N	N	N	N
Production, Transportation and Material Moving	N	N	N	N
Armed Forces	N	N	N	N

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TRANSPORTATION: OCCUPATION (Vanderburgh County)

Subject	Total	Car, Truck, Drive Alone	Car, Truck, Carpool	Public Xport Except Cab
Management, Professional and Related	30.2%	31.1%	19.3%	3.8%
Service Occupations	15.4%	14.5%	22.8%	30.9%
Sales and Office Occupations	28.7%	29.1%	20.7%	47.9%
Farming, Fishing and Forestry Occupations	0.1%	0.1%	0.3%	0.0%
Construction, Extraction, and Maintenance	9.3%	9.3%	14.1%	1.8%
Production, Transportation and Material Moving	16.2%	15.9%	22.7%	15.6%
Armed Forces	0.0%	0.0%	0.0%	0.0%

The Data shows that the majority of workers below the poverty level in Vanderburgh County rely on public transportation to get them to work for the inside the city limits. The data also shows that the majority of these jobs are in the service and sales industry, a fact that has not changed in the midst of the 2009 economic downturn. Gibson and Posey Counties, as we have seen, do not have public transportation so residents there who do not own their own cars are forced to rely on alternate ways of getting work. To make matters more complicated, many of those work outside the county in which they live, which means longer travel, with many commuter times exceeding 35 minutes. This creates problems on several levels for these families, including finding reliable transportation, the cost of upkeep, and the cost of gasoline in a volatile market which can change by as much as 20 cents a gallon in a matter of minutes any day of the week including weekend.

Road conditions vary from fair to poor in much of the CAPE service area. Economic conditions have served to curtail an already austere repaving and road repair program. That includes the loop around Evansville commonly known as I-164. State roads fair a little better, and most federal roads are in fair to good conditions.

Weather conditions remain fairly predictable in the tri-county area. Summers are often hot and humid with steady predictable rainfall necessary for an agricultural region. Spring and fall

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seems to alternate between cool and cold, while winters sport temperatures. While winter can deliver a chilling amount of snow or ice, these are “unusual” phenomena and they cause only momentary inconvenience.

Most long-time residents of the tri-county area take these variables in weather entirely in stride. Aside from the few times that snow or icy weather might close schools and some businesses, weather makes little appreciable difference in work attendance or productivity.

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VIII: HEAD START/EARLY HEAD START ELIGIBLE CHILDREN

The American Community Survey shows there are 117 male children under the age of 5 below the poverty level in Gibson County, 108 in Posey County and 1,283 in Vanderburgh County. Female children under the age of five, and leaving below the poverty level total 163 in Gibson County, 83 in Posey County and 1,138 in Vanderburgh County. The total of eligible children is 2,892. CAPE Head Start/Early Head Start is currently serving 660 for a total of 22% of the eligible children inside our service area. CAPE Head Start/Early Head Start maintains a large waiting list each year for head Start averaging 200-250 names, with Early Head Start posting a waiting list of 100-150 names. There are an estimated 2,232 unserved eligible children in the agency's service area.

DESCRIPTION OF PROGRAMS SERVING HEAD START ELIGIBLE CHILDREN

Child Care and Child Development Programs in the Service Area

4C of Southern Indiana is the resource agency for this part of Indiana. 4C works with all the child care facilities for the Paths of Quality and keeps all the statistics for the child care facilities in their database. That database gives information on the number of available slots and child care centers in the CAPE Head Start/Early Head Start service area.

Type and Number of Child Care Centers in Gibson, Posey and Vanderburgh Counties

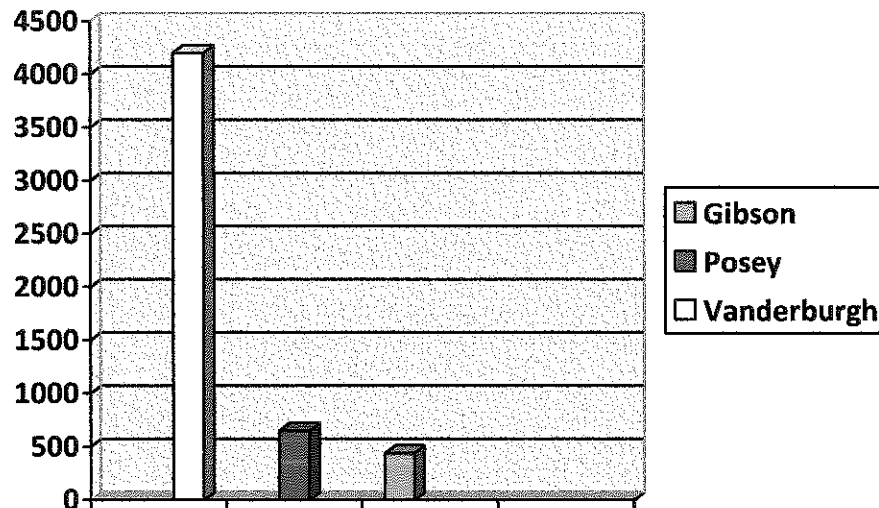
TYPE	GIBSON	POSEY	VANDERBURGH
Class I Licensed Home*	26	6	103
Class II Licensed Home*	2	3	23
LLEP Child Care			
Center	11	6	93
Licensed Center**	2	3	22
Registered Ministries	2	1	18

**Child Care I and II homes must have appropriate learning and play equipment, parental visits allowed, health examination at enrollment, immunization record for child, isolation procedures for ill children, medication monitoring, nutritionally balanced meals, drinking water available, food safety, sanitation, health and safety.*

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***Licensed Centers must have all of the amenities listed above plus planned, written program, corporal punishment prohibited, transportation equipment safety inspection, approved written health program, approved written food program, meet Department of Health food service sanitation standards in approved kitchens, state fire marshall inspection of building.*

Number of Available Slots for Children in Licensed Child Care



Source: kidscount IN

Other early childhood programs providing services to Head Start/Early Head Start eligible children include:

- St. Vincent Day Care
- Enterprise Zone Child Development Center, Evansville ARC Child-Life Center
- The Rehabilitation Center

all of which are in Vanderburgh County.

In addition, several schools have child care centers such as Fairlawn Day Care, Carver Community Organization Day Care, Milestones Child Care Center and ARK Crisis Nursery and the Joshua Academy charter school.

In Gibson County there is Gibson County ARC and Posey County has the Children's Learning Center.

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The crop of available child care slots in all three counties. Since 2002 there has been a loss of 612 slots in licensed centers and homes. That reduction represents a significant decrease in the number of licensed homes as a direct result of the increase in minimum standards for licensed homes to receive child care vouchers. The license requirements continue to become more stringent and a lot of facilities come near to closing because of difficulties in maintaining licensing requirements. The demand to maintain state licensing is forcing facilities to raise rates and the families are finding it increasingly difficult to pay child care rates. The average cost within the three-county service is \$120 to \$155 per week per child.

According to statics assembled by the Indiana Family and Social Services Administration, 202 children in Gibson County are receiving child care vouchers; 115 children are receiving them in Posey County, and the count in Vanderburgh County is 2,587. The estimated number of vouchers for families at 100% of poverty or below is 599. Families can qualify for co-pays on the voucher up to 200% of the poverty level.

There is currently a monthly waiting list for both the voucher program and the Gatekeeper program. With Gatekeeper, a family can get subsidized monies for child care for up to one year while they are waiting to get on the regular voucher program. Families may receive aid from Gatekeeper only once in their lifetime and then only for one year. There is now a waiting list for Gatekeeper as well. In 2005, the program served 3,317 children within the three counties of the service area. That number has now declined to 2,944 which is a reduction of 373 slots.

There are 31 families on the Child Care Voucher Program in Gibson county; there are three families on the list in Posey County and 130 in Vanderburgh county.

According to the first annual report of the State of Indiana's Low Income Citizens report in 2002, the average cost to send a four hear old child to a child care center was \$4,732 per year. Now, that figure would swell to \$6,240. The average 2002 cost for infant care was \$6,522; now it would be \$8,800 per year. Only 7%, just 7 out of every 100 eligible children in Indiana low-income families who qualify for child care assistance under the federal laws actually get that child care assistance.

Public Pre-School Program

Indiana's state-funded all-day kindergarten program is being implemented as this report is being written, though it is not state-wide yet.

The Superintendent of Evansville-Vanderburgh County Schools, Dr. Vincent Bertram, has made it clear that he plans to create a public pre-school program for children at risk. The

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school system opened two classrooms in August of 2009. In 2010, the school corporation will open a center with 500 slots. In 2011, an additional 500+ slots will open in the old North High School building when that school is replaced by a new complex being built in northern Vanderburgh County. The school corporation is targeting the at-risk population and children below the poverty level, the same population currently being served by CAPE Head Start/Early Head Start. This agency has been working cooperatively with the school corporation forging a partnership relationship with this project. The Superintendent plans to fund the school corporation's portion of the service with Title monies.

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X: THE CHALLENGE OF DISABILITY

Many of the children enrolled in CAPE Head Start/Early Head Start face challenges in the cards they were dealt at birth. They enter early childhood education displaying signs of various disabilities from sensory to mental to emotional to physical. CAPE Head Start/Early Head Start meets those challenges learnedly, with solutions enabling such client children to have a shot at a productive life.

Many of those client children coming into CAPE Head Start/Early Head Start without such challenges themselves must contend with such disabilities or dysfunctions within their families. For many, this organization's classrooms may be their very first exposure to others of their own ages who are faced with challenges – or, from the other perspective, this may be the first exposure of a child with a disability to other children who have none.

Our mission with respect to these children is to give them a stable nurturing environment in which they can learn basic skills to take with them into kindergarten and grade school while at the same time helping them cope with or overcome their challenges and manage better in a home environment.

All three counties are served by the same **First Steps Council**, which provides services for families with a disabled child under three years of age. After age three, the local school corporation is responsible for providing services, either directly or through referral to an outside agency.

Children qualifying for services may be placed at **Evansville ARC, Gibson County ARC, Gibson-Pike-Warrick Special Education Cooperative, Metropolitan School District of Mt. Vernon, or Rehabilitation Center in Evansville and the CAPE Head Start/Early Head Start program.**

During the 2008-09 program year, CAPE Head Start/Early Head Start had agreements with all three school districts in its service area and with First Steps. The program served 312 children with IEPs and IFSPs. The numbers of people – particularly children – with disabilities in our service area are significant.

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THREE-COUNTY AREA POPULATION BASED ON DISABILITIES

	<i>Gibson County</i>			<i>Posey County</i>			<i>Vanderburgh County</i>		
Age/Disability	Total	Male	Female	Total	Male	Female	Total	Male	Female
Population 5 Years & Over	30,028	14,613	15,415	24,750	12,138	12,612	157,991	74,775	83,216
With No Disability	82.6%	84.9%	80.5%	83.8%	85.0%	82.6%	83.7%	84.6	82.8
With One Type of Disability	8.4%	7.9%	8.8%	6.9%	6.5%	7.2%	7.5%	8.4%	6.7%
With 2 or More Disabilities	9.0%	7.2%	10.7%	9.3%	8.4%	10.2%	8.8%	7.0%	10.5%
Population 5 to 15 Years	4,737	2,466	2,271	4,049	1,976	2,073	24,195	12,092	12,103
With Any Disability	8.5%	8.3%	8.8%	7.1%	7.5%	6.7%	9.1%	10.7%	7.6%
With a Sensory Disability	1.3%	0.8%	1.8%	0.7%	0.0%	1.4%	1.4%	1.5%	1.3%
With a Physical Disability	0.5%	1.0%	0.0%	1.5%	1.6%	1.5%	0.6%	0.3%	0.9%
With a Mental Disability	6.9%	6.8%	6.9%	6.3%	7.5%	5.3%	8.0%	9.8%	6.3%
With Self-Care Disability	0.9%	0.0%	1.9%	1.6%	1.8%	1.5%	1.5%	2.2%	0.7%
Population 16-64 Years	20,825	10,346	10,479	17,514	8,771	8,743	110,865	53,620	57,245
With any Disability	14.4%	13.7%	15.0%	13.4%	12.2%	14.6%	13.3%	12.8%	13.9%
With a Sensory Disability	3.9%	3.1%	4.8%	3.6%	4.2%	3.0%	2.8%	2.9%	2.7%
With a Physical Disability	8.9%	8.4%	9.4%	8.4%	6.4%	10.3%	8.0%	6.8%	9.2%
With a Mental Disability	5.7%	5.4%	6.1%	5.5%	5.3%	5.8%	5.6%	5.0%	6.2%
With a Self-Care Disability	2.9%	1.8%	3.9%	2.6%	2.2%	3.1%	2.8%	1.8%	3.8%
With a Go-Outside Home D.	3.9%	2.0%	5.8%	4.0%	3.3%	4.7%	3.6%	2.2%	4.9%
With an Employment Dis.	7.3%	6.1%	8.6%	8.7%	8.4%	8.9%	7.9%	6.7%	9.0%

CAPE Head Start/Early Head Start

THREE-COUNTY AREA POPULATION BASED ON DISABILITIES (Cont'd)

	<i>Gibson County</i>			<i>Posey County</i>			<i>Vanderburgh County</i>		
Population 65 Years & Over	4,466	1,801	2,665	3,187	1,391	1,796	22,931	9,063	13,868
With Any Disability	40.6%	32.4%	46.1%	43.2%	43.0%	43.4%	38.5%	37.0%	39.5%
With Sensory Disability	15.1%	12.0%	17.1%	16.9%	17.9%	16.1%	14.5%	15.4%	13.9%
With a Physical Disability	34.6%	26.2%	40.3%	34.9%	37.5%	32.9%	29.4%	25.6%	31.9%
With a Mental Disability	8.4%	12.4%	5.6%	10.4%	7.9%	12.4%	9.1%	8.6%	9.4%
With a Self-Care Disability	8.8%	8.1%	9.3%	8.1%	10.9%	5.9%	8.9%	6.8%	10.3%
With a Go-Outside Home Dis.	15.0%	10.3%	18.3%	16.8%	9.7%	22.4%	15.8%	9.5%	20.0%

BREAK-OUT TABLE OF CHILDREN WITH DISABILITIES IN HEAD START/EARLY HEAD START

Type	Head Start	Early Head Start
Autism	5	
Development Delay	19	13
Emotional Behavior	17	
Health	103	15
Hearing Impaired		1
Mental Retardation	2	
Orthopedic	6	
Speech and Language	67	6
Visual Impairment	17	1

The total number of children with Individualized Education Plans (IEPs) and Individualized Family Services Plans (IFSPs) represents 32 percent of the total number enrolled.

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The program currently serves 5 dually enrolled children who attend part of the day in Head Start and then go to the Rehabilitation Center for additional services with LEA.

The Agency receives several referrals from outside agencies each year, and depending on points and needs, the children are enrolled. The agencies making the referrals can be the Child Welfare Department, Health Department, private physicians, CASA and First Steps. CASA, but the way is an advocacy group protecting the rights of children who are wards of the court or who are in the court system. The number of referrals from these organizations continues to climb each year and the program has to check every classroom to make sure at enrollment that classes are not over-enrolled with children that are "differently labeled."

The following information was gathered from the First Step report for each of our service counties. These figures are the most up-to-date available. First Steps is CAPE's service provider for children 0-3 years of age in our service area.

FIRST STEPS REPORTS FOR GIBSON, POSEY AND VANDERBURGH COUNTIES

	<i>Gibson County</i>			<i>Posey County</i>			<i>Vanderburgh County</i>		
Population	Total	Number Served	Percent Served	Total	Number Served	Percent Served	Total	Number Served	Percent Served
<i>Total</i>	32,614			26,981			171,558		
<i>Age 0-3</i>	1,181			845			6,909		
<i>Low Birth</i>	80			59			554		
<i>Cumulative Child Enrollment Age</i>									
<i>0-1 yoa</i>	9	9	7.50%	7	7	10.94%	56	9.12	2.44
<i>1.1-3 yoa</i>				64	64	7.57	614		8.89

CAPE Head Start/Early Head Start

FIRST STEPS REPORTS FOR GIBSON, POSEY AND VANDERBURGH COUNTIES

	Gibson County			Posey County			Vanderburgh County		
Population	Total	Number Served	Percent Served	Total	Number Served	Percent Served	Total	Number Served	Percent Served
Enrollment & Termination									
<i>Av. Age At Referral (Months)</i>	<i>17.6</i>			<i>19.0</i>				<i>17.2</i>	
<i>Av. Days from Referral to IFSP</i>	30.1			30.3			30.1		
<i>Children Moving to Pre-School Spec. Ed</i>		<i>7</i>	<i>5.83%</i>		<i>12</i>	<i>18.75</i>		<i>28</i>	<i>4.56</i>
<i>Exiting Children Under 3 Service Not Needed</i>		<i>12</i>	<i>10.0%</i>		<i>1</i>	<i>1.56</i>		<i>31</i>	<i>5.05</i>
<i>Eligible Children Declining Service</i>		<i>1</i>	<i>0.83%</i>		<i>2</i>	<i>3.13</i>		<i>7</i>	<i>1.14</i>

CAPE Head Start/Early Head Start

FIRST STEPS REPORTS FOR GIBSON, POSEY AND VANDERBURGH COUNTIES

	Gibson County			Posey County			Vanderburgh County		
Population	Total	Number Served	Percent Served	Total	Number Served	Percent Served	Total	Number Served	Percent Served
Children Served in Natural Environ.			100%			100%			100%
Children with Referral to IFSP 45+ Days		0				0			0
Race Information									
White		104	86.67%		56	87.50		10	100%
Afro-Amer.		3	2.50%		0	0.0		0	0
Hispanic		0	0.0%		0	0.0		0	0
Native Am.		0	0.0%		0	0.0		0	0
Asian		2	1.67%		0	00.0		0	0
Multi-Race		11	9.17%		7	10.94		0	0
Service Type	Total	% Serve	State Av.%	Total	% Serve	State Av.%	Total	% Serve	State Av.%
Assistive Technology	7	5.83%	6.29%	4	6.25	6.28	1	10	6.28
Audiology	35	29.17	14.98	28	43.75	14.98	0	0	14.98
Development Ther.	41	34.17	57.33	23	35.94	57.33	8	80	57.33

CAPE Head Start/Early Head Start

STEPS REPORTS FOR GIBSON, POSEY AND VANDERBURGH COUNTIES

	Gibson County			Posey County			Vanderburgh County		
Service Type	Total	% Serve	State Av.%	Total	% Serve	State Av.%	Total	% Serve	State Av.%
Health Serv	0	0	0.4	0	0	0.04	0	0	0.04
Interpreter	0	0	0.99	0	0	0.99	0	0	0.99
Medical	0	0	0.0	0	0	0.00	0	0	0.00
Nursing	31	25.83	1.39	13	20.31	1.39	0	0	1.39
Nutrition	0	0	2.88	0	0	2.88	0	0	2.88
Occupation	43	35.83	34.27	18	28.13	34.27	1	10	34.27
Physical Th	38	31.67	35.56	15	23.44	35.56	2	20	35.56
Psychology	0	0	1.43	0	0	1.43	0	0	1.43
Speech Th	71	59.17	51.21	46	71.88	51.21	9	90	51.21
Vision	1	0.83	0.13	1	1.56	0.13	0	0	0.13

Speech Therapy has been and still is the largest category for First Steps, with Developmental Delays showing up second. As the above table shows, the numbers continue to rise in Physical Therapy and Audiology. For this reason it is of vital importance to continue to get the 45-day screenings completed and to continue to refer for evaluation and service. Transition continues to happen six months before a child turns 3 years of age if they are being referred to Head Start or Early Head Start. If the children come in with an IFSP, we contact the Local Educational Agency (LEA) immediately and get a transition meeting set up for services. From there, this Agency makes certain that services are not interrupted.

There are several agencies that provide help. The main forms of this "help" are as follows:

X: Early Intervention

Early identification and treatment of disabilities and delays is crucial to help infants and children achieve their potential in the years to come. At the Easter Seals Rehabilitation Center, a variety of Early Intervention services are designed to lay the foundation for a brighter future for youngsters identified with (or at risk for) disabilities. **For more information on the Early Intervention services listed below, contact the Easter Seals Rehabilitation Center.**

- **Comprehensive of Single Discipline Evaluations**

Pediatric professionals provide coordinated, multidisciplinary evaluations (combining Physical Therapy, Occupational Therapy, Speech and Language Pathology and Audiology as needed by the individual child) Families receive immediate results and recommendations for treatment.

- **First Steps**

The Easter Seals Rehabilitation Center is a provider for Vanderburgh County First Steps, an Indiana program for children from birth to 3 who experience delays in some areas of development. Physical, Occupational and Speech therapies are among the services provided in a child's natural environment at home or in preschool.

- **Day Care At Milestones**

Milestones, the Tri-State's Easter Seals Child Development Center, provides developmentally appropriate activities for children of all abilities ages 6 weeks to 6 years. Special focus is placed on serving youngsters with disabilities and severe medical conditions in an inclusive environment.

- **Circle of Friends**

Milestones hosts Circle of Friends, a "parents' morning out" program for children ages 2 to 5. These three-hour infant groups use fun activities to reinforce all developmental areas and promote positive social experiences.

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- **ReadAbility Resource Library**

Local parents now have a resource to help them understand their child's disability and to connect with the information and support systems they need. The free ReadAbility Family Resource Library at the Easter Seals Rehabilitation Center offers a selection of books, tapes, videos, computer software and online resources. The materials are invaluable tools for parents of children with special needs, regardless of their financial situation.

Other agencies with other resources employed to aid families in the Tri-County area are listed in the Appendix at the conclusion of this Report.

XI: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

Education:

People choose to further their education for many reasons, the most compelling of which is the expectation of future economic success based on achieving a higher level of academic achievement. Those expectations are well founded. Reports from the United States Bureau of Census demonstrate the strength of educational attainment as a determining factor of an individual's employment and earnings. This relationship holds true not only for the entire population but also across most sub-groups defined by gender, race, and ethnic origin. Consequentially of educational achievement level, earnings differ by gender and race. On the average, men continue to post higher earnings than women with similar educations at every level of educational attainment.

The quality of life that follows a better education and better income reaches far beyond an individual's paycheck. It touches families in the present, but also influences future generations by enabling people to maintain safe and decent housing. This, in turn, enables families to be stable and allows children to grow up with less stress and more positive behaviors. It increases the probability that people will have health insurance coverage and decreases their dependence on public assistance.

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SCHOOL ENROLLMENT

	Gibson County			Posey County			Vanderburgh County		
Reported	Number	State Rank	% of State	Number	State Rank	% of State	Number	State Rank	% of State
Go to Higher Ed	308	52	0.5%	258	53	0.5%	1,498	10	2.8%
4 year	155	48	0.4%	172	47	0.4%	1,118	10	2.9%
2 year	87	40	0.9%	63	81	0.6%	338	13	3.5%
VoTech	16	60	0.4%	23	31	0.5%	42	4	1.0%
Adults 25+	21,694	47	0.6%	17,671	58	0.5%	112,178	7	2.9%
H.S Diploma Up	80.9%	45		84.4%	18		83/1%	25	
B.A Degree Up	12.4%	51							

Research confirms that when the adults in the lives of children are better educated, children are more likely to have opportunities to succeed once they enter adulthood. Where adult educational attainment is higher, there is a wider access to educational opportunities, better public health and more economic prosperity. The educational needs of low-income children and families lie at the very core of the circumstances keeping them in the lower levels of the economic strata. Although the percentage of youth graduating from high school continues to rise in the three-county service area encompassing Gibson, Posey and Vanderburgh Counties, the percentage of persons age 25 and up with less than high school completion is 25% in the tri-state service area, which is higher than the state average of 20%, according to figures made available by the Welborn Baptist Foundation survey. There continues to be significant variations in educational attainment in eligible Head Start families in African American and Hispanics. This group demonstrated the highest proportion of persons not completing high school.

In the Direct Service Survey for 2008, 13,991 households and 32,601 individuals were asked to complete the questionnaire. Of those, 34.6% of the persons over age 24 who were

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served by KAPE had less than a high school diploma or GED. Only 6.0% of household heads had two or more years of post-high-school education. These numbers continue with the risk factors that go along with lower educational attainment. Example: 38% of the families served by CAPE were single-parent females, 4% were single-parent males and 40% of household heads were female, with 4% being single parent males. Of these households, 64% had incomes below

75% of poverty, 82% had incomes below 100% of poverty, with only 18% showing up above that level.

The graphics below demonstrates the cultural data for White, African Americans and Hispanics are graduating from high school and going on to attain other degrees in the future.

Educational Attainment, Adults Age 25+, Vanderburgh County

New research by the Education Research Center calculating graduation rates has documented that rates are systematically underestimated across the nation. Researchers now estimate that between 25% and 30% of all those who enter high school fail to earn a diploma. Comparing Indiana's published rates to the rates calculated by the researcher shows noteworthy differences, especially for African American students. When further examined, race by gender, it becomes clear that males of all races fare worse than females with black males faring the worst of all. Regardless of the formula used to calculate graduation rates, a consistent trend that emerges is the significant gap between graduation rates for members of minority groups and whites.

(Source: Welborn Foundation, 2007)

Health Issues of Children and Families

Child health and well-being is a major contributor to a child's success in school. Several health risk factors have been found to have adverse effects on child development and school readiness. These health factors can be separated into four general areas of concern:

- 1) Primary Medical and Preventive Care
- 2) Community Health
- 3) Dental Care
- 4) Mental health.

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Nearly all children get sick from time to time, and some children need access to the medical care system more often than others in order to stay healthy. National surveys consistently reveal that the high cost of health insurance is the most pressing reason that people are not insured. This is pointedly true in Indiana where the mean annual wage lists for all occupations in 2004 (last figures available as of this writing) were \$33,550, well below the 200% federal poverty level of \$36,200 for a family of four. In Indiana, these low-wage workers are the rule, rather than the exception. In addition, surveys reveal over and over that people without health insurance:

- Are less likely to receive preventative medical or dental care and screenings
- Suffer more preventable complications than person with insurance
- Are less likely to have a regular source of medical care other than the hospital emergency room
- Are more likely to postpone treatment for medical conditions until those conditions become serious and more costly to treat
- Are more likely to die from lack of care.

Some of those especially affected in the CAPE service area are those with chronic health conditions such as diabetes, high blood pressure and asthma, who find it difficult if not impossible to manage their conditions without medical intervention.

The current population served by Head Start/Early Head Start for the 2008/09 service year shows that 78% of the families enrolled are at or below 100% of the federal poverty level, and 81% of Early Head Start families fall into that category. In Gibson County there are 1,918 children enrolled in Hoosier Healthwise, which represents 52% of the eligible children, while in Posey County there are 1,361 children enrolled at 56.0% of the eligible children are enrolled. Vanderburgh County has 13,798 children enrolled in Hoosier Healthwise which represents 60.8 of the eligible children. As part of the agency's enrollment process, families are asked if they are enrolled in Hoosier Healthwise, and, if not, the Family Advocates help them fill out the enrollment online. Of the families that filled out the 2008 CAPE survey, 21.1% of the people reported that they had no private health insurance and were not eligible for Hoosier Healthwise. Some Spanish-speaking parents rarely visit a doctor's office, relying on hospital emergency rooms or clinics when medical attention is unavoidable.

The available of doctors to children with public insurance is even more daunting than that for children with private-pay insurance. Over half of the doctors in the surrounding tri-counties do not accept Hoosier Healthwise nor Medicaid. Twenty-three percent of physicians accept Medicaid and a paltry 17[^] or so accept Hoosier Healthwise. And this percentage decreases sharply when it comes to dental care. (Source: Welborn Foundation)

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Other issues that are involved with health are the number of teen pregnancies and children born premature and with low birth weights. Further explanations for these issues will be forthcoming in the section on Community Issues.

Immunizations and Primary Care Wellness Visits:

In 2004, the State of Indiana passed a law stating that all children attending a licensed child care program must have proof of up-to-date immunizations. The average compliance with immunization recommendations in the state jumped from 75% in 2001 to 82% in 2005. And that 82% is higher than the national; immunization compliance average of 79.4%, according to the Centers for Disease Control. There continues to be the challenge of children that do not attend child care and are ready to go to kindergarten. In Indiana, all children beginning kindergarten are required to show an up-to-date immunization record before entering school, and the program has followed the performance standards as well.

There is a continuing problem with tracking immunization records concerning families from outside the United States once they have moved into the CAPE service area. Homeless families as well, rarely carry such records with them as they move from place to place, and are thus unable to produce such immunization records when their children are enrolled in school. Since children from lower-income families are, at the same time, more likely to be uninsured and less likely to have a primary care physician, the result is that Indiana children from low-income families have lower rates of being up-to-date on immunizations and have problems with gaining access to primary medical care. Because of the legal requirement of having immunization records and a physical to enter kindergarten, the public schools offer Health fairs to families where they can get children's shots and physicals without cost or at greatly reduced cost, yet the number of slots is limited because of the number of providers that are willing to put in the time and skill it takes to provide those services *pro bono*.

Nutritional Needs:

The ability to buy and eat healthy foods continues as a challenge to families living at poverty level or below. The cost of food continues to rise; indeed, since the 2008 economic meltdown, the costs of some foods have become increasingly volatile. Milk reached a peak price of \$3.79 a gallon in January 2009. Thus, the number of families on food stamps continues to climb and area food banks are strained to the bare walls, and must constantly ask for increased donations of foodstuffs and cash in order to keep up with the demand and the need. While it's true that falling fuel prices have effected a major drop in food and commodity prices in the second half of 2009, demand on food banks and for food stamps has not eased proportionately – that is—even with prices for food and drinks falling, more people are asking for help in obtaining it. There are numerous stories in the local media concerning appeals for cash and food donations to area food banks whose shelves are bereft of items for their clients. That means

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families are being challenged to stretch what food they are able to obtain. That means fewer household dollars are being used for the purpose of buying fresh fruit and vegetables. Families stretch their dollars by buying and using staples that go further, such as potatoes and pasta or starchy items.

With the increase in this type of foods finding their way to family tables, children and teens are putting on extra weight. Obesity has put Indiana on the map as one of the states that has reached 35% rate in obesity, giving new meaning to Indiana's place in the "Corn Belt." And the "belt" is approaching its farthest buckle-notch!

Overweight and obese conditions often begin in early life. Overweight children and teens have a greatly increased probability of becoming overweight adults with overwhelming consequences to their personal health, and, thus, the overall cost of health care. Overweight children and teens often experience assaults to their self-esteem and report increased cases of loneliness, depression and instances of hazing and bullying; because of these factors, overweight children and especially teens are more likely to take up smoking and the use of alcohol. In a national study by the CDC and the National Institutes of Health, one-in-four adolescents had already developed pre-diabetes, a condition linked to obesity that shows no outward symptoms but heralds the beginnings of internal physical changes that place the individuals at extreme risk for developing full-blown, Type-II diabetes and cardiovascular disease. One-in-six obese, troubled teens will develop some form of serious health problem in the future.

Families and the electronic marketplace have engineered physical activity out of our lives. Video games, television and computers have replaced running and playing ball. Add to that the advent and proliferation of fast food, high-fat convenience and snack foods which have woven themselves *into* our lives. Nationally, almost 80% of high school students do not eat the recommended five servings of fruits and vegetables per day, and even fewer participate in high-quality, daily, physical education. (Source: *U.S. Centers for Disease Control and Prevention*)

Homes and apartments within the financial reach of low-income families are often located in high-crime areas where violence abounds, and drug and alcohol use is often open and rampant. As such, children in such families do not have access to safe environments to go outside and play, thus making childhood obesity a huge medical and nutritional issue in the tri-county area. And that, in turn, ushers in additional issues.

Social Needs of Children and Families:

Substance abuse spreads its tentacles into many facets of our society and our personal lives. It is subversive and destructive; it drains resources and inhibits, sometimes destroys our

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potential for social progress and fulfilling lives. It is one of the most difficult and prolific problems with which we must try to come to grips, collectively and individually. The problem reaches far beyond the actual use of illicit drugs, and includes alcohol, tobacco and misuse of prescription drugs. Substance abuse destroys family relationships, ruins careers and sends people to jail. While the apparent link to poverty is strong, substance abuse can also be tied closely to factors unrelated to poverty. Children are suffering the consequences of their parents' or caregivers' substance abuse through domestic violence, child abuse and neglect, emotional damage, removal from their homes and placement into foster care. Even before birth, research shows that parental substance abuse damages the developing baby's mind and body by such heinous things as fetal alcohol syndrome, premature birth and brain damage that ultimately leads to developmental, learning and behavioral problems that follow the child throughout his or her life. CAPE Head Start/Early Head Start has experienced at least a 33% rise in children that have been referred for mental health evaluations in the last two years and that number continues to rise.

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XII: EDUCATION, HEALTH, NUTRITION AND SOCIAL SERVICE NEEDS OF HEAD START-ELIGIBLE CHILDREN AND FAMILIES AS DEFINED BY FAMILIES OF HEAD START ELIGIBLE CHILDREN BY COMMUNITY INSTITUTIONS THAT SERVE YOUNG CHILDREN.

Education:

The methodology of figuring high school graduation rates has changed in Indiana. As of 2009, per legislative intent, the graduation rate as published will be the percentage of students who entered the 9th grade in the fall of 2005 and graduated in four years or less. 2009 marked the first publication of data extracted by this method for calculating graduation rates. (Source: Indiana Department of Education)

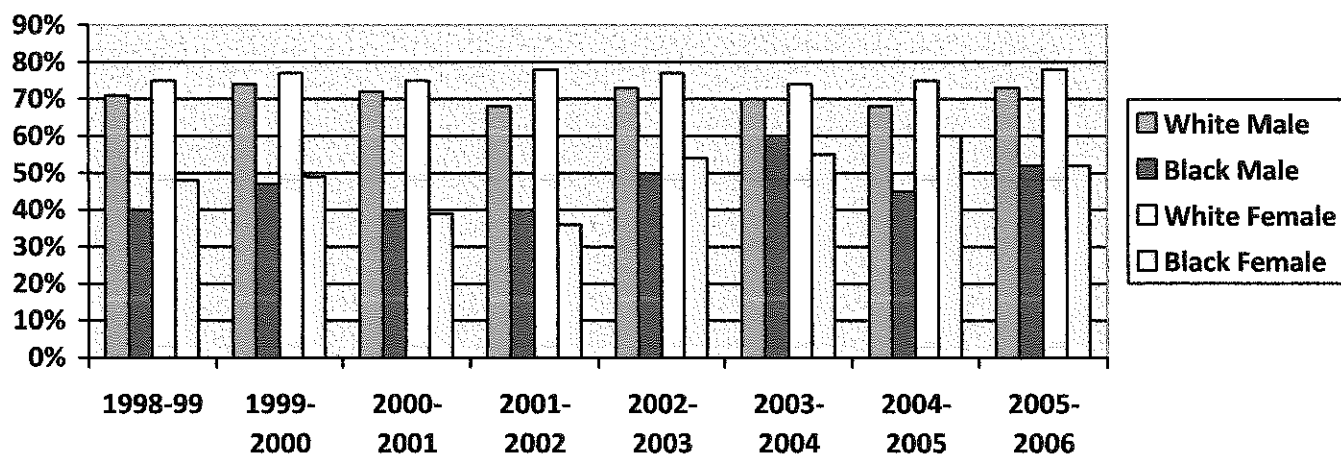
The new figuring method may produce more accurate graduation rates, but the feeling among many educators and others who pay attention to numbers is that the new formula will produce a drop in the number of students seen to be graduating. For the State of Indiana, the percentage of teen dropouts in 2007 was 7%. Gibson County's dropout rate is less than 1% of the county's 5,067 students, with 32 young people failing to complete their high school careers. Posey County had 4,173 students enrolled in public school with 27 dropping out which is also below the 1% level. While the other two service counties have less than a 1% dropout rate, Vanderburgh County's is 9%, owing mainly to the massively larger population in this urban county. Vanderburgh County had 200 students drop out during the reporting period, out of a total of 22,633 students as reported by Indiana Business Research Center in 2007. The expulsion and suspension rate continues to ascend in all three counties while the number of students passing the Graduation Qualification Exam continues to be lower in all three counties than the state average of 92.1%.

The ISTEP Test, even with its much-publicized imperfections, is valid enough to provide an approximate gauge of student performance. A close look at test results reveals racial and gender disparities that are currently at the forefront of national discussion. The percentage of students passing the test is significantly lower for African American students of both genders. While other racial and ethnic groups are also of interest, their numbers are currently too small in our service area to provide sufficient information for a meaningful comparison. Are disparities a function of what happens in school or are they a function of other factors such as home and family environment? Research indicates that it is both. When young children enter school lacking in basic knowledge and skills it presents a multitude of challenges for the school systems and there are often unsuccessful at moving the students into forward achievement.

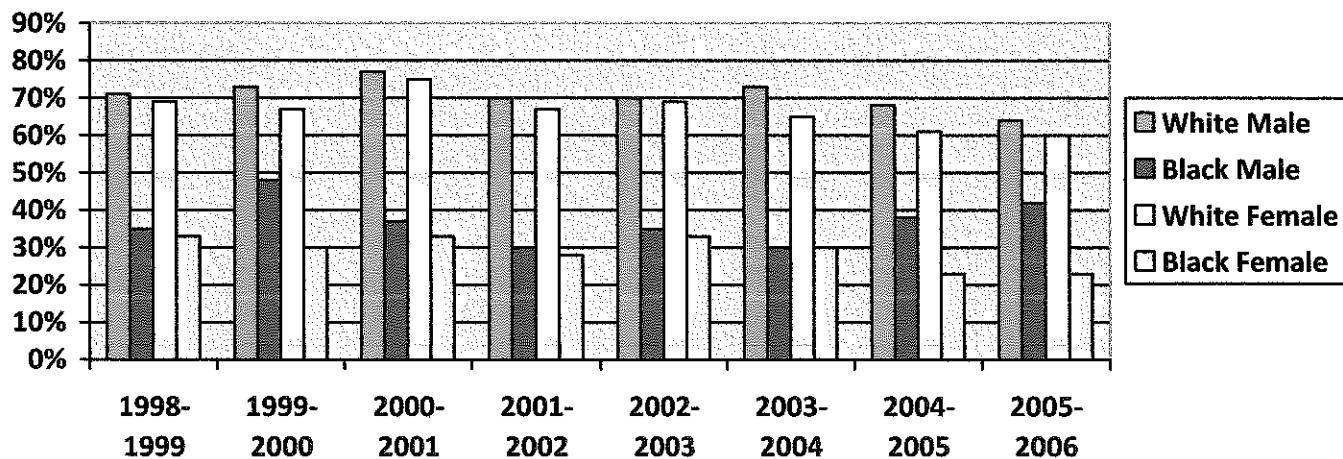
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ISTEP Test Scores According to Race and Gender

Percent 3rd Grade EVSC Students Passing ISTEP English Language Arts and Math



Percent 10th Grade EVSC Students passing ISTEP English Language, Arts and Math



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Health:

The health issues identified as significant in the tri-county area are, Obesity, Diabetes, Heart Disease, Cancer, Youth Alcohol Abuse, Youth Smoking, Illicit Drugs, Infant Mortality and Morbidity and Health Insurance Coverage. Documentation is created every three years by a variety of agencies in the tri-county area, and the Welborn Foundation publishes the results. The information gathered in this resource covers many agencies and the data that have been collected by those agencies over a period of time. The main issues are:

- The prevalence of overweight/obesity, diabetes, cancer and heart disease in the tri-state is greater than the national average
- Regionally speaking, our young people are more likely to engage in daily alcohol use and smoke than youth nationwide.
- While overall infant mortality shows a downward trend – a welcome statistic – low birth weight and prematurity appear to be on the ascent.
- A growing portion of our population lacks health insurance.

Health status is tightly interwoven with all other indicators. It affects the ability of parents to give babies a good start in life so they can grow and become healthy, successful adults; it affects our economy through the productivity of workers and the cost of health care; it affects the stability of our homes, our ability to be engaged in our community, the decisions we make and our ability to participate in those activities that bring us happiness and satisfaction. The goals published as Health People 2010 build upon the 1979 Surgeon General's report that established national health objectives for the United States. These objectives can be used by individuals, states, communities, professional organizations and others to help them develop programs to improve health. According to the U.S. Centers for Disease Control and Prevention, obesity among children and teenagers has continued to rise from 1970 to present day. The percentage in children 6-11 has gone from 3% to 15%, and in teenagers age 12-19 is up from 5% to 15%. One in four adolescents had already developed pre-diabetes and one in six is overweight.

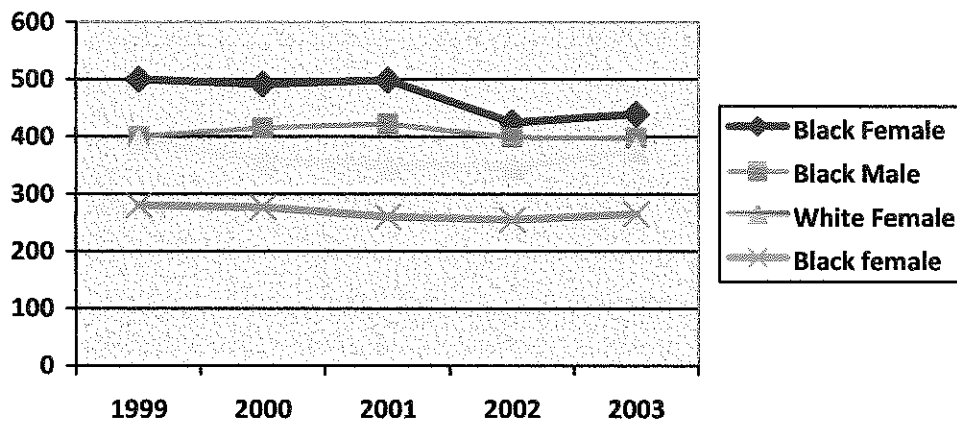
Environmental changes that make healthy choices easy and desirable must take place from improving school food and physical education programs – which has happened in some places and in varying degrees – to rebuilding our communities in smarter ways to enable more walking and biking to improve health and promoting health events.

Heart conditions that arise from congenital heart disease stem from everyday behaviors and choices that are under every individual's control. These include such factors as high blood pressure, high blood cholesterol, cigarette smoking, poor dietary choices, physical inactivity and being overweight. Rooted in some of the same risk factors is yet another silent killer – diabetes,

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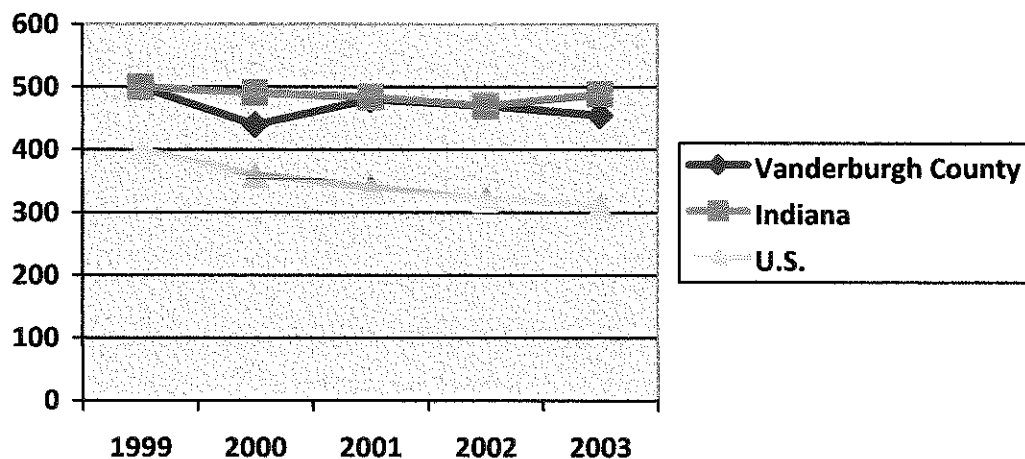
which frequently co-exists with heart disease and other underlying factors in heart disease deaths.

Heart Disease Mortality in Indiana, Age Adjusted Rate by Race



Source: Indiana Department of Health, Mortality Reports, Latest Available Figures

Age Adjusted Heart Disease Mortality, Vanderburgh County, 1999-2003



Source: Indiana State Department of Health, Mortality Reports, Latest Available Figures

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Another health issue that is very apparent within our population is low birth weight and infant mortality. There is a rise of both phenomena in Indiana as well as in the tri-county service area. The infant mortality rate in this area has exceeded the national rate. Black infants are more than twice as likely to die in their first year of life and most of those deaths occur during their first 28 days. At the county level, the rates by race are usually unavailable due to the small number of infant deaths and small populations. The second indicator, Low Birth Weight, or LBW, is often associated with premature birth (delivery prior to 37 weeks gestation). In Indiana, the three leading causes of infant death are birth defects, disorders related to low birth weight and premature birth, plus sudden infant death syndrome. Vanderburgh County has two local hospitals who have partnered with the local prenatal advisory board to study causes on infant death. Their study has shown that the leading cause of infant death in this area is prematurity.

Low Birth Weight and Infant Mortality Rate for Indiana and Gibson, Posey and Vanderburgh Counties.

Item	Indiana	Gibson	Posey	Vanderburgh
Teen Births by Age Group per 1,000				
Age Group 15-17	<i>21</i>	<i>15.7</i>	<i>14.7</i>	<i>24.7</i>
Age Group 18-19	<i>79</i>	<i>NR</i>	<i>NR</i>	<i>NR</i>
Age Group 15-19	<i>43</i>	<i>45.2</i>	<i>22.9</i>	<i>48.2</i>
Low Birth Weight Babies	<i>3.8%</i>	<i>6.5%</i>	<i>5.2%</i>	<i>9.6%</i>
Infant Mortality	<i>8.0%</i>	<i>1%</i>	<i>1%</i>	<i>9%</i>

Youth Smoking:

Smoking among young people is a leading indicator for the future health challenges we may face. Evidence clearly links smoking to four leading causes of death and disability in the U.S.; heart disease, cancer, stroke and chronic lower respiratory disease. Data from the Youth First organization clearly illustrate how the percentage of local youth smoking exceeds national rates. The youngest smokers appear to be picking up the habit at an increasing rate and the decline of smoking rates in the upper grades has slowed, despite tougher laws regulating the sale of tobacco products to minors.

The recent upswing in smoking among 8th graders is of particular concern because it implies that more youth taking up smoking in the 8th grade leads to more smokers in later grades and on into adulthood. *The percentage of 12th grade smokers is 28%, 10th grade is 18% and 8th grade smoking tips the scales at 9%*, according to Youth First. Many social influences push youth toward smoking, children of smokers are more likely to smoke, tobacco use is glamorized in movies and on television, tobacco companies target youth in order to generate a future generation of smokers and tomorrow's market for their tobacco products.

In particular, tobacco products are marketed disproportionately to racial/ethnic minorities. These include promotions targeted to African American and Hispanic communities such as contributions to programs that enhance the education of children, universities and colleges, scholarships and civic organizations. Research clearly demonstrates a preference among African Americans and youth for flavor cigarettes which tobacco companies promote using hip-hop artists, juvenile-oriented disk jockeys, dancers, sports figures and movie stars that appeal to this audience. (*Indiana Tobacco Prevention and Cessation Annual Report*)

African American men have the highest cancer burden in the U.S. and this burden is directly linked to smoking. The same study found that cancer deaths among African American males could decline by as much as two-thirds if they didn't smoke. Second-hand smoke has also been proven to be linked to the increase in breathing ailments in young children.

Air and Water Quality:

Environmentalists frequently complain that there are more coal-fired power plants in our area than in most other regions of the continental United States. That's true. There are at least six power generating stations in and around, and within 100 miles of the tri-county area, including two industrial plants that supply power to Toyota Motor Manufacturing in Gibson County, and Alcoa in Warrick County. All of these coal-burning plants emit sulphur dioxide, mercury, carbon monoxide and other known pollutants. In addition, there are several industrial sites within the same distance parameters, including SIBAC (Formerly GE Plastics), Alcoa, and numerous plastics companies. The result is that air quality has been named nonattainment in Ozone and in

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Total Suspected particulates (TSP) by the U.S. Environmental Protection Agency. The air quality is blamed by many for a large segment of population, including elderly and young children who suffer from asthma and other respiratory difficulties. Instances of colds and other systemic ailments are often exacerbated by the problems with air quality, and Ozone Alerts and other pollutant alerts are frequent during summer months when ambient heat increases the risk of respiratory distress. (*Sources: Evansville Environmental protection Agency/Valley Watch*)

Drinking water for most of the tri-county area comes from the Ohio River. Evansville's water filtration system is managed by EA-2. Concern has been expressed that heavy rains cause overflows in combined sewers, and water tainted with sewage is discharged into the Ohio River. Warnings are often broadcast in such times advising people to avoid skin contact with and entering the water near sewer discharge portals at the river. The City of Evansville has been sued by the U.S. Environmental Protection Agency over these combined sewer discharges, and remediation is being studied.

Mt. Vernon, in Posey County, uses aquifers located outside the city, and these frequently run low during peak usage hours especially during the heat of the summer. Mt. Vernon's water distribution system is old and is falling into disrepair, and main breaks with their accompanying boil orders are frequent.

Health Insurance Coverage:

Within the tri-county CAPE service area, the largest health care providers are three hospitals and one publically-funded community health center. The community health center serves persons who are uninsured and those who have few financial resources. The number of patients using this center has steadily increased, especially as the economic meltdown has caused jobs – and health care coverage – to disappear. Between 75% and 80% of their patients are uninsured, higher than the national average for such centers. Most of the remainder is covered by public programs such as Medicaid and Medicare. While the public programs to provide something of a safety net for certain people, they only cover those who are disabled, pregnant, children or over age 65. These persons are considered “underinsured” as the low level of payments to providers makes it difficult for them to find a regular source of care and/or obtain needed medications. In Indiana there is no public coverage for anyone else, regardless of income level. The past five years show continuously rising numbers of uninsured/underinsured cases in the emergency rooms and hospitals, accompanied by unreimbursed costs that continue to grow by millions of dollars each year. (ECHO Community Health Center, Annual Report)

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Dental Health:

Within the tri-county CAPE service area, there are an adequate number of dental providers for children and families. The main issue within this area is that the dental providers that are willing to take decreased payment for services provided are fewer and fewer each year. The community as a whole is dealing with this issue. All agencies are trying to work with other agencies to take care of the issue. ECHO has been doing dental work for uninsured customers or Medicaid clients for several years. This issue with this service that is on a “first come first served” basis and customers may stand in line for hours and then not be seen. ECHO will only see a certain number of clients a few times a week. Dentists in this area have all the full-pay clients they can handle and most of the providers are only working a few days a week and no weekend help is offered to paid clients.

St. Mary’s health Care System has begun using a dental van that will serve children that have Medicaid or other paid insurance and CAPE has made use of that service for the last two years. St. Mary’s will perform dental exams and services on the van and then bill the appropriate source, but the number of clients they can take is limited due to the dentists’ willingness to work on the van. This is a community-wide issue, and the Health Advisory Board has been working on it for several years to help inform, educate, and get more providers interested in helping the children and families of the community.

Nutrition:

Nutritional needs of the area population are mainly geared to pregnant moms, young children and the elderly. These groups are the most challenged with getting their dietary needs met. It is within these families that individual persons at the poverty levels are found. In the 2007 report on the number of WIC participants, Gibson County had 1,114 women and infants receiving nutrition education and dietary supplements. Posey County reported 560 participants using WIC services and Vanderburgh County had 6,303. There are several food pantries in the tri-state area and many churches and other organizations that have feeding programs and pantries available to clients. Nutritional education continues to be the number one issue among income-challenged families.

Social Service Needs:

The daily use of alcohol among youth is the greatest concern of most agencies in this area because it is a major predictor of alcohol dependence in adulthood. According to the recently published Southwest Indiana Youth Survey, it appears that the percentage of 12th graders drinking daily has decreased, while 10th graders have increased and 8th graders have remained

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relatively flat. By the time young people reach the 8th grade in southern Indiana, there are nearly two-and-a-half times more likely to use alcohol every day than the national average. The Southwest Indiana Youth Survey clearly indicates that the prevalence of use increases with age among high school students for several reasons. Besides being a major predictor of binge drinking in college and into adulthood, binge drinking leads young people into very risky behavior that can impact their entire lives. According to Dr. William Wooten of Youth First, "Binge drinking is a contributing factor in teen suicide, homicide, accidental death and drowning." Alcohol is also the number one date-rape drug, contributing to unintended pregnancies and sexually transmitted diseases, consequences that can change a young person's future and last a lifetime.

The leading drink of choice (80%) for most heavy drinkers, binge drinking, drunk driving and underage drinking is beer. In the tri-county area, arrests for underage youth operating a motor vehicle while intoxicated (DWI) have accounted for 9%[^] to 10% of the arrests over the last two years. Youth decisions to start drinking are strongly influenced by a variety of factors that include parents' drinking behavior and attitudes about drinking, peer pressure, the misconception that "everybody is doing it," and the underestimation of the harm that can occur all play a role.

In the CAPE tri-county service area, most new users of marijuana are younger than 18 when they start, getting the drug free or sharing a "joint" with some else. More than half of those who buy it do so at someone's home, apartment or dorm. Locally, marijuana use by youth shows a mixed trend over the past five years. There appears to be a slight decrease among 10th and 12th graders and a slight increase among 8th graders.

Males are more likely to report drug use than females except for nonmedical use of prescription drugs, whose rates are similar to those of illicit substances. The illicit category with the largest number of new users was prescription pain relievers. Within the 12-17 age groups, cigarette smokers were eight times more likely to use illicit drugs; of those who were heavy drinkers, 66% were also current users of illicit drugs, whereas among nondrinkers, the rate was only 5%. Research shows that youth groups are most likely to begin using drugs, alcohol and tobacco in their near future. Recently, new evidence has emerged that has identified a 36 month window of increased vulnerability between 7th and 9th grades, about the age of 13-14, or middle-schoolers, when more than half of these transitions occur. Additional evidence pinpoints three specific hours of each weekday when these youth are most likely to undergo these transitions; between the hours of 3:00PM and 6:00PM (the time between school dismissal and the time when most parents return home from work.) Indiana data is comparable to national data in confirming that this is when more than half of new drug use begins.

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NUMBER OF CHILD ABUSE AND NEGLECT CASES REPORTED IN GIBSON, POSEY AND VANDERBURGH COUNTIES

Description	Indiana	Gibson	Posey	Vanderburgh
Reported Cases of Child Abuse	<i>26,593</i>	<i>160</i>	<i>84</i>	<i>919</i>
Percentage of Abuse Cases Substantiated	<i>23.3%</i>	<i>18.8%</i>	<i>34.5%</i>	<i>20.1%</i>
Number of Child Neglect Cases	<i>59,517</i>	<i>387</i>	<i>224</i>	<i>2,936</i>
Percentage of Neglect Cases Substantiated	<i>21.2%</i>	<i>28.95%</i>	<i>17.9%</i>	<i>19.3%</i>
Number Child Sexual Abuse Cases Substantiated	<i>3,837</i>	<i>17</i>	<i>12</i>	<i>88</i>
Child Abuse & Neglect per 1,000 Children Under 18	<i>11.9%</i>	<i>18.2%</i>	<i>10.8%</i>	<i>18.9%</i>
Number of Child Abuse & Neglect Death Cases	<i>36</i>	<i>1</i>	<i>0</i>	<i>5</i>

Source: Indiana Department of Children Services

The impact of Child Abuse and Neglect has serious health effects. And it is also a chronic social needs issue for our community. Children are impacted in health, psychological functionality, exhibiting negative behavior, and social consequences. Brain development can be impacted directly by abuse and neglect, which prevents regions of the brain from developing appropriately, and cause the brain to remain in a hyper-arousal state. It has also been found that children experiencing abuse and neglect have an increased likelihood of developing health concerns such as heart disease, cancer, and liver disease. Psychological functioning is directly impacted by poor mental faculties related to attachment and interaction with peers. All of the personal consequences of child abuse and neglect directly impact the community by the inherent costs associated with providing services to this population and the indirect cost of crime, mental health issues and substance abuse on all citizens. (Child Welfare Information, Gateway)

There were 36 abuse and neglect fatalities substantiated in State Fiscal Year (SFY) 2007. Of these 36 fatalities, 17, or 47.2% were due to abuse and 19 (52.8%) were caused by neglect. This reflects an overall decrease in the total number of fatalities from SFY 2006 in both abuse

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and neglect, with the largest decrease occurring in abuse. Child fatalities from abuse decreased by 13, dropping to 17 in SFY 2007 from 30 in SFY 2006. Similarly, child fatalities from neglect decreased by 4, to 19 in SFY 2007 from 23 in SFY 2006. Nine of the total 36 child deaths occurred in families with at least one prior Child Protective Services-substantiated investigation (in cases known to the state). This includes 4 of 17 abuse households and 5 of 19 neglect households. The prior substantiation may have involved the child fatality victim and/or another child in the household. This reflects a decrease of 2 “in the DCS system” deaths from SFY 2006 and an overall decrease of more than 50% since 2002.

Overall, the highest causes of all substantiated fatalities were asphyxiation/suffocation/strangulation, positional asphyxiation and skull fractures.

- Of the 5 abuse asphyxiation/suffocation/strangulation fatalities, there were 4 homicidal asphyxiation fatalities and 1 positional asphyxiation fatality.
- Of the 5 neglect positional asphyxiation fatalities, all involved environmental health-endangering situations.
- Of the 5 skull fracture fatalities there were 2 abuse skull fractures/brain damage (1 blunt-force injury to head and 1 Shaken Baby Syndrome) 2 skull fractures/internal injuries (1 blunt-force injury to the head and abdomen and 1 multiple blunt force trauma due to airplane crash) and 1 blunt-force injury to the head.
- There were 4 fatalities from Shaken Baby Syndrome.
- The 3 house fires were neglect fatalities involving environment life/health endangering situations.
- The 3 medical neglect fatalities included 1 acute anoxia (respirator dependent), 1 cardiac arrest (lack of seizure medication) and 1 sepsis case.
- The 3 lack of supervision fatalities included 1 drowning, 1 drug-related condition of the child and one head injury (struck by automobile).
- The 3 poisoning fatalities included 2 neglect poisonings (1 alcohol and 1 methadone) and 1 abuse (methadone).
- The remaining 3 fatalities included one vehicular death, 1 multiple blunt-force trauma and one drug-exposed infant fatality.
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Characteristics of Perpetrators:

There were 21 identified abuse perpetrators and 22 identified neglect perpetrators for SFY 2007.

NOTE: More than one perpetrator may be identified for each fatality!

Of the total of 36 fatalities in SYF 2007, drugs or alcohol were factors in 39% of the cases. This reflects an increase from SYF 2006 when drugs or alcohol were involved in just 17% of the total 53 fatalities. Specifically, 14 of the total 36 for SGY 2007 had drug or alcohol involvement compared to 9 of the total 53 in SFY 2006. As was true in the previous year, the majority of abuse and neglect perpetrators for SFY 2007 were white. For abuse fatalities, white perpetrators comprised 16 (76% of the 21 total abuse perpetrators and African American perpetrators accounted for 5 (24%) of the 21 abuse perpetrators.

For neglect fatalities, white perpetrators accounted for 15, or 68% of the total 22 neglect perpetrators and African Americans comprised 32% or 7 of the total 22 neglect perpetrators.

As was true in past years, the majority of perpetrators were natural parents. Fourteen, or 67% of the 21 abuse perpetrators and 17 (77%) of the 22 neglect perpetrators were natural parents. This reflects an increase from SGY 2006 when 21, or 55% of the 38 abuse perpetrators were natural parents, and a decrease from SFY 2006 when 88% or 23 of the 26 neglect perpetrators were natural parents. 52% or 11 of the 21 abuse perpetrators were male. As in prior years, the majority of neglect perpetrators were female, specifically 14, or 64% of the 22 in SFY 2007. The majority of the perpetrators were under the age of 30. The prevalent age category of the perpetrators was in the range of 25 to 29 years of age for abuse, and in the range of 30-34 years of age for neglect. This reflects a shift from SFY 2006 when the prevalent age category of the perpetrators in both abuse and neglect were in the range of 20-24 years of age. SFY fatality data indicated that 9 abuse perpetrators fell into the 24-29 year range, followed by 7 perpetrators in the 20-24 year range. Two perpetrators were in the 16-19 year range as were two perpetrators in the 40-year range. There was one abuse perpetrator in the 30-34 year range. SFY 2007 fatality data indicated that 5 neglect perpetrators were in the range of 30-34 years of age followed by 4 perpetrators in the 20-24 year range and 4 in the 40-49 year range. The remaining neglect perpetrators were three in the 25-29 year range, two in the 16-19 year range, two in the 35-39 year range, one in the 50+ year range and one unknown.

(Source: Indiana Department of Child Services Annual Report, March 2008)

Clearly our youngest and most vulnerable children are at higher risk. The following information describes further breakdowns of these numbers, but there is one characteristic that must be highlighted above all. Seventy-five percent of all deaths for SFY 2007 occurred among children ages five and under, and further, 89% of these deaths occurred among children ages 8 and younger. As was true in the prior year, the majority of abuse and neglect victims for SFY

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2007 were under one year of age. However, SFY 2007 reflected a slight increase in victims of that age – one year or under. Overall, child victims under one year of age composed 38.9% or 14 of the total 36 fatalities among children in SFY 2007, compared to 19, or 35.8% of the total 53 fatalities in SFY 2006. Children within this age range accounted for 41.2%, or 7 of the total 17 abuse deaths in SFY 2007, compared to 10 (33.3%) of the total abuse deaths in SFY 2006. Child victims under one year of age accounted for 7, or 36.8% of the total 19 neglect deaths in SFY 2007. This reflects a slight decrease from SFY 2006 which reported 9 (39.1%) within this range of the total 23 neglect deaths. As was true in the prior year, fatalities from both abuse and neglect occurred most often with white children (abuse 76.5% and neglect 57.9%). This year, African American children (abuse 17.6% and neglect 31.6% comprise the second largest category followed by multi-racial children (abuse 5.9%, and neglect 10.5%. For abuse, white victims comprised 13 (76%) of the total 17 abuse cases. African American victims comprised 3 (18%) of the 17 cases and Multi-Racial victims comprised 1 (6%) of the total 17. For neglect, White victims comprised 11 (58%) of the total 19 neglect cases, African American victims comprised 6 (32%) of these 19 cases and the Multi-Racial victims comprised 2 (10%) of the total 19 cases. As has been true in most previous years, more male children died from abuse and more female children died from neglect. Male children accounted for 9 (52.9%) of the 17 abuse fatalities and female children accounted for 10 (52.6%) of the 19 neglect fatalities.

The most common stress factors ranked in order of frequency for abuse cases were:

- (1) Family Discord/Marital Problems;
- (2) Heavy Child Care Responsibilities;
- (3) Domestic Violence;
- (4) Lack parenting Skills and Unstable Living Conditions;
- (5) Language Problem;

The most common stress factors ranked in order of frequency for neglect cases were:

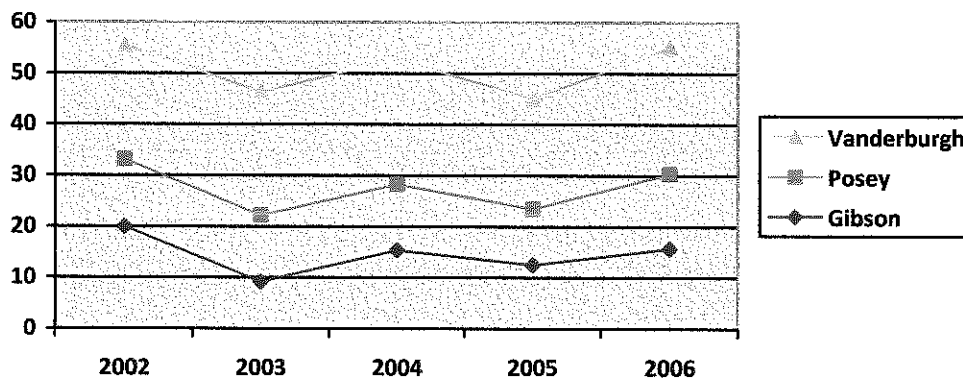
- (1) Family Discord/Marital problems;
- (2) Lack of Parenting Skills;
- (3) Insufficient Income and Abused/Neglected Children;
- (4) Drug Dependency, Pregnancy/New Child and Unstable Living Conditions
- (5) Overwhelming Child Care Obligations

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Teen Pregnancy

Teen pregnancy is another challenging issue that continues to rise within the three-county service area. Females between 15 and 17 years of age are the most likely not to complete high school, which places them at a severe disadvantage for obtaining the kind of employment and income that is needed to provide a stable home for a child. Teen pregnancy and birth rates in the U.S. are much higher than in many other developed countries – twice as high as England, France and Canada and nine times as high as in the Netherlands or Japan. In Southwest Indiana, the teen birth rates vary widely over time among the counties. But Pike and Vanderburgh Counties have the highest rates. Some factors which contribute to teen pregnancy include lack of health and sex education, poverty, alcohol and drug abuse, poor academic performance, history of sexual abuse and low self-esteem.

Birth Rates for Mothers ages 15-17



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XIII: Resources in the Community which Offer Services to Meet the Needs of Head Start Eligible Children and Families:

There are numerous agencies in the tri-county area that originate and are administered locally, just as there are many state agencies that locate branch offices in various counties. Listed below are examples of agencies providing necessary services for Head Start/Early Head Start eligible children. See the appendices for complete listings.

Children with Disabilities:

1. **First Steps/Early Intervention.** Services: Developmental screenings for infant-34 months. Service coordination, therapies, family education, nutrition, vision and hearing screening, health and nursing.
2. **GCARC-Administration.** Services: Administers all programs including work, independent living programs and In-Home help.
3. **County Health Departments:** Services: Voluntary home visitation and parent training to increase knowledge of child development, resources and problem solving to improve quality of parent/child relations, recognize baby needs, and provide weekly contacts.
4. **Hoosier Healthwise (Division of Family and Children):** Services: health care insurance for children 18 years and under to include check-ups, doctor visits, hospital stays, prescription drugs, vision and dental care.
5. **Deaf and Hearing Impaired, Interpreter:** Services: Interpreter service, case management, sign language lessons, community awareness, devices for the deaf and hard of hearing.

Adult Learning:

1. **Adult Basic and GED Classes:** Services: Basic adult education and preparation to take high school equivalency tests, afternoon and evening classes.
2. **Learning Center and Work One CAPE:** Services: Adult education and preparation to take high school equivalency tests, tutoring for children and adult, Family Literacy, job skills.
3. **Adult Literacy Program:** Services: Teaching non-reading and ELL Adults basic reading skills on a one-on-one instruction basis, hours established by the student.
4. **Adult Secondary Credits Program:** Services: Adult classes leading to high school diploma, day and evenings.

Health, Medical and Nutrition:

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1. **Advanced Rehabilitation:** Services: Outpatient physical therapy, aquatic programs, massage, yoga and fitness.
2. **CAPE Food Bank:** Services: Food and Cleaning Supplies
3. **Division of Family and Children:** Services: Adoption, cash assistance, food stamps
4. **SHARE (Oasis Share Food Program):** Services: Purchase food at reasonable rates and food stamps
5. **WIC:** Services: Supplemental high-nutrition food and nutrition program for pregnant, postpartum, breast-feeding women, nutritional education and activities, lead screening.

Employment:

1. **GCARC WIC Program:** Services: Work training center for disabled persons age 16 and up, early intervention, education and evaluation for work.
2. **New Frontiers Placement Service:** Services: Rehabilitation/Job Placement, vocational rehabilitation, job coach, resume help, job interview skills.
3. **Experience Works:** Services: Assists age 55+ and low income to find employment, on-the-job training, upgrading of skills.
4. **Goodwill Industries Inc:** Services: Vocational, development, rehabilitative services, vocational evaluation, job readiness, job training and assessment services.

Food, Clothing, Shelter:

1. **House of Bread and Peace:** Services: 24 hour emergency shelter for women and women with young children, food pantry and support groups
2. **Owensville Ministerial Alliance Food Pantry:** Services: food, cleaning supplies and clothing.
3. **Ozanam Family Shelters Inc:** Services: Emergency shelter, food, counseling, life skills for homeless families or single females.
4. **United Caring Shelters:** Services: Emergency men's shelter, outreach for medical needs, social services, meals, volunteer in shelter while in residence.

Emergency Services:

1. **Village of Indiana:** Services: Group homes for children in need, in-home therapy 24 hours, 7 days

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2. **Southwestern Behavior Healthcare Inc.:** Services: Offer emergency evaluations, crisis interventions and counseling for people of all ages with mental health or substance abuse issues
3. **Indiana Crisis Management:** Services: 24-hour crisis hotline, in-home assessment, technical assistance and behavior intervention, out-of-home intervention, post-crisis follow-ups.
4. **Family Matters: Services:** Domestic violence, sexual assault, alcoholic, child services, food, housing, counseling and support groups.

Family Assistance, Counseling and Protective Services:

1. **Alternative Counseling Associates: Services:** Family counseling, substance abuse counseling, parenting, communication and stress management, 24/7
2. **CAPE (Community Action Program of Evansville):** Services: Emergency financial assistance, homeless shelter, Section 8 Housing, rent assistance, counseling, employment and training, home weatherization, energy assistance, first-time home buyers assistance, Head Start and Early Head Start.
3. **Southwestern Indiana Mental Health Center: Services:** Family and group therapy for all ages, alcohol and other drug counseling, emergency services after hours
4. **ARK Crisis Prevention Center:** Services: To prevent child abuse and neglect when families are in stressful situations. Free drop-in care, parent classes available.

Legal Services:

1. **Consumer Credit Counseling Service:** Services: Debt management and counseling and education, plus legal advice for persons in financial trouble.
2. **Legal Services Organization of Indiana Inc.:** Services: Free legal representation and advice to low-income persons and groups in civil league matters, evictions and family law.
3. **Indiana Legal Services:** Services: Civil, housing issues, income maintenance, divorce of child custody, access to justice

Alcoholism and Drug Abuse Services:

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1. **Family Matters:** Services: Domestic violence, sexual assault intervention, alcoholics, child services, food, housing, counseling and support services.
2. **Amethyst House:** Services: Structured living environments, treatments and education, and recovery services to individuals with addictions and substance abuse issues.
3. **Alcoholics Anonymous:** Services: Intervention and retraining for alcohol abusers and their families.
4. **Southwestern Behavior Healthcare Inc.:** Services: Offers of emergency evaluations, crisis interventions and counseling for people of all ages with mental health or substance abuse problems, chemical abuse and dependency problems.

Services for the Elderly:

1. **Be Our Guest:** Services: Free meals, delivery to shut-ins, carry-outs
2. **CAPE Foster Grandparents:** Services: Elderly, 55+ can work four hours a day and receive stipend pay, and get meals during working hours.
3. **Senior Connections:** Services: help people with Medicaid, Medicare and all the supplementary material, assistance with filling out paperwork, education and information to make informed decisions.
4. **Grief Support:** Services: Supportive caring, sharing and listening group following the death of a loved one, specializes in elderly but open to anyone.

Utilities:

1. **CAPE Energy Assistance Program:** Services: Helps with winter and summer energy bills.
2. **Township Trustee's Offices (Each County):** Services: helps with energy shut-offs and high bills.
3. **St. Vincent DePaul:** Services: Donations distributed for family needs, rent, utility payments.
4. **Wrap-Around Service:** Services: Assist families experiencing difficulties in at least two life domain areas

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XIV: Community Strengths:

The Tri-County Area is made up of a solid base of communities whose leaders and residents are forward-looking, anticipating the future, and willing to invest resources, time and effort to make a better life for our children and their descendants. Many of the basic issues that create a strong community are found in the labor force

Until last year's economic melt-down and the resulting recession, the Midwest region as a whole has been able to withstand a major fiscal crisis and maintain a flow of works, preserving jobs and family incomes. Large industries, some of whom are family-owned businesses, permeate the area and provide more or less steady employment for many families. Bristol Meyers-Squib, formerly Mead Johnson, has a long history in the area and has located its corporate headquarters and many of its laboratories in Evansville. The Johnson Family still maintains a prominent role in the company they helped to build and in the community at large. Mead Johnson boasts the largest baby formula and medical substances plant in the United States, and it is a strong employer in Evansville. Pittsburgh Plate Glass (PPG) has a large factory here, as does Toyota. The corporate headquarters of Old National Bank, Vectren, Koch and Company and Berry Plastics, among others, are located in Evansville.

Accompanying the many large companies and industries that dot this region, there are numerous small companies that have decades-old histories in the same families. That familial link has forged vested interests in our communities and help work on issues to make the area a better place to live and work.

One of the biggest players in community needs is the Welborn Foundation. Welborn Hospital is no more, being absorbed by St. Mary's Health Care System. Afterward, Welborn leaders formed the Welborn Foundation, a very large and well-heeled entity whose committees look at the community as a whole and invest in areas and ideas that make it better for children and families.

There are five major hospitals within the service area that employ thousands of workers. Two of those hospitals attract physicians, health care professionals and patients from miles around with their heart care facilities.

The Evansville-Vanderburgh School Corporation is the fourth largest school system in the State of Indiana, and is the Tri-County's largest single employer.

Education is among the area's greatest strengths, with the aforementioned school corporation, plus the school systems in Gibson and Posey Counties, added to the parochial and private schools that dot the area.

There are three major universities and colleges. The University of Evansville, is a religious-based campus known for teacher education, engineering and nursing. The University of Southern Indiana began life as a branch campus of Indiana State University. It became USI, a

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stand-alone university under then-Governor Robert Orr of Evansville, and has grown exponentially ever since. The Evansville campus of Ivy Tech State College is the second-largest in the state (Indianapolis is the largest) in terms of student enrollment and faculty.

In addition, there is Oakland City College, a Christian Ministries campus, a private business college, and numerous technical and mechanical post-secondary schools.

While farmland continues to dwindle from the onslaught of economic development, agriculture continues to be a viable and important industry in this area. The Tri-County boasts of large orchards that grow and sell peaches, apples, strawberries and other commodities, many of which are sold throughout the United States. Watermelons, Cantaloupes grown here are famous and sought after in many other states. The region is chock-full of farms, large and small, that have been family-owned for generations. However, many of those farms are falling victim to the troubled economy; farms are being sold in pieces and all together and families are breaking their tillable acreage down and sharing former farmland with housing and business development.

Until January of 2009, the housing and building market in the Tri-County was going “great guns.” Thanks to the economic crisis of late 2008, and the recession of 2009, the housing and construction market slowed to a crawl, and is only now beginning to emerge from sluggish progress. The housing market has been equally affected; at one time virtually nothing was selling, financing dried up, and the flow of money in the area was slowed to near non-existence.

The lack of credit and circulating currency trickled, or perhaps deluged, into other endeavors, most notably the auto industries. Many local plants make plastic parts for cars, as well as moldings and casters. The slow-down in the sale of cars has dried up their markets and caused massive layoffs from the auto plants on down to their smallest suppliers, many of which are in our local area. As the economy improves, business is picking up, but it's already too late to save some of the smaller companies, who have shuttered their plants with a loss of hundreds of long-standing jobs.

The closing of the Whirlpool refrigerator plant in 2010, and the accompanying loss of more than 1,100 jobs, was a serious blow to the local economy. Whirlpool had been a fixture and a landmark in Evansville for more than 50 years.

The Ohio River is a major transportation highway for coal, grain and other materials. In addition, the river feeds the still-viable recreational boating industry to the advantage of weekend sailors to whom the river is playground.

An extensive rail network weaves through the area, and is used to transport many different materials. The web includes a major CSX Rail hub at Howell, on Evansville's south side.

Evansville is centrally located. It is within four hours' drive to Nashville, St. Louis, Indianapolis, Louisville and Cincinnati. Most of the driving would be in Interstate highways,

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which link the City of Evansville to all these cities except Indianapolis – and the new I-69 spur now under construction will open that trek to all-interstate travel as well.

The Tri-County area is part of the so-called “Corn Belt,” because of the propensity of local farmers to emphasize Maise as their main cash crop.

The area is also known for being a portion of the “Bible Belt.” There is a very solid base of religious beliefs stretching across nearly every known denomination. The Catholic Church is the major presence followed by large pockets of Baptists, Lutherans, Presbyterians, Seventh-Day Adventists, Muslims Jews Shinto and others.

In addition, the area is growing in diversity, welcoming among its members, many Turkish, Russian, Hispanic and Asian groups. The arrival of Toyota’s massive auto assembly plant in Gibson County a decade and more ago has anchored a Japanese colony among us, and has provided many educational opportunities for exchange of culture.

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XV: Key Findings:

Education and Literacy:

- Significant differences exist in student academic achievement and high school graduation by race and gender.
- Educational attainment is gradually increasing, the greatest proportions of our population has at least a high school diploma.
- The number of child care centers is flat since the last report. The centers that are trying to meet quality standards is increasing slowly.

Economy:

- The labor force is growing and is better educated on the whole than ever before
- Three industry clusters provide 58% of the jobs in eight Indiana counties
- Houses are even more affordable than they were before the recession, but credit to buy them is harder to get particularly for low-income families. Many of the income-challenged families are paying 30% or more of their income for rent or shelter.
- Average annual unemployment rates increased after the 2008 economic meltdown, and in some areas have reached 12-year highs. As the economy slowly recovers, fewer laid-off workers than expected are being recalled.
- Household income lags behind Indiana state averages and national norms.

Health:

- The prevalence of overweight/obesity, diabetes, cancer and heart disease in the Tri-County area is greater than the national average.
- Local young people are more likely to engage in daily alcohol use and to smoke than youth nationwide.
- While overall infant mortality showed a downward trend, low birth weight and prematurity appear to be on the upswing.
- A growing portion of our population lacks health care insurance. This is especially true of displaced workers whose health coverage disappeared along with their jobs.
- There is an upward trend in teen girls between 15 and 17 getting pregnant.

Natural Environment:

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- Energy consumption is rising and nearly all of that energy is coming from fossil fuels.
- Vanderburgh County is steadily losing farmland and woodlands due to development.
- Municipal waste per person is steadily increasing, recycling rates lag behind national averages

Social Environment:

- Minority populations lag far behind the majority in many basic quality-of-life issues.
- Teen birth rates have shown a general increase
- Growing numbers of babies are being born to unmarried mothers
- The substance abuse is growing and more neglect of children is occurring with drug abuse being the main contributing factor.
- Neglect of children is on the rise.
- Violent and property crime rates are relatively stable
- Need to find ways to assess the quality of our artistic and cultural life.



Vanderburgh County Profile



The following information provides a snapshot of Vanderburgh County demographics and change over a period of time, as well as socioeconomic details, insurance coverage and health providers based on the most recent data available. Any values equal to or greater than 1 percent greater difference were listed as having a lower or higher difference. The main source of this information is the U.S. Census Bureau, with other details available on the Health Resources and Services Administration.

Population Characteristics:

- According to the U.S. Census Bureau, the population in Vanderburgh County has grown in size from 1990 to 2010 with an overall increase of 8.9 percent.
- During this time, the diversity of the population for Vanderburgh County has become more diverse with an increase in the portion of Hispanic/Latino, Black/African American and Asian populations and a decrease in the portion of Whites.

Vanderburgh County Population by Race/Ethnicity for Selected Years

	1990	2000	2010	2011
Total Population (number)	165,058	171,922	179,703	180,305
Race (percentage)				
American Indian/Alaska Native	0.2%	0.2%	0.2%	0.3%
Asian	0.6%	0.8%	1.2%	1.1%
Black/African American	7.5%	8.2%	9.1%	9.2%
Native Hawaiian/Pacific Islander	N/A	0.0%	0.1%	0.1%
White	91.6%	89.3%	86.2%	87.2%
Ethnicity (percentage)				
Hispanic/Latino ‡	0.5%	1.0%	2.2%	2.3%
Non-Hispanic/Latino	99.5%	99.0%	97.8%	97.7%

Notes: N/A = not available as Native Hawaiian/Pacific Islander was combined with Asian. ‡ Hispanic/Latino populations may be of any race.

Sources: U.S. Census Bureau, 1990 Census, 2000 Census and 2010 Census, Retrieved from www.factfinder2.census.gov

Population Estimates, 2011, retrieved from www.stats.indiana.edu

- From 1990 to 2010, the distribution of the population by age group in Vanderburgh County is similar for most groups with the exception of a decrease in the portion of the population in the 5 to 17, 25 to 44 and 65 and older age groups. There was an increase in the portion of the population in the 45 to 64 and older age groups.
- In 2011, it was estimated that forty-one percent of the Vanderburgh County population is 45 years or older. Adults 45 to 64 years of age comprise 27.1% of the population and 14.4% of the adult are 65 years and older.

Vanderburgh County Population by Age Group for Selected Years

	1990	2000	2010	2011
Age Group (percentage)				
0 to 4 years	6.9%	6.2%	6.8%	6.4%
5 to 17 years	16.9%	16.9%	15.3%	15.7%
18 to 24 years	10.1%	11.5%	10.4%	11.5%
25 to 44 years	31.1%	28.1%	26.7%	25.0%
45 to 64 years	19.3%	22.0%	26.1%	27.1%
65 years and older	15.7%	15.3%	14.7%	14.4%

Sources: U.S. Census Bureau, 1990 Census, 2000 Census and 2010 Census retrieved from www.factfinder2.census.gov

Population Estimates, 2011, retrieved from www.stats.indiana.edu

Vanderburgh County Estimated Percent Living Below the Poverty Level by Age Groups 2006-2010

Below Poverty	
Age Group	
Under 18 years	22.4%
18 to 64	14.8%
65 years and older	7.7%

Source: U.S. Census Bureau, 2006-2009 American Community Survey, Retrieved from www.factfinder2.census.gov

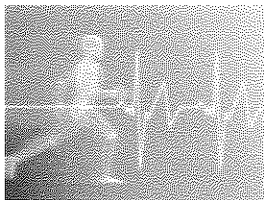
According to the most recent estimates, the minority population in Vanderburgh County experiences disparities in educational attainment, income, poverty, employment and health insurance. The source for the following information is the 2006-2010, American Community Survey (ACS) with the exception of educational attainment which was retrieved from the 2005-2009 ACS [USCB].

- Educational attainment for adults 25 and older was lower for Hispanic/Latinos (54.4%), American Indian/Alaska Natives (69.8%) and Black/African Americans (77.6%) compared to Whites (87.5%).
- Median household income was lower for Black/African American (\$23,629) and Hispanic/Latinos (\$30,694) compared to Whites (\$44,840).
- Per capita income was lower for Hispanic/Latinos (\$10,799), Black/African Americans (\$13,701) and American Indian/Alaska Natives (\$19,170) compared to Whites (\$25,629).
- The portion of individuals living below the poverty level is higher among Black/African Americans (37.3%), Hispanic/Latinos (31.8%), American Indian/Alaska Natives (25.1%), and Asians (15.3%) and compared to Whites (12.7%).
- The unemployment rate is higher among Black/African American (14.4%) and Hispanic/Latinos (8.7%) compared to Whites (5.7%).
- The uninsured rate is higher among Hispanic/Latinos (27.3%), Black/African Americans (20.3%) and Asian (15.5%) compared to Whites (11.7%). Uninsured rate is not available for American Indian/Alaska Natives in Vanderburgh County.

Disparities



Health Resources:



According to the 2012 County Health Rankings published by the Mobilizing Action Toward Community Health, Vanderburgh County has an overall ranking of 79 out of 92 counties. More specifically, Vanderburgh County ranked 62nd in mortality, 84th in morbidity, 40th in health behaviors, 7th in clinical care, 47th in social and economic factors, and 78th in physical environment [CHR]. A portion of Vanderburgh County has been designated as a medically underserved area or population and a primary care professional shortage area. There are 93.5 primary care physicians per 100,000 population and 62.3 dentists per 100,000 population [HRSA].

Sources:

2012 County Health Rankings [CHR]; www.countyhealthrankings.org
Health Resource & Services Administration [HRSA]; <http://www.hrsa.gov>
Stats Indiana 2011 Population Estimates, 2011, retrieved from
US Census Bureau [USCB] 1990 Census, 2000 Census and 2010 Census, 2006-2010 American Community Survey 5-Year Estimates and 2005-2009 American Community Survey 5-year Estimates, www.factfinder2.gov