



ALLEN COUNTY WOMEN AND GIRLS FUND STUDY

Prepared for the Community Foundation of Greater
Fort Wayne August 26, 2020

Abstract

This report explores the current state of women's economic security, personal safety, caregiving responsibilities, and healthcare access and health outcomes, and the status of girls and young women in Allen County through the use of quantitative data and qualitative information to assist the Community Foundation of Greater Fort Wayne in developing a women and girls fund.

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Executive Summary

When looking at the data in this report, women and girls in Allen County have a decidedly mixed bag of results. Good grades and college degrees? Check. High-paying jobs and above-average health outcomes? Not so much. Regardless, Allen County's women and girls are committed to making the best of whatever life gives them, despite repeated structural barriers that get in the way of living their fullest, most productive lives.

Key findings about Allen County's women and girls from this report include:

- Women's median earnings were more than 34% lower than men in 2018
- More working-age women participate in the workforce than their state and national counterparts while 24% women who work full time earned less than \$25,000 but only 10% earned \$75,000 a year or more in 2018
- The majority of working women want schedule flexibility at work yet 23% indicated they get no paid time off
- Women were less likely to think they have been discriminated against at work than women in general for things like being passed over for a promotion, unequal pay for similar jobs, or to be treated differently at work
- Women are more likely than not to have experienced a violent or non-violent crime in their lifetimes, but they didn't always report it to law enforcement
- 26% of women did not get healthcare in the past year due to cost
- Women's experiences and interactions with their healthcare providers were overwhelmingly positive
- Most women felt confident about being able to handle the ups and downs of life while 8% indicated they had no one for emotional support
- Girls have a higher graduation rate from high school and earn more honors diplomas than boys
- Teenage pregnancy rates have been going down but not as fast as the state or nation

Each section of the focus areas: employment, education and training; personal safety; caregiving; health; and girls includes qualitative information from local subject matter experts to provide additional detail and insight into the challenges and opportunities for women and girls in Allen County.

About the Purdue University Fort Wayne Community Research Institute

The Community Foundation of Greater Fort Wayne contracted with the Community Research Institute (CRI) at Purdue University Fort Wayne to conduct this research project. CRI is a non-partisan, fee-for-service Center of Excellence focused on helping leaders make informed decisions. Since its founding more than 30 years ago, it uses a mix of quantitative and qualitative data sources to provide an unbiased perspective for its clients. To find out more about CRI, visit www.pfw.edu/cri.

Introduction

It's been more than 45 years since Fort Wayne Mayor Ivan Lebamoff commissioned a study of Fort Wayne's women,¹ however no study, at least to CRI's knowledge, has attempted to take on any sort of scale in understanding key issues facing women and girls in Allen County, who make up more than half the population locally, until now.

Using women's economic security as the central theme to guide this work, this report looks at four areas for women:

1. Trends in women's employment, education, and training
2. Women's personal safety with an emphasis on domestic violence, rape and sexual assault, human trafficking, and property crimes
3. Women's caregiving responsibilities for children, aging parents, special needs adult children, disabled spouses, or anyone else for whom women provide care
4. Access to healthcare services and health outcomes

For girls, this report examines academic performance, data from the Indiana Youth Survey about substance use and pro-social behaviors, teen pregnancy rates, and girls' involvement with the juvenile justice system.

Central to this study was the Allen County Women and Girls Fund Study Survey that got responses from more than 600 women to ensure representation in the county's urban and rural locations about the four areas mentioned above for women to provide entirely new data to the community. This survey offers information not only about the what but the why for women including information about perceptions of discrimination at work, why they didn't report a crime to police, and understanding the need for schedule flexibility at work.

Also included in this report is an overview of the population and demographics of women and girls in Allen County.

As noted in the next section, this report's information was almost entirely gathered before the global pandemic and associated affects so this report, in many ways, provides a "best of" look for times when the economy was strong, at least as measured by the job market. As seen on the forthcoming pages, the picture for women and girls isn't always rosy, yet they consistently work hard to persevere for themselves, their families and their community.

This report is designed to provide an overview to each topic but is not a roadmap for solutions. Instead it provides a status report or summary on which future efforts can be built.

While thousands of data points were analyzed, and dozens of interviews conducted, there is still much we don't know about Allen County's women and girls. This serves as a starting point for the work of the Community Foundation of Greater Fort Wayne as it explores the opportunities available with the launch of a women's fund to more than half of the population of Allen County.

¹ The study is available online at the Allen County Public Library's Genealogy Center website at: https://www.genealogycenter.info/search_fwwomen7374.php. While the 1974 report is an interesting historical piece, no comparisons could be made to this work due to the differing priorities of each effort.

Statement about COVID-19/coronavirus pandemic effects

CRI collected the vast majority of the quantitative and qualitative data for this project before the onset of the coronavirus global pandemic. Accordingly, the information presented here does not reflect anything from the COVID-19 shutdowns ordered in March 2020 or the subsequent reopening over the summer.

How this global pandemic and the associated recession,² which started in March 2020, will affect Allen County's women and girls remains speculative at this point. Traditional data sources will not release local 2020 data until well into 2021.³

One data point that is released quickly is weekly unemployment claims from the Indiana Department of Workforce Development. Continued unemployment claimants in Allen County showed that for the week ending May 2, 2020, which was the height of the spring coronavirus shutdown unemployment claims, there were 9,152 female claimants compared to 9,560 male claimants or a 48.8% vs. 51% split.⁴ Jumping ahead to the week ending August 8, 2020, the total numbers had shrunk, but female claimants now exceeded male claimants at 52.8% to 46.8% or 4,304 compared to 3,815.⁵ This indicates that the ongoing effects of the economic shutdown may be affecting female workers more harshly than their male counterparts.

CRI believes it is too speculative to determine with sufficient accuracy how these events will affect Allen County women and girls outside of the immediate pandemic period. CRI does feel certain that Allen County's women on the economic edge before the pandemic will not have those difficulties eased during a recession. In other words, those struggling financially before the pandemic are likely to be in a similar or worse position now. For girls, economic hardship within their families may amplify existing conflict or create new stressors and emotional trauma.

As a reminder, public and private schools were closed to in-person learning in March for the remainder of the academic year. Gov. Eric Holcomb issued an executive order March 23, 2020, that ordered non-essential businesses closed starting March 25 and until the phased reopening plan that began approximately May 4.⁶ As of August 2020, Indiana remained partially reopened in stage 4.5 of the Back on Track plan.⁷

² The National Bureau of Economic Research (NBER) announced in June 2020 the peak of America's longest economic expansion on record in February 2020, marking the start of the recession the month following. <https://www.nber.org/cycles/june2020.html#:~:text=The%20committee%20has%20determined%20that,cycles%20dating%20back%20to%201854.>

³ Most national data sources start to release information from the previous year starting in June and much data are not released until the third or fourth quarter. For example, the U.S. Census Bureau's American Community Survey's one-year data is released in September of the following year.

⁴ Data from the Indiana Department of Workforce Development as requested by CRI. The totals do not compute to 100% because the DWD has a third N/A category for sex.

⁵ Ibid.

⁶ https://www.in.gov/gov/files/Executive_Order_20-08_Stay_at_Home.pdf and <https://backontrack.in.gov/2348.htm>.

⁷ Indiana Governor Executive Order 20-39, issued July 31, 2020.

[https://www.in.gov/gov/files/Executive%20Order%2020-39%20\(2nd%20Extension%20Stage%204.5\).pdf](https://www.in.gov/gov/files/Executive%20Order%2020-39%20(2nd%20Extension%20Stage%204.5).pdf).

While Indiana did not order childcare facilities closed, unlike some surrounding states, some elected to close, placing families reliant on paid care in a precarious position. Of course some working mothers had newfound schedule flexibility while being able to work from home, but this also came with additional responsibilities of coordinating distance learning for their school-age children or needing to work early in the morning or late into the evening while children were active during the day. Fathers most certainly helped, if they were available, but as noted in the U.S. Bureau of Labor Statistics' American Time Use Survey using responses from across the country between 2015 to 2019, married women employed full time in households with children under the age of 18 spent 1.37 hours a day caring for children compared to the 0.88 hours men who worked full time in the same household setting.⁸

People who were collecting unemployment insurance benefits during this period received a supplemental \$600 per week, which for low-income workers meant they could be earning more money on unemployment than through their paychecks. The additional \$600 from the federal government ended in July and as of mid-August, Congress had not enacted a renewal or extension of supplemental unemployment benefits. It is reasonable to expect that this additional money became a financial lifeline for many unemployed women, especially single-mothers who did not have a second income earner, to pay rent and utilities, purchase food and gasoline, and otherwise cover life's necessities for them and their children.

In contrast, many essential businesses like grocery stores, big-box retail, or home healthcare agencies relied on low-wage, low-skill workers during this period. These jobs also tend not to be able to be done from home, unlike many white-collar or professional positions, so these women needed to leave children with another caregiver or home alone while they went to work or may have elected to reduce their hours worked or leave paid employment during this period.

Since no sufficiently similar event has occurred in our lifetimes, it is impossible to look at past events as a way of understanding how this will play out locally. The length and severity of the recession will be factors in how this plays out for women and girls. In this May 20, 2020, New York Times interview⁹ with Nahla Valji, senior gender adviser at the United Nations, Valji notes using a global perspective that:

Our formal economy is only possible because it's subsidized by women's unpaid work. And so we have almost this black box over the home and everything that happens there has a zero dollar value on it. We don't have adequate child care anywhere in the world. As social services, social protections and health care access decrease, we put more strain on the home. And I think that's becoming really visible at the moment with this crisis.

So we need to be thinking about how we rebuild in a way that's more equitable. And that will also ensure that we're more resilient to future shocks. So any conversation that we're having with regards to building back better, we really need to place the care economy at the center of our economic models.

Since this report's information was largely captured before COVID-19 took hold, it provides a community baseline when the economy was humming. As we rebuild from a recession and a global pandemic, we

⁸ <https://www.bls.gov/tus/tables/a6-1519.htm>

⁹ <https://www.nytimes.com/2020/05/20/us/women-economy-jobs-coronavirus-gender.html>

will have opportunities to change and transform how women and girls structure their lives for the better.

Sex and gender

A report on women and girls in 2020 nearly deserves an explanation of the report author’s approach between the distinction of sex and gender.

The generally accepted framework from a number of sources look at sex as the biological binary of male and female, generally using the measures of chromosomes, anatomy, and hormones.¹⁰ Gender is the social framework rooted in societal constructs about female and male, but gender may not match biological sex. Gender has evolved and become more complex and less binary, especially in the last five to 10 years as more people publicly identify as transgender or use gender expressions that are less traditional.

For this report, CRI used the language – sex or gender – from the source. For example, the U.S. Census Bureau uses sex, and the Indiana Department of Education uses gender.

In the context of interviews or other research, CRI used a more gender-oriented perspective, looking at how people identify with their gender identity.

Girls and women

CRI also adopts the majority-minority age distinction for women and girls and men and boys. People younger than 18 years old are children in the eyes of the law, and accordingly are referred to as girls and boys. People who are 18 and older have reached the age of majority and referred to as women and men in this report. The terms female and male are the age-inclusive term to refer to women and girls together and men and boys collectively unless otherwise indicated by context.

Allen County Women and Girls Fund Study Survey

Quantitative data from state and federal sources are good at describing what is happening at the local level, but is usually lacking at explaining why. To help fill in the gaps from the other data sources, the Community Foundation of Greater Fort Wayne commissioned a phone and online survey of Allen County women – the Allen County Women and Girls Fund Study Survey – to better understand their personal experiences related to employment, caregiving, health, and personal safety.

Methodology for survey responses

CRI contracted with SurveyUSA to conduct a survey using a statistically valid sample size to reflect the diversity of Allen County’s women. This is contrast to using a convenience sample where respondents self-select to participate. SurveyUSA is an independent, non-partisan, apolitical research company that conducts opinion surveys for media, academic institutions, commercial clients, non-profits, governments, agencies, and elected officials.

CRI collaborated with SurveyUSA to write the closed-ended questions for the survey and aligned response choices with the U.S. Census Bureau’s American Community Survey (ACS) questionnaire when possible so local survey data could be compared with ACS data when appropriate.

¹⁰ <https://orwh.od.nih.gov/sex-gender>

For this project, SurveyUSA interviewed a total of 599 women age 18+ from Allen County between January 31, 2020, and February 23, 2020, in English. Since this survey concluded approximately a month before Indiana closed schools and entered into the spring stay-at-home order as a result of the coronavirus pandemic, the results do not reflect any effects of the associated closures or economic effects.

The survey included two intentional oversamples: 1) 1.4x oversample of urban Fort Wayne ZIP codes 46802, 46803, 46806 and 46816, which comprise 17% of Allen County but which constitute 24% of the completed interviews for this survey; and 2) 4.5x oversample of rural Allen County ZIP codes 46741, 46743, 46745, 46773, 46797 and 46798, which comprises 5% of Allen County, resulted in 21% of the completed interviews. For the results shown here, the two oversampled regions were down-weighted to represent their proportional shares. All published data show the 400 down-weighted women representative of the county were interviewed. That is the net effective sample size after the down-weighting of the over-sampled regions.

This survey used a blended-sample, mixed mode with 33% of respondents interviewed by telephone with live, trained interviewers who asked the questions and noted the answers. The remaining 67% administered the questionnaire on the display of their smartphone, tablet, or other electronic device and did not interact with an interviewer. In total, 18% of respondents were reachable on a home telephone, 82% of respondents were not reachable on a home telephone.

Although not noted in this report, each question included a question-specific credibility interval in the survey results. CRI provided the full results of the weighted and unweighted samples to CFGFW.

Survey respondent demographics

This section looks at the demographics of the weighted survey sample. While not a precise match to the demographics of Allen County's women, it is generally representative, therefore adding to the credibility of the survey's findings.

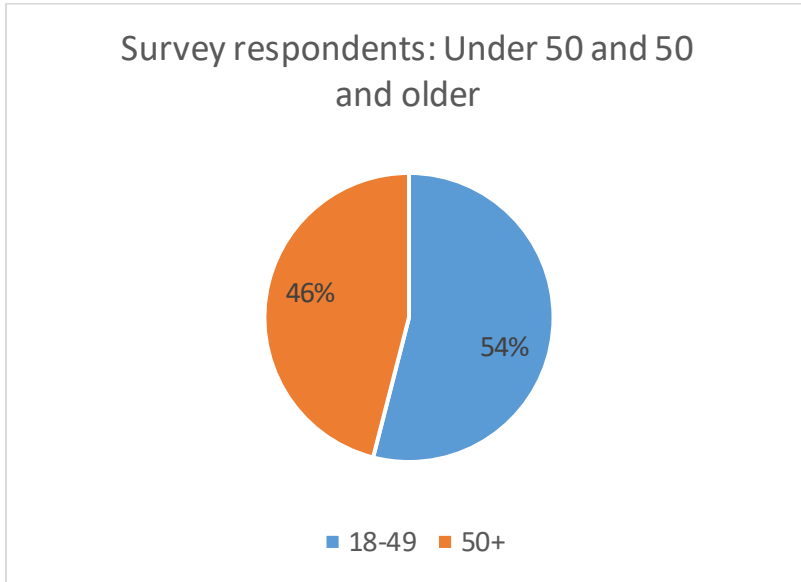
A few key differences between the sample and the U.S. Census Bureau's local population data:

- Women earning less than \$25,000 are overrepresented in the respondent pool
- Women who are working are underrepresented in the respondent pool
- White, Black, Hispanic and multiracial women were sufficiently represented as compared to Allen County's general female population while Asian women were underrepresented in the respondent pool
- Women with some college or an associate's degree are overrepresented while women without a high school diploma are underrepresented; survey respondents matched Allen County's share of women with a bachelor's degree or higher

Age

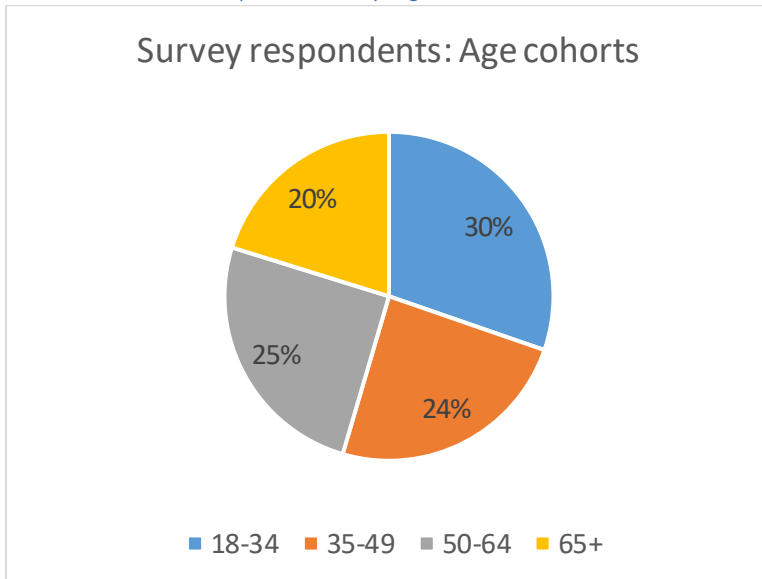
A slight majority of survey respondents were under age 50. Looking at age cohorts, the 18 to 34 grouping had the largest share at 30% and the smallest was 65 and older at 20%.

Chart 1: Respondents younger than 50, 50 and older



Source: Allen County Women and Girls Fund Study Survey

Chart 2: Respondents by age cohort

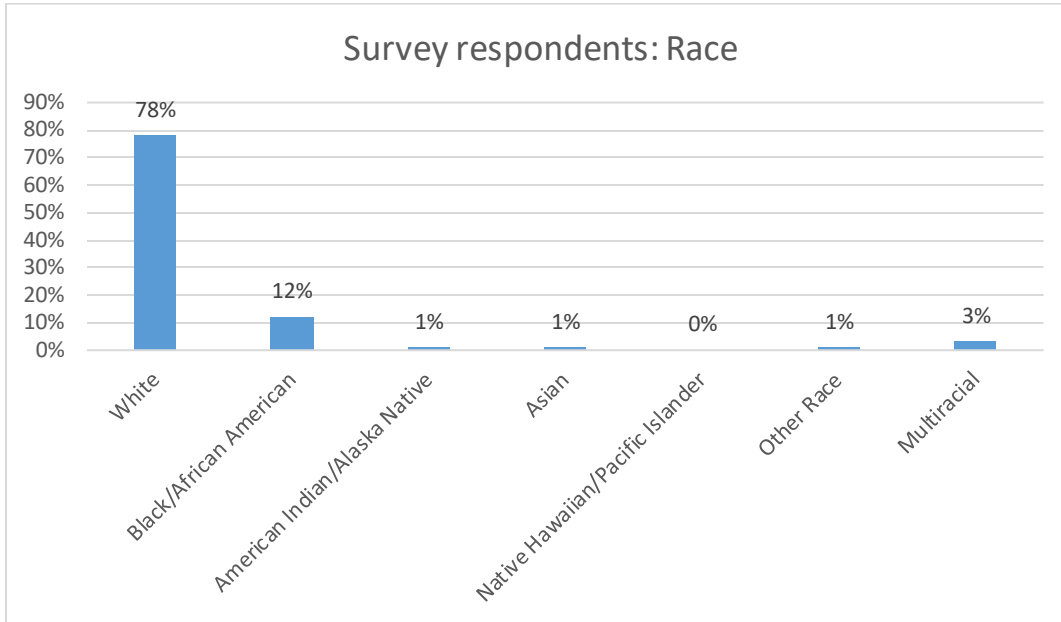


Source: Allen County Women and Girls Fund Study Survey

Race and ethnicity

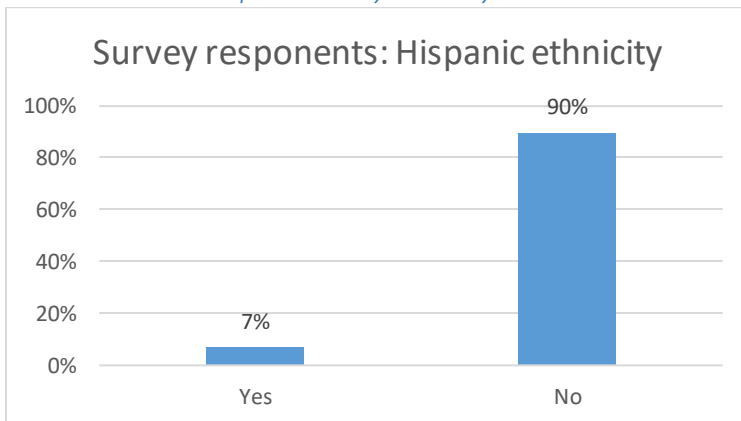
CRI aligned the local survey's questions about race and Hispanic ethnicity to the categories the U.S. Census Bureau uses. These listed answers do not total 100% because this was not a required response or because of rounding. White, Black, Hispanic and multiracial women were sufficiently represented as compared to Allen County's general female population while Asian women were underrepresented in the respondent pool.

Chart 3: Respondents by race



Source: Allen County Women and Girls Fund Study Survey

Chart 4: Respondents by ethnicity

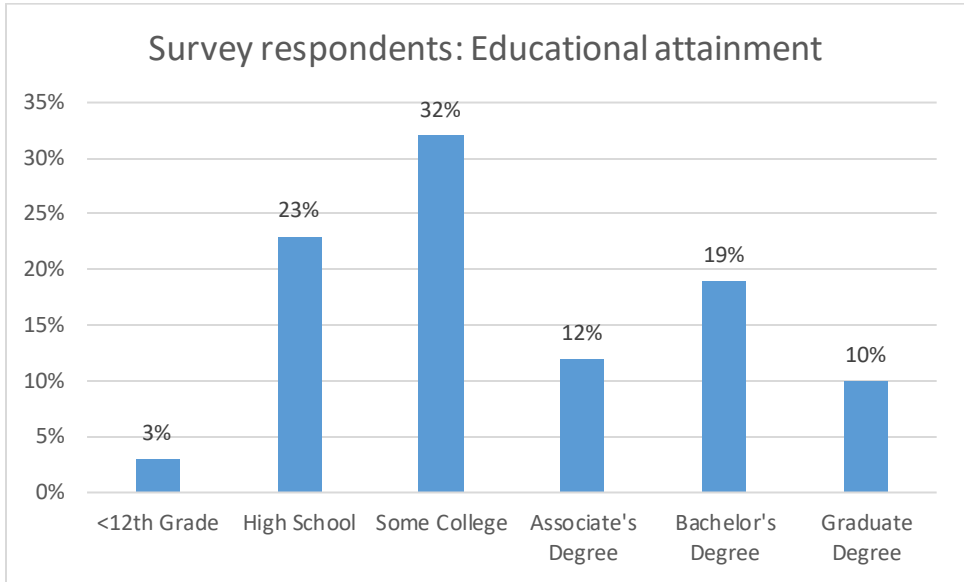


Source: Allen County Women and Girls Fund Study Survey

Educational attainment

Comparing the respondents to Allen County's women as a whole, more women with some college or an associate's degree took the survey than their share of the population at large. Women without a high school diploma were underrepresented in the survey – 3% vs. 10.6% -- while women with a bachelor's degree were comparable. This comparison between the survey and Census Bureau data is slightly inaccurate because the Census data is limited to people ages 25 and older, while the survey included women ages 18 to 24.

Chart 5: Respondents by education level completed

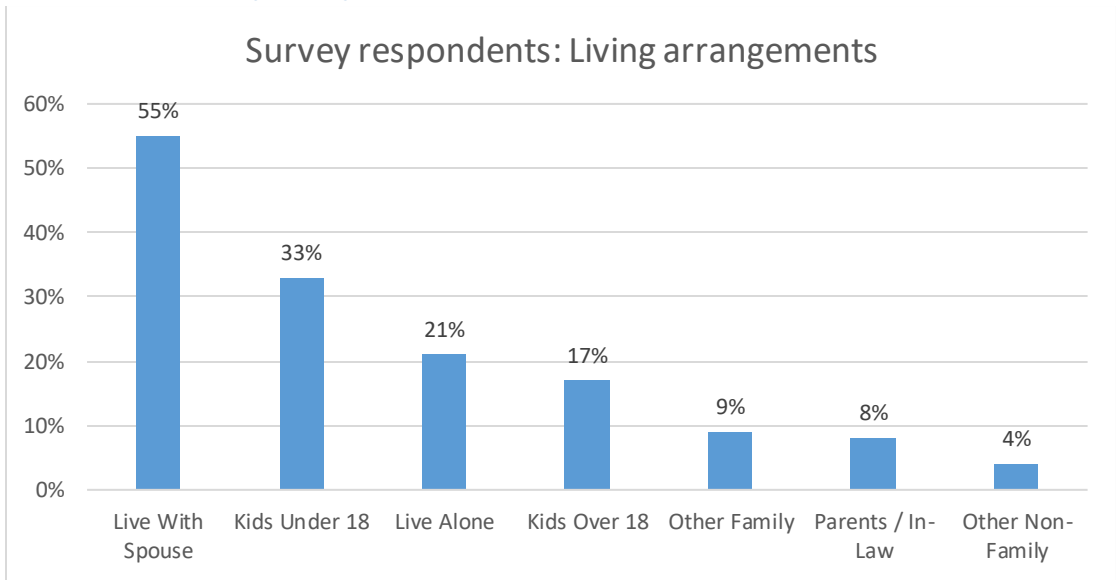


Source: Allen County Women and Girls Fund Study Survey

Living arrangements

This question looked who respondents lived with. More than half lived with a spouse and a third lived with children under 18. More than one in five respondents lived alone.

Chart 6: Living arrangements

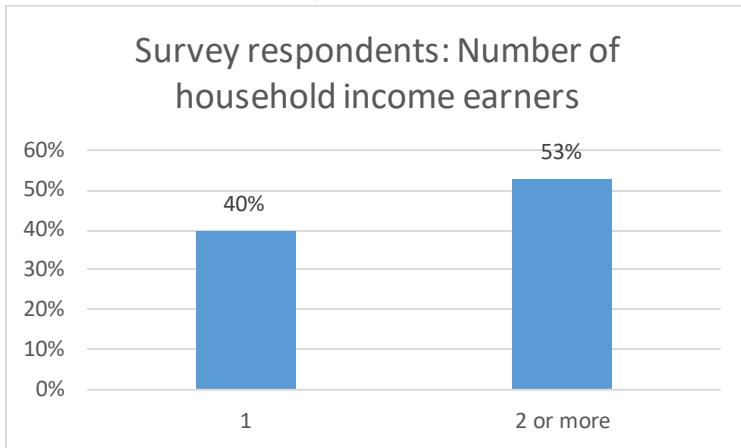


Source: Allen County Women and Girls Fund Study Survey

Income

The survey had three questions related to income defined as paychecks, retirement savings, pensions, and Social Security: 1) the number of income earners in the household, 2) the respondent's own income, and 3) the household income. Most respondents lived in a household with two or more income earners.

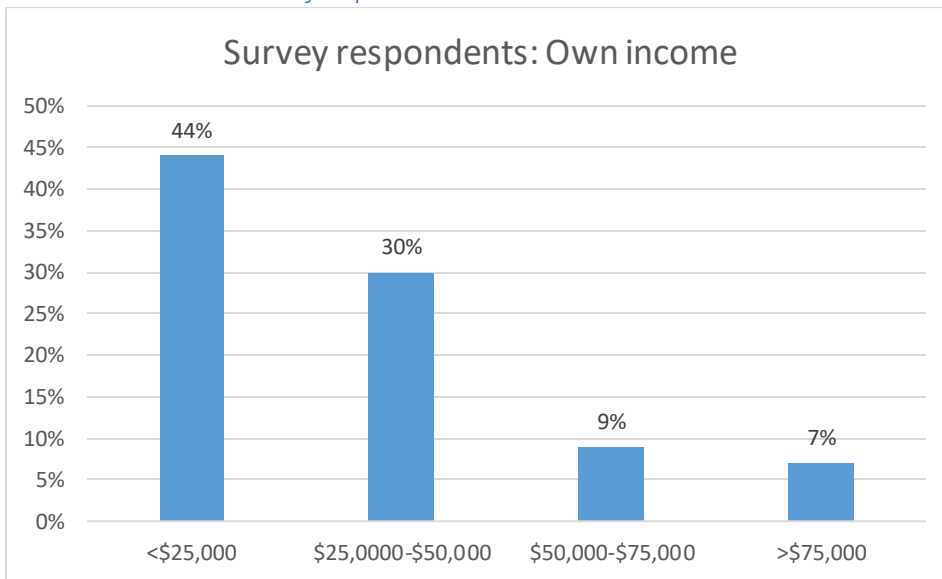
Chart 7: Number of income earners in household



Source: Allen County Women and Girls Fund Study Survey

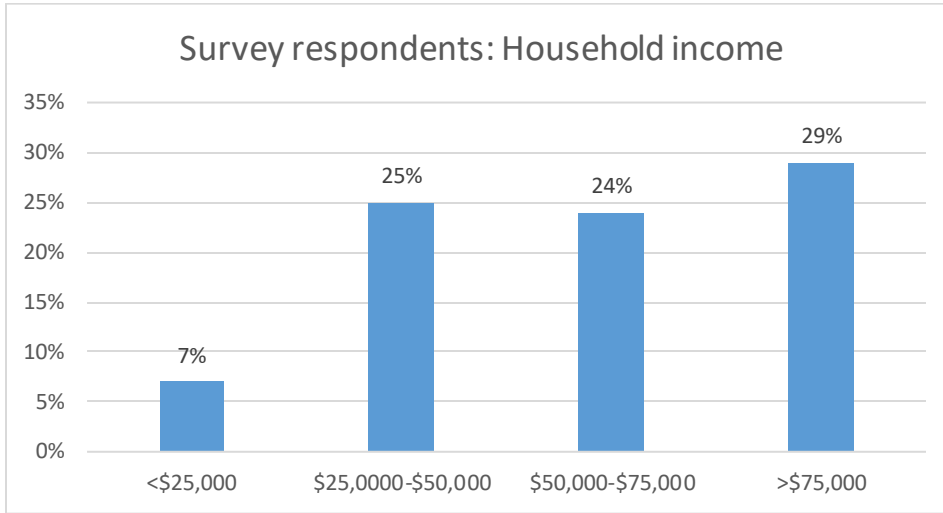
The dual-income households become apparent when comparing women’s income to the household income brackets. Forty-four percent indicated that they earned less than \$25,000, but only 7% indicated a household income in that bracket. In comparison, 7% of women listed their own income as \$75,000 but 29% responded for household incomes that high.

Chart 8: Income of respondent



Source: Allen County Women and Girls Fund Study Survey

Chart 9: Household income

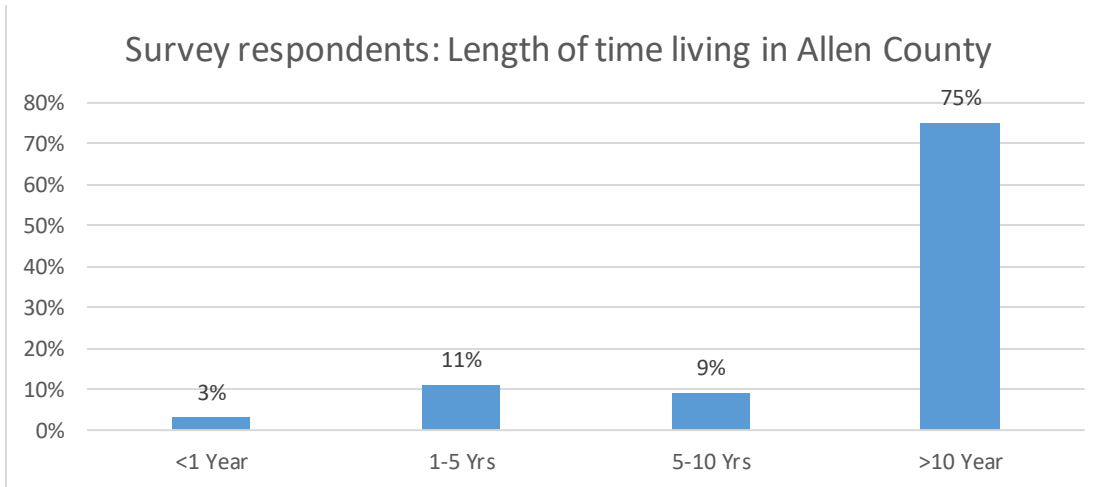


Source: Allen County Women and Girls Fund Study Survey

Length of time living in Allen County

Survey respondents had overwhelmingly lived in Allen County for an extended period. Nearly 85% have lived in Allen County for at five years, with 75% living here for more than 10 years.

Chart 10: Length of time living in Allen County



Source: Allen County Women and Girls Fund Study Survey

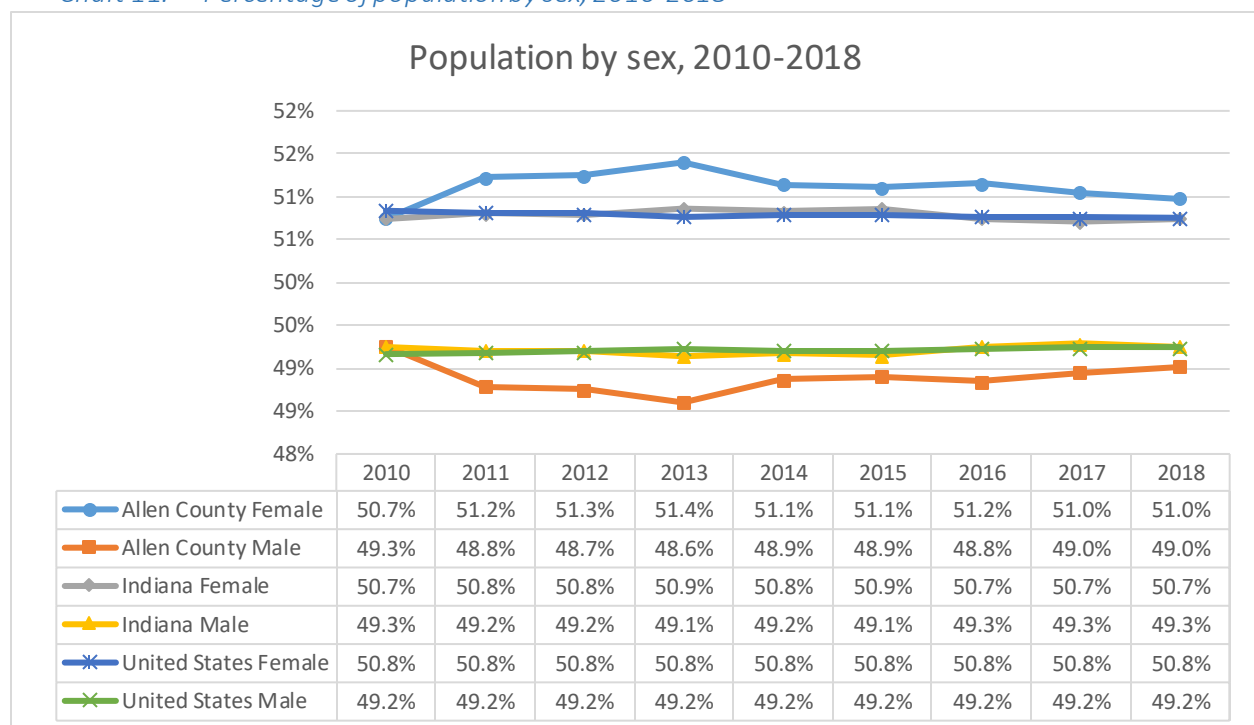
Demographics

To better understand Allen County’s women and girls, it is necessary to see some basic demographic data for Allen County with the state and nation as a comparison when appropriate. This section explores the number and percentage of females as compared to males, population by sex within age cohorts, median age by sex, and population by sex and race/ethnicity, using data from the U.S. Census Bureau’s American Community Survey.

Population by sex

Females have comprised more than half of the population in Allen County, Indiana, and the United States from 2010 to 2018, as reflected in Chart 11. Allen County’s share of women and girls exceed their male counterparts when compared to the state and nation, topping out at 51.4% in 2013.

Chart 11: Percentage of population by sex, 2010-2018



Source: Percentages calculated by CRI using data from U.S. Census Bureau Table B01001

Table 1 shows the same information from Chart 11, but as numeric totals instead of percentages.

Table 1: Population by sex, 2010-2018

	Sex	2010	2011	2012	2013	2014	2015	2016	2017	2018
United States	Total	309,349,689	311,591,919	313,914,040	316,128,839	318,857,056	321,418,821	323,127,515	325,719,178	327,167,439
	Female	157,260,239	158,324,058	159,477,797	160,501,141	161,966,955	163,250,987	164,065,884	165,316,674	166,049,288
	Male	152,089,450	153,267,861	154,436,243	155,627,698	156,890,101	158,167,834	159,061,631	160,402,504	161,118,151
Indiana	Total	6,490,621	6,516,922	6,537,334	6,570,902	6,596,855	6,619,680	6,633,053	6,666,818	6,691,878
	Female	3,293,497	3,310,492	3,320,189	3,342,018	3,352,876	3,366,591	3,365,716	3,380,666	3,395,905
	Male	3,197,124	3,206,430	3,217,145	3,228,884	3,243,979	3,253,089	3,267,337	3,286,152	3,295,973
Allen County	Total	355,856	358,327	360,412	363,014	365,918	368,450	370,404	372,877	375,351
	Female	182,479	183,528	184,720	186,588	187,116	188,283	189,474	190,339	191,335
	Male	173,377	174,799	175,692	176,426	178,802	180,167	180,930	182,538	184,016

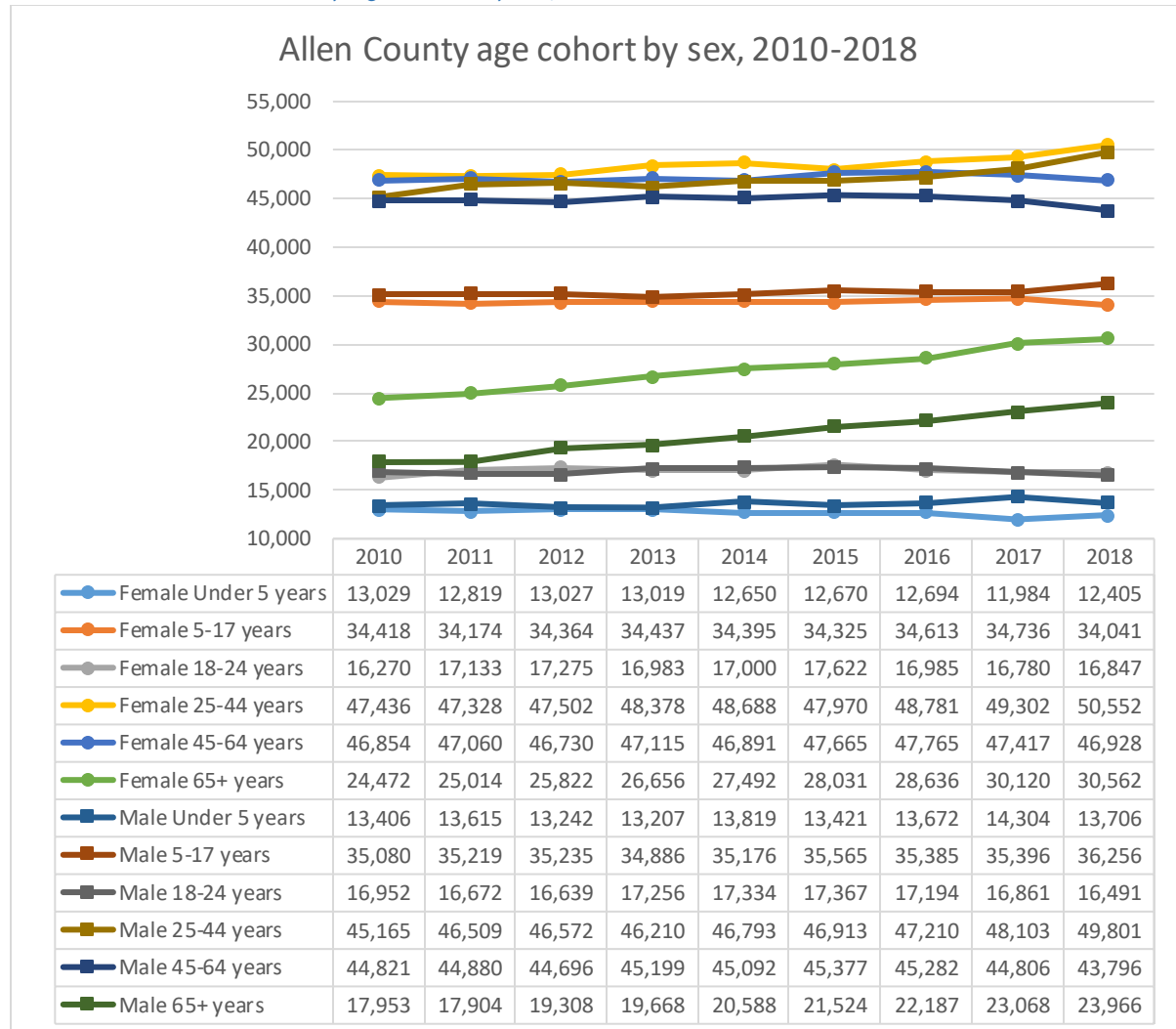
Source: U.S. Census Bureau Table B01001

Age cohorts and median age

This section focuses on age: 1) population by age cohort and 2) median age.

Chart 12 shows Allen County's population distribution by age and sex from 2010 to 2018. The two clearest upward lines represented the share of men and women ages 65 and older. The share of men in that age group increased 33.5% during this time period; women increased 24.9%. The other notable increases were the 10.3% growth of men ages 25 to 44 and 6.6% of women in that same group. The cohorts with population decline were girls under 5 and 5 to 17 with -4.8% and -1.1% respectively, and men ages 18 to 24 and 45 to 64 at -2.7% and -2.3%.

Chart 12: Allen County age cohort by sex, 2010-2018



Source: U.S. Census Bureau Table B01001 with age cohorts calculated by CRI

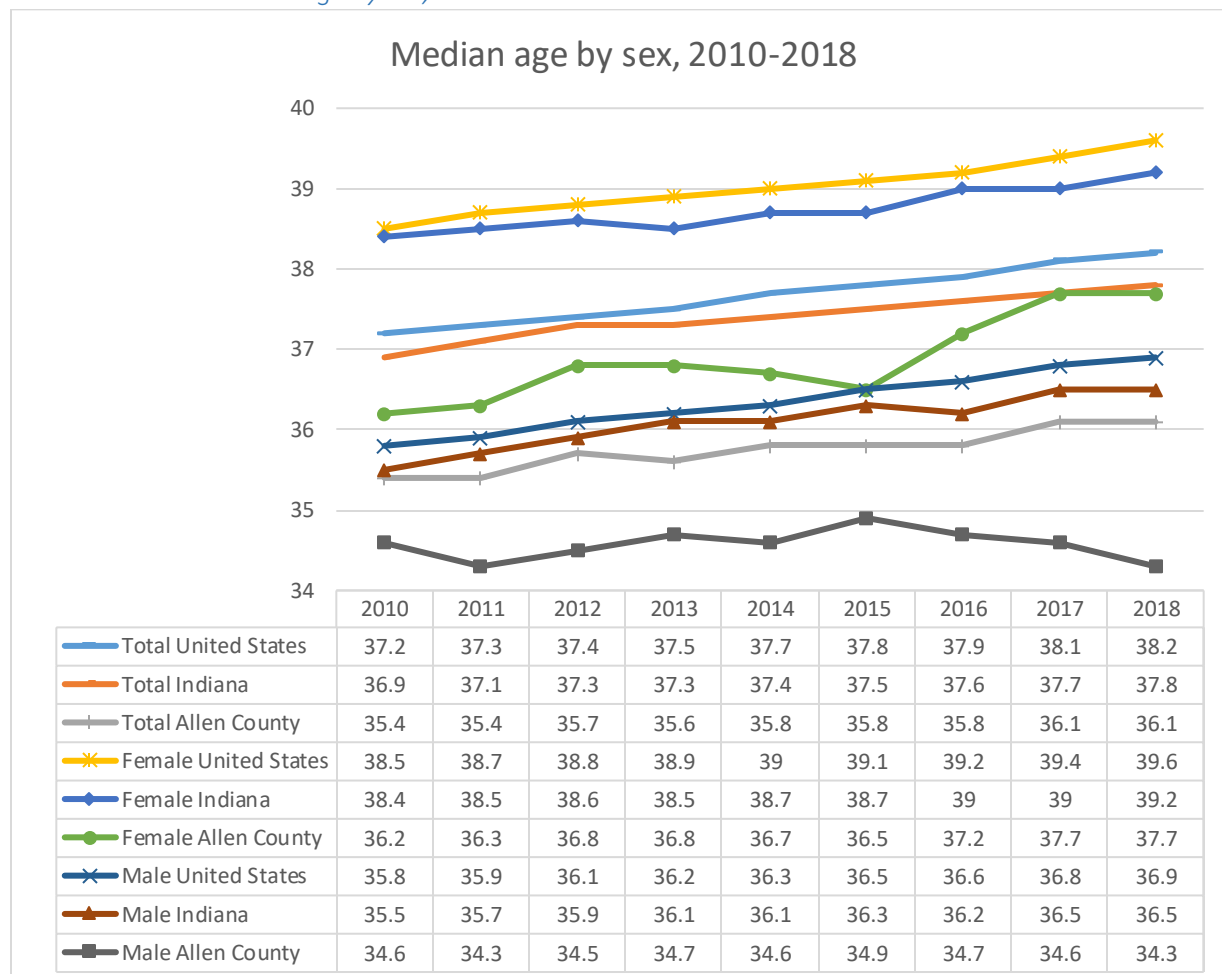
The metric that probably best represents the aging of the population and particularly women is median age. Median age is the midpoint where half the population is older and the other half is younger. A rising median age indicates an aging population because the share of older people is not being offset by children and young adults. This reflects a confluence of events: an aging Baby Boomer generation and

older adults who are living longer; young adults who move out of the area for college or professional opportunities, and stagnant or lower birth rates.¹¹

Chart 13 shows the median age of both sexes and then female and male for the same three geographies. Despite the significant growth in men ages 65 and older as shown above, Allen County males were the only cohort to experience a lower median age when comparing 2018 to 2010. CRI is not equipped to provide a causation, but the multiyear downward trend on Allen County’s male median age looks to be a true trend rather than a one-year sampling error.

Comparing the females across the three geographies, Allen County enjoys the lowest median, reflecting the local share of girls and young women. Indiana was consistently just below the United States, which had the highest median of the three. However when calculating the increase between 2010 and 2018, Allen County’s females had the highest at 1.5 years. The state increased 0.8 years, and the nation went up 1.1 year.

Chart 13: Median age by sex, 2010-2018



Source: U.S. Census Bureau Table B01002

¹¹ Information about Allen County’s fertility rates and number of births is in the caregiving section.

Population by sex, race/ethnicity

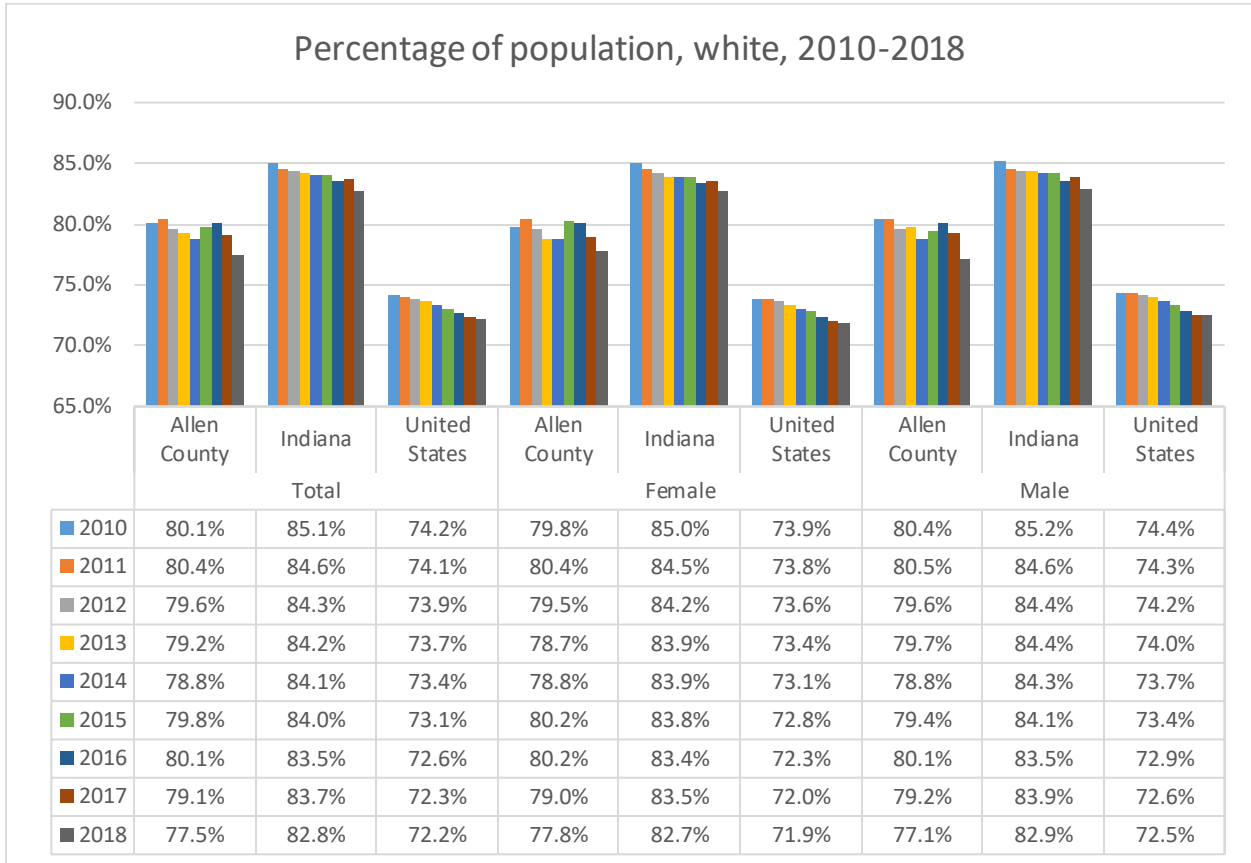
This section looks at the share of the population by both sex and race or ethnicity. The races evaluated here are white, Black, Asian, some other race, and two or more races. The U.S. Census Bureau did not release Allen County data for American Indian/Alaska Native or Native Hawaiian/Other Pacific Islander, likely due to the small share of the overall population.

The Census Bureau measures ethnicity based on Hispanic ancestry. Hispanics or Latinos who identify with the terms “Hispanic,” “Latino,” or “Spanish” are those who classify themselves in one or more of the specific Hispanic, Latino, or Spanish categories listed on the questionnaire (“Mexican,” “Puerto Rican,” or “Cuban”) as well as those who indicate that they are of “another Hispanic, Latino, or Spanish origin.” People who do not identify with any of the specific origins listed on the questionnaire but indicate that they are “another Hispanic, Latino, or Spanish origin” are those who identify as Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, or other Spanish cultures or origins.

People who identify as Hispanic can be of any race. Since race and ethnicity for this measure are tallied separately, there is double counting if totaling the counts for race and ethnicity because those of Hispanic origin also selected a racial classification.

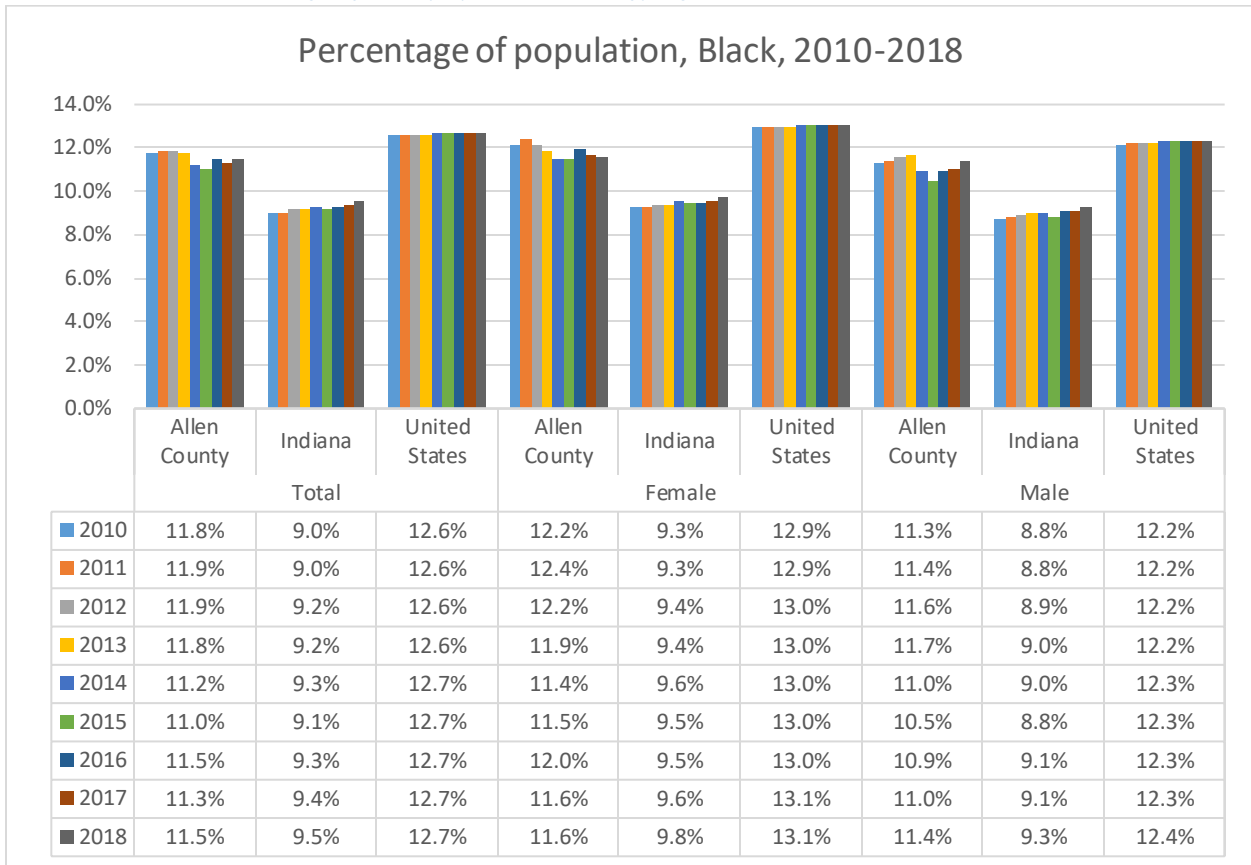
As shown in the chart series following, using the total, female and male percentages, Allen County, Indiana, and the United States are all getting more racially and ethnically diverse over time. Comparing the three geographies, the United States was the most diverse, with Allen County following, and Indiana having the largest share of white residents and the lowest share of people identifying as Hispanic.

Chart 14: Percentage of total population identifying as white, 2010-2018



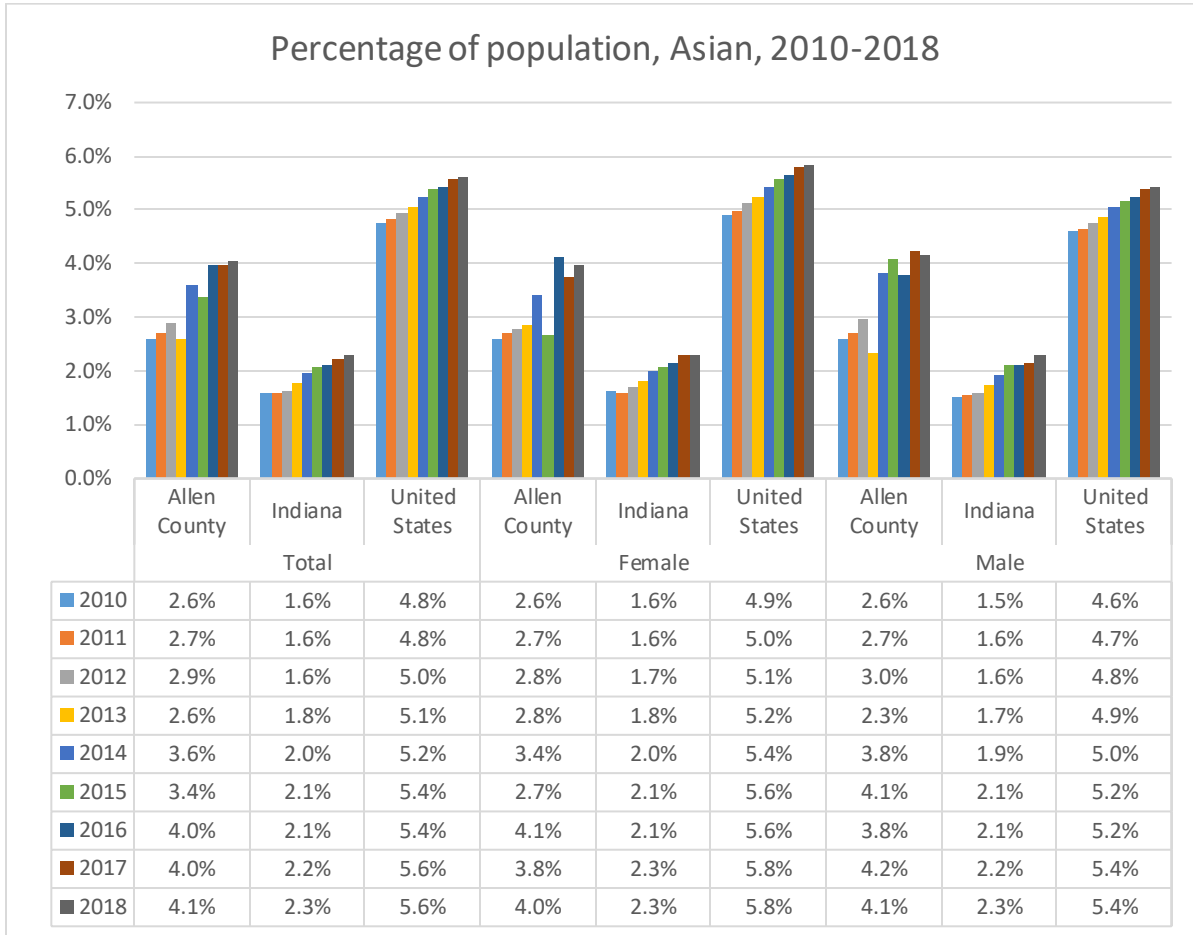
Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001A

Chart 15: Percentage of total population identifying as Black, 2010-2018



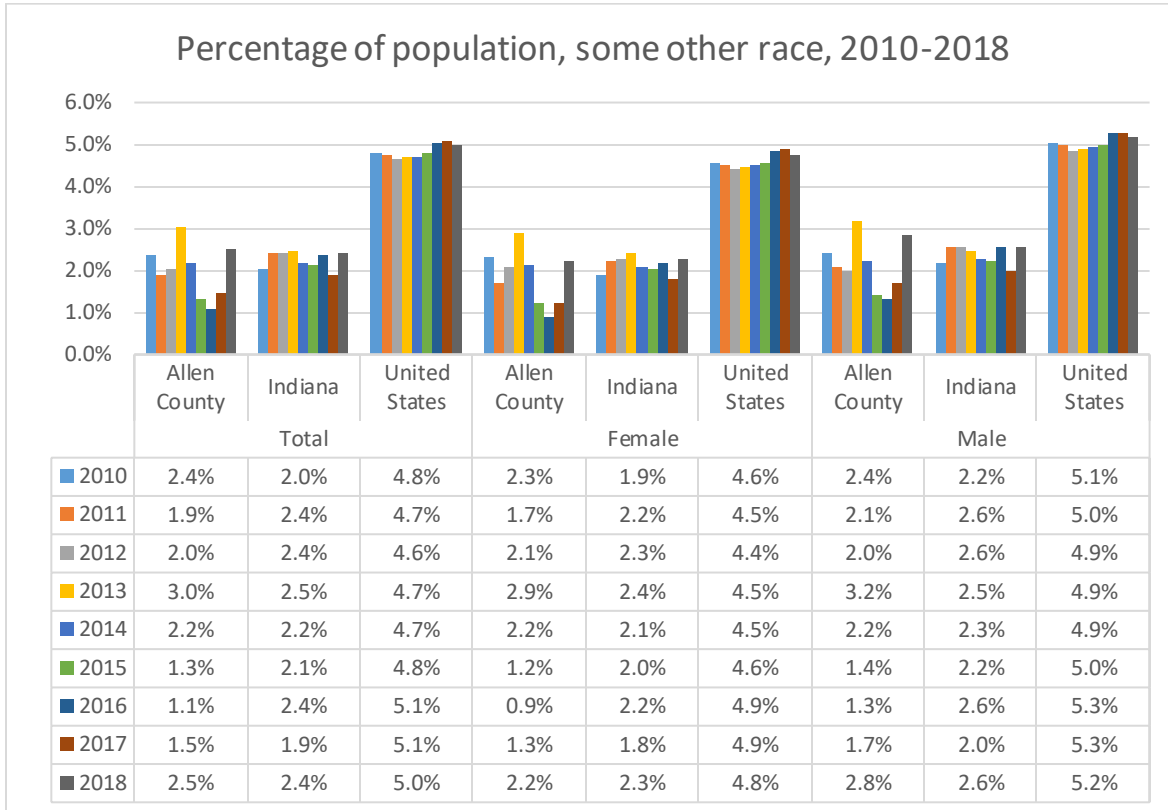
Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001B

Chart 16: Percentage of total population identifying as Asian, 2010-2018



Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001D

Chart 17: Percentage of total population identifying as some other race, 2010-2018



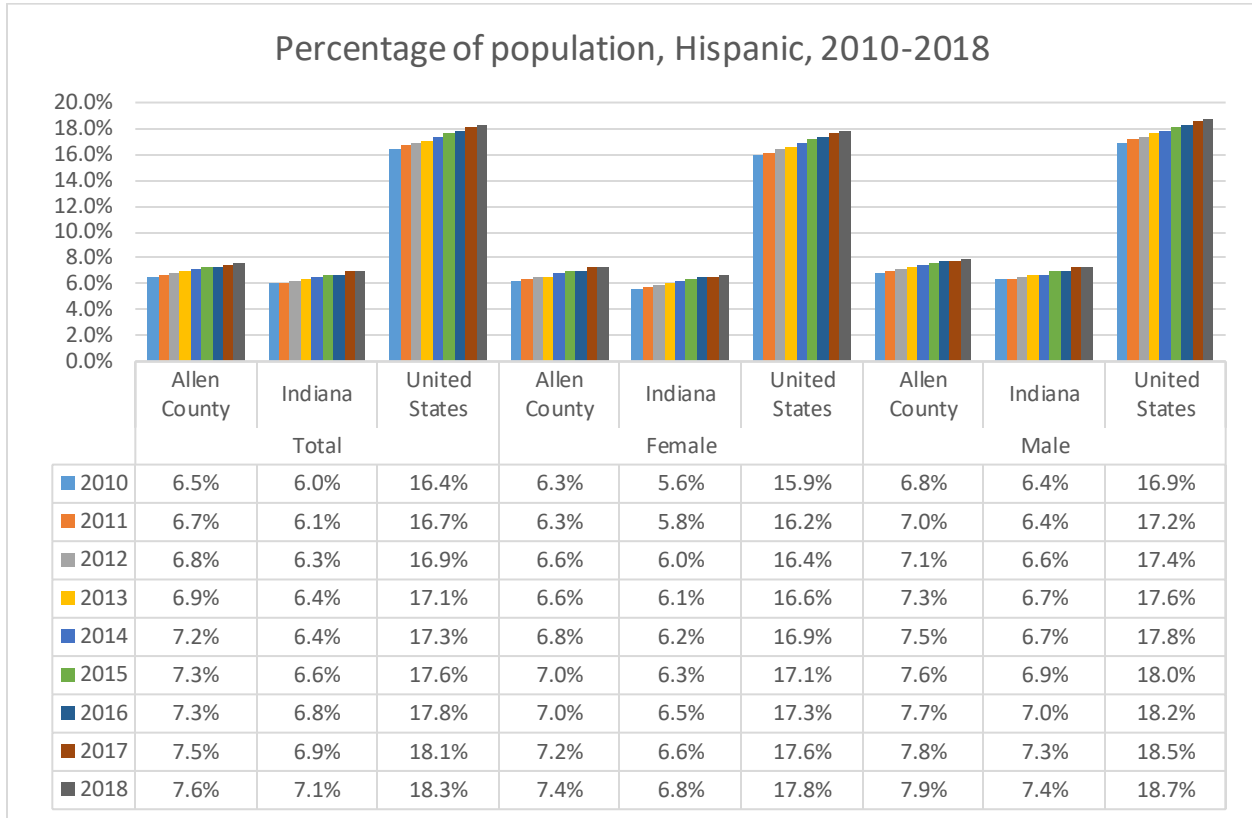
Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001F

Chart 18: Percentage of total population identifying as two or more races, 2010-2018



Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001G

Chart 19: Percentage of total population identifying as Hispanic, 2010-2018



Source: Percentages calculated by CRI using data from U.S. Census Bureau Table C01001

Since percentage calculations create a zero-sum growth measure, i.e. if one group grows faster than another the percentage of the other will go down, CRI offers the population count by not only sex with race and ethnicity but also by age cohorts in Table 2.

Table 2: Allen County population count by age cohort and race/ethnicity, 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
All	Total	355,856	358,327	360,412	363,014	365,918	368,450	370,404	372,877	375,351
White	Total	285,016	288,223	286,854	287,555	288,487	294,139	296,773	294,929	290,814
Black	Total	41,854	42,592	42,883	42,728	41,000	40,592	42,515	42,254	43,203
Asian	Total	9,225	9,668	10,379	9,438	13,220	12,389	14,669	14,879	15,205
Some Other Race	Total	8,439	6,737	7,300	11,015	8,010	4,863	4,098	5,495	9,495
Two or More Races	Total	9,792	9,634	10,674	11,362	14,353	14,822	11,786	14,451	15,367
Hispanic	Total	23,280	23,924	24,577	25,187	26,175	26,832	27,196	28,041	28,556
All	Female	182,479	183,528	184,720	186,588	187,116	188,283	189,474	190,339	191,335
White	Female	145,537	147,505	146,923	146,868	147,509	151,024	151,877	150,320	148,862
Black	Female	22,217	22,715	22,496	22,167	21,418	21,702	22,731	22,149	22,247
Asian	Female	4,737	4,943	5,129	5,313	6,392	5,039	7,803	7,177	7,575
Some Other Race	Female	4,229	3,123	3,816	5,441	4,029	2,329	1,683	2,380	4,282

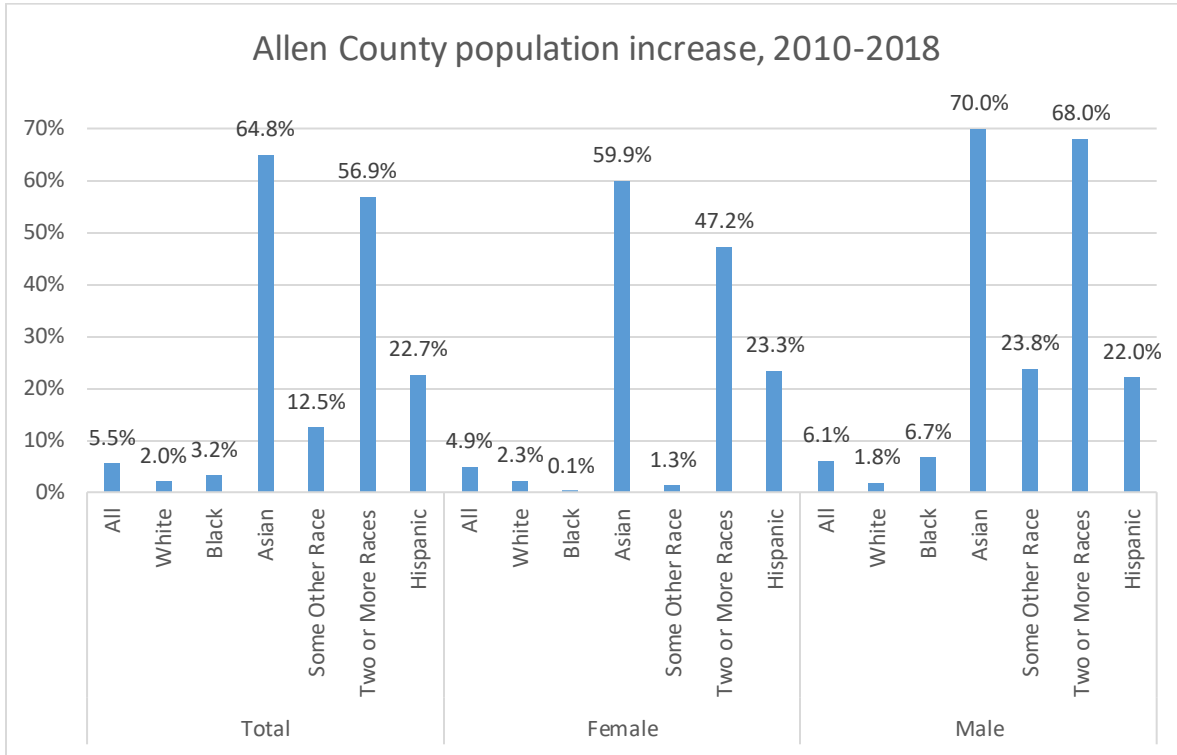
Two or More Races	Female	5,213	4,499	5,492	6,305	7,414	7,187	5,063	7,909	7,675
Hispanic	Female	11,438	11,625	12,159	12,248	12,776	13,103	13,192	13,792	14,106
All	Male	173,377	174,799	175,692	176,426	178,802	180,167	180,930	182,538	184,016
White	Male	139,479	140,718	139,931	140,687	140,978	143,115	144,896	144,609	141,952
Black	Male	19,637	19,877	20,387	20,561	19,582	18,890	19,784	20,105	20,956
Asian	Male	4,488	4,725	5,250	4,125	6,828	7,350	6,866	7,702	7,630
Some Other Race	Male	4,210	3,614	3,484	5,574	3,981	2,534	2,415	3,115	5,213
Two or More Races	Male	4,579	5,135	5,182	5,057	6,939	7,635	6,723	6,542	7,692
Hispanic	Male	11,842	12,299	12,418	12,939	13,399	13,729	14,004	14,249	14,450
White	Female under 18	34,247	34,526	33,849	33,435	33,148	34,295	34,974	33,909	32,731
Black	Female under 18	7,166	6,923	6,899	6,372	6,078	5,848	6,285	6,681	6,061
Asian	Female under 18	1,639	1,372	1,618	1,339	1,970	837	2,705	1,909	1,982
Some Other Race	Female under 18	1,694	943	1,724	2,143	1,705	1,187	379	618	1,219
Two or More Races	Female under 18	2,632	3,109	3,046	4,096	4,070	4,313	2,926	3,529	4,388
Hispanic	Female under 18	5,029	4,979	5,203	5,144	5,252	5,360	5,154	5,328	5,474
White	Male under 18	35,503	35,045	34,612	34,546	34,258	34,464	36,162	35,499	33,630
Black	Male under 18	6,653	6,380	6,973	7,414	6,714	5,546	6,560	6,586	7,090
Asian	Male under 18	1,553	1,941	1,614	790	2,631	2,698	2,045	2,900	2,592
Some Other Race	Male under 18	1,285	1,279	1,645	2,839	1,687	1,196	646	959	2,028
Two or More Races	Male under 18	3,120	3,941	3,222	2,504	3,631	4,851	3,644	3,656	4,466
Hispanic	Male under 18	4,836	5,034	4,972	5,286	5,486	5,588	5,770	5,788	5,734
White	Female 18 to 64	89,047	90,488	89,846	89,470	89,746	91,696	91,099	89,662	88,888
Black	Female 18 to 64	13,239	13,814	13,818	13,769	13,244	13,655	14,080	12,996	13,589
Asian	Female 18 to 64	3,043	3,195	3,217	3,749	4,001	3,725	4,880	4,687	5,251
Some Other Race	Female 18 to 64	2,349	2,160	2,092	3,073	2,222	1,051	1,165	1,650	2,840
Two or More Races	Female 18 to 64	2,474	1,265	2,125	1,992	3,205	2,643	2,028	4,199	3,225
Hispanic	Female 18 to 64	5,890	6,230	6,568	6,381	6,975	7,416	7,448	7,697	7,952

White	Male 18 to 64	87,764	89,373	87,958	88,014	88,024	89,515	88,997	88,274	86,970
Black	Male 18 to 64	11,786	12,179	12,050	11,823	11,340	11,856	11,586	11,699	12,015
Asian	Male 18 to 64	2,562	2,620	3,151	3,302	3,903	4,187	4,359	4,675	4,547
Some Other Race	Male 18 to 64	2,851	2,335	1,839	2,689	2,294	1,265	1,769	2,008	3,092
Two or More Races	Male 18 to 64	1,400	1,194	1,887	2,415	3,308	2,476	2,784	2,803	3,146
Hispanic	Male 18 to 64	6,622	7,134	7,011	7,044	7,385	7,666	7,748	7,615	8,119
White	Female 65 and older	22,243	22,491	23,228	23,963	24,615	25,033	25,804	26,749	27,243
Black	Female 65 and older	1,812	1,978	1,779	2,026	2,096	2,199	2,366	2,472	2,597
Asian	Female 65 and older	55	376	294	225	421	477	218	581	342
Some Other Race	Female 65 and older	186	20	0	225	102	91	139	112	223
Two or More Races	Female 65 and older	107	125	321	217	139	231	109	181	62
Hispanic	Female 65 and older	519	416	388	723	549	327	590	767	680
White	Male 65 and older	16,212	16,300	17,361	18,127	18,696	19,136	19,737	20,836	21,352
Black	Male 65 and older	1,198	1,318	1,364	1,324	1,528	1,488	1,638	1,820	1,851
Asian	Male 65 and older	373	164	485	33	294	465	462	127	491
Some Other Race	Male 65 and older	74	0	0	46	0	73	0	148	93
Two or More Races	Male 65 and older	59	0	73	138	0	308	295	83	80
Hispanic	Male 65 and older	384	131	435	609	528	475	486	846	597

Source: U.S. Census Bureau tables B01001, C01001A, C01001B, C01001D, C01001F, C01001G, and C01001I

Lastly Chart 20 shows Allen County’s population growth by percent change from 2010 to 2018 for the total and by sex for each of the races and Hispanic ethnicity. Local total population growth in the past decade came from non-white and Hispanic populations since the white population growth as measured by percentage was less than half of the total growth rate.

Chart 20: Population increase by percentage in Allen County, 2010-2018



Source: Percentage change calculated by CRI using data from U.S. Census Bureau tables B01001, C01001A, C01001B, C01001D, C01001F, C01001G, and C01001I

Transportation and housing

Two areas that were not directly part of this research were transportation and housing, although transportation repeatedly came up in the interviews conducted for this project.

The decision to exclude these areas was made in cooperation with CRI and the steering committee because of the belief that improved income derived from better employment could solve transportation and housing challenges for Allen County's women and their families. In other words, the energy for this project would be better spent focused on understanding how to improve women's economic opportunity than trying to solve the housing or transportation puzzles.

As noted above, transportation came up repeatedly as a related topic to many interviews across disciplines CRI conducted, thus meriting its own section for this report. Since it was a repeated mention, CRI is not citing the specific interviews and instead discussing the general themes heard around transportation.

Transportation difficulties largely rested with women and teenage girls who did not have regular access to a reliable personal vehicle for routine transportation needs like work or school. They may need to use public transportation some or all of the time. Although ride services like Lyft or Uber are available in Fort Wayne, New Haven, and Allen County, they are often financially out of reach for regular use by women and girls without their own car, truck or SUV.

Other concerns involved women's caregiving roles via transportation for people with limited mobility or other disabilities, which could make it difficult to get the person into or out of the vehicle or require the purchase of an accessible vehicle.

Much of the frustration around public transportation and Fort Wayne's Citilink service centered around the following:

- **Hours of operation:** The local bus service runs from approximately 5:30 a.m. to 9:30 p.m. weekdays, although the first and last stop on the route may be later or earlier depending on the location within the route. This means that bus service is not available to take 2nd shift workers home or get 3rd shift workers to their jobs or transport many students home from evening classes on college campuses.
- **Frequency of trips:** Buses run between 30 minutes and an hour apart, creating challenges for people who need to arrive to a location at a time not compatible with the published schedule.
- **Days of operation:** There is no bus service on Sundays, and Saturday service offers trimmed schedules, running approximately from 7:30 a.m. to 6:30 p.m., again depending on where the stop is located on the route.
- **Hub-and-spoke system:** The service uses a hub-and-spoke system that sends buses to the downtown or Hanna-Creighton station for transfers. Under this system, someone who wants to get from the north side of town to the west side will find herself going through downtown or Hanna-Creighton before getting on the bus that will take her to the final destination, which will add significant time to the trip.

CRI did not speak with representatives from Citilink since transportation was not a focus area of this research project, thus these are presented for informational purposes. They are designed to inform CFGFW of the discussions around this work, not as a demand for change, although improvements to

public transportation could be helpful to a significant segment of the population since 13.9% of Allen County's renter-occupied housing units do not have a vehicle at home, according to U.S. Census Bureau data.¹²

¹² U.S. Census Bureau 2018 1-year data Table S2504

Employment, Education, and Training

Bright spot: Non-Traditional Employment for Women (N.E.W.) Workshop

It can be difficult for high school girls to envision themselves in jobs and careers traditionally held by men, but the Non-Traditional Employment for Women (N.E.W.) Workshop looks to change that.

Organized by local architect Megan Crites, the one-day event at a Fort Wayne college campus brings together high school sophomore girls with 30 to 40 women in technical and professional occupations where women make up less than 25% of employment.

Crites was inspired to bring this event to Allen County after seeing a similar initiative in Warsaw. She said that having girls see women in these roles can help them envision themselves in these jobs that tend to have higher wages. The mentors share both the required education or training and the pay.

The day-long workshop has three parts: formal presentations in the morning, a keynote speaker, and then afternoon hands-on experiences for these roles. By participating in this during their sophomore year, students can use this information to chart their high school coursework and post-secondary plans accordingly.

In October 2019, 170 students from Fort Wayne Community Schools, East Allen County Schools, and Southwest Allen County Schools participated in the event. This school year's event is scheduled for March 2021.

For more information about N.E.W. including enrolling as a mentor, visit

<https://www.newworkshopfw.com/>.

Bright spot: Own Your Success women's entrepreneurial support

Women who start their own businesses may find their entrepreneurial ventures treated as a hobby, not a true business, according to Own Your Success founder and entrepreneur Andie Hines-Lagemann.

Recognizing the need for woman-led, female-oriented entrepreneurial support without apology in the Fort Wayne area, Own Your Success was born.

What began as a private Facebook group, OYS expanded to a registered non-profit organization with a paid membership model to create a supportive community for women with about 580 members who start and run their own companies.

The organization's manifesto is "dream bigger than the box society puts you in." Paid members can build their professional networks with other female founders and business owners to crowdsource ideas, receive the monthly newsletter written by members for members, attend free events, and find support that might otherwise be lacking in other entrepreneurial circles. Free membership is available for the private Facebook group.

Recognizing that many women find themselves running their businesses from their kitchen tables or other less-than-ideal locations, dedicated co-working or office space is in the works for Own Your Success members.

For more information or to join Own Your Success, visit <https://ownyoursuccessfw.com/>.

Bright spot: Growth of women's employment manufacturing, construction

More women were working in Allen County's manufacturing and construction industries in 2018 as compared to 2011, according to data provided to CRI by Northeast Indiana Works using Quarterly Workforce Indicators from the U.S. Census Bureau, 3rd Quarter Comparisons Year Over Year. These numbers measure the industry's workers, not their occupations, so these women may or may not be working in traditionally male jobs.

For Allen County's manufacturers, the share of women increased 8.7% from 2011 to 2018, going from 7,192 female workers to 7,816 in 2018. Women's share of the manufacturing workforce went from 26.8% in 2011 to 27.2% during the same time frame. Manufacturing had the fourth largest number of female workers in 2018, trailing healthcare, retail, and food and accommodations respectively.

For construction, women constituted 13.5% of Allen County's construction workers in 2018, compared to 12.3% in 2011. They grew from 1,119 in 2011 to 1,434 in 2018, which was an increase of 28.2%.

For more information about Northeast Indiana Works, including information about job training opportunities through WorkOne Centers, visit <https://www.neinworks.org/>.

Employment, education and training

Women’s employment, education, and training creates a direct line to women’s economic security and opportunity. In Allen County, women are more likely to be part of the labor force than their counterparts in the state and nation, according to data from the U.S. Census Bureau.

Additionally, women in Allen County are more likely than men, especially for younger women, to have attended or graduated from college,¹³ but men’s earnings outpace women even when accounting for the discrepancy between the share of women and men who work part time.

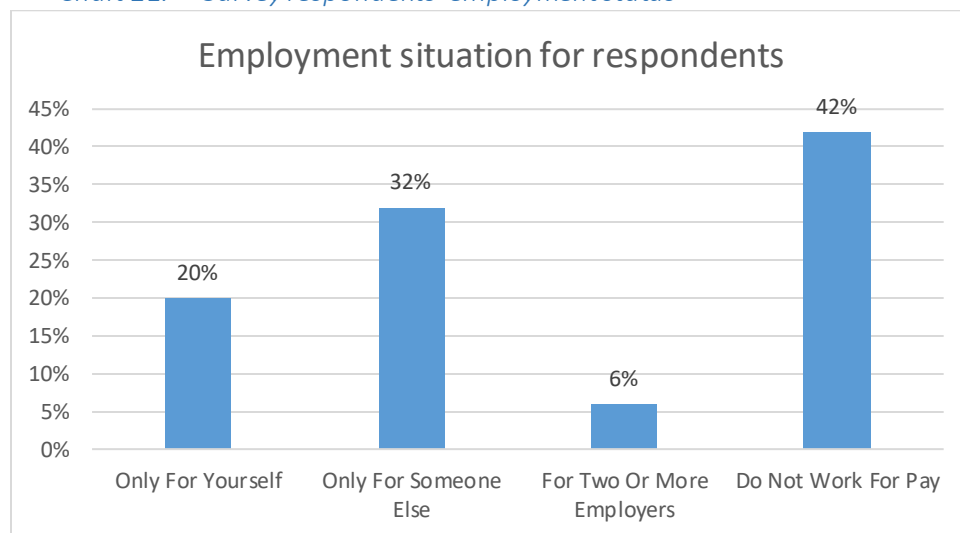
Allen County Women and Girls Fund Study Survey results

The Allen County Women and Girls Fund Study Survey asked questions about women’s employment status including if they worked full- or part-time and why, work schedules, overtime eligibility, types of paid time off, schedule flexibility, and own and perceived experiences with gender discrimination at work.

Employment status

The employment questions started with their current employment status, as shown in Chart 21. The most popular answer was women who do not work for pay at 42%, leaving 58% with paid employment, which is almost 20 percentage points lower than U.S. Census Bureau data about the share of working women in Allen County. Regardless, just under a third of respondents work one job while 20% work for themselves and 6% had two or more jobs.

Chart 21: Survey respondents’ employment status

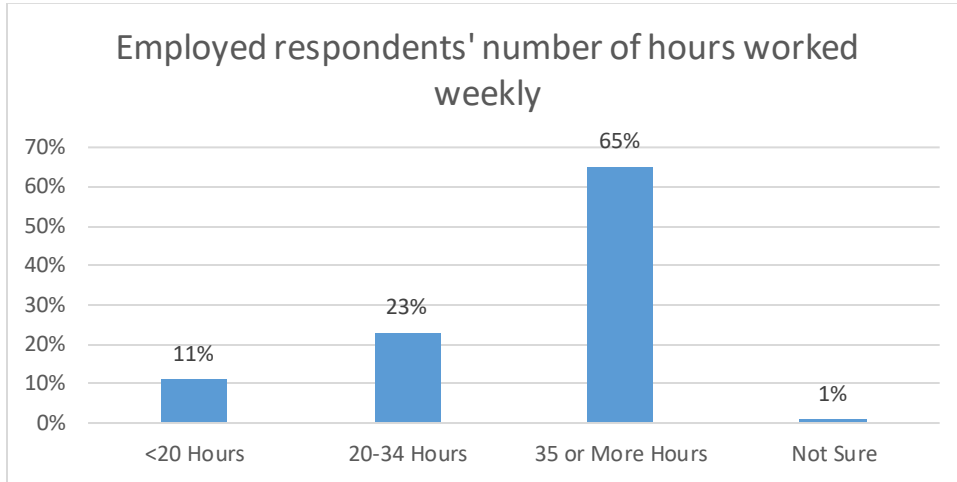


Source: Allen County Women and Girls Fund Study Survey

¹³ The U.S. Census Bureau categorizes workers at part-time in the American Community Survey when they work less than 35 hours a week so CRI designed the survey questions to align with that structure. See https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2018_ACSSubjectDefinitions.pdf?#.

Most working women or 65% worked 35 hours or more a week, which is considered full-time employment according to the U.S. Census Bureau.¹ This includes women who may be working multiple jobs to hit the 35+-hour mark.

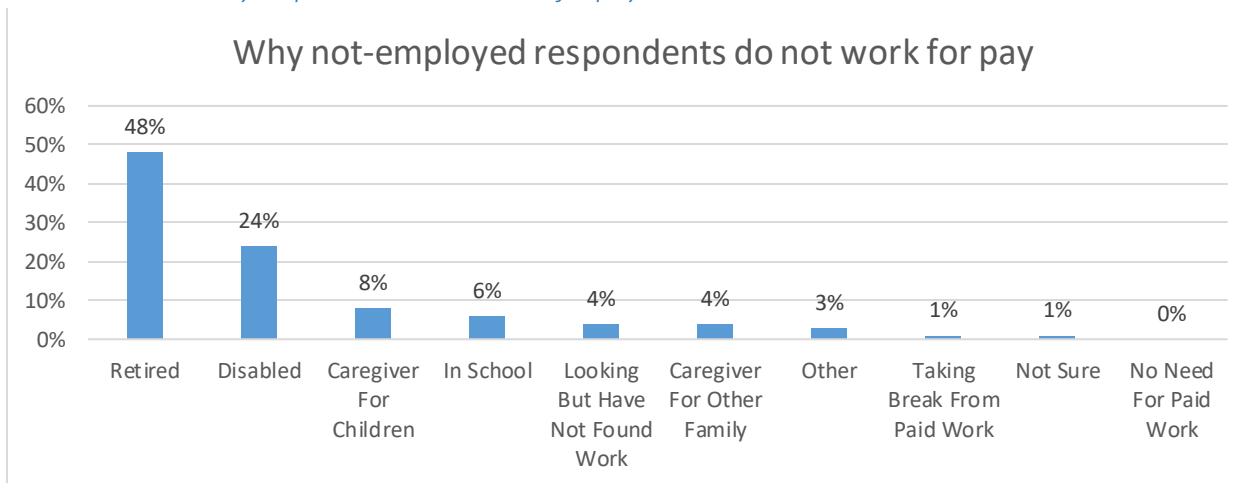
Chart 22: Number of hours worked weekly by employed respondents



Source: Allen County Women and Girls Fund Study Survey

The survey then asked why women either do not work, or why they work full or part time. Nearly half of the women who did not work indicated they were retired while 24% indicated they were disabled; 8% listed not working because of caring for children and another 4% because of caring for others while 6% were in school. Four percent were looking for work, making them officially unemployed. Four percent were looking for work, making them officially unemployed.

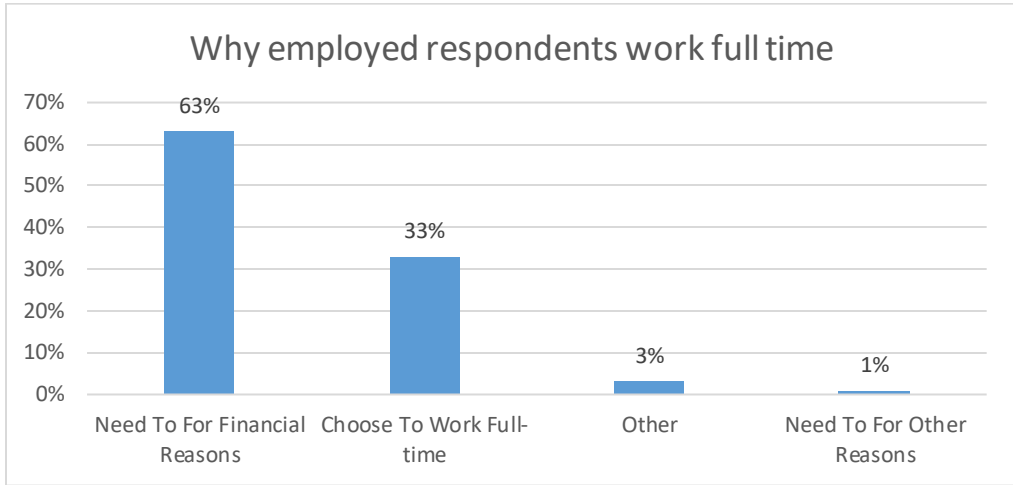
Chart 23: Why respondents do not work for pay



Source: Allen County Women and Girls Fund Study Survey

Looking at why women worked full time, 63% indicated that they worked full time out of financial necessity while a third said they chose to work full time, according to Chart 24.

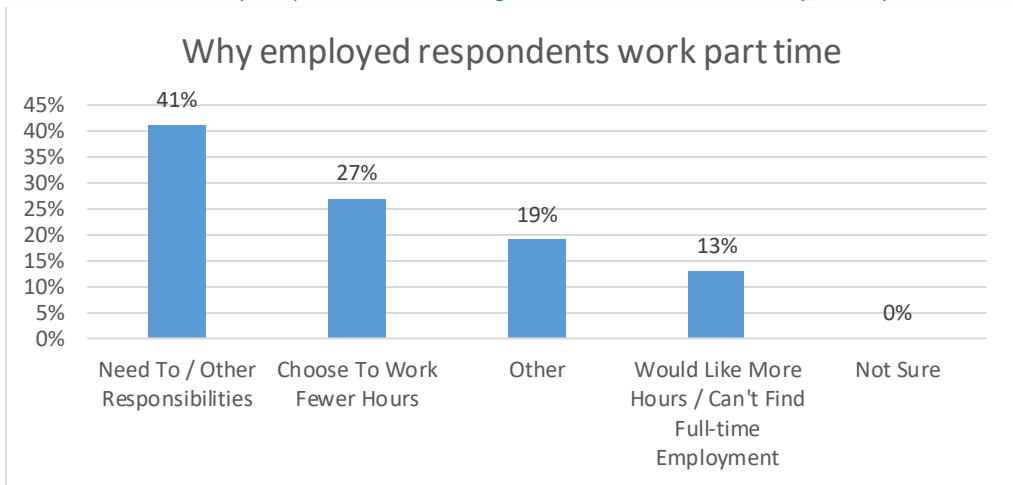
Chart 24: Why respondents working 35 hours or more weekly work full time



Source: Allen County Women and Girls Fund Study Survey

For part-time workers, women’s other responsibilities were the most likely reason why they worked less than full time at 41%, compared to 27% who chose to work fewer hours. Another 13% wanted to be working additional hours.

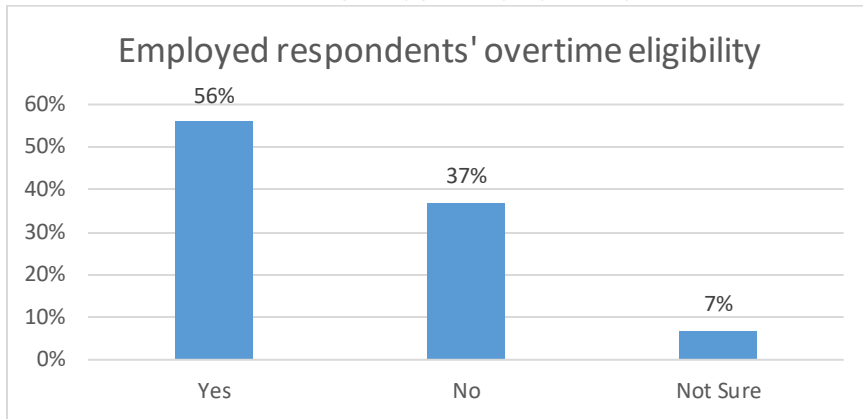
Chart 25: Why respondents working less than 35 hours weekly work part time



Source: Allen County Women and Girls Fund Study Survey

Lastly, the survey asked about employed women’s eligibility for overtime, which indicated most working women could receive overtime pay, as shown in Chart 26.

Chart 26: Overtime eligibility for employed respondents



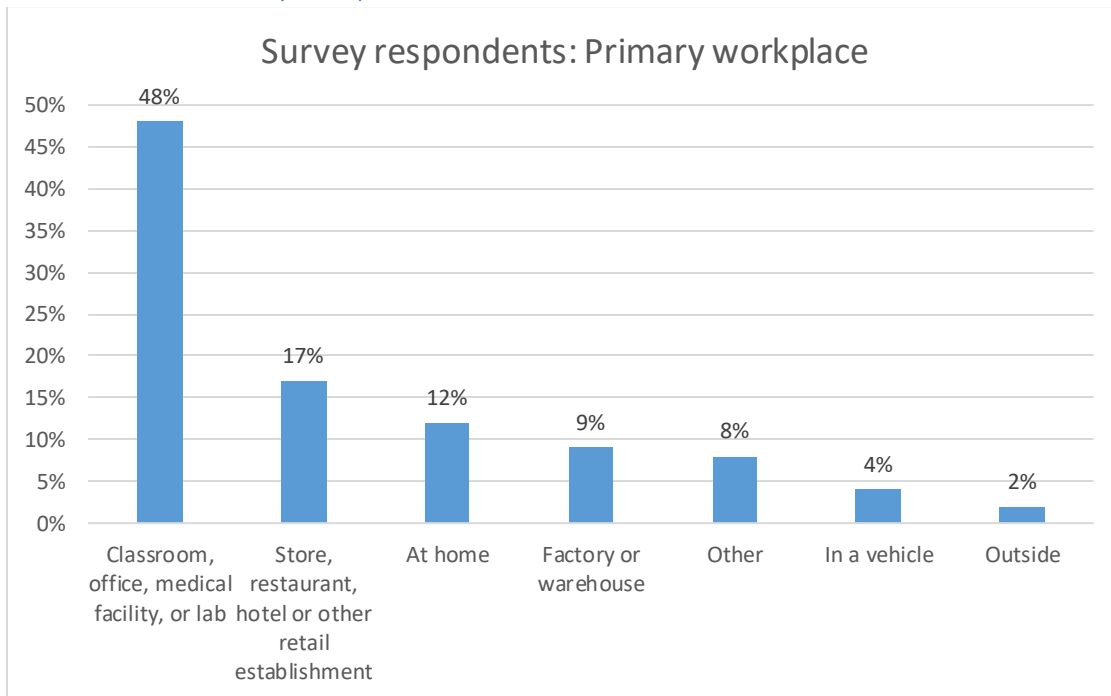
Source: Allen County Women and Girls Fund Study Survey

Work location and interaction with the public

Instead of doing an exhaustive list of occupations – what someone does at work – and industries – what the employer does, CRI and SurveyUSA opted to ask about workplace location and the frequency of face-to-face interaction with the public, which would give clues as to the work done by the employee.

Nearly half of respondents, 48%, indicated they work in a classroom, office, or medical setting. Retail and hospitality settings of stores, restaurants, and hotels were the second most common location at 17%. Women working from home were the third most common at 12%. Factory/warehouse, other, in a vehicle, and outside each had single-digit percentage responses.

Chart 27: Primary workplace location

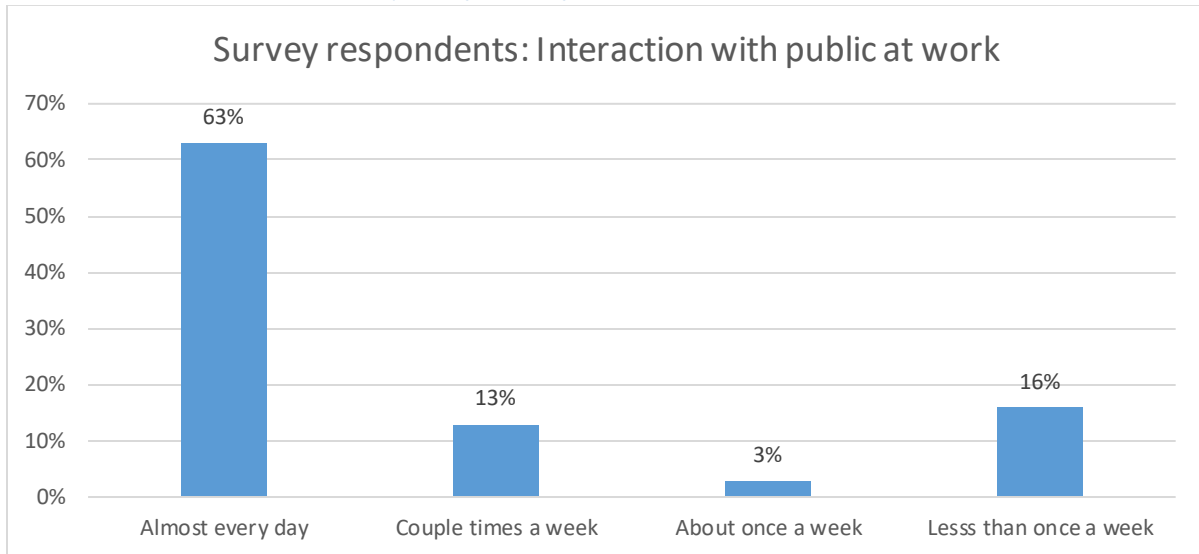


Source: Allen County Women and Girls Fund Study Survey

Looking at interactions with people other than co-workers including customers, vendors, and clients, well more than half of workers interact with the public face to face every day, as shown in Chart 28,

which is consistent with workers at medical settings, offices, retail, restaurants, or hotels. The second most common answer of less than once a week had 16% of respondents, which would easily cover some office settings, factories, and warehouses.

Chart 28: Interaction with public face-to-face at work



Source: Allen County Women and Girls Fund Study Survey

Work scheduling, schedule flexibility

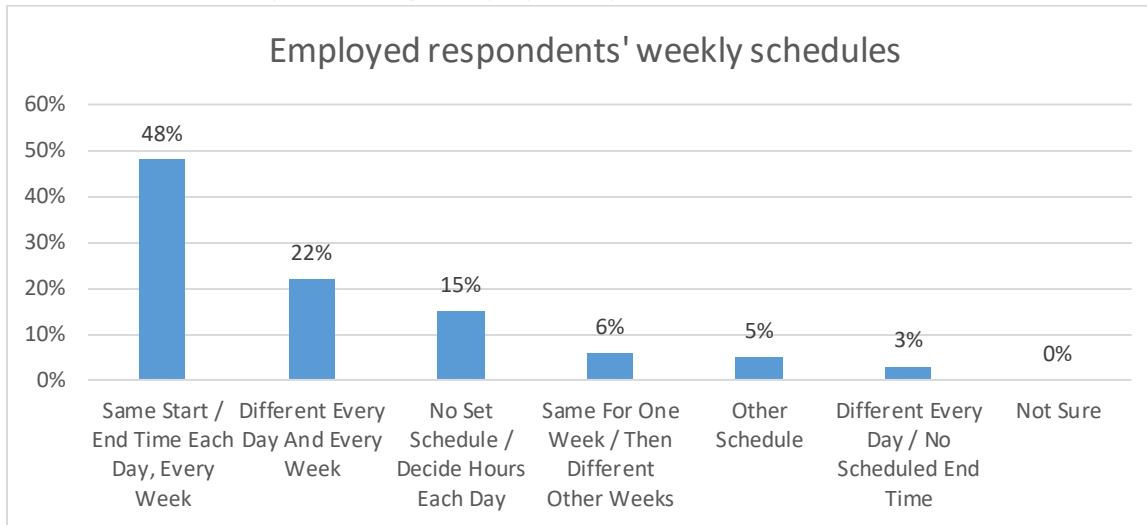
Work schedules can often dictate household schedules and how women interact with their children and spouses or partners. Many women prioritize a traditional first-shift or office-hours schedule, but the survey data indicate most working women in Allen County need to work evenings or weekends at least occasionally.

Some women may elect to work non-traditional schedules so that they can be home with children during the day or so that they can coordinate schedules with a spouse or partner to avoid the need for paid caregiving services.

CRI wanted to focus on two parts of women's work schedules: 1) what their schedules looked like and 2) schedule flexibility as permitted by their employer and the respondents' desire for flexibility. These questions were asked only of employed respondents.

Chart 29 indicates nearly half of working women have the same start and end times each day and week, while 22% list a different schedule each week.

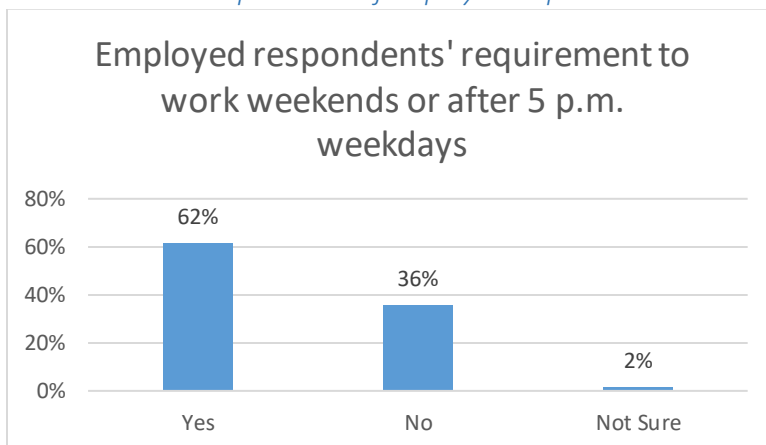
Chart 29: Weekly schedules for employed respondents



Source: Allen County Women and Girls Fund Study Survey

Looking at Chart 30, working women are more likely than not to be required to work weekday evenings or weekends, although this question did not clarify how frequently this occurs, so it is possible that a teacher who has to do parent-teacher conferences in the evening a few times a year would be part of the 62% as would a second-shift police officer who works those hours each week.

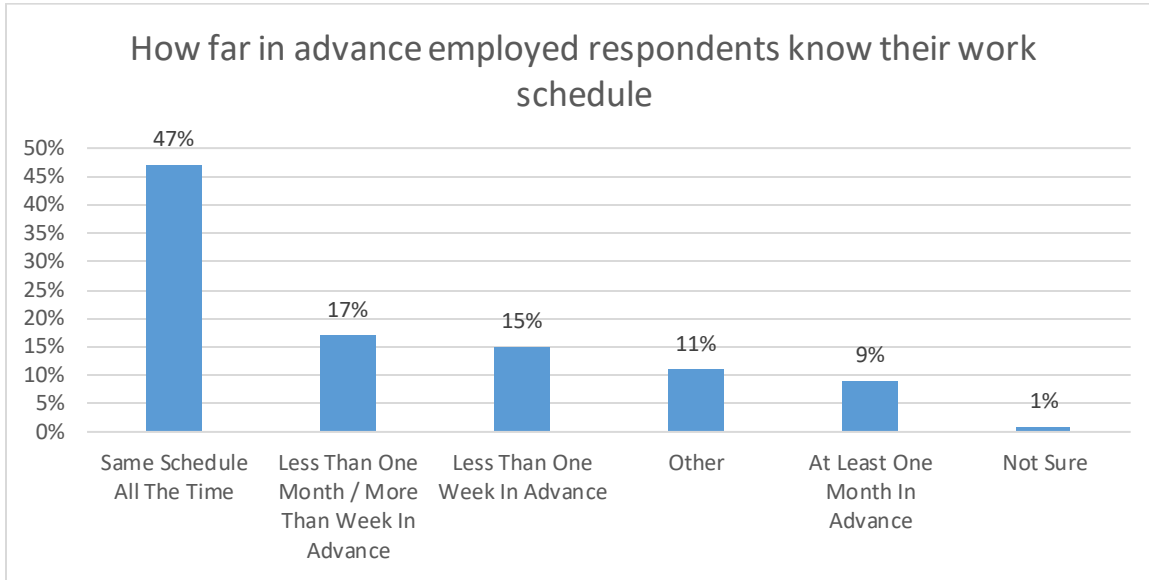
Chart 30: Requirement of employed respondents to work weekends or after 5 p.m. weekdays



Source: Allen County Women and Girls Fund Study Survey

The lack of a regular, routine weekly schedule and the short notice on the week's schedule can challenge women's ability to plan for caregiving services or other necessities in life that require advance scheduling including doctor's appointments, engaging with children's school activities, or providing a household routine. Consistent with the chart above, nearly half keep the same schedule all the time, while 32% learn their schedules less than one month in advance including 15% who learn less than one week in advance, as shown in Chart 31.

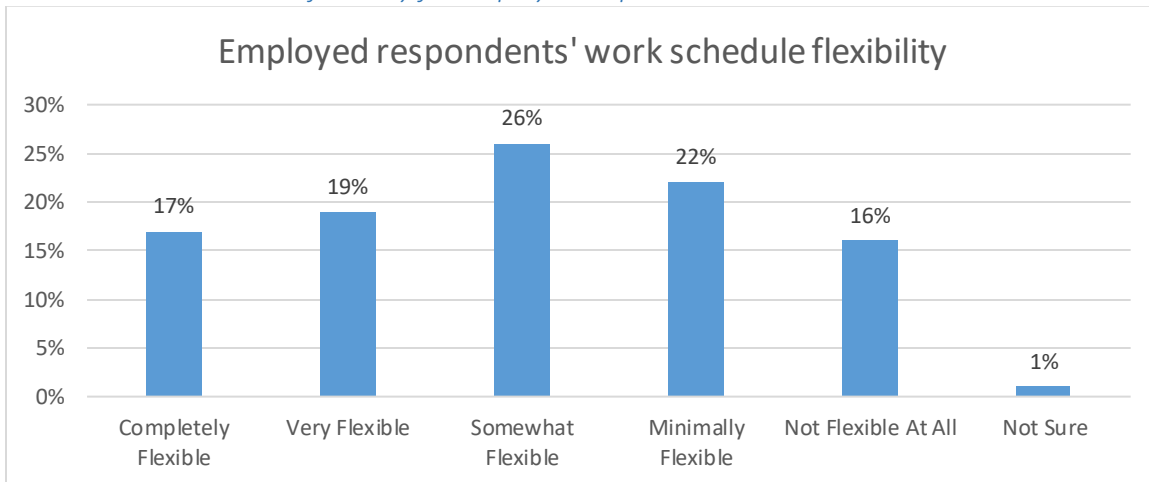
Chart 31: How far in advance schedules are posted for employed women



Source: Allen County Women and Girls Fund Study Survey

Flexibility for work schedules can also be important for women due to their obligations outside of work, such as accommodating for two-hour delays for school or the need for unexpected work to be done at home such as furnace repairs. Chart 32 shows that 36% of respondents had a completely or very flexible schedule while 38% had a work schedule that is minimally flexible or not at all flexible.

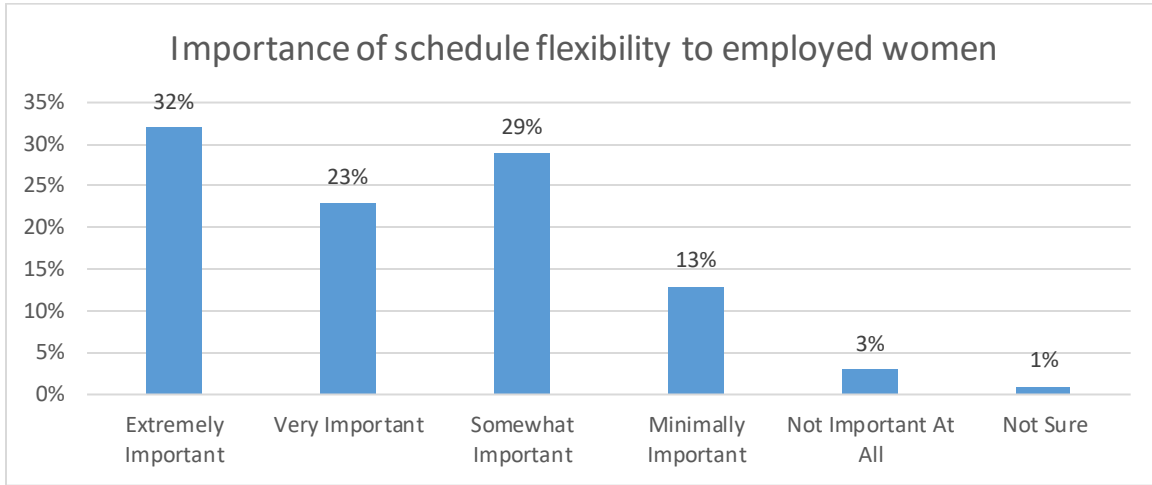
Chart 32: Schedule flexibility for employed respondents



Source: Allen County Women and Girls Fund Study Survey

Chart 33 flips the previous question around to ask about women's desire for a flexible schedule. Scheduling flexibility as measured by extremely or very important constituted 55% of the responses with 3% saying it was not important at all, showing value of scheduling flexibility to their lives, yet 16% of workers are in jobs with no schedule flexibility, indicating a disconnect between what women have and what they want.

Chart 33: Employed respondents' desire for schedule flexibility

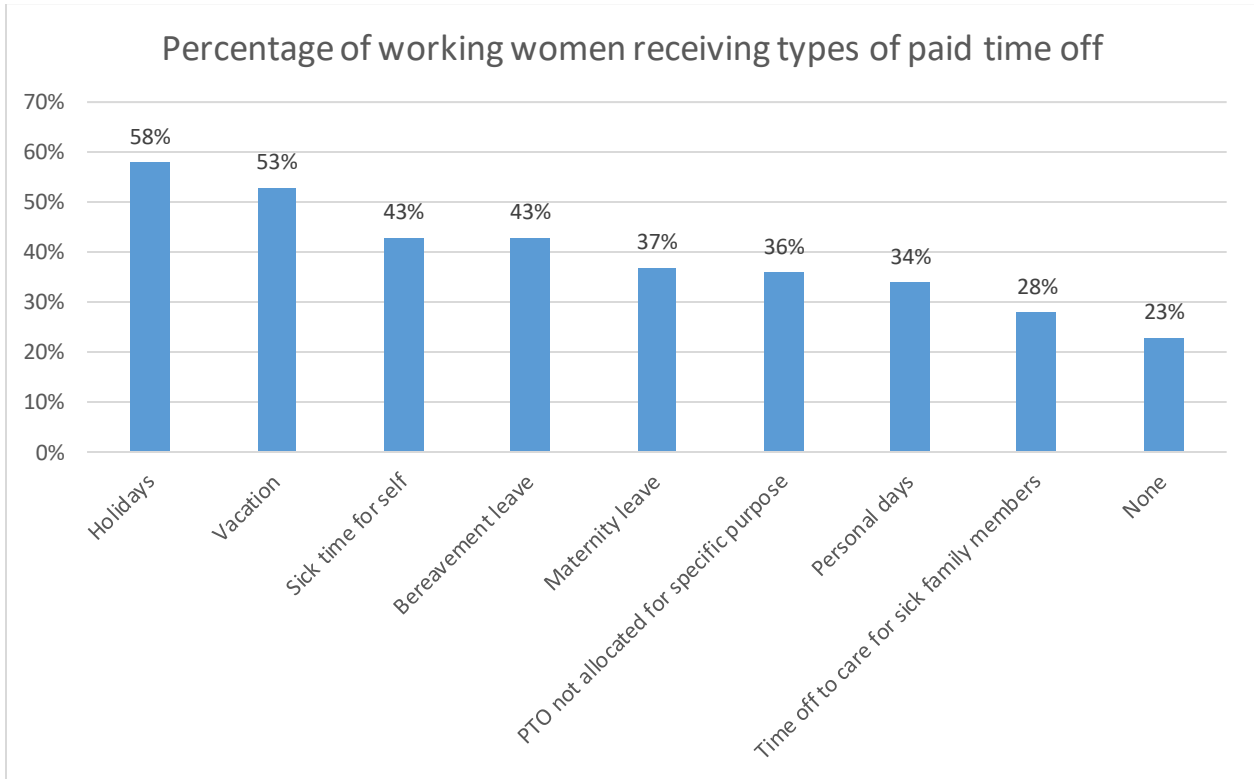


Source: Allen County Women and Girls Fund Study Survey

Availability of paid time off

Since no local data exists about availability and kinds of paid time off women get from work, CRI asked a series of questions about such, as shown in Chart 34. While more than half of women who work got paid vacations and holidays, 23% of workers had no paid time off. Less than half had paid sick time for themselves while 28% received paid sick time to care for family members. More than a third had paid time off (PTO) that was not allocated for a specific purpose, reflecting a policy choice by some employers to move away from the holiday, vacation, sick time differentiation.

Chart 34: Availability of types of paid time off



Source: Allen County Women and Girls Fund Study Survey

Perceptions of employment discrimination

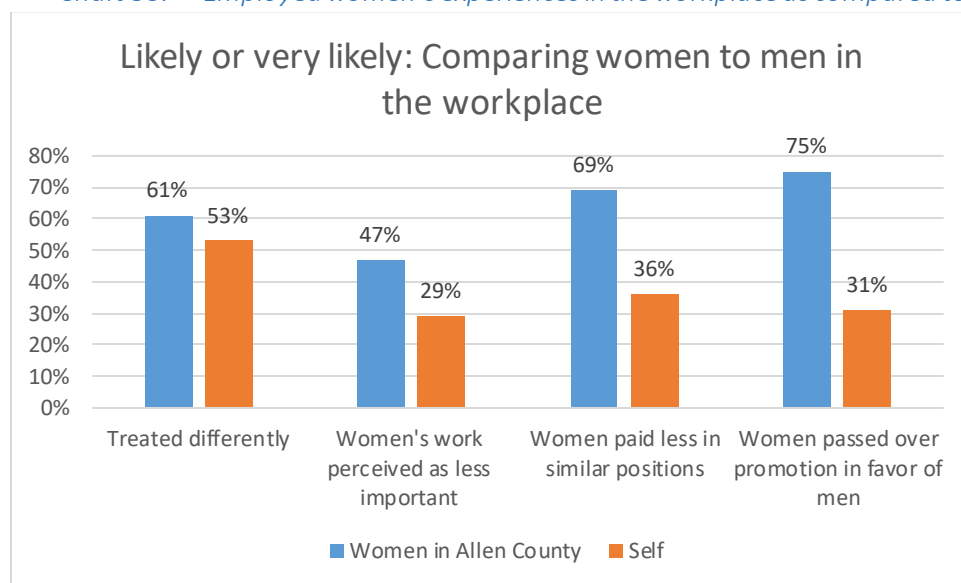
The survey asked employed women about their perceptions about women’s work. It asked questions about their own experiences and Allen County women in general in the following areas:

- Women being treated differently than men in the workplace
- Supervisors perceiving women’s work as less important than men’s
- Women paid less than men for similar positions
- Likelihood of men being promoted over women

The responses were scaled to a continuum of very likely, likely, unlikely, very unlikely, or not sure.

Without exception, respondents believed that women in general are more disadvantaged than their own experiences, as shown in Chart 35 listing the share of women who believe it was likely or very likely for the listed outcomes. For example, 75% believe it was likely or very likely that Allen County women were passed over for promotions but only 31% had personally experienced such. Notably, though, more than half of women indicated they had been treated differently at work as compared to men.

Chart 35: *Employed women’s experiences in the workplace as compared to men*



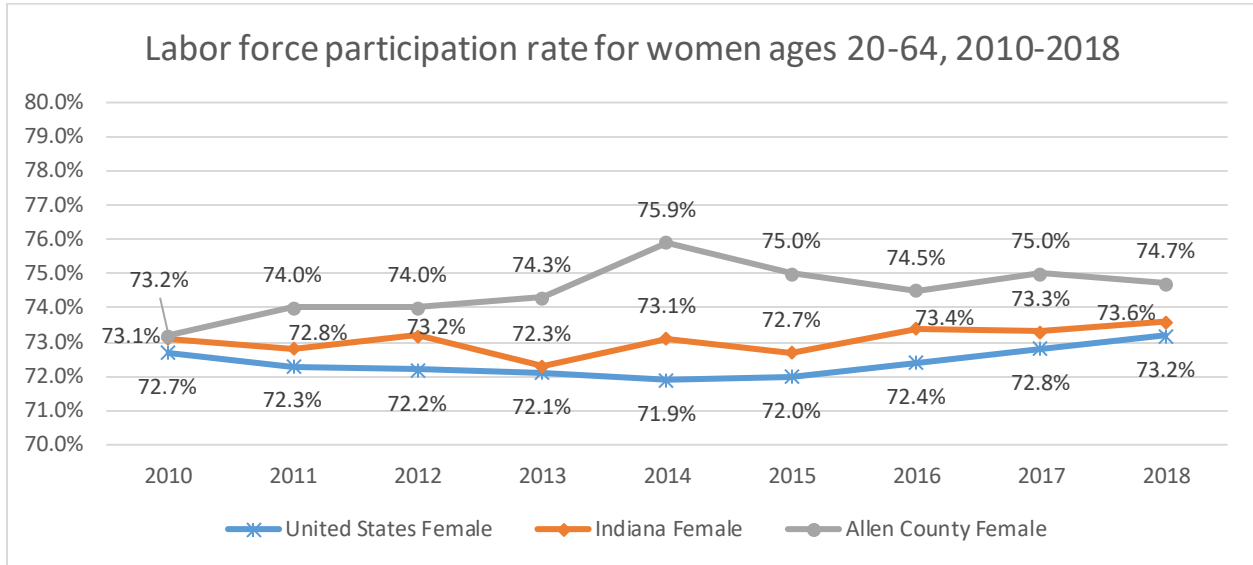
Source: *Allen County Women and Girls Fund Study Survey*

Labor Force Participation Rates

Switching from the Allen County Women and Girls Fund Study Survey to data from the U.S. Census Bureau’s American Community Survey (ACS), this section looks at labor force participation rate (LFPR), which constitutes women who are either working (full or part time) or actively looking for work (the unemployed).

In sum, women in Allen County work. Paid employment is central to the lives of working-age women in Allen County, with a slightly higher LFPR for women ages 20 to 64 than that for Indiana and the United States from 2010 through 2018, which is the most recent year available.

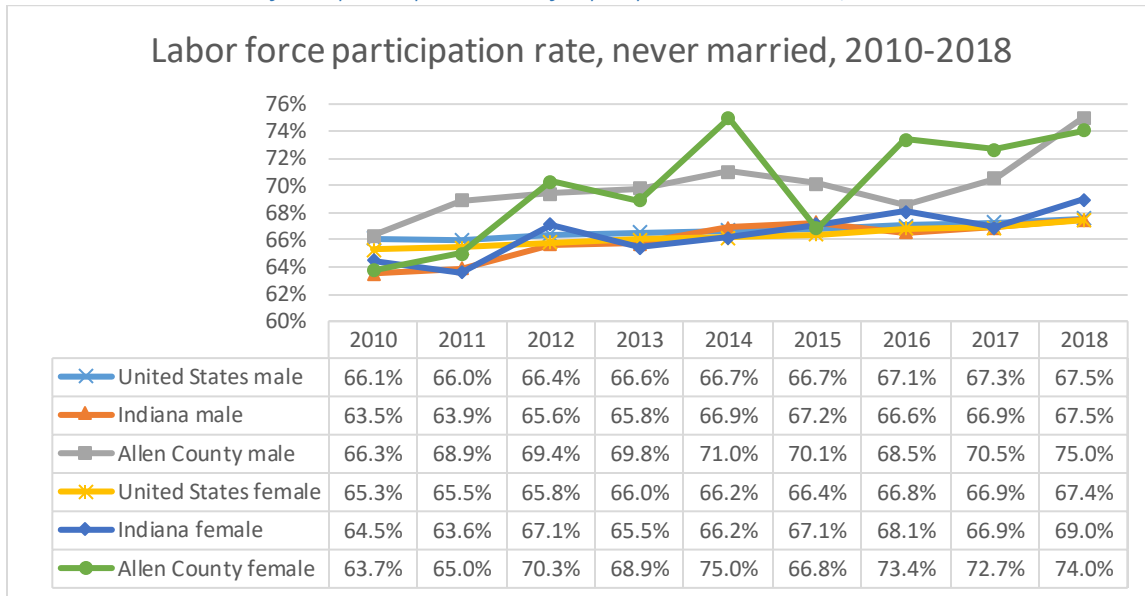
Chart 36: Laborforce participation rate for women ages 20-64, 2010-2018



Source: U.S. Census Bureau Table S2301

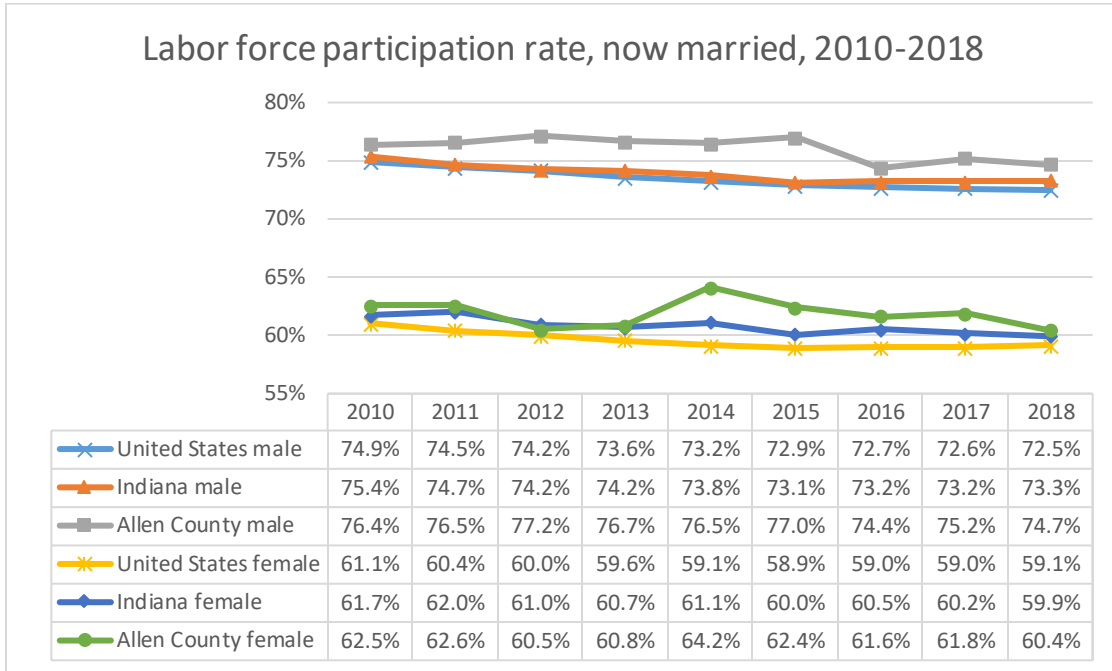
ACS also reports LFPR by marital status and sex for those 16 and older as shown in Charts 37-41.

Chart 37: Laborforce participation rate for people never married, 2010-2018



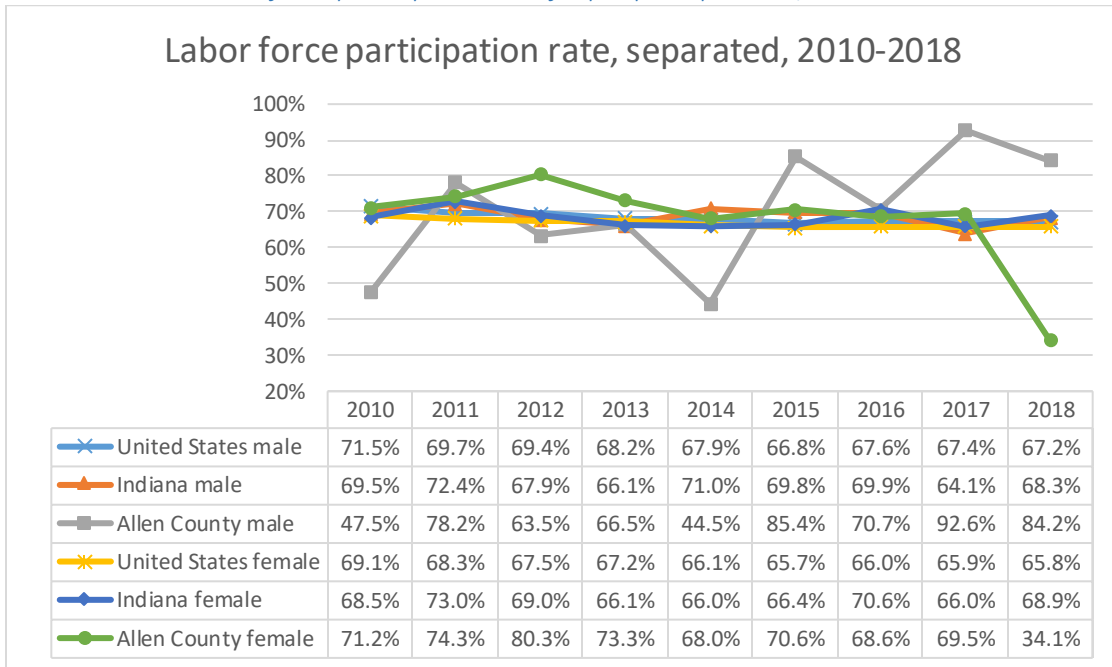
Source: U.S. Census Bureau Table B12006

Chart 38: Laborforce participation rate for people now married, 2010-2018



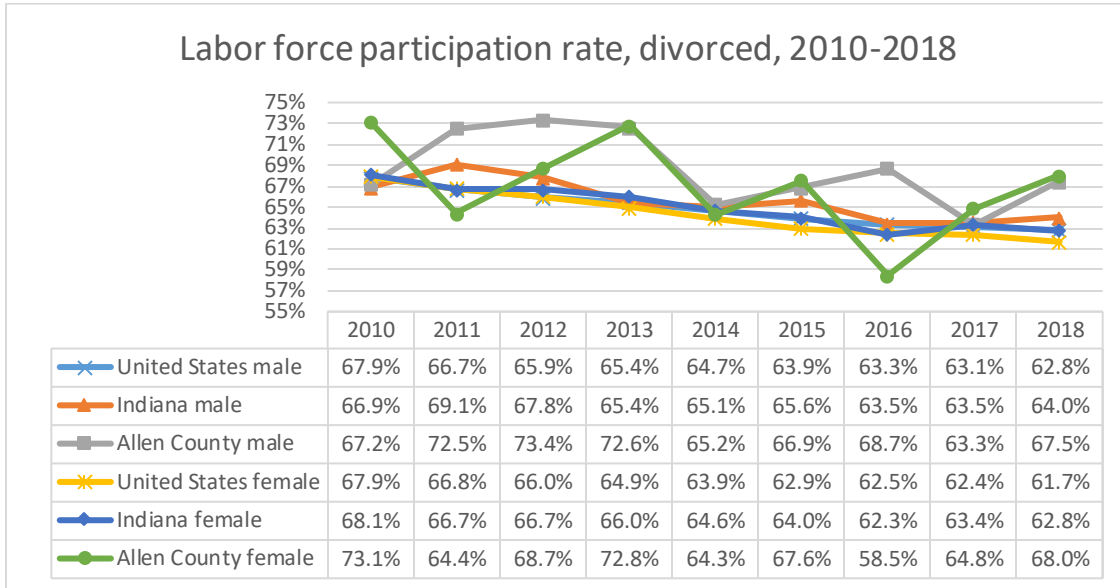
Source: U.S. Census Bureau Table B12006

Chart 39: Laborforce participation rate for people separated, 2010-2018



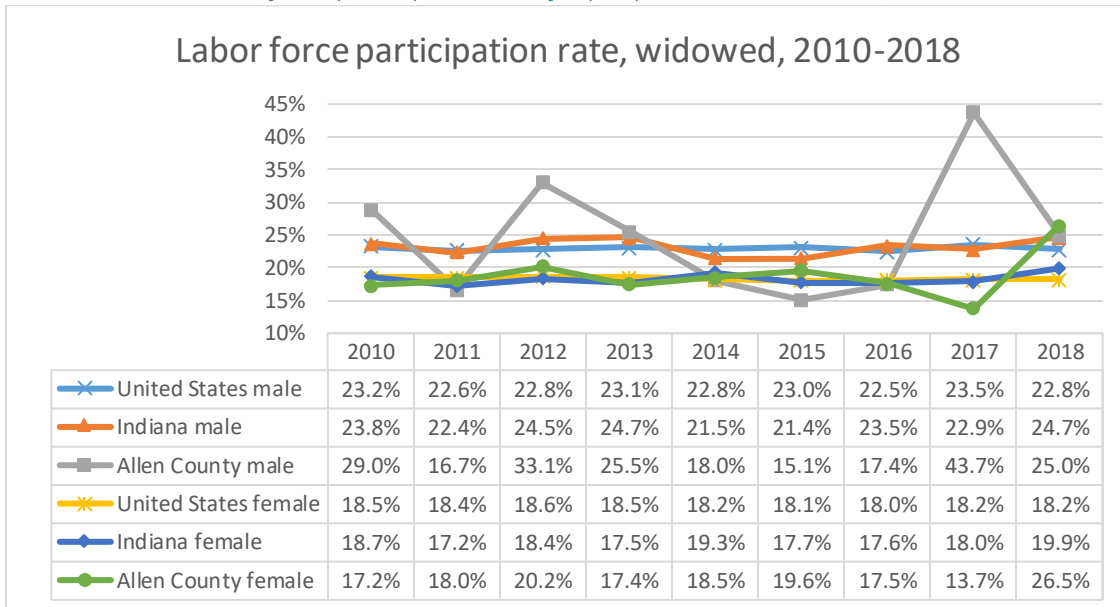
Source: U.S. Census Bureau Table B12006

Chart 40: Laborforce participation rate for people who are divorced, 2010-2018



Source: U.S. Census Bureau Table B12006

Chart 41: Laborforce participation rate for people who are widowed, 2010-2018

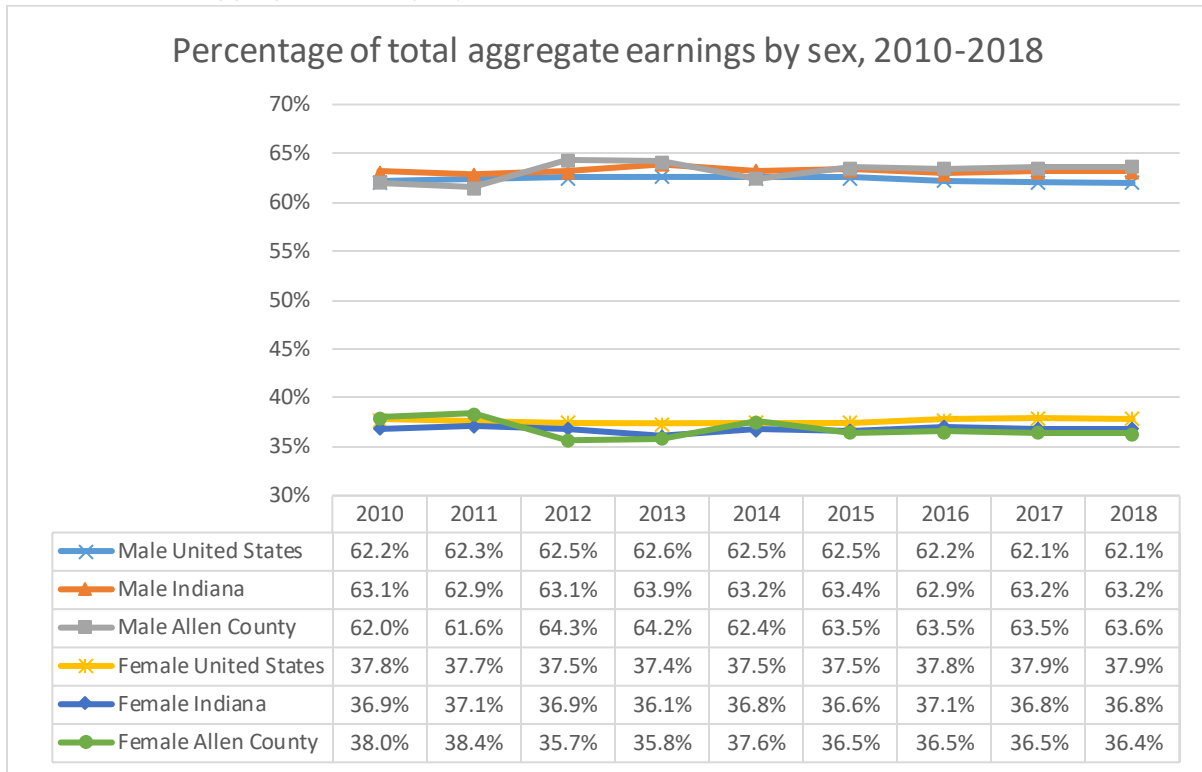


Source: U.S. Census Bureau Table B12006

Aggregate earnings by sex

Aggregate earnings by sex tells what percentage of the total earnings are earned by males and females. In this, Allen County is consistent if not a little lower for female aggregate earnings over time. If Allen County can increase the share of aggregate earnings by women, it likely means that there is more money flowing through the economy.

Chart 42: Aggregate earnings by sex, 2010-2018



Source: Percentages calculated by CRI using U.S. Census Bureau Table B20003

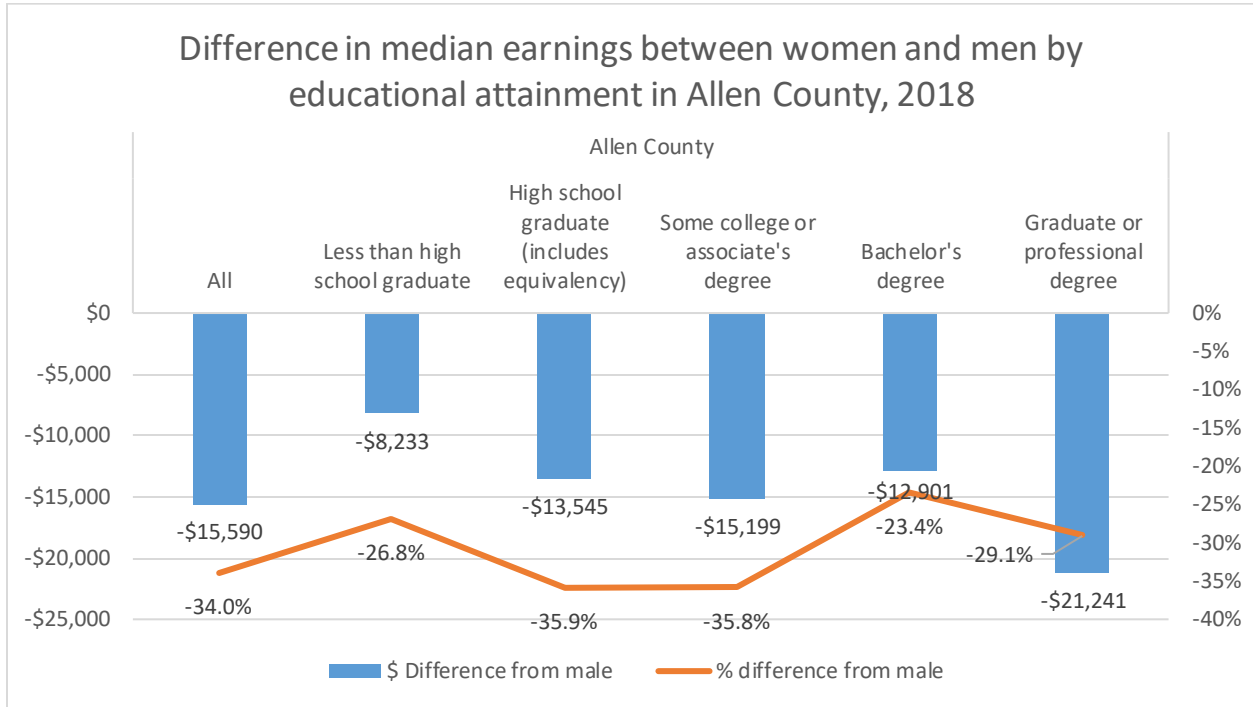
Median earnings

Earnings are measured for people 16 and older as the amount of income received from wages or salary – think a worker’s paycheck – or money earned by someone self-employed. It does not include money from things like retirement accounts, investments, or income derived outside of employment like a rental property.¹⁴

In 2018, a 34% disparity – \$15,590 – existed between Allen County’s male and female earnings from full- and part-time work for people ages 25 and older, which was a larger percentage and dollar difference than the national and state comparisons of \$13,119 and \$15,128 respectively of the same information.

¹⁴ American Community Survey and Puerto Rico Community Survey 2018 Subject Definitions, U.S. Census Bureau. https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2018_ACSSubjectDefinitions.pdf?#

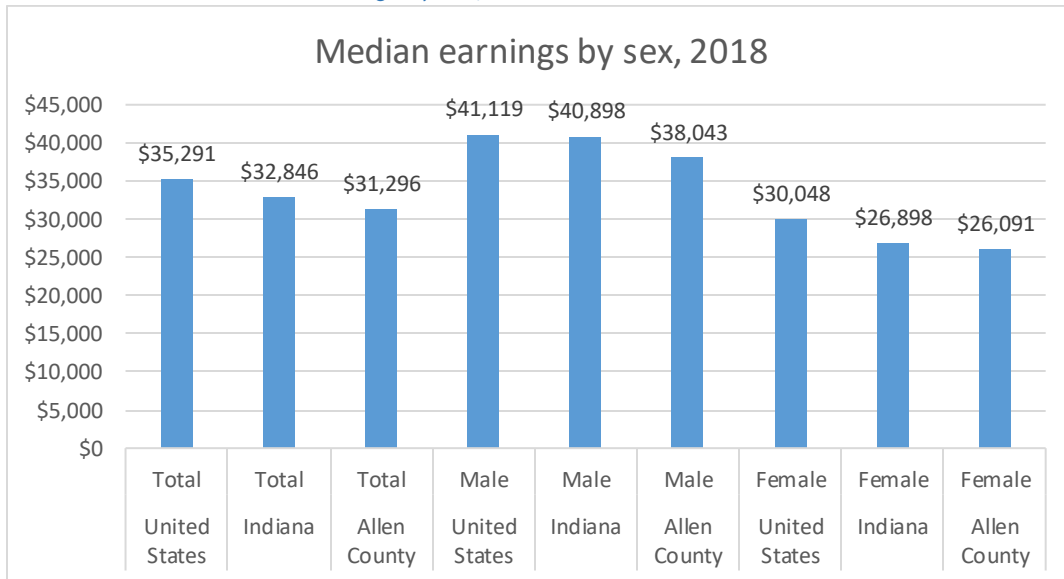
Chart 43: Difference in female median earnings by educational attainment in Allen County, 2018



Source: Dollar and percentage differences calculated by CRI using data from U.S. Census Bureau Table B20004

This next chart simply spells out what the median earnings were by sex for the three studied geographies.

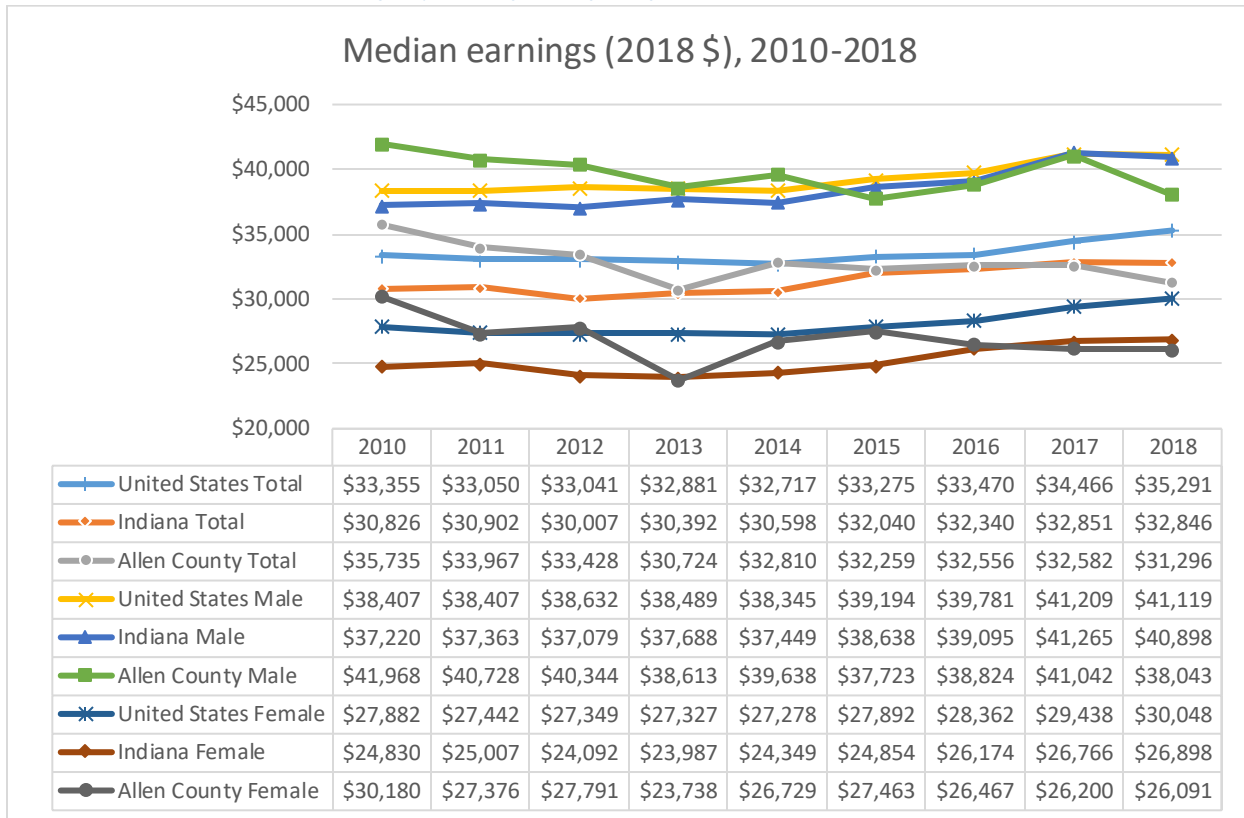
Chart 44: Median earnings by sex, 2018



Source: U.S. Census Bureau Table B2002

This next chart shows the median earnings by sex adjusted for inflation from 2010 to 2018.

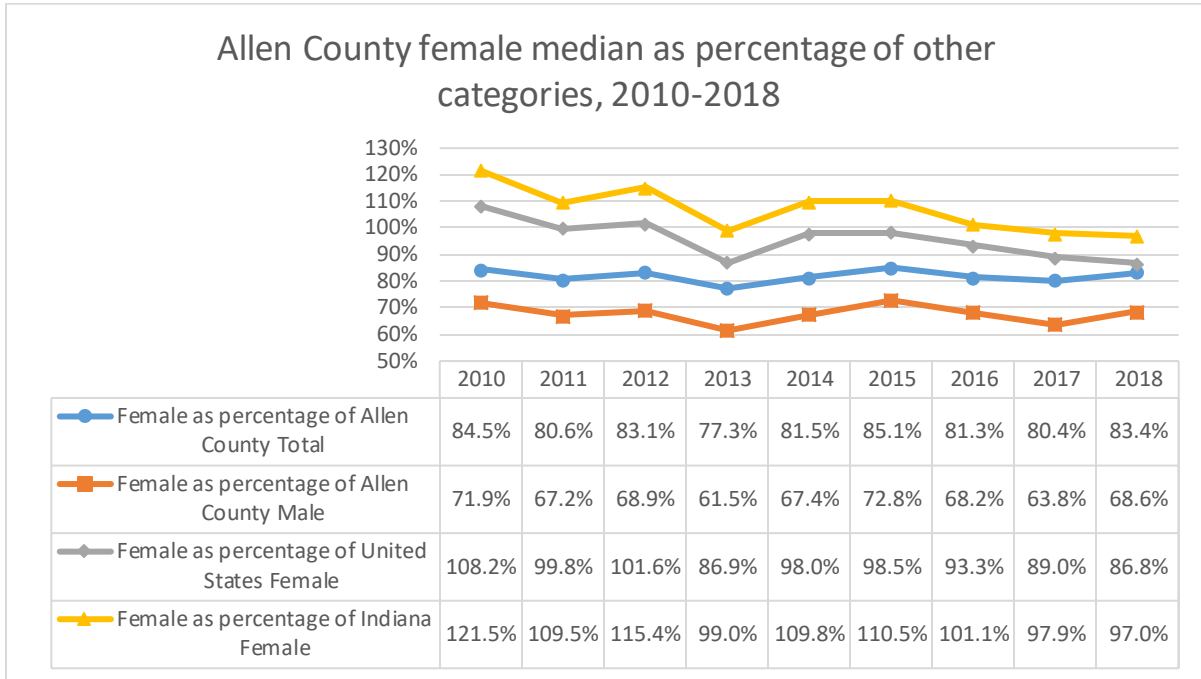
Chart 45: Median earnings by sex adjusted for inflation, 2010-2018



Source: U.S. Census Bureau Table B2002 with inflation adjustment by CRI using Census Bureau multipliers

Chart 46 compares the Allen County female median as a percentage of other categories. Notice the downward trending lines, showing how local women’s earnings are falling further behind their counterparts over time.

Chart 46: Allen County's female median earnings as share of other categories, 2010-2018



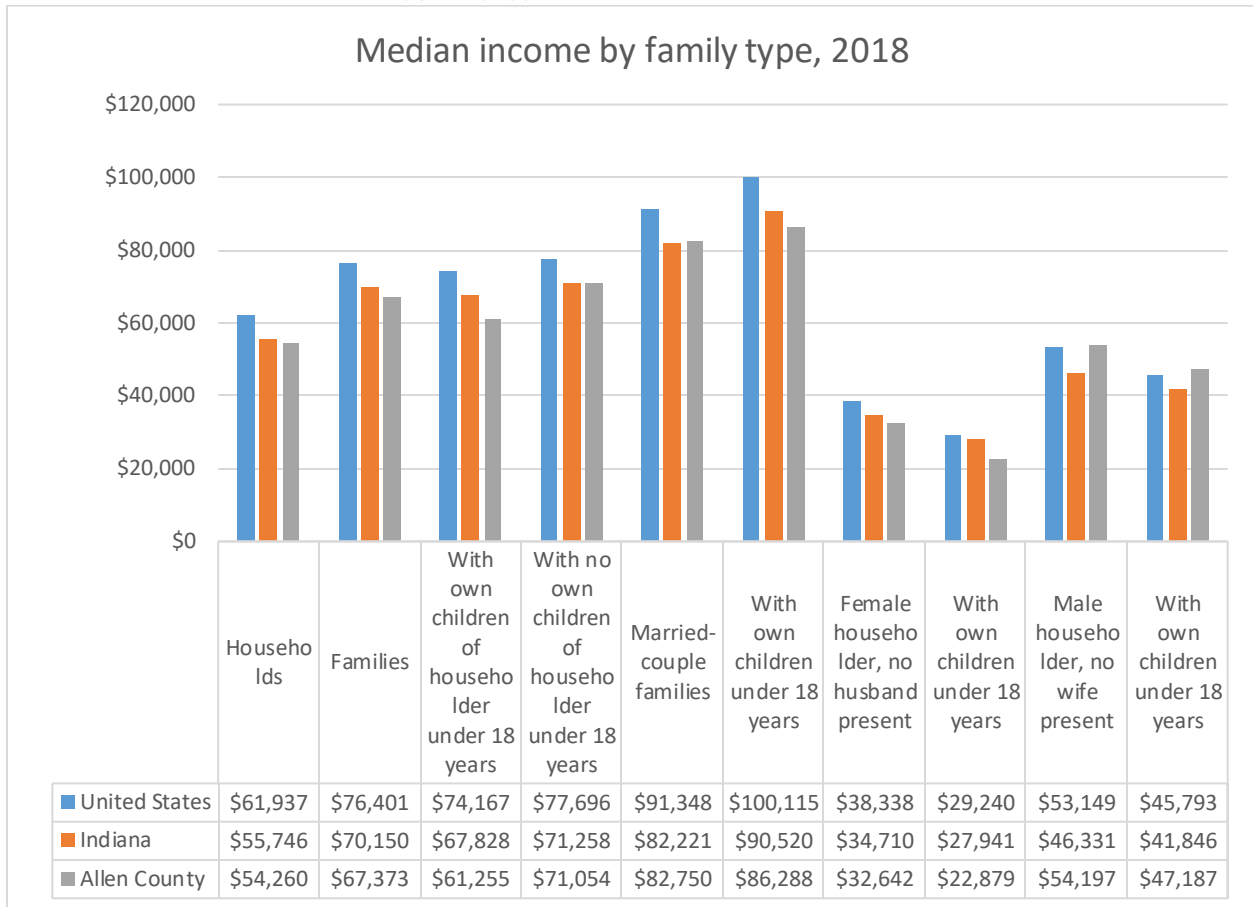
Source: U.S. Census Bureau Table B2002 with percentages calculated by CRI

Median household income by household, family type

Switching over to household income – all money brought in, not just paychecks, Charts 47 and 48 show the median household income by household or family type. All households are just that. Families require a relationship between household members by blood, marriage, or adoption.

On Chart 47, each column to the right of female or male householder is actually a subset of the respective universe to the left. In other words, they are the single-parent households with children under 18 living with them. The opposite column includes those with children under 18, but also those who live with say adult children, such as a father who lives with his 18-year-old son and 21-year-old daughter.

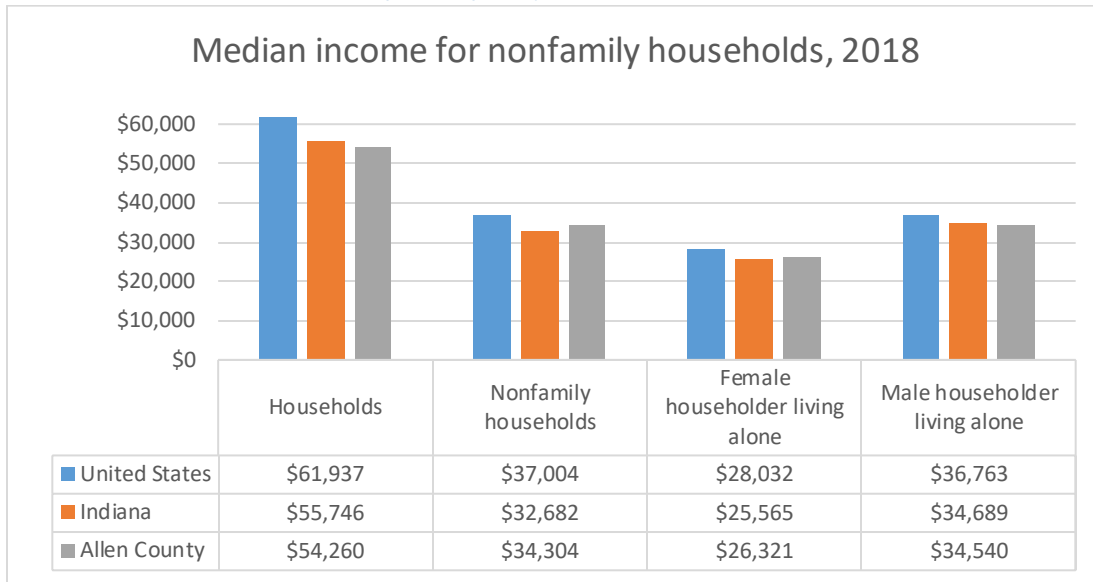
Chart 47: Median income by family type, 2018



Source: U.S. Census Bureau Table S1903

Allen County’s single mothers with children under 18 living at home had a median household income of only 34% of all families or \$22,879 compared to married families with children under 18 who had a median household income of \$86,288 or 128.1%.

Chart 48: Median income for nonfamily households, 2018



Source: U.S. Census Bureau Table S1903

Women living alone in Allen County fared better than their single-mother with children counterparts as they earned 76.7% of the non-family median in 2018.

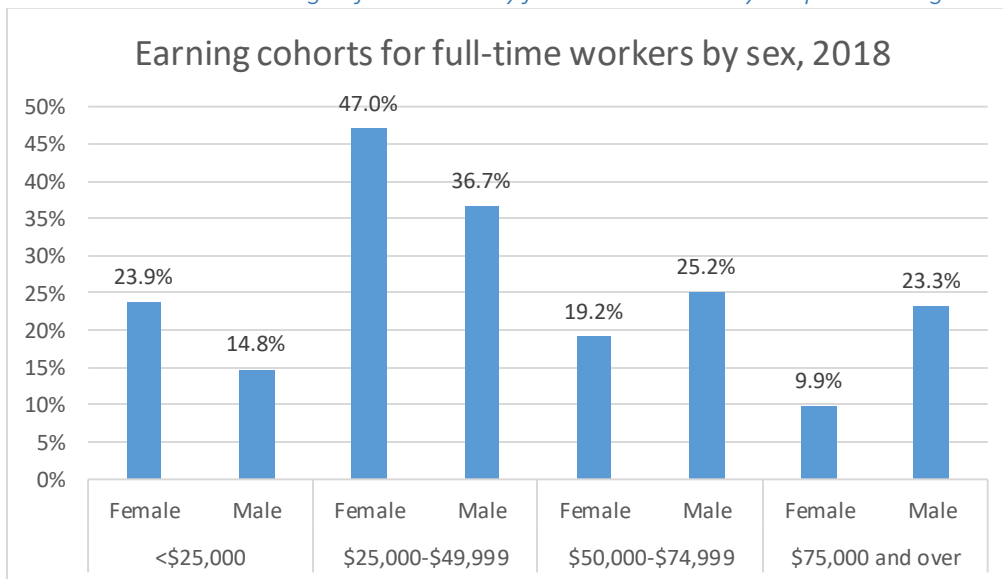
Earnings cohorts by sex for full-time workers

This section goes back to earnings, i.e. money derived through work.

Knowing that women are more likely than men to work part time and that can bring the median downward, CRI selected to look at annual earnings for full-time workers by sex.

This looks at four earning segmentations: less than \$25,000, \$25,000-\$49,999, \$50,000 to \$74,999, and \$75,000 or more.

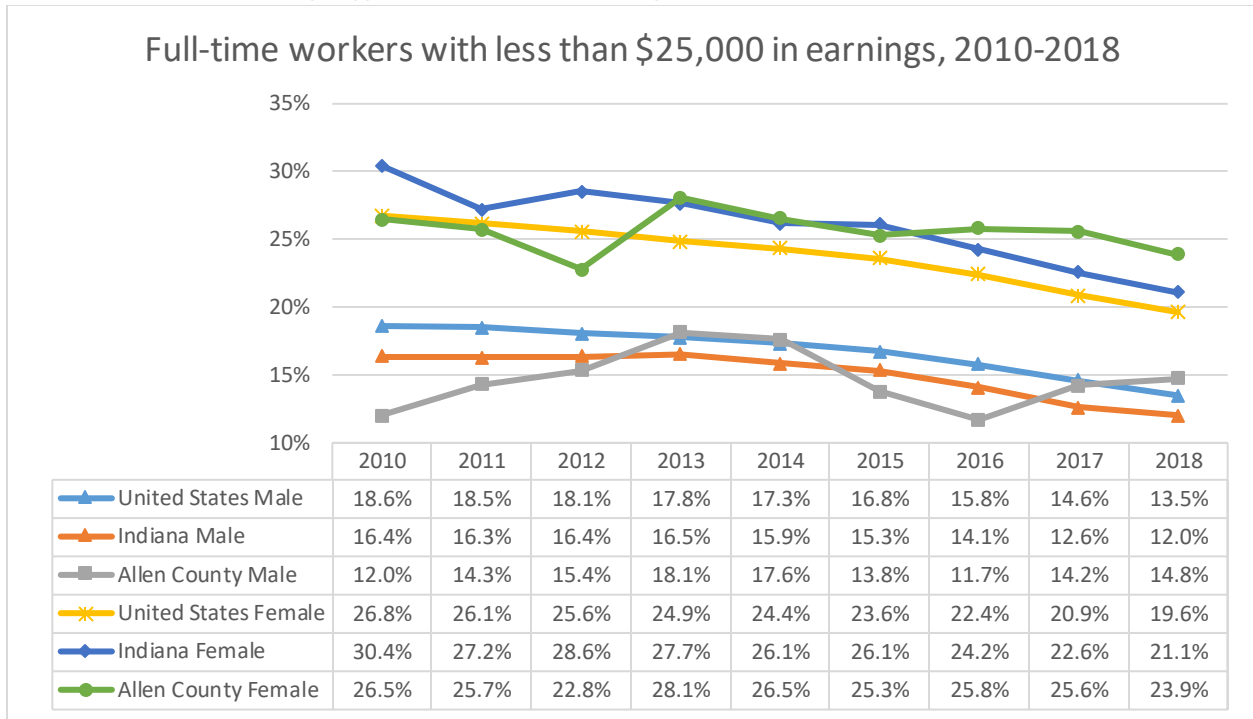
Chart 49: Percentage of Allen County full-time workers by sex per earnings cohort, 2018



Source: U.S. Census Bureau Table B20005

While the share of full-time workers, female or male, making less than \$25,000 a year has gone down over time, Allen County’s women represented the highest share at 23.9% in 2018 compared to 14.8% for men.

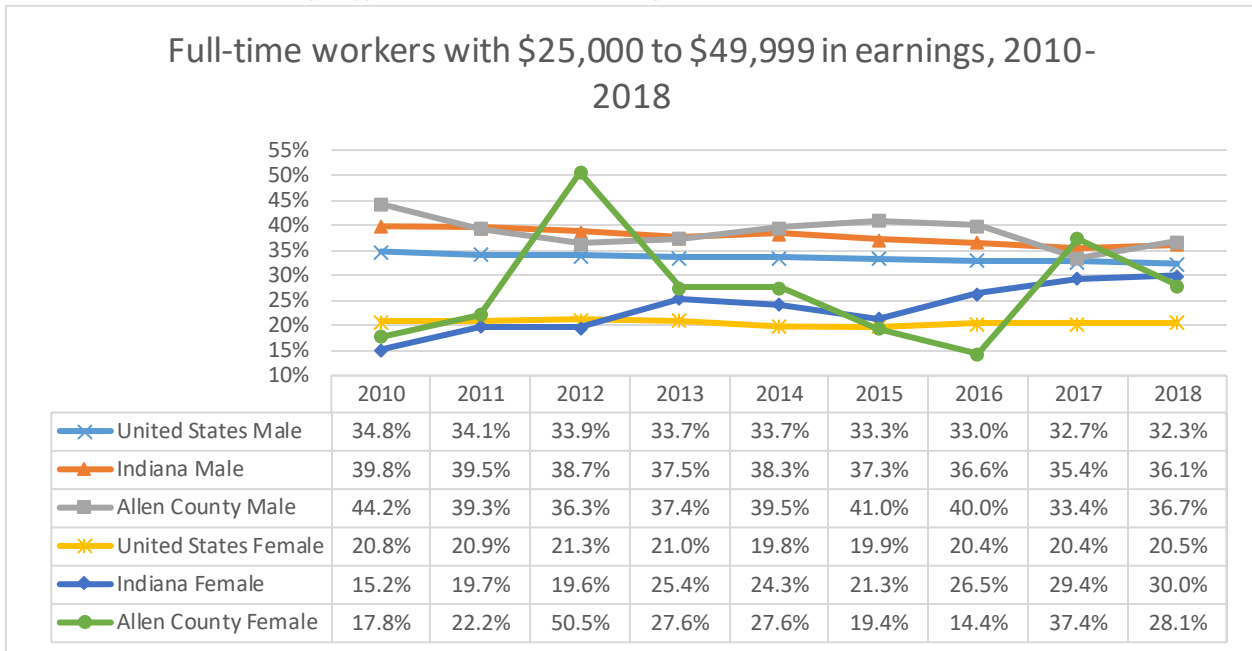
Chart 50: Percentage of full-time workers earning less than \$25,000, 2010-2018



Source: U.S. Census Bureau Table B20005

The significant variation in the chart below for women in Allen County earning \$25,000 to \$49,999 looks to be a statistical anomaly rather than a true trend when compared against the other numbers and based on CRI’s lack of knowledge of a significant event that would have prompted such to occur in those years.

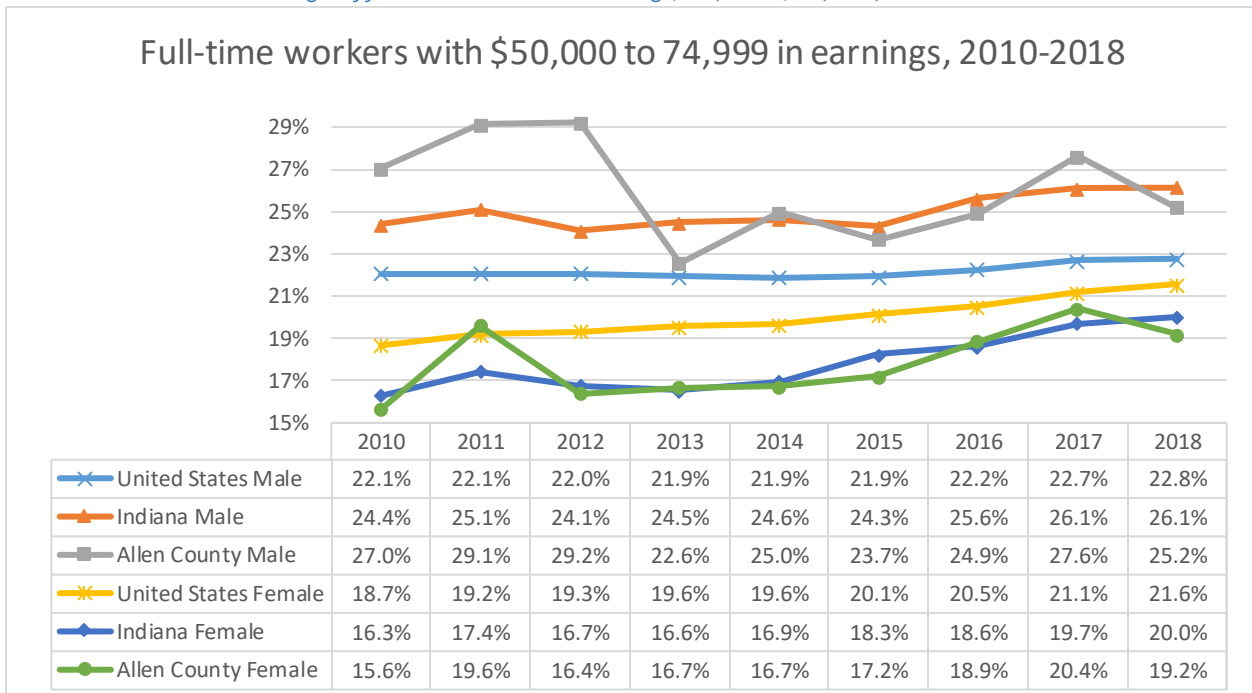
Chart 51: Percentage of full-time workers earning \$25,000-\$49,999, 2010-2018



Source: U.S. Census Bureau Table B20005

Switching over to the third segment, there has been a general upward trend for women from all three geographies, but local women continue to lag behind everyone else as of 2018.

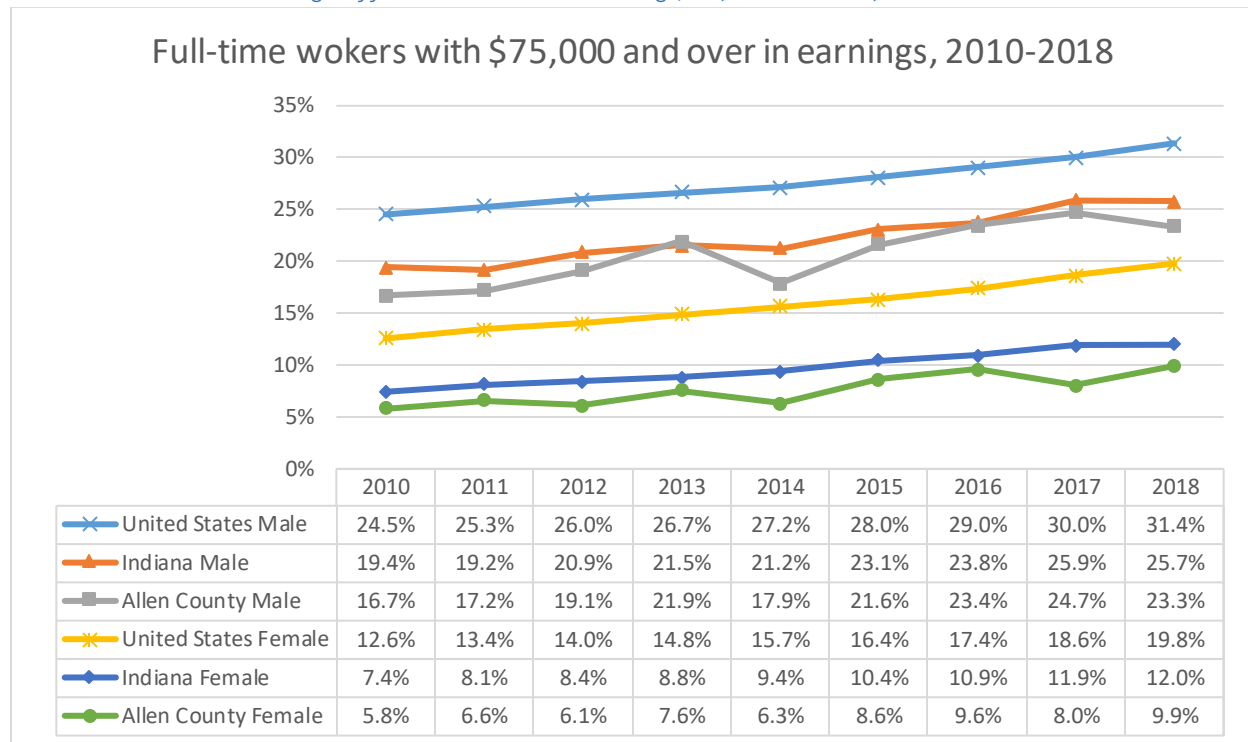
Chart 52: Percentage of full-time workers earning \$50,000-\$74,999, 2010-2018



Source: U.S. Census Bureau Table B20005

Finally for the highest income earners, all groups went up over time, but like the previous chart, Allen County’s full-time working women still lag, with only 9.9% earning \$75,000 or more while 23.3% of men did.

Chart 53: Percentage of full-time workers earning \$75,000 or more, 2010-2018



Source: U.S. Census Bureau Table B20005

Share of population below Federal Poverty Level

This section looks at the percentage of the population below the Census Bureau’s Federal Poverty Level, which is close but not exactly the same as the Federal Poverty Level from the U.S. Department of Health and Human Services. For the purposes here, the two cutoff points probably provide a distinction without a difference.

Table 3 shows the U.S. Census Bureau’s FPL based on weighted household size – technically the actual threshold is calculated based on the number of children under 18 – but this shows the weighted threshold to provide a good guide as to household size, regardless of household composition. CRI added the additional percentages as a point of reference since some programs will accept people at certain thresholds above FPL.

Table 3: U.S. Census Bureau Federal Poverty Level, 2018

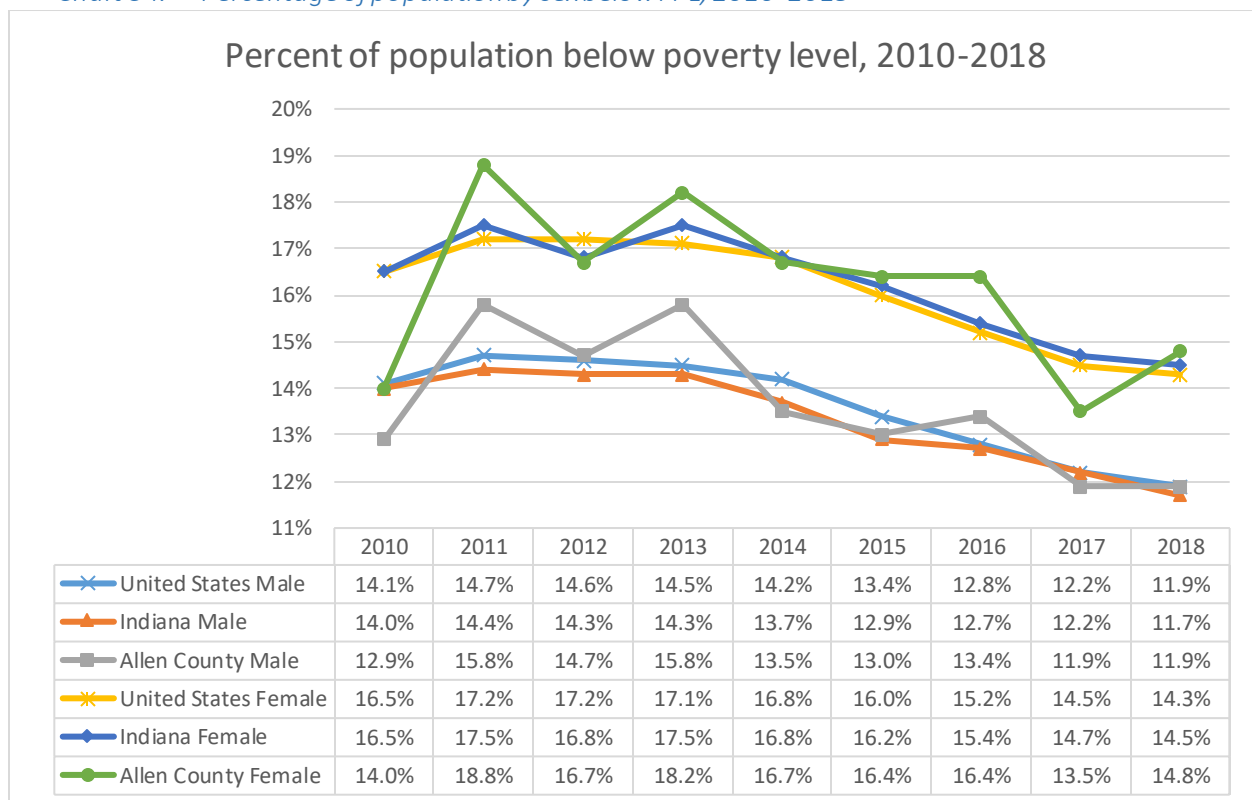
Family size	100%	150%	200%	400%
One person (unrelated individual):				
Under age 65	\$12,784	\$20,199	\$25,568	\$51,136
Aged 65 and older	\$13,064	\$20,641	\$26,128	\$52,256
	\$12,043	\$19,028	\$24,086	\$48,172

Two people:	\$16,247	\$25,670	\$32,494	\$64,988
Householder under age 65	\$16,889	\$26,685	\$33,778	\$67,556
Householder aged 65 and older	\$15,193	\$24,005	\$30,386	\$60,772
Three people	\$19,985	\$31,576	\$39,970	\$79,940
Four people	\$25,701	\$40,608	\$51,402	\$102,804
Five people	\$30,459	\$48,125	\$60,918	\$121,836
Six people	\$34,533	\$54,562	\$69,066	\$138,132
Seven people	\$39,194	\$61,927	\$78,388	\$156,776
Eight people	\$43,602	\$68,891	\$87,204	\$174,408
Nine people or more	\$51,393	\$81,201	\$102,786	\$205,572

Source: U.S. Census Bureau with larger sizes calculated by CRI

As shown in Chart 54, the share of people below FPL for both sexes trended downward from 2010 to 2018, likely reflecting as much an improved economy from the tail-end of the Great Recession to full employment in the mid- to late-2010s than any other policy change. Additionally, females, which includes girls and women, have a persistently higher share of the population below poverty.

Chart 54: Percentage of population by sex below FPL, 2010-2018



Source: U.S. Census Bureau Table S1701

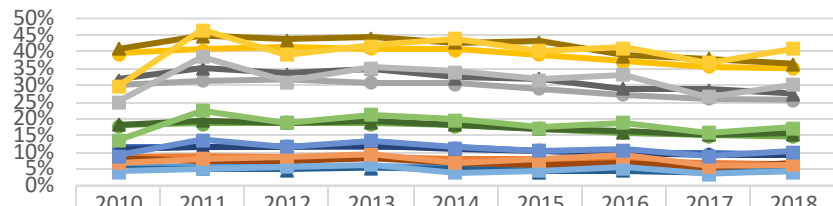
Since poverty is a household measure calculated using the above thresholds, either all or none of the members of a household are below the FPL.

This next chart showing poverty status by family type is difficult to read, but the table below is key in understanding how poverty disproportionately affects family types. For example, in 2018, 10.2% of all

families in Allen County lived below FPL, which included married couples without children or married couples with adult children living at home. In contrast, 40.9% of single mothers with children under 18 lived below the FPL that year.

Chart 55: Poverty status by family type, 2010-2018

Share of family type below federal poverty level, 2010-2018



	2010	2011	2012	2013	2014	2015	2016	2017	2018
United States Married-couple families	5.6%	5.8%	5.8%	5.8%	5.6%	5.2%	5.10%	4.80%	4.70%
United States Married-couple families with related children under 18 years	8.4%	8.8%	8.7%	8.5%	8.2%	7.7%	7.10%	6.60%	6.40%
United States Female householder, no husband present	30.3%	31.4%	31.8%	30.9%	30.5%	29.0%	27.30%	26.20%	25.70%
United States Female householder, no husband present with related children under 18 years	39.6%	40.8%	41.5%	41.0%	40.6%	39.2%	37.00%	35.70%	35.10%
United States All families	11.3%	11.7%	11.8%	11.6%	11.3%	10.6%	10.00%	9.50%	9.30%
United States All families with related children under 18 years	17.9%	18.6%	18.8%	18.5%	18.0%	17.1%	15.90%	15.00%	14.70%
Indiana Married-couple families	5.2%	5.0%	4.9%	5.4%	4.7%	4.3%	4.50%	3.90%	4.40%
Indiana Married-couple families with related children under 18 years	8.2%	7.5%	7.6%	8.2%	7.0%	6.4%	6.90%	5.40%	6.50%
Indiana Female householder, no husband present	31.7%	35.2%	33.7%	35.0%	32.3%	32.2%	29.20%	28.80%	27.60%
Indiana Female householder, no husband present with related children under 18 years	41.1%	44.9%	43.8%	44.4%	42.7%	43.2%	39.00%	38.00%	36.50%
Indiana All families	11.0%	11.7%	11.3%	11.9%	10.9%	10.2%	9.60%	9.20%	9.30%
Indiana All families with related children under 18 years	18.2%	19.4%	18.8%	19.3%	18.2%	17.2%	16.30%	15.20%	15.50%
Allen County, Indiana Married-couple families	4.2%	5.2%	5.6%	6.2%	3.8%	4.5%	5.30%	3.60%	4.20%
Allen County, Indiana Married-couple families with related children under 18 years	7.0%	8.2%	8.8%	9.4%	7.0%	7.9%	9.00%	6.00%	6.30%
Allen County, Indiana Female householder, no husband present	25.2%	38.5%	31.1%	35.4%	34.3%	31.8%	33.20%	26.60%	30.30%
Allen County, Indiana Female householder, no husband present with related children under 18 years	29.8%	46.7%	39.3%	41.8%	43.9%	40.3%	41.30%	36.80%	40.90%
Allen County, Indiana All families	9.0%	13.8%	11.8%	13.4%	11.4%	10.6%	10.90%	8.90%	10.20%
Allen County, Indiana All families with related children under 18 years	13.6%	22.4%	18.8%	21.3%	19.9%	17.3%	18.80%	15.90%	17.40%

Source: U.S. Census Bureau Table S1702

Educational attainment

Women tend to be more educated than men, as measured by educational attainment in all three geographies evaluated.

The U.S. Census Bureau classifies educational attainment in four categories for this measure for people 25 years and older:

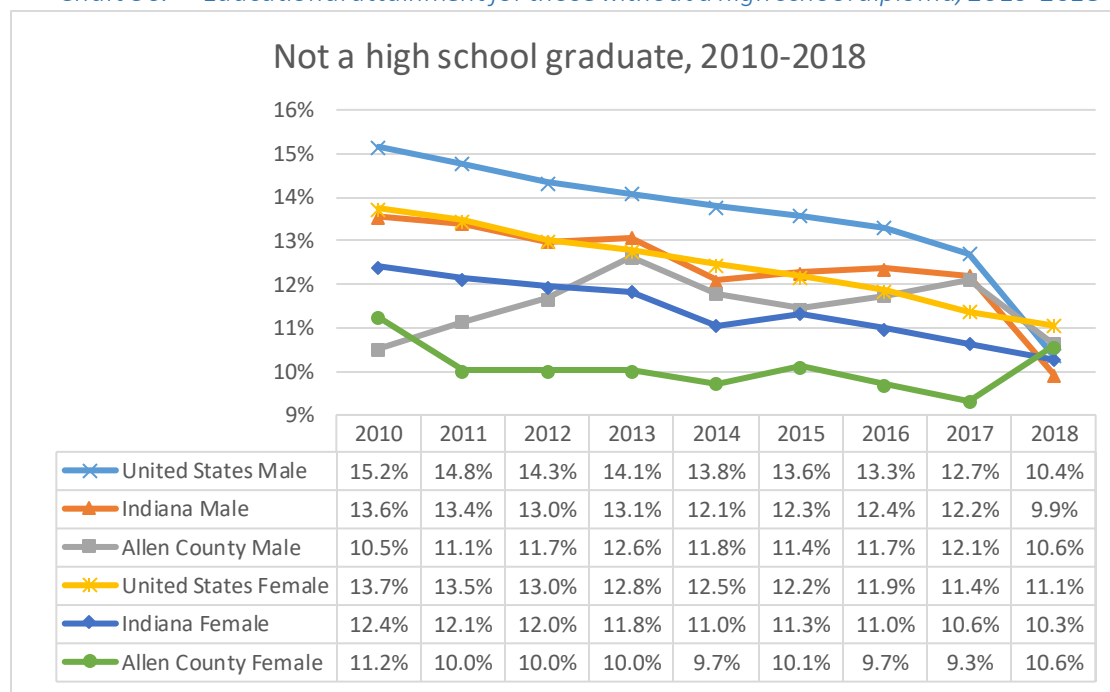
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or above

It does not track certificates or other non-degree credentials.

Some trends observed in the following charts:

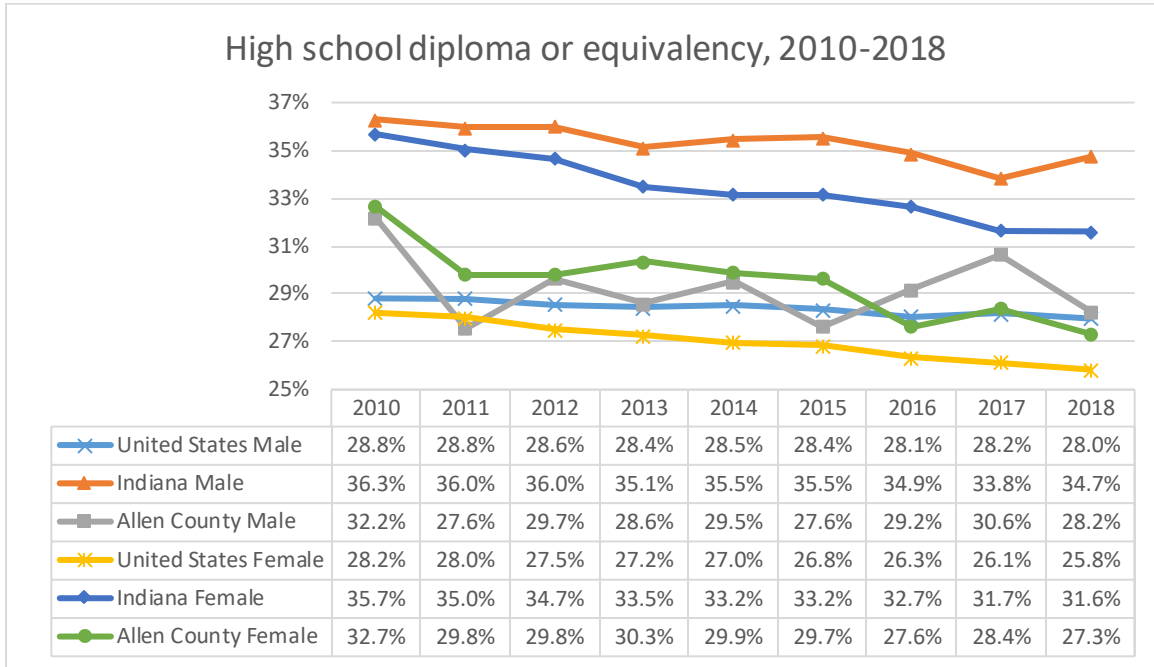
- While the share of people without a high school diploma has gone down for the state and nation during this time, Allen County has stayed relatively flat.
- Those with a high school diploma or equivalency has gone down, likely as a result of more people attending or completing college
- Allen County women consistently outperform their peers in attending some college or earning their associate's degree
- Save Allen County men, who have remained about the same, there is a general upward trend for the share of people with a bachelor's degree or higher

Chart 56: Educational attainment for those without a high school diploma, 2010-2018



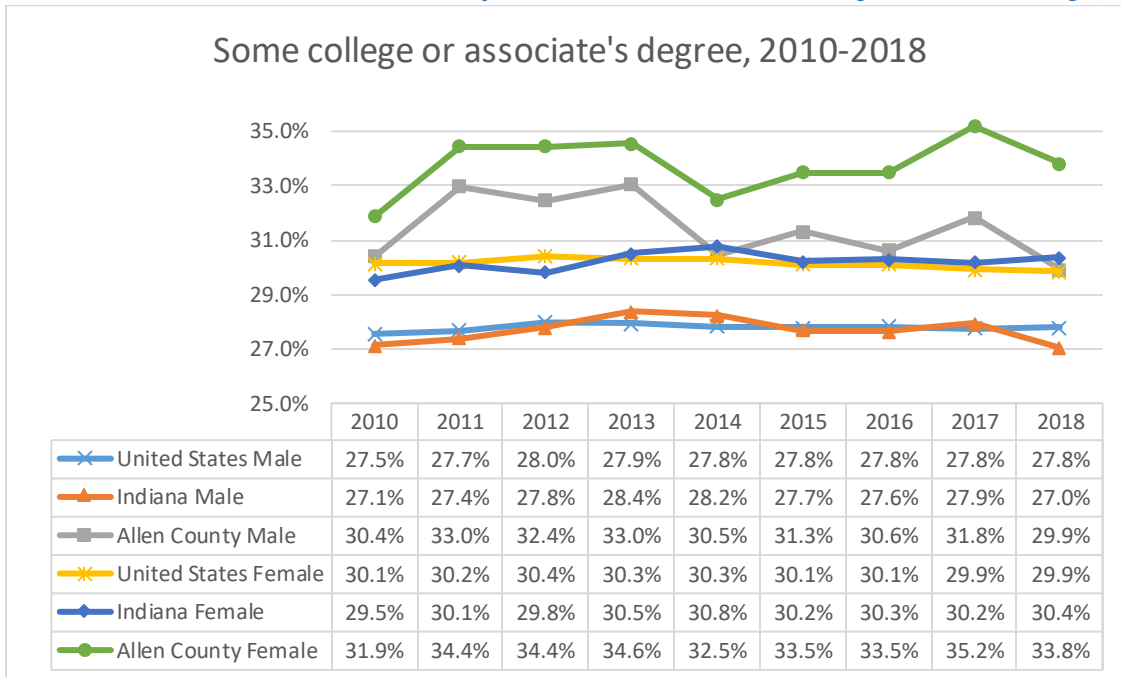
Source: U.S. Census Bureau Table B15002

Chart 57: Educational attainment for those with a high school diploma or equivalency, 2010-2018



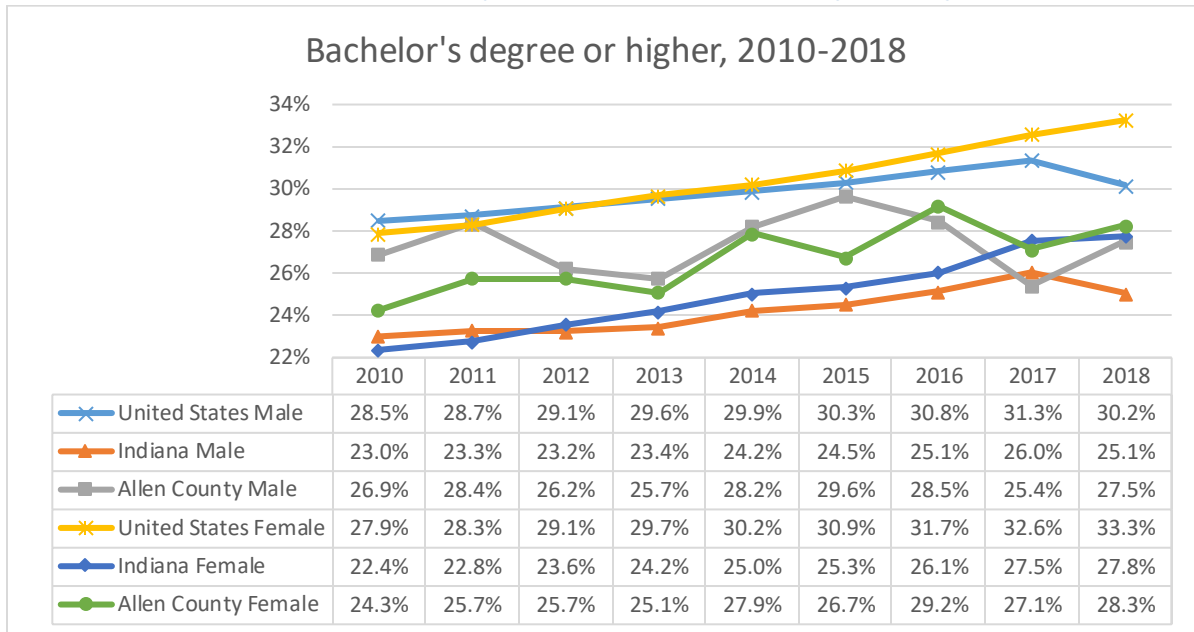
Source: U.S. Census Bureau Table B15002

Chart 58: Educational attainment for those with an associate's degree or some college, 2010-2018



Source: U.S. Census Bureau Table B15002

Chart 59: Educational attainment for those with a bachelor's degree or higher, 2010-2018



Source: U.S. Census Bureau Table B15002

Median earnings by educational attainment

To demonstrate how education affects earnings, the median earnings by educational attainment is helpful. CRI adjusted these totals to account for inflation, using 2018 dollars, so direct comparisons can be made across years. This classification does not separate out full- and part-time employees.

In addition to the inflation-adjusted earnings, CRI compared 2018 to 2010 by dollar and percentage, and then also women's median for 2018 to men's for the same geography. Unfortunately Allen County's buying power has been eroded over time for most but not all people as shown below.

Table 4: Median earnings by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$38,432	\$38,417	\$38,525	\$38,434	\$38,359	\$39,068	\$39,598	\$41,046	\$40,867
	Indiana	\$36,209	\$36,040	\$35,227	\$35,222	\$35,541	\$37,487	\$37,846	\$38,373	\$38,825
	Allen County	\$39,920	\$38,251	\$38,553	\$35,042	\$34,316	\$36,616	\$37,902	\$37,203	\$36,915
Male	United States	\$46,323	\$45,332	\$44,983	\$44,684	\$44,428	\$44,917	\$46,681	\$47,277	\$47,428
	Indiana	\$44,291	\$43,973	\$44,104	\$44,069	\$43,501	\$44,464	\$44,406	\$47,341	\$46,545
	Allen County	\$46,796	\$45,389	\$46,005	\$44,624	\$43,261	\$42,783	\$44,707	\$46,534	\$45,917
Female	United States	\$32,812	\$32,596	\$32,546	\$32,602	\$32,423	\$32,933	\$33,183	\$33,476	\$34,309
	Indiana	\$29,531	\$29,842	\$28,995	\$28,955	\$29,014	\$29,966	\$31,200	\$31,545	\$31,417
	Allen County	\$33,246	\$31,647	\$31,897	\$28,156	\$29,074	\$31,166	\$31,824	\$30,854	\$30,327

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 5: Difference between 2010-2018 for all by sex

	\$ Difference from 2010 to 2018	% Difference from	2018 \$ difference from male counterpart	2018 % difference from male counterpart

2010-2018					
Total	United States	\$2,435	6.3%		
	Indiana	\$2,616	7.2%		
	All en County	-\$3,005	-7.5%		
Male	United States	\$1,105	2.4%		
	Indiana	\$2,254	5.1%		
	All en County	-\$879	-1.9%		
Female	United States	\$1,497	4.6%	-\$13,119	-27.7%
	Indiana	\$1,886	6.4%	-\$15,128	-32.5%
	All en County	-\$2,919	-8.8%	-\$15,590	-34.0%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Table 6: Median earnings for less than high school graduates by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$21,252	\$21,029	\$21,261	\$21,755	\$21,810	\$22,597	\$22,852	\$23,592	\$24,530
	Indiana	\$21,634	\$20,797	\$21,284	\$22,017	\$22,365	\$22,715	\$23,455	\$24,803	\$25,560
	All en County	\$24,156	\$19,064	\$23,433	\$20,354	\$22,565	\$23,799	\$23,480	\$25,186	\$25,906
Male	United States	\$24,684	\$24,437	\$24,342	\$24,897	\$25,513	\$26,666	\$27,147	\$27,883	\$29,267
	Indiana	\$24,649	\$24,289	\$25,711	\$27,039	\$26,519	\$28,541	\$28,027	\$30,795	\$30,960
	All en County	\$25,451	\$20,230	\$27,467	\$22,613	\$24,885	\$28,228	\$29,889	\$26,743	\$30,735
Female	United States	\$16,701	\$16,362	\$16,290	\$16,528	\$16,342	\$17,118	\$17,389	\$17,815	\$18,518
	Indiana	\$16,947	\$15,457	\$16,506	\$15,932	\$16,532	\$16,065	\$17,860	\$18,898	\$19,025
	All en County	\$22,261	\$17,705	\$13,526	\$12,597	\$19,868	\$21,230	\$18,873	\$22,609	\$22,502

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 7: Difference between 2010-2018 for less than high school graduates by sex

		\$ Difference from 2010 to 2018	% Difference from 2010-2018	2018 \$ difference from male counterpart	2018 % difference from male counterpart
Total	United States	\$3,278	15.4%		
	Indiana	\$3,926	18.1%		
	All en County	\$1,750	7.2%		
Male	United States	\$4,583	18.6%		
	Indiana	\$6,311	25.6%		
	All en County	\$5,284	20.8%		
Female	United States	\$1,817	10.9%	-\$10,749	-36.7%
	Indiana	\$2,078	12.3%	-\$11,935	-38.5%
	All en County	\$241	1.1%	-\$8,233	-26.8%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Table 8: Median earnings for high school graduates including equivalency by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$30,412	\$29,874	\$29,610	\$29,530	\$29,526	\$30,741	\$31,360	\$31,371	\$31,269

	Indiana	\$30,355	\$30,289	\$30,216	\$30,154	\$30,975	\$31,942	\$32,277	\$32,128	\$32,171
	All en County	\$33,053	\$31,636	\$32,713	\$31,425	\$27,371	\$29,716	\$32,481	\$32,614	\$30,262
Male	United States	\$36,214	\$35,503	\$35,072	\$34,780	\$34,612	\$36,537	\$36,883	\$37,015	\$36,976
	Indiana	\$37,110	\$37,046	\$37,333	\$37,693	\$37,989	\$38,672	\$38,854	\$39,691	\$40,583
	All en County	\$40,185	\$39,464	\$40,085	\$38,080	\$33,935	\$35,620	\$37,996	\$38,860	\$37,744
Female	United States	\$24,731	\$24,260	\$23,841	\$23,719	\$23,392	\$23,806	\$24,078	\$24,748	\$25,022
	Indiana	\$23,948	\$23,890	\$23,704	\$23,188	\$22,981	\$23,489	\$24,038	\$23,701	\$24,692
	All en County	\$26,183	\$25,278	\$27,485	\$23,432	\$22,496	\$24,357	\$25,403	\$25,318	\$24,199

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 9: Difference between 2010-2018 for high school graduates including equivalency by sex

		\$ Difference from 2010 to 2018	% Difference from 2010-2018	2018 \$ difference from male counterpart	2018 % difference from male counterpart
Total	United States	\$857	2.8%		
	Indiana	\$1,816	6.0%		
	All en County	-\$2,791	-8.4%		
Male	United States	\$762	2.1%		
	Indiana	\$3,473	9.4%		
	All en County	-\$2,441	-6.1%		
Female	United States	\$291	1.2%	-\$11,954	-32.3%
	Indiana	\$744	3.1%	-\$15,891	-39.2%
	All en County	-\$1,984	-7.6%	-\$13,545	-35.9%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Table 10: Median earnings for some college or associate's degree by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$36,851	\$36,164	\$35,502	\$34,969	\$35,223	\$36,436	\$37,049	\$37,072	\$36,854
	Indiana	\$35,713	\$35,449	\$34,355	\$34,200	\$33,950	\$34,272	\$35,244	\$36,642	\$36,435
	All en County	\$37,408	\$36,046	\$37,506	\$34,173	\$33,915	\$33,446	\$34,879	\$35,765	\$34,080
Male	United States	\$46,081	\$45,034	\$44,516	\$43,908	\$43,690	\$44,073	\$44,023	\$44,750	\$45,255
	Indiana	\$46,275	\$44,916	\$44,644	\$44,081	\$43,292	\$44,079	\$44,147	\$47,761	\$46,125
	All en County	\$46,579	\$45,119	\$46,551	\$44,928	\$42,728	\$39,245	\$43,389	\$46,755	\$42,457
Female	United States	\$31,234	\$30,580	\$29,925	\$29,623	\$29,559	\$30,359	\$31,239	\$31,256	\$31,018
	Indiana	\$28,903	\$29,127	\$27,995	\$28,170	\$28,292	\$28,240	\$28,520	\$29,404	\$30,036
	All en County	\$31,663	\$28,387	\$30,822	\$27,237	\$28,843	\$30,102	\$29,453	\$27,709	\$27,258

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 11: Difference between 2010-2018 for some college or associate's degree by sex

	\$ Difference from 2010 to 2018	% Difference from 2010-2018	2018 \$ difference from male counterpart	2018 % difference from male counterpart

Total	United States	\$3	0.0%		
	Indiana	\$722	2.0%		
	Allen County	-\$3,328	-8.9%		
Male	United States	-\$826	-1.8%		
	Indiana	-\$150	-0.3%		
	Allen County	-\$4,122	-8.9%		
Female	United States	-\$216	-0.7%	-\$14,237	-31.5%
	Indiana	\$1,133	3.9%	-\$16,089	-34.9%
	Allen County	-\$4,405	-13.9%	-\$15,199	-35.8%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Table 12: Median earnings for bachelor's degree by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$54,734	\$54,053	\$53,862	\$54,039	\$53,564	\$53,981	\$54,074	\$53,763	\$54,628
	Indiana	\$49,496	\$49,247	\$48,040	\$48,521	\$47,166	\$49,692	\$51,054	\$51,520	\$49,851
	Allen County	\$52,662	\$49,205	\$48,969	\$44,093	\$43,983	\$47,454	\$47,947	\$48,696	\$47,878
Male	United States	\$66,729	\$66,529	\$66,090	\$65,764	\$65,030	\$65,481	\$66,042	\$67,302	\$66,710
	Indiana	\$60,056	\$61,846	\$60,464	\$61,420	\$58,720	\$63,741	\$63,715	\$64,584	\$62,140
	Allen County	\$60,592	\$57,773	\$62,636	\$58,654	\$54,967	\$54,931	\$62,826	\$62,694	\$55,071
Female	United States	\$46,621	\$45,478	\$44,631	\$44,387	\$44,136	\$44,465	\$45,045	\$46,336	\$46,316
	Indiana	\$42,099	\$41,278	\$40,246	\$39,793	\$39,058	\$41,150	\$41,936	\$41,930	\$41,206
	Allen County	\$41,867	\$42,989	\$37,927	\$35,028	\$34,407	\$42,300	\$38,897	\$39,276	\$42,170

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 13: Difference between 2010-2018 for bachelor's degree by sex

		\$ Difference from 2010 to 2018	% Difference from 2010-2018	2018 \$ difference from male counterpart	2018 % difference from male counterpart
Total	United States	-\$106	-0.2%		
	Indiana	\$355	0.7%		
	Allen County	-\$4,784	-9.1%		
Male	United States	-\$19	0.0%		
	Indiana	\$2,084	3.5%		
	Allen County	-\$5,521	-9.1%		
Female	United States	-\$305	-0.7%	-\$20,394	-30.6%
	Indiana	-\$893	-2.1%	-\$20,934	-33.7%
	Allen County	\$303	0.7%	-\$12,901	-23.4%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Table 14: Median earnings for graduate or professional degree by sex (2018 \$), 2010-2018

		2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	United States	\$72,273	\$71,971	\$71,400	\$70,791	\$70,260	\$71,317	\$73,375	\$72,830	\$72,492
	Indiana	\$66,395	\$67,019	\$64,105	\$63,865	\$60,609	\$64,335	\$63,433	\$63,876	\$62,726
	Allen County	\$66,814	\$69,445	\$66,242	\$64,827	\$61,799	\$64,587	\$63,478	\$58,195	\$62,062

Male	United States	\$92,291	\$90,539	\$89,305	\$88,308	\$87,290	\$90,306	\$90,911	\$90,870	\$91,217
	Indiana	\$81,745	\$78,824	\$77,415	\$77,318	\$72,330	\$79,034	\$75,318	\$77,838	\$76,013
	Allen County	\$82,357	\$80,452	\$67,999	\$82,132	\$70,655	\$85,148	\$84,390	\$70,962	\$72,962
Female	United States	\$61,017	\$60,550	\$59,595	\$59,293	\$59,140	\$60,124	\$61,449	\$62,170	\$61,737
	Indiana	\$58,406	\$58,117	\$55,871	\$54,874	\$53,330	\$55,073	\$54,755	\$58,089	\$55,069
	Allen County	\$60,012	\$59,849	\$56,668	\$47,617	\$53,074	\$53,103	\$56,603	\$52,038	\$51,721

Source: U.S. Census Bureau Table B20004 adjusted for inflation by CRI using Census Bureau multiplier

Table 15: Difference between 2010-2018 for graduate or professional degree by sex

		\$ Difference from 2010 to 2018	% Difference from 2010- 2018	2018 \$ difference from male counterpart	2018 % difference from male counterpart
Total	United States	\$219	0.3%		
	Indiana	-\$3,669	-5.5%		
	Allen County	-\$4,752	-7.1%		
Male	United States	-\$1,074	-1.2%		
	Indiana	-\$5,732	-7.0%		
	Allen County	-\$9,395	-11.4%		
Female	United States	\$720	1.2%	-\$29,480	-32.3%
	Indiana	-\$3,337	-5.7%	-\$20,944	-27.6%
	Allen County	-\$8,291	-13.8%	-\$21,241	-29.1%

Source: Calculations by CRI using U.S. Census Bureau Table B20004, adjusted for inflation by CRI using Census Bureau multiplier

Degrees awarded at local institutions

CRI also thought it was necessary to look at the kind and numbers of bachelor's and higher degrees or postbaccalaureate or post-master's certificates awarded at local institutions of higher education based in Fort Wayne – Indiana Tech, what was at the time Indiana University-Purdue University Fort Wayne, and the University of St. Francis – and separating out science, technology, engineering and math (STEM) degrees by gender.

These show the aggregated totals from the three institutions for 2016-2017.

As shown in Table 16, women earned the majority of bachelor's and master's degrees from these three institutions. In total for everything listed, women earned 57.5% compared to men's 42.5%.

Table 16: Number of bachelor's degrees or higher and postbaccalaureate or post-master's certificates awarded in 2016-2017

Gender	Number of degrees, certificates awarded	% of total
Women		1,686
Doctor's degree - research / scholarship	5	35.7%
Doctor's degree - professional practice	10	55.6%
Bachelor's degree	1,322	57.9%
Postbaccalaureate certificates	14	53.8%

Master's degree	334	57.1%
Post-Master's certificates	1	50.0%
Men	1,244	42.5%
Doctor's degree - research / scholarship	9	64.3%
Doctor's degree - professional practice	8	44.4%
Bachelor's degree	963	42.1%
Postbaccalaureate certificates	12	46.2%
Master's degree	251	42.9%
Post-Master's certificates	1	50.0%
Grand Total	2,930	

Source: IPEDS

Splitting out the STEM degrees and postbaccalaureate certificates, the story for women flips with 29.9% of total credentials while men earned 70.1%. The only disciplines where women exceeded men were bachelor's and master's degrees in biology and the general mathematics master's degree, which had two women compared to one man.

Table 17: STEM degrees by gender, 2016-2017

Field, degree	Women	% of Total	Men	% of Total
Total	149	29.9%	349	70.1%
Computer and Information Sciences, General	3	37.5%	5	62.5%
Bachelor's degree	3	37.5%	5	62.5%
Computer Science	6	14.0%	37	86.0%
Bachelor's degree	2	7.1%	26	92.9%
Master's degree	4	26.7%	11	73.3%
Computer Graphics	1	16.7%	5	83.3%
Bachelor's degree	1	16.7%	5	83.3%
Computer Systems Networking and Telecommunications	0	0.0%	5	100.0%
Bachelor's degree	0	0.0%	5	100.0%
Computer and Information Systems Security/Information Assurance	1	33.3%	2	66.7%
Bachelor's degree	1	33.3%	2	66.7%
Web/Multimedia Management and Webmaster	1	33.3%	2	66.7%
Bachelor's degree	1	33.3%	2	66.7%
Computer/Information Technology Services Administration and Management, Other	0	0.0%	16	100.0%
Bachelor's degree	0	0.0%	16	100.0%
Computer and Information Sciences and Support Services, Other	3	20.0%	12	80.0%
Bachelor's degree	3	20.0%	12	80.0%
Engineering, General	1	9.1%	10	90.9%
Bachelor's degree	1	9.1%	10	90.9%
Bioengineering and Biomedical Engineering	2	40.0%	3	60.0%

Bachelor's degree	2	40.0%	3	60.0%
Civil Engineering, General	1	10.0%	9	90.0%
Bachelor's degree	1	10.0%	9	90.0%
Computer Engineering, General	1	9.1%	10	90.9%
Bachelor's degree	1	9.1%	10	90.9%
Computer Software Engineering	0	0.0%	8	100.0%
Bachelor's degree	0	0.0%	8	100.0%
Electrical and Electronics Engineering	3	15.8%	16	84.2%
Bachelor's degree	3	15.8%	16	84.2%
Electrical and Electronics Engineering	0	0.0%	4	100.0%
Bachelor's degree	0	0.0%	4	100.0%
Environmental/Environmental Health Engineering	0	0.0%	4	100.0%
Bachelor's degree	0	0.0%	4	100.0%
Mechanical Engineering	9	20.0%	36	80.0%
Bachelor's degree	9	20.0%	36	80.0%
Industrial Engineering	9	26.5%	25	73.5%
Bachelor's degree	9	26.5%	25	73.5%
Electrical, Electronic and Communications Engineering Technology/Technician	0	0.0%	12	100.0%
Bachelor's degree	0	0.0%	12	100.0%
Industrial Technology/Technician	0	0.0%	1	100.0%
Bachelor's degree	0	0.0%	1	100.0%
Mechanical Engineering/Mechanical Technology/Technician	2	8.0%	23	92.0%
Bachelor's degree	2	8.0%	23	92.0%
Construction Engineering Technology/Technician	3	30.0%	7	70.0%
Bachelor's degree	3	30.0%	7	70.0%
Computer Engineering Technology/Technician	0	0.0%	5	100.0%
Bachelor's degree	0	0.0%	5	100.0%
Engineering/Industrial Management	7	33.3%	14	66.7%
Bachelor's degree	7	33.3%	14	66.7%
Biology/Biological Sciences, General	72	63.7%	41	36.3%
Bachelor's degree	60	63.8%	34	36.2%
Master's degree	12	63.2%	7	36.8%
Mathematics, General	11	40.7%	16	59.3%
Bachelor's degree	7	35.0%	13	65.0%
Postbaccalaureate certificates	2	50.0%	2	50.0%
Master's degree	2	66.7%	1	33.3%
Chemistry, General	6	42.9%	8	57.1%
Bachelor's degree	6	42.9%	8	57.1%
Geology/Earth Science, General	4	50.0%	4	50.0%
Bachelor's degree	4	50.0%	4	50.0%
Physics, General	3	25.0%	9	75.0%

Bachelor's degree	3	25.0%	9	75.0%
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Source: IPEDS

Since STEM occupations often have above-average wages, getting more women into these areas can shrink the earnings gap highlighted earlier in this report.

Qualitative information

Non-traditional or male-dominated occupations, especially in manufacturing or construction, offer above-average wages, but it can be difficult to engage women in these career paths. Sometimes this is because of the associated stereotypes or the schedules that do not offer sufficient flexibility, such as shifts that start before the availability of childcare, according to the education, employment, and training subject matter experts CRI spoke with.

Northeast Indiana Works saw some manufacturing employers outside Allen County last year offering more flexible schedules or weekend shifts to engage working mothers when the job market was so tight.¹⁵

The effort to engage women in non-traditional careers starts while girls are in high school. As noted as a Bright Spot, the Non-Traditional Employment for Women (N.E.W.) workshop showcases technical and professional careers to high school sophomore girls. Additionally Fort Wayne Community Schools' Career Academy at Anthis works with N.E.W.¹⁶

The Career Academy works with middle school girls, including hands-on programs at Big Brothers Big Sisters, to consider these technical career paths and makes sure to include pictures of girls in their marketing materials for these programs.¹⁷

Girls' enrollment at the Career Center, excluding cosmetology, culinary arts, and healthcare was nine for 2015-2016, 36 for 2016-2017 and 2018-2019, and 66 for 2019-2020.¹⁸ According to Vice Principal Mary McCardle, construction and welding are popular for girls, and she sees opportunity for girls in the two-year precision machining program since it pairs high wages with job opportunities.¹⁹

Some of the barriers girls face for non-traditional technical careers, McCardle said, include things like a lack of transportation to internship sites, especially computer programming, since the school doesn't provide transportation, girls' caregiving responsibility of siblings, and the traditional Midwestern expectations of women's occupational choices.²⁰ Additionally, girls may find it difficult to leave friends at their home schools, although Career Center students typically spend half days at Anthis.²¹

McCardle is pleased with the success stories she sees of female Career Center graduates from these programs and noted that girls are very adaptable.²²

¹⁵ Interview with Kim Tempel, senior director of business services, and Rick Farrant, director of communications, Northeast Indiana Works, December 3, 2019.

¹⁶ Interview with Mary McCardle, vice principal, Anthis Career Academy, October 15, 2019.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

At Ivy Tech Fort Wayne, Heidi Fowler, dean of business, public affairs, and social services, speaks highly of the institution's certificate programs for changing women's lives for the better.²³ Typically these are 16-credit hour programs and create "stackable" credentials.²⁴ Not only do they increase women's earning potential but they also build self-confidence, however there seems to be a perception that certificates are not female-friendly.²⁵

The average Ivy Tech student, male or female, is 27 years old and has at least two children, according to Fowler.²⁶ As of November 2019, female enrollment was slightly below half but economic downturns often prompt women to enroll at the campus.²⁷

Some of the challenges Fowler sees for women entering manufacturing is the repeated stereotypes combined with perceived physical limitations.²⁸ If manufacturing is not a good fit, logistics may offer opportunities for women.²⁹

Fowler also reviews appeals from students who become academically ineligible. For women, their challenges often center on lack of transportation and childcare and mental health difficulties.³⁰ She notes that public transportation can get students to campus for evening classes, but the Citilink routes stop at 8 p.m., leaving students without a way home.³¹ Often students use student loans to purchase cars, which brings its own set of challenges.³²

For childcare, Ivy Tech does not offer it on campus and very limited drop-in options exist locally, according to Fowler, so mothers would have to pay for a full week, regardless of how much they actually need or use. Ivy Tech students often cobble together a childcare schedule with family or a quid pro quo arrangement with neighbors.³³

While online classes appear to offer significant benefits like work from home on their schedules, the reality is more challenging. Fowler said there is often a lack of reliable high-speed internet at home but public computers at the library are not an option because specific software is required for online classes.³⁴ She sees students attempting to do coursework on their phones.³⁵

Returning to school and breaking down the programs into smaller pieces can be life-changing for women, Fowler said. She has seen the self-confidence women build in just a few classes to encourage

²³ Interview with Heidi Fowler, dean of business, public affairs, and social services, Ivy Tech Fort Wayne, November 4, 2019.

²⁴ Ibid. See <https://www.luminafoundation.org/files/resources/report-on-phase-i-study-embedding-industry-professional-certifications-within-higher-education-january-2017.pdf> for more information about stackable credentials.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

them to leave situations with domestic violence.³⁶ Ultimately it exposes students to people who can help them and improve their lives going forward.³⁷

Tammy Crane, the founder and executive director of the faith-based, evangelical Four:10 Ministries, works with women who dance at local adult entertainment establishments. She and other women from local churches enter the clubs weekly without judgment to build connections and relationships with a trauma-informed approach.³⁸

Crane said most of these women started dancing in the clubs at age 18 or 19 with a history of sexual abuse and many are mothers.³⁹ Dancers earn their money via tips, and some have substance use problems, making it difficult for them to pass a pre-employment drug screen.⁴⁰

Crane said the majority of dancers she sees don't want to be there but often feel trapped in this pattern, especially since the money can be pretty good and the clubs offer significant schedule flexibility, unlike an office or factory setting.⁴¹ She said ultimately these women have a negative self-worth, i.e. "this is all I am good for."⁴²

The systems have failed these women, according to Crane, so she looks to surround them with healthy women. Ultimately, people don't understand how strong these women are, Crane said, considering the difficulties they face in their daily lives.⁴³ Her agency works with them to find faith, start the healing process, and connect to social services.⁴⁴

Vincent Village serves homeless families with about 84% being female heads of household through a transitional shelter and other housing programs. According to Sarah Neace, director of agency advancement, said it may take women and their families three to five years to financially stabilize and be self-sufficient.⁴⁵

Working with other social service providers like Blue Jacket and Lutheran Social Services of Indiana, the agency looks to help women get to a living wage, but sees a disconnect between current wages and cost of housing.⁴⁶ Additionally women also face difficulties securing appropriate childcare, like finding care near where they live or work or locations that accept children during non-traditional hours.⁴⁷

³⁶ Ibid.

³⁷ Ibid.

³⁸ Interview with Tammy Crane, founder and director, Four:10 Ministries, November 8, 2019.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Phone interview with Sarah Neace, director of agency advancement, Vincent Village, October 23, 2019.

⁴⁶ Ibid.

⁴⁷ Ibid. Hours of local childcare facilities are discussed in detail in the caregiving section of this report.

Neace said women desire self-sufficiency, wanting to work and not living off the system, but structural barriers exist.⁴⁸ For example, there isn't much schedule flexibility for hourly workers, with fast-food restaurants having a particularly difficult schedule.⁴⁹ It is also difficult to find jobs on bus lines.⁵⁰

Serving more than 2,000 single-mother families, George Guy, CEO and director of the Fort Wayne Housing Authority (FWHA), also sees FWHA clients struggle with jobs that pay low wages.⁵¹ Ultimately he would like to see use of FWHA programs as a stop-over, not a way of life, but that requires breaking the cycle of poverty and increasing the social and geographic mobility of FWHA clients.⁵²

Women from multicultural households with immigrants and refugees often face a multiplicity of challenges as it relates to employment, according to the staff at Amani Family Services.⁵³ Difficulties include cultural dynamics that value traditional gender roles for women.⁵⁴ This includes women's own guilt for leaving their families to work or criticism from others about these choices.⁵⁵ Additionally women who are immigrants or refugees may not have legal immigration status, making it difficult to find traditional, legal employment, not to mention language barriers for those who do not speak English.⁵⁶

Switching gears to entrepreneurship, Andie Hines-Lagemann works with female entrepreneurs as part of Own Your Success (OYS) and her new consulting firm Tidewater Coaching. She sees women starting their businesses out of need, including divorce, job loss, and illness, while men often start their companies for more positive reasons.⁵⁷

She said these women bring heart and passion to their work and appreciate the scheduling flexibility they get as a result of being self-employed, yet they are often very good at negative self-talk.⁵⁸ Additionally women's businesses are often perceived as a hobby, not as a real commercial venture.⁵⁹ Hines-Lagemann sees a gap in business services for entrepreneurs, specifically attorneys and accountants, at rates and fees that entrepreneurs can afford.⁶⁰

Pre-coronavirus trends that she has seen with female are:

- Women who start businesses tend to be solopreneurs or have fewer than five employees
- Service-based businesses with an emphasis on lifestyle, retail, or food

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Interview with George Guy, chief executive officer and director, Fort Wayne Housing Authority, October 16, 2019.

⁵² Ibid.

⁵³ Interview with Ewelina Connelly, Clinical Director; Shannon Norris, Victim Care Manager; Josefina Cervantes, Substance Use Manager; and Kristy Lindeman, Community Support Program Manager of Amani Family Services, December 18, 2019.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Interview with Andie Hines-Lagemann, founder of Own Your Success, November 6, 2019.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

- Most are doing business locally⁶¹

Some of the things holding female entrepreneurs back, according to Hines-Lagemann, include:

- Not knowing where to find information and resources, often unsure where to start or where to go
- Health insurance coverage, especially for single mothers, but she encourages them to look to the insurance marketplace
- Income stability, which is typical for a start-up or small business
- Difficulty securing start-up funding and often relying on family and friends
- Lack of entrepreneurial role models and emotional support since the entrepreneurial community can feel male-dominated⁶²

In contrast, Hines-Lagemann is pleased at the mentorship and support among OYS members.⁶³

Ultimately, she would like the public to know that female entrepreneurs exist and ask that they be taken seriously as business owners – these are real commercial ventures – while offering assistance and support, including buying from woman-owned businesses.⁶⁴

Ultimately employment and the training necessary to support living-wage employment solves the basic needs for women and their families. As Brightpoint president and CEO Steve Hoffman notes, income from employment solves the six basic needs: housing, food, childcare, transportation, healthcare, and utilities.⁶⁵ Housing and transportation and likely childcare are not an issue when women make enough money.⁶⁶

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Interview with Steve Hoffman, president and chief executive officer, Brightpoint, October 21, 2019.

⁶⁶ Ibid.

Personal Safety

Bright spot: Fort Wayne Police Department Victim Assistance

Women and girls or their family members living in Allen County who have been victimized by criminal activity can receive crime-victim services from the Fort Wayne Police Department's Victim Assistance Office. In 2018, the office served 5,513 female clients, and served 7,206 clients of all genders in 2019.

Through paid staff and volunteers, Victim Assistance helps adults and children who have experienced domestic violence, sexual assault, physical or sexual abuse, battery, robbery, stalking, and other crimes. It also works with families of those killed by homicide. The majority of their cases are domestic violence, typically involving intimate partners or family members, according to Director Jessica Crozier.

Victim advocates work with clients to evaluate the trauma – physical and emotional – resulting from the crime, refer clients to appropriate agencies and services, and then guide, assist, and potentially advocate for the client while dealing with the criminal justice system including any court hearings or trials, which doesn't always offer a victim-friendly structure.

Founded in 1981, the office has 12 employees with nine to 10 who handle cases. Since this is a police-based system instead of being housed with the prosecutor, they receive the cases early in the process. Victim Assistance receives referrals from law enforcement, prosecutor's office, social service agencies, and victims themselves.

In addition to victim services, Victim Assistance also does community outreach focusing on education and prevention. FWPD Victim Assistance has walk-in services available from 7:30 a.m. to 4:30 p.m. weekdays at the Rousseau Centre, 1 E. Main St., Fort Wayne, or by phone at (260) 427-1205. After-hours services are available at (260) 427-1222. For more information about Victim Assistance, visit <http://www.fwpd.org/divisions/victims-assistance>.

Bright spot: Amani Family Services' Victim Care Program

Women and girls who are immigrants, refugees or non-English speakers and experience crime are a uniquely vulnerable population, but Amani Family Services is ready to help with culturally sensitive services. The U.S. Census Bureau estimates about 12,000 foreign-born women and girls lived in Allen County in 2018.

Amani's Victim Care Program provides victim advocacy, referral services, including interpretation and translation services, to any immigrant, refugee, or non-English speaker in Allen County who is a victim of any crime. Authorities often lean on children or other family members to interpret at the scene instead of engaging a trained interpreter, which can compound trauma for the child or family member and jeopardize everyone's safety.

Victimized women and girls can find themselves socially and culturally isolated after crime, especially if they knew the perpetrator. For those leaving a domestic violence situation, victims may be in an especially financially precarious position if they were not working, and those difficulties can be compounded by their immigration status.

Using a supportive, trauma-informed approach, Victim Care Program services include:

- Language services
- Assistance with protective orders, victim compensation applications, and impact statements
- Accompanying clients to court hearings or trial
- Service referrals including shelter
- Interventions with creditors, landlords, and employers

Victim Care is just one of many services Amani provides to Fort Wayne’s multicultural community. It also offers family support services in the areas of prevention and intervention, mental health services, substance use support groups, and adjustment group.

For more information about Amani’s services, visit <http://www.amanifamilyservices.org/>, which includes an online form for Victim Care services. Applications can also be made over the phone at (260) 484-1414 or at the Amani office at 5104 N. Clinton St., Fort Wayne, during business hours.

Bright spot: Sexual Assault Treatment Center

Women and girls – as well as men and boys – who have experienced a rape or sexual assault in northeast Indiana have 24/7/365 access to a certified sexual assault nurse examiner not only to collect physical evidence but to be treated with trauma-informed care during the exam at the Fort Wayne Sexual Assault Treatment Center (SATC), located at 1420 Kerrway Ct.

Founded in 1996, SATC is a freestanding center, rather than being housed within a hospital emergency department, that uses a victim-centered approach but also works to ensure the evidence is appropriately collected and preserved with the chain of custody so it can be admitted in court. The center attends to the immediate needs of the client and then makes referrals for counseling or other services.

Victims have up to five days after the event to come in for the examination, although more evidence is usually available in closer proximity to the assault. The center serves children, adults, and deceased victims. Sometimes law enforcement will reach out to the center on behalf of a victim; sometimes the victim or a family member or friend contacts SATC.

Indiana law permits Jane/John Doe evidence collection with one year to decide if they would like to pursue prosecution. This enables the victim to retain control over if and how it is pursued as a criminal matter at a later date but to have evidence collected while still available.

For more information about SATC and its services, visit <https://www.fwsatc.org/>.

Personal safety introduction

If you are a woman in Allen County, you have probably been a victim of a crime. According to the Allen County Women and Girls Survey, 7 out of 10 women reported experiencing a violent or non-violent crime in their lifetimes, but 42% of women who experienced crime did not report it to police for one or more reasons, including fear of the perpetrator's response, belief that she brought the crime upon herself, or there was nothing the police could do about it.

The overwhelming majority of women –96% – take measures to protect themselves, according to the survey. More than half of respondents said they pay attention to their surroundings, keep their windows or doors at home locked at all times, avoid certain locations due to concerns about criminal activity, and adjusted their social media settings.

Additionally the vast majority of women surveyed felt physically safe all or most of the time at home or at work, while parking lots or parking garages was where they felt the most unsafe of the surveyed locations.

Subject matter experts CRI interviewed in law enforcement, victim or survivor response, and criminal behavior identified themes of power and control, vulnerability, emotional trauma and the need for trauma-informed care, structural or systemic barriers to reporting the crime, and the strength and resilience women and girls show when placed in these situations.

This section also includes select crime data from the Fort Wayne, New Haven, and Allen County police departments as well as data from the YWCA of Northeast Indiana and the National Human Trafficking Hotline.

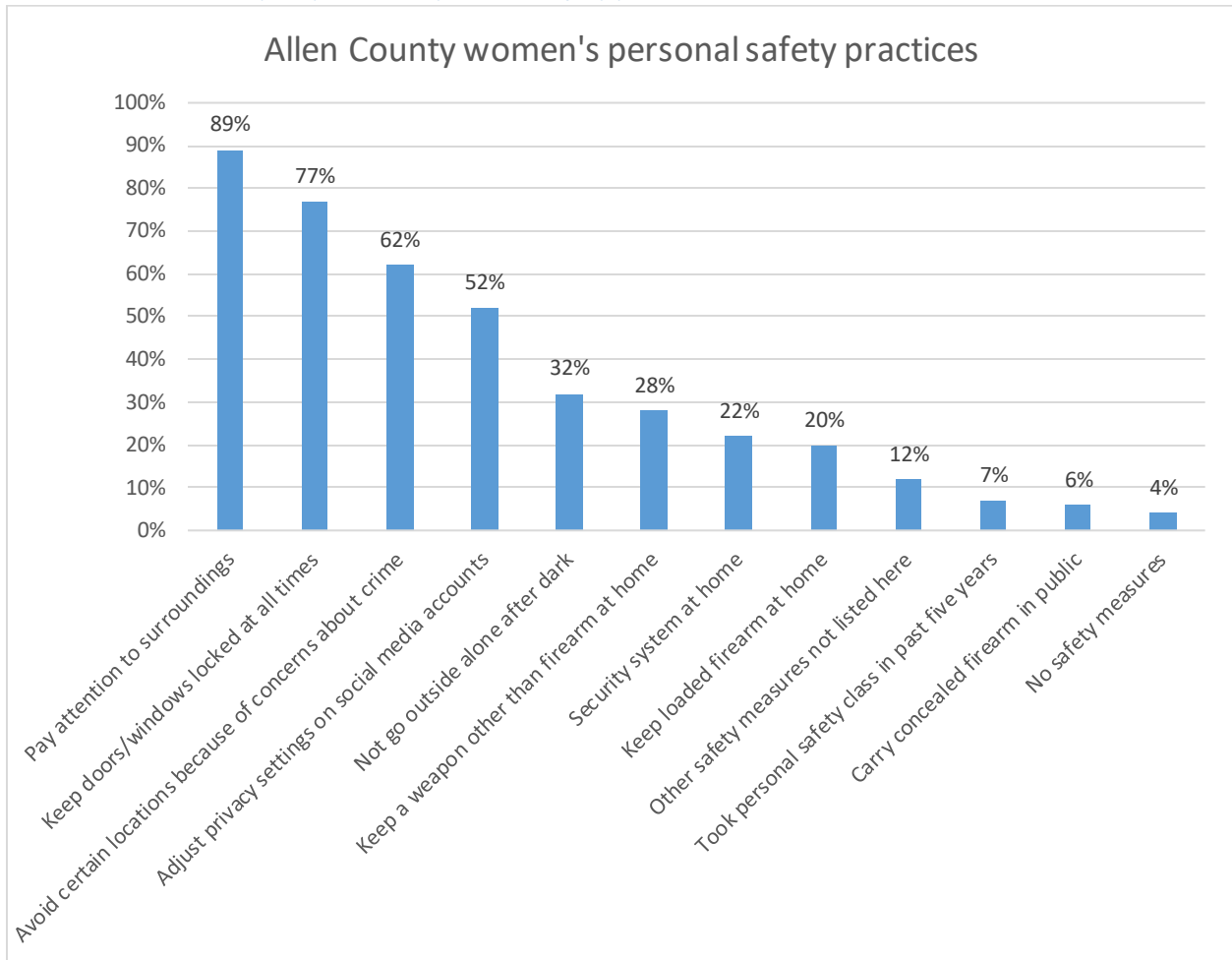
Survey responses to personal safety, crime questions

Women actively seek to protect themselves using various means

Only 4% of respondents in the Allen County Women and Girls Fund Study Survey indicated they did not employ any personal safety practices. The most common approach was paying attention to surroundings at 89%. The three other practices with more than half of respondents saying they used them were 1) keeping doors and windows at home locked at all times, 2) avoiding certain locations because of crime concerns, and 3) adjusting social media privacy settings.

Women's use of firearms as protection is not common. Only 6% said they use concealed carry, and 20% kept a loaded firearm at home for safety, as shown in the chart below.

Chart 60: Survey respondents' personal safety practices



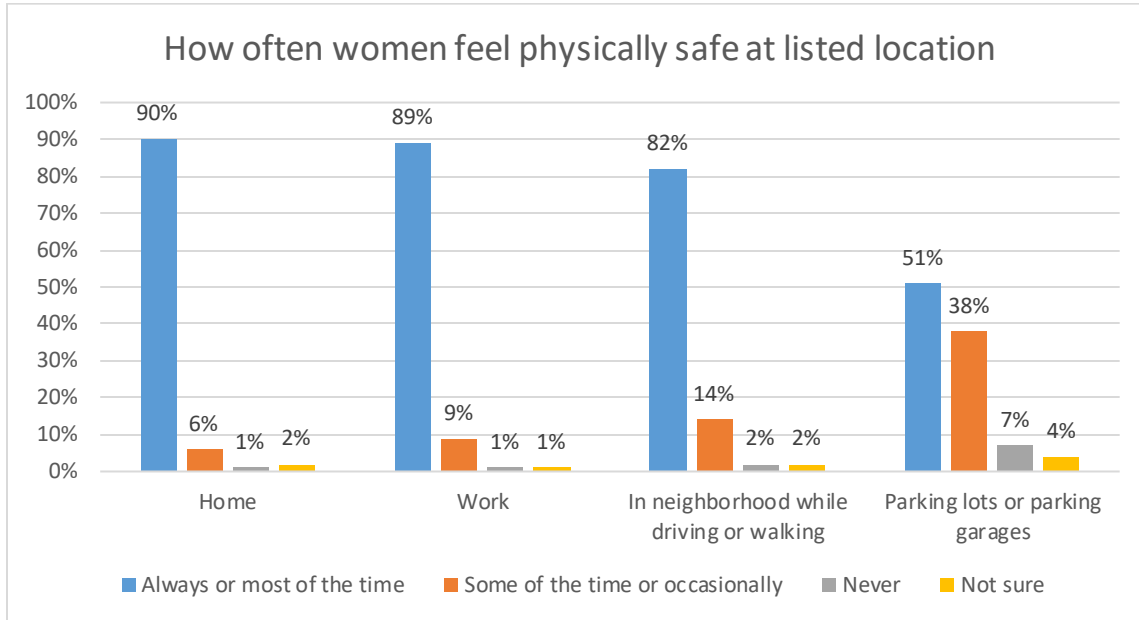
Source: Community Foundation of Greater Fort Wayne 2020 Allen County Women and Girls Fund Study Survey

Vast majority of women report feeling physically safe at home, work all or most of the time

More than half of women reported feeling physically safe at home, at work, in their neighborhood, or parking lots or parking garages all or most of the time, according to the Allen County Women and Girls Fund Study Survey, with 90% feeling that way at home and 89% at work. Just 1% of women reported never feeling safe at home or work, while 62% indicated they always felt safe at home and 45% of women who work always felt safe at work.

Parking lots and parking garages were where women felt the most unsafe with 7% indicating they never felt safe there while 38% said they felt safe in those locations only some of the time or occasionally.

Chart 61: How frequently women feel physically safe in listed locations



Source: Community Foundation of Greater Fort Wayne 2020 Allen County Women and Girls Fund Study Survey
 Note: Question about work was only asked of women who indicated earlier in the survey that they were employed.

35% report domestic violence, 30% report rape, sexual assault or sexual harassment, 38% report theft or breaking and entering

As explained in the introduction to this section, Allen County’s women are more likely than not to have experienced a violent or non-violent crime in her lifetime, based on responses to the Allen County Women and Girls Fund Study Survey.

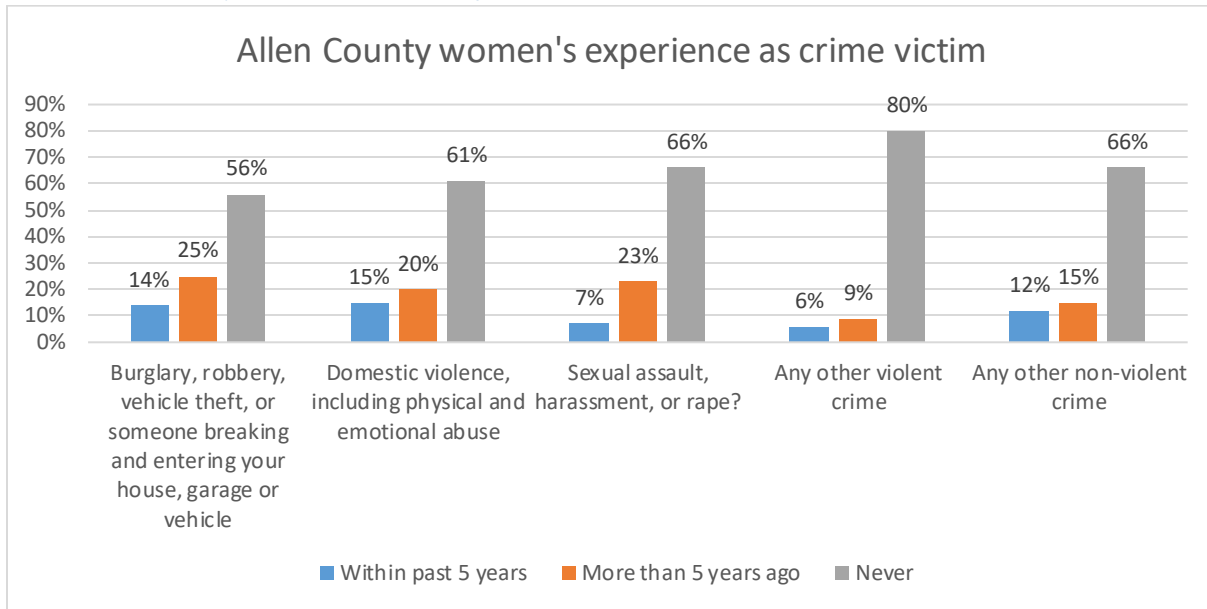
Thirty-five percent of Allen County women have experienced domestic violence, while 30% were a victim of sexual harassment, sexual assault or rape, according to the Allen County Women and Girls Fund Study Survey.

Property offenses were the most common crime with 38% reporting an experience with a burglary, robbery, vehicle theft, or someone breaking and entering the house, garage, or vehicle.

Fifteen percent had experienced a violent crime not listed above and 27% experienced a non-violent crime not listed here.

The survey also asked about the timeframe of the respective incidents, as listed on the chart below.

Chart 62: Experience as a victim of crime



Source: Community Foundation of Greater Fort Wayne 2020 Allen County Women and Girls Fund Study Survey

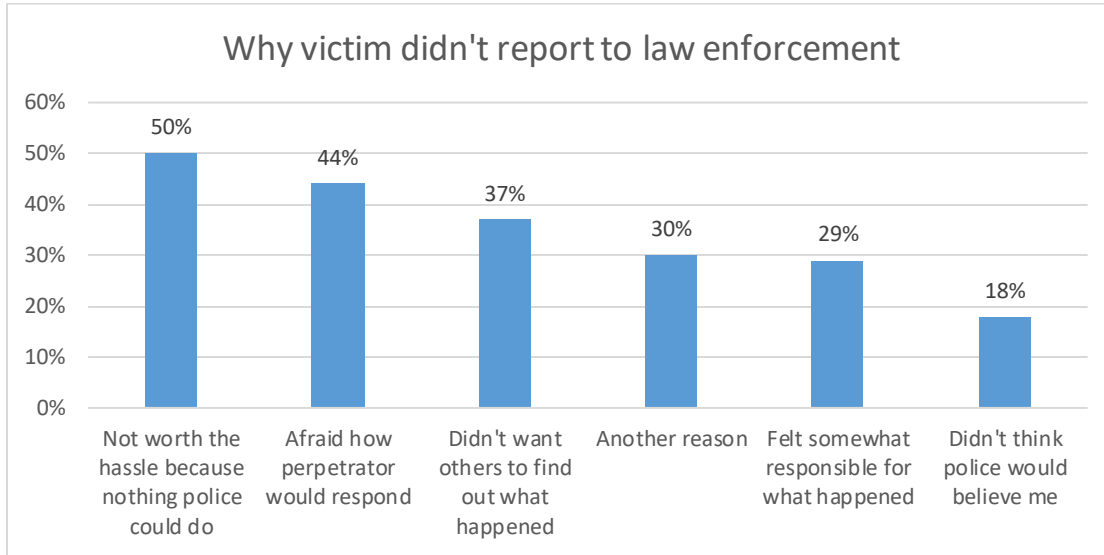
Looking at the timeframes more closely, the following percentage of women reported experiencing these crimes in the past year:

- Domestic violence: 6%
- Burglary, robbery, vehicle theft, breaking and entering house/garage/vehicle: 4%
- Rape, sexual assault, sexual harassment: 2%
- Any other violent crime: 2%
- Any other non-violent crime: 5%

42% of victims didn't report crime to law enforcement

More than 4 out of 10 women who experienced crime did not report it to law enforcement, according to the Allen County Women and Girls Fund Study Survey. The chart below indicates why they did not report.

Chart 63: Why women who experienced crime did not report to law enforcement



Source: Community Foundation of Greater Fort Wayne 2020 Allen County Women and Girls Fund Study Survey

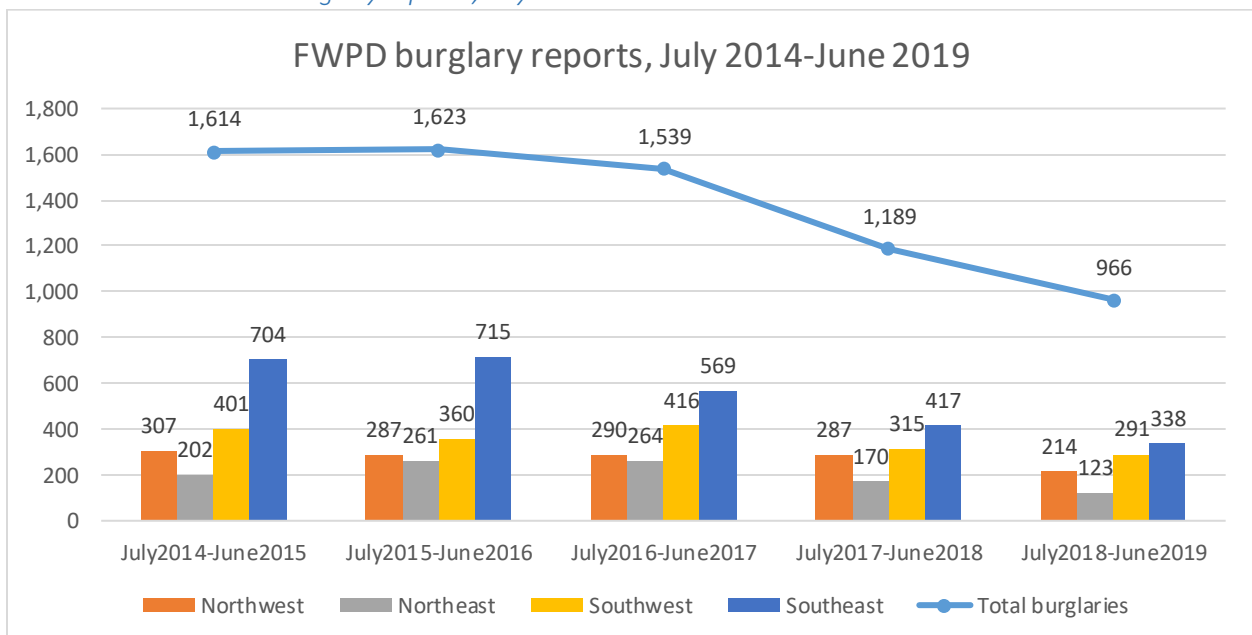
Local law enforcement data

This section looks at data from the Fort Wayne, New Haven, and Allen County police departments. Since the agencies used different time frames and represent different numbers of populations, CRI lists the data for each agency separately.

Fort Wayne burglaries going down, reports of rape increased in #MeToo era

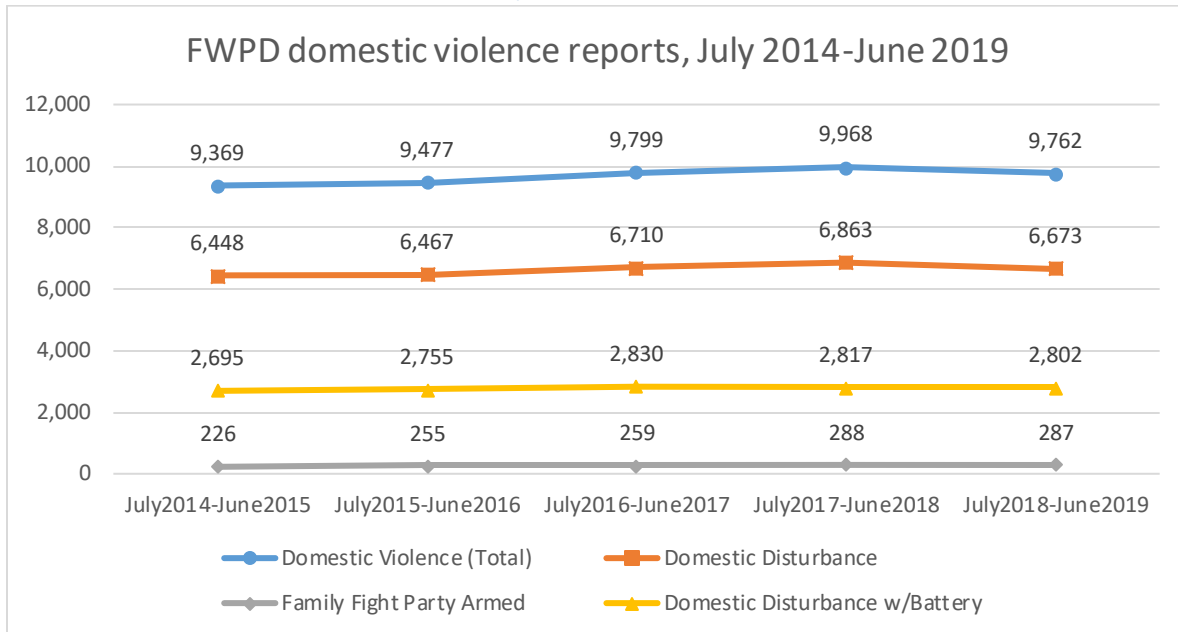
The next three charts reflect crime data about burglaries, domestic violence, and rape, sexual assault, and human trafficking from the Fort Wayne Police Department for July 2014 through June 2019.

Chart 64: FWPD burglary reports, July 2014-June 2019



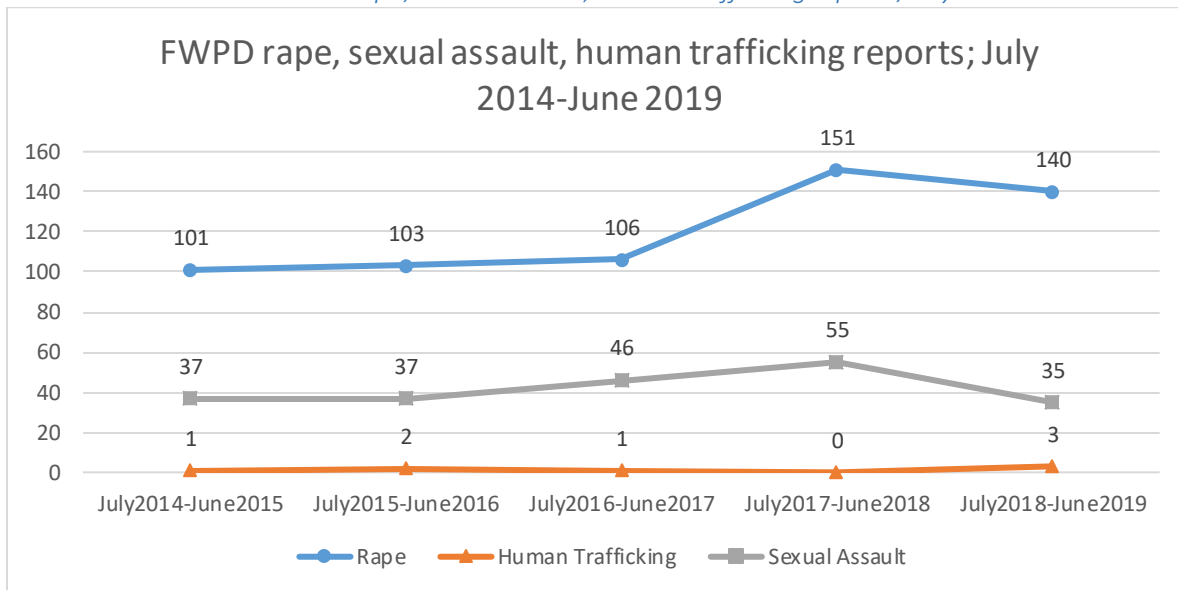
Source: Fort Wayne Police Department

Chart 65: FWPD domestic violence reports, June 2014-June 2019



Source: Fort Wayne Police Department

Chart 66: Chart FWPD rape, sexual assault, human trafficking reports, July 2014-June 2019



Source: Fort Wayne Police Department

New Haven Police see increase in reported rapes between 2017 and 2018

The New Haven Police Department's 2018 data for the Uniform Crime Report listed 13, compared to 3 in 2017. For total burglaries – no force, forcible entry, and attempted forcible entry – 35 were reported in 2018, compared to 40 in 2017.

As for domestic violence calls, there were 43 in 2016, 47 in 2017, 72 in 2018, and 64 from January 1 to October 22, 2019, according to NHPD data provided to CRI.

Allen County Police have slight bump in reported rapes between 2018 and 2019

The Allen County Police Department had 32 reported rapes in 2019, compared to 25 in 2018, according to data provided to CRI during an interview with Deputy Chief of Operations Troy Hershberger.⁶⁷ Reported burglaries went down every year from 2017 to 2019, going from 177 in 2017 to 153 in 2018 and 133 in 2019.⁶⁸ Domestic violence reports fluctuated during this time period, starting at 920 in 2017, followed by 882 in 2018, and concluding with 1,119 in 2019.

Rape or sexual assault

Sexual violence is an unfortunately common event in the lives of Allen County women. The Allen County Women and Girls Fund Study Survey found that 30% of local women have experienced rape, sexual assault, or sexual harassment at some point in their life with 2% indicating this occurred in the past year, another 2% for one to three years ago, 3% for three to five years ago, and 23% indicating it was five or more years ago.

While the local survey did not ask about the relationship between the woman and perpetrator, the 2018 U.S. Bureau of Justice Statistics' National Crime Victimization Survey found 74.1% of women and girls ages 12 and older who experienced rape or sexual assault knew their perpetrator either as an intimate partner, another relative, or well-known or casual acquaintance.⁶⁹ Local subject matter experts affirmed that local women and girls tend to know the offender too. That relationship between the woman or girl and the offender can create a challenge or outright disincentive for them reporting the crime, as observed in the Allen County Women and Girls Fund Study Survey data about why women did not report.⁷⁰

The New Haven Police Department has seen women coming in to report rapes or sexual assaults years after they occurred as part of their survivorship process, recognizing that the event may fall outside the statute of limitations or likely has no physical evidence.⁷¹

Troy Hershberger, deputy chief of operations at the Allen County Police Department, said rape or sexual assault often involves drugs or alcohol with both parties being intoxicated.⁷² He expressed concern about victims lying about the assault,⁷³ but research indicates far more events of sexual violence go unreported than victims lying or misrepresenting the rape or assault.⁷⁴

⁶⁷ Interview with Allen County Police Department Chief Deputy of Operations Troy Hershberger, January 10, 2020.

⁶⁸ Ibid.

⁶⁹ Calculations made by CRI for total share of female victims who identified that they knew the offender using NCVS data from the interactive NCVS Victimization Analysis available at <https://www.bjs.gov/index.cfm?ty=nvat>.

⁷⁰ Of women who experienced any crime but did not report the event to the police, 44% indicated they did not report because they were afraid of how the perpetrator would respond.

⁷¹ Interview with New Haven Police Chief Jeffrey McCracken and Records Administrator Christine Keener, October 23, 2019.

⁷² Hershberger Interview.

⁷³ Ibid.

⁷⁴ A 2012 publication from the National Sexual Violence Resource Center reviewed studies about false reports (where an investigation proves the event never occurred) and baseless reports (the incident does not meet the statutory definition of the crime but is presumed to be truthful) and found that between 2% to 10% of reported sexual assaults constituted false reports, while 63% of sexual assaults were never reported. "False Reporting,"

Dottie Davis, who retired from the Fort Wayne Police Department after 32 years including time as deputy chief, noted that 90% of police officers are men.⁷⁵ In turn, those officers may not be asking the right questions and in turn, re-victimizing women and girls.⁷⁶ She said the law enforcement culture needs to allow victims to report without fear of retribution of the justice system.⁷⁷

“Jane Doe” evidence collection gives women a year to report to law enforcement

Indiana law permits what is called “Jane/John Doe” physical evidence collection. This gives someone who has experienced a rape or sexual assault to have a forensic exam to collect the evidence typically only available immediately following the criminal act, and then offers the victims a year to decide if they would like to report the events to law enforcement.⁷⁸

Locally, the non-profit Sexual Assault Treatment Center performs forensic exams for adult, adolescent, and pediatric patients with sexual assault nurse examiners at their building at 1420 Kerrway Court, Fort Wayne, which serves 16 counties in northern Indiana.⁷⁹ SATC uses a freestanding location instead of operating from a hospital or other medical clinic setting, which is how many centers operate.⁸⁰ The center has six certified nurse examiners, and forensic exams are available around the clock and can be requested by law enforcement, victims, or victims’ family or friends, and performed at no cost to the patient.⁸¹ Although most exams are performed at the center, they can also be done at a hospital if necessary.⁸²

According to information provided to CRI from SATC, the center saw 352 primary patients – the person who experienced the rape or sexual assault – and 330 secondary patients – people who support the primary patient, often family members or friends – from Allen County in 2018, with 213 exams completed, which constituted 57.3% of the total exams that year. For 2019 from January to July, 232 primary patients and 183 secondary patients came from Allen County, representing 118 out of 201 exams performed during that time.

Using a trauma-informed, victim-centered approach, SATC focuses on the immediate health needs of patients for the forensic exam and to explain their options. After the exam, the center refers them to other agencies like the Fort Wayne Police Department’s Victim Assistance for ongoing services.⁸³ If there are other physical concerns from the assault, like strangulation, the patient will be referred to a physician.⁸⁴

National Sexual Violence Resource Center (2012), available at https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Overview_False-Reporting.pdf.

⁷⁵ Phone interview with Dottie Davis, October 18, 2019.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Indiana Code § 16-21-8-10(b).

⁷⁹ SATC serves Adams, Allen, DeKalb, Elkhart, Grant, Huntington, Jay, Kosciusko, LaGrange, Miami, Noble, Steuben, Wabash, Wells and Whitley counties.

⁸⁰ Interview with Leslie Cook, RN, education coordinator for Sexual Assault Treatment Center, October 30, 2019.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

The exam is physically invasive by necessity, but can be performed up to five days after the assault, according to Leslie Cook, a certified nurse examiner and the SATC’s education coordinator. Cook said many people don’t know that SATC and its services exist, but the exam can offer an opportunity for emotional healing, especially for girls and young women.⁸⁵

Domestic violence

Domestic violence can take many forms – physical, emotional, financial – but it ultimately rests with a power and control imbalance between the offender and victim. Domestic violence is often between intimate partners, i.e. spouses or romantic partners, but it can also include relationships between family members like parents and adult children.

This section emphasizes intimate partner violence between heterosexual couples with the woman being the victim and the man being the abuser. CRI acknowledges this is a hetero-normative perspective, but the experiences and data in Allen County tend to align with this dynamic. Services for domestic violence victims are not limited to women, as evidenced by the local shelter and community-based services numbers. Further research or investigation on other relationship dynamics – same-sex couples or female abuser/male victim – may be appropriate for later study.

First and foremost, parties to a domestic dispute already know each other, usually with a power disparity, thus bringing a degree of complexity to the situation, as compared to say theft from a vehicle by an unknown offender. As Jessica Crozier, director of Victim Assistance at the Fort Wayne Police Department explained, there weren’t always bad times.⁸⁶

The subject matter experts CRI spoke with noted that domestic violence occurs at all socioeconomic levels and as noted in the YWCA data that follows, all races and ethnicities.

Cycles of abuse

Domestic violence doesn’t usually start with physical abuse, according to Paula Hughes-Schuh and Jennifer Rohlf from the YWCA of Northeast Indiana. Instead it is something like constant belittling that escalates over time.⁸⁷

Abusive relationships often enter a cycle of abuse or violence in these sequential phases:⁸⁸

1. Anger and tension builds over time between the couple
2. Acute explosion or fight occurs
3. Perpetrator apologies, often claiming it will never happen again, and victim accepts, entering a “honeymoon” or reconciliation phase
4. Cycle repeats and the phases tend to shorten each time so that the relationship eventually stays in a position of tension and explosion

⁸⁵ Ibid.

⁸⁶ Interview with Jessica Crozier, director of Fort Wayne

⁸⁷ Interview with Paula Hughes-Schuh, CEO, and Jennifer Rohlf, Director of Empowerment, YWCA of Northeast Indiana, November 25, 2019. Rohlf directs the community-based services at the YWCA, where women do not live at the shelter.

⁸⁸ Lenore E. Walker, a clinical psychologist who founded the Domestic Violence Institute, Inc., is credited with creating the cycle-of-abuse model. See <https://exploringyourmind.com/lenore-walkers-cycle-abuse/>.

- a. Some models show denial as a phase, other variations place denial at the center of the cycle, regardless he makes excuses or minimizes what he did while she blames herself

The YWCA leaders interviewed for this project explained that for women to break the above cycle, they need a healthy support system – people with their best interests in mind – to build them back up and to understand that they can survive without their abuser.⁸⁹ In some cases, the YWCA may be the only support they have as they start this process. Women who are better resourced – financially, emotionally – can have a greater opportunity to leave their abusers.⁹⁰ They also noted that one third of teens are in abusive relationships, so the need for health relationships models exist, ideally at home, because these experiences shape girls’ initial relationships and can set lifelong patterns.

Abusers can also sabotage women at work by harassing them throughout the workday or other behaviors that make it difficult to maintain employment.⁹¹ Abused women may choose to leave the leave workforce as result and further their isolation and create financial dependence on the abuser.⁹² Financial control is a common experience of women who are in abusive relationships.⁹³

Law enforcement’s role

As for engagement with the police, Dottie Davis, who now works as a public safety and workplace safety consultant, said the first interaction victims have with police needs to be without shame because victims often face religious or cultural barriers in reporting.⁹⁴ She recommended arresting domestic violence offenders for a deterrent effect since 1/3 will not reoffend as a result. She does not want to see police officers being the weakest link in the system and praised Fort Wayne police officers for doing a good of establishing probable cause for arrest.⁹⁵

In New Haven, police also see women hesitant to report crimes based on their financial dependence on the offender, as well as circumstances tied to the victim including shame or embarrassment, her own substance use, and the presence of young children.⁹⁶ The agency is also seeing domestic disturbances involving parents and children and between siblings, which may be tied to substance use or mental illness.⁹⁷

Additionally, New Have Police have encounter uncooperative victims who may not trust

Chief Deputy of Operations Troy Hershberger at the Allen County Police Department noted that law enforcement is often asked to play referee during domestic disputes, making them a short-term solution to a long-term problem.⁹⁸ The agency sees people of all walks of life in these situations, but conflicts can be amplified by substance use, child custody disputes, even cold weather where people are stuck inside,

⁸⁹ Interview with Hughes-Schuh and Rohlf.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Davis interview.

⁹⁵ Ibid.

⁹⁶ McCracken and Keener interview.

⁹⁷ Ibid.

⁹⁸ Hershberger interview.

but physical evidence of battery is rare.⁹⁹ Hershberger said the system can be frustrating for the victim because due process makes it go slowly, and she needs to trust the system.¹⁰⁰

Davis recommended a more collaborative approach to align resources, including the Center for Nonviolence,¹⁰¹ and create a more structured response to both domestic violence and sexual assault, akin to the Crisis Intervention Team that responds to people in a mental health crisis.

Protection orders

Indiana courts offer civil protection orders – often called protective orders – for people at risk of domestic or family violence, sexual assault, stalking, harassment, or child sex grooming.¹⁰²

Indiana uses an electronic registry of protection orders, making them available to law enforcement within minutes of being uploaded into the system.¹⁰³ The previous system required protected parties to present the physical order for enforcement.

While these documents offer a degree of protection, they can create challenges that highlight the dynamics of people involved, according to CRI’s interviews with local law enforcement. Protected parties may want to disregard it and invite the party listed on the order back, but that requires a decision by a judge, not the protected party. In those situations, law enforcement can feel like they get caught in a back-and-forth. Additionally, parties can return to court repeatedly, requesting and ending these orders.

YWCA domestic violence services

The YWCA of Northeast Indiana offers shelter-based and community-based services to clients of all genders who are in crisis as a result of domestic violence in Allen, DeKalb, Huntington, Noble, Wells, and Whitley counties. Shelter-based services include housing at the YWCA’s location at 5920 Decatur Road, Fort Wayne. Community-based services are one-on-one services for clients who do not need housing services from the YWCA.

The following charts show the demographics of each of the programs from November 2018 to November 2019. The shelter-based program served 761 people, include the children who stayed at the shelter, unless otherwise noted. The community-based program served 335 people, and does not count other people in the household.

Of the adults served during that time, 96.4% of shelter-based clients were women while 93.4% of the community-based clients were.

Community-based shelter client demographics, November 2018-November 2019

This data reflects the 335 adults served from November 2018 to November 2019 for the YWCA’s community-based program.

⁹⁹ Ibid.

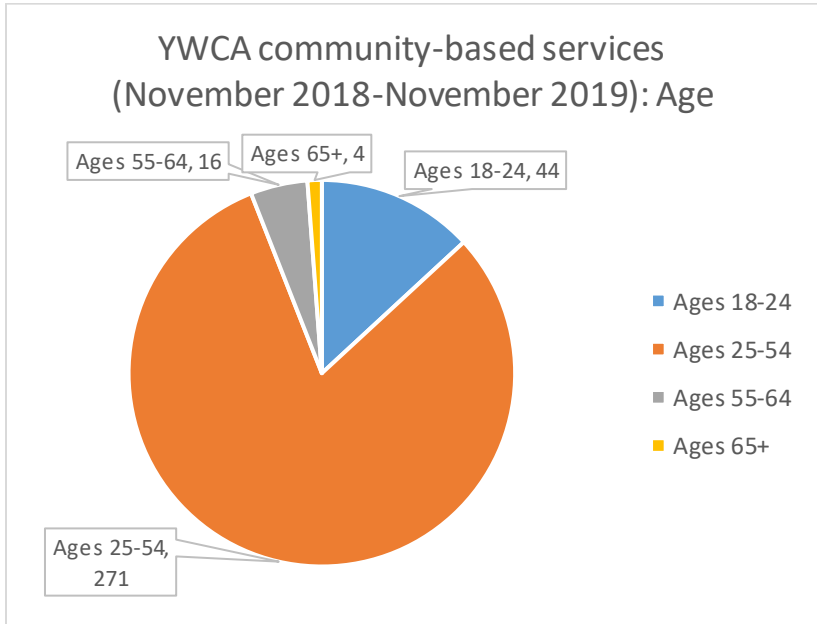
¹⁰⁰ Ibid.

¹⁰¹ Davis interview. Center for Nonviolence programs are explained later in this section.

¹⁰² Protection orders come at the request of the victim and ordered by a civil court. No contact orders are requested by prosecutors and issued by the criminal court. This section focuses on civil protection orders.

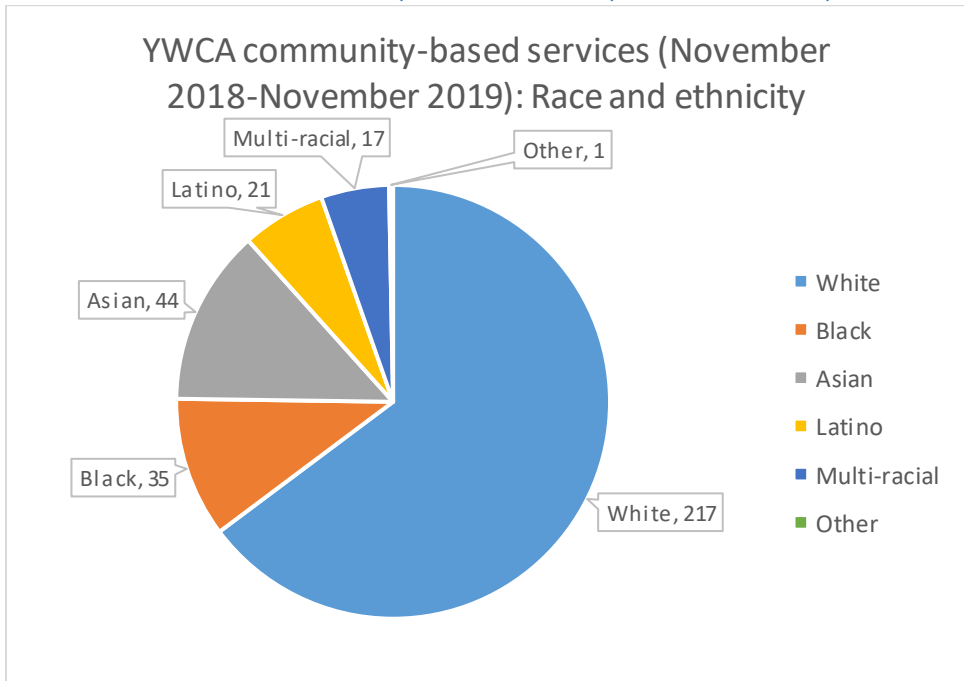
¹⁰³ <https://www.in.gov/judiciary/admin/2654.htm>

Chart 67: YWCA community-based services by age



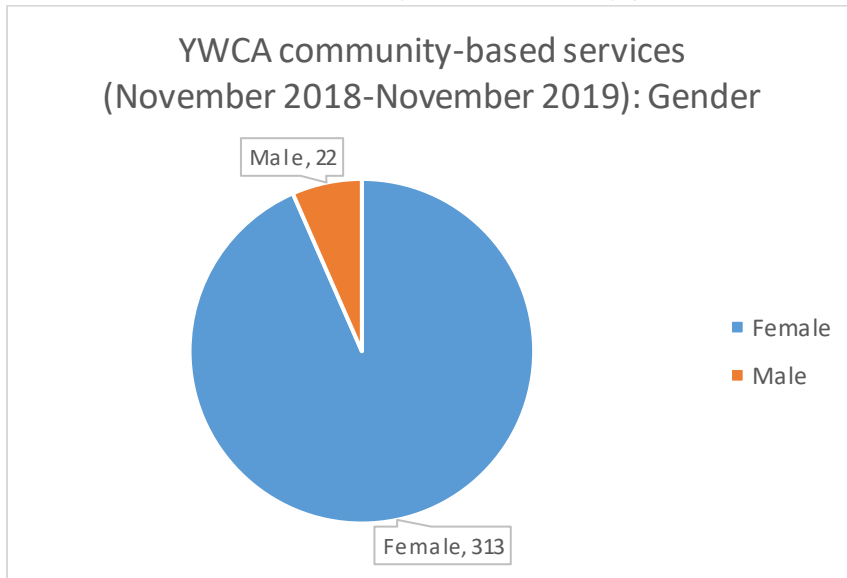
Source: YWCA of Northeast Indiana

Chart 68: YWCA community-based services by race and ethnicity



Source: YWCA of Northeast Indiana

Chart 69: YWCA community-based services by gender

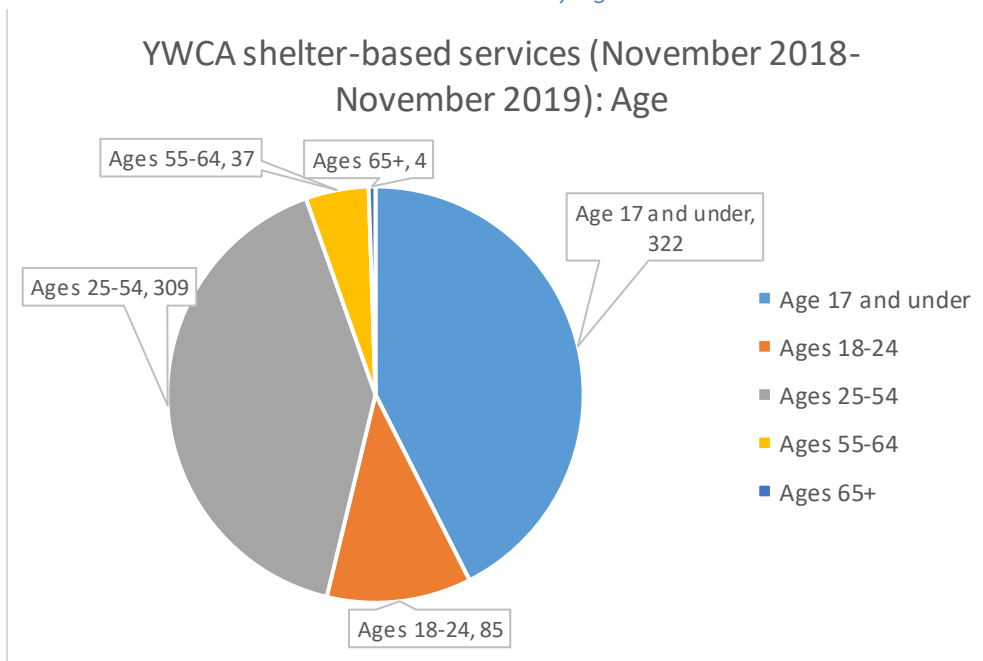


Source: YWCA of Northeast Indiana

Shelter-based shelter client demographics, November 2018-November 2019

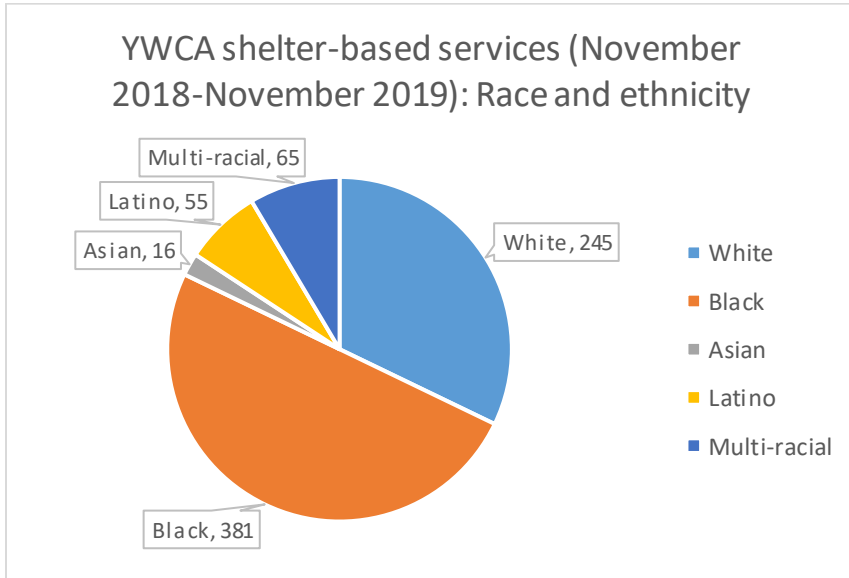
This data reflects the 761 people, include the children who stayed at the shelter unless otherwise noted, served from November 2018 to November 2019 for the YWCA’s shelter-based program.

Chart 70: YWCA shelter-based services by age



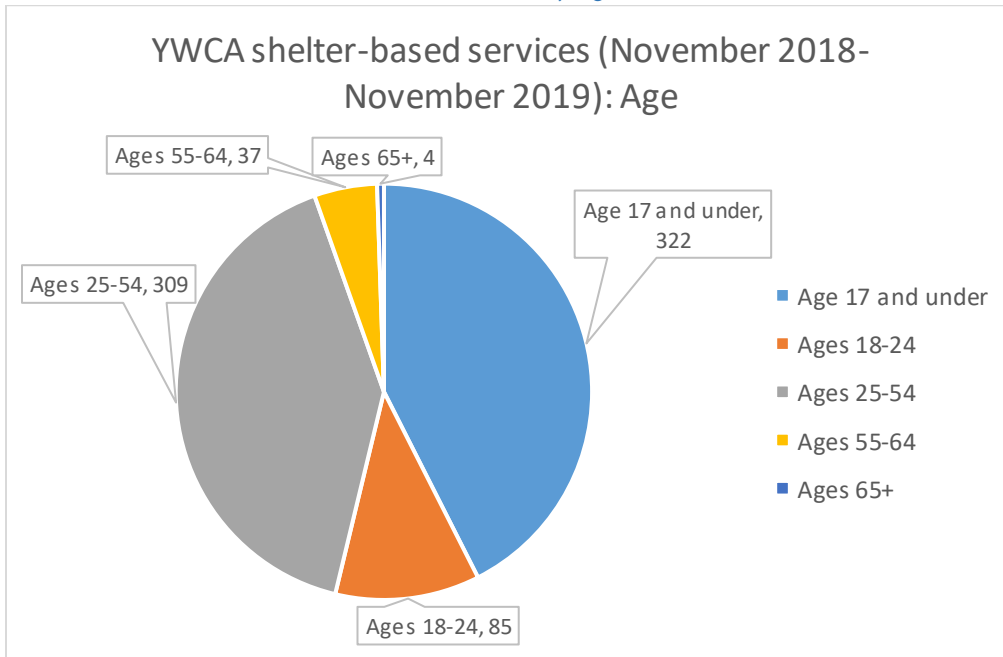
Source: YWCA of Northeast Indiana

Chart 71: YWCA shelter-based services by race and ethnicity



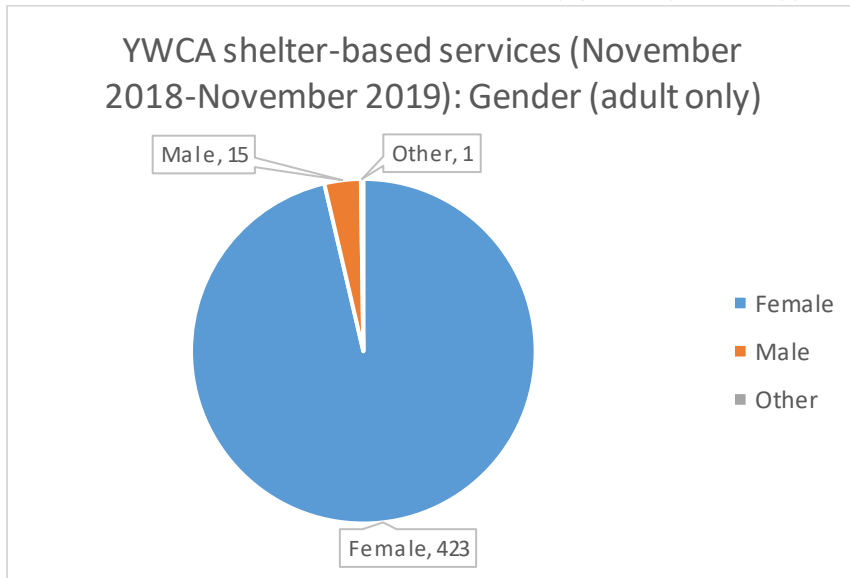
Source: YWCA of Northeast Indiana

Chart 72: YWCA shelter-based services by age



Source: YWCA of Northeast Indiana

Chart 73: YWCA shelter-based services by gender (adult only)



Source: YWCA of Northeast Indiana

Center for Nonviolence batterer intervention program

Fort Wayne’s Center for Nonviolence offers Indiana’s first men’s batterer intervention program that focuses on accountability and is the only certified program in northeast Indiana and one of only eight in the state.¹⁰⁴

Offered in both English and Spanish, the Duluth Model program consists of 29 sessions, with 26 groups and three individual meetings with center staff. Participants in the program reflect on past use of violence and abuse and include written reflections or logs, the use of role playing both to understand the victim’s experience and the practical, non-violent alternatives that could have occurred. Participants conclude the program with a “closure” letter read to the group. Participants overwhelmingly report that they can apply what they have learned in these sessions to their own lives and believe the Center for Nonviolence had a positive influence on their lives.¹⁰⁵

The center also prioritizes victim safety, including informing victims of the participant’s status within the program, with at least three contacts. Victim advocates also work with program staff to provide feedback throughout the process.¹⁰⁶

The center also offers two programs for women: a 29-week women’s violence intervention program using the Duluth model – similar to the men’s program – and a 26-week mother’s intervention program when their children have experienced domestic violence, child abuse, or neglect.¹⁰⁷

Unique considerations for immigrant, refugee populations

Allen County’s multicultural population – immigrants and refugees and their families – who experience domestic violence or other crimes have a unique dynamic within the criminal justice system’s response,

¹⁰⁴ <http://centerfornv.org/Programs.aspx>

¹⁰⁵ <http://centerfornv.org/Files/Men's%20Outcomes.pdf>

¹⁰⁶ <http://centerfornv.org/Files/MenProgramming.pdf>

¹⁰⁷ <http://centerfornv.org/Files/WomenProgramming.pdf>

for everything ranging from cultural expectations within families to immigration status to language barriers, according to staff at Amani Family Services, which serves Allen County's multicultural populations through a culturally competent and trauma-informed approach.¹⁰⁸

Women who are immigrants or refugees often come from cultures that embrace traditional gender roles with men as the financial provider and women as the nurturing caregiver.¹⁰⁹ Sometimes women do not work outside the home by choice, but other times it may be due to pressure by the spouse or partner, according to Shannon Norris, Amani's manager of the victim care program.¹¹⁰

When they arrive seeking Amani's victim services, women are often in vulnerable positions: physical, emotional, or social isolation; little to no income of their own; and language barriers when dealing with agencies and offices.¹¹¹

They often need housing, transportation, and childcare as they look to start the next chapter of their lives but local shelters may not be equipped to fully accommodate multicultural families while these women may receive criticism from their families and communities for leaving their situations, according to Josefina Cervantes, Amani's substance use manager.¹¹²

Culturally competent services in general and interpretation services specifically are needed in Allen County, according to Amani's staff.¹¹³ For example, children or other family members are re-traumatized when asked to serve as on-site interpreters, when outside or certified interpreters should be called in to preserve the appropriate family dynamic.¹¹⁴ Additionally, the woman's immigration or legal status can also factor into how she is able to navigate the system. Norris noted that women with legal status have more options than women who do not.¹¹⁵

Human trafficking

Human trafficking takes two forms: labor trafficking and sexual trafficking. Labor trafficking is the "recruitment, harboring, transportation, provision, or obtaining of a person for labor or services" for the benefit of the trafficker.¹¹⁶ Sex trafficking involves commercial sex acts performed for the benefit of trafficker.¹¹⁷ Trafficker induces these activities by force, fraud or coercion for adult victims. Force, fraud or coercion do not apply to minors.¹¹⁸

¹⁰⁸ Interview with Ewelina Connelly, Clinical Director; Shannon Norris, Victim Care Manager; Josefina Cervantes, Substance Use Manager; and Kristy Lindeman, Community Support Program Manager of Amani Family Services, December 18, 2019.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ "The 2016 Indiana State Report on Human Trafficking," Indiana Attorney General's Office, (2016), p. 5.

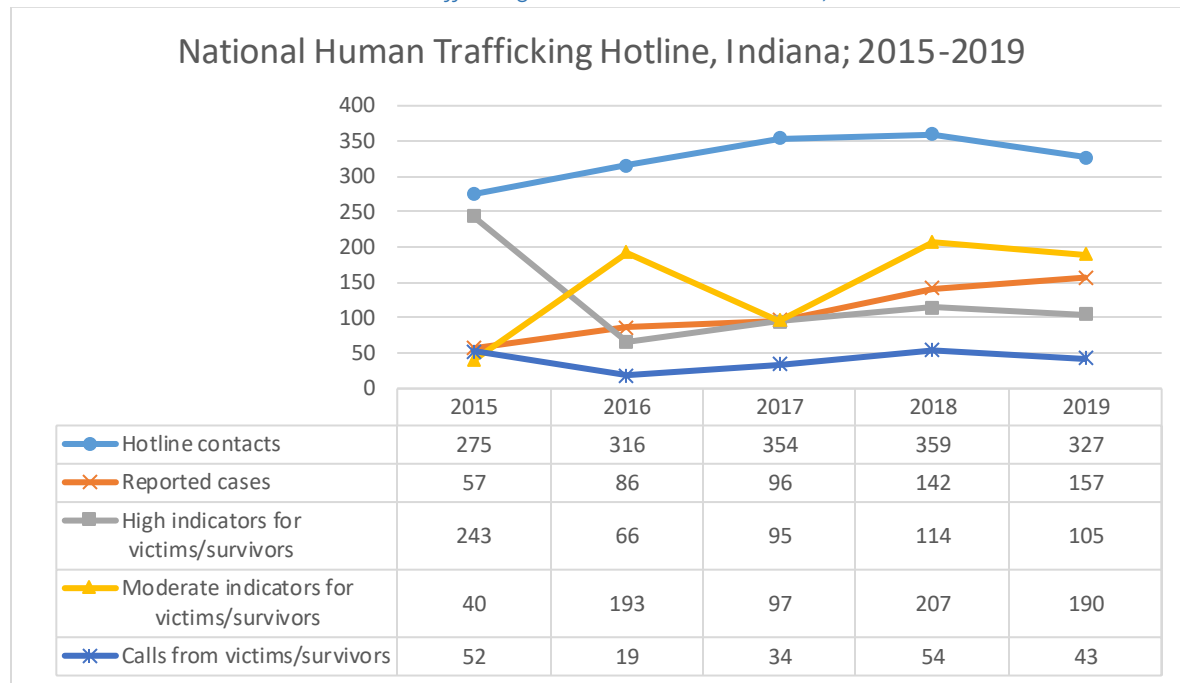
¹¹⁷ Ibid.

¹¹⁸ Ibid.

157 human trafficking cases identified in Indiana through National Human Trafficking Hotline in 2019

Since limited data exists about local human trafficking, it is useful to look at statewide information from the National Human Trafficking Hotline. The following charts use the Indiana data from 2015 to 2019, which tracks both contacts with the hotline in a variety of forms – not just phone calls – and then the number cases and victims as well as gender.

Chart 74: National Human Trafficking Hotline Indiana contacts, 2015-2019



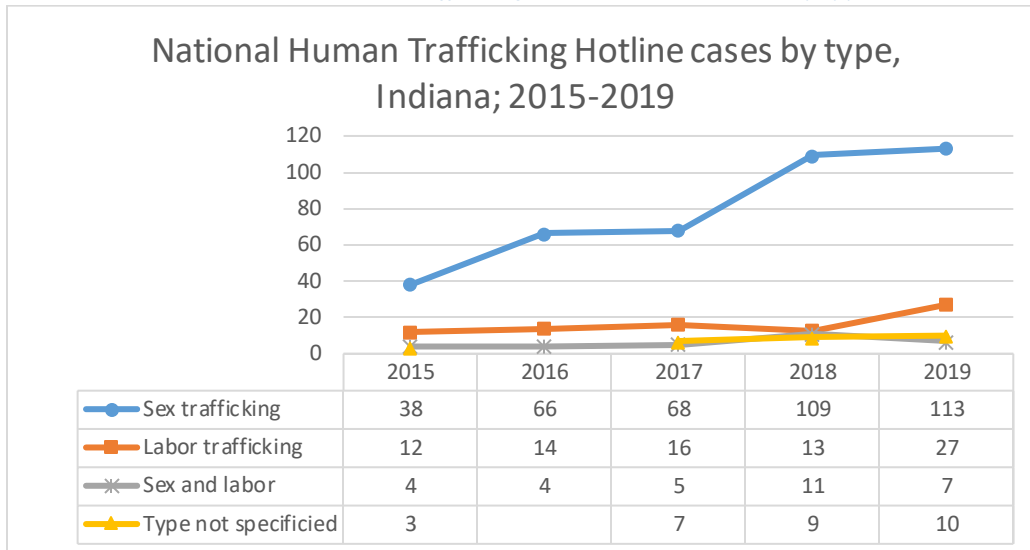
Source: National Human Trafficking Hotline

As noted below, sex trafficking is more common, at least to the hotline, than labor trafficking. The most common Indiana location for sex trafficking in 2019 was hotel/motel-based services at 17, followed by illicit spa/message businesses at 16, and 15 residential locations.¹¹⁹ Traveling sales people were the most common location for labor trafficking in 2019 at nine cases, although this has varied over the years.¹²⁰

¹¹⁹ <https://humantraffickinghotline.org/state/indiana>

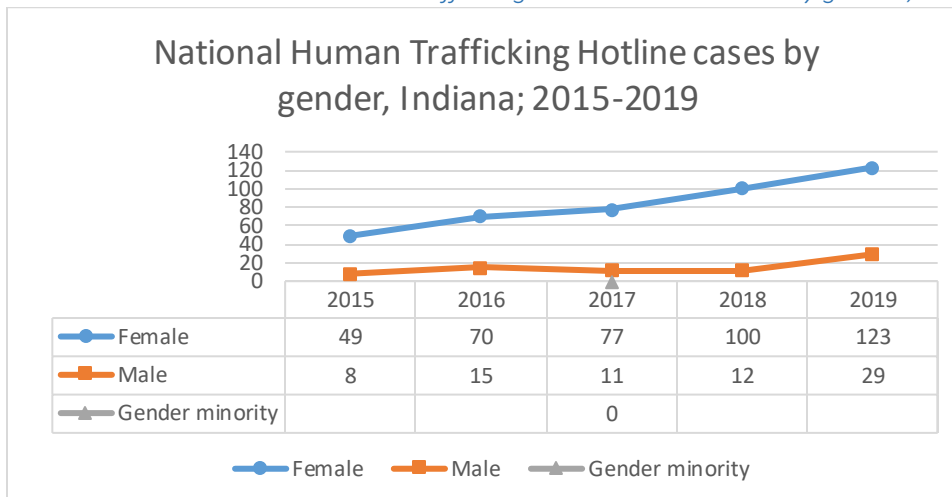
¹²⁰ Ibid.

Chart 75: National Human Trafficking Hotline Indiana cases by type, 2015-2019



Source: National Human Trafficking Hotline Note: empty cells indicate less than 3 reported cases

Chart 76: National Human Trafficking Hotline Indiana cases by gender, 2015-2019



Source: National Human Trafficking Hotline Note: empty cells indicate less than 3 reported cases

From July 2014 to June 2019, the Fort Wayne Police Department had seven reports of human trafficking, compared to 601 reports of rape, according to data provided to CRI from the department.

Characteristics of labor, sex trafficking victims

Research has shown commonalities between people lured into labor and sex trafficking, namely their vulnerabilities, but they have key demographic differences. Victims of labor trafficking tend not to be U.S. citizens and often without legal status, and have limited English proficiency and social networks in the United States,¹²¹ while sex trafficking victims are usually U.S. citizens but come from traumatic

¹²¹ Ibid.

backgrounds including sexual abuse, engagement with the child welfare system as children, and the trafficker knows the victim's family.¹²²

Victims' shame and fear often keep them trapped in these horrific situations.¹²³

Two common misconceptions around trafficking rest with where trafficking happens and the use of transportation. While trafficking overseas may get attention, it happens in Indiana too, according to Jeremy Greenlee, regional coalition coordinator for the Indiana Trafficking Victim Assistance Program.¹²⁴ Transportation of the victim is not required to constitute trafficking.¹²⁵

Additionally these crimes can be hard to prove, so what is sex trafficking ends up being charged as sexual abuse or prostitution.¹²⁶

Greenlee said victims care about their traffickers and that they often provide their food or shelter, making it hard to leave.¹²⁷ Additionally victims may not recognize that they are being exploited, or they have a fear of law enforcement for their own actions, like commercial sex work.¹²⁸

Trafficking survivors need a survivor-centered multidisciplinary approach in rebuilding their lives, according to Greenlee.¹²⁹ Often a multiyear process, they need housing, employment, mental health services, and legal services.¹³⁰

Greenlee would like sex buyers held more accountable while working to drive down the demand for these services. He said there is not enough accountability for the buyers.¹³¹

Child marriage

While not directly human trafficking, child marriage can often involve a power disparity between the engaged couple, involving a degree of force, fraud, or coercion. While limited data exists about marriages involving a spouse under the age of 18, data from 2010 to 2018 from 38 states indicated child brides constituted 85.1% of these marriages.¹³² Additionally, it found that girls were typically marrying adult men, often of significant age disparities, rather than a "Romeo and Juliet" marriage between teenage couples.

Indiana law was revised effective July 1, 2020, to:

- Increase the minimum age to marry from age 15 to 16,
- Restrict minors from marrying anyone more than four years older,

¹²² Ibid.

¹²³ Ibid, p. 6.

¹²⁴ Telephone interview with Jeremy Greenlee, October 24, 2019.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² <https://www.unchainedatlast.org/child-marriage-shocking-statistics/>. Indiana was one of the 12 states not to report data for this study.

- Require a new process for the court to review the minor’s petition for a marriage license order, including appointment of a guardian ad litem to review the documents submitted, reviews of the applicants’ criminal histories and protective orders, a statement about how long the parties have known each other and their desire to marry, and a confidential interview with the minor and judge,
- And if the marriage license order is awarded, the minor is also emancipated.¹³³

The previous law permitted 17-year-olds to marry with permission from their parents or guardians; no court action required. Fifteen- and 16-year-olds or those who were 17 but did not have parental consent could marry with the court’s permission, but a review of Allen County’s court records in recent years did not show any court cases requesting marriage licenses

The new law stripped the requirement of consent from the parents or guardians and provisions about marriage as a result of pregnancy or children between the minor and partner.¹³⁴

Genevieve Meyer, a local resident who is the co-founder and executive director of the Resiliency Foundation, said child brides often come from vulnerable, abusive situations where they are forced into marriages.¹³⁵ Meyer would know; she was married to a 42-year-old man when she was 15, whom she later divorced.¹³⁶ Meyer noted that divorce rates for child brides can be upwards of 80%.¹³⁷ She also said some groups practice “spiritual marriages” using religious ceremonies without legal marriage,¹³⁸ which would in turn never get judicial review or any sort of tracking. Meyer would like to see more supports and services for women who were forced into marriage as children, who often have children as a result of that relationship, including survivor-centered organizations that include survivors in the planning process.¹³⁹

Indiana lawmakers’ decision in 2020 to raise the minimum age, restrict marriage for 16- and 17-year-olds to those no more than four years older, define the procedural due process, and emancipate the child all create new safeguards for girls looking to get married.

Burglary

CFGFW included burglaries and other thefts in the personal safety section since property crimes can often create an emotional violation to women who experience them, even if the criminal act did not involve a direct physical violation to the victim, i.e. someone breaking and entering a home while the occupants are away.

¹³³ House Enrolled Act 1006-2020. <http://iga.in.gov/legislative/2020/bills/house/1006#document-23aac200>

¹³⁴ Ibid.

¹³⁵ Interview with Genevieve Meyer, October 18, 2019.

¹³⁶ <https://resiliencyfoundation.com/author/genevieveprideaux/>

¹³⁷ Meyer interview.

¹³⁸ Ibid.

¹³⁹ Ibid.

In the Allen County Women and Girls Fund Study Survey, 38% of respondents indicated they had experienced a burglary, robbery, vehicle theft, or someone breaking and entering their house, garage, or vehicle, making it the most common crime local women experienced.¹⁴⁰

According to data from the Fort Wayne Police Department, the number of burglaries decreased 40.1% from July 2014 to June 2019, with all four quadrants of the city experiencing fewer reported burglaries from July 2018 to June 2019 compared to July 2014 to June 2015. New Haven also had a reduction between 2017 and 2018 – 40 compared to 35, but the smaller total numbers make them less statistical stable so the year-over-year decrease should be interpreted accordingly.

In unincorporated Allen County, the majority of burglaries are residential, and often fueled by the perpetrator's drug use.¹⁴¹ Troy Hershberger of the Allen County Police Department noted that homes are not usually "ransacked," and burglars seem to prefer to strike when the occupants are away to avoid a confrontation.¹⁴² He also reminded people not leave keys in vehicles, including farm equipment.¹⁴³

Dottie Davis, the retired Fort Wayne Police Department deputy chief, said alarm systems are great, but they have to be activated to be effective¹⁴⁴. She recommended situational awareness for women, but would also like to see police officers talk with property crime victims about viable security measures.

Looking at women's behaviors to protect themselves and their property, 77% of Allen County Women and Girls Fund Study Survey participants indicated they kept their doors or windows at home locked at all times to improve their sense of safety security while 22% used a security system at home, 20% had a loaded firearm at home, and 28% kept another weapon at home like a baseball bat, knife, or Taser.

¹⁴⁰ The survey also asked about experience with domestic violence, rape/sexual assault/sexual harassment, any other violent crime, and any other non-violent crime.

¹⁴¹ Hershberger interview.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Davis interview.

Health

Bright spot: Healthier Moms and Babies' Own Your Journey pre-/inter-conception health program

Healthier Moms and Babies' new Own Your Journey program is working to improve the health and wellbeing of women before they get pregnant. The agency typically works with women insured by Medicaid who are either pregnant or are new mothers through a variety of case management programs. HMB leaders identified the need to address pre- or inter-conception physical, mental, and financial health as a way to create better birth outcomes including lower infant and maternal mortality by improving women's wellbeing before pregnancy.

Launching in August 2020, the 9-week healthy living course meets in weekly groups at the Central and Renaissance Point YMCA branches for income-qualified women living in the 46803, 46805, 46806, 46815 and 46816 ZIP codes. Participants have a YMCA membership during the course and are eligible for other incentives. HMB will remain in contact with participants for up to a year after the program to encourage them on their wellness journey.

Women interested in participating in Own Your Journey, should contact Chelsea Harris at (260) 704-0355 or visit <https://www.healthiermomsandbabies.org/>.

Health Introduction

The Allen County Women and Girls Fund Study elected to focus its evaluation of women’s health on two areas: access to care and health outcomes. The questions in the Allen County Women and Girls Fund Study Survey centered on access to and experiences with healthcare, while the quantitative data looked at health outcomes like cancer rates or mortality data.

Healthcare survey results

The Allen County Women and Girls Fund Study Survey’s healthcare questions focused on cost and access or barriers to care for women and their families as well as some questions about women’s emotional wellbeing.

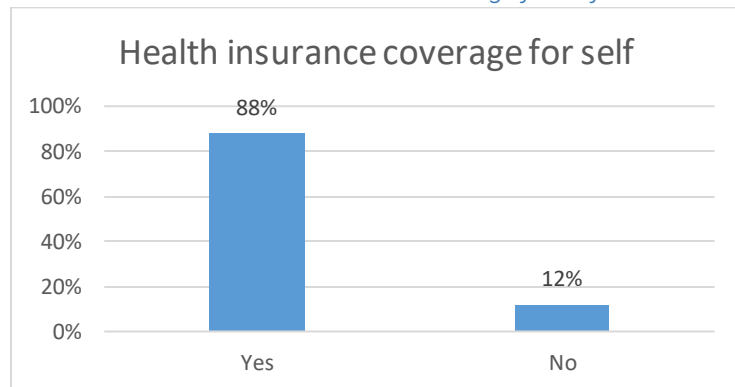
Most questions were asked of all respondents; some were limited to women with health insurance coverage.

Health insurance coverage

This series of questions asked about women’s health insurance coverage and if covered, the insurance provider: employer, private purchase or public sources. The survey also asked about out-of-pocket maximums for household or family insurance coverage to understand the financial exposure to healthcare costs for Allen County women and their families when they have health insurance.

While the Census Bureau’s 2018 Allen County data¹⁴⁵ for women 19 and older found 8.8% were uninsured, 12% of survey respondents indicated they were uninsured as shown in Chart 77.

Chart 77: Health insurance coverage for self

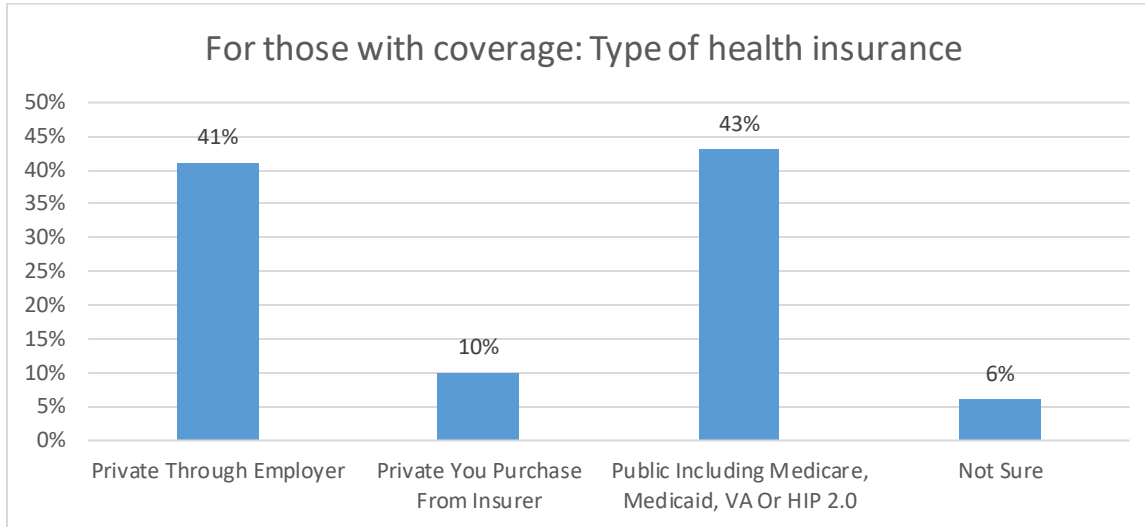


Source: Allen County Women and Girls Fund Study Survey

Chart 78 looks at the type of insurance insured women had. It was approximately evenly split between private employer-based insurance –41% – and those with public insurance at 43%. Public insurance was defined as Medicare, Medicaid, VA, or Healthy Indiana Plan (HIP) 2.0. Rounding out the insurance coverage was 10% with self-purchased insurance and 6% who were not sure what kind of insurance they had.

¹⁴⁵ CRI computed the percentage of uninsured women ages 19 and older in 2018 from U.S. Census Bureau Table B27001.

Chart 78: Type of health insurance for those with coverage



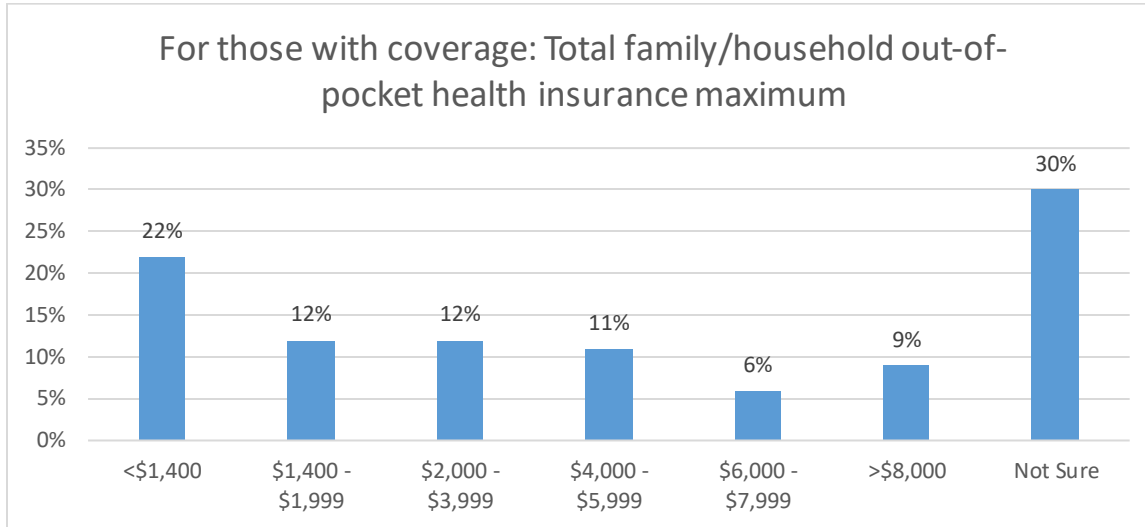
Source: Allen County Women and Girls Fund Study Survey

Looking at the kind of insurance by age, anticipated differences were seen. For example, 62% of insured women ages 35 to 49 reported having employer-based coverage compared to 2% of those 65 and older. Switching over to public insurance coverage, 83% of insured women ages 65 and older listed public coverage compared to 27% of 18- to 34-year-olds.

Since cost of healthcare can drive healthcare decisions, CRI wanted to ask about households' financial exposure to healthcare costs for those with health insurance. While deductibles or premiums were considered, CRI selected out-of-pocket maximum for the family or household as the metric for this question, phrased as "if someone in your immediate family had a serious illness or surgery, what is the most your family would have to pay out of pocket this year – your family out of pocket limit – before health insurance steps in and pays for all of the rest of the medical expenses?"

Looking at the results of this question in Chart 79, there is still mystery around out-of-pocket maximums in Allen County because the most popular answer was "not sure" at 30%. In other words, many women are not familiar with their total financial exposure to healthcare costs despite having health insurance. For those who were familiar with their out-of-pocket costs, 35% listed a cost between \$1,400 and \$5,999. Another 9% listed the highest amount at more than \$8,000.

Chart 79: Out-of-pocket maximum for respondents with health insurance



Source: Allen County Women and Girls Fund Study Survey

Looking at the share of women who selected relatively low out-of-pocket costs with 34% listing less than \$2,000, CRI advises caution about how to apply these results as there is the potential confusion on the difference between deductibles as compared to out-of-pocket maximums, despite the clarity of the question within the survey.¹⁴⁶

Access to healthcare

The Allen County Women and Girls Fund Study Survey evaluated barriers to accessing healthcare services from financial and scheduling perspectives for both women themselves and their family members.

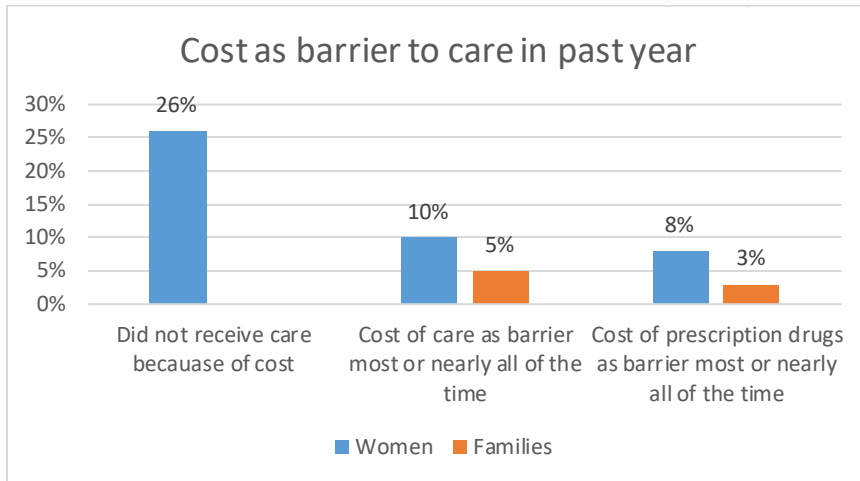
Just over a quarter of respondents including both those with and without insurance did not obtain healthcare within the past year due to cost, as shown in Chart 80. That question was not asked about family members so there is no comparable measure for other household members. Furthermore, women were more likely to see cost as a barrier for themselves than their families, but overall cost was not a significant factor for most women and their families in getting care or filling prescriptions.

Including those with and without insurance, 57% of all respondents indicated cost was not at all an obstacle and 19% occasionally in obtaining healthcare for family members living in their home compared to 50% not at all and 24% occasionally for themselves.

For filling prescriptions, 56% of women indicated cost was not at all an obstacle, compared to 57% for their families; 24% said occasionally for themselves and 20% for family members

¹⁴⁶ See Loewenstein, George & Friedman, Joelle Y. & McGill, Barbara & Ahmad, Sarah & Linck, Suzanne & Sinkula, Stacey & Beshears, John & Choi, James J. & Kolstad, Jonathan & Laibson, David & Madrian, Brigitte, 2013. "Consumers' misunderstanding of health insurance," *Journal of Health Economics*, Elsevier, vol. 32(5), pages 850-862.

Chart 80: Cost as a barrier to healthcare services, prescription drugs for all respondents

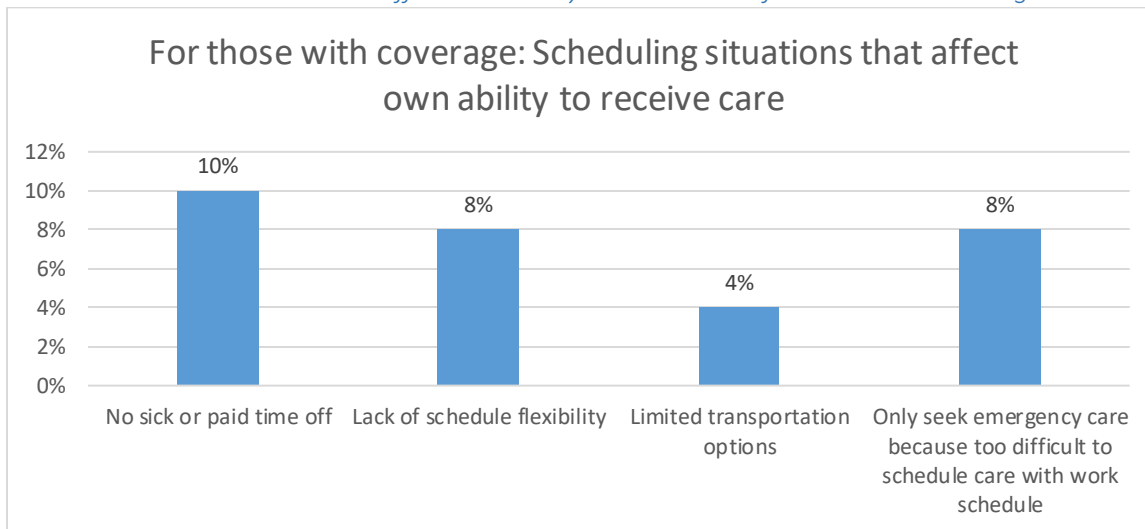


Source: Allen County Women and Girls Fund Study Survey

Note that not receiving care due to cost was not asked about family members

Switching over to women with health insurance,¹⁴⁷ daytime scheduling or transportation has a limited effect at population level for insured women’s ability to access care, as shown on Chart 81. The largest effect was no sick time or paid time off at 10%, while limited access to transportation was the smallest at 4%.

Chart 81: Situations that affect own ability to receive care for those with coverage



Source: Allen County Women and Girls Fund Study Survey

Healthcare providers’ treatment of women

Allen County’s women, both insured and uninsured, typically had favorable experiences in the past year with their healthcare providers: physicians, nurses, physician assistants, physical therapists, and pharmacists, according to the Allen County Women and Girls Fund Study Survey.

¹⁴⁷ These questions were not asked of the 12% of respondents who did not indicate they had health insurance coverage.

This series of questions asked about the frequency of the following:

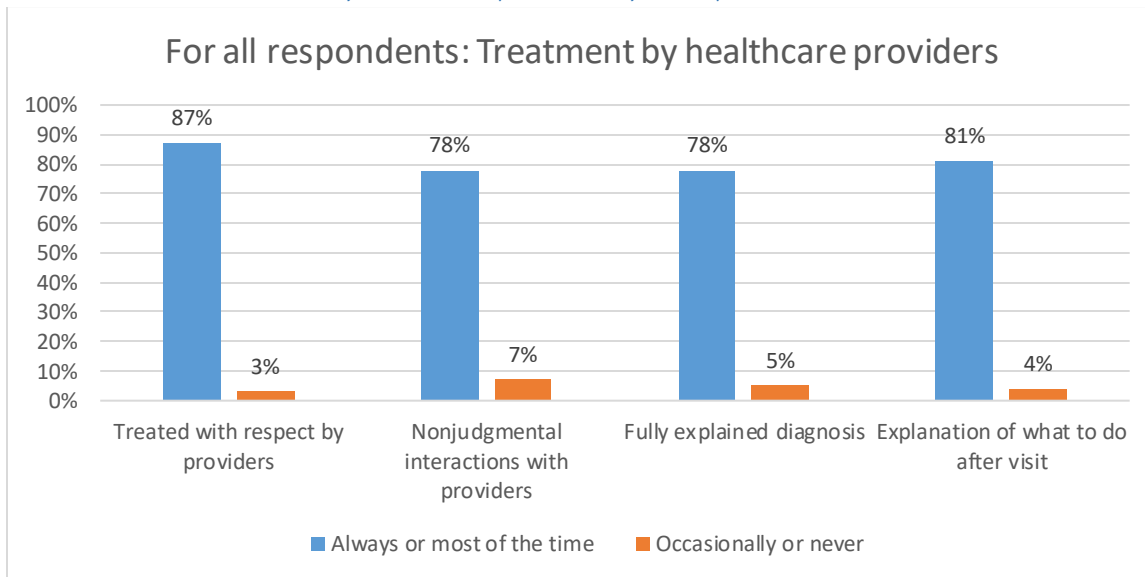
- Being treated with respect
- Non-judgmental when interacting with women
- Fully explain what was happening and the diagnosis
- Explaining to women what they needed to do after the appointment or visit

All four questions used the following continuum:

- Always
- Most of the time
- Some of the time
- Occasionally
- Never
- Not Sure

As shown in Chart 82, women spoke highly of how healthcare professionals treated them in the past year with more than 75% saying they were always or mostly 1) treated with respect, 2) treated without judgment, 3) fully explained what was happening and the diagnosis, and 4) what needed to happen after the appointment. On the opposite end of the spectrum, the occasionallys or nevers only constituted single-digit responses. Left out of the chart below was the middle answer – some of the time – but based on the other two answer categories, it constituted a small number. Notably the favorable responses to these questions held true across age, race, and ethnicity.

Chart 82: Treatment by healthcare providers by all respondents



Source: Allen County Women and Girls Fund Study Survey

Emotional wellbeing and support

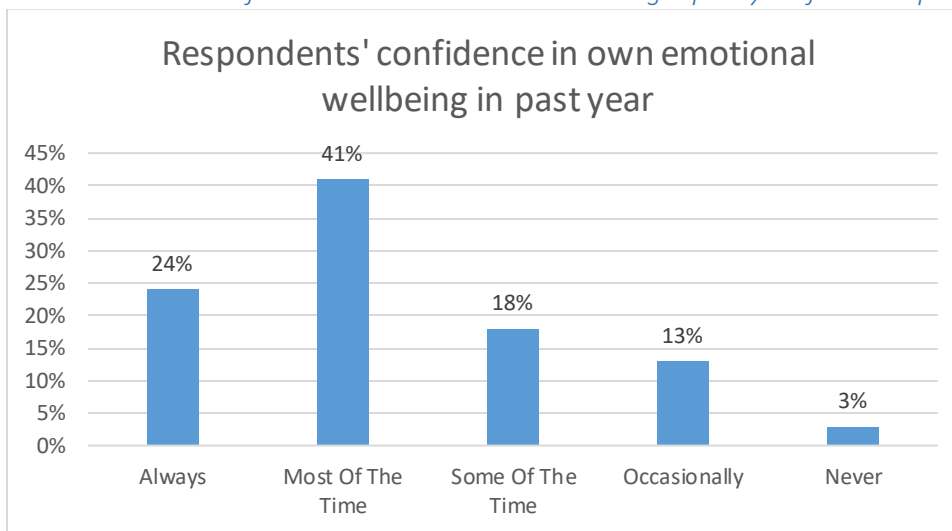
To capture information about women’s mental health, the survey asked one question about emotional wellbeing and another about who provides emotional support.

The survey defined emotional wellbeing as “being confident and positive and being able to cope with the ups and downs of life.” CRI wrote this definition based on a review of the academic concepts of wellbeing research and with consultation with a PFW faculty member knowledgeable in health policy. This question used the same continuum as the healthcare providers’ questions listed above.

As for support, the survey asked about who provides the most emotional support with answers ranging from specific individuals like a spouse or children to general groups of people like co-workers or their faith community. Only one answer could be selected.

Asked before the coronavirus and associated effects hit Allen County, 65% of women indicated in the past year they were always or most of the time confident in their emotional wellbeing and being able to handle the ups and downs of life, while just 3% said they were never confident and another 13% were occasionally confident in being able to handle the ups and downs of life.

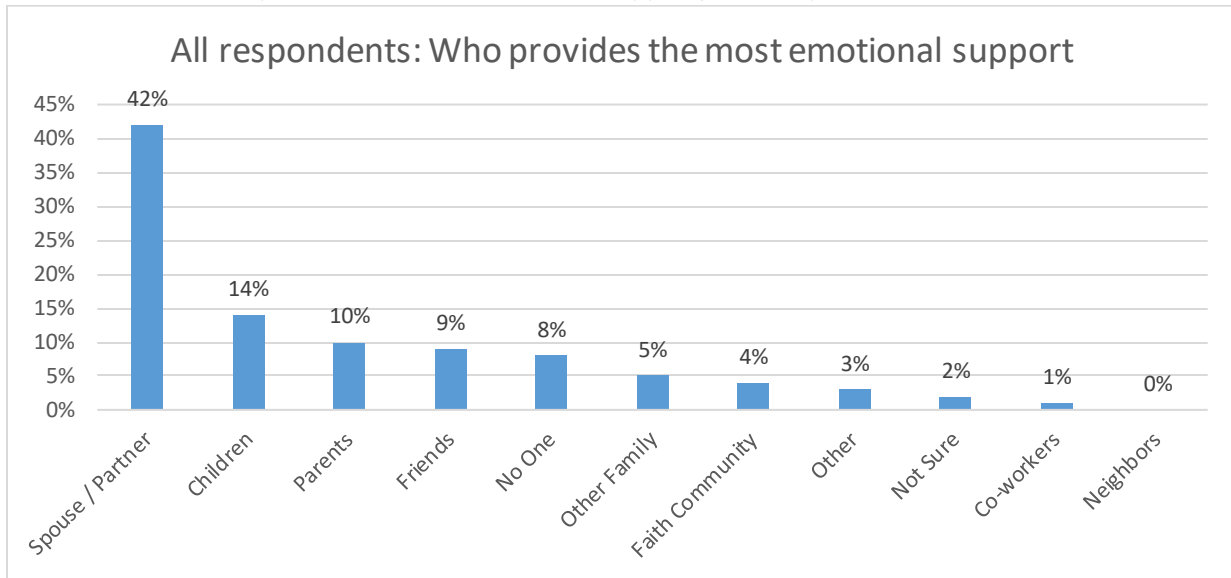
Chart 83: Confidence in own emotional wellbeing in past year for all respondents



Source: *Allen County Women and Girls Fund Study Survey*

Looking at who provides emotional support, 42% of women listed a spouse or partner as the most important source of emotional support with children being the second most common source at 14%. For women ages 65 and older, the spouse/partner and children were essentially equivalent at 24% and 26% respectively. Eight percent of respondents listed no one as providing emotional support. That number stayed relatively steady across age and racial/ethnic groups except for Black women, where 20% indicated no one. Interestingly, only 4% of respondents listed their faith community while 9% listed family. Neighbors came in at 0% while 2% weren’t sure who provided them the most emotional support.

Chart 84: Who provides the most emotional support for all respondents



Source: Allen County Women and Girls Fund Study Survey

Lack of local data in key areas

While plentiful information exists about county-level health, not all of that information is released by sex or gender. Many of these sources, including the crucial Behavioral Risk Factor Surveillance System (BRFSS) from the U.S. Centers for Disease Control and Prevention (CDC), release data by sex at the state level but that does not extend to the county or metro levels.

BRFSS is the nation's premier system of health-related telephone surveys that collects state and local data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. It uses a mix of cell phones and landlines for the survey.

CRI could not identify sources for female-specific Allen County data for the following:

- Chronic health indicators including arthritis, chronic obstructive pulmonary disorder (COPD), and depression
- Smoking rates
- Alcohol consumption
- Self-reported data about overall, fair, or poor health
- Consumption of fruits and vegetables
- Oral health
- Screenings for colorectal cancer, hypertension, and cholesterol

Looking at state-level data, the outcomes of these measures are not typically evenly divided between men and women. BRFSS's Indiana data about heavy drinking shows men have nearly twice the rate of heavy drinking—8.2% vs. 4.4%—as compared to women, but women were more likely to report having arthritis—31.8% vs. 25.1%—than men.

The lack of reliable local data by sex means that local responses cannot be designed to address the unique opportunities and challenges of working with women and men. Furthermore there is no way to identify how Allen County's women align or differ from the statewide population. CRI has done sufficient data analysis over the years not to assume that data for Allen County matches the statewide numbers.

Health insurance

Note: This section uses data from the U.S. Census Bureau's American Community Survey (ACS) so it will differ from the health insurance data collected from the Allen County Women and Girls Fund Study Survey. Since the ACS uses a substantially larger sample size than the survey – one in every 38 households compared to 400 survey responses – the ACS data is likely to be a more accurate measure of insurance coverage. CRI asked about insurance coverage as a check to understand the survey population, but recommends assumptions about women and girls' insurance coverage in Allen County be drawn from this section. Note that the ACS does not collect information about insurance costs, including deductibles, out-of-pocket maximums, or insurance premiums.

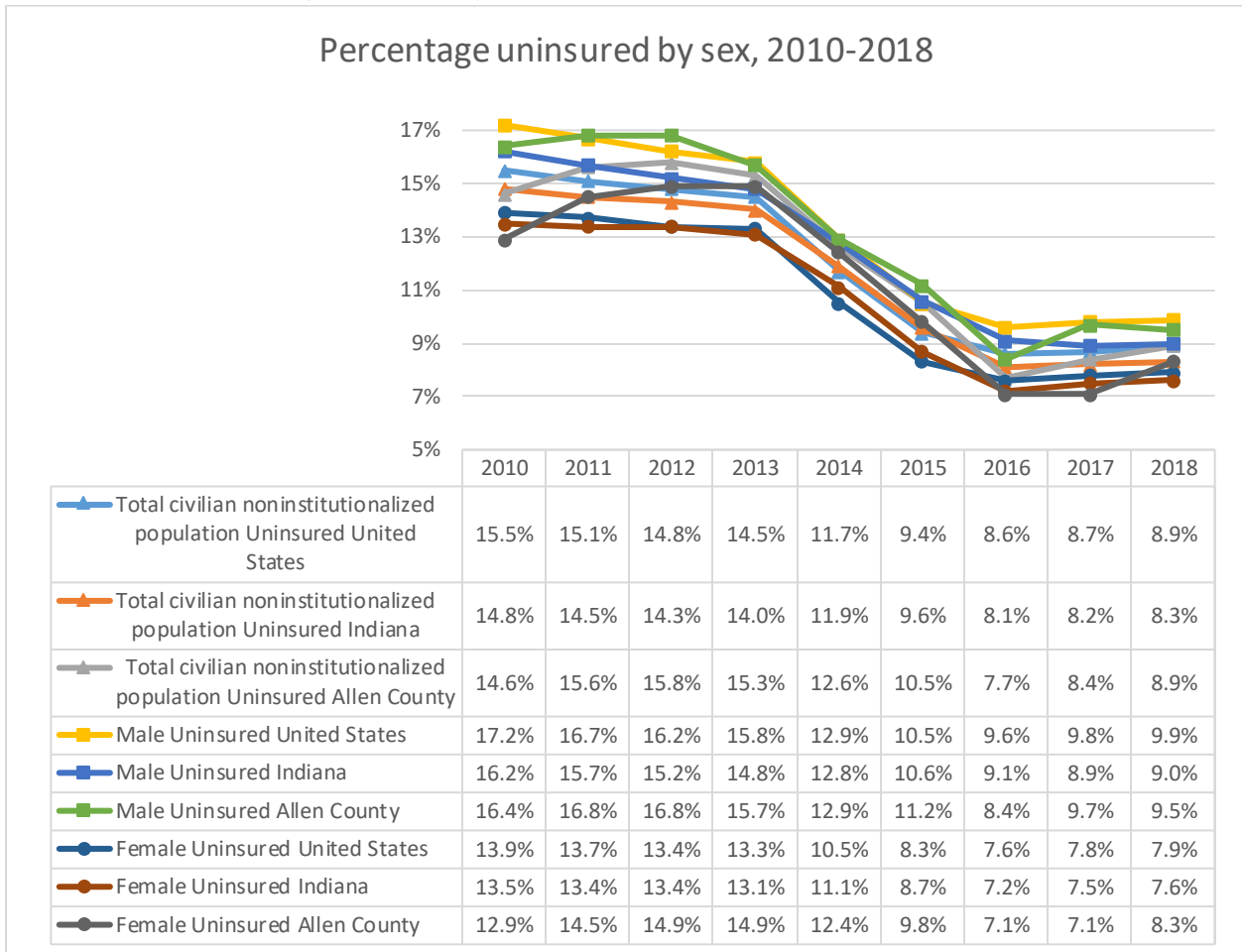
One clear victory for access to healthcare has been the reduction in the share of women and girls as well as men and boys who were uninsured since Congress passed the Patient Protection and Affordable Care Act (ACA) in 2010, and Indiana expanded access to Medicaid through the Healthy Indiana Plan (HIP) 2.0 in 2015.¹⁴⁸ This timeframe also coincides with improved employment and economic conditions, so people may have gotten insurance from their employer.

Chart 85 shows the share of the civilian noninstitutionalized population without insurance, segmented by geography and sex, from 2010 to 2018. In 2012 and 2013, nearly 15% of Allen County women and girls did not have health insurance. By 2016 and 2017, that had dropped to just 7.1%, however it crept up to 8.3% in 2018. CRI does not think year-over-year change makes a full-on trend, but the removal of the tax penalty known as the Shared Responsibility Payment starting in tax year 2019 for not having insurance¹⁴⁹ could also prompt healthier individuals – female and male – to opt to go without health insurance coverage.

¹⁴⁸ See <https://www.advisory.com/daily-briefing/resources/primers/medicaidmap>. (Accessed February 16, 2020)

¹⁴⁹ See <https://www.healthcare.gov/fees/fee-for-not-being-covered/>.

Chart 85: Percentage uninsured by sex, 2012-2016

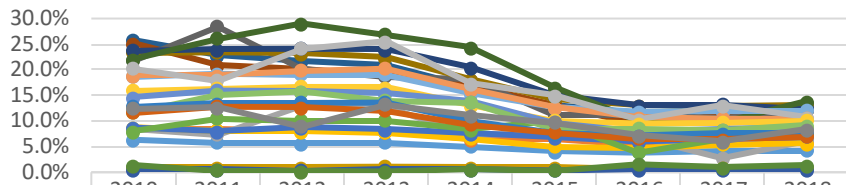


Source: U.S. Census Bureau Table S2701

Using data by age for females, Chart 86 is a visual mess, but it tells a similar story as Chart 85: the share of uninsured women and girls went down from 2010 to 2014 or 2015, and especially for young women, but then started to flatten out.

Chart 86: Percentage uninsured females by age, 2012-2016

Percentage of uninsured females by age, 2010-2018

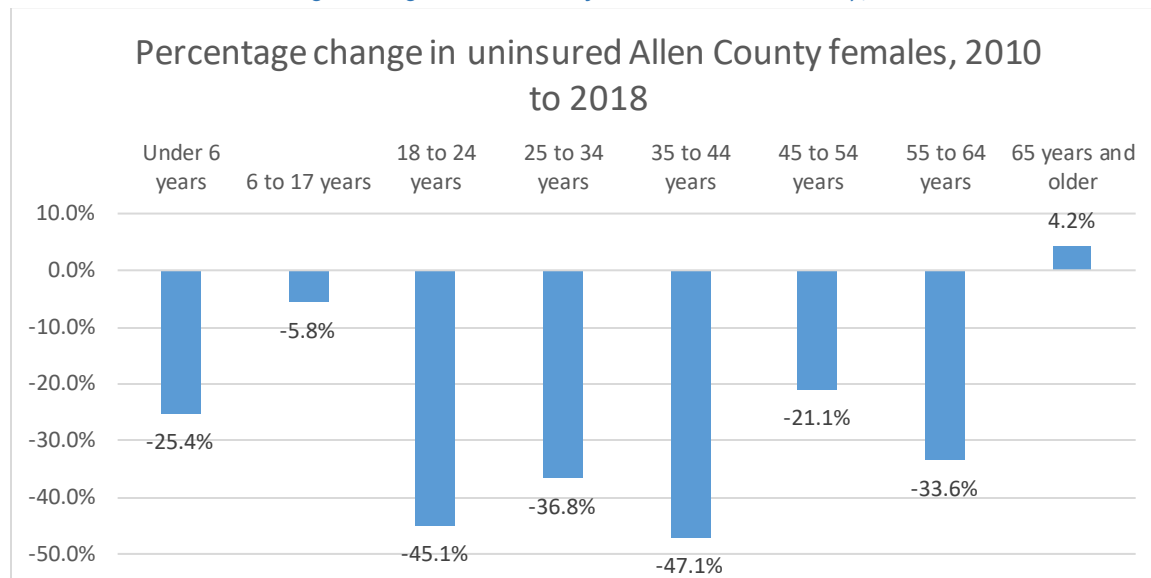


	2010	2011	2012	2013	2014	2015	2016	2017	2018
Female: United States Under 6 years	6.3%	5.9%	5.7%	5.8%	4.9%	4.0%	3.8%	4.1%	4.3%
Female: Indiana Under 6 years	8.4%	8.4%	8.2%	8.0%	6.5%	6.5%	5.3%	6.9%	6.0%
Female: Allen County Under 6 years	8.3%	7.3%	13.0%	12.9%	7.4%	7.5%	6.8%	2.7%	6.2%
Female: United States 6 to 17 years	8.8%	8.2%	7.9%	7.8%	6.6%	5.1%	4.7%	5.3%	5.6%
Female: Indiana 6 to 17 years	8.7%	8.0%	8.6%	8.3%	7.6%	6.7%	6.0%	6.5%	7.1%
Female: Allen County 6 to 17 years	7.9%	10.4%	10.1%	10.0%	8.4%	10.2%	3.8%	6.5%	7.4%
Female: United States 18 to 24 years	25.8%	22.8%	21.7%	21.1%	16.8%	13.1%	11.6%	12.5%	12.6%
Female: Indiana 18 to 24 years	25.2%	20.9%	20.1%	19.0%	16.9%	13.2%	9.4%	11.3%	12.0%
Female: Allen County 18 to 24 years	21.9%	28.4%	20.1%	18.8%	18.1%	11.1%	11.2%	10.6%	12.0%
Female: United States 25 to 34 years	23.4%	23.4%	23.1%	22.5%	18.1%	14.3%	12.9%	12.9%	13.2%
Female: Indiana 25 to 34 years	23.7%	24.0%	24.1%	23.9%	20.4%	15.0%	13.0%	13.3%	12.3%
Female: Allen County 25 to 34 years	22.0%	26.2%	29.0%	26.9%	24.3%	16.5%	10.0%	9.7%	13.9%
Female: United States 35 to 44 years	18.7%	19.2%	19.1%	19.1%	15.5%	12.7%	11.8%	11.9%	12.1%
Female: Indiana 35 to 44 years	18.8%	18.8%	19.9%	20.2%	16.2%	12.7%	10.6%	10.4%	10.6%
Female: Allen County 35 to 44 years	20.2%	18.0%	24.2%	25.6%	17.4%	15.0%	10.3%	13.1%	10.7%
Female: United States 45 to 54 years	16.1%	16.4%	16.6%	16.6%	13.1%	10.2%	9.5%	9.8%	10.1%
Female: Indiana 45 to 54 years	14.5%	15.9%	15.8%	15.4%	13.9%	9.7%	7.9%	8.3%	8.8%
Female: Allen County 45 to 54 years	11.7%	15.2%	15.8%	14.1%	13.6%	8.3%	8.5%	8.2%	9.2%
Female: United States 55 to 64 years	12.9%	13.4%	13.5%	13.6%	10.0%	7.7%	7.2%	7.5%	7.7%
Female: Indiana 55 to 64 years	11.6%	12.8%	12.6%	12.1%	9.4%	7.7%	6.5%	6.5%	7.0%
Female: Allen County 55 to 64 years	12.5%	12.6%	9.0%	13.2%	11.0%	9.6%	7.3%	6.1%	8.3%
Female: United States 65 years and older	1.0%	1.0%	1.0%	1.1%	1.0%	0.9%	0.8%	0.8%	0.8%
Female: Indiana 65 years and older	0.5%	0.5%	0.4%	0.5%	0.4%	0.3%	0.6%	0.5%	0.6%
Female: Allen County 65 years and older	1.3%	0.4%	0.2%	0.2%	0.5%	0.4%	1.6%	0.9%	1.3%

Source: U.S. Census Bureau Table B27001

Using the data from Chart 86, Chart 87 summarizes the change in the share of uninsured women and girls within the respective age groups from 2010 to 2018.

Chart 87: Percentage change in uninsured females in Allen County, 2010 to 2018



Source: U.S. Census Bureau Table B27001 with percentage change calculated by CR

Although the table in Chart 87 shows no change for women 65 and older between 2010 and 2018 at 1.3%, the underlying numbers used for the calculations for this chart show a slight upward change. The share of adults who are age-eligible for Medicare without health insurance remains remarkably low and relatively stable over time.

Cancer rates: incidence and mortality

Remarkably comprehensive data exists at the county level about cancer rates, courtesy of cancer registry data. The registry data, extracted from the CDC’s U.S. Cancer Statistics site,¹⁵⁰ tracks cancer incidence rates and mortality rates by total population, sex, race, ethnicity, and sex and race/ethnicity. Rates and counts are suppressed if fewer than 16 cases or deaths were reported in a specific category, such as cancer site, race, and ethnicity.

Allen County’s women and girls get cancer at lower rates than the state and nation, but the county has a higher female death rate than the nation for 2012 to 2016, as shown in tables 18 and 19. These tables also show the incidence and mortality rates¹⁵¹ for all cancers and then the four most common cancers for women as measured by incidence rate.

¹⁵⁰ The incidence data comes from state cancer registries. Mortality data comes from the CDC’s National Center for Health Statistics, derived from state and local information.

¹⁵¹ Incidence rates count the number of new cases diagnosed in that time period. Mortality rates are derived from deaths that occur during the specified time. The same patient will only be counted in both categories if the diagnosis and death occur in the tallied timeframe. In other words, some of the deaths were not diagnosed and thus not counted in the incidence rates for that time period.

Table 18: Allen County cancer incidence rates, 2012-2016

Cancer Type	Sex	Area	Age Adjusted Rate	Case Count	Allen County's difference from United States	Allen County's difference from Indiana
All Cancer Sites Combined	Female	United States	420.9	4,069,572		
		Indiana	429.5	85,330		
		Allen County	410.3	4,319	-2.52%	-4.47%
	Male	United States	488.8	4,120,977		
		Indiana	500.5	85,879		
		Allen County	464.6	4,130	-4.95%	-7.17%
Female Breast	Female	United States	125.2	1,196,484		
		Indiana	121.9	24,006		
		Allen County	121.9	1,257	-2.64%	0.00%
Colon and Rectum	Female	United States	33.9	335,600		
		Indiana	37.9	7,721		
		Allen County	36.9	395	8.85%	-2.64%
	Male	United States	44.4	369,310		
		Indiana	48.5	8,233		
		Allen County	40.6	361	-8.56%	-16.29%
Lung and Bronchus	Female	United States	51.7	522,811		
		Indiana	61.3	12,706		
		Allen County	54.7	599	5.80%	-10.77%
	Male	United States	69.1	574,852		
		Indiana	88.2	15,005		
		Allen County	79.6	693	15.20%	-9.75%
Corpus and Uterus NOS	Female	United States	26.6	266,855		
		Indiana	27.6	5,656		
		Allen County	32.6	359	22.56%	18.12%

Source: CDC United States Cancer Statistics, 2012-2016, with percentage difference calculated by CRI

Table 19: Allen County cancer mortality rates, 2012-2016

Cancer Type	Sex	Area	Age Adjusted Rate	Death Count	% difference from United States	% difference from Indiana
All Cancer Sites Combined	Female	United States	137.7	1,400,236		
		Indiana	150.1	31,384		
		Allen County	145	1,597	5.30%	-3.40%
	Male	United States	193.1	1,552,879		
		Indiana	217.8	35,696		
		Allen County	208.9	1,750	8.18%	-4.09%
Female Breast	Female	United States	20.6	206,231		
		Indiana	21.1	4,356		

Colon and Rectum	Female	Allen County	23.3	251	13.11%	10.43%
		United States	34.4	350,086		
		Indiana	41.5	8,656		
	Male	Allen County	35.3	388	2.62%	-14.94%
		United States	51.6	421,626		
		Indiana	66.7	11,116		
Lung and Bronchus	Female	Allen County	54.6	469	5.81%	-18.14%
		United States	11.9	123,282		
		Indiana	13.1	2,803		
	Male	Allen County	11.9	138	0.00%	-9.16%
		United States	16.9	136,380		
		Indiana	18.2	3,003		
Corpus and Uterus NOS	Female	Allen County	18.4	158	8.88%	1.10%
		United States	4.7	48,792		
		Indiana	5.2	1,102		
		Allen County	5.3	61	12.77%	1.92%

Source: CDC United States Cancer Statistics, 2012-2016, with percentage difference calculated by CRI

Mammography and pap tests

Since data about sex-specific screening tests inherently identifies women, CRI was able to obtain information about mammography and pap screenings from the BRFSS. The caveat is local data are released at the metropolitan statistical area (MSA) level, so this information includes respondents from Whitley and Wells counties as well as Allen.

For data to be released at the local level, at least 500 surveys must be completed for that geography. Accordingly, 2015 data for the Fort Wayne MSA are not publicly available.

Fort Wayne-area women have consistently had mammogram and pap screening rates below their state and national counterparts, indicating a lack of access to healthcare. A far larger share of women have not had these screenings than the share without health insurance. Since most health insurance plans cover preventative services at no cost to the insured¹⁵² and the share of women not getting screenings far exceeds the number who are uninsured, it appears many Fort Wayne -area women are electing not to get these screenings.

For Chart 88, the mammography data uses information for two populations of women: ages 40 and older and ages 50 to 74. The question asks if they received a mammogram in the past two years. CRI included both age groups because of the United States Preventive Services Task Force (USPSTF)¹⁵³ changes in screening mammography guidelines that encourages women under 50 without a family

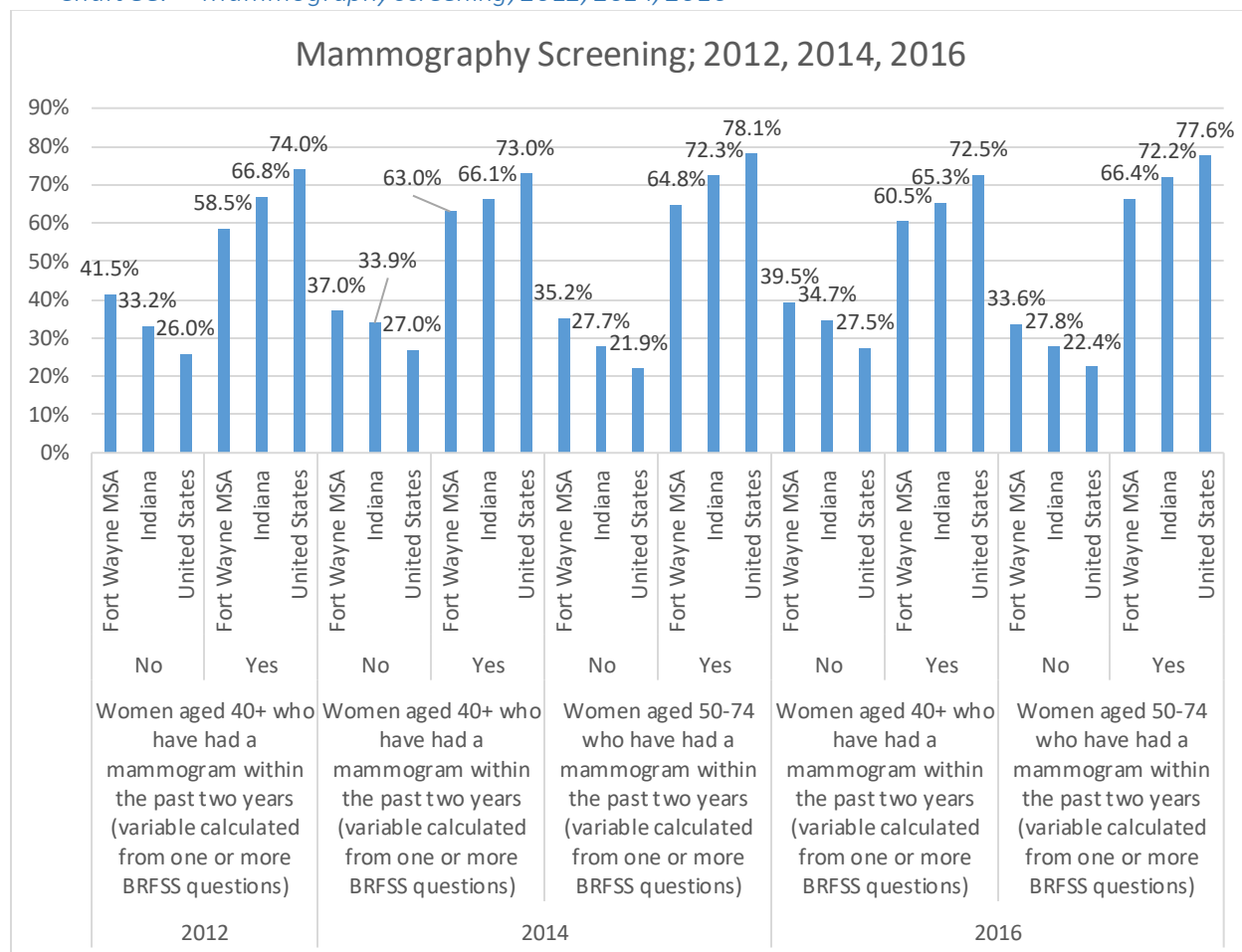
¹⁵² See <https://www.healthcare.gov/coverage/preventive-care-benefits/>

¹⁵³ USPSTF is a 16-member independent, volunteer panel of national experts in prevention and evidence-based medicine that issues evidence-based recommendations on preventative screenings. See <https://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>.

history or other risk factors for breast cancer to consider holding off on the biennial screenings until 50 because of the risk of false-positive results and unnecessary biopsies.¹⁵⁴

Mammography in both age groups has shown at least a 10%-point difference between local and national rates. This is alarming because female breast cancer is the most common cancer site of any reported in cancer registry data. The lower screening rates could be part of the reason why Allen County's mortality rate for female breast cancer is more than 13% higher than the nation because cancers aren't found at earlier stages when they are easier to treat.

Chart 88: Mammography screening; 2012, 2014, 2016

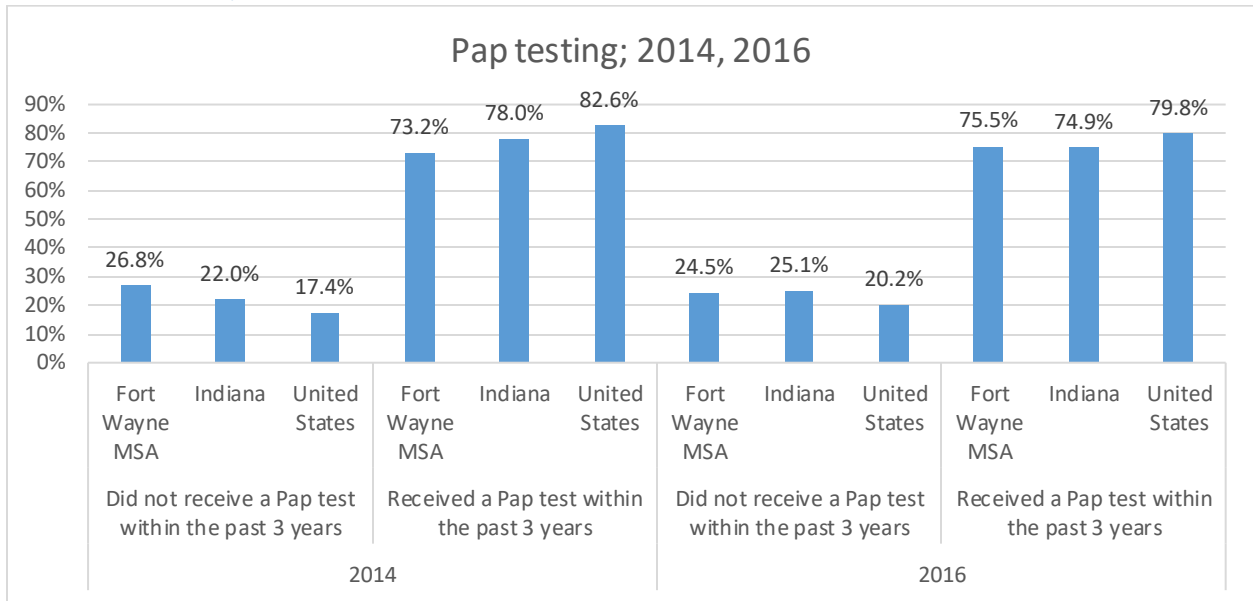


Source: CDC BRFSS

Switching over to pap tests, Fort Wayne-area women were also getting the tests that screen for cervical abnormalities at lower rates than their national counterparts. Like below-average rates of mammography, local women have not gotten their recommended pap smears. It was 12.8% lower in 2014 but the gap closed a bit in 2016 to 7.9%, but almost as much because the nation's rate fell rather than improving at the local level.

¹⁵⁴ See <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1>. (Accessed February 16, 2020)

Chart 89: Pap tests, 2014, 2016



Source: CDC BRFSS

Infant mortality and prenatal data

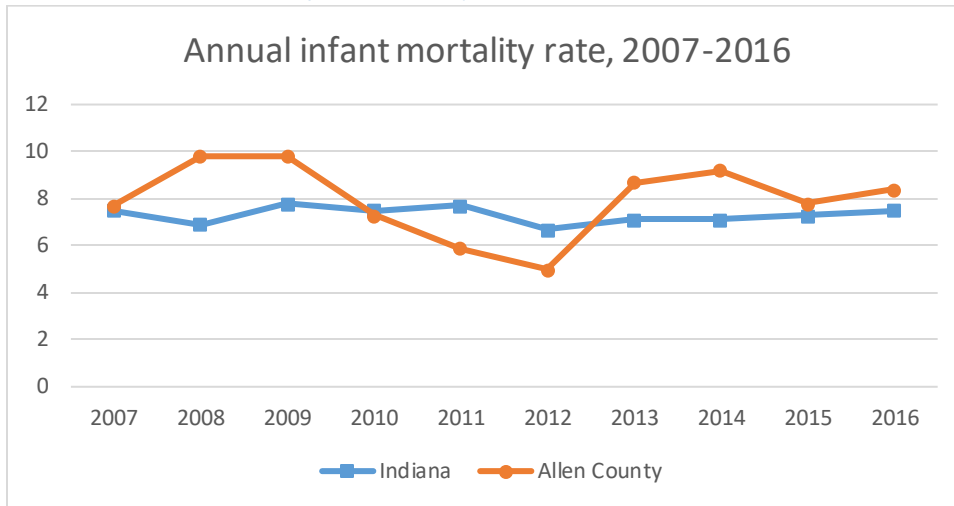
Allen County's babies have died at higher rates than Indiana, at an average 7.9 deaths of children less than 1 year old per 1,000 births from 2007 to 2016, compared to 7.3 for Indiana, placing Allen County 45th out of 62 counties reporting 20 or more infant deaths in that 10-year time span, with a higher ranking indicating a worse outcome.¹⁵⁵

While infant mortality is tragic in and of itself, the infant mortality rate (IMR) is an indicator of maternal and general population health.¹⁵⁶ Chart 90 compares Allen's IMR to the state for all races using Indiana State Department of Health (ISDH) data.

¹⁵⁵ K. Box et al, "Indiana Maternal and Child Health Outcomes and Performance Measures Data Book State and Selected County Data 2007-2016," Indiana State Department of Health. Available at file:///O:/PPOL_CRIHC/Clients-Projects/Community%20Foundation%20of%20Greater%20Fort%20Wayne/Women's%20Fund/Health/MCH%20Annual%20Outcomes%20Report%202007-%202016%20FINAL.pdf

¹⁵⁶ See Healthy People 2020 metrics for Infant Deaths at <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health>.

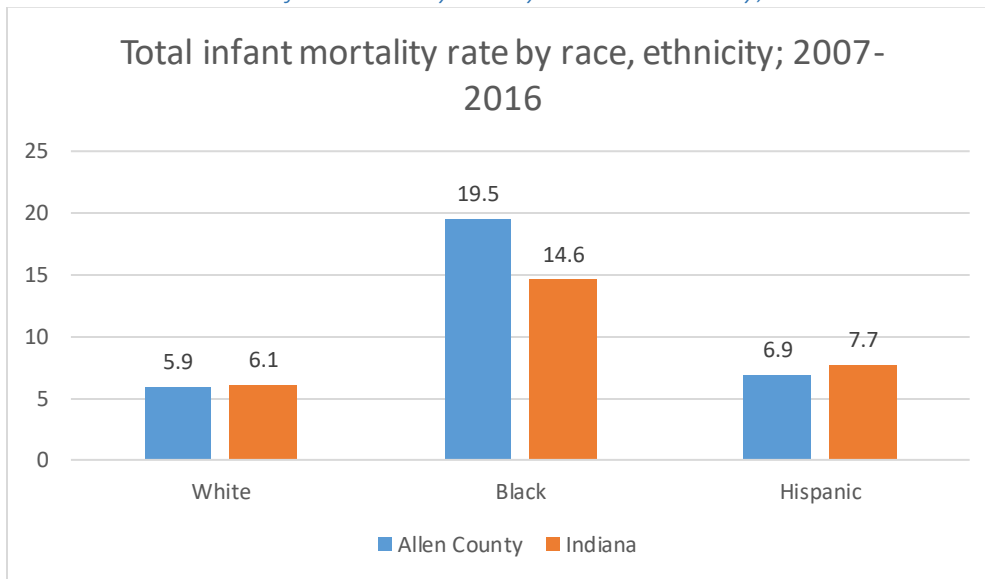
Chart 90: Annual infant mortality rate, 2007-2016



Source: ISDH Indiana Maternal and Child Health Outcomes and Performance Measures Data Book State and Selected County Data 2007-2016

Looking at race and ethnicity, Allen County’s black infants have an IMR above the state, unlike their white and Hispanic counterparts as shown in Chart 91.¹⁵⁷ Of counties reporting 20 or more deaths in this time period, Allen County’s white IMR was 19 out of 62, 10 out of 10 counties for black IMR, and two out of six for Hispanic IMR.¹⁵⁸

Chart 91: Total infant mortality rate by race and ethnicity, 2007-2016



Source: ISDH Indiana Maternal and Child Health Outcomes and Performance Measures Data Book State and Selected County Data 2007-2016

¹⁵⁷ People of Hispanic origin can be of any race. In this context, Hispanic babies could be counted in both the white and black categories, depending on reported ethnicity.

¹⁵⁸ K. Box et al, “Indiana Maternal and Child Health Outcomes.”

Looking at data about Allen County’s pregnancies from the annual ISDH natality reports from 2013 to 2017, Allen County’s pregnant women and girls –and their babies– have a mixed bag of measures.

CRI elected to use the following ISDH county-level information about the share of Allen County babies compared to the state with following characteristics:

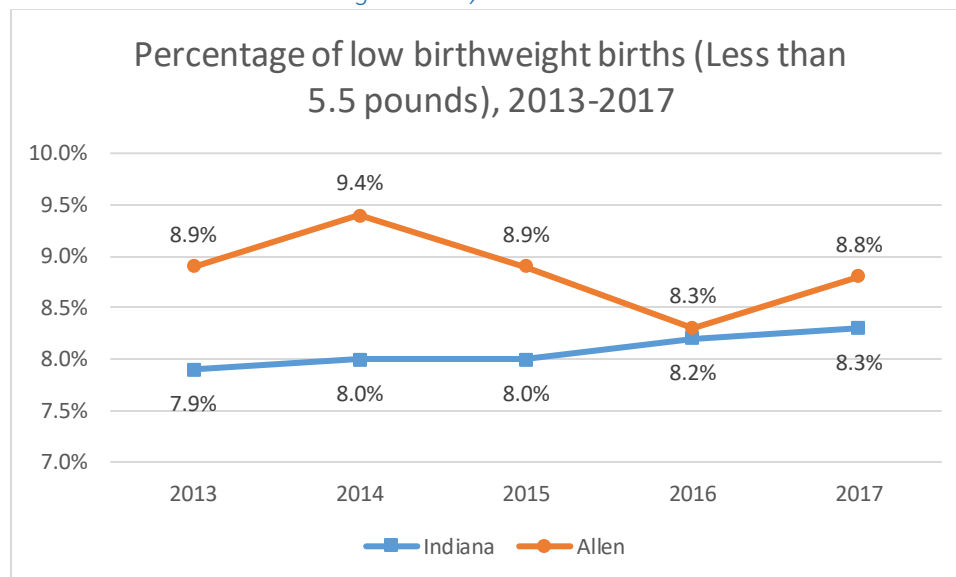
- Born before 37 weeks of gestation
- Birthweight of less than 5.5 pounds

Maternal data from the ISDH natality reports for this project were the percentage of mothers who:

- Received prenatal care during the first trimester (first 13 weeks of pregnancy)
- Insured by Medicaid at time of birth
- Smoked during pregnancy
- Were unmarried at delivery
- Were breastfeeding at time of discharge after delivery

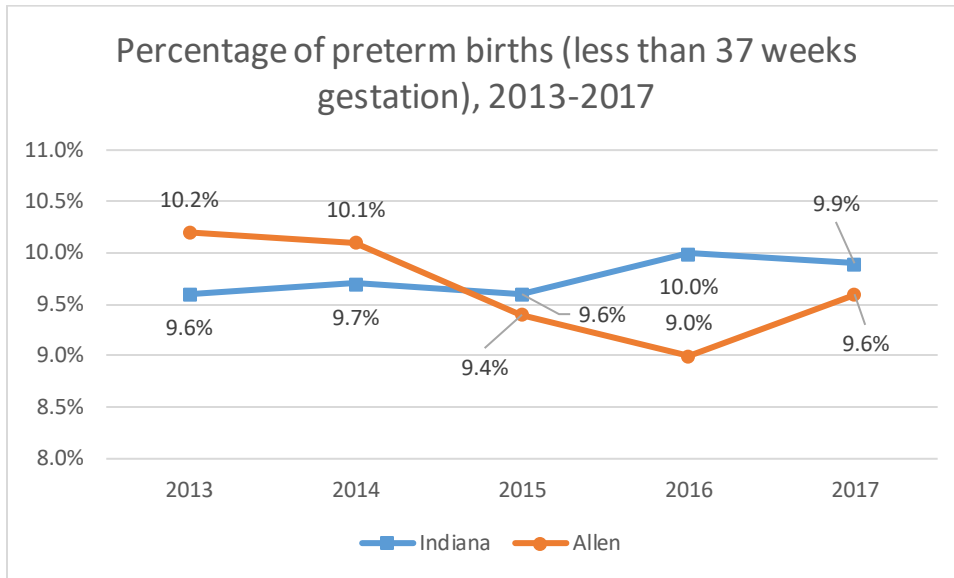
The percentage of Allen County babies born weighing less than 5.5 pounds consistently exceeded the state’s rate, as shown in Chart 92. Allen County’s rate of preterm births declined partially during this period, reflected in Chart 93, while the state’s share increased, thus putting Allen County below Indiana by 2015.

Chart 92: Low birthweight births, 2013-2017



Source: ISDH natality reports

Chart 93: Preterm births, 2013-2017



Source: ISDH natality reports

For maternal data, Chart 94 shows how Allen County’s pregnant mothers consistently smoked at lower rates than Indiana’s from 2013 to 2017.¹⁵⁹ The share of Allen County’s pregnant mothers who got prenatal care in the first trimester improved during this same period, but remained below the state’s relatively level share in Chart 96.

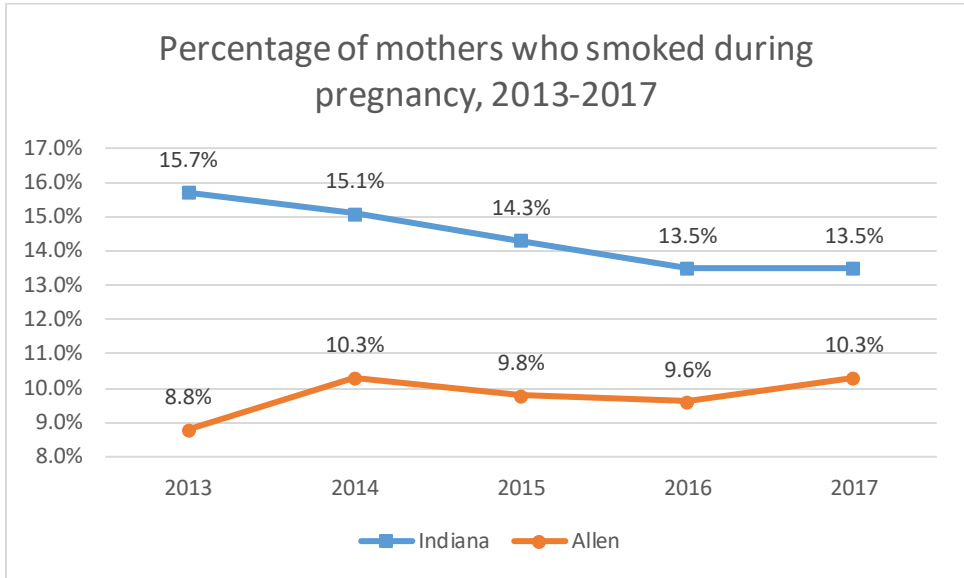
The rate of Indiana mothers breastfeeding at time of discharge from the hospital went up while Allen County’s went down during the same period, as shown in Chart 95.

In Chart 97, aside from Allen County’s rise between 2013 and 2014, the percentage of mothers on Medicaid at time of birth declined for both Allen County and Indiana, with Allen County dipping below Indiana in 2017.

Less than half of mothers in both Indiana and Allen County were unmarried at the time of delivery during the five-year period shown on Chart 98. The state showed a slight downward trend of unmarried mothers; Allen County’s share showed variance during this time, which is to be expected with the relatively small share of births compared to all of Indiana.

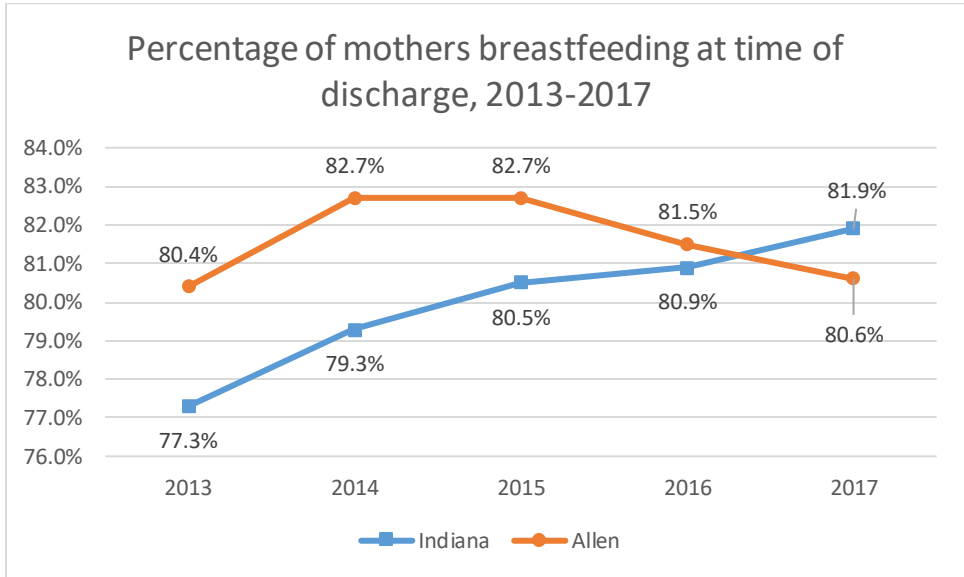
¹⁵⁹ As of February 2020, ISDH had not released the 2018 natality report.

Chart 94: Prenatal smoking rates, 2013-2017



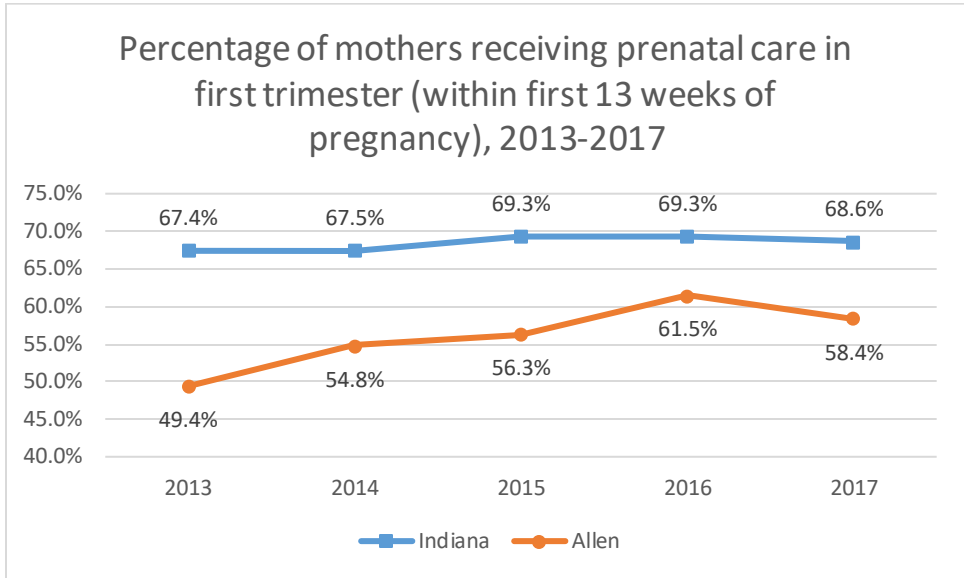
Source: ISDH natality reports

Chart 95: Mothers breastfeeding at time of birth, 2013-2017



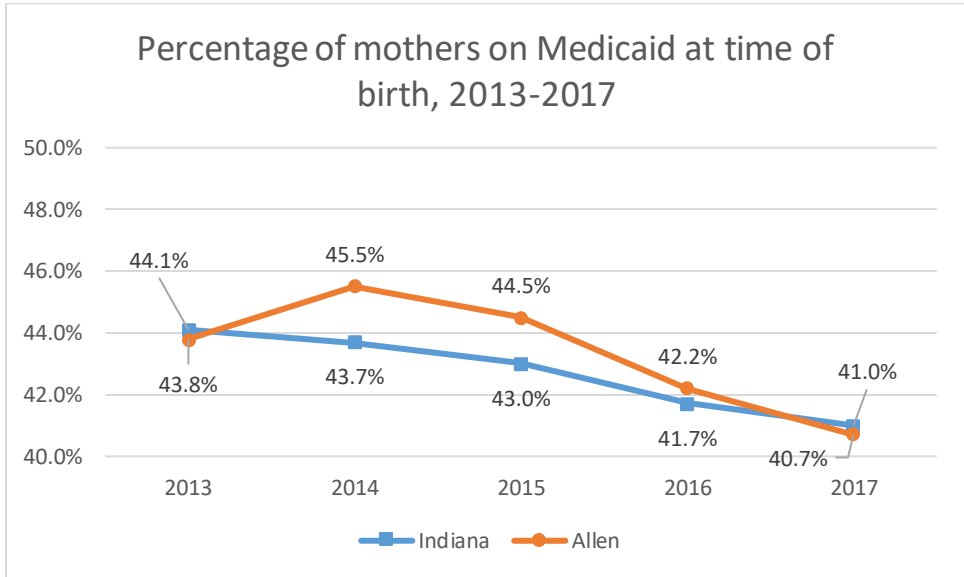
Source: ISDH natality reports

Chart 96: Mothers receiving first-trimester prenatal care, 2013-2017



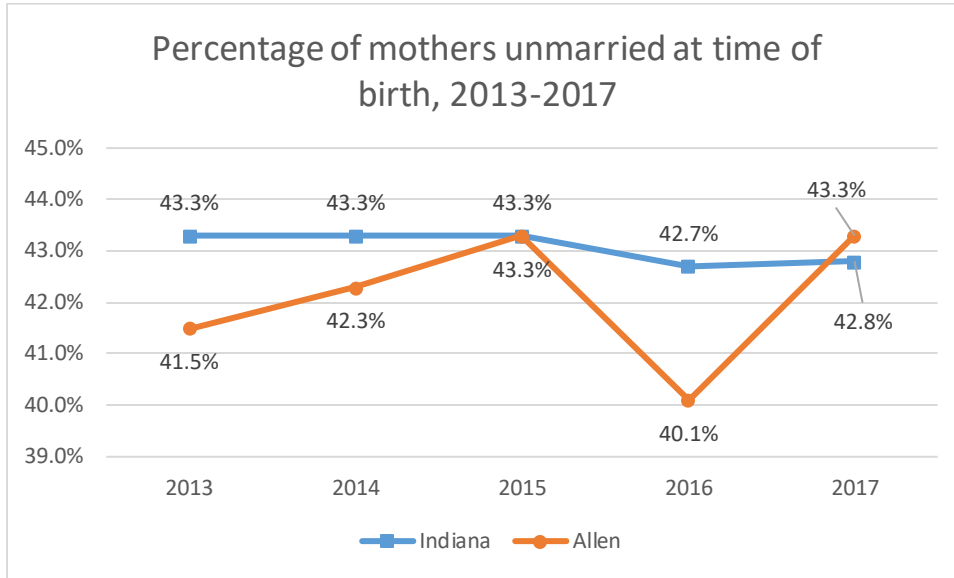
Source: ISDH natality reports

Chart 97: Mothers on Medicaid at time of birth, 2013-2017



Source: ISDH natality reports

Chart 98: Unmarried mothers at time of birth, 2013-2017



Source: ISDH natality reports

Mortality data

Information about how people die helps a community understand how its residents live. Using information from the ISDH annual mortality reports,¹⁶⁰ CRI selected causes for this report connected to the project's focus and excluded ones that either had extremely low numbers, such as peptic ulcers, or deaths resulting from causes outside the scope of this project such as motor vehicle accidents or congenital malformations and chromosomal abnormalities. Deaths caused by drug overdose is not a category in the mortality reports.

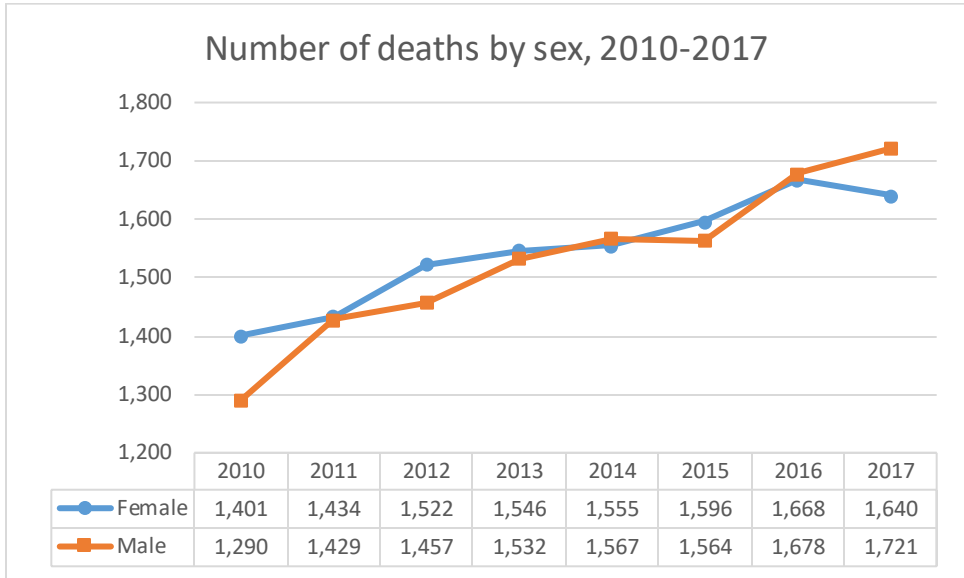
The following series of charts, 99-109, show the total deaths and selected causes of death by total and sex for Allen County from 2010 to 2017.

Heart disease and stroke is the largest killer of females in Allen County, followed by cancer, according to ISDH data. Although not listed in the following charts, 14 females in Allen County died from pregnancy, childbirth, or postpartum causes from 2012 to 2017.¹⁶¹

¹⁶⁰ See <https://www.in.gov/isdh/19096.htm>. ISDH has annual mortality reports dating back to 1999. The information is released by statewide and county totals on a broad range of causes of death.

¹⁶¹ See ISDH Mortality Reports for 2012 through 2017. No data for 2010 or 2011 were released due to being less than five deaths. That suppression threshold was removed starting in 2012.

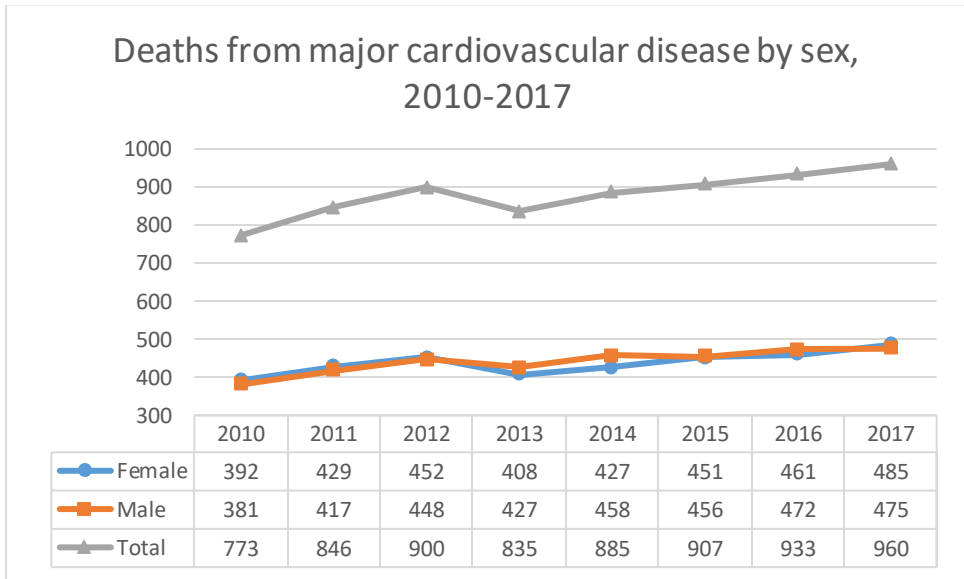
Chart 99: Total deaths, 2010-2017



Source: ISDH Mortality Reports

Looking at deaths from cardiovascular disease, which includes heart disease, high blood pressure, and strokes, females made up between 48.2% and 50.7% of the total number of deaths. Cardiovascular disease caused between 26.4% and 29.9% of total female deaths during this time period.

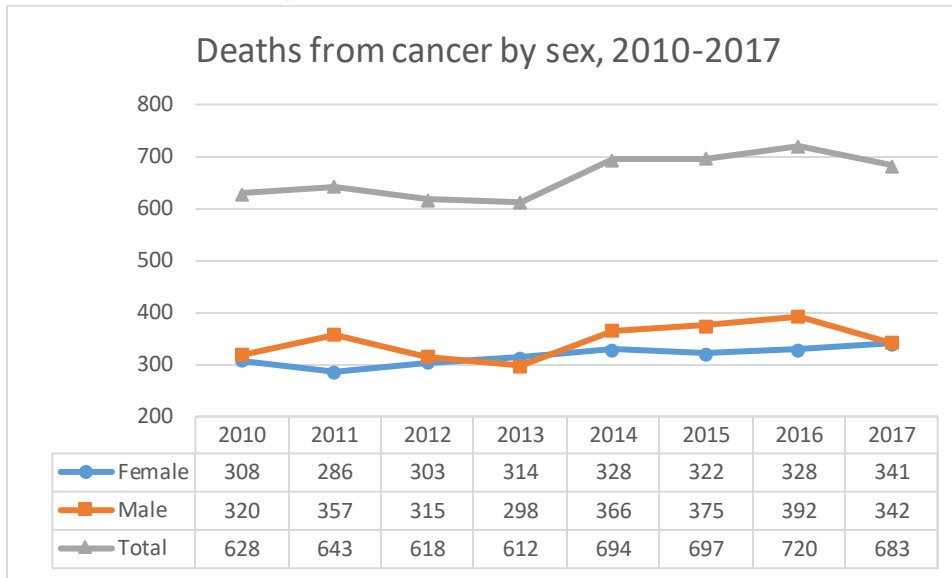
Chart 100: Deaths from major cardiovascular disease, 2010-2017



Source: ISDH Mortality Reports

Cancer was consistently the second leading cause of death for Allen County’s females. In most of the years studied, male cancer deaths exceeded female cancer deaths, which is consistent with the cancer data from the earlier section.

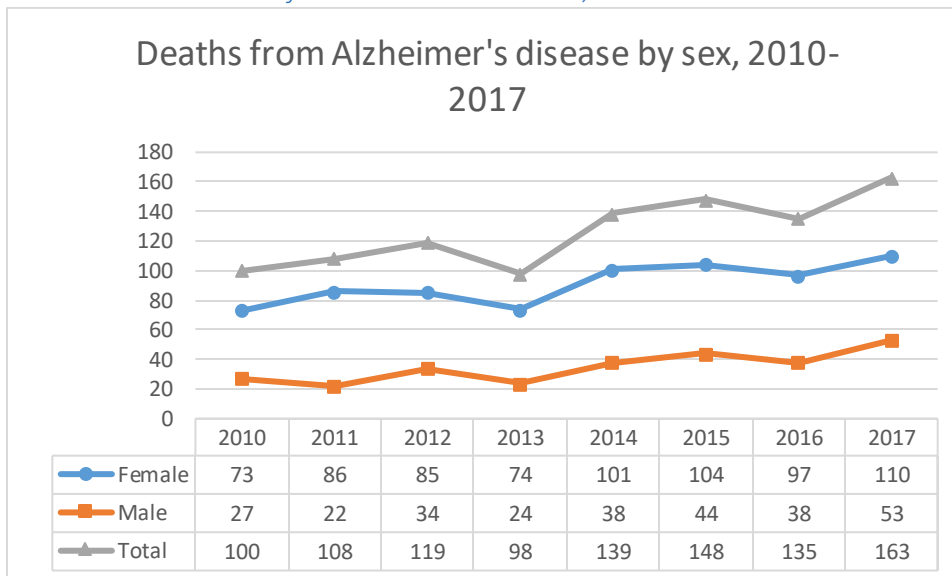
Chart 101: Deaths from cancer, 2010-2017



Source: ISDH Mortality Reports

Women consistently had a higher death rate from Alzheimer’s than men in Allen County, making up between 67.5% and 79.6% of the deaths from this cause.

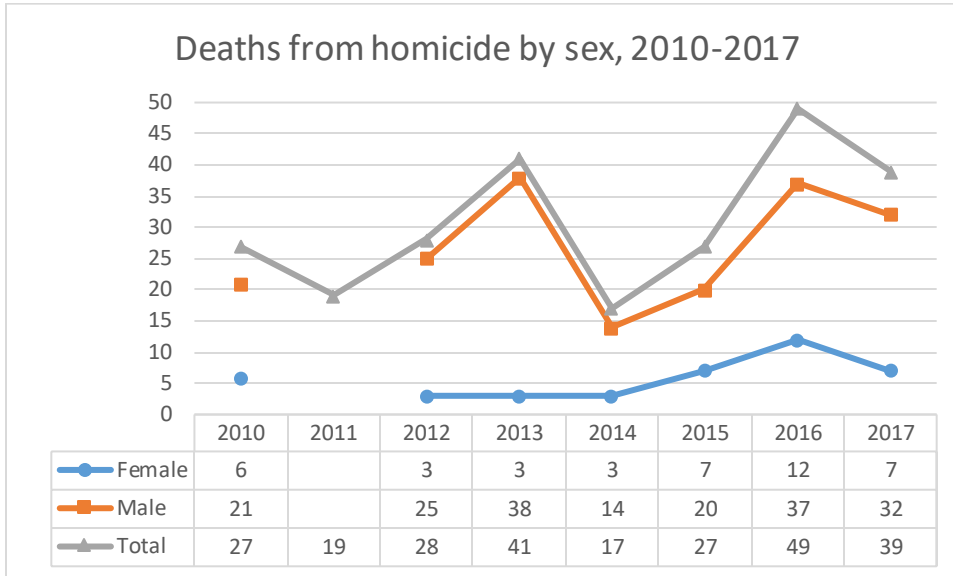
Chart 102: Deaths from Alzheimer’s disease, 2010-2017



Source: ISDH Mortality Reports

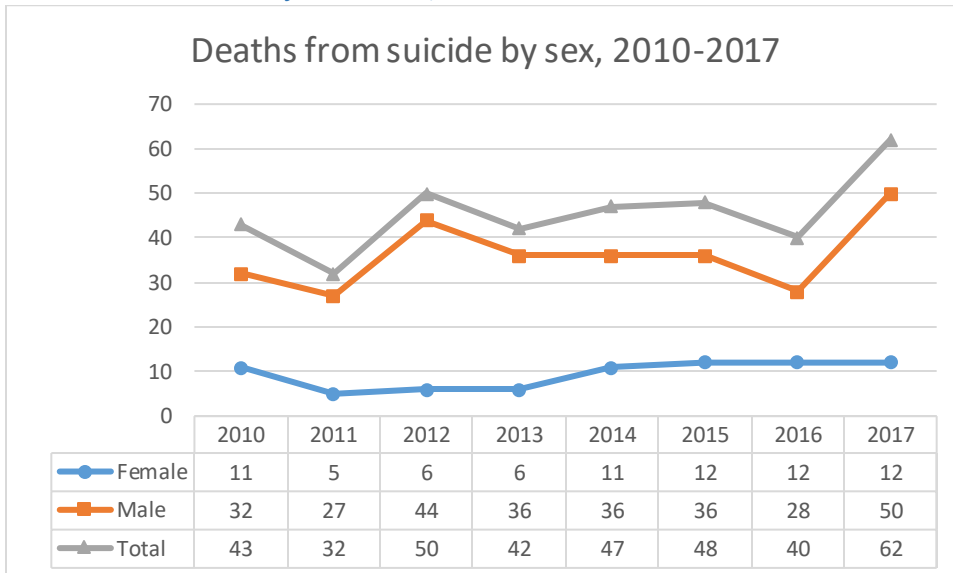
Females were consistently below males for the number from both homicide and suicide. The number of female homicide victims spiked in 2016 to 12, compared to only 3 annually in 2012 through 2014. For suicides, the total number of suicides has shown some variation, despite leveling off mid-decade. The jump between 2016 and 2017 was due to the jump in male suicides as female suicides stayed essentially even between 2014 to 2017.

Chart 103: Deaths from homicide, 2010-2017



Source: ISDH Mortality Reports (No data by sex was released for 2011)

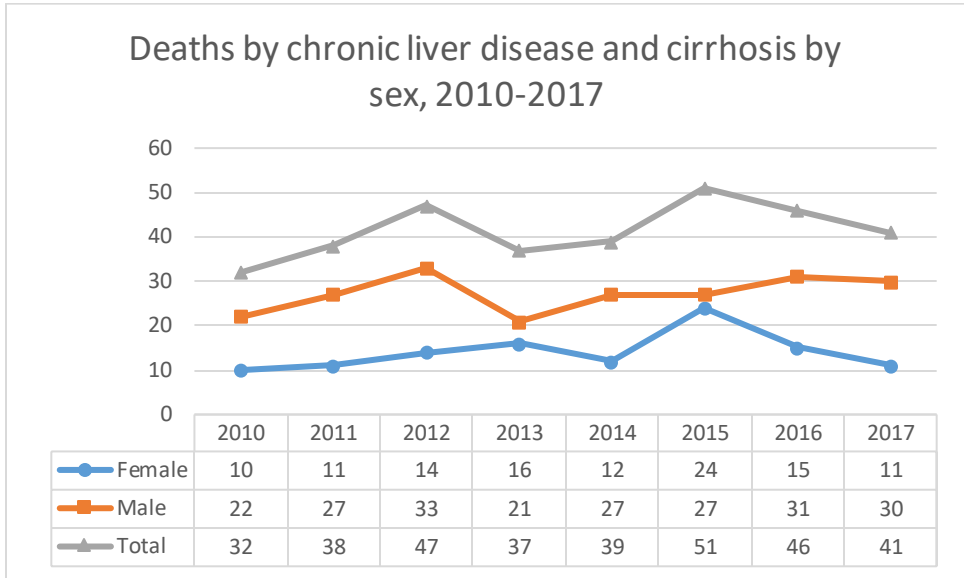
Chart 104: Deaths from suicide, 2010-2017



Source: ISDH Mortality Reports

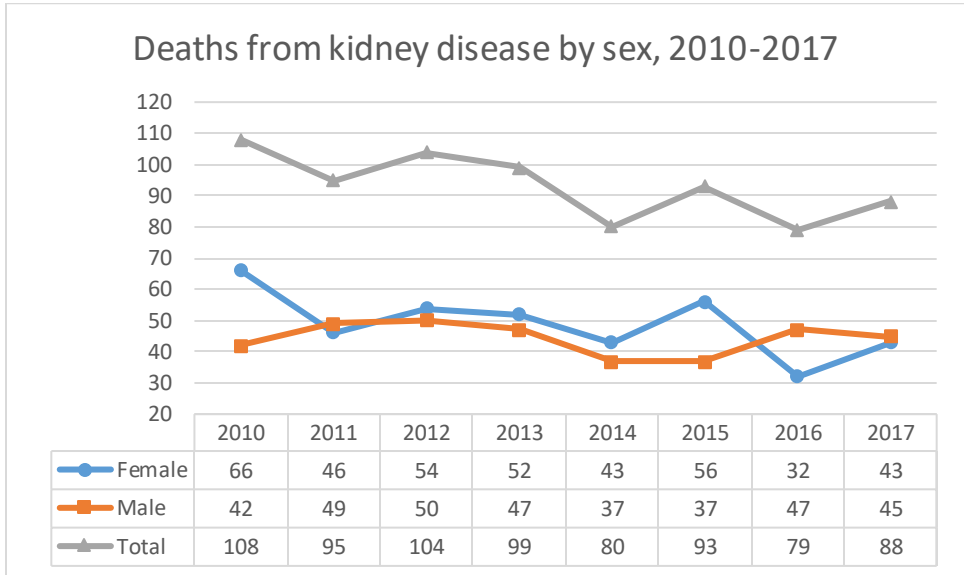
Comparing kidney and liver disease, males consistently had higher rates of mortality from liver disease than females, but no pattern emerged by sex for kidney disease although it showed a general downward trend during the period studied.

Chart 105: Deaths from chronic liver disease and cirrhosis, 2010-2017



Source: ISDH Mortality Reports

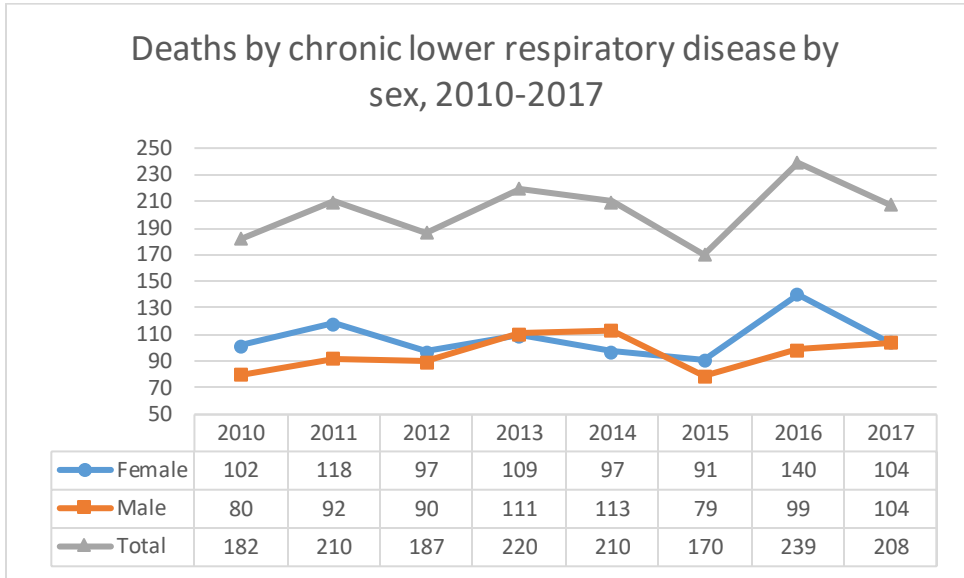
Chart 106: Deaths from kidney disease, 2010-2017



Source: ISDH Mortality Reports

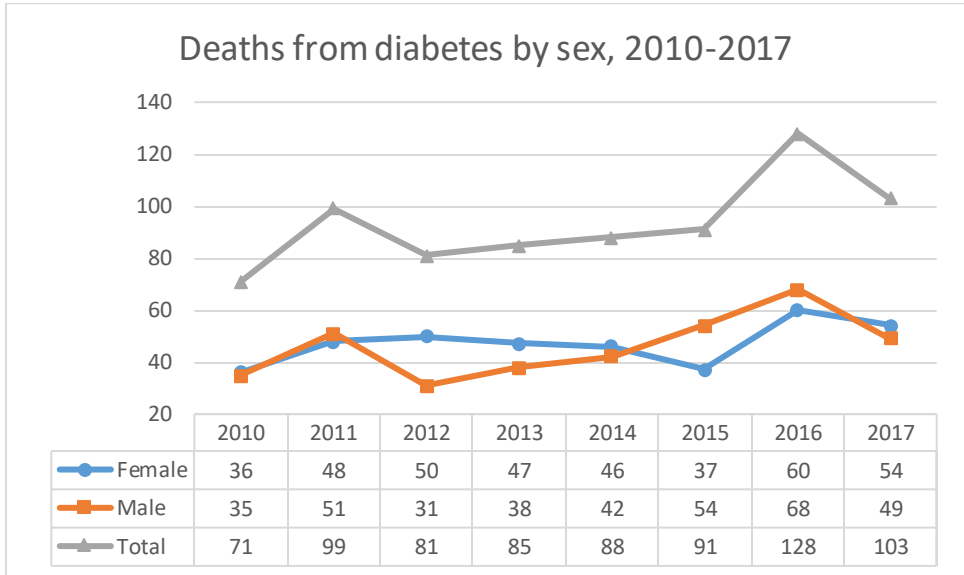
Males and females were about even in the number of deaths caused by chronic lower respiratory disease and diabetes.

Chart 107: Deaths from chronic lower respiratory disease, 2010-2017



Source: ISDH Mortality Reports

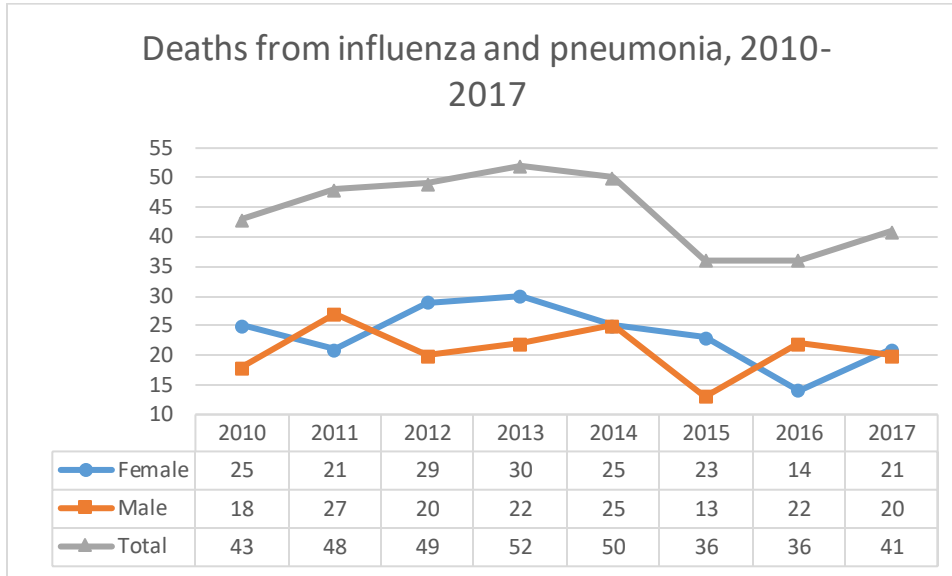
Chart 108: Deaths from diabetes, 2010-2017



Source: ISDH Mortality Reports

Males and females flipped flopped for making up more than half of the deaths from influenza and pneumonia during this time.

Chart 109: Deaths from influenza and pneumonia, 2010-2017



Source: ISDH Mortality Reports

Disability data

Females report higher rates of disability than males, according to Census Bureau data, at the local, state, and national levels. This is likely because of women living longer than men, and thus being more likely to have an impairment in one of the disability categories as listed in the next paragraph. Furthermore, the aging population is likely to report higher rates of disability. Rates of self-reported disability in Allen County crept up for women and men between 2010 and the mid-2010s, plateauing or slightly dipping from there, as shown in Chart 110.

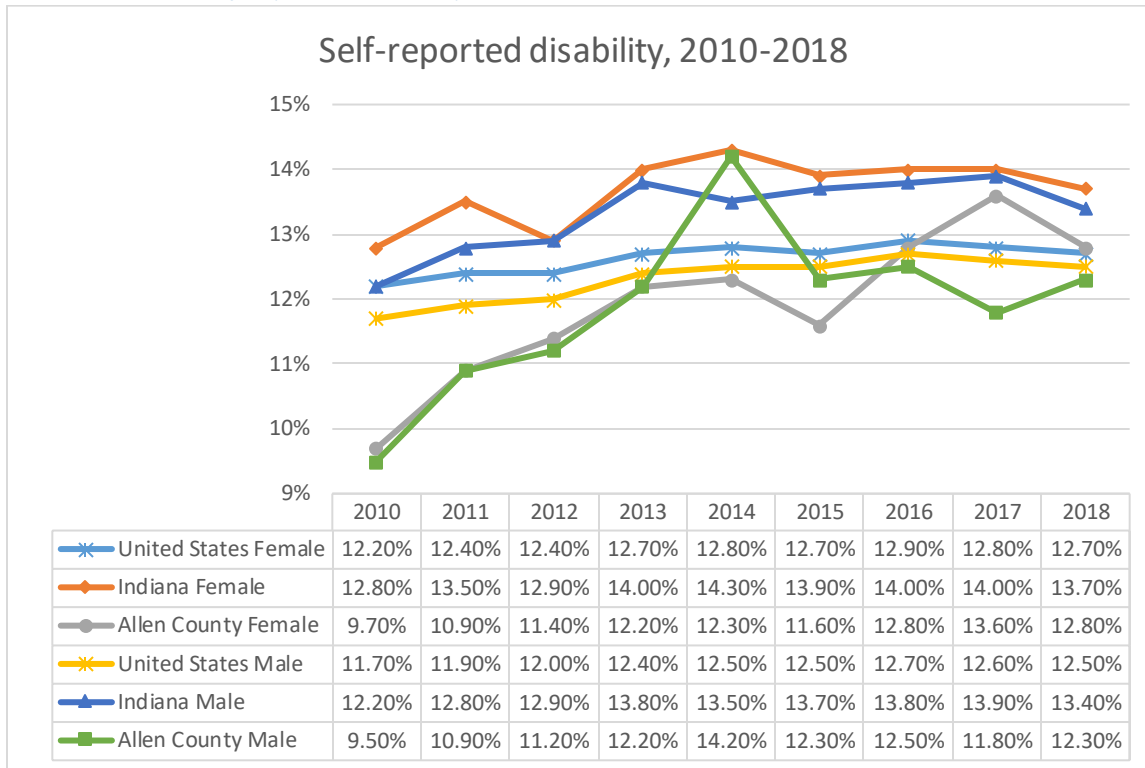
The U.S. Census Bureau's American Community Survey (ACS) asks questions about disability in the following areas:¹⁶²

- **Hearing difficulty:** deaf or having serious difficulty hearing
- **Vision difficulty:** blind or having serious difficulty seeing, even when wearing glasses
- **Cognitive difficulty:** difficulty remembering, concentrating, or making decisions due to a physical, mental, or emotional problem
- **Ambulatory difficulty:** serious difficulty walking or climbing stairs
- **Self-care difficulty:** difficulty bathing or dressing
- **Independent living difficulty:** difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem

The share of Allen County females reporting a disability increased 32% from 2010 to 2018, compared to a 29.5% jump for Allen County males. In contrast, the increases for females in the United States and Indiana was 4.1% and 7% respectively; for males it was 6.8% and 9.8%.

¹⁶² See <https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html>

Chart 110: Self-reported disability, 2010-2018



Source: U.S. Census Bureau Table S1810

Obesity

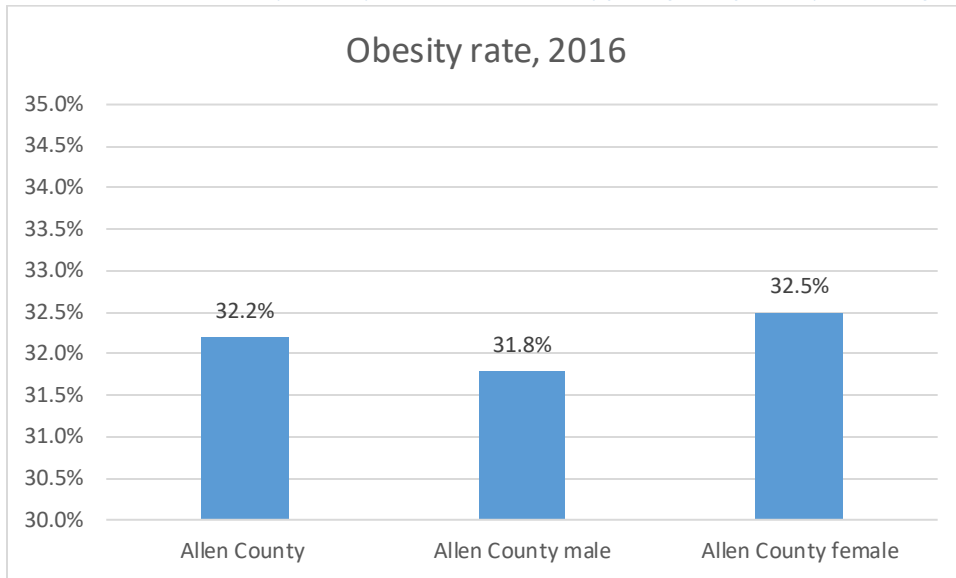
Discussing women’s weight is a particularly charged topic, however CRI is including information about the rate of obesity not as a question of body image but rather for the health concerns that arise from a body mass index (BMI) of 30 or higher, including increased risk of heart disease, cancer, high blood pressure, and Type 2 diabetes.¹⁶³

The CDC’s Diabetes Surveillance System lists obesity rates by sex at the county level. It doesn’t provide comparable data for the state or nation, therefore CRI cannot make a comparison of obesity rates to other geographies from this source.

Chart 111 shows that in 2016 nearly a third of Allen County adults aged 20 and over were obese, using an age-adjusted percentage. Women’s obesity rates were slightly higher than the men’s rate: 32.5% compared to 31.8%.

¹⁶³ See <https://www.niddk.nih.gov/health-information/weight-management/health-risks-overweight>.

Chart 111: Obesity rate by sex in Allen County for age-adjusted percentages for ages 20+, 2016



Source: CDC United States Diabetes Surveillance System

Physical inactivity

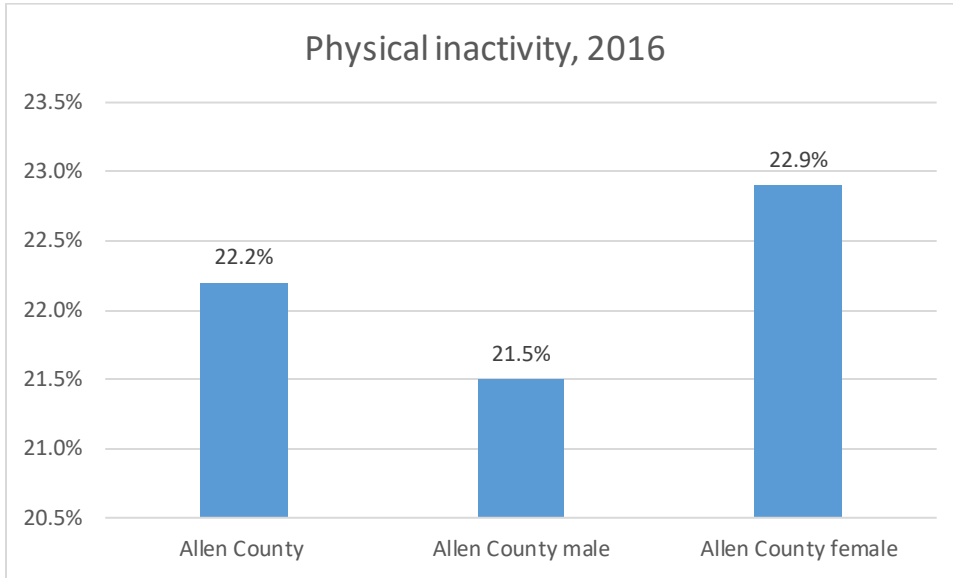
In this context, using the CDC's Diabetes Surveillance System, physical inactivity is defined as a person who reports not participating in physical activity or exercise in the past 30 days.¹⁶⁴

Women in Allen County had a higher rate of physical inactivity than men in 2016, although both groups indicated more than one in five had not been physically active in the past month for adults aged 20 and older using an age-adjusted percentage, as shown in Chart 112. Like obesity, no comparable data from this source is published for the state and national levels.¹⁶⁵

¹⁶⁴ See <https://www.cdc.gov/diabetes/library/glossary.html#>.

¹⁶⁵ The obesity and physical activity data from this site at the state and national level is reported for people with diabetes, while the county data is the total population. See <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html#>.

Chart 112: Physical inactivity by sex in Allen County for age-adjusted percentages for ages 20+, 2016



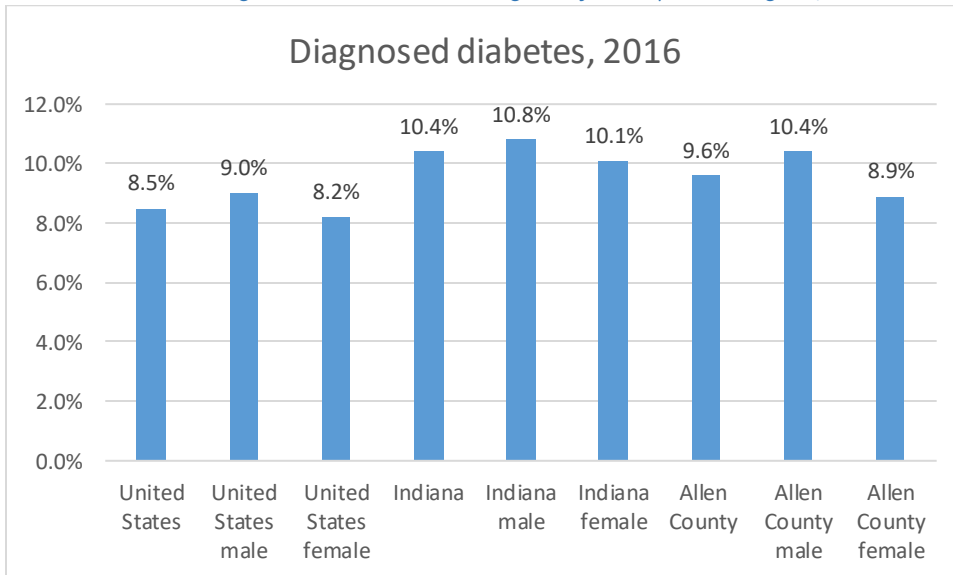
Source: CDC United States Diabetes Surveillance System

Diabetes

Unlike the obesity and physical inactivity measures, the CDC’s Diabetes Surveillance System publishes state and national data about the share of adults diagnosed with diabetes, however the population measures differ so it is an imperfect but sufficient comparison. Allen County’s measure is for adults 20 and older while the state and national rates are for adults in general. All reflect age-adjusted percentages.

Comparing Allen County’s women to their state and national counterparts respectively, the 2016 diabetes rate was 11.9% below Indiana and 8.5% above the United States, as shown in Chart 113.

Chart 113: Diagnosed diabetes with age-adjusted percentages*, 2016



Source: CDC United States Diabetes Surveillance System; *Allen County’s data reflect ages 20+, Indiana and United States data reflect all adults

Qualitative information

Like the other sections, CRI talked to a number of local subject matter experts in physical and mental health for Allen County's women¹⁶⁶ to learn what they are seeing in their practices and roles. Themes that came out of these conversations included the effects of persistent toxic stress in these women's lives, the need for schedule flexibility to readily access healthcare, need for childcare, difficulties in accessing mental health services, and the general persistence and strength of women to make it work.

At Fort Wayne's Matthew 25 Health and Dental Clinic, the downtown location serves adults without health insurance at up to 200% of the federal poverty level with a focus on patient dignity and a multidisciplinary approach. Clinic staff indicate most of their patients are working, often with part-time jobs.¹⁶⁷

Matthew 25 patients often arrive as a result of physical injury or symptoms, although women may arrive for other reasons like feeling down but then get diagnosed with asymptomatic conditions like high blood pressure, and they tend to see a broader age range of women than men, who tend arrive at an older age.¹⁶⁸ Their patients tend to have a variety of co-morbidity factors, including non-medical conditions like engagement with the criminal justice system or immigration status.¹⁶⁹ Other barriers are transportation, challenges to actually make the needed behavior change, and general lifestyle dynamics.¹⁷⁰ For example, it's hard for many patients to consider quitting smoking because of the other crises and stressors in their lives.¹⁷¹

Women's health at Matthew 25 isn't just mammography and pap smears. They also look to reduce the risk of heart disease and strokes and manage diabetes through lifestyle changes like walking, quitting smoking, and building community, however the clinical staff recognize the difficulties these patients face, often with a lack of clear reward for good choices.¹⁷²

Dental services or more accurately lack thereof, especially the aesthetics, can often affect women's ability to secure employment. They have seen women arrive at the clinic unemployed and without their front teeth.¹⁷³ Once they get their teeth replaced at the dental clinic, they find a job.¹⁷⁴

While the survey found very positive interactions for women with their healthcare providers, Paige Wilkins, the executive director for Healthier Moms and Babies (HMB), which provides case management for women and infants on Medicaid to help have healthy pregnancies and the infant's first year of life, said her agency's clients have different, less favorable experiences, often with a disconnect between

¹⁶⁶ Most of the health-related comments for girls but not all were incorporated into the qualitative portion of the Girls and Young Women chapter of this report. Some are included in this section.

¹⁶⁷ Interview with Dr. Brad Isbister, medical director; Dr. Roger Valliere, dental director; Ermina Mustedanagic, director of operations and development; Stephanie Adjei, third-year medical student; Matthew 25 Health and Dental Clinic, November 7, 2019.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

providers and the needs of the patient.¹⁷⁵ While HMB clients don't typically have difficulty accessing care, although transportation may be a problem, they often feel they are treated differently or judged by their providers.¹⁷⁶

Wilkins is concerned about the toxic stress – the ongoing stressors like food insecurity, domestic violence, or unsafe housing and neighborhoods – for HMB's clients and how it can affect the baby's development and pregnancy, including pre-term birth.¹⁷⁷ Wilkins said they need a multifaceted approach resting with the social determinants of health.¹⁷⁸

Wilkins indicates that providers need to understand what these women's lives look like so their healthcare teams can appropriately plan for their care.¹⁷⁹ Since HMB clients are on Medicaid, they often find challenges with Medicaid's coverage, such as not paying for a blood pressure cuff. From Wilkins' perspective, the system is set up to fail HMB's clients.

By working with HMB case managers, these women receive home visits, which can reduce infant mortality, and help them navigate the system to link them with the appropriate services and connections.¹⁸⁰ In turn, these mothers develop confidence to move forward.¹⁸¹

HMB measures birth outcomes so success for an HMB client is getting to 38 weeks, educating them on when they need to call their doctor, and creating a safe sleep environment for the infant at home.¹⁸²

In many ways, the pregnancy is the easy part for HMB clients, according to Wilkins. Since these women tend to work in jobs without paid maternity leave, they return to work out of financial necessity four or six weeks after the birth, which is before they are fully healed.¹⁸³

Dr. Tony GiaQuinta is a local pediatrician and past president of the Indiana Chapter of American Academy of Pediatrics who sees mostly Medicaid patients. He is pleased that his office is able to offer a "medical home model" for low-income parents to create a continuity of care for his patients, but he does see patients with difficulty getting to his clinic for things like lack of transportation or parents' drug use.¹⁸⁴

Like Wilkins, he is concerned about the levels of toxic stress of parents as a result of insecurity over jobs, money, food, utility shutoffs, and the presence of violence within the home, which can manifest as

¹⁷⁵ Interview with Paige Wilkins, executive director, Healthier Moms and Babies, October 31, 2019.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

¹⁷⁸ The federal government has identified neighborhoods and the built environment, economic stability, health and healthcare, education, and social and community context as the social determinants of health. See <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

¹⁷⁹ Wilkins interview.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ Telephone interview with Dr. Tony GiaQuinta, pediatrician, November 21, 2019.

anger or depression.¹⁸⁵ This stress can get passed to the children, creating Adverse Childhood Experiences (ACEs).¹⁸⁶

For the mothers of his patients, Dr. GiaQuinta sees the need for better economic opportunities and childcare. Single-mother households only have one income earner available, but their jobs may provide little schedule flexibility or require working night shifts.¹⁸⁷ Accordingly, mom may use grandparents for childcare – at least before the global pandemic – but those settings may not provide the appropriate brain development for the child.¹⁸⁸

He would also like to see better access to trauma-informed therapists and counselors for mental health.¹⁸⁹

As for teenage girls and young women, Dr. GiaQuinta would like to see them have the freedom to finish school, not to have children unintentionally, avoid violence, and make decisions that are right for them.¹⁹⁰ Ultimately, they need to be able to make mistakes but come back.¹⁹¹

Dr. GiaQuinta sees a wonderful opportunity for the community to reverse generational poverty if local leaders are willing to look at the full picture.

Renetta Williams, the now-retired director of HealthVisions Midwest of Fort Wayne and the Allen County Health Disparity Coalition, has seen how scheduling difficulties or transportation challenges affect certain populations' ability to access care. She noted that medical offices have moved to suburban locations over time with little to now after-hours care available.¹⁹² Like others, she would like employers to provide greater scheduling flexibility or to offer a "health day" where services come to the workplace like Francine's Friends.¹⁹³

For mental health, there is improved awareness, according to Lisa Smith, executive director of Mental Health America of Northeast Indiana (MHANI), but women are likely to downplay their challenges.¹⁹⁴ This is especially true for single mothers who have no choice but to keep moving.¹⁹⁵

¹⁸⁵ Ibid.

¹⁸⁶ Ibid. For information about ACEs, see the Girls and Young Women chapter.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² Interview with Renetta Williams, director HealthVisions Midwest of Fort Wayne and the Allen County Health Disparity Coalition, October 28, 2019. Williams retired in April 2020. See https://www.fwbusiness.com/fwbusiness/article_80ce25b7-1aef-568e-b7e6-fa8131bfe926.html.

¹⁹³ Ibid.

¹⁹⁴ Telephone interview with Lisa Smith, executive director, Mental Health America of Northeast Indiana, October 18, 2019.

¹⁹⁵ Ibid.

She noted that Allen County does have access to mental health services but barriers to mental health still exist, including insurance coverage or out-of-pocket costs, transportation, and need for childcare.¹⁹⁶ She would like more school-based mental health services locally.¹⁹⁷

Mental health also has a workforce development and talent retention component, especially for women who are employed in lower-paying jobs.¹⁹⁸ She sees a connection between mental health and economic security.¹⁹⁹

Mary Aguilar, a licensed clinical social worker in private practice, works with women in marginalized populations including LGBTQ and those who experienced sexual abuse or other emotional traumas. She sees structural injustices within health insurance for mental health care, including high deductibles that prevent women from seeking these services.²⁰⁰

Aguilar would like people to understand the mind-body connection, where triggers for mental health traumas like seeing something on TV can result in physical manifestations for anxiety and depression, with a move to an integrated mental and physical health model.²⁰¹

Despite the traumas her clients have faced, she said women are remarkably resilient and repeatedly show strength.²⁰²

Taking a larger look at the health of women, Dr. Sarah GiaQuinta, the Parkview Health vice president of community health, believes it is important to know that historical inequities exist for the treatment of women and girls – the healthcare double standard – that can create disparities today.²⁰³

Dr. GiaQuinta also worries about women’s mental health, including postpartum depression and increased stress levels, however people are more likely to talk about these struggles now.²⁰⁴

She would like to see improved access to obstetricians and gynecologists in high-need areas. In her work, she sees inequitable health results, often dependent on where women and girls live.²⁰⁵ Locations with higher rates of poverty and larger non-white populations tend to have lower health outcomes.²⁰⁶

Ultimately policies that support women in the workplace like paid maternity leave, breastfeeding supports, schedule flexibility, and high-quality childcare can all improve women’s health, according to GiaQuinta.²⁰⁷

¹⁹⁶ Ibid.

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Telephone interview with Mary Aguilar, LCSW, October 15, 2019.

²⁰¹ Ibid.

²⁰² Ibid.

²⁰³ Telephone interview with Dr. Sarah GiaQuinta, vice president of community health, Parkview Health, January 22, 2020.

²⁰⁴ Ibid.

²⁰⁵ Ibid.

²⁰⁶ Ibid.

²⁰⁷ Ibid.

Caregiving

Bright spot: Aging & In-Home Services' Family Caregiver Center

Women caring for aging parents, in-laws, or another older adult – including those with dementia – can get support for themselves while also serving the person in need of care from the Aging & In-Home Services of Northeast Indiana's Family Caregiver Center.

It works with people who are caring for adults ages 60 or older or anyone with dementia or a related disorder. The center's goals focus on both caregivers by reducing their stress and supporting people in need of care to enable them to stay in the community for as long as possible.

The Family Caregiver Center offers monthly caregiver support groups, temporary respite care, and supplemental services including adaptive equipment, home modifications, emergency call systems, counseling sessions, and legal consultation.

At intake, a family caregiver specialist and caregiver complete a comprehensive assessment. This helps Aging & In-Home Services provide caregivers with specific knowledge to navigate social services and healthcare systems, which in turn increases their ability to care for their loved one while decreasing the caregivers' stress.

Aging & In-Home Services also uses two evidence-based programs for caregivers: 1) Benjamin Rose Institute on Aging (BRI)/Care Consultation for older adults with a chronic condition using telephone-based consultations via certified care consultants and 2) Resources for Enhancing Alzheimer's Caregiver Health (REACH II) for people with Alzheimer's disease or other forms of dementia to enhance the caregivers' support and self-care.

To learn more about the Family Caregiver Center and other programs at Aging & In-Home Services, visit <https://agingihs.org/>.

Caregiving introduction

Women often have oversized roles as caregivers, whether caring for children, aging parents or in-laws, disabled spouses, other family members, and even non-family members.

All women are daughters, and according to the Pew Research Center, the vast majority of American women ages 40 to 44 were mothers in 2016.²⁰⁸ Based on Allen County's demographic characteristics compared to the nation, CRI expects that the share of Allen County women in the same age group are at least as likely if not more likely to be mothers, although comparable data does not exist.

In other words, by the end of a woman's childbearing years, it is overwhelmingly likely that she has children, either by giving birth, adoption, or raising a stepchild. Accordingly, the most Allen County women will have caregiving responsibilities at some point in their lives, whether it is for their own children or stepchildren, aging parents, or other people.

In this report, CRI looked at women's caregiving responsibilities for:

- Their own children, including adult disabled children
- Grandchildren
- Aging parents or parents-in-law
- Disabled spouse
- Other aging or disabled family members, close friends, or neighbors.

These caregiving responsibilities require resources, namely time and/or money. It is the time to provide the needed assistance bathing, grooming or preparing meals, or providing necessary supervision for homework, medications, or other activities of daily living, or the money to pay someone else to provide these services.

Caregiving survey results

With the lack of data about local women's caregiving responsibilities, the Allen County Women and Girls Fund Study Survey asked a series of questions to provide new data to inform this work.

The survey defined caregiving as "helping with activities like bathing, grooming, getting dressed, or mobility within the home for a child or adult, or, supervising a child or adult with things like homework, medication management, sleep schedules, finances, or meal preparation."

Questions focused on:

- The person in need of caregiving and whether they lived at their home or elsewhere
- Use and cost of paid caregiving services
- How caregiving responsibilities affect caregivers' paid employment

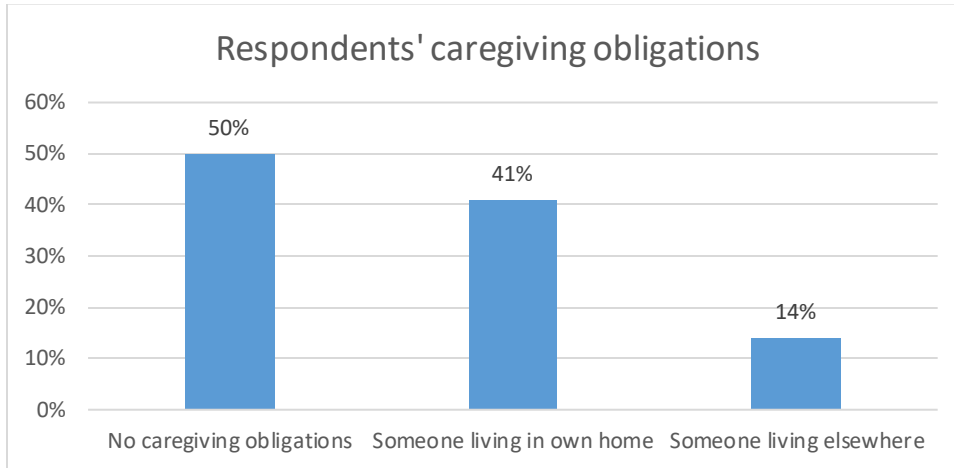
²⁰⁸ Livingston, Gretchen. "They're Waiting Longer, but U.S. Women More Likely to Have Children Than a Decade Ago," Pew Research Center, 3. (January 2018). This report used data from the U.S. Census Bureau's Current Population Survey (CPS), which does not offer data at the local level. This report finds that women at the end of their childbearing years were more likely in 2016 to have given birth than the same age cohort were in 2006, 86% vs. 80%. Additionally CPS data asks about childbirth, not whether the person has adopted a child or raising a stepchild. This report estimates about 6% children lived with an adoptive parent or stepparent.

- Use of time off at work to attend to caregiving responsibilities

Women’s caregiving responsibilities

Half of women in Allen County have caregiving responsibilities as defined above, according to the results of the Allen County Women and Girls Fund Study Survey. Chart 114 shows that overlap exists for women who care for both people in their own home and those living elsewhere.

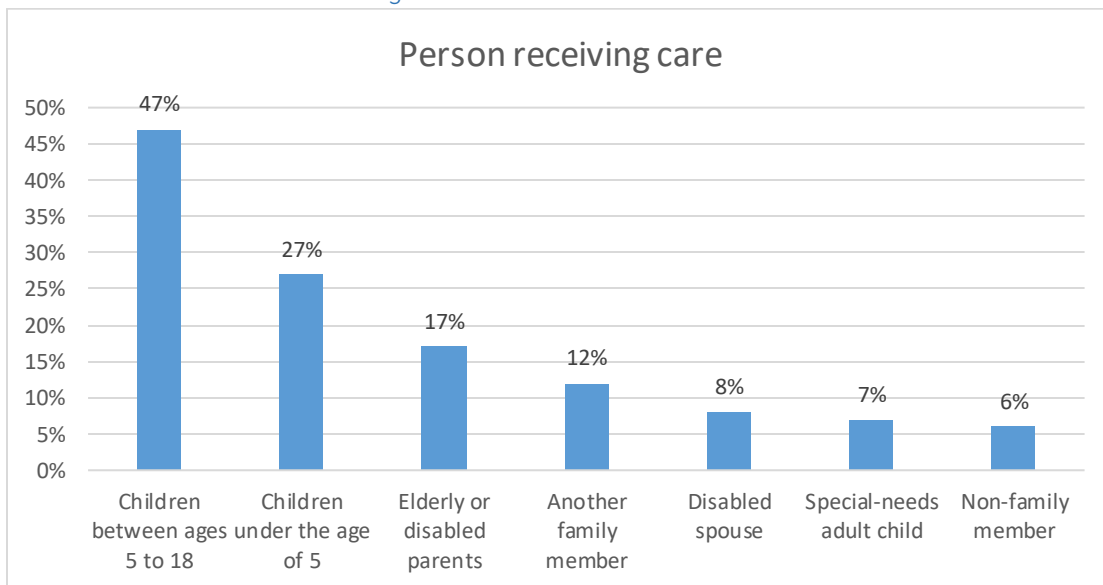
Chart 114: Allen County women’s caregiving obligations



Source: Allen County Women and Girls Fund Study Survey

From there, the survey asked caregivers about the person or people receiving the care, as shown in Chart 115. If the respondent did not indicate caregiving responsibilities, the survey skipped over the remaining caregiving questions so these responses only reflect the half of women who indicated they provided care.

Chart 115: Persons receiving care



Source: Allen County Women and Girls Fund Study Survey

Looking more closely at the above results when separated by respondents’ age, the responsibilities for each of these groups aligned with expected life stages.

Findings for the women with caregiving responsibilities by age:

- 53% of women ages 18 to 34 cared for children under age 5
- 61% of women ages 35 to 49% cared for children ages 5 to 18
- 34% of women ages 50 to 64 cared for elderly or disabled parents
- 20% of women ages 65 and older cared for a disabled spouse
- 24% of women ages 65 and older cared for a non-family member

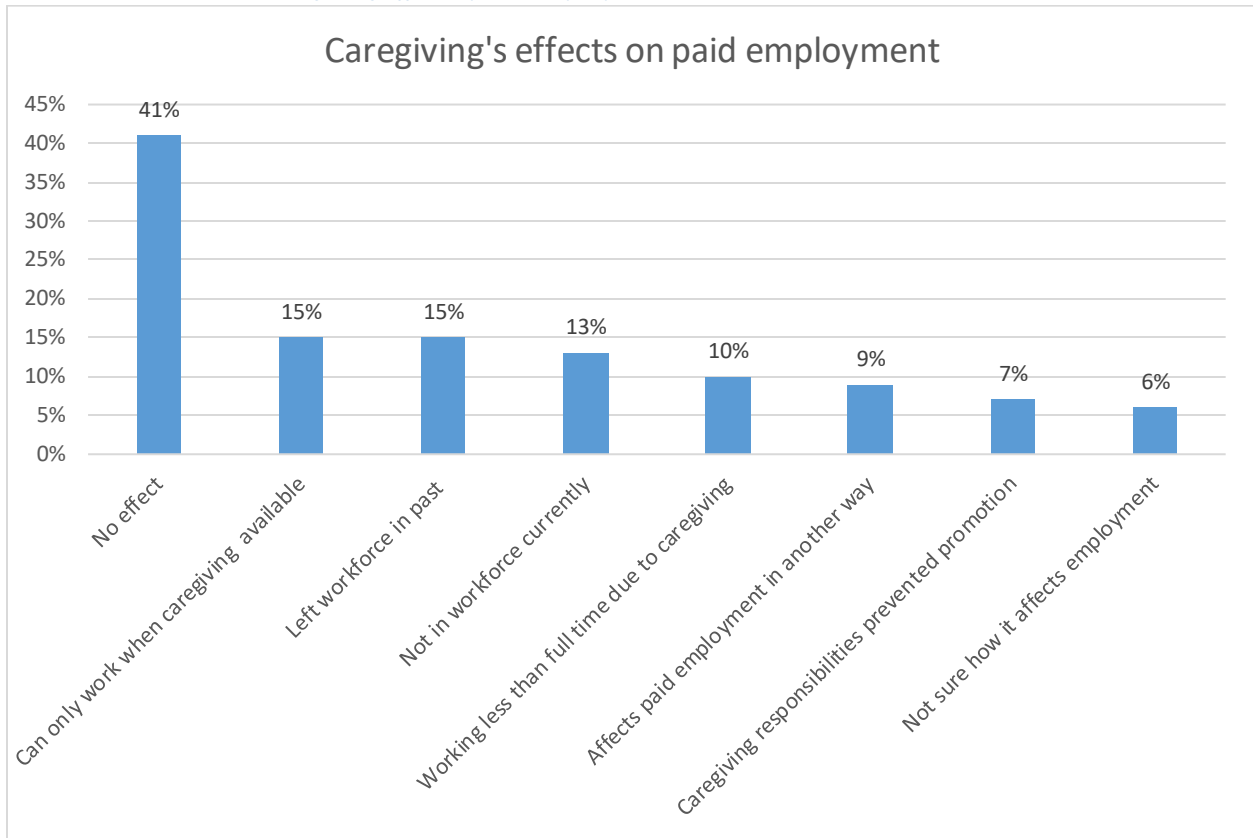
The above numbers should not be applied to the full Allen County population because of the small sample size for the individual age groups, but they do support the tendency that women's caregiving responsibilities change over the course of their lifetimes, where younger women care for young children while middle-aged women may find themselves caring for older children and aging parents at the same time.

Caregiving's effect on paid employment and use of time off

For women with caregiving responsibilities, 59% of Allen County Women and Girls Fund Study Survey respondents indicated it affected their paid employment, but the effects were diffuse across the seven answers provided in the survey. The most popular answer to this series of questions was no effect at 41%, but 15% listed both only working when caregiving is available and leaving the workforce in the past due to caregiving responsibilities. Two interesting responses were the 9% who listed that employment was affected in another way²⁰⁹ and 6% who weren't sure how it affected their work.

²⁰⁹ The survey did not ask any open-ended questions so no additional information was captured about what these effects were. This could be an area of additional study going forward.

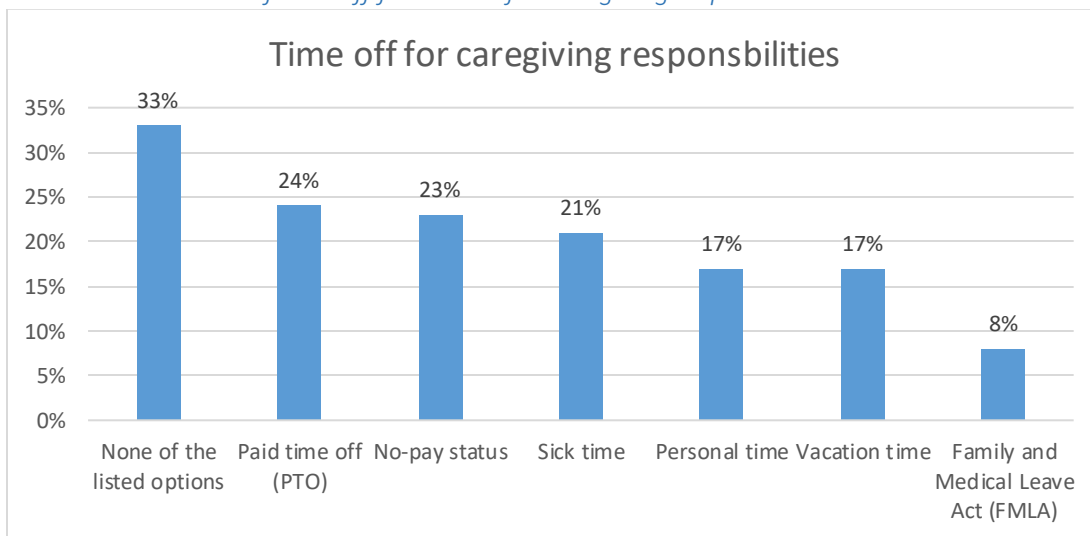
Chart 116: How caregiving effects paid employment



Source: Allen County Women and Girls Fund Study Survey

Since the availability of paid time off is at the discretion of the employer and not required by state or federal law, CRI wanted to understand how women with caregiving responsibilities use time off from work – paid or unpaid – to attend to these duties. Like effects on paid employment, Chart 117 shows a plurality of ways women use their time off from work to attend to these obligations.

Chart 117: Use of time off from work for caregiving responsibilities



Source: Allen County Women and Girls Fund Study Survey

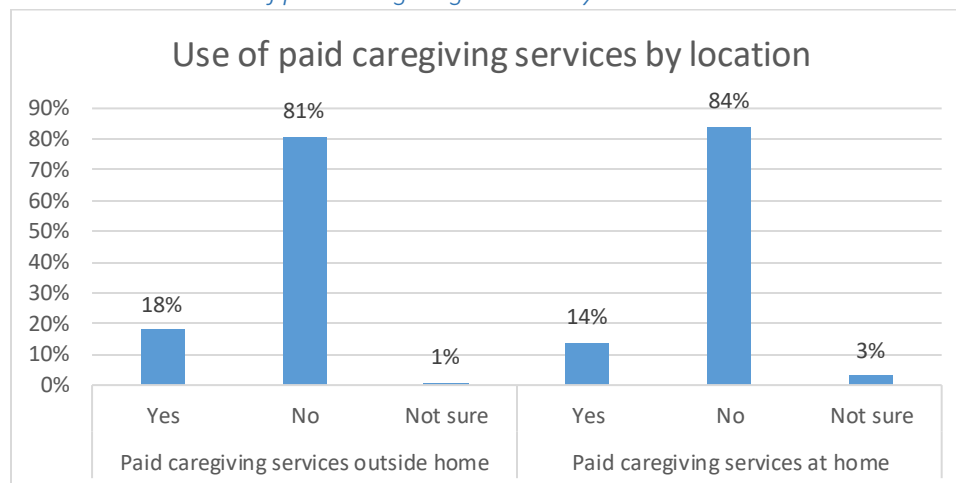
Interestingly, “none of these options” was the most common response, perhaps indicating that these women have schedule flexibility, arranged their work schedules to accommodate the needed care, or are part the caregiving group not currently working. More than 20% of respondents indicated that they use the generic paid time off,²¹⁰ enter into no-pay status, or use sick time, while 8% listed the Family and Medical Leave Act (FMLA).²¹¹ Enacted in 1993, FMLA offers eligible employees to take unpaid leave to care for certain family members, namely children under 18 and parents, for specified reasons as defined within the law.

Use, cost of paid caregiving services

While data exists about the local costs of childcare, the Allen County Women and Girls Fund Study Survey asked about the use of paid caregiving services, separated by at home or another location, and the cost of these services.

Interestingly, the vast majority of women with caregiving responsibilities – more than 80% – did not pay for these services, as shown in Chart 118.

Chart 118: Use of paid caregiving services by location



Source: Allen County Women and Girls Fund Study Survey

Although not reflected on the chart above, there are some distinctions among age groups on the use of paid caregiving services, which probably reflects the needs of person in need of care. For example, 33% of caregivers’ ages 18 to 34, who were more likely to have a child under the age of 5, used paid caregiving outside of the home and 20% in that same age group used those services at their home. In comparison, 10% of women ages 35 to 49 used outside-home caregiving services and 17% used paid services at home.

²¹⁰ Some employers have moved away from distinguishing between vacation, sick, and personal time off and going to a paid time off (PTO) bank of hours so CRI asked about PTO separately from the listed categories to reflect the varying practices of local employers.

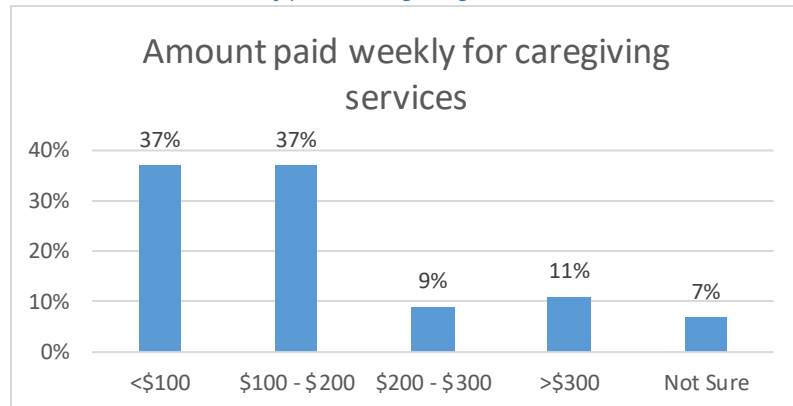
²¹¹ Enacted in 1993, FMLA offers eligible employees employers with 50 or more employees to take unpaid leave with continued health insurance coverage for to care for certain family members under specified reasons as defined within the law. FMLA can be taken intermittently, allowing the caregiver to use the time as needed, instead of an extended block of time like what would be used to recover from surgery. See <https://www.dol.gov/agencies/whd/fmla>

While the survey did not ask why women did not pay for these services, a number of factors revealed in responses to the other questions help resolve that inquiry including women who are not presently working and the significant share of women with school-age children who are old enough not to be supervised between the end of the school day and when parents return from work. Additionally, these women may get free caregiving time from parents, other family members, or neighbors since this survey did not ask about unpaid care.

Switching to the cost of paid caregiving services, the survey only asked this question of the women who indicated they used these services. It asked about total cost, not cost per person, so the data should be interpreted accordingly.

Because of the small response size for the question Chart 119 is based on, these answers should be applied cautiously when trying to extrapolate this data for Allen County as a whole, but it does provide some insight that was not previously available since other data sources addressed provider costs, not what users actually paid.

Chart 119: Cost of paid caregiving services



Source: *Allen County Women and Girls Fund Study Survey*

For those using paid caregiving services, 74% pay less than \$200 a week for these services, including 37% who paid less than \$100 a week while 11% paid more than \$300 weekly. In comparison, the Indiana Early Learning Advisory Committee lists the average cost of full-time high-quality childcare in Allen County at nearly \$150 a week per child.²¹²

Women's employment

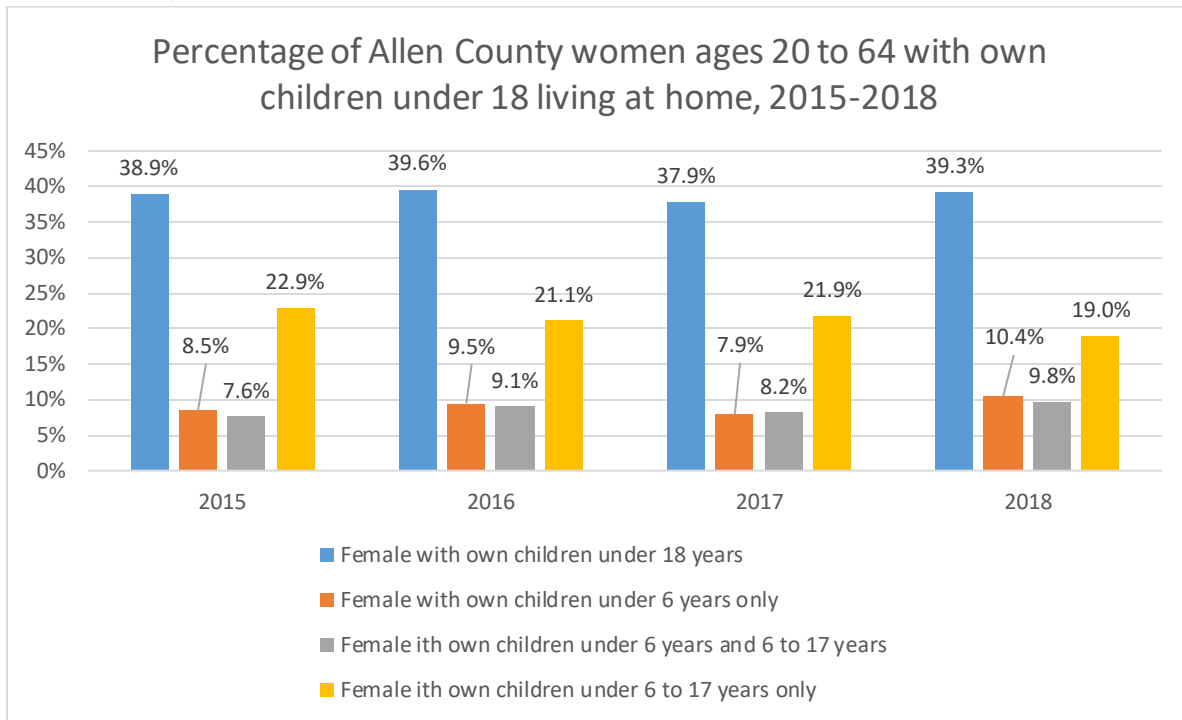
Although the Allen County Women and Girls Fund Study Survey data revealed that 27.5% of women with caregiving responsibilities used paid caregiving services, it is still important to look at women's participation in paid employment, especially for women with children living in their household.

Indiana prides itself on being a state that works, so the availability of affordable quality child care is a business issue. The majority of Allen County women with their own children under the age of 18 participate in full-time or part-time paid work, according to U.S. Census Bureau data.

²¹² ELAC's 2019 report for Allen County placed the average annual cost for high-quality childcare at \$7,735 per year. See <http://www.elacindiana.org/elacindiana/wp-content/uploads/2019/05/2019-ELAC-Annual-Report.pdf>.

Allen County women with young and school-age children make employment decisions based on the availability of child care, as revealed in the Allen County Women and Girls Fund Study Survey. The U.S. Census Bureau offers useful information about the share of females ages 20 to 64 with children at home and their participation in the workforce, also known as the labor force participation rate (LFPR). From 2015 to 2018, the share of Allen County women in the aforementioned age grouping who lived with their own children under age 18 hovered just under 40%, as shown in Chart 120.

Chart 120: Percentage of Allen County women ages 20 to 64 with own children under 18 living at home, 2015-2018



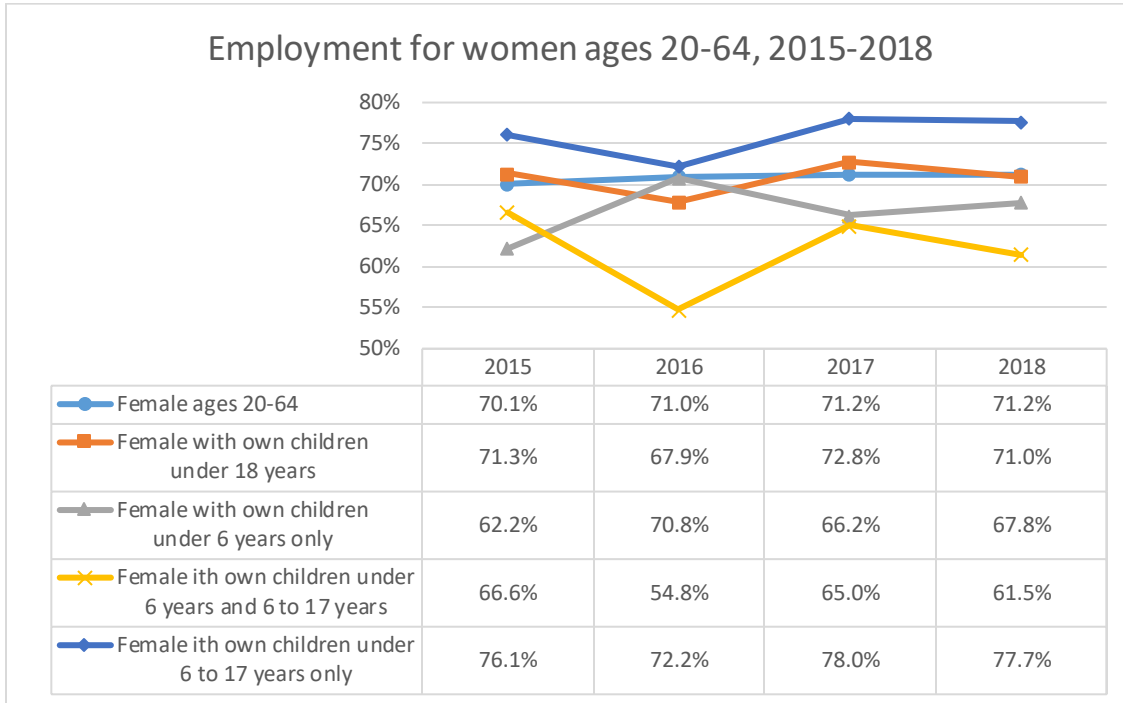
Source: U.S. Census Bureau Table S2301

Switching over to a slight variation of the LFPR to show the share of women working, Chart 121 shows female employment from ages 20 to 64 from 2018 to 2018, either by working full or part time. The grouping with the highest employment rate was consistently women who only have school-age children living at home. This could be explained by having only children who are in school during the day and need less supervision, enabling women to return or stay in the workforce. Additionally, the female total includes women in their early 20s who could be in school fulltime without working, and women who are early retirees.

Those only with children under 6 and women with both those under 6 and 6 to 17 flip-flopped between the employment, but that second group tended to have the lowest employment rate.

Under any of these measures, between approximately 55% and 80% of Allen County women ages 20 to 64 with children under 18 were working, including between approximately 55% to 71% with children under the age of 6. Accordingly a need for some form childcare likely exists, whether that comes in the form of paid care or through coordination of spouses' or parents' work schedules or using family and friends.

Chart 121: Female employment, 2015-2018

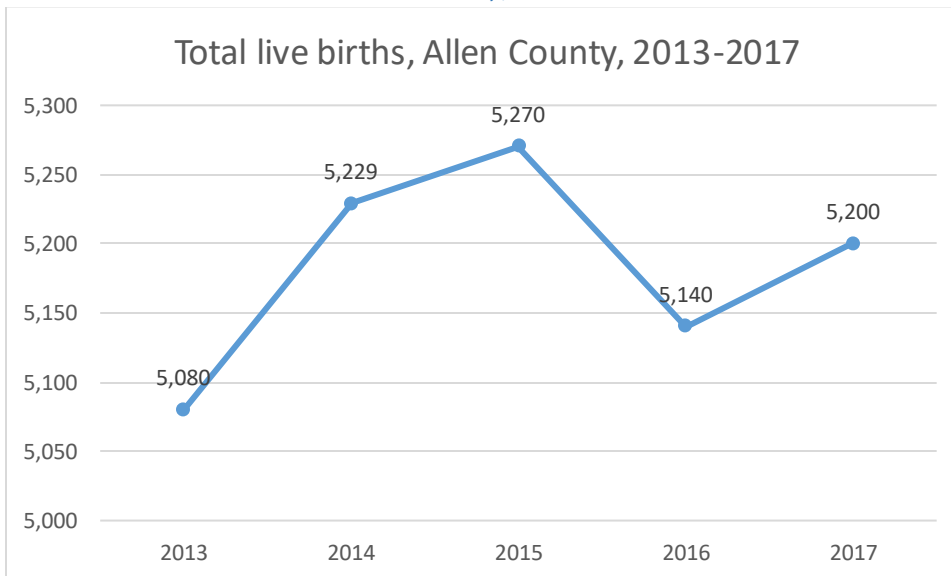


Source: U.S. Census Bureau Table S2301

Allen County's birthrates

Looking at Allen County's birthrates, a significant need exists for childcare, working from the assumption that most mothers either need to work or want to work while parenting. In the five most recent years of data from the Indiana State Department of Health, Allen County has averaged nearly 5,200 live births each year, as shown in Chart 122.

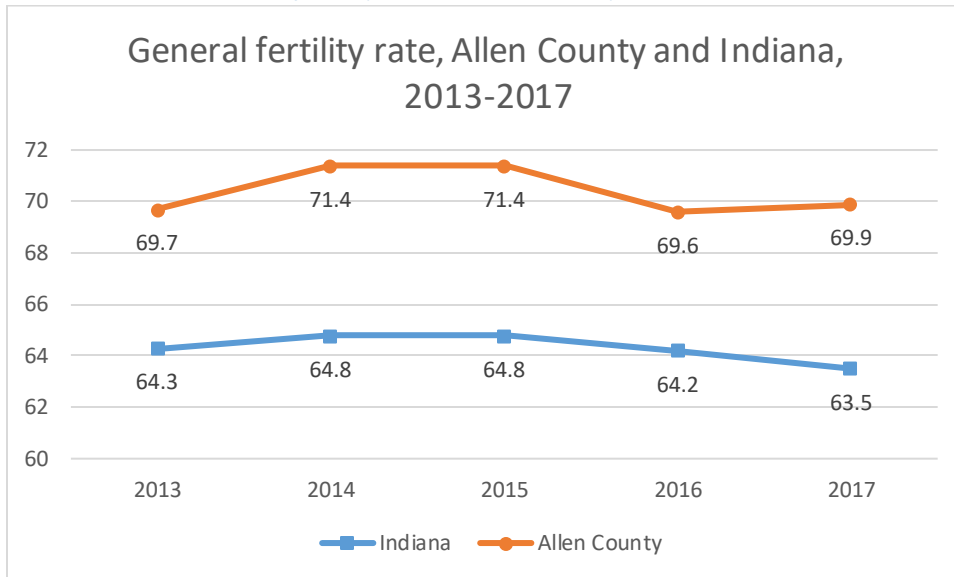
Chart 122: Live births in Allen County, 2013-2017



Source: ISDH Natality Reports

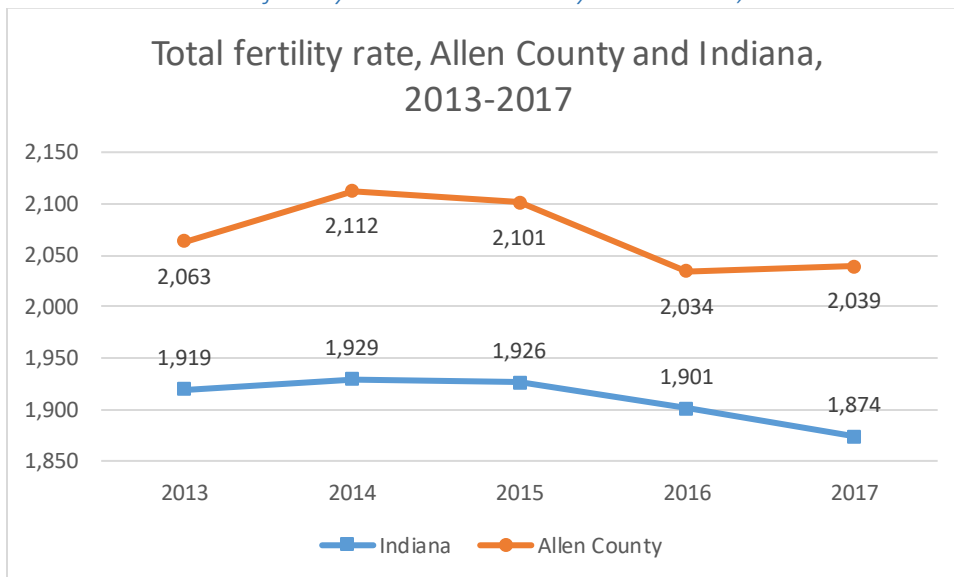
Allen County’s birth rate is statistically significantly higher than Indiana’s in the same time period as Chart 122. Comparing local and state data, Chart 123 shows the general fertility rate (live births per 1,000 women ages 15 to 44), and Chart 124 shows the total fertility rate (five times the sum of the age-specific rates).

Chart 123: General fertility rate in Allen County and Indiana, 2013-2017



Source: ISDH Natality Reports

Chart 124: Total fertility rate in Allen County and Indiana, 2013-2017



Source: ISDH Natality Reports

Childcare options, availability

While much emphasis has been deservedly placed on early childhood education in recent years, this report focuses on childcare in general. This is in part because early childhood education is often reserved for 3- or 4-year-olds as part of a pre-K program, yet working mothers need care for infants and toddlers to return to work after the birth of a child. Additionally, many parents do not distinguish

between childcare offered in home-based or center-based settings to more structured educational programs. While high-quality programs are discussed in this report, it is not the emphasis of the analysis.

Parents and guardians have multiple options for child care in Allen County. For some families, parents and/or stepparents coordinate opposite work schedules to eliminate the need for outside caregiving. Others may have grandparents or other family members available to watch their children when working. For parents who need paid care, four options exist in Indiana:

1. Unlicensed home-based care
2. Licensed home-based care
3. Licensed child care centers
4. Unlicensed registered child care ministries

Unlicensed home-based child care providers can have up to five children not including children related to the provider.²¹³ Unlicensed providers are also an option for services designed for migrant families, only cares for children who are related to the provider, or does not receive regular compensation for these services.²¹⁴ Unlicensed child care homes can meet eligibility standards to receive child care vouchers, often referred to by their acronym of CCDF. This option often offers greater schedule flexibility and lower costs than the other options. Since these are unlicensed locations, no comprehensive list exists of these providers although some centers will be tracked by the state if they accept child care vouchers.

Licensed home-based child care providers receive licenses from the Family and Social Services Administration's Office of Early Childhood and Out-of-School Learning. Similar to the regulations for licensed child care centers, home-based providers must have building safety and fire prevention review, criminal background checks of employees, pre-employment drug testing, practice safe sleeping practices for children under 12 months of age, and vaccine records for the children under their care, amongst other regulations.²¹⁵ Home-based locations are licensed as Class I or Class II centers, depending on the experience of the license applicant, capacity, and the portion of the house used as the center.²¹⁶ Licensed child care centers have a lengthy list of requirements that they must follow, similar to home-based locations. The standard license is non-transferrable and lasts for two years.²¹⁷

Unlicensed registered child care ministries are a form of child care centers and operate without a license but are registered for building inspections with the state.²¹⁸ Operators may elect to become licensed. These ministries must be operated by a church or another religious ministry with non-profit status. They are required to meet basic fire safety and sanitation requirements, but do not need to meet the same requirements for licensed locations including teacher training requirements, staff-to-child ratios, capacity, nutrition, discipline, and supervision of children.

²¹³ Indiana Code 12-17.2-2-8. The five-child limit does not apply to the children, stepchildren or other relatives of the provider, including the children for whom the provider is serving as the guardian or custodian.

²¹⁴ Ibid.

²¹⁵ See I.C. 12-17.2-5. <http://iga.in.gov/legislative/laws/2019/ic/titles/012/#12-17.2-5>

²¹⁶ Ibid. and I.C. 12-7-2-33.7

²¹⁷ See I.C. 12-17.2-4. <http://iga.in.gov/legislative/laws/2019/ic/titles/012/#12-17.2-4>

²¹⁸ Ibid.

Child care costs

The Allen County Women and Girls Fund Study Survey found that approximately 74% of women with caregiving responsibilities who use paid caregiving services pay less than \$200 a week for these services, while 11% indicated they paid more than \$300 a week. That survey question did not distinguish between the kind of care services, such as those for young children or aging parents, but it does provide a local, timely point of reference for women’s costs for caregiving services.

The data presented below looks at the reported costs by other agencies, not the costs actually paid by women and families.

Child care from outside providers can be expensive, with costs being the highest for the youngest children: infants less than 12 months. The Indiana Early Learning Advisory Committee (ELAC) has issued average child care costs for high-quality care²¹⁹ for the state and individual counties for the past few years, as shown in Table 20 for 2019, comparing Allen County’s average against the state. Albeit a statistically imperfect comparison,²²⁰ Allen County’s average high-quality care cost would consume 29.6% of the 2018 female median earnings.²²¹

Table 20: Average costs of high-quality child care, 2019

	Overall	Infant	Toddler	Preschool
Allen County	\$ 7,735	\$ 8,301	\$ 7,690	\$ 7,133
Indiana	\$ 9,156	\$ 11,795	\$ 10,708	\$ 8,315
Allen County as % of state average	84.5%	70.4%	71.8%	85.8%

Source: ELAC with percentages calculated by CRI

Another source of child care cost data is the FSSA child care voucher or CCDF reimbursement rates for Allen County. CRI used the 2019-2021 rates for Allen County, which are tied to local market rates.

Table 21 shows the rates for licensed homes and centers and registered ministries. These reimbursements reflect how home-based care is often the cheapest option for parents, followed by ministries, and topped off by centers.²²² For example, the reimbursement for a licensed home for a full 52 weeks for a toddler is \$5,200, compared to \$14,196 for a Level 4 licensed center. An explanation of Paths to QUALITY, the voluntary quality rating system, is included later in this section.

Table 21: FSSA child care voucher reimbursement rates, 2019-2021

County	Infant	Toddlers	3-4-5 Years	Kindergarten	School Age Before/After	School Age All Other
Licensed Center						
Weekly	\$239	\$195	\$142	\$129	\$89	\$134
Daily	\$65	\$47	\$37	\$39	\$25	\$36
Hourly	\$7.50	\$7.30	\$6.70	\$7.60	\$7.50	\$7.60

²¹⁹ See 470 Indiana Administrative Code 3-4.5. <https://www.in.gov/fssa/files/Rule4.5.pdf>

²²⁰ ELAC defines high-quality child care as facilities with rated as levels 3 and 4 under the Paths to QUALITY system, which is discussed later in this chapter.

²²¹ This compares two different years of data (2019 and 2018) and compares full-time care to Allen County’s median of \$26,091, which includes those who work full and part-time.

²²² The FSSA CCDF reimbursement chart from the state included rates for unlicensed home-based providers who are eligible for CCDF vouchers, but CRI did not include them in Table 21 because they were not part of the available data on child care providers

Licensed Center – Paths to QUALITY Level 2						
Weekly	\$287	\$234	\$170	\$155	\$107	\$161
Daily	\$78	\$56	\$44	\$47	\$30	\$43
Hourly	\$9.00	\$8.80	\$8.00	\$9.10	\$9.00	\$9.10
Licensed Center - Paths to QUALITY Level 3						
Weekly	\$311	\$254	\$185	\$168	\$116	\$174
Daily	\$85	\$61	\$48	\$51	\$33	\$47
Hourly	\$9.80	\$9.50	\$8.70	\$9.90	\$9.80	\$9.90
Licensed Center - Paths to QUALITY Level 4						
Weekly	\$335	\$273	\$199	\$181	\$125	\$188
Daily	\$91	\$66	\$52	\$55	\$35	\$50
Hourly	\$10.50	\$10.20	\$9.40	\$10.60	\$10.50	\$10.60
Licensed Home						
Weekly	\$110	\$100	\$95	\$92	\$91	\$90
Daily	\$25	\$25	\$25	\$25	\$25	\$25
Hourly	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
Licensed Home - Paths to QUALITY Level 2						
Weekly	\$132	\$120	\$114	\$110	\$109	\$108
Daily	\$30	\$30	\$30	\$30	\$30	\$30
Hourly	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00
Licensed Home - Paths to QUALITY Level 3						
Weekly	\$143	\$130	\$124	\$120	\$118	\$117
Daily	\$33	\$33	\$33	\$33	\$33	\$33
Hourly	\$6.50	\$6.50	\$6.50	\$6.50	\$6.50	\$6.50
Licensed Home - Paths to QUALITY Level 4						
Weekly	\$154	\$140	\$133	\$129	\$127	\$126
Daily	\$35	\$35	\$35	\$35	\$35	\$35
Hourly	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00
Registered Ministry						
Weekly	\$140	\$116	\$92	\$90	\$57	\$96
Daily	\$31	\$28	\$26	\$26	\$18	\$25
Hourly	\$7.00	\$5.90	\$5.70	\$3.20	\$5.70	\$5.70
Registered Ministry - Paths to QUALITY Level 1						
Weekly	\$190	\$156	\$117	\$110	\$73	\$115
Daily	\$48	\$38	\$32	\$33	\$22	\$31
Hourly	\$7.30	\$6.60	\$6.20	\$5.40	\$6.60	\$6.70
Registered Ministry - Paths to QUALITY Level 2						
Weekly	\$287	\$234	\$170	\$155	\$107	\$161
Daily	\$78	\$56	\$44	\$47	\$30	\$43
Hourly	\$9.00	\$8.80	\$8.00	\$9.10	\$9.00	\$9.10
Registered Ministry - Paths to QUALITY Level 3						
Weekly	\$311	\$254	\$185	\$168	\$116	\$174
Daily	\$85	\$61	\$48	\$51	\$33	\$47
Hourly	\$9.80	\$9.50	\$8.70	\$9.90	\$9.80	\$9.90
Registered Ministry - Paths to QUALITY Level 4						
Weekly	\$335	\$273	\$199	\$181	\$125	\$188
Daily	\$91	\$66	\$52	\$55	\$35	\$50
Hourly	\$10.50	\$10.20	\$9.40	\$10.60	\$10.50	\$10.60

Source: FSSA Office of Early Childhood and Out-of-School Learning

Childcare vouchers

As noted above, the cost of childcare, especially high-quality care, may be out of reach for some families. The state of Indiana's Child Care Development Fund (CCDF) program – the childcare voucher program – provides a payment schedule as noted above in Table 21, but it's a bit of a social services maze to enroll and secure these vouchers.

Only families with household incomes below 127% of the federal poverty level (FPL) are eligible to sign up for the voucher waiting list, assuming they met the other enrollment criteria, but the program allows families that earn up to 187% FPL to stay in the program once they are receiving vouchers.²²³ To register for CCDF waiting list, the parent needs to be currently working or enrolled in school, unless they are on Temporary Aid to Needy Families (TANF) and thus can bypass the waiting list.²²⁴ Based on the families Brightpoint served through the CCDF vouchers,²²⁵ about 60% to 65% are single mothers, about a third were two-parent families, and 5% were single-father households.²²⁶

The voucher is valued at about \$5,000 to \$6,000 a year and offers a two-prong benefit: 1) enabling the parent to work or attend school and 2) providing safety and education for the child, according to Brightpoint President and CEO Steve Hoffman.²²⁷

Most providers accept vouchers, Hoffman said, but there can be difficulties in finding spaces in high-quality locations as well as aligning the providers' location with the parents' home and work location.²²⁸ Families typically pick providers based on convenience, but a lack of providers has remained for 2nd and 3rd shift hours over multiple decades.²²⁹ Hoffman said the lack of after-hours care is on the national scale and not unique to Allen County.

CCDF vouchers are separate from the state's On My Way Pre-K program, which serves 4-year-olds from households with the same income threshold as the CCDF waiting list – 127% FPL – and requirement for parents' employment or education.²³⁰

Locations, capacity, and hours of licensed or registered child care locations in Allen County

FSSA's Office of Early Childhood and Out-of-School Learning publishes weekly list every Friday of the licensed child care homes, licensed child care centers, and unlicensed registered child care ministries, available at <https://www.in.gov/fssa/carefinder/3070.htm>. The lists include the county, phone numbers, capacity and ages for which that location is licensed. The center and ministry lists also include the street address, city, and ZIP code. Chart 125 shows the number of each of the Allen County childcare providers available as of January 31, 2020. The facility count shows that the overwhelming majority of the 259

²²³ Interview with Steve Hoffman, CEO and president, Brightpoint, October 21, 2019.

²²⁴ Ibid.

²²⁵ Starting in October 2019, CCDF voucher intake for Allen County was moved from Brightpoint to another vendor, Automated Health Systems.

²²⁶ Ibid.

²²⁷ Ibid.

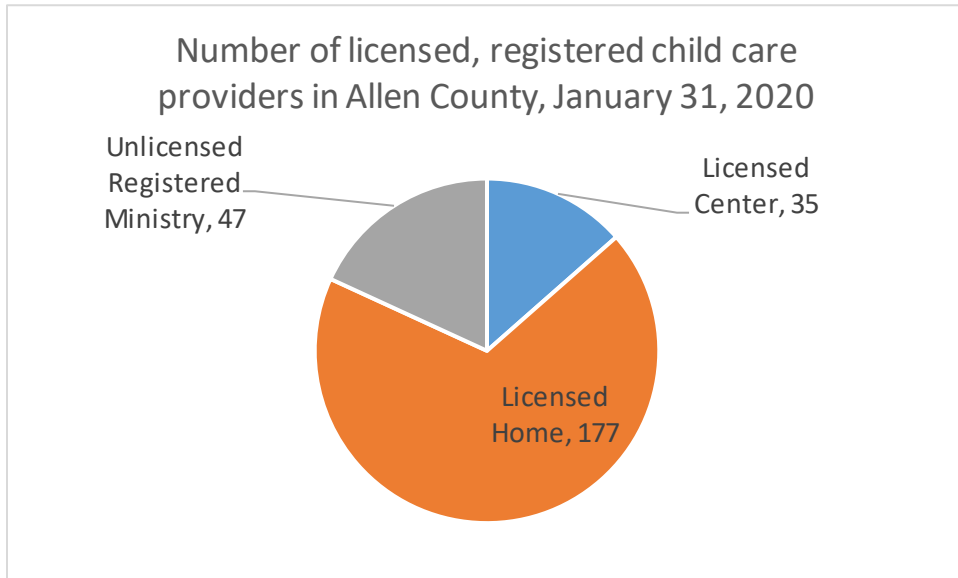
²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ <https://www.in.gov/fssa/5630.htm>

providers in Allen County are licensed care homes at 68.3%. Childcare ministries account for 18.1%, and childcare centers are the smallest at 13.5%.

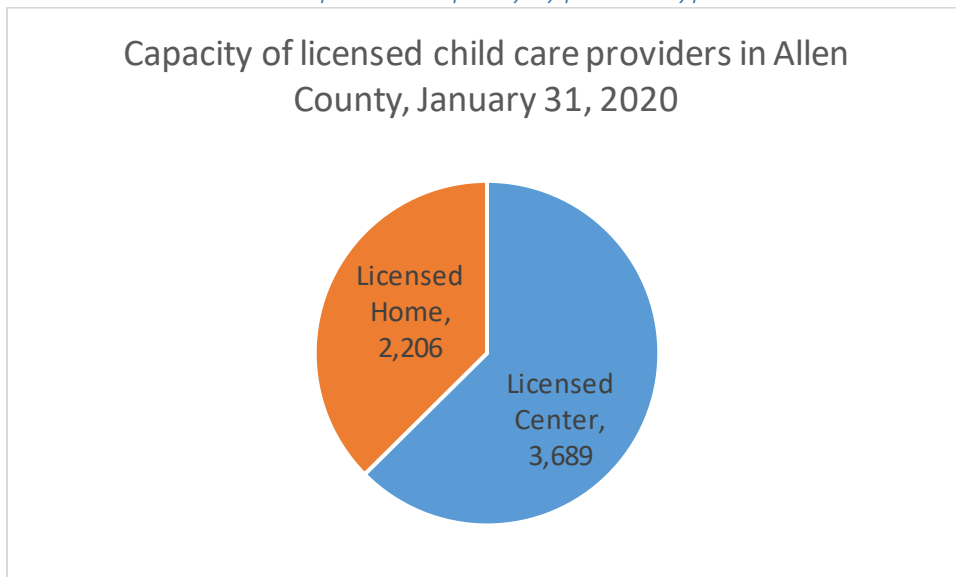
Chart 125: Child care provider capacity by provider type



Source: FSSA Office of Early Childhood and Out-of-School Learning

Calculating childcare provider capacity is limited to licensed providers because registered ministries' capacity is not published. Looking at Chart 126, 62.6% of the capacity rests with licensed centers. The remaining 37.4% are at licensed homes.

Chart 126: Child care provider capacity by provider type



Source: FSSA Office of Early Childhood and Out-of-School Learning

Looking at capacity based on child age, limited information exists. The licensed home-based providers list ages as infants to 18. No capacity is listed and thus no corresponding age information exists for registered ministries. Only centers have age-based information, but it is inconsistent. Some centers do

not take children under 2 or 3. For those who do take infants or toddlers,²³¹ the age classifications vary. Some indicate the defined ages such as infants or toddlers while others list an age range like infant to 39 months. CRI’s calculations from the FSSA listings indicate less than 400 spaces exist for infants and toddlers at licensed childcare centers, regardless of Paths to QUALITY ratings, for a county with about 5,200 births annually.

Table 22 evaluates the locations of licensed homes, licensed centers, and registered ministries within Allen County. Child care offerings are Fort Wayne -centric. Only six ministries, three homes, two centers – 11 locations or 4.3% – of the 258 locations existed outside Fort Wayne ZIP codes.

Looking at Fort Wayne, the southeast ZIP codes of 46803, 46806, and 46816, had the most with 117 or 45.3% of Allen County’s child care locations. Northeast Fort Wayne had the second most with 50 child care locations. Southwest had 18; northwest had 25. South Fort Wayne had 28, and 46802 as the central or downtown ZIP code had 9.

Table 22: Child care homes, centers, ministries by ZIP code, February 18, 2020²³²

Location by ZIP code	Licensed Home	Licensed Center	Unlicensed Registered Ministry	Total
Harlan 46743			1	1
Huntertown 46748			2	2
Leo 46765		1		1
New Haven 46774	1	1	2	4
Woodburn 46797	2		1	3
Central Fort Wayne 46802	4	2	3	9
Northeast Fort Wayne 46805	8	5		13
Northeast Fort Wayne 46815	12	1	2	15
Northeast Fort Wayne 46825	6	3	3	12
Northeast Fort Wayne 46835	7	1	2	10
Northwest Fort Wayne 46808	5	1	6	12
Northwest Fort Wayne 46818	8		1	9
Northwest Fort Wayne 46845		2	2	4
South Fort Wayne 46807	14	1	2	17
South Fort Wayne 46809	1		1	2
South Fort Wayne 46819	5	1	3	9
Southeast Fort Wayne 46803	14	3	5	22
Southeast Fort Wayne 46806	66	3	3	72
Southeast Fort Wayne 46816	16	4	3	23
Southwest Fort Wayne 46804	6	6	4	16
Southwest Fort Wayne 46814	1		1	2

²³¹ FSSA defines infants as those who are less than 12 months and toddlers as 12 to 23 months

²³² CRI made a public records request to FSSA for a listing of licensed childcare homes by ZIP code. CRI received the request February 18, 2020. The total number of licensed homes in the February 18 list was 176, which was one fewer than the original data pull reflecting availability January 31, 2020.

Grand Total	176	35	47	258
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Source: FSSA Office of Early Childhood and Out-of-School Learning

The FSSA lists publish the available hours of most but not all child care providers. All Allen County centers are closed on weekends. They tend to open between 6 a.m. to 7 a.m. and close between 5:30 p.m. and 6:00 p.m. Some open as late as 8 a.m. and close before 5 p.m. The earliest center opening is 5:45 a.m. and the latest center closing is 6:15 p.m., which turns out to be the same location.

Unlike centers, some ministries and home-based care providers offer evening hours, with published hours through 10 p.m. to midnight and openings at 6 a.m. or 7 a.m. A handful of home-based providers and ministries have weekend hours.

In sum, licensed centers are available for families where at least one income-earner works a traditional office or first-shift schedule or who has someone else to drop off or pick up the children within the defined hours. For single mothers in Allen County who work evenings or weekends, licensed or registered care options are very limited.

Paths to QUALITY: Indiana’s child care quality rating and improvement system

FSSA’s published lists of child care providers list the Paths to QUALITY (PTQ) rating if the location is participating. The voluntary child care quality rating and improvement system has four levels: 1, 2, 3, and 4, ranging from health safety at Level 1 to Level 4’s national accreditation. Levels 3 and 4 are classified as high-quality childcare since they both incorporate a planned curriculum. CCDF reimbursements increase for higher PTQ rankings. For example, the standard licensed center reimbursement for an infant is \$239 per week, but that jumps 40.2% to \$335 for Level 4 centers. The following table shows the requirements for the four levels.

Table 23: Paths to QUALITY levels

Level 1	Level 2	Level 3	Level 4
Health and safety	Health and safety	Health and safety	Health and safety
	Learning Environments	Learning Environments	Learning Environments
		Planned Curriculum	Planned Curriculum
			National Accreditation

Source: FSSA Office of Early Childhood and Out-of-School Learning

The FSSA provider lists also include a Level 0, which is not part of PTQ. Level 0 providers accept CCDF vouchers and assure a level of safety, but do not otherwise participate in PTQ.²³³ Table 24 shows the PTQ ratings for Allen County’s providers. Using levels 3 and 4 as the proxy for high-quality care, Allen County has 27 centers, 76 homes, and 4 ministries that qualify as high quality, comprising 41.3% of local providers.

Table 24: Paths to QUALITY ratings for Allen County child care providers, January 31, 2020

Provider type	Level 0	Level 1	Level 2	Level 3	Level 4	Total
Licensed Center	3	2	3	8	19	35

²³³ Elicker, James et al, “Paths to QUALITY Evaluation – Phase 2 Final Report to the Indiana Office of Early Childhood and Out of School Learning Family and Social Services Administration,” Purdue University, 21. (March 2018). Available at http://www.state.in.us/fssa/files/Final_PTQ_Evaluation_Progress_Report_4-18-18.pdf.

Licensed Home	46	39	16	57	19	177
Unlicensed Registered Ministry	34	6	3	4		47
Total	83	47	22	69	38	259

Source: FSSA Office of Early Childhood and Out-of-School Learning

As noted earlier, child care ministries do not publish their capacity, so CRI evaluated the capacity for centers and homes as tabulated by PTQ ratings. Allen County’s high-quality licensed facilities provide the majority of capacity for licensed facilities. High-quality capacity – levels 3 and 4 – constituted 68.6% of the total licensed facility availability, as shown in Table 25.

Table 25: Capacity at Allen County licensed centers, homes by Paths to QUALITY ratings, January 31, 2020

PTQ rating	Licensed Center	Licensed Home	Total	Percentage of total
Level 0	293	554	847	14.4%
Level 1	68	492	560	9.5%
Level 2	253	192	445	7.5%
Level 3	743	712	1,455	24.7%
Level 4	2,332	256	2,588	43.9%
Grand Total	3,689	2,206	5,895	

Source: FSSA Office of Early Childhood and Out-of-School Learning with percentages calculated by CRI

Children with special needs

Another group to consider for caregiving responsibilities are mothers or stepmothers who have children, including adult children, who have physical, developmental, or intellectual disabilities.

For the Allen County Women and Girls Fund Study Survey, the questions about caregiving responsibilities did not specifically ask about children under age 18 with disabilities or special needs so mothers with a special needs child under the age of 18 would have been grouped with mothers with children of the same age. Instead the survey did ask about caregiving for adult special needs children, where 7% of caregiving respondents indicated they had this responsibility.

Donna Elbrecht, executive director for Easter Seals Arc of Northeast Indiana, which serves people with intellectual or developmental disabilities (IDD), said her agency serves a significant share of single-mother families with children and adults, which creates added stress on these mothers.²³⁴ She said often the stress of caring for children with these diagnoses can cause divorce, and while fathers may continue to provide care and emotional or financial support, much of the day-to-day responsibilities fall to mothers.²³⁵ Accordingly, mothers of their clients often structure their work schedules around the availability of Easter Seals Arc services and need sufficient schedule flexibility.²³⁶

Additionally, parents of Easter Seals Arc clients may find that they need new housing to provide physically accessible spaces or a new vehicle to transport their children, adding significant,

²³⁴ Interview with Donna Elbrecht, executive director of Easter Seals Arc of Northeast Indiana, October 15, 2019.

²³⁵ Ibid.

²³⁶ Ibid.

unanticipated costs.²³⁷ Although Medicaid does cover some services, many families find there are needs not covered by these funds so there is often not enough money.²³⁸

Knowing that children with IDD may need a lifetime of care, mothers often worry about how care will be provided after the parents' death, creating an ongoing level of anxiety or stress.²³⁹ Easter Seals Arc routinely gets calls about adult children in need of their services who have never engaged with the agency before because of the death or impairment of the parents.²⁴⁰ Data from FSSA provided by Easter Seals Arc to CRI indicates 67% of people with IDD are not known to the agencies serving these populations.

One of the key services from Easter Seals Arc for their families is the availability of the overnight respite care home, where the person in need of care can stay to give the rest of the family a break from the demands of caregiving.²⁴¹ Elbrecht said families often plan their families' vacations or other schedules around the availability of these services.²⁴²

The staff at AWS Foundation sees similar challenges for parents of children with disabilities, including selecting jobs and work schedules that meet the families' obligations.²⁴³ It can be difficult for mothers to find childcare services that are equipped to properly care for children with special needs, and they need for schedule flexibility.²⁴⁴ Additionally, work requirements for public assistance programs can be problematic for families with children with disabilities.²⁴⁵

Women in these situations often face judgment for whatever choice they make, which is compounded by stigma from the diagnosis.²⁴⁶

AWS staff see two key points of crisis for families: birth (assuming the disability was diagnosed at this point) and then young adulthood, when services from schools end, but ultimately each child's situation is unique so it is difficult to standardize care.²⁴⁷

AWS staff believe employers should be more knowledgeable about employees who have children with disabilities. Things for employers to consider:²⁴⁸

- Need for education about these situations
- The child is likely to be on Medicaid and not on the employer's insurance plan
- The need for flexible schedules or work-from-home opportunities to account for the appointments parents need to go to during the work day or to provide general flexibility

²³⁷ Ibid.

²³⁸ Ibid.

²³⁹ Ibid.

²⁴⁰ Ibid.

²⁴¹ <https://www.easterseals.com/neindiana/our-programs/recreation-respite/respice-caregiver-support.html>

²⁴² Elbrecht interview.

²⁴³ Interview with Patti Hays, chief executive officer; Rise Taylor, chief financial officer; Jenny Snyder, program officer; Vicki Lee Johnson, director of system navigation; Joni Schmalzeid, chief program officer; AWS Foundation, December 9, 2019.

²⁴⁴ Ibid.

²⁴⁵ Ibid.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

²⁴⁸ Ibid.

- The difficulty of these employees to find back-up or emergency care

Ultimately, according to AWS staff, this is a community-wide challenge that needs support and advocacy.

Aging parents, spouses with disabilities, and other non-traditional caregiving considerations

Since women are often lifelong caregivers, their care responsibilities can extend to aging parents, disabled spouses, or other family members or non-family members in need of care. According to the Allen County Women and Girls Fund Study Survey, 17% of respondents with caregiving responsibilities took care of aging or elderly parents, while 8% listed caregiving for a disabled spouse.²⁴⁹

CRI spoke with a variety of agencies that serve people and caregivers for the referenced populations. Some general themes to be explained below that came out of these conversations were: working to understand the systems funding available to families, difficulties in securing and paying for outside care; legal limitations for women, especially daughters-in-law, as it relates to the ability to make decisions or receive the needed time off; difficulties in deciding when and how to place a parent or spouse in a long-term care facility, and when the roles are reversed and the woman is in need of care.

The Aging and In-Home Services' Family Caregiver Center is designed to help caregivers reduce their own stress and help the person age 60 or older or a person with dementia in need of care stay in the community for as long as possible.²⁵⁰ As of nearly November 2019, the agency had served 41 female caregivers in Allen County.²⁵¹

Securing paid care, even if financially eligible, was difficult before the global pandemic, according to staff from Aging and In-Home Services' Family Caregiver Center.²⁵² The difficulty in finding these services was especially true for rural areas.²⁵³

Two options exist to reimburse family members for the care they provide to Medicaid-eligible family members, albeit at a reduced rate compared to hiring someone for comparable services or not compensated for the full amount of time caregiving is provided.

The structured family caregiving program allows a family member who is at least 18 years of age and lives in the home of the Medicaid-eligible person needing care – often a daughter – to be paid somewhere between \$30 to \$45 a day for caregiving services.²⁵⁴ As of November 2019, spouses were not eligible for this program.²⁵⁵

²⁴⁹ The survey also asked about caregiving for other family members (12%) or non-family members (6%), but since those questions did not specify the age, it is inappropriate to place them this category since that language could apply to grandchildren or other children.

²⁵⁰ <https://agingihs.org/programs-resources/family-caregiver-center/>

²⁵¹ Email from Donnieka Woods, Aging and In-Home Services of Northeast Indiana, Inc.

²⁵² Interview with Donnieka Woods, Caregiver Resource Center vice president; Todd Hunnicutt, family caregiver specialist; and Kelly Reusser, case management supervisor; Aging and In-Home Services of Northeast Indiana, November 1, 2019.

²⁵³ Ibid.

²⁵⁴ <http://www.indiana.gov/fssa/files/IN.0210.R05.03.pdf> and Aging and In-Home Services interview.

²⁵⁵ Ibid.

The other option is to ask an attendant care agency to hire the caregiver to be hired by an attendant care agency as an aide to be paid an hourly rate, typically for six to 12 hours of service. This option does not require the caregiver to live in the home.²⁵⁶

Some of the challenges Aging and In-Home Services see from their caregiving clients include:

- Stigma and fear around admitting the need for help
- Difficulty in navigating the Medicaid Waiver process, including limited hours for the Medicaid office, whereby they back out before they get the person in need of care enrolled
- How the stress of caregiving negatively affects their mental health, often through anxiety or depression, or how caregivers neglect their own needs during this time
- Difficult decisions about opting to stay in or leave the workforce, especially as it relates to placing the loved one in a long-term care facility
- Family dynamics and expectations between or among siblings and the role of daughters-in-law, who often play an outsized role in providing caregiving services
- Difficulties in transporting the person in need of care, often the challenges of elderly caregivers who struggle to get the person in need of care in and out of the vehicle
- Limited availability of paid caregivers in terms of staffing levels or available hours
- Lack of Medicaid Waiver-eligible assisted living facilities locally²⁵⁷

For Cancer Services of Northeast Indiana, the traditional caregiver may become the patient such as younger mothers, according to Clinical Director Marsha Haffner.²⁵⁸ She noted that 70% of patients stop working during cancer treatments.²⁵⁹ Cancer patients and their families often find during treatment that there is an overwhelming nature of incoming and outgoing information.²⁶⁰ She also noted that employers are not always familiar with the laws that apply to caregivers or those under care, namely FMLA and the American with Disabilities Act.²⁶¹

Switching from cancer to Alzheimer's, two-thirds of Alzheimer's Disease caregivers nationally are women, with about one-third being daughters as well about a quarter being part of the sandwich generation, taking care of both parents and children, according to Abby Geha with the Alzheimer's Association's Fort Wayne office.²⁶² She said about 90% of support group members are women, who appreciate the opportunity to bond with others in similar situations.

A disease with no prevention, treatment or cure, employers don't understand its effects on caregiver-employees, Geha said. Geha would like to see employers understanding how this disease affects the workforce, offering more flexible hours, and giving their caregiving employees the benefit of the doubt.

²⁵⁶ Aging and In-Home Services interview.

²⁵⁷ Ibid.

²⁵⁸ Interview with Marsha Haffner, clinical director, Cancer Services of Northeast Indiana, November 12, 2019.

²⁵⁹ Ibid.

²⁶⁰ Ibid.

²⁶¹ Ibid.

²⁶² Interview with Abby Geha, Manager, Walk to End Alzheimer's for Fort Wayne & Michiana, Alzheimer's Association, November 25, 2019.

Caregivers have 24/7 responsibility when with the person with the diagnosis, such as a concern about patients' tendency to wander.²⁶³ Like the other agencies, the Alzheimer's Association sees caregivers neglecting their own care and wellbeing.²⁶⁴

At Visiting Nurse, which provides hospice and palliative care from their Fort Wayne location, staff see female caregivers who find themselves structurally disadvantaged when dealing with a loved one's end-of-life care.²⁶⁵

Daughters-in-law are shut out from FMLA benefits, since they do not extend to parents-in-law, even though they are providing care at the same or greater level than the son or daughter.²⁶⁶ Additionally, Visiting Nurse staff routinely find that the parents have left the son in charge of the medical decision making – who may or may not live locally – despite the fact that a daughter or daughters are providing the care.²⁶⁷

Other trends Visiting Nurse sees with female caregivers:

- FMLA's protections do not apply to all employees and only offer unpaid time off for up to 12 weeks
- Difficulty in navigating the necessary systems, including the Medicaid Waiver process taking too long to get the person in need of care enrolled
- Lack of transportation
- The trauma and needed healing during this time for caregivers
- The loss of health insurance and income for wives with the death of their spouse, especially for women ages 50 to 63
- The physical dynamic of women, often smaller size and stature, needing to help the person in need of care
- Ways different populations do and do not engage with hospice and other healthcare systems
- Need for medical interpretation services for non-English speakers, which is provided at Visiting Nurse
- The dynamics of families with a pediatric hospice patient, including the emotional support needs for other children and spouse²⁶⁸

Visiting Nurse staff would like to see more employers exercise grace and flexibility to employees using these services since end-of-life care happens during regular business hours.²⁶⁹

²⁶³ Ibid.

²⁶⁴ Ibid.

²⁶⁵ Interview with Leslie Friedel, chief executive officer, and Mary Willems-Akers, social work coordinator, Visiting Nurse, October 30, 2019.

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Ibid.

²⁶⁹ Ibid.

Girls

Bright spot: Girlz Rock and Bring It Push It Own It

Denita Washington of Girlz Rock and Tishamarie Strasser of Bring It Push It Own It have taken their own experiences to start programs that enhance the strength and self-worth of local girls.

Girlz Rock provides mentorship and counseling in a supportive, positive environment for girls grades 9 to 12. The organization's strength is its inclusive approach of being open to girls of all races and ethnicities combined with a program to support the girls' parents so they will continue to uplift and empower their daughters to become the leaders for tomorrow.

Programming looks to improve mental health, break the cycle of violence in their lives, and improve academics as a path forward for their futures. A special emphasis is placed on creating or improving participants' relationships with their fathers.

Started in 2010, Girlz Rock uses a mix of formats and locations to reach girls – and their parents. It hosts large-scale events a few times a year at the Renaissance Pointe YMCA, Public Safety Academy at Ivy Tech Fort Wayne South Campus, or other locations with at least 100 or 150 participants and includes their mothers with dedicated programming for them when possible.

The organization provides contracted services to select schools at East Allen School Corp. and Fort Wayne Community Schools' Center for Academic Success at Nebraska with plans to offer services at the Family & Community Engagement (FACE) Center. Lastly, Washington facilitates sessions every other Sunday at the Renaissance Pointe YMCA with 10 to 20 girls. Girlz Rock participants and alumnae have recently been featured with guest columns in The Journal Gazette.

Bring It Push It Own It looks to empower the next generation of women by working with girls and young women ages 9 to 18 from all walks of life. It uses a 10- or 12-week course in the spring and fall for 9- to 11-year-olds – the Littles – and 11- to 18-year-olds – the Ladies – that uses physical activity to develop a healthy body image while also teaching confidence, self-love, resilience, leadership, kindness, and team building. It concludes with a 5K mud-run obstacle course. Strasser has seen the same girls return time and again to foster a sense of respect, healthy relationships, leadership, and kindness to themselves as well as others.

Using what was learned with Bring It's girls, the organization offers a five-week program for women that connects the brain and heart through movement called FIRE: Finding, Inner strength, Resilience and Encompassing. It incorporates physical activity with mental and social dimensions.

Bring It started a boys program in 2020 with the same principles that built the girls' programs. It also offers a six-week co-ed adaptive series for people ages 11 and up with intellectual disabilities that incorporate an educational component and two-hour community workshops with one hour of physical activity and a one-hour workshop using the concepts in the girls' program mentioned above.

To learn more about Girlz Rock or to register for services, visit <https://fortwaynegirlzrock.com/>. To learn more about Bring It Push It Own It or to register for classes, visit <https://www.bringitpushitownit.com/>.

Girls Introduction

The events girls and young women experience in their school and teenage years can shape their lives well into adulthood. For this section CRI looked at the following:

- Academic performance based on quantitative measures from the Indiana Department of Education
- Data from the Indiana Youth Survey about girls and boys' substance use, emotional wellbeing, academic performance and commitment to school, and pro-family and pro-social behaviors
- Teen birthrates
- Girls' involvement with the juvenile justice system
- Comments from adults who work with Allen County girls

Indiana Department of Education data

The Indiana Department of Education collects data on a number of academic measures for traditional public, charter, and many private or non-public schools. Unless otherwise stated, the information in this section reflects the following schools or school corporations:

- East Allen County Schools
- Fort Wayne Community Schools
- Northwest Allen County Schools
- Southwest Allen County Schools
- Thurgood Marshall Leadership Academy
- Timothy L Johnson Academy
- Smith Academy for Excellence²⁷⁰
- Diocese of Fort Wayne-South Bend Catholic Schools
- Lutheran Schools of Indiana
- Independent Non-Public Schools²⁷¹
 - Aboite Christian School
 - Blackhawk Christian Elementary School
 - Blackhawk Christian Middle/High School
 - Cornerstone College Prep School
 - Central Christian School
 - Crossroad Child & Family Services
 - Gateway Woods School
 - Horizon Christian Academy
 - Horizon Christian Academy 2

CRI elected to focus on the following areas of academic performance for this report:

²⁷⁰ Smith Academy for Excellence (SAFE) is a male-only charter school. CRI included its data when totaling Allen County data but left it out when listing institutional data, like graduation rates, because of the absence of the female counterpart.

²⁷¹ Not all independent non-public schools operated all years. Their data were included for the years reported by the IDOE.

- 3rd grade reading assessment: An early measure of academic performance, which if the student fails to pass can result in not being advanced to fourth grade
- Cohort exit status: Looks at the four-year high school cohort as measured by the number of graduates, dropouts, course completions, GEDs, special education certificates, and students still in school
- Graduation rates
- Diploma types: Core 40, honors, or general
- Number of students taking the SAT and the difference in the average scores between boys and girls
- Advanced Placement exams: Number of students who took at least one AP exam and the number who passed at least one AP exam

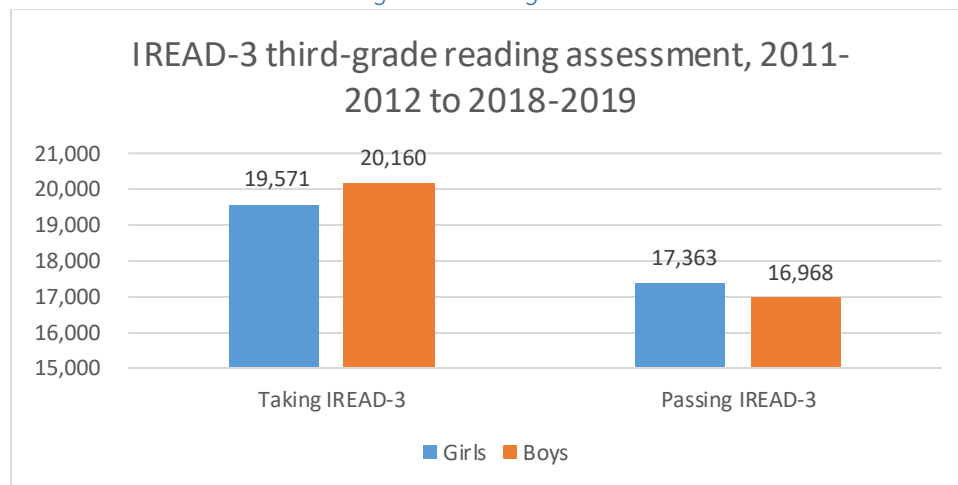
In reviewing this data, girls typically had a higher academic performance than boys, as shown in charts below, although boys outperformed girls in average SAT scores and passing AP exams.

IREAD-3 third-grade reading assessment

Indiana’s third graders take the Indiana Reading Evaluation and Determination (IREAD-3) assessment each spring to evaluate their competencies against the grade 3 reading standards. Students who do not pass IREAD-3 are at risk of not being advanced to fourth grade although supplemental instruction, repeat testing, and good-cause advancement are available.²⁷²

Looking at the combined IREAD-3 results for the reported Allen County students, more boys take the test than girls, reflecting the larger share of boys enrolled in third grade than girls, but girls pass the test at higher rates, as shown in Chart 127.

Chart 127: IREAD-3 third-grade reading assessment



Source: Indiana Department of Education

Looking at these eight years of data above, 88.7% of Allen County’s 3rd grade girls passed the test, compared to 84.2% boys.

²⁷² IREAD-3 Guidance for 2017-18 School Year, IDOE, April 7, 2017. Available at: <https://www.doe.in.gov/sites/default/files/assessment/iread-3-memo-updated-guidance-april-2017.pdf>

Cohort exit status

This data looks at the progress of the 4-year cohort of high school classes, as measured by graduates, dropouts, course completion, GED, still in school, and special education certificate.

Each table includes gender-specific and total data by year and school corporation, with a grand total of all years at the bottom. Girls outpaced boys in graduation rates, while boys composed a larger share of the other categories.

Table 26: Number of graduates by gender

School	Graduates		
	Female	Male	Total
2014-15	1,998	1,994	3,992
Diocese of Fort Wayne-South Bend Schools	181	197	378
East Allen County Schools	349	314	663
Fort Wayne Community Schools	840	834	1,674
Independent Non-Public Schools	44	41	85
Lutheran Schools of Indiana	79	81	160
Southwest Allen County Schools	272	263	535
Northwest Allen County Schools	233	264	497
Smith Academy for Excellence			
2015-16	2,098	1,998	4,096
Diocese of Fort Wayne-South Bend Schools	184	222	406
East Allen County Schools	380	372	752
Fort Wayne Community Schools	866	798	1,664
Independent Non-Public Schools	41	40	81
Lutheran Schools of Indiana	83	70	153
Southwest Allen County Schools	279	263	542
Northwest Allen County Schools	265	230	495
Smith Academy for Excellence		3	3
2016-17	2,077	2,037	4,114
Diocese of Fort Wayne-South Bend Schools	173	194	367
East Allen County Schools	351	326	677
Fort Wayne Community Schools	871	867	1,738
Independent Non-Public Schools	43	43	86
Lutheran Schools of Indiana	103	97	200
Southwest Allen County Schools	282	264	546
Northwest Allen County Schools	254	240	494
Smith Academy for Excellence		6	6
2017-18	2,119	2,063	4,182
Diocese of Fort Wayne-South Bend Schools	202	187	389
East Allen County Schools	378	349	727
Fort Wayne Community Schools	879	844	1,723
Independent Non-Public Schools	42	50	92

Lutheran Schools of Indiana	85	88	173
Southwest Allen County Schools	269	263	532
Northwest Allen County Schools	264	279	543
Smith Academy for Excellence		3	3
Grand Total	8,292	8,092	16,384

Source: Indiana Department of Education

Table 27: Number of dropouts by gender

School	Dropouts		
	Female	Male	Total
2014-15	54	85	139
Diocese of Fort Wayne-South Bend Schools		1	1
East Allen County Schools	14	21	35
Fort Wayne Community Schools	32	54	86
Independent Non-Public Schools	4	1	5
Lutheran Schools of Indiana	1		1
Southwest Allen County Schools	2	3	5
Northwest Allen County Schools	1	5	6
Smith Academy for Excellence			
2015-16	31	64	95
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	5	16	21
Fort Wayne Community Schools	23	41	64
Independent Non-Public Schools	1	2	3
Lutheran Schools of Indiana		1	1
Southwest Allen County Schools	2		2
Northwest Allen County Schools		3	3
Smith Academy for Excellence		1	1
2016-17	44	81	125
Diocese of Fort Wayne-South Bend Schools	2	3	5
East Allen County Schools	8	5	13
Fort Wayne Community Schools	28	67	95
Independent Non-Public Schools	2	1	3
Lutheran Schools of Indiana			
Southwest Allen County Schools	3	3	6
Northwest Allen County Schools	1	2	3
Smith Academy for Excellence			
2017-18	83	137	220
Diocese of Fort Wayne-South Bend Schools	1		1
East Allen County Schools	17	34	51
Fort Wayne Community Schools	57	85	142
Independent Non-Public Schools	4	5	9
Lutheran Schools of Indiana	1		1

Southwest Allen County Schools	1	2	3
Northwest Allen County Schools	2	11	13
Smith Academy for Excellence			
Grand Total	212	367	579

Source: Indiana Department of Education

Table 28: Number of course completion by gender

School	Course Completion		
	Female	Male	Total
2014-15	3	2	5
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	1		1
Fort Wayne Community Schools	2	1	3
Independent Non-Public Schools		1	1
Lutheran Schools of Indiana			
Southwest Allen County Schools			
Northwest Allen County Schools			
Smith Academy for Excellence			
2015-16	3	7	10
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools			
Fort Wayne Community Schools	3	5	8
Independent Non-Public Schools			
Lutheran Schools of Indiana		1	1
Southwest Allen County Schools			
Northwest Allen County Schools			
Smith Academy for Excellence			
2016-17	1	4	5
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	1	1	2
Fort Wayne Community Schools			
Independent Non-Public Schools			
Lutheran Schools of Indiana		2	2
Southwest Allen County Schools			
Northwest Allen County Schools			
Smith Academy for Excellence		1	1
2017-18	4	2	6
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools			
Fort Wayne Community Schools	1		1
Independent Non-Public Schools		1	1
Lutheran Schools of Indiana	1		1
Southwest Allen County Schools			

Northwest Allen County Schools			
Smith Academy for Excellence			
Grand Total	11	15	26

Source: Indiana Department of Education

Table 29: Number of GED by gender

GED			
School	Female	Male	Total
2014-15	2	10	12
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools		2	2
Fort Wayne Community Schools	1	4	5
Independent Non-Public Schools	1	2	3
Lutheran Schools of Indiana			
Southwest Allen County Schools		1	1
Northwest Allen County Schools		1	1
Smith Academy for Excellence			
2015-16	1	3	4
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools			
Fort Wayne Community Schools		2	2
Independent Non-Public Schools	1		1
Lutheran Schools of Indiana			
Southwest Allen County Schools		1	1
Northwest Allen County Schools			
Smith Academy for Excellence			
2016-17	1	4	5
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools			
Fort Wayne Community Schools	1	2	3
Independent Non-Public Schools		1	1
Lutheran Schools of Indiana			
Southwest Allen County Schools		1	1
Northwest Allen County Schools			
Smith Academy for Excellence			
2017-18	5	3	8
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	1	1	2
Fort Wayne Community Schools	2		2
Independent Non-Public Schools	2	2	4
Lutheran Schools of Indiana			
Southwest Allen County Schools			
Northwest Allen County Schools			

Smith Academy for Excellence			
Grand Total	9	20	29

Source: Indiana Department of Education

Table 30: Number of special education certificates by gender

School	Special Education Certificate		
	Female	Male	Total
2014-15	30	42	72
Diocese of Fort Wayne-South Bend Schools		1	1
East Allen County Schools	7	11	18
Fort Wayne Community Schools	21	20	41
Independent Non-Public Schools			
Lutheran Schools of Indiana			
Southwest Allen County Schools	2	5	7
Northwest Allen County Schools		5	5
Smith Academy for Excellence			
2015-16	21	32	53
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	5	10	15
Fort Wayne Community Schools	14	17	31
Independent Non-Public Schools			
Lutheran Schools of Indiana			
Southwest Allen County Schools		2	2
Northwest Allen County Schools	2	3	5
Smith Academy for Excellence			
2016-17	16	40	56
Diocese of Fort Wayne-South Bend Schools	1		1
East Allen County Schools	7	18	25
Fort Wayne Community Schools	8	18	26
Independent Non-Public Schools			
Lutheran Schools of Indiana			
Southwest Allen County Schools		3	3
Northwest Allen County Schools			
Smith Academy for Excellence		1	1
2017-18	20	29	49
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	1	8	9
Fort Wayne Community Schools	14	17	31
Independent Non-Public Schools		1	1
Lutheran Schools of Indiana			
Southwest Allen County Schools	4		4
Northwest Allen County Schools	1	3	4
Smith Academy for Excellence			

Grand Total	87	143	230
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Source: Indiana Department of Education

Table 31: Number of students still in school by gender

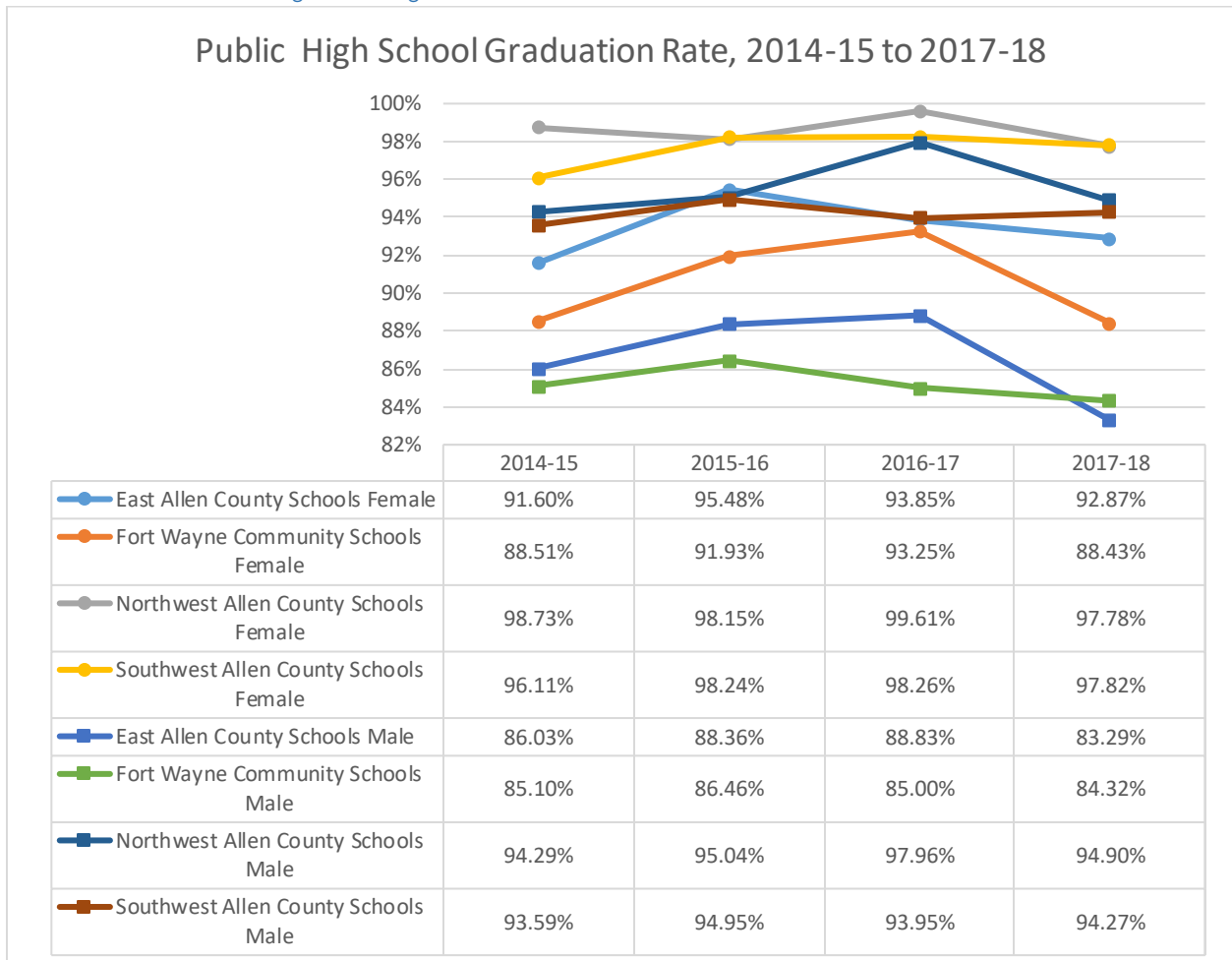
School	Students Still in School		
	Female	Male	Total
2014-15	73	106	179
Diocese of Fort Wayne-South Bend Schools		3	3
East Allen County Schools	10	17	27
Fort Wayne Community Schools	53	67	120
Independent Non-Public Schools	1	1	2
Lutheran Schools of Indiana		1	1
Southwest Allen County Schools	7	9	16
Northwest Allen County Schools	2	5	7
Smith Academy for Excellence		3	3
2015-16	52	105	157
Diocese of Fort Wayne-South Bend Schools	1	2	3
East Allen County Schools	8	23	31
Fort Wayne Community Schools	36	60	96
Independent Non-Public Schools	1	1	2
Lutheran Schools of Indiana		1	1
Southwest Allen County Schools	3	11	14
Northwest Allen County Schools	3	6	9
Smith Academy for Excellence		1	1
2016-17	39	106	145
Diocese of Fort Wayne-South Bend Schools	1	2	3
East Allen County Schools	7	17	24
Fort Wayne Community Schools	26	66	92
Independent Non-Public Schools	3	8	11
Lutheran Schools of Indiana			
Southwest Allen County Schools	2	10	12
Northwest Allen County Schools		3	3
Smith Academy for Excellence			
2017-18	56	98	154
Diocese of Fort Wayne-South Bend Schools			
East Allen County Schools	10	27	37
Fort Wayne Community Schools	41	55	96
Independent Non-Public Schools	1	1	2
Lutheran Schools of Indiana			
Southwest Allen County Schools	1	14	15
Northwest Allen County Schools	3	1	4
Smith Academy for Excellence			
Grand Total	220	415	635

Source: Indiana Department of Education

Graduation rates

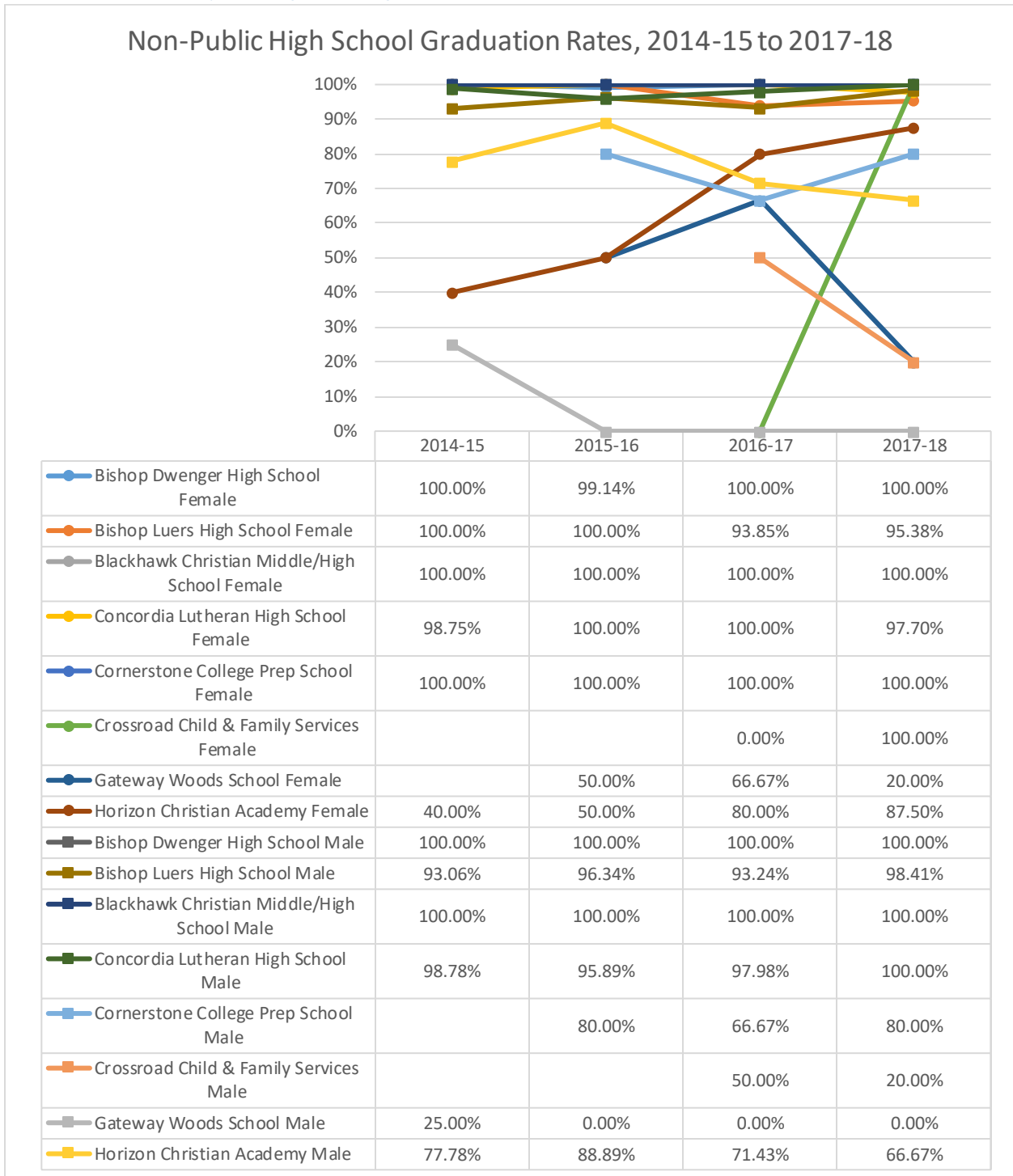
IDOE reports graduation rates as percentages so a compilation of data across schools and could not be done, but the general trend is that girls graduate at higher rates in public schools compared to boys in the respective school corporation as shown in Chart 128. For non-public schools, no clear conclusion about girls' graduation rates could be drawn because of the varying enrollments of non-public schools and multiple schools that had graduation rates at or approaching 100% for both genders as shown in Chart 129.

Chart 128: Public high school graduation rates



Source: Indiana Department of Education

Chart 129: Non-public high school graduation rates



Source: Indiana Department of Education

Diploma types

The state of Indiana offers three types of high school diplomas: Core 40, general, and honors. Core 40 is the default diploma for most Hoosier high school graduates, equating to 40 course credits, as defined by

the state department of education.²⁷³ General diploma graduates and their parents/guardians must work with the respective school to pursue the general diploma pathway.²⁷⁴ Lastly, honors graduates supplement their Core 40 coursework with either an academic or technical honors pathway.²⁷⁵

For those graduating in 2016 through 2018, Core 40 requirements consisted of:

- English/Language Arts: 8 credits
- Mathematics: 6 credits (in grades 9-12)
 - Algebra I or Integrated Math I
 - Geometry or Integrated Math II
 - Algebra II or Integrated Math III
 - *Students must take a math or quantitative reasoning course each year in high school*
- Science 6 credits
 - Biology I
 - Chemistry I or Physics I or Integrated Chemistry-Physics
 - Any Core 40 science course
- Social Studies 6 credits
 - U.S. History
 - U.S. Government
 - Economics
 - World History/Civilization or Geography/History of the World
- Directed Electives: 5 credits
 - World Languages
 - Fine Arts
 - Career and Technical Education
- Physical Education: 2 credits
- Health and Wellness: 1 credit
- Electives: 6 credits

For those graduating in 2016 through 2018, the academic honors diploma required the Core 40 plus:

- Earn 2 additional Core 40 math credits
- Earn 6-8 Core 40 world language credits
- (6 credits in one language or 4 credits each in two languages)
- Earn 2 Core 40 fine arts credits
- Earn a grade of C or better in courses that will count toward the diploma.
- Have a grade point average of B or better
- Complete one of the following:
 - Earn 4 credits in 2 or more AP courses and take corresponding AP exams
 - Earn 6 verifiable transcribed college credits in dual credit courses from the approved dual credit list.
 - Earn two of the following:

²⁷³ [https://www.in.gov/sboe/files/Current_Diploma_Requirements_\(General_and_Core_40\).pdf](https://www.in.gov/sboe/files/Current_Diploma_Requirements_(General_and_Core_40).pdf)

²⁷⁴ Ibid.

²⁷⁵ Ibid.

- A minimum of 3 verifiable transcribed college credits from the approved dual credit list
- 2 credits in AP courses and corresponding AP exams
- 2 credits in IB standard level courses and corresponding IB exams
- Earn a combined score of 1750 or higher on the SAT critical reading, mathematics and writing sections and a minimum score of 530 on each
- Earn an ACT composite score of 26 or higher and complete written section
- Earn 4 credits in IB courses and take corresponding IB exams

The technical honors also required Core 40 plus:

- Earn 6 credits in the college and career preparation courses in a state -approved College & Career Pathway and one of the following:
 - State approved, industry recognized certification or credential, or
 - Pathway dual credits from the approved dual credit list resulting in 6 transcribed college credits
- Earn a grade of C or better in courses that will count toward the diploma.
- Have a grade point average of B or better.
- Complete one of the following:
 - Any one of the options from the last list for Academic Honors (starting with AP credits)
 - Earn the following scores or higher on WorkKeys; Reading for Information – Level 6, Applied Mathematics – Level 6, and Locating Information -Level 5
 - Earn the following minimum score(s) on Accuplacer: Writing 80, Reading 90, Math 75
 - Earn the following minimum score(s) on Compass: Algebra 66, Writing 70, Reading 80

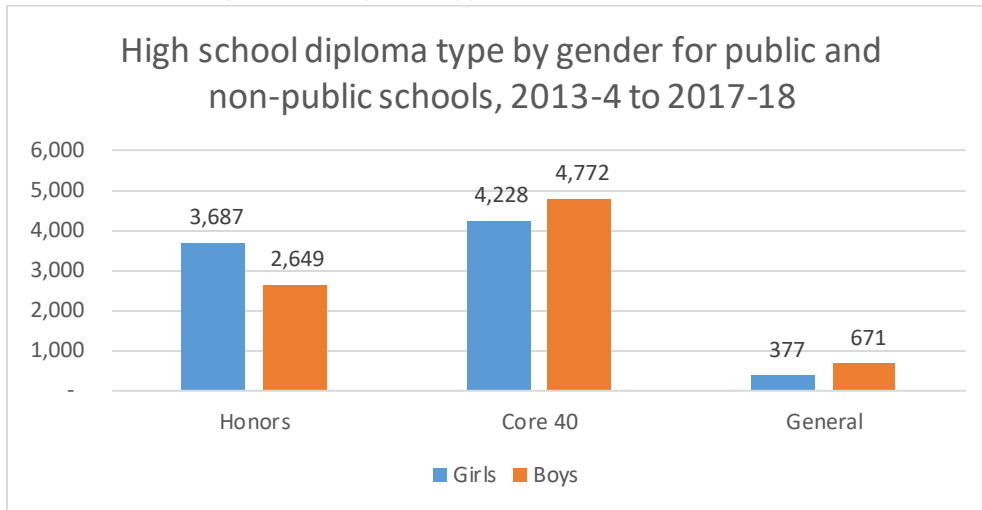
Earning an honors diploma offers a strong correlation to success at the start of college and graduation from a public university in Indiana, according to data from the Indiana Commission on Higher Education.²⁷⁶ For example, 65% of 2016 honors diploma holders in Allen County needed no remediation, completed all coursework attempted, and persisted to sophomore year compared to 20% of Core 40 graduates and 7% of general diploma holders.²⁷⁷

From 2013-2014 to 2017-2018 for available Allen County data, girls earned more honors diplomas than boys, as shown in Chart 130. Of graduating seniors during this time, 44.5% of girls earned an honors diploma, compared to 32.7% of boys. Male students made up the majority of Core 40 and general diploma earners during this time.

²⁷⁶ Indiana Commission for Higher Education College Readiness Dashboard, available at <https://www.in.gov/che/4553.htm>.

²⁷⁷ Ibid.

Chart 130: High school diploma type



Source: Indiana Department of Education with totals calculated by CRI

SAT takers, average SAT scores

A larger share of Allen County girls took the Scholastic Aptitude Test (SAT)²⁷⁸ than boys from 2014-15 to 2017-18 as shown on Table 32, but the average test scores for girls graduating from public schools were lower than boys as shown in Chart 131.²⁷⁹

Table 32: Number of students taking the SAT by gender

	2014-15 to 2017-18			
	Took SAT	Graduates	Percent taking SAT	% more of females taking SAT
Diocese of Fort Wayne-South Bend Schools	1,308	1,540	84.9%	
Female	647	740	87.4%	4.8%
Male	661	800	82.6%	
East Allen County Schools	1,822	2,819	64.6%	
Female	1,031	1,458	70.7%	12.6%
Male	791	1,361	58.1%	
Fort Wayne Community Schools	3,715	6,799	54.6%	
Female	2,188	3,456	63.3%	17.6%
Male	1,527	3,343	45.7%	
Independent Non-Public Schools	230	344	66.9%	
Female	118	170	69.4%	5.0%
Male	112	174	64.4%	
Lutheran Schools of Indiana	556	686	81.0%	

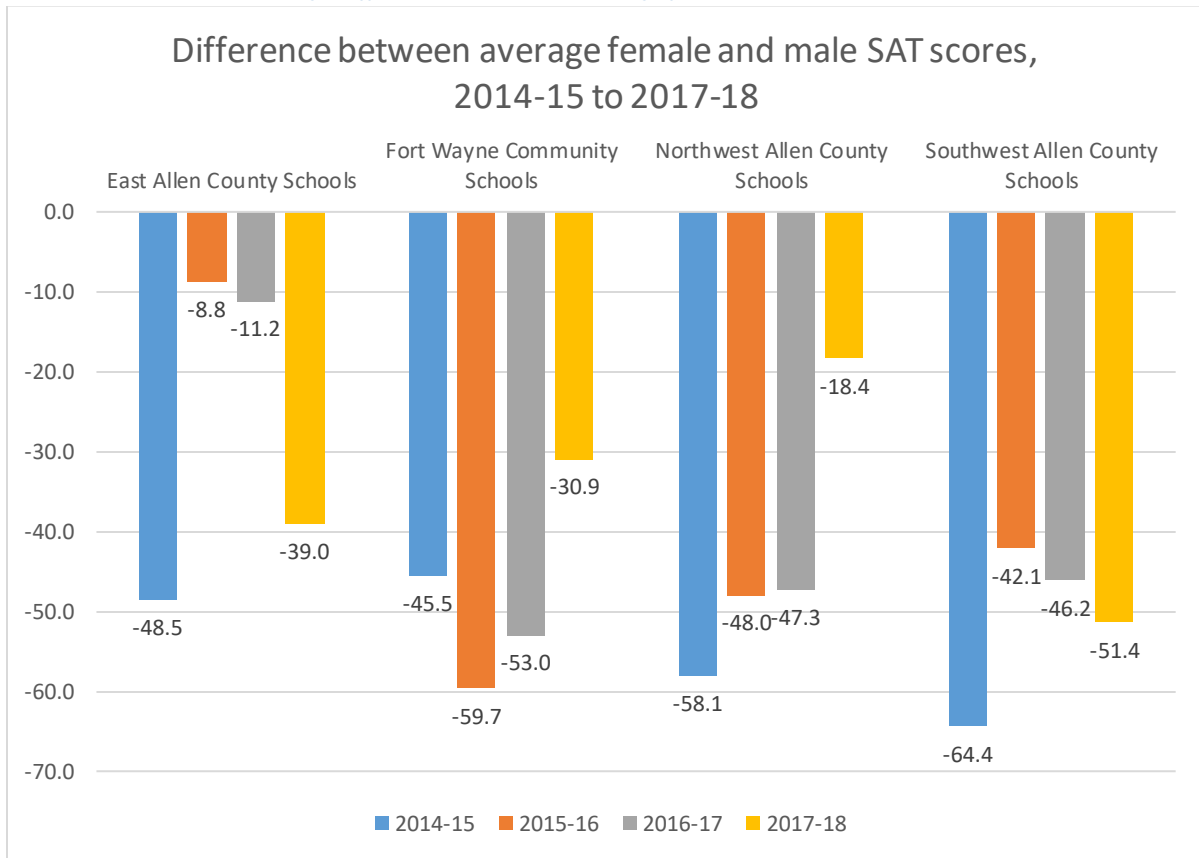
²⁷⁸ IDOE also reports ACT data, but most Allen County students take the SAT. For example, 31.8% of girls graduating in 2014-15 from Northwest Allen took the ACT compared to 87.1% of the same student pool who took the SAT.

²⁷⁹ CRI did not compare the average scores from non-public schools because of the relatively small size of test takers, which could skew the results compared to four public districts.

Female	296	350	84.6%	7.2%
Male	260	336	77.4%	
Northwest Allen County Schools	1,636	2,029	80.6%	
Female	856	1,016	84.3%	7.3%
Male	780	1,013	77.0%	
Southwest Allen County Schools	1,653	2,155	76.7%	
Female	895	1,102	81.2%	9.2%
Male	758	1,053	72.0%	
Grand Total	10,920	16,372	66.7%	
Female	6,031	8,292	72.7%	12.2%
Male	4,889	8,080	60.5%	

Source: Indiana Department of Education with totals and percentages calculated by CRI

Chart 131: Percentage difference between average female and male SAT scores



Source: Indiana Department of Education with difference calculated by CRI

Advanced Placement exams

This section explores the number and percentage of graduates for the respective year who took an Advanced Placement (AP) exam and then whether those test takers passed at least one AP exam.²⁸⁰

Girls were more likely to take an AP exam as a percentage of total graduates by gender, but boys were more likely to pass at least one exam, as measured by percentage of gender who took the test. In plain English, girls were more likely to take the AP exam – 37% compared to 32.6%, but narrowing the pool to test takers, boys were more likely to pass the tests, with 60.8% vs 52.8%.

Table 33: Graduates who took at least one AP exam

	Graduates taking at least 1 AP Exam			
	Female	% of Female graduates who took ≥1 AP exam	Male	% of Male graduates who took ≥1 AP exam
2014-15	790	39.5%	603	30.2%
Diocese of FW-SB Schools	84	46.4%	64	32.5%
East Allen County Schools	125	35.8%	78	24.8%
Fort Wayne Community Schools	263	31.3%	163	19.5%
Independent Non-Public Schools	16	36.4%	17	41.5%
Lutheran Schools of Indiana	34	43.0%	47	58.0%
Southwest Allen County Schools	150	55.1%	126	47.9%
Northwest Allen County Schools	118	50.6%	108	40.9%
2015-16	833	39.7%	615	30.8%
Diocese of FW-SB Schools	112	60.9%	86	38.7%
East Allen County Schools	119	31.3%	89	23.9%
Fort Wayne Community Schools	249	28.8%	173	21.7%
Independent Non-Public Schools	18	43.9%	18	45.0%
Lutheran Schools of Indiana	47	56.6%	39	55.7%
Southwest Allen County Schools	152	54.5%	122	46.4%
Northwest Allen County Schools	136	51.3%	88	38.3%
2016-17	767	36.9%	578	28.5%
Diocese of FW-SB Schools	95	54.9%	78	40.2%
East Allen County Schools	106	30.2%	71	21.8%

²⁸⁰ The IDOE considers an AP score of 3, 4, or 5 out of a 1-5 is considered a passing score. See <https://www.in.gov/sboe/files/2019%20AP%20Report%20-%20Final.pdf>.

Fort Wayne Community Schools	200	23.0%	146	16.8%
Independent Non-Public Schools	18	41.9%	9	20.9%
Lutheran Schools of Indiana	57	55.3%	38	39.2%
Southwest Allen County Schools	149	52.8%	124	47.0%
Northwest Allen County Schools	142	55.9%	112	46.7%
2017-18	789	37.2%	602	29.2%
Diocese of FW-SB Schools	111	55.0%	76	40.6%
East Allen County Schools	81	21.4%	80	22.9%
Fort Wayne Community Schools	222	25.3%	136	16.1%
Independent Non-Public Schools	18	42.9%	19	38.0%
Lutheran Schools of Indiana	59	69.4%	54	61.4%
Southwest Allen County Schools	163	60.6%	134	51.0%
Northwest Allen County Schools	135	51.1%	103	36.9%
Grand Total	3,179	38.3%	2,398	29.7%

Source: Indiana Department of Education with percentages calculated by CRI

Table 34: Graduates who passed at least one AP exam

Graduates passing at least 1 AP exam

	Female	% of Female test takers passing ≥ 1 AP exam	Male	% of Male test takers passing ≥ 1 AP exam
2014-15	419	53.0%	361	59.9%
Diocese of FW-SB Schools	58	69.0%	46	71.9%
East Allen County Schools	30	24.0%	30	38.5%
Fort Wayne Community Schools	102	38.8%	57	35.0%
Independent Non-Public Schools	8	50.0%	9	52.9%
Lutheran Schools of Indiana	26	76.5%	31	66.0%
Southwest Allen County Schools	103	68.7%	99	78.6%
Northwest Allen County Schools	92	78.0%	89	82.4%
2015-16	420	50.4%	348	56.6%
Diocese of FW-SB Schools	66	58.9%	60	69.8%
East Allen County Schools	44	37.0%	29	32.6%

Fort Wayne Community Schools	66	26.5%	69	39.9%
Independent Non-Public Schools	12	66.7%	13	72.2%
Lutheran Schools of Indiana	38	80.9%	23	59.0%
Southwest Allen County Schools	93	61.2%	86	70.5%
Northwest Allen County Schools	101	74.3%	68	77.3%
2016-17	405	52.8%	352	60.9%
Diocese of FW-SB Schools	50	52.6%	54	69.2%
East Allen County Schools	25	23.6%	16	22.5%
Fort Wayne Community Schools	77	38.5%	71	48.6%
Independent Non-Public Schools	15	83.3%	7	77.8%
Lutheran Schools of Indiana	43	75.4%	30	78.9%
Southwest Allen County Schools	98	65.8%	81	65.3%
Northwest Allen County Schools	97	68.3%	93	83.0%
2017-18	436	55.3%	396	65.8%
Diocese of FW-SB Schools	69	62.2%	51	67.1%
East Allen County Schools	20	24.7%	32	40.0%
Fort Wayne Community Schools	92	41.4%	78	57.4%
Independent Non-Public Schools	13	72.2%	15	78.9%
Lutheran Schools of Indiana	38	64.4%	43	79.6%
Southwest Allen County Schools	93	57.1%	95	70.9%
Northwest Allen County Schools	111	82.2%	82	79.6%
Grand Total	1,680	52.8%	1,457	60.8%

Source: Indiana Department of Education with percentages calculated by CRI

Indiana Youth Survey overview and methodology

The Indiana Youth Survey (INYS), formerly known as the Alcohol, Tobacco and Other Drug Use Survey, collects information from middle school and high school students about their substance use, mental

health, engagement with school, family relationships, and other risk and protective factors²⁸¹ to assist schools and other agencies in planning services and other responses that can be informed by local data and circumstances. The Indiana Division of Mental Health, a part of the Family and Social Services Administration, funds the survey.²⁸² It is available to any school at no charge and is conducted online and in paper in the spring of even-numbered years.²⁸³

The Indiana Prevention Resource Center (IPRC) at Indiana University Bloomington conducted the 28th annual survey using a convenience sample at schools in 2018.²⁸⁴ CRI used data from 7th through 12th grades. The data are reported by grade or age, depending on the question.

CRI used the data as reported by gender: girls and boys. CRI also received the total data with both genders but did not include it in this report's charts and tables since it is the collective total of both groups. Since the results were reported by percentage and no numeric information was provided, it is possible that the sample size of each group may not match, i.e. there may be more boys or girls who took the survey.

For this report, Allen County's INYS data by gender came as a result of a request by the Drug & Alcohol Consortium of Allen County (DAC) to IPRC.²⁸⁵ The results did not include the number of responses to each question or the schools or school corporations surveyed, which are not released publicly. Based on the race and ethnicity of respondents compared to school enrollment data, CRI can conclude that at least some urban populations were included, but it is not clear how many or if any rural or suburban schools were surveyed.

CRI selected data points that connected to the study areas of this project or where the positive responses by females indicated a degree of influence or impact. For example CRI did not include information about gambling or guns since girls reported low use. Additionally CRI excluded information about the use of synthetic marijuana, cocaine or crack, heroin, inhalants, methamphetamines, hallucinogens or Ecstasy, prescription drugs not prescribed to the person, and over-the-counter drugs to get high because of extremely low or non-existent reported use.²⁸⁶

Since this report reflects a single year of data collection, trends over time cannot be extracted. Instead it provides a snapshot to understand the conditions and circumstances for local girls as compared to boys in 2018.

Demographic information

The survey asked respondents for their race and ethnicity. The next two charts indicate those responses by grade. Like the Census Bureau, INYS tracks race and ethnicity separately.

²⁸¹ A risk factor is "variable that increases the probability of a future negative outcome." A protective factor is "variable that increases the probability of a future positive outcome." J. Durlak, "Common Risk and Protective Factors in Successful Prevention Programs," *American Journal of Orthopsychiatry*, (October 1998), 512.

²⁸² See <https://inys.indiana.edu/about-survey>. Accessed February 15, 2020.

²⁸³ Ibid.

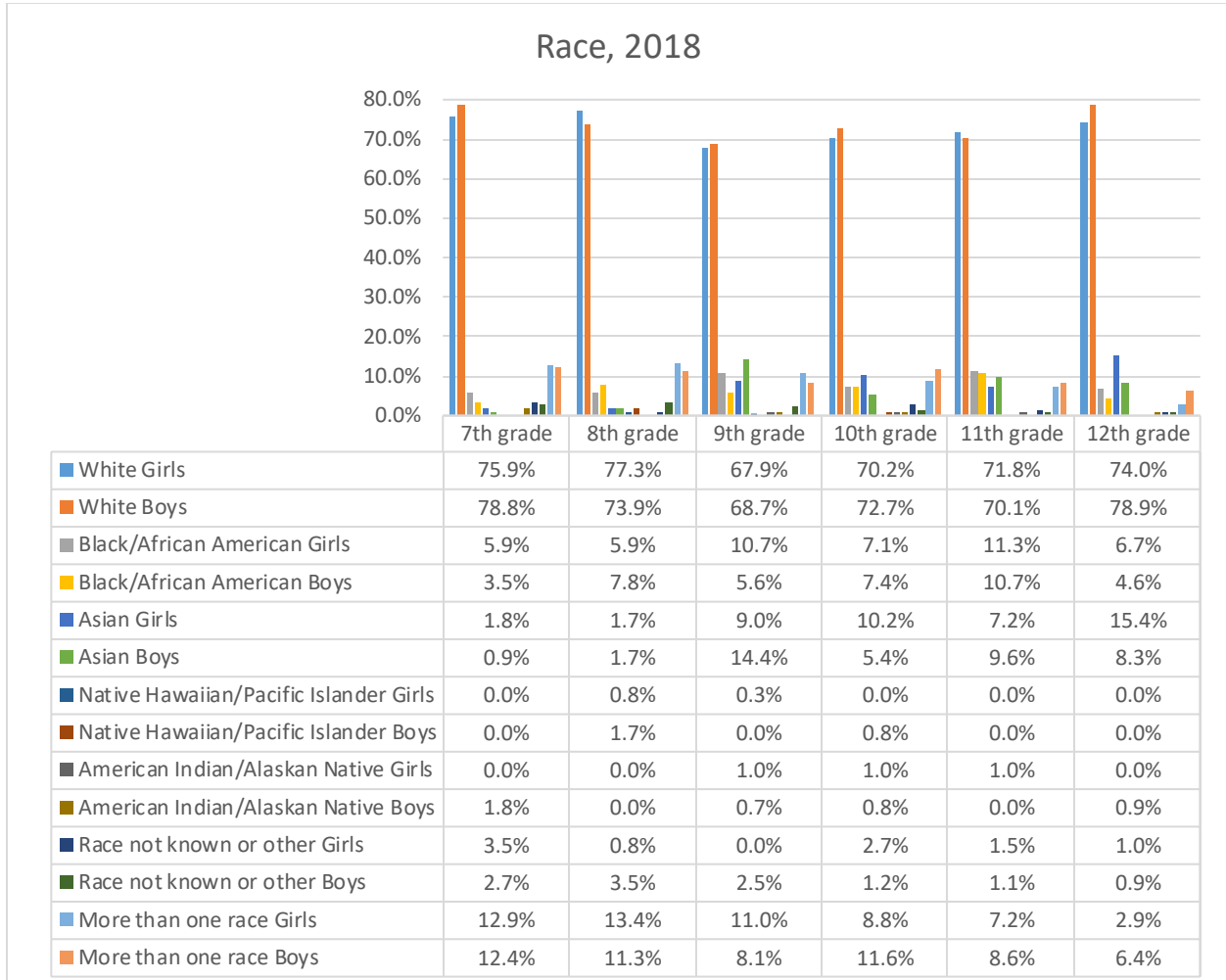
²⁸⁴ R. Gassman et al, *Indiana Youth Survey – 2018*. Indiana University Institute for Research on Addictive Behavior. (2018). 2. The 2020 survey was scheduled to take place in early 2020. Schools who completed the survey before the coronavirus shutdowns will receive their results, according to the Institute for Research on Addictive Behavior.

²⁸⁵ CRI appreciates the support of DAC for this report and their ability and interest in securing and releasing this information to CRI, which was not otherwise publicly released.

²⁸⁶ Reported female use of these substances was between 0 to 3.1% in 2018.

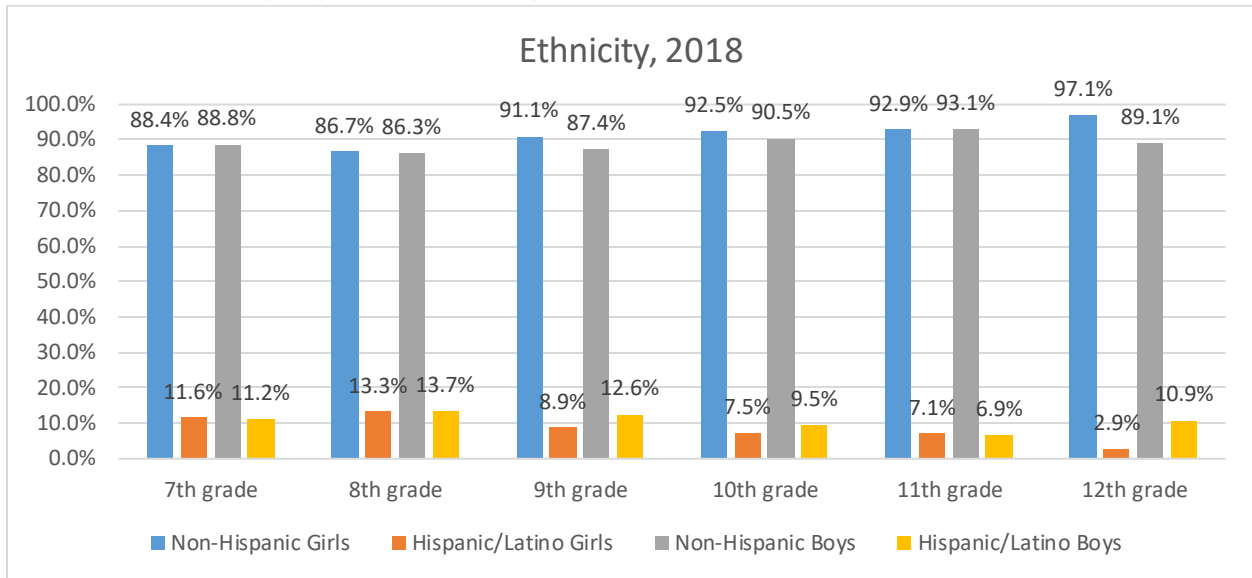
In 2018, respondents were majority white in all grades, ranging from 67.9% for 9th grade girls to 78.9% for 12th grade boys. The other racial groups varied by grade, ranging from less than 1% for Asian boys in 7th grade to 11.3% for African-American girls in 11th grade.

Chart 132: Survey respondents' race



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 133: Survey respondents' ethnicity



Source: 2018 Indiana Youth Survey Allen County results by gender

The following table compares the above table's INYS respondent data by grade to the U.S. Census Bureau's data for people under 18 in Allen County in 2018. It shows both female and male numbers.

Table 35: Survey respondents' race and ethnicity compared to U.S. Census Bureau data

	Female					
	White	Black	Asian	Some Other Race (includes race unknown for INYS data)	Two or More Races	Hispanic
ACS Under 18	70.5%	13.0%	4.3%	2.6%	9.4%	11.8%
7th grade INYS respondents	75.9%	5.9%	1.8%	3.5%	12.9%	11.6%
8th grade INYS respondents	77.3%	5.9%	1.7%	0.8%	13.4%	13.3%
9th grade INYS respondents	67.9%	10.7%	9.0%	0.0%	11.0%	8.9%
10th grade INYS respondents	70.2%	7.1%	10.2%	2.7%	8.8%	7.5%
11th grade INYS respondents	71.8%	11.3%	7.2%	1.5%	7.2%	7.1%
12th grade INYS respondents	74.0%	6.7%	15.4%	1.0%	2.9%	2.9%
	Male					
	White	Black	Asian	Some Other Race (includes race	Two or More Races	Hispanic

				unknown for INYS data)		
ACS Under 18	67.3%	14.2%	5.2%	4.1%	8.9%	11.5%
7th grade INYS respondents	78.8%	3.5%	0.9%	2.7%	12.4%	11.2%
8th grade INYS respondents	73.9%	7.8%	1.7%	3.5%	11.3%	13.7%
9th grade INYS respondents	68.7%	5.6%	14.4%	2.5%	8.1%	12.6%
10th grade INYS respondents	72.7%	7.4%	5.4%	1.2%	11.6%	9.5%
11th grade INYS respondents	70.1%	10.7%	9.6%	1.1%	8.6%	6.9%
12th grade INYS respondents	78.9%	4.6%	8.3%	0.9%	6.4%	10.9%

Sources: 2018 Indiana Youth Survey Allen County results by gender and percentages calculated by CRI using data from U.S. Census Bureau Table S0101

Perception of substance use risk

CRI looked at three areas related to substance use from the INYS:

1. Perceived risk,
2. Actual use, and
3. Perceived use by peers.

The 2018 INYS questions CRI used related to the risks from:

- Smoking a pack of cigarettes a day,
- Trying marijuana once or twice,
- Smoking marijuana once or twice a week, and
- Consuming one or two alcoholic beverages nearly every day.

The value of measuring perceived risk of use comes from the inverse relationship between degree of risk and substance use.²⁸⁷ Accordingly, if a person believes the substance will cause harm, he or she is less likely to use it.

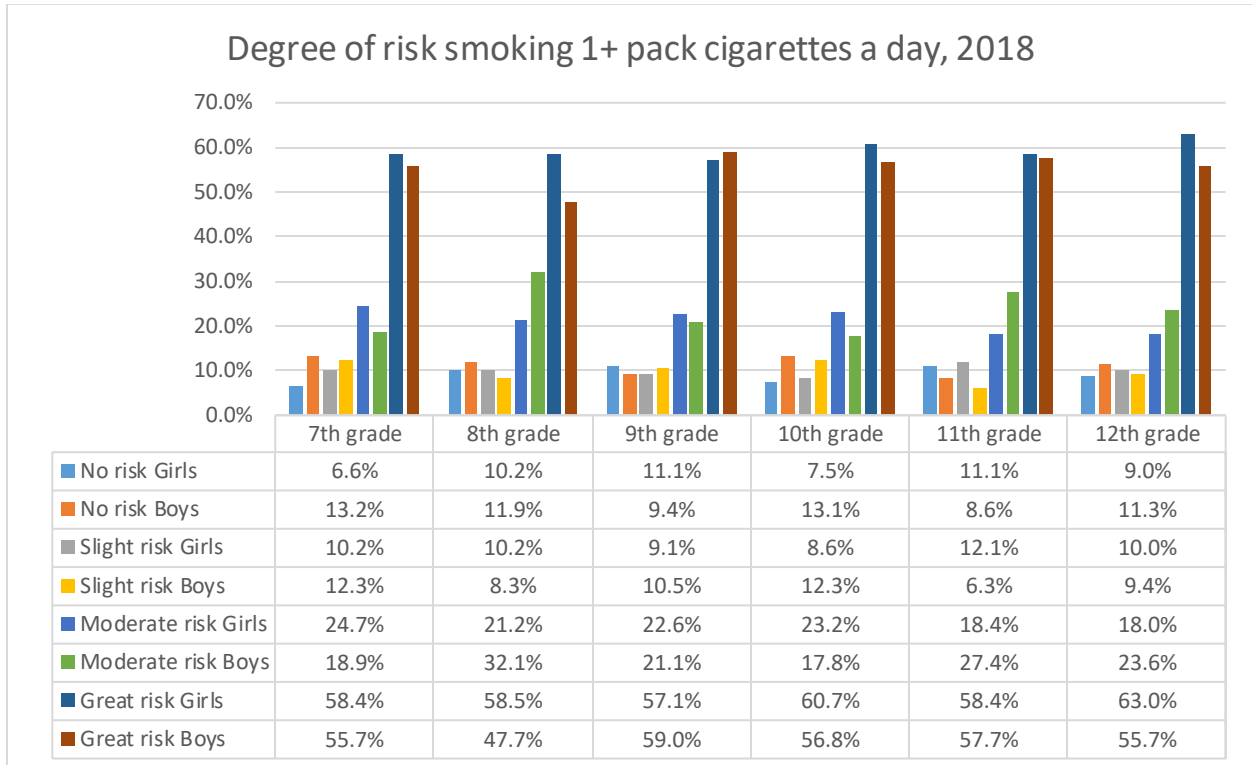
That theory plays out in the local data, especially as it relates to cigarette use. Cigarettes had the highest perceived risk, with more than half of the students of both genders except for 8th grade boys indicating that smoking a pack a day was a great risk. Cigarettes also had the lowest levels of use of the evaluated

²⁸⁷ See R. Lipari et al, "Risk and Protective Factors and Estimates of Substance Use Initiation: Results from the 2016 National Survey on Drug Use and Health," National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration (September 2017). Available at <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2016/NSDUH-DR-FFR3-2016.htm>.

substances. In contrast, only 26.0% of 12th grade girls and 15.2% of 12th grade boys believed using marijuana once or twice a week constituted great risk.

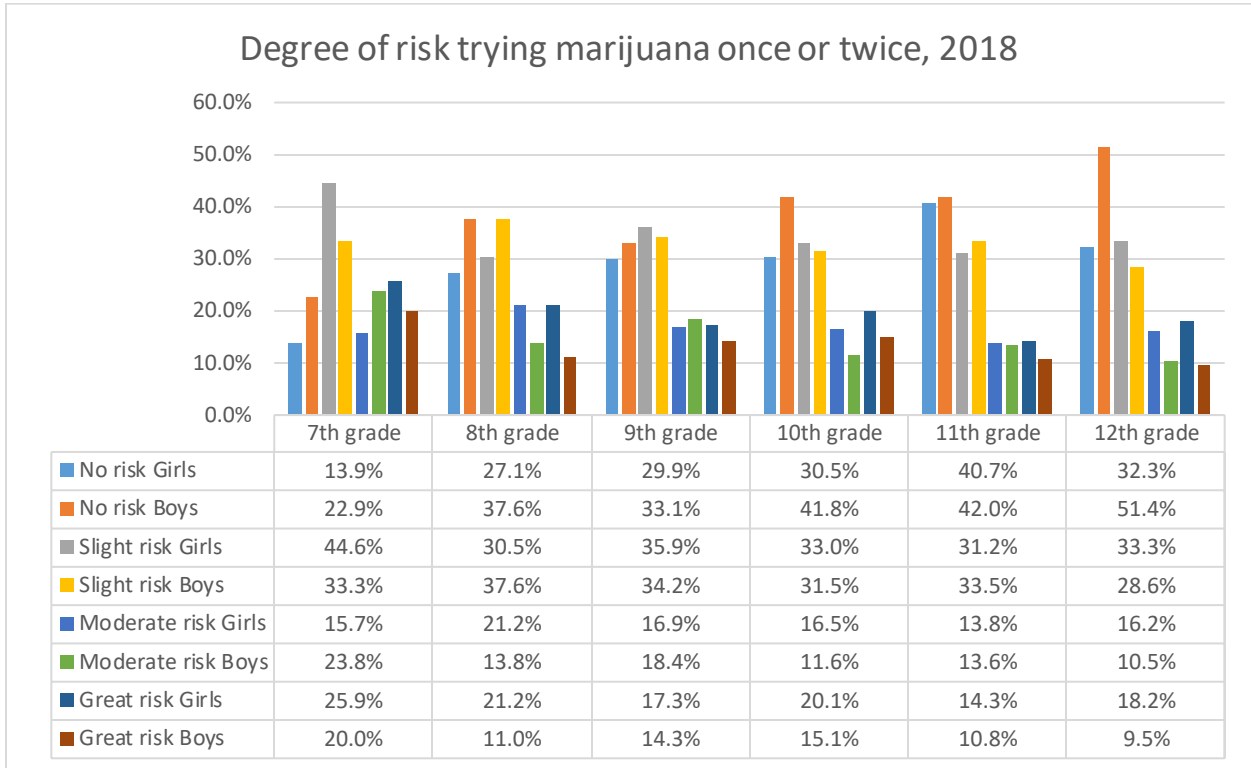
Charts 134-137 show the perceived degree of risk as measured by no risk, slight risk, moderate risk, and great risk.

Chart 134: Degree of risk smoking a pack or more of cigarettes a day



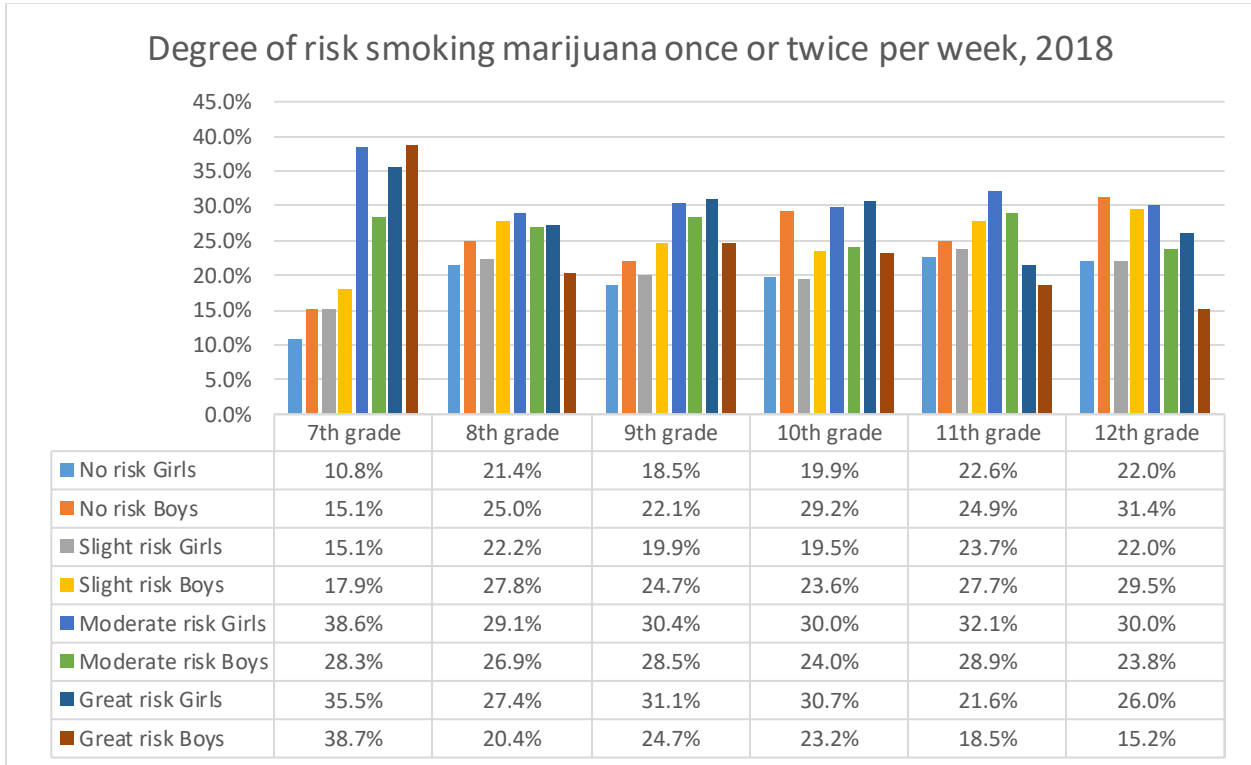
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 135: Degree of risk trying marijuana once or twice



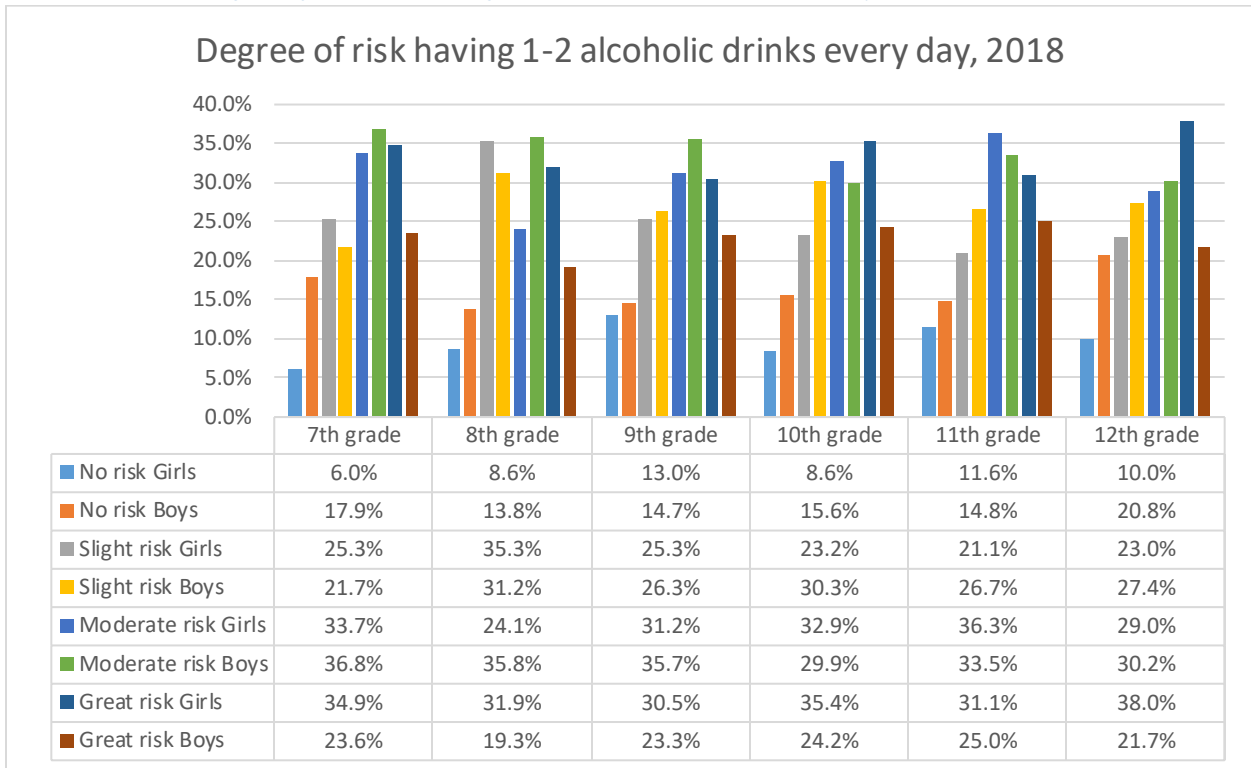
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 136: Degree of risk to smoking marijuana once or twice a week



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 137: Degree of risk consuming one to two alcoholic drinks daily



Source: 2018 Indiana Youth Survey Allen County results by gender

Self-reported substance use

Students' use of alcohol, cigarettes, marijuana, and other substances not only indicates present negative behavior, but it also constitutes a risk factor for future substance use disorder.²⁸⁸

The INYS asks about the frequency of use of a particular substance in the past 30 days:

- Never,
- 1-5 times,
- 6-19 times,
- 20-39 times, and
- 40+ times.

CRI is pleased to report that the vast majority of girls and boys reported not using any of these substances in the last month.

²⁸⁸ Research evaluating age of first use shows a relationship between the younger a person uses alcohol or other drugs and later onset of substance use disorders. In 2011, 74% of adults ages 18 to 30 admitted to substance use treatment indicated they started using before the age of 18. The relationship between treatment and age of first use even stronger for those who started using before age 15. See The TEDS Report: Age of Substance Use Initiation among Treatment Admissions Aged 18 to 30. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (July 17, 2014). Available at https://www.samhsa.gov/data/sites/default/files/WebFiles_TEDS_SR142_AgeatInit_07-10-14/TEDS-SR142-AgeatInit-2014.pdf

CRI included information about the use of cigarettes, electronic vapor products (including e-cigarettes and vaping pens), alcohol, and marijuana.²⁸⁹ As would be expected, substance use of all forms increased with students' grade level. No more than 5.5% of either gender's 2018 7th graders had used one of the aforementioned substances. By 12th grade, about 25% of girls and nearly 30% of boys had used alcohol in the past month, the most popular substance for both genders.

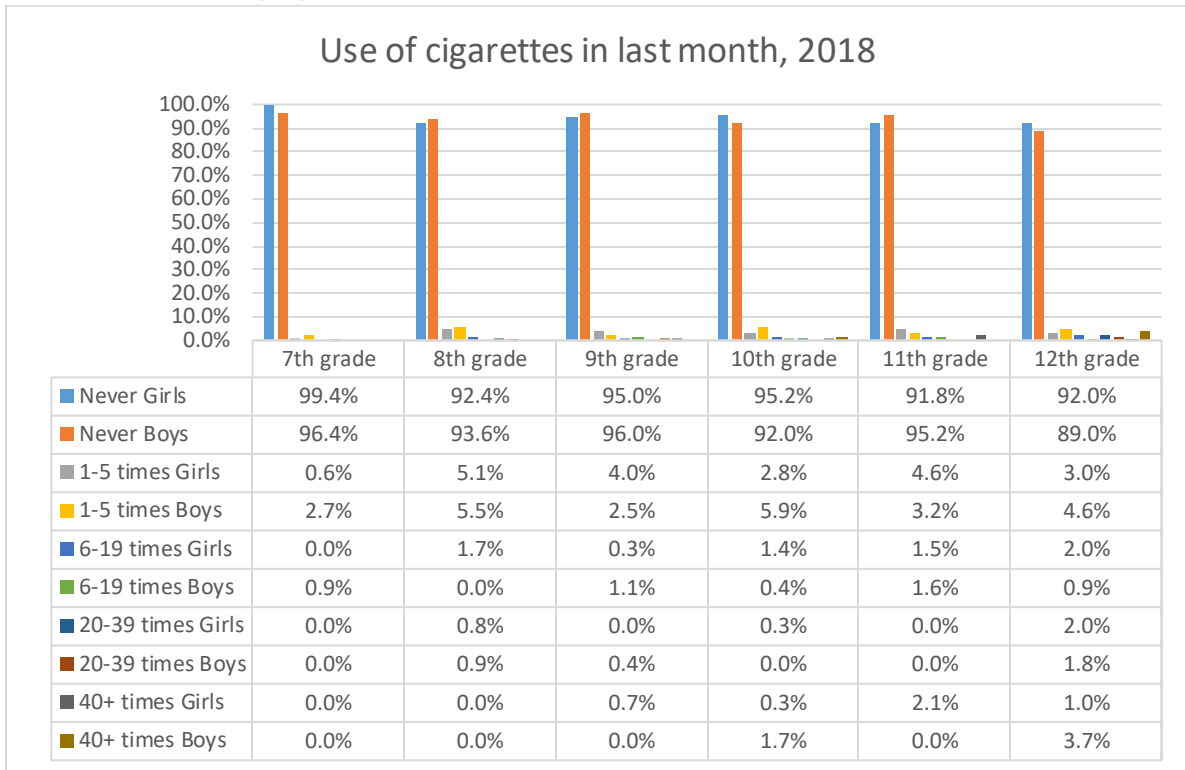
Comparing students' use of cigarettes to electronic vapor products and marijuana, students have heard and internalized the risk of smoking, with no more than 11% of any population reporting cigarette use in the past 30 days and for most populations being below 5% to 10%. For electronic vaping products, high school students of both genders indicated recent use between approximately 10% and 20%. Although this is an emerging area of substance use research, youth vaping indicates an increased risk of adult tobacco use.²⁹⁰ Just over 14% of senior girls used marijuana in the past month, and almost 10% of junior girls had too.

Looking at the frequency of use of the substances listed here, the majority of use was less than six times so most students who use do so less than daily, but the small group reporting use 20 or more times a month indicates a significant problem for those using at that frequency.

²⁸⁹ The survey also asks about synthetic marijuana, cocaine or crack, heroin, inhalants, methamphetamines, hallucinogens or Ecstasy, prescription drugs not prescribed to the person, and over-the-counter drugs to get high.

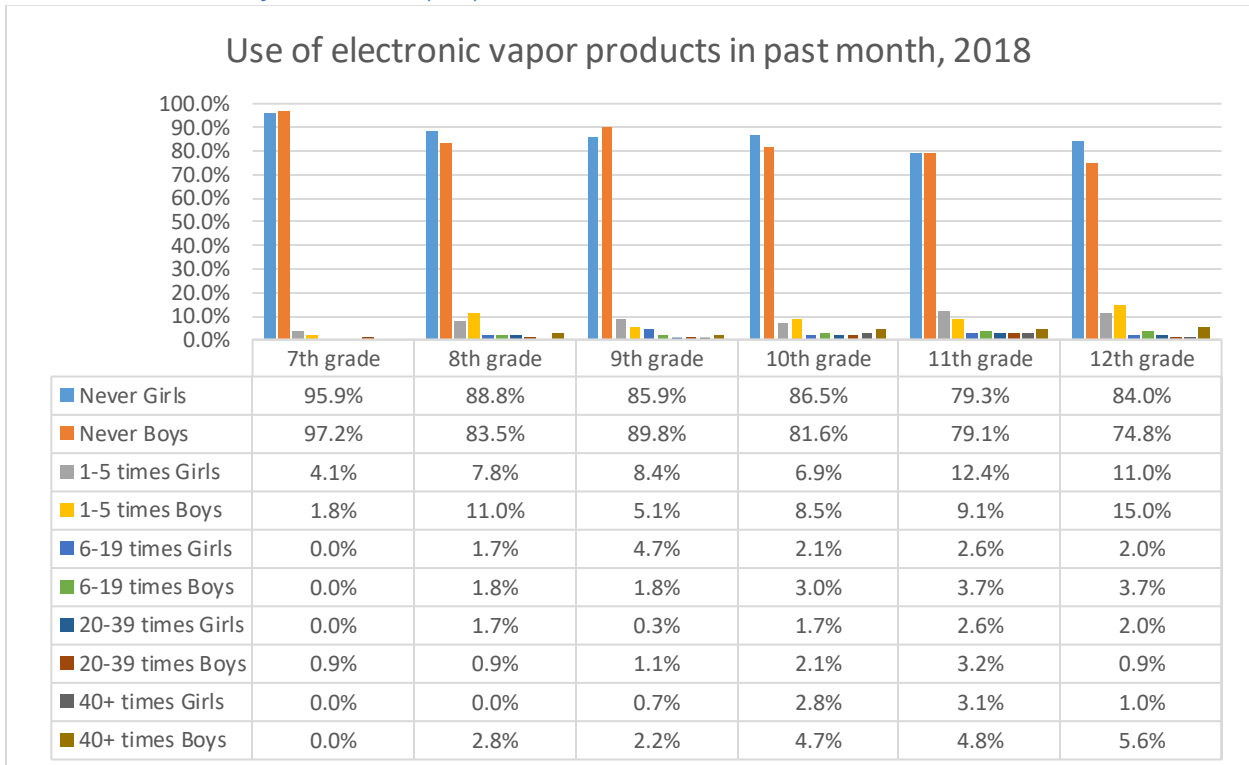
²⁹⁰ See D.T. Levy *et al* "Examining the relationship of vaping to smoking initiation among US youth and young adults: a reality check" *Tobacco Control* (October 2019). Available at: <https://tobaccocontrol.bmj.com/content/28/6/629>

Chart 138: Use of cigarettes in last month



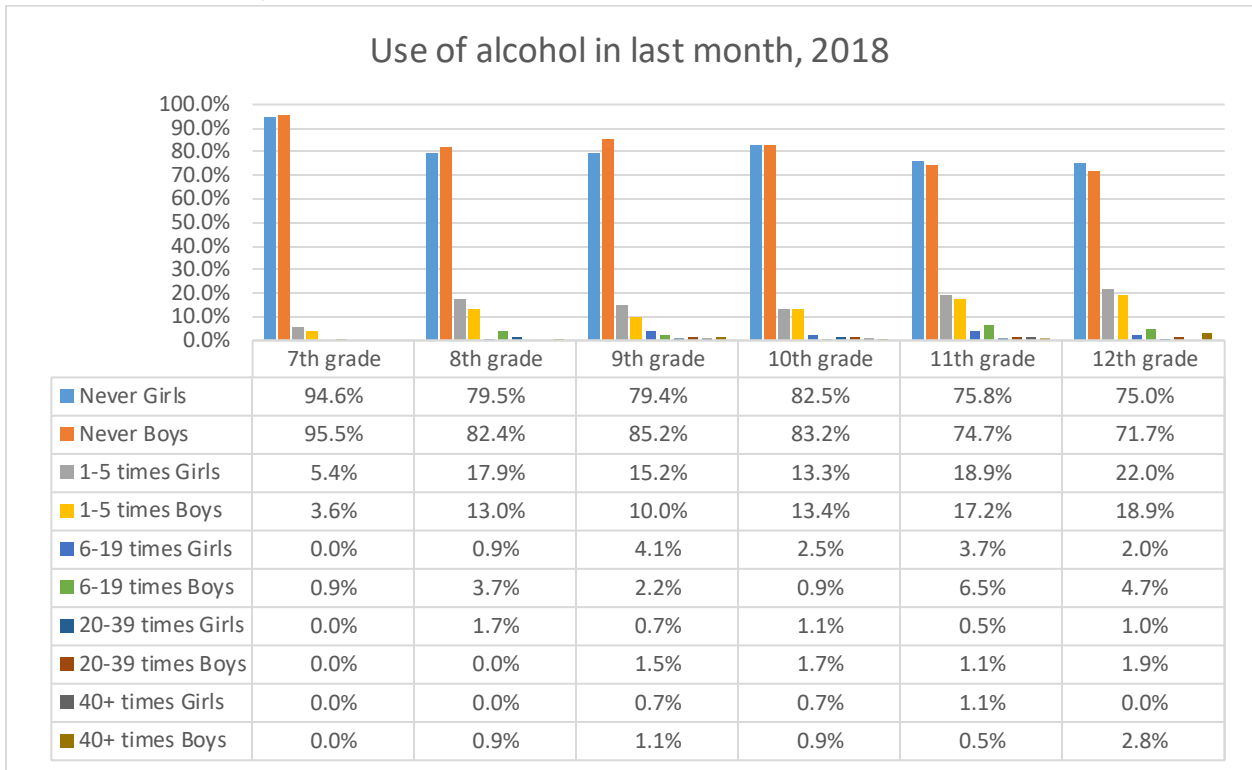
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 139: Use of electronic vapor products in last month



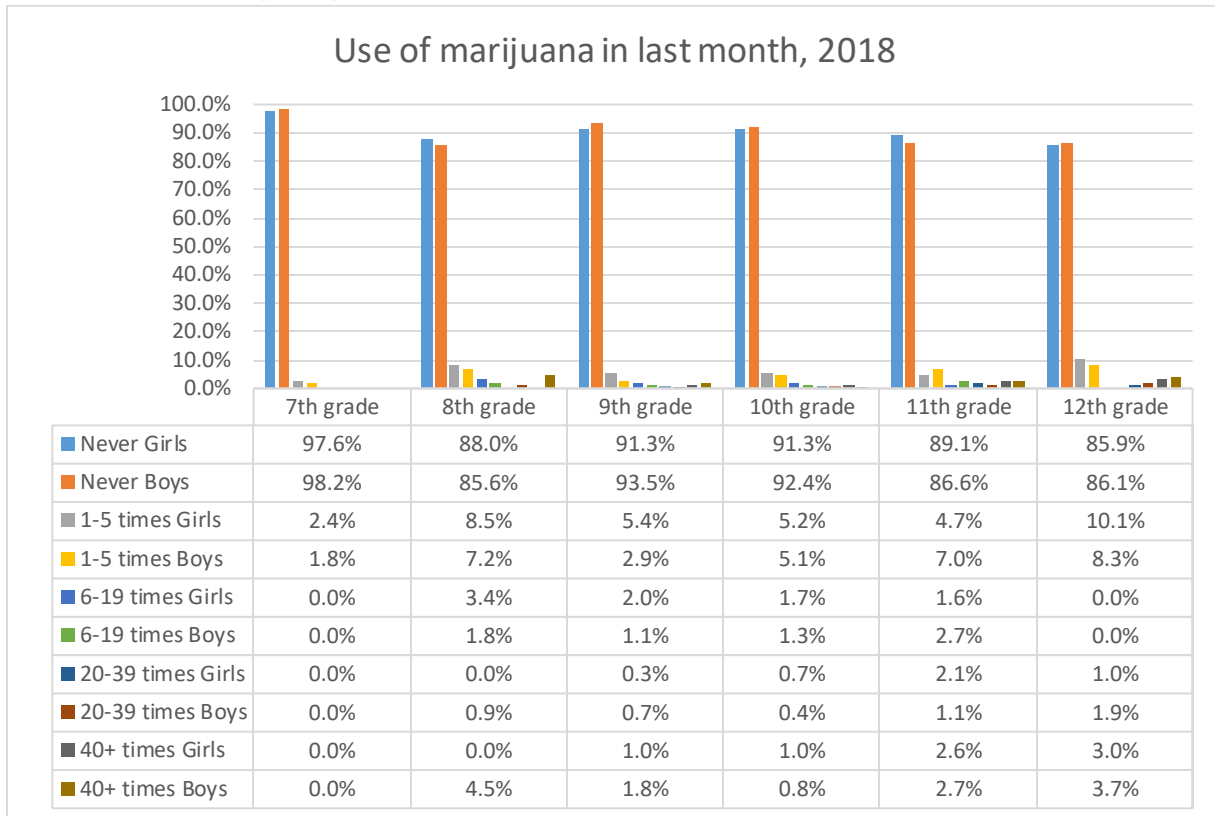
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 140: Use of alcohol in last month



Source: 2018 Indiana Youth Survey Allen County results by gender

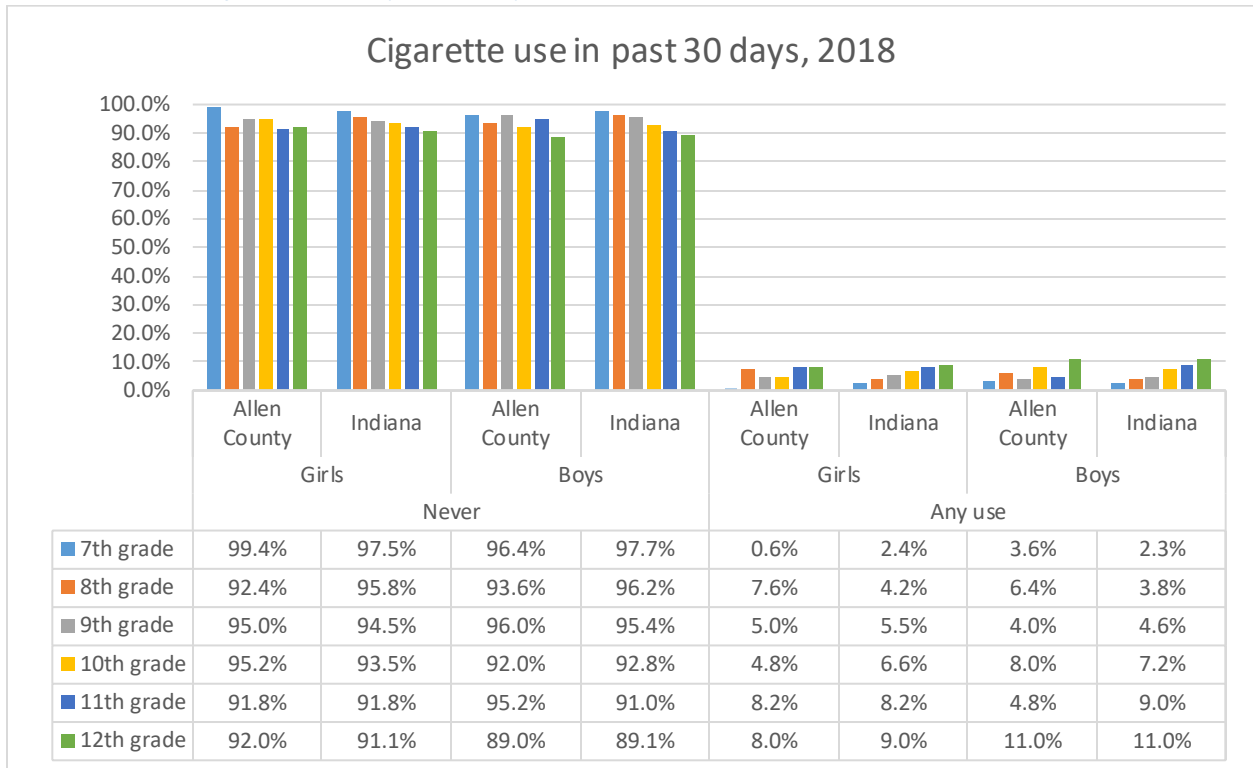
Chart 141: Use of marijuana in last month



Source: 2018 Indiana Youth Survey Allen County results by gender

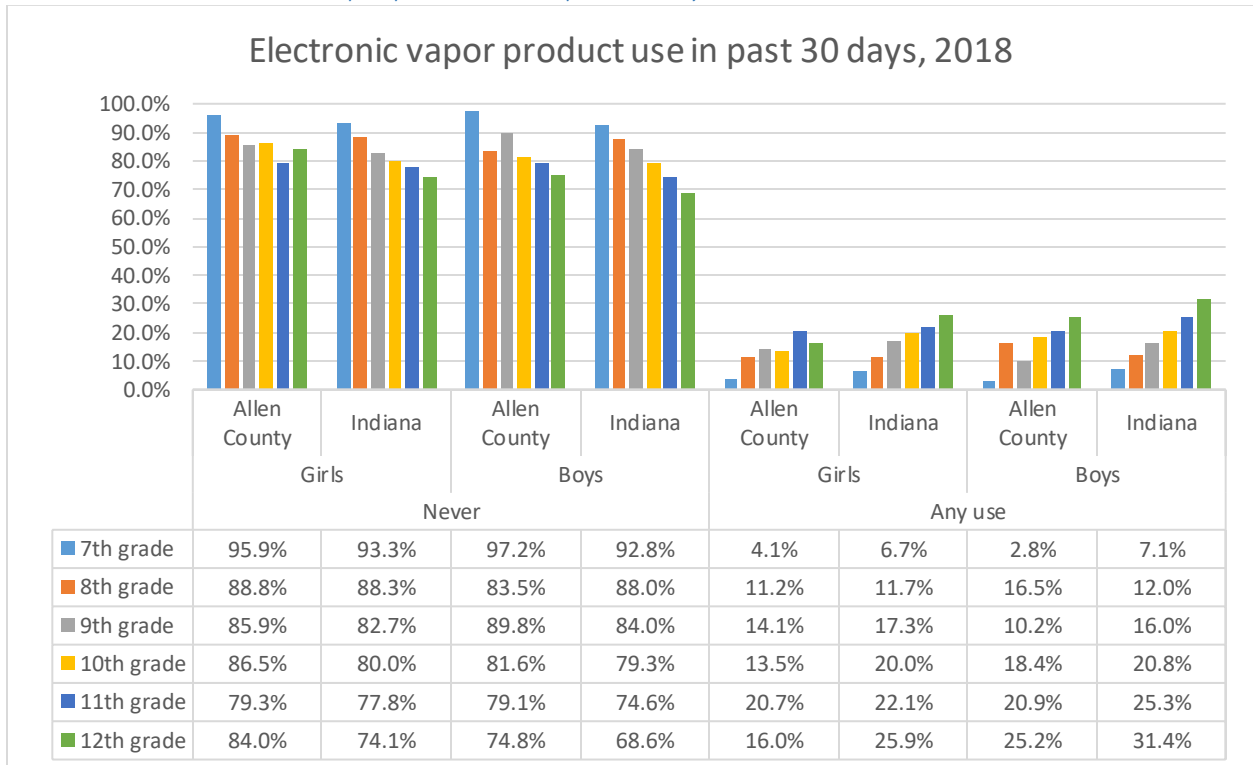
The next series of charts compares the reported use of cigarettes, electronic vapor products, alcohol and marijuana by Allen County students in the past 30 days to their statewide counterparts. Local use generally aligned with state use except for 8th grade use of cigarettes, marijuana, and alcohol by both genders, where Allen County 8th graders reported higher use than Hoosier 8th graders.

Chart 142: Cigarette use in past 30 days



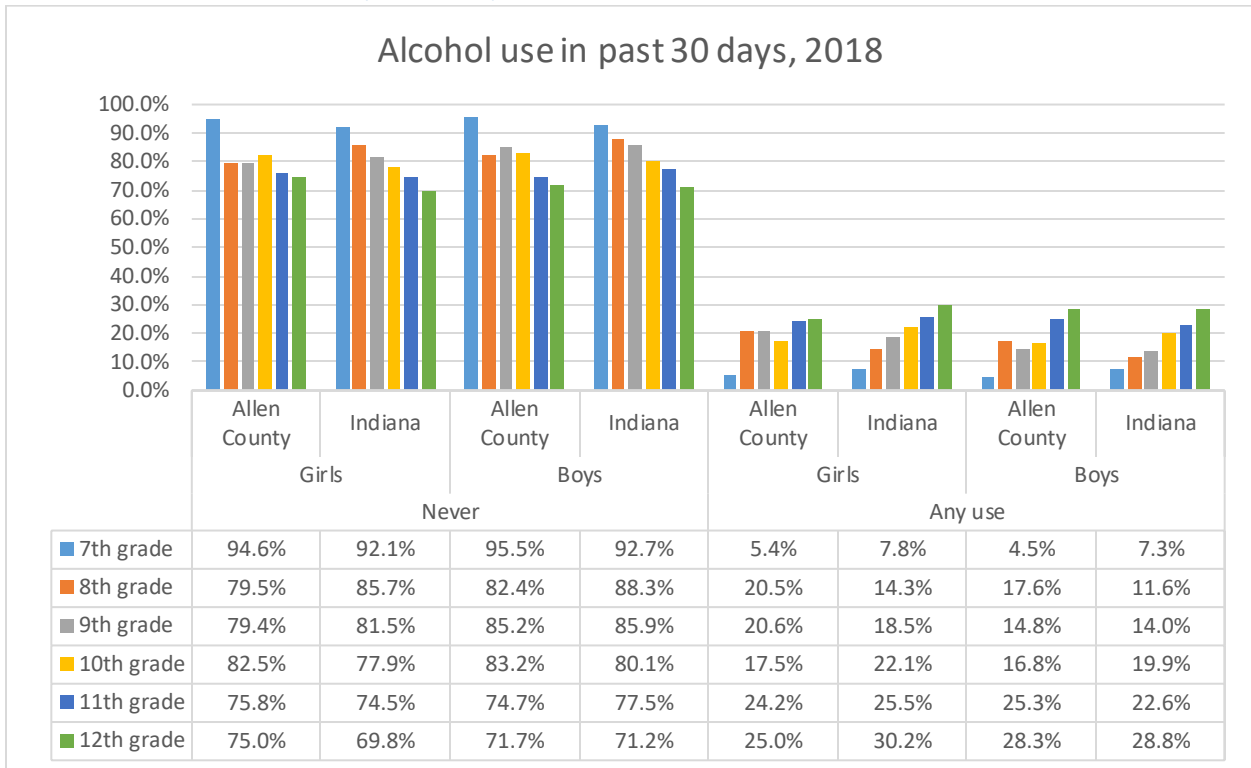
Source: 2018 Indiana Youth Survey Allen County and Indiana results by gender

Chart 143: Electronic vapor product use in past 30 days



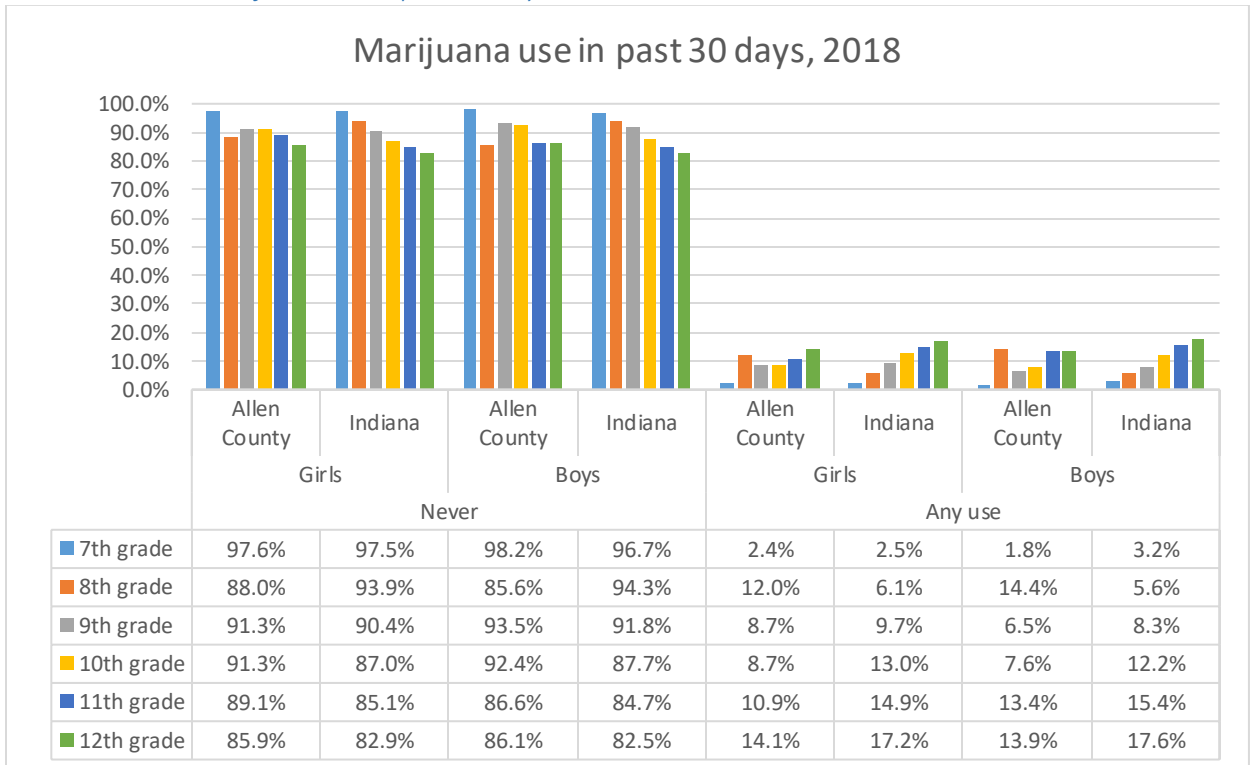
Source: 2018 Indiana Youth Survey Allen County and Indiana results by gender

Chart 144: Alcohol use in past 30 days



Source: 2018 Indiana Youth Survey Allen County and Indiana results by gender

Chart 145: Marijuana use in past 30 days



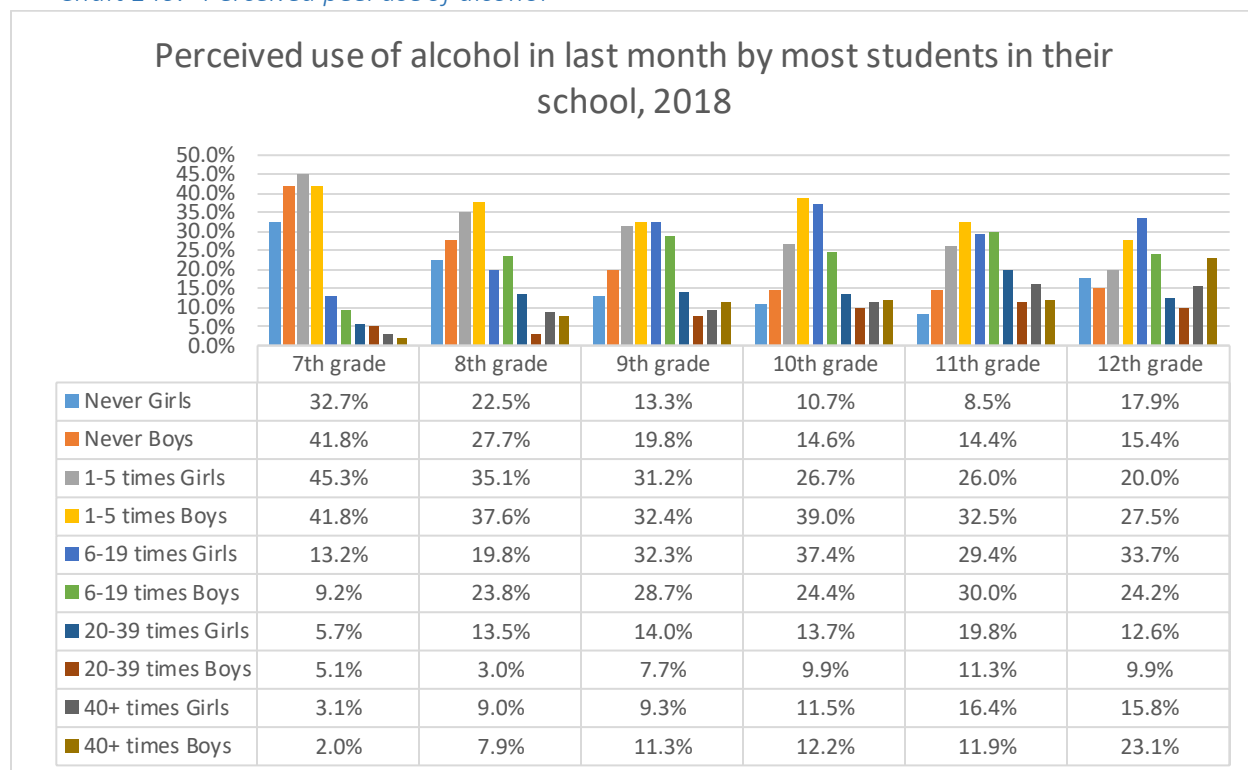
Source: 2018 Indiana Youth Survey Allen County and Indiana results by gender

Perceived peer use of substances

In addition to asking about their own substance use, INYS asks respondents about their perceptions of their peers' substance use. As noted in the self-reported section, the vast majority of students reported no substance use, yet nearly all grades – save 7th grade boys on the perceived use of marijuana – believe the majority of their classmates are using cigarettes, alcohol, or marijuana, as shown in charts 146-148.²⁹¹

Furthermore, high school boys and girls thought approximately 25% to 30% of their classmates were using these substances 20 more times a month. For example, 28% of 9th grade girls thought their classmates were using marijuana 20 or more times a month as shown in Chart 148. In contrast, well under 5% of high school students reported using marijuana that frequently, as listed in Chart 145.

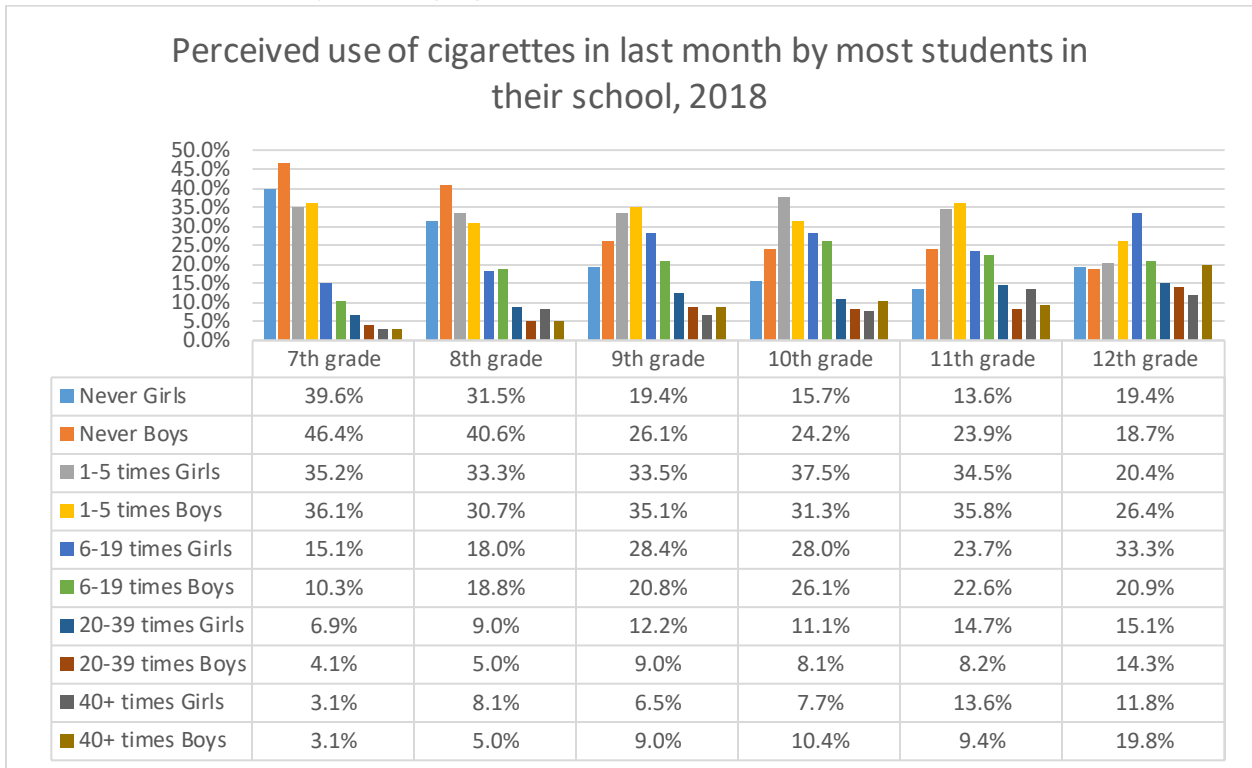
Chart 146: Perceived peer use of alcohol



Source: 2018 Indiana Youth Survey Allen County results by gender

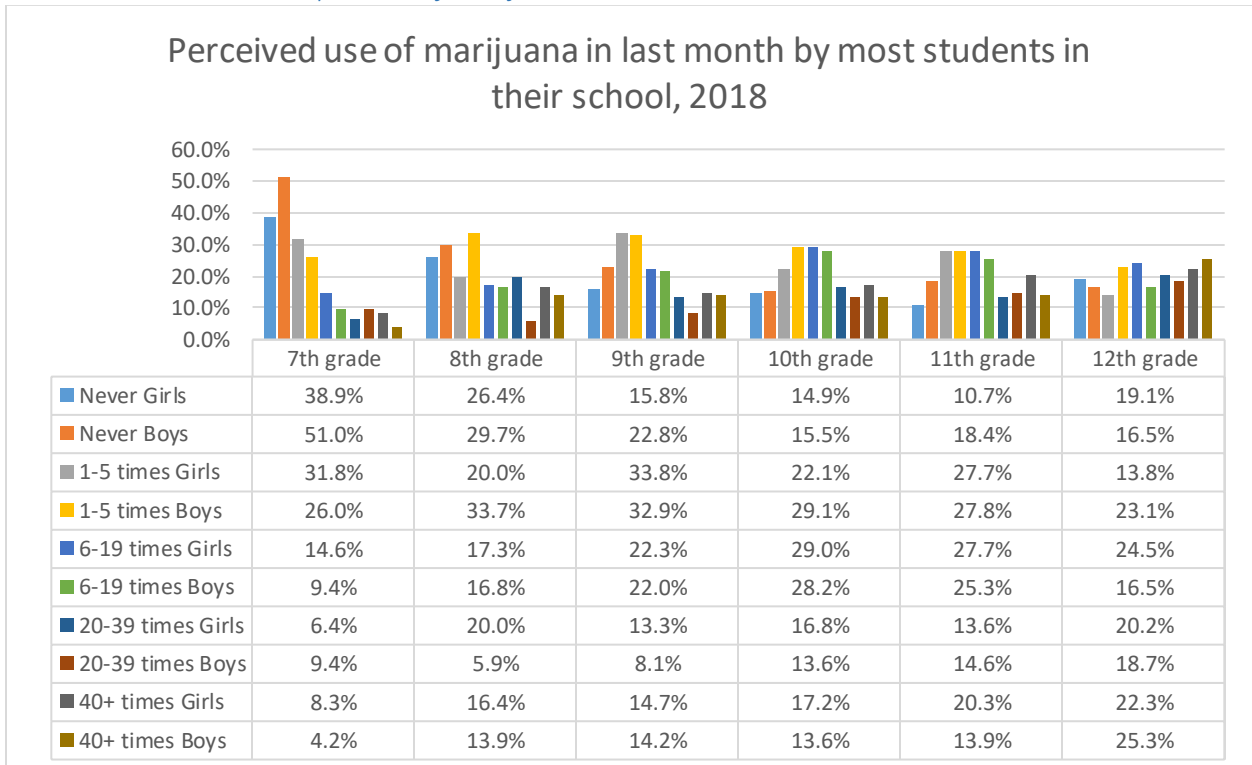
²⁹¹ The survey did not ask about peers' perceived use of electronic vapor products.

Chart 147: Perceived peer use of cigarettes



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 148: Perceived peer use of marijuana



Source: 2018 Indiana Youth Survey Allen County results by gender

Evaluating student substance use problems as measured by CRAFFT

Questions about illicit substance use alone does not indicate why these substances are being used or how use affects girls, such as a way to feel better about themselves or if they have gotten in trouble for their substance use.

The INYS uses questions from the CRAFFT²⁹² screening tool that asks about both alcohol and other substance use. The 2018 INYS report cautions against using the CRAFFT answers as a proxy for substance use disorder prevalence since that requires a clinical assessment.²⁹³ Rather it helps the state and communities to design prevention strategies.²⁹⁴

The CRAFFT responses were tallied by age, not grade level, starting at 14 and older. CRI used the following four of the six CRAFFT questions with the associated chart listed:²⁹⁵

1. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs? Chart 149
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? Chart 150
3. Do you ever use alcohol or drugs while you are by yourself, or alone? Chart 151
4. Have you ever gotten into trouble while you were using alcohol or drugs? Chart 152

The first question used a yes-no response as shown in the chart. The remaining three questions had responses of never used, no, and yes.

Consistent with the other data, most respondents indicated they didn't use alcohol or drugs, however between 28.1% to 34.4% of girls indicated that they had ridden in a car driven by someone, including themselves, who had been using drugs or alcohol. Girls ages 14, 16, and 17 reported a higher rate of riding with drunk or high drivers than boys.

Of the five age cohorts, younger girls were more likely than older girls to report drug and alcohol use to relax or fit in, as shown in Chart 150. Girls ages 14 to 17 were more likely to report riding in a vehicle with a drunk or high driver, as shown in Chart 149. Chart 151 indicated girls were more likely to report using drugs and alcohol alone than boys. No consistent gender pattern emerged for students getting in trouble, as shown in Chart 152.

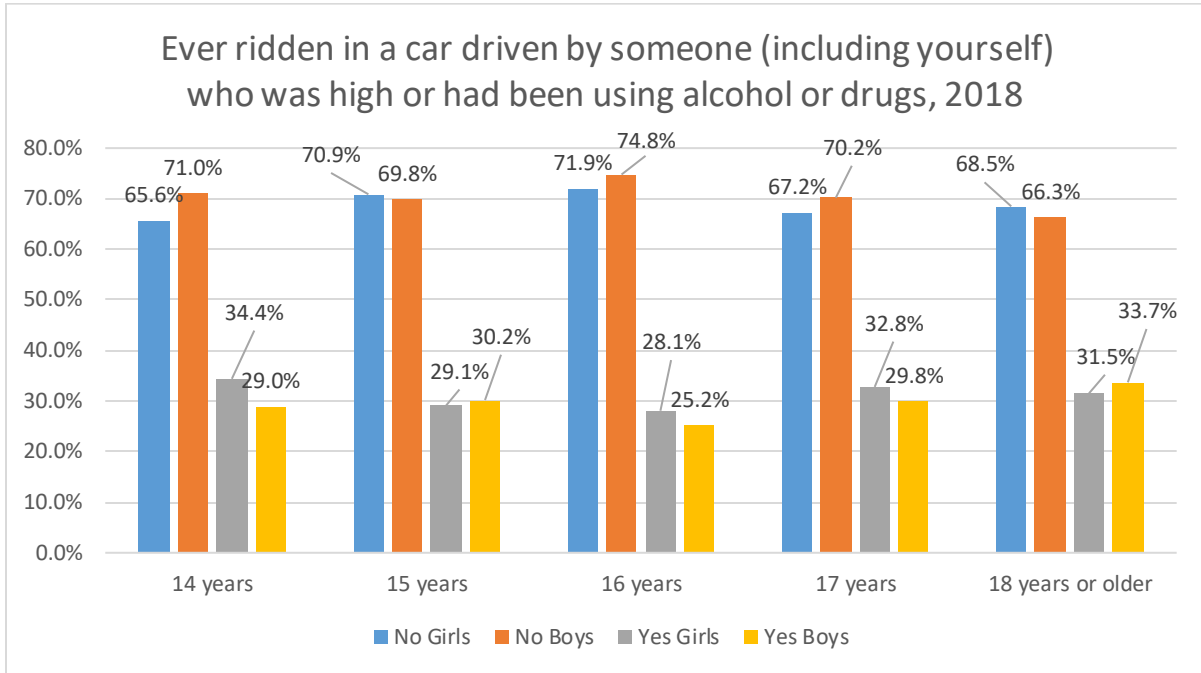
²⁹² The CRAFFT acronym stands for Car, Relax, Alone, Forget, Friends and Trouble to represent the content areas of the questions.

²⁹³ "Indiana Youth Survey – 2018." 33.

²⁹⁴ Ibid.

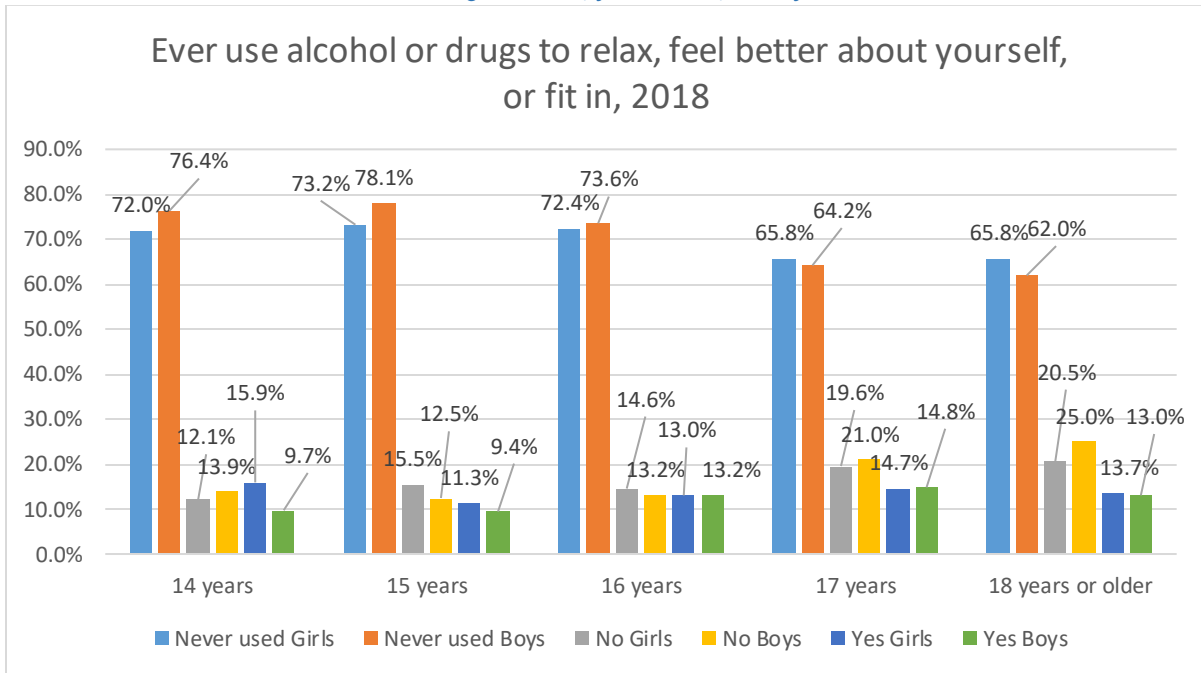
²⁹⁵ The two questions CRI did not include were "Do you ever forget things you did while using alcohol or drugs?" and "Do your family or friends ever tell you that you should cut down on your drinking or drug use?" as a matter of space and because the other four questions were better at indicating use patterns rather than consequences of substance use.

Chart 149: Ever ridden in vehicle driven by someone drunk or high including yourself



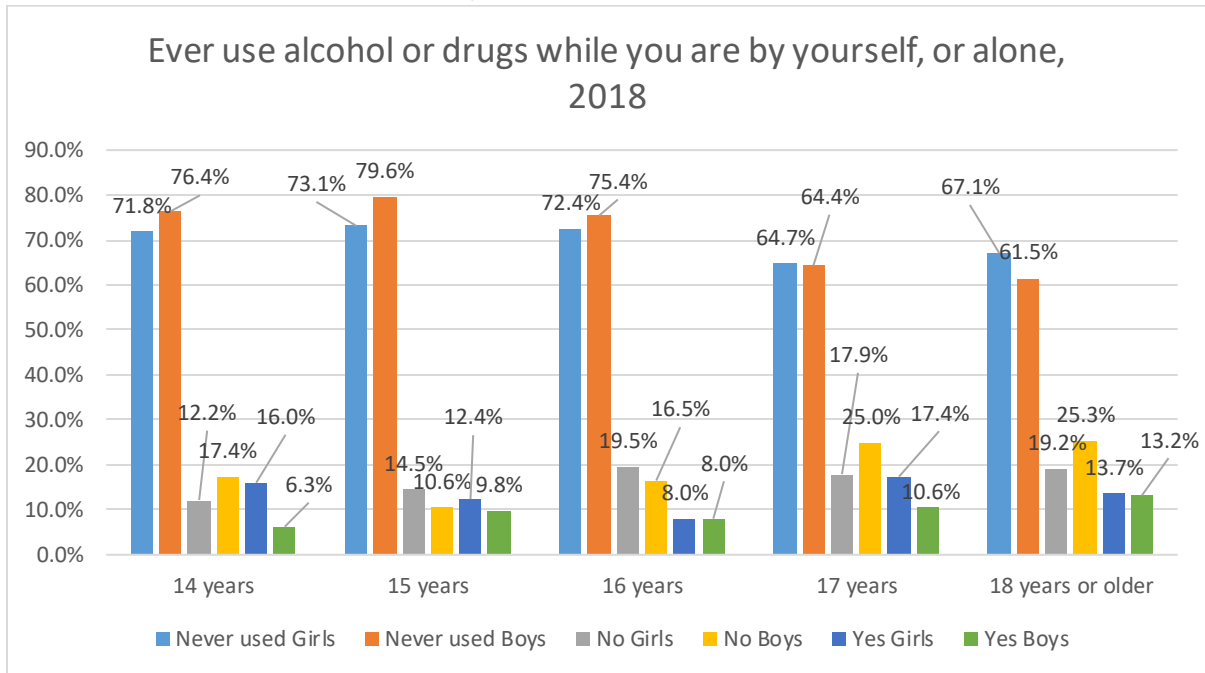
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 150: Ever use alcohol or drugs to relax, feel better, or to fit in



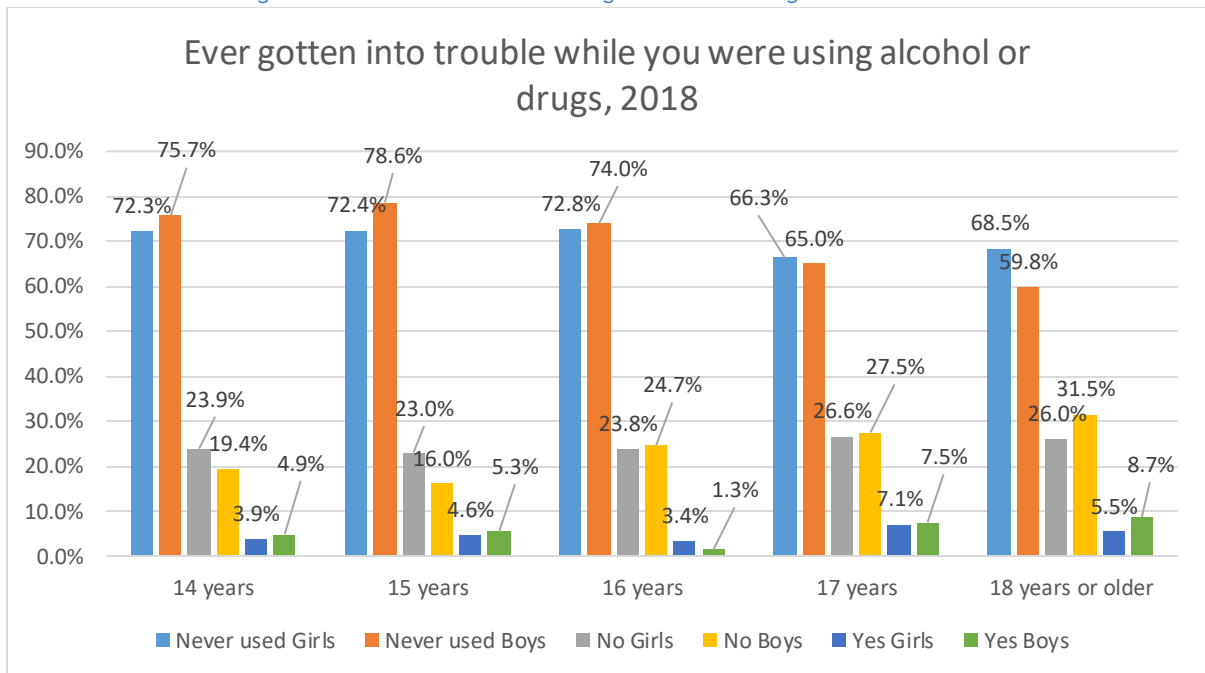
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 151: Ever use alcohol or drugs while alone



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 152: Ever gotten into trouble while using alcohol or drugs



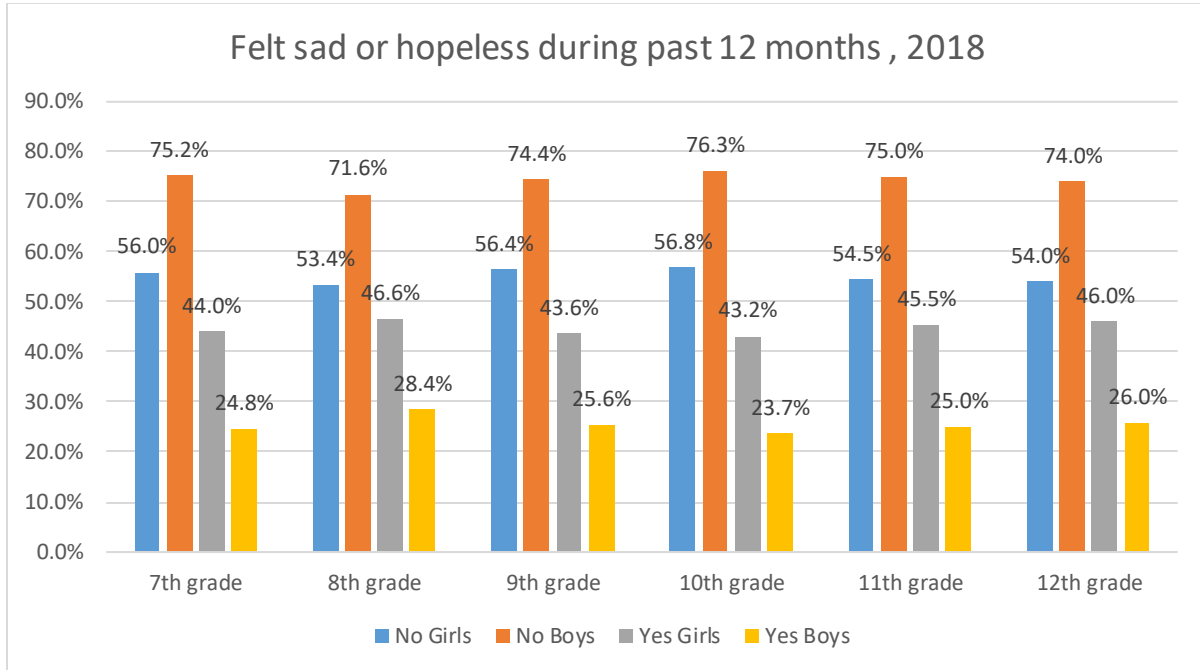
Source: 2018 Indiana Youth Survey Allen County results by gender

Mental health and suicidal intent

Allen County girls' mental health and wellbeing lagged behind boys, as measured by the three INYS questions relating to mental health and suicide. Girls reported much higher rates of being sad and hopeless than boys in the six grades queried, as shown in Chart 153, with between 43.2% to 46.6% girls reporting such feelings compared to 23.7% to 28.4% of boys.

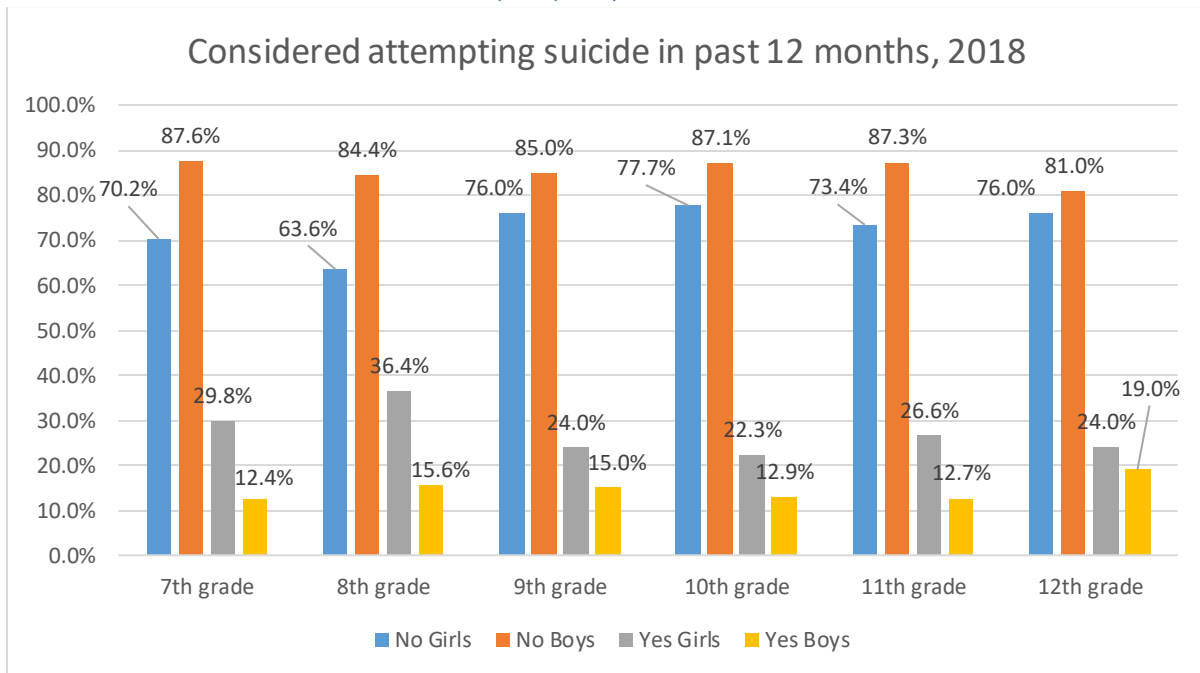
Looking at suicide – considering an attempt and making a suicide plan – again Allen County’s girls exceeded boys in Charts 154 and 155, with between more than 1/5 to more than 1/3 of girls reporting they had considered a suicide attempt compared to less than 20% of boys for any grade.

Chart 153: Felt sad or hopeless during past year



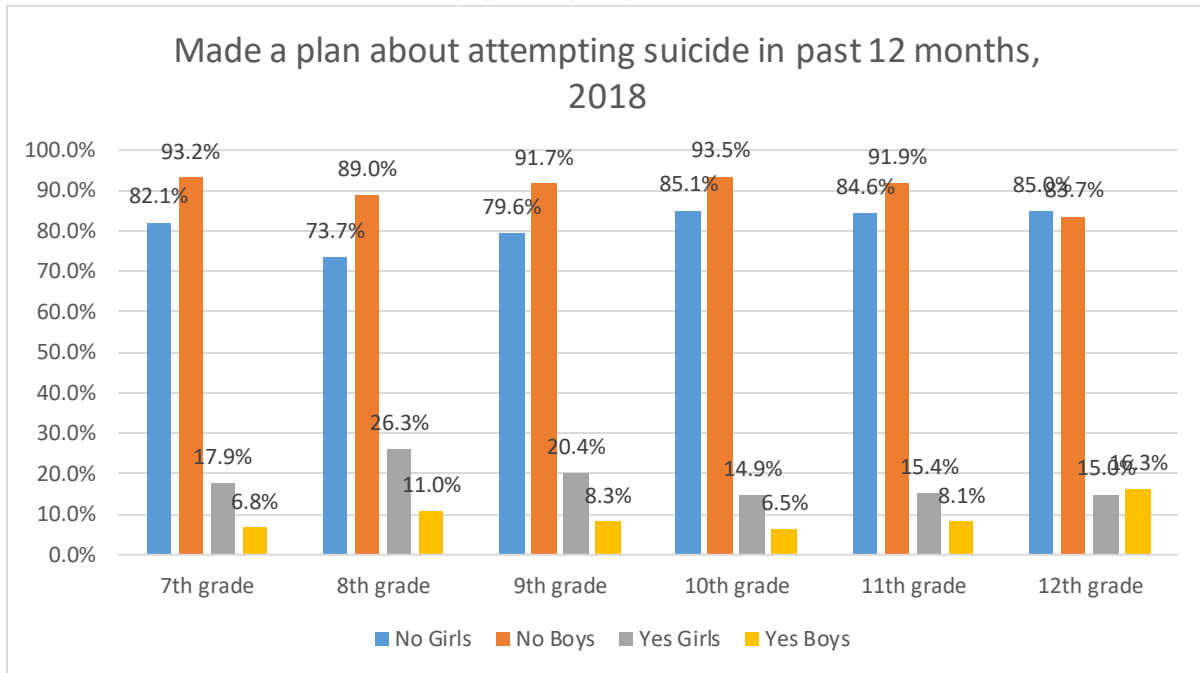
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 154: Considered suicide attempt in past year



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 155: Made a suicide attempt plan in past year



Source: 2018 Indiana Youth Survey Allen County results by gender

Comparison to statewide girls' mental health data

For the mental health-related questions, CRI looked to the state's INYS data by gender to see how Allen County's girls' mental health aligned with Indiana. Out of 18 groupings for girls responding yes, Allen County exceeded the state in 14, as shown in Table 36. CRI is not equipped to definitively say why Allen County's girls have higher rates of sadness or hopelessness, considering suicide attempts, or plans to attempt suicide. Some local schools have embraced social and emotional learning programs, like Remedy Live's Get Schooled Tour, the Sources of Strength program, and the RespectTeam. These efforts may be reducing stigma and enabling students to identify their feelings and disclose their experiences, or it could be that the Allen County girls who were surveyed are experiencing these feelings at higher rates than their statewide counterparts.

Table 36: Comparison of Allen County girls to Indiana girls for mental health INYS questions

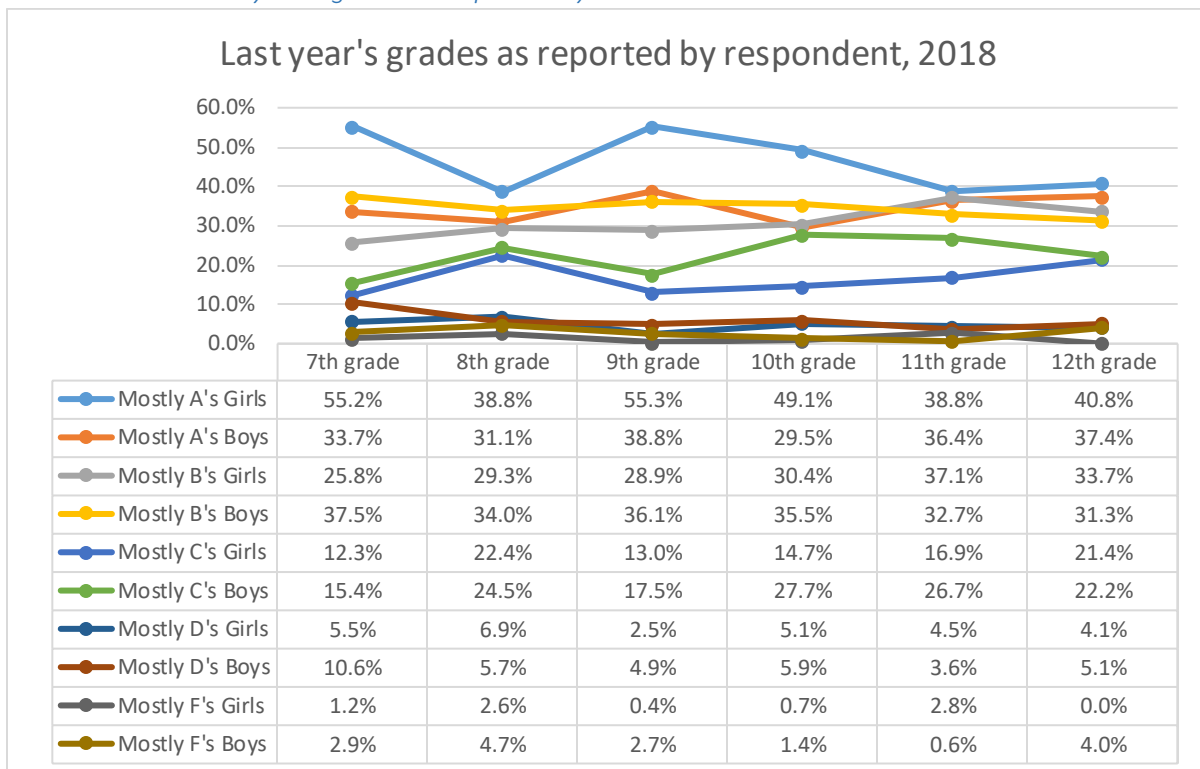
Question	Response	Location	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Feel sad or hopeless	Yes	Allen County girls	44.0%	46.6%	43.6%	43.2%	45.5%	46.0%
		Indiana girls	33.9%	41.1%	42.3%	44.0%	41.6%	38.2%
Consider attempting suicide	Yes	Allen County girls	29.8%	36.4%	24.0%	22.3%	26.6%	24.0%
		Indiana girls	21.2%	26.9%	25.6%	25.9%	23.7%	20.2%
Make a plan about attempting suicide	Yes	Allen County girls	17.9%	26.3%	20.4%	14.9%	15.4%	15.0%
		Indiana girls	15.2%	20.3%	19.0%	19.2%	16.9%	13.4%

Sources: 2018 Indiana Youth Survey state and Allen County INYS results by gender

Academic performance

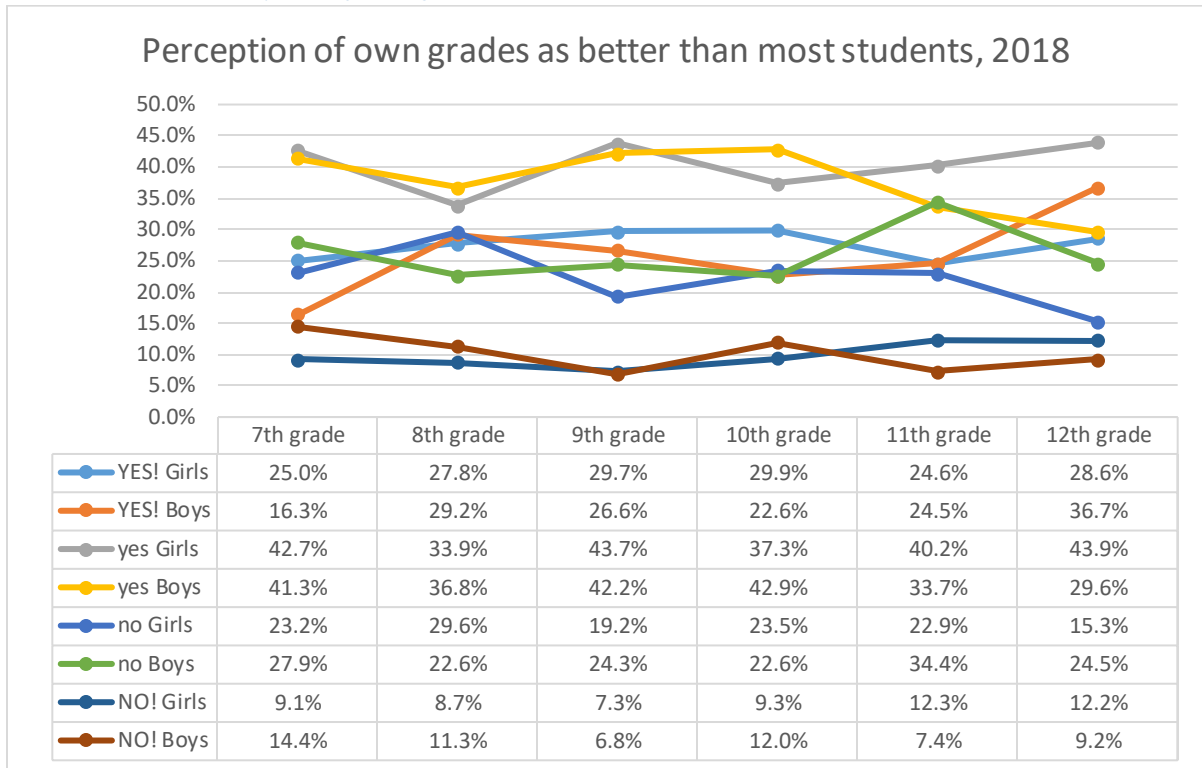
The INYS survey asks about students' own grades and how their grades compare to their classmates. Allen County's girls consistently reported more A's than boys and fewer D's and F's, with the exception of 11th graders, as listed in Chart 156. Despite reporting lower grades than girls, boys were not as convinced their grades were not as good as other students as indicated in the data in Chart 157. In other words, boys had a higher perception of grades than their reported grades.

Chart 156: Last year's grades as reported by students



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 157: Perception of own grades as better than most students



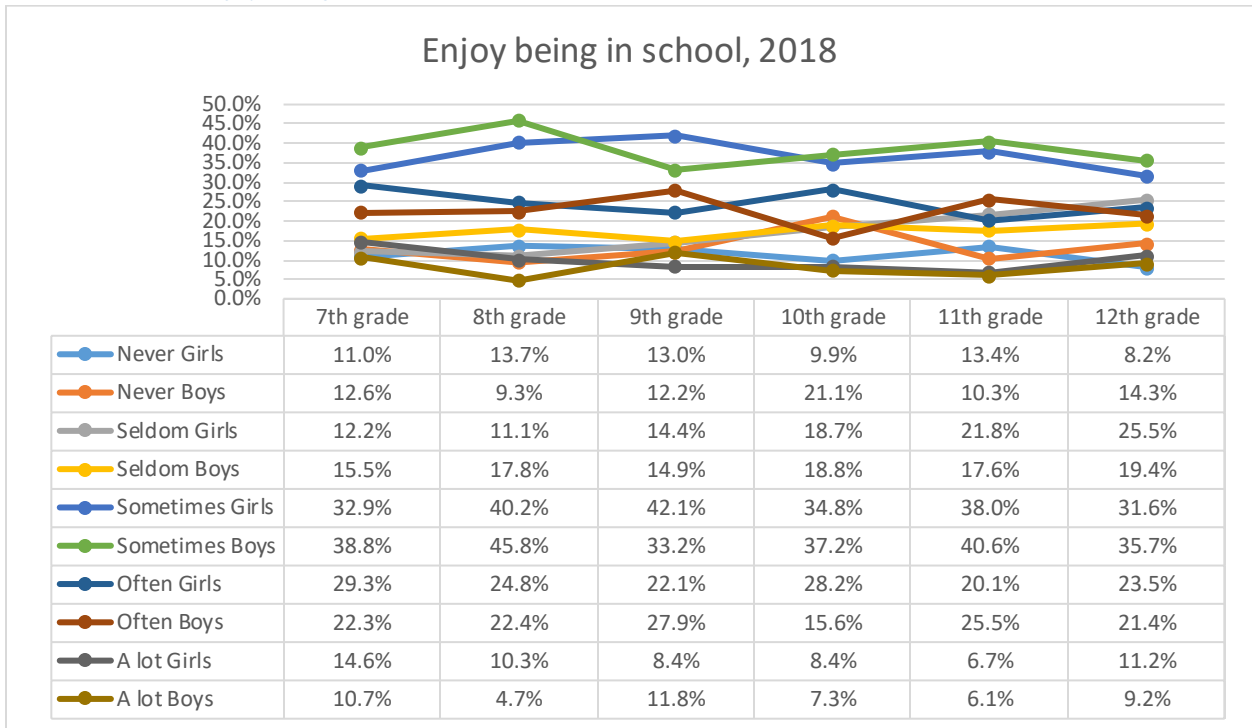
Source: 2018 Indiana Youth Survey Allen County results by gender

Commitment to school

This series of INYS questions investigated students’ commitment to school. The questions CRI used here related to enjoyment of school and its converse, looking at the degree of meaning to schoolwork, and the importance of school to later life. Students could answer along a continuum of never, seldom, sometimes, often, and a lot.

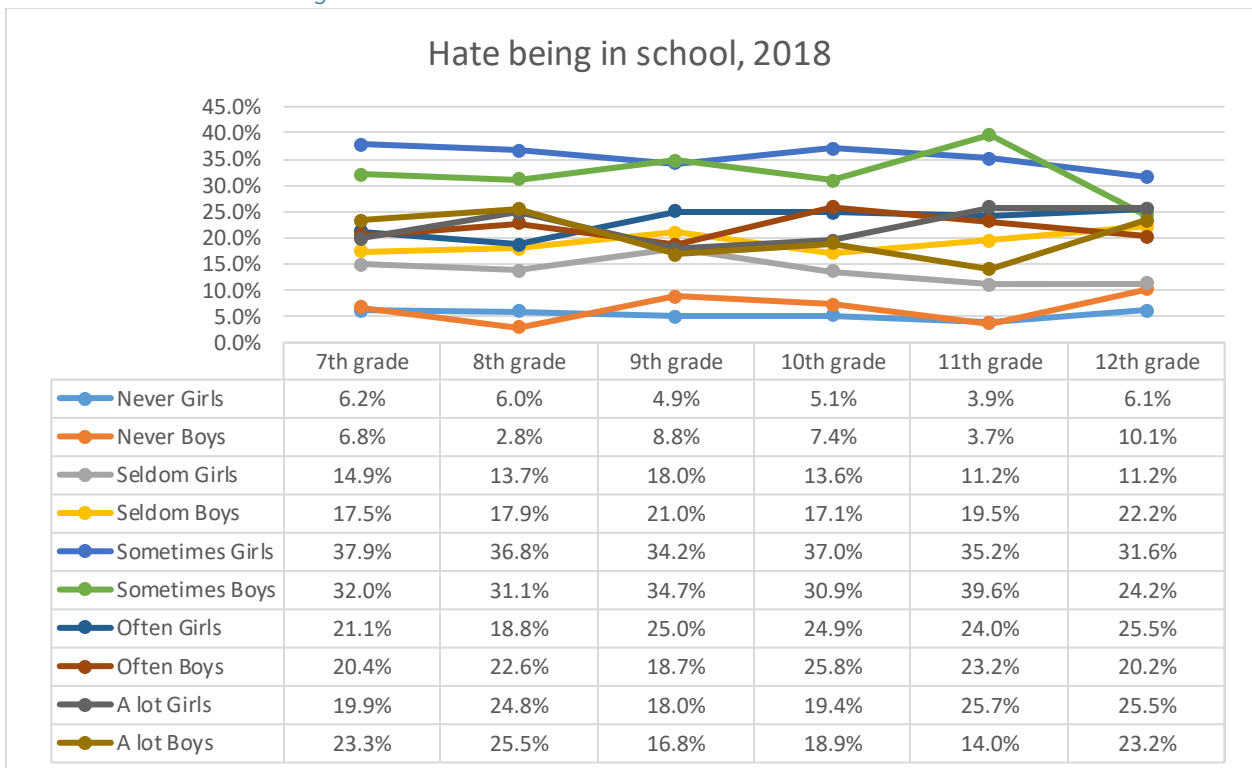
Although not shown visually in the charts, the enjoy- and hate-school questions had a central tendency toward the middle around seldom, sometimes and often, however far more students “hate” school a lot than never, across grades, as shown in Chart 159.

Chart 158: Enjoy being in school



Source: 2018 Indiana Youth Survey Allen County results by gender

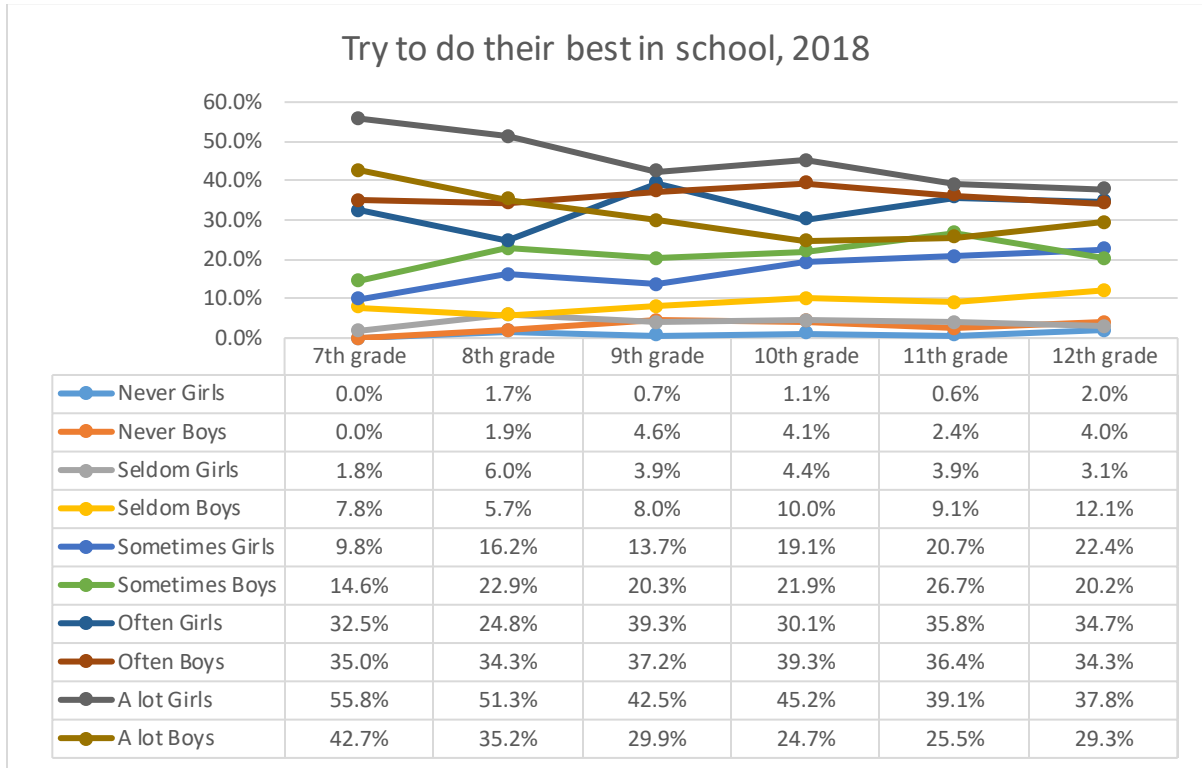
Chart 159: Hate being in school



Source: 2018 Indiana Youth Survey Allen County results by gender

Looking at Chart 160, students’ interest in doing their best in school, particularly at the most committed end, diminishes for both genders as they get older.

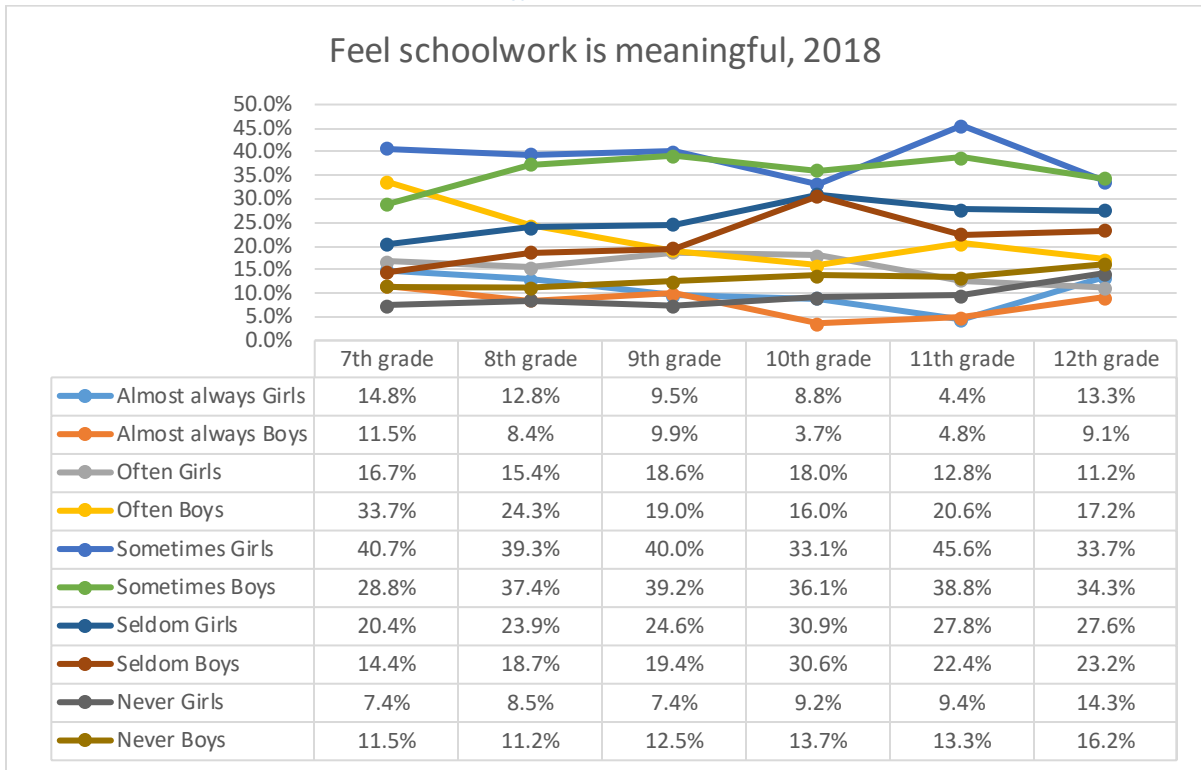
Chart 160: Try to do their best in school



Source: 2018 Indiana Youth Survey Allen County results by gender

Like the other academic commitment measures, students’ perception of schoolwork being meaningful went down over time. No consistent pattern emerged for the two genders, as showcased in Chart 161.

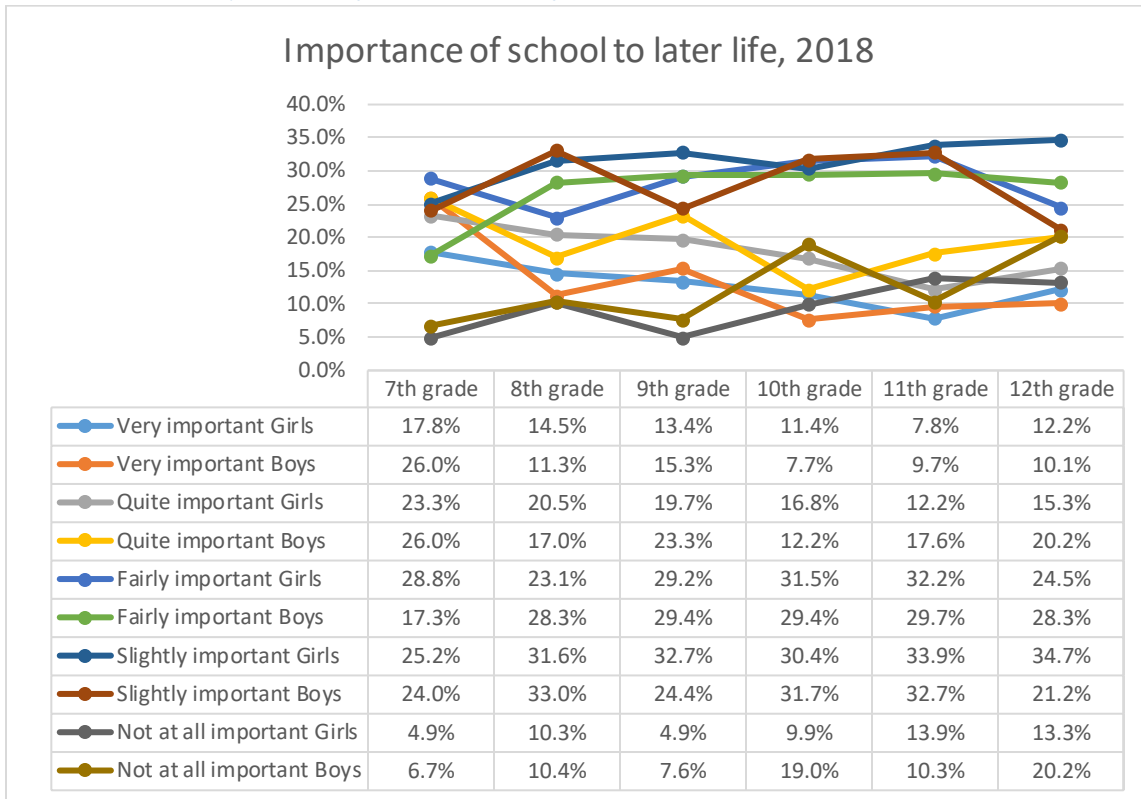
Chart 161: *Feel schoolwork is meaningful*



Source: 2018 Indiana Youth Survey Allen County results by gender

With the priority of understanding the future of girls in Allen County, CRI opted to evaluate the data about the importance of school in two ways: the answers as reported from the INYS and then pairing the two highest and lowest categories.

Chart 162: Importance of school to later life

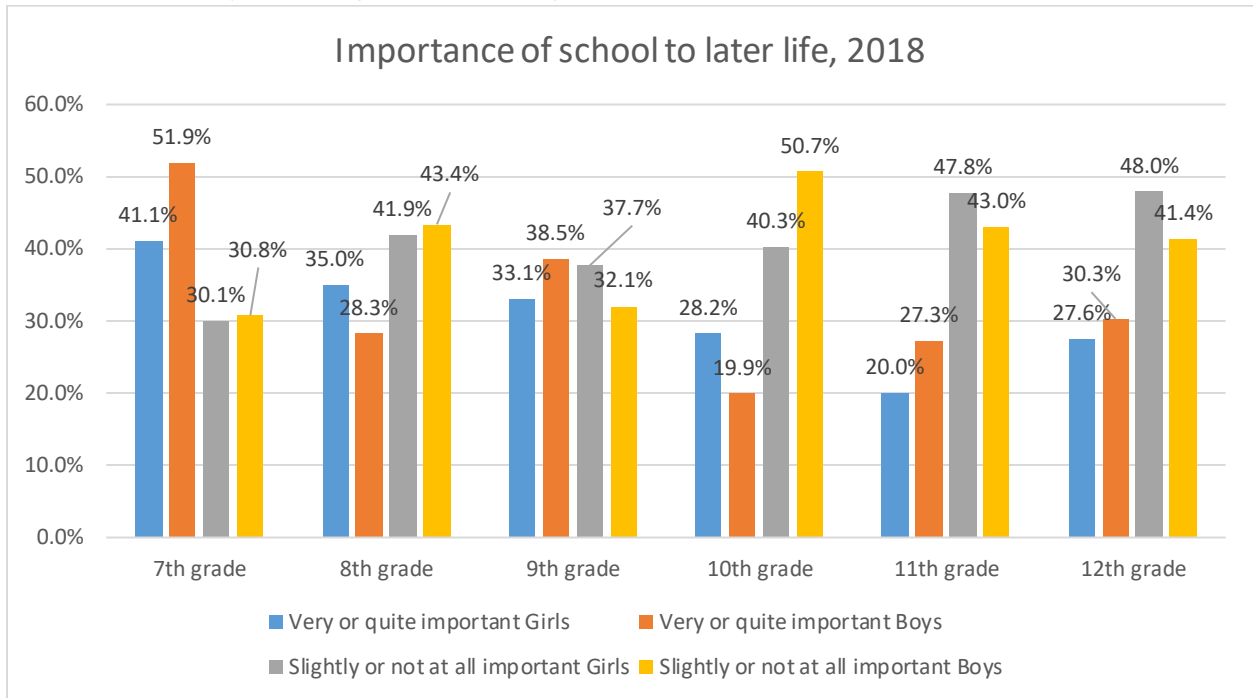


Source: 2018 Indiana Youth Survey Allen County results by gender

Lastly, when pairing the two highest –very and quite important –and two lowest categories –slightly and not at all important – for boys and girls when considering how important school is for their futures, no clear pattern emerged, as shown in Chart 162.

Girls in 11th and 12th grades exceeded the boys in the same grades in identifying school as being either slightly or not at all important. Boys in 7th, 9th, 11th and 12th grades all exceeded girls in school’s importance to later life. CRI cannot explain this distinction since women ultimately earn more bachelor’s degrees than men, therefore boys’ perception of the importance of high school could be a result of the share of males who conclude their formal education with high school but girls anticipate continuing their education past high school and thus making the high school diploma less valuable in the long term.

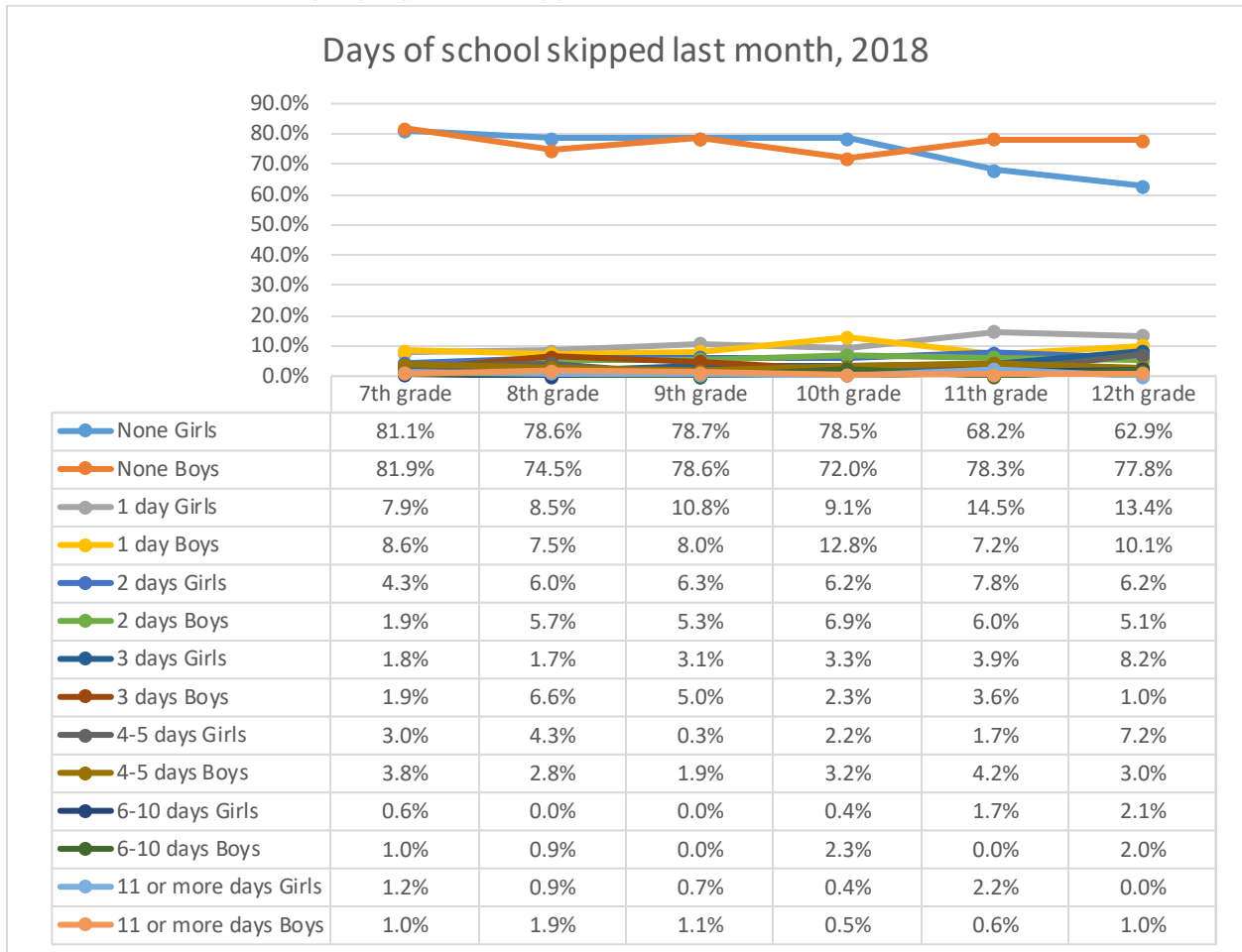
Chart 163: Importance of school to later life



Source: 2018 Indiana Youth Survey Allen County results by gender with categories combined by CRI

The survey also asked about the number of days skipped in the past month. Older students skipped more days than younger students, and boys in 11th and 12th grade had a greater share who skipped no days as compared to girls in the same grade as shown in Chart 164.

Chart 164: Number of days of schools skipped last month



Source: 2018 Indiana Youth Survey Allen County results by gender

Family conflict

INYS, with its emphasis on evaluating risk and protective factors, asks about conflicts within families, namely serious arguments and insults used at home. The questions scaled the degree of conflict using the answers of YES!, yes, no, and NO!. The majority of both boys and girls in all grades, except 8th grade girls, reported that their families did not have serious arguments or that family members did not often insult each other. Girls in 10th, 11th, and 12th grades indicated higher rates of family conflict than boys, when combining the YES! and yes and NO! and no answers, as shown in red text on Table 37.

Table 37: Family conflict questions as measured by affirmative and negative answers

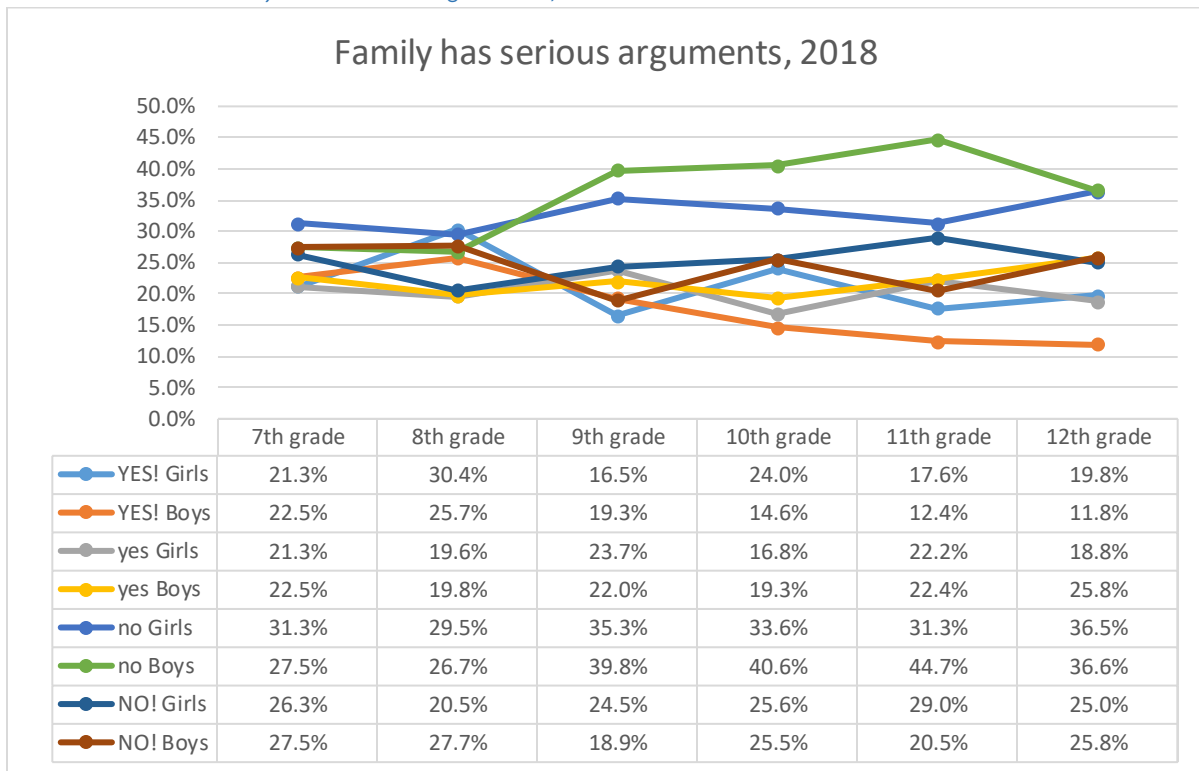
			7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Family has serious arguments	YES! and yes	Girls	42.5%	50.0%	40.3%	40.8%	39.8%	38.5%
		Boys	45.1%	45.5%	41.3%	34.0%	34.8%	37.6%
	NO! and no	Girls	57.5%	50.0%	59.7%	59.2%	60.2%	61.5%
		Boys	54.9%	54.5%	58.7%	66.0%	65.2%	62.4%
Family members often insult each other	YES! and yes	Girls	38.5%	53.1%	40.6%	41.9%	39.9%	40.6%
		Boys	39.6%	46.6%	43.5%	34.7%	31.7%	33.0%

	NO! and no	Girls	61.5%	46.9%	59.4%	58.1%	60.1%	59.4%
		Boys	60.4%	53.4%	56.5%	65.3%	68.3%	67.0%

Source: 2018 Indiana Youth Survey Allen County results by gender with categories combined by CRI

While not phrased in a way to scale the degree of conflict, these questions provide some data that align but do not match the research around Adverse Childhood Experiences (ACEs).²⁹⁶ A significant share of Allen County girls live in homes with high levels of conflict.

Chart 165: Family has serious arguments, 2018

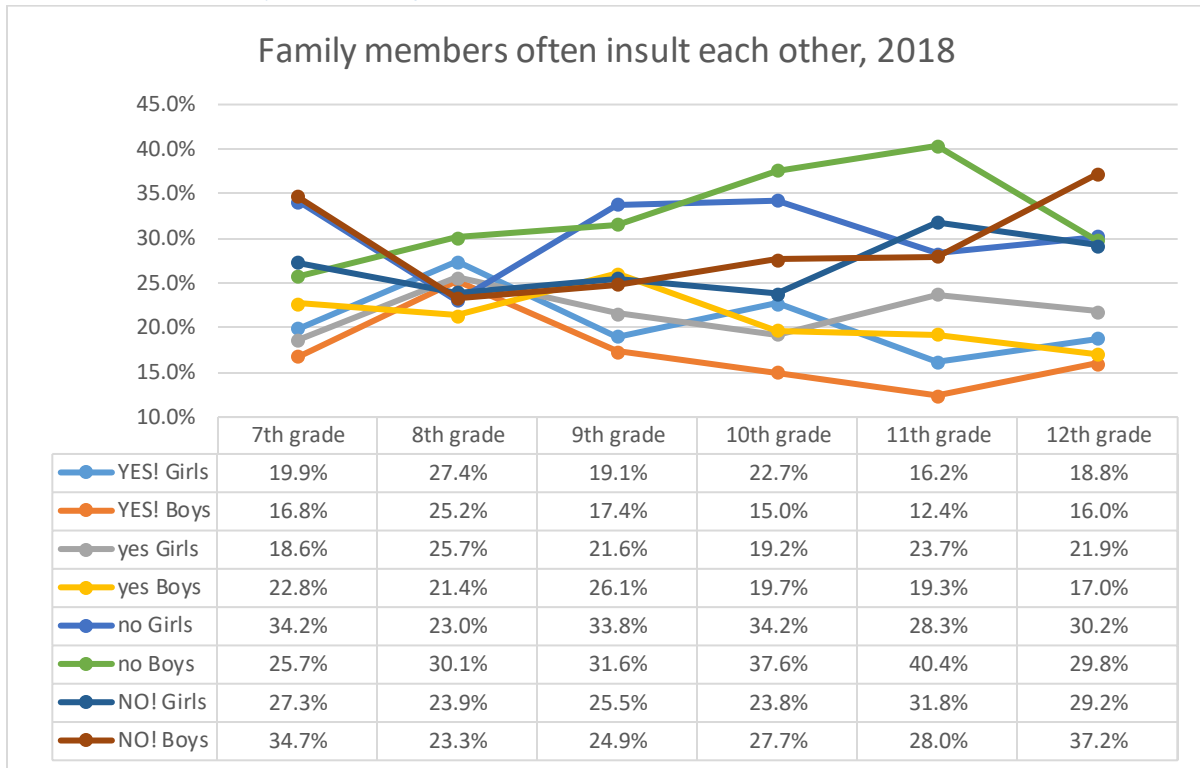


Source: 2018 Indiana Youth Survey Allen County results by gender

²⁹⁶ ACEs are events within a person's first 18 years of life that can increase the risk of negative outcomes in adulthood. ACEs are defined as emotional abuse, physical abuse, sexual abuse, domestic violence, substance abuse by household members, parental separation or divorce, incarceration of a household member, and exposure to mental illness in the household. See D. Chapman et al, "Adverse childhood experiences and the risk of depressive disorders in childhood," Journal of Effective Disorders Vol. 82 (2004). 219.

<https://pdfs.semanticscholar.org/c8f5/4111f295a998ad4d39f6ad709785bbbca33a.pdf>

Chart 166: Family members often insult each other, 2018



Source: 2018 Indiana Youth Survey Allen County results by gender

Pro-social behaviors

INYS asks a series of questions about pro-social behaviors both at home and at schools. CRI selected two questions related to school and two questions about their relationship to their parents:

1. Opportunities to be involved in extracurricular activities: Chart 167
2. Number of friends participating in school activities: Chart 168
3. Can ask parents for help if they have problems: Chart 169
4. Parents give them chances for fun with them: Chart 170

Girls and boys both overwhelmingly reported opportunities to be involved in extracurricular activities, ranging from 85.7% of 12th grade boys to 92.8% of 11th grade girls. Both genders indicated a strong interest of their friends to be involved with school activities, showing that students value these activities.

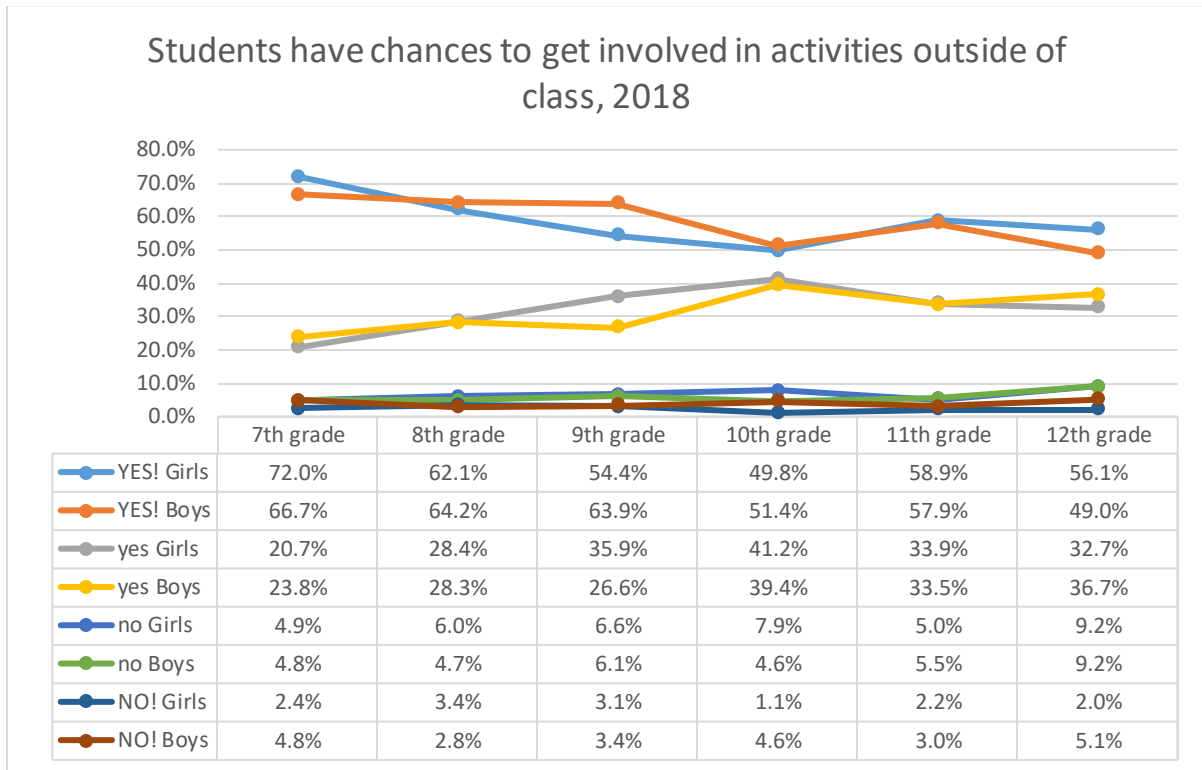
Switching over to parents, girls and boys generally reported positive relationships with their parents as it relates to problems and fun, but boys were more enthusiastic about these relationships, as shown in Charts 169 and 170.

Boys had a higher percentage reporting that they could go to their parents with problems in all grades, with a fairly significant spread between some grades. For example, while 75% of 7th grade girls indicated they could ask their parents for help with a problem, 86.3% of boys said they could.

Looking at parents' interest in having fun with their children, only 10th grade girls had a higher share than boys but the spread was just 0.7%. Consistently, just above or just below a quarter of girls indicated

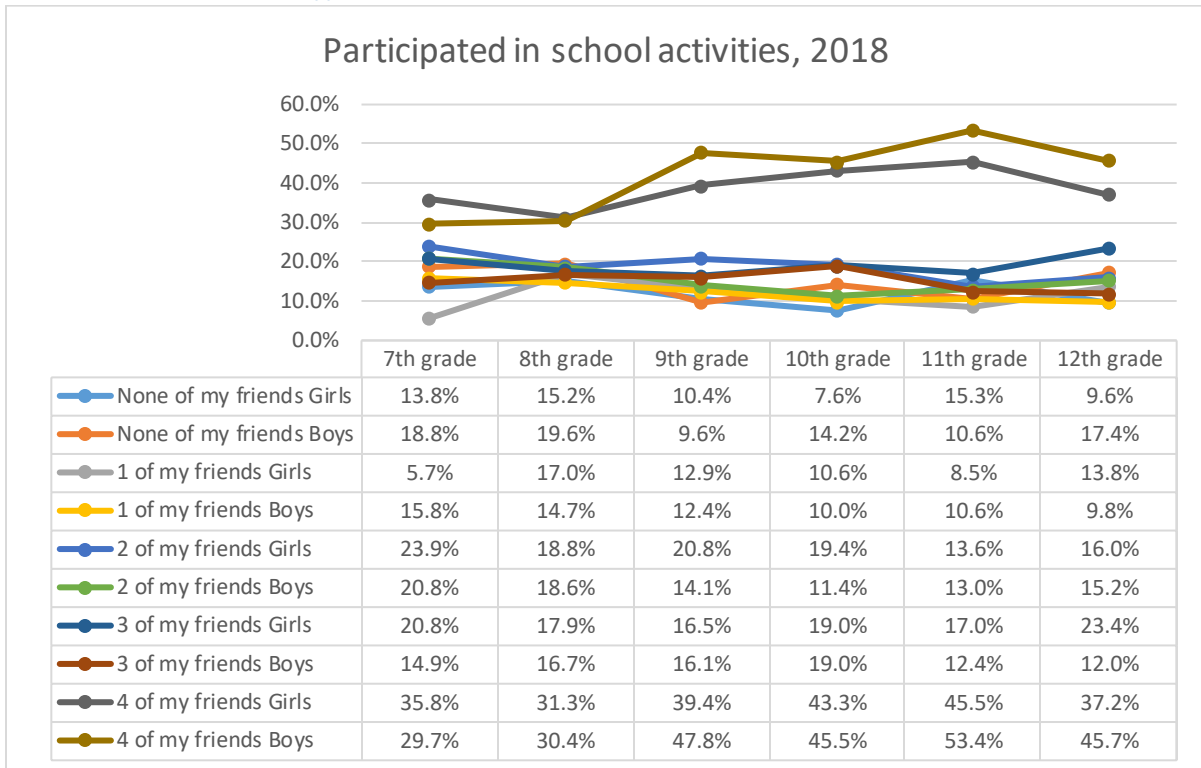
their parents weren't interested in having fun with them, compared to 16.7% to 24.5% of boys depending on grade.

Chart 167: Opportunities for extracurricular activities, 2018



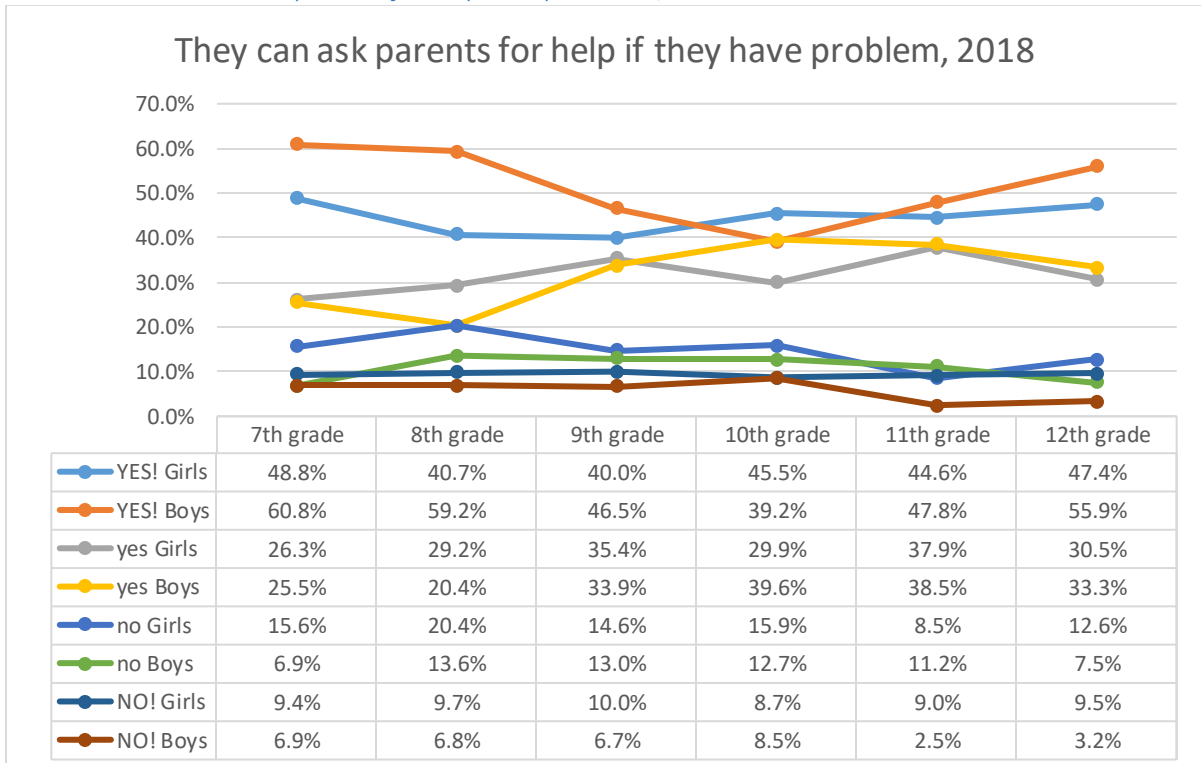
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 168: Number of friends involved in school activities, 2018



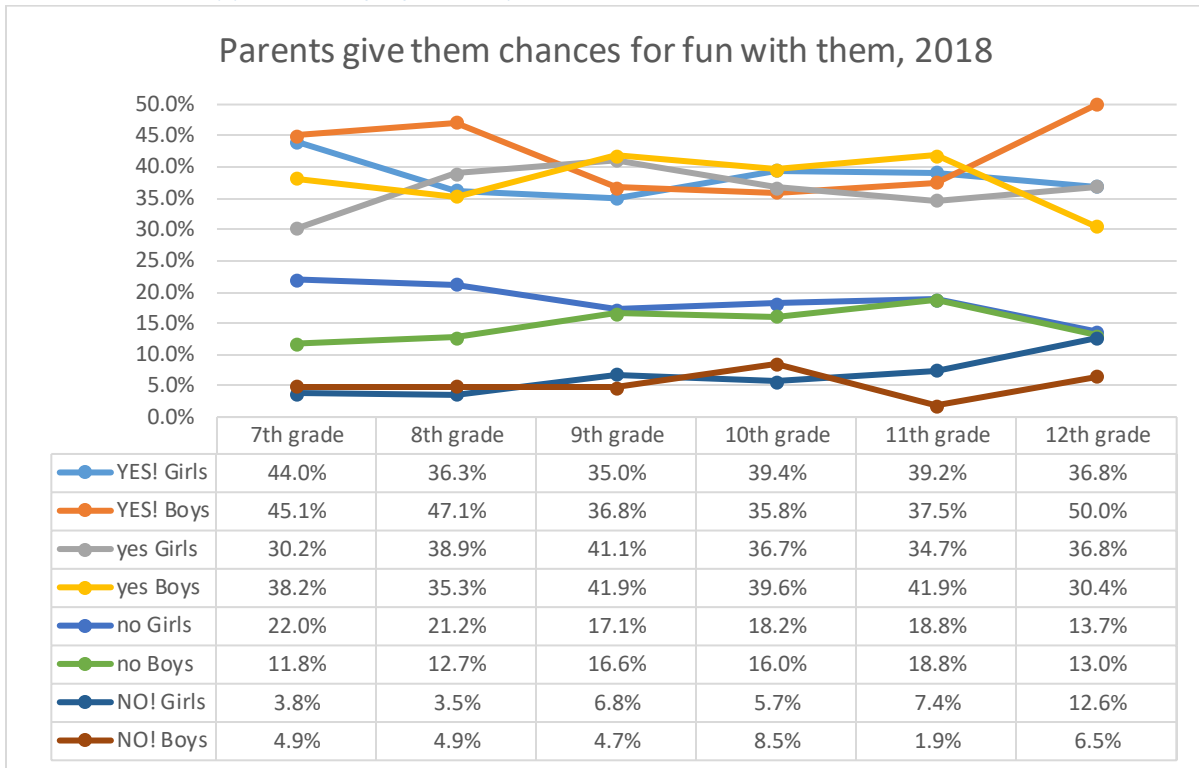
Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 169: Can ask parents for help with problems, 2018



Source: 2018 Indiana Youth Survey Allen County results by gender

Chart 170: Opportunities for fun with parents, 2018



Source: 2018 Indiana Youth Survey Allen County results by gender

Teen birthrates

Allen County has been following the state and national trends of lower teen birthrates over time, as shown on Chart 171, using data from the Indiana State Department of Health’s annual natality reports, which reports maternal age at birth. When comparing local teen birthrates to national numbers, local teenage girls and women are having more babies than their national counterparts.

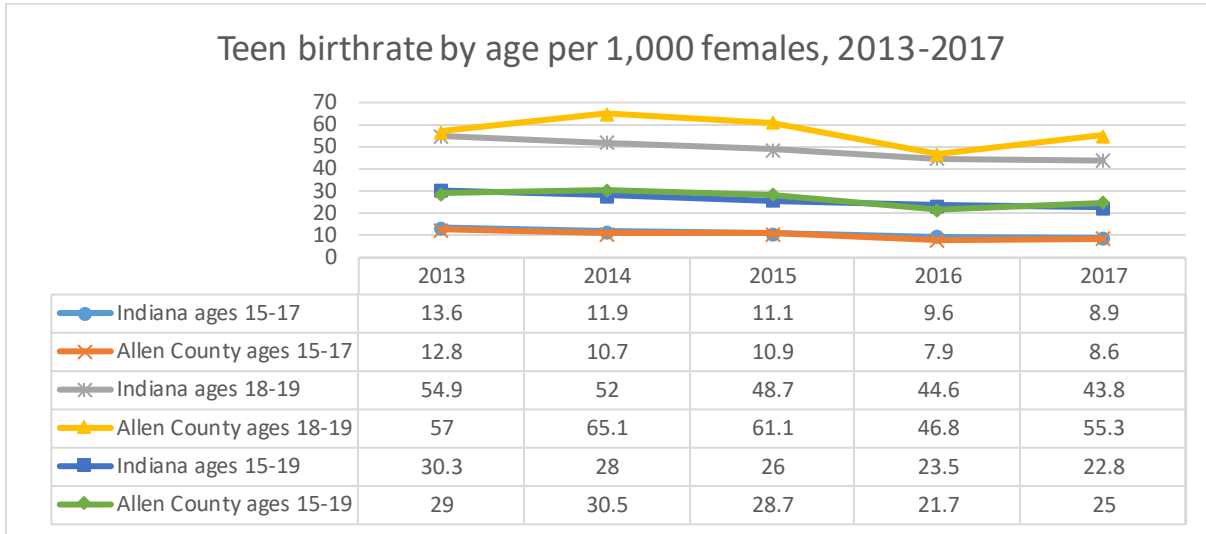
The teenage data are reported for mothers’ ages less than 15 to 19, but no birthrate for mothers under 15 was reported for Allen County due to somewhere between zero and five births for girls this age. The age segmentation studied here is 15 to 19, 15 to 17, and 18 to 19. The teen birthrate is calculated by the number pregnancies of girls and women ages 15 to 19 per 1,000 females in that age group.

Teen birthrates trended downward from 2013 to 2017 for both Allen County and Indiana, according to Indiana State Department of Health data. The state’s decline was greater with a 24.8% reduction, compared to 13.8% for Allen County.

Looking at age cohorts, Allen County’s teen birthrate was consistently below the state’s for girls ages 15 to 17. That flipped for teenage women ages 18 and 19, where Allen County’s rate was higher than Indiana’s. Allen County’s birthrates for teens under 15 was suppressed for most years due to somewhere between zero and five births for girls this age.²⁹⁷

²⁹⁷ In 2017, Indiana reported 58 births to girls less than 15 years old compared to 3,903 births to mothers ages 18 and 19. See <https://www.in.gov/isdh/reports/natality/2017/tbl7.htm>

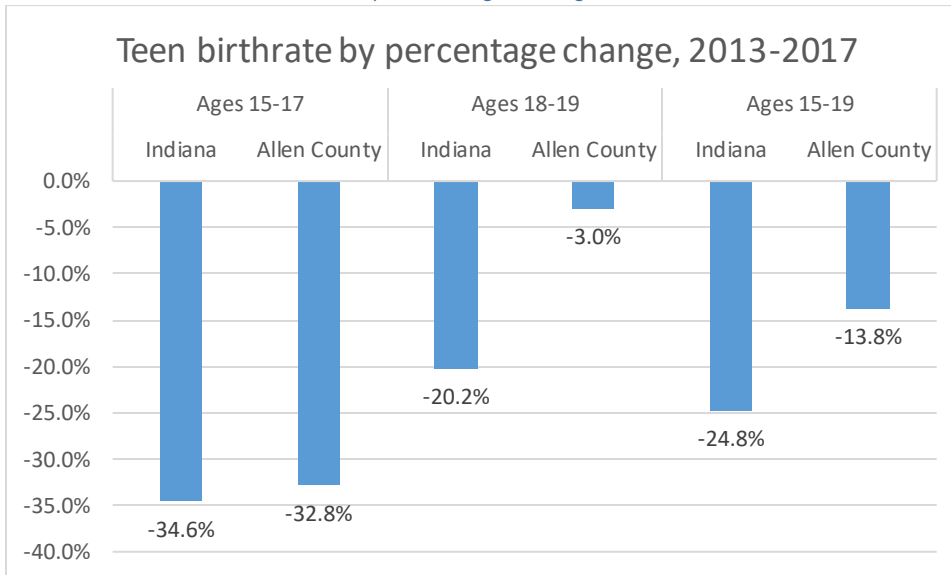
Chart 171: Teen birthrate by age



Source: ISDH Natality Reports

Chart 172 shows the percentage decline of Chart 171 above, comparing the 2013 rate to the 2017 rate. The state's overall decline in the number of teen births was greater with a 24.8% reduction, compared to 13.8% for Allen County, however the birthrate dropped most dramatically for both the state and county for girls ages 15 to 17 at 34.6% and 32.8% respectively.

Chart 172: Teen birthrate percentage change



Source: Percentage change calculated by CRI using data from ISDH Natality Reports

Since national numbers are not included in the state’s natality reports, CRI found national teen birthrate data²⁹⁸ for comparison purposes, as shown in Table 38.

Table 38: National teen birthrates

	2013	2014	2015	2016	2017	% change, 2013-2017
Ages 15-19	26.5	24.2	22.3	20.3	18.8	-29.1%
Ages 15-17	12.3	10.9	9.9	8.8	7.9	-35.8%
Ages 18-19	47.1	43.8	40.7	37.5	35.1	-25.5%

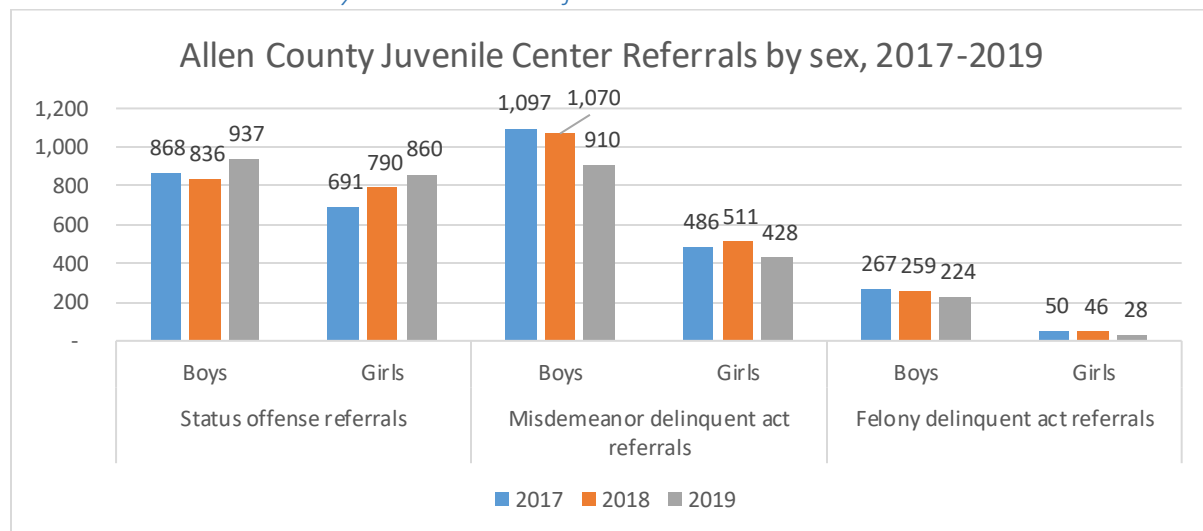
Source: U.S. Centers for Disease Control and Prevention with percentage change calculated by CRI

Comparing Allen County’s teen birthrates to the national numbers above, Allen County’s birthrate for women and girls ages 15 to 19 in 2017 was 33% higher than their national counterparts. Continuing with the Allen County-national comparison, the younger teen birthrate – ages 15 to 17 – was 8.9% higher while the local older teen birthrate was 57.5% higher, according to CRI’s calculations from the National Vital Statistics Reports data and state natality data.²⁹⁹

Allen County Juvenile Center data

Looking at the past three years of data from the Allen Superior Court’s Allen County Juvenile Center (ACJC), the number of referrals³⁰⁰ for girls and boys went down between 2017 and 2019 for criminal delinquent acts – acts that if committed by an adult would be considered a misdemeanor or felony crime. In contrast, status offenses – acts that are illegal based on the offenders’ age alone such as alcohol use or truancy – went up. This chart reflects referrals only and does not show the final outcome of the case.

Chart 173: Allen County Juvenile Center referrals



Source: Allen County Juvenile Center

²⁹⁸ This data comes from National Vital Statistics Reports Volume 67, Number 8, November 7, 2018. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf.

²⁹⁹ Ibid.

³⁰⁰ ACJC referrals include both law enforcement transports to the ACJC facility and administrative referrals from schools or other agencies that do not involve housing the offender at ACJC.

Qualitative information about Allen County's girls

In addition to the quantitative data from the Indiana Department of Education, Indiana Youth Survey, Indiana State Department of Health, and the Allen County Juvenile Justice Center, CRI also interviewed many people working with local girls and young women to better understand the social and emotional conditions of girls not captured by the other data.

Amy Hanna is co-founder and director of RespectTeam, which is a program that goes into local urban, rural, and suburban middle and high schools to teach students about the need to respect themselves and respect others. Hanna said she and her team members see cultural differences among the student populations but the same challenges for girls, namely stress and anxiety.³⁰¹

Hanna said respect needs to be modeled at home since in-school programs can only go so far.³⁰²

Other things Hanna has heard or seen from girls relate to:

- Girls stepping into leadership roles where they can use their voice, but they need to be taught how to be heard
- Respect to others applies to both boys and girls
- Girls' sense of responsibility to take care of others around them when it comes to self-harm or suicidal behavior, which can create unhealthy pressure on the girl
- Negative self-talk that downplays their worth and value, especially around friends; it may be an opportunity to fish for compliments but it creates unhealthy dynamics, especially for girls who have developed a positive sense of self worth
- Dress codes that seem directed at girls in a objectifying sense with no accountability for boys
- Needing help understanding that girls who experience sexual assault are not at fault because of what they were wearing or because they were drinking alcohol
- Helping girls understand and set boundaries within relationships, including identifying dating violence
- Lack of access to counseling or mental health services since guidance counselors are often focused on the academic side and not all schools offer mental health counselors
 - Access counseling outside of school is often limited by payment and transportation or those who go don't feel like they got results³⁰³

Hanna said respect needs to be modeled at home since in-school programs can only go so far.

For Tishamarie Strasser, founder of Bring It Push It Own It, she wants to see the girls and young women ages 9 to 18 in her multi-week physical activity program build confidence and self-esteem.³⁰⁴ Most of them come from middle-class households but may lack resilience and coping skills.³⁰⁵ Strasser finds ages

³⁰¹ Telephone interview with Amy Hanna, co-founder and director; Respect Team, October 16, 2019.

³⁰² Ibid.

³⁰³ Ibid.

³⁰⁴ Telephone interview with Tishamarie Strasser, founder and director; Bring It Push It Own, October 15, 2019.

³⁰⁵ Ibid.

11 to 14 especially critical to building self-esteem.³⁰⁶ Bring It goes beyond the physical skills and also talks about things like how to use technology in a healthy way.³⁰⁷

All girls need help, but society doesn't tend to celebrate them enough, according to Denita Washington, founder and executive director of Girlz Rock Inc.³⁰⁸ Her program works with girls from all races, ethnicities, and backgrounds. Depending on the setting, the participants could be from at-risk situations.³⁰⁹

She emphasizes the need for and power of healthy relationships with schools, parents, friends, and dating partners in all programming.³¹⁰ She has found that many Girlz Rock participants do not have much or any relationship with their fathers so programming about building a father-daughter relationship always gets a favorable response from participants.

Like Hanna, Washington sees the need for girls to know their self-worth and respect for others, especially as it relates to violence and having emotional tools to resolve conflict. As Washington said, hurting people hurt people.³¹¹

One of Washington's favorite parts of her school programs is lunchroom duty, where she gets to hear about their real lives. She also noted that many of the girls involved with Girlz Rock don't see value in academics so she works with them to reframe school as a tool for their future.³¹²

Washington is committed to seeing Girlz Rock participants stay in Fort Wayne or Allen County after leaving the program.³¹³

For girls living in multicultural homes – typically families with immigrant or refugee parents – they can experience the added conflict or tension between cultural expectations from parents or extended family reflecting values from the country of origin compared to the peer pressure from school, according to staff at Amani Family Services.³¹⁴ This can prompt these girls to experience isolation, depression, or emotional or physical withdrawal from school, including truancy cases.³¹⁵ The need exists for cultural competent services in local schools to reflect the unique situations these girls and their families find themselves in.³¹⁶

MaryClare Akers, a local licensed social worker with experience working with at-risk girls, said she has seen a pattern of girls and women across races and income having a lack of self-worth manifesting itself

³⁰⁶ Ibid.

³⁰⁷ Ibid.

³⁰⁸ Phone interview with Denita Washington, founder and executive director, Girlz Rock, August 5, 2020.

³⁰⁹ Ibid.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² Ibid.

³¹³ Ibid.

³¹⁴ Interview with Ewelina Connelly, clinical director; Shannon Norris, victim care manager; Josefina Cervantes, substance use manager; Kristy Lindeman, community support program manager of Amani Family Services, December 18, 2019.

³¹⁵ Ibid.

³¹⁶ Ibid.

as a belief they are not good enough.³¹⁷ She saw girls and young women who were stressed out and numbing the pain with opioids or other substances.³¹⁸ These girls and young women often find themselves in cycles that are hard to break.³¹⁹ She said that they need an advocate – parent, social worker, case manager – who provides unconditional support and love who won’t give up on them.³²⁰

Dr. Amy Dawson, a local family medicine physician serving many Medicaid patients, said she sees a shift in middle school girls, where recess is replaced with competitive sports.³²¹ This can result in a lack of physical activity for many girls, compounded by poor nutrition and poor self-image.³²²

She also has concern with the number of adverse childhood experiences (ACEs) she sees, including neglect and physical or sexual abuse.³²³

Dawson would like the annual well-child visit for adolescents to incorporate mental health, discussion of aspirational goals, and discussions about sex.³²⁴ She also sees value in adult mentors for girls since many come from households without positive role models.³²⁵

Rebecca Riley, Bowen Center’s director of clinical service in Allen County, is also concerned about ACEs and local girls, since one’s ACE score is predictive of future outcomes including likelihood of an abusive relationship, substance use disorder, and early death.³²⁶

Riley would like to see trauma-informed practices in schools, seeing teachers and coaches as the first line of defense for many girls, including mandatory trauma-informed instruction to teachers.³²⁷ She said teachers need to be equipped to make referrals to mental health services.³²⁸ Licensed mental health professionals in schools need parental consent before treatment, which can create an obstacle for students needing those services.³²⁹

Lisa Cotten, a physician assistant who does consulting in this area, identifies a need for girls to build inner strength, but that can be challenged by bullying or low self-esteem that is affected by pressure originating in social media.³³⁰

She echoed Riley’s need for trauma-informed practices, but noted there’s no template for this in schools or the community.³³¹ She wants to know where the village is to support local girls and their parents who

³¹⁷ Telephone interview with MaryClare Akers, licensed social worker and executive director of the Drug and Alcohol Consortium of Allen County, January 27, 2020.

³¹⁸ Ibid.

³¹⁹ Ibid.

³²⁰ Ibid.

³²¹ Phone interview with Dr. Amy Dawson, October 10, 2019.

³²² Ibid.

³²³ Ibid.

³²⁴ Ibid.

³²⁵ Ibid.

³²⁶ Telephone interview with Rebecca Riley, director of clinical service in Allen County, Bowen Center, October 21, 2019.

³²⁷ Ibid.

³²⁸ Ibid.

³²⁹ Ibid.

³³⁰ Telephone interview with Lisa Cotten, physician assistant and consultant, October 16, 2019.

³³¹ Ibid.

may have a lack of role models for themselves.³³² She said the community can't let girls slip through the cracks.³³³

³³² Ibid.

³³³ Ibid.