

# 2017 Home Visiting Needs Assessment County Profile: Ripley



## Ripley County

## State of Indiana

Population	28,548	6,597,880
Children Under 4	1,738	434,075
Median Income	\$51,553	\$50,510

### Maternal and Newborn Health

	Preterm Births	Infant Mortality Rates	Smoking during Pregnancy	Births to 1 <sup>st</sup> time Mothers	Teen Birth Rate	Pregnant Women on WIC	Breastfed at Discharge	Medicaid Births	Adult Smokers
Ripley	9.1%	7.0	23.3%	36.6%	24.0	15.5%	67.7%	30.8%	27%
Indiana	9.7%	7.1	15.1%	38.4%	28	17.3%	79.3%	43.7%	23%

### Family Economic Self-Sufficiency

	Unemployment	Children in Poverty	Children with Free/Reduced Lunch	Families on TANF (Monthly Average)	Single Parent Households	High School Dropouts	Children with Food Insecurity
Ripley	6.7%	16.0%	38.6%	36	27%	9.2%	19.0%
Indiana	6.0%	21.2%	49.1%	10,680	9.7%	8.3%	21.2%

### Child Maltreatment

	Substantiated Neglect	Substantiated Physical Abuse	Substantiated Sexual Abuse
Ripley	12.1%	9.3%	13.7%
Indiana	16.7%	7.9%	16.4%

### Crime or Domestic Violence

	Drug Related Arrests per 1,000	Alcohol Related Arrests per 1,000	Domestic Violence Residential/Non-Residential Slots
Ripley	3	5	322
Indiana	6	9	23,367

### School Readiness and Achievement

	Early Head Start Slots	Head Start Slots	First Steps Enrollment	Passing IREAD	4 <sup>th</sup> Graders Passing ISTEP	Children with Limited English Proficiency	High School Diploma or Equivalent
Ripley	0	54	6.6%	97.0%	89%	1.0%	45.2%
Indiana	1,945	13,598	6.5%	90.3%	77.5%	5.3%	35%

Data based on publicly available 2014 data, compiled by Emerald Consulting, and published in the 2017 Indiana Home Visiting Needs Assessment for the purpose of identifying factors related to the need for home visiting services in Indiana and by County."

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X10MC29469 Maternal, Infant and Early Childhood Home visiting Grant Program, total award \$10,518,746.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.