

HEALTH NOTE: Homeless Children and Youths

Senate Bill 464

2019 Indiana General Assembly

Bill Authors:

Senator James Merritt, Senator Randall Head, Senator J.D. Ford

Bill Provisions Examined:^a

Allows certain representatives of a homeless youth to access, on behalf of the homeless youth, the homeless youth's: (1) birth certificate; (2) photo identification; and (3) driver's license, without charge or consent of a parent, guardian, or custodian if the homeless youth meets certain guidelines and the representative possesses a fee and consent waiver affidavit. Provides that the department of workforce development must adopt a rule to permit a representative of a homeless youth who presents a fee and consent waiver affidavit to register the homeless youth to take the high school equivalency examination without charge or consent of a parent, guardian, or custodian.

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What is the goal of this health note?

Decisions made in sectors outside of public health and health care, such as in education, housing, and employment, can affect health and well-being. Health notes are intended to provide objective, nonpartisan information to help legislators understand the connections between these various sectors and health. This document provides summaries of evidence analyzed by the Health Impact Project while creating a health note for Indiana Senate Bill (SB) 464. Health notes are not intended to make definitive or causal predictions about how a proposed bill will affect health and well-being of constituents. Rather, legislators can use a health note as one additional source of information to consider during policy-making. The analysis does not consider the fiscal impacts of this bill

How and why was this bill selected?

This bill was identified as one of several important policy issues being considered by the Indiana General Assembly in 2019. The health note screening criteria were used to confirm the bill was appropriate for analysis. (See Methodology Appendix on Page 6.) The Health Impact Project's focus areas for health notes include housing, education, and employment. The project selected SB 464 for analysis because of its potential to affect access to housing services, employment opportunities, and educational attainment for homeless youth in Indiana. Research has consistently demonstrated a strong link between housing instability and homelessness, and negative health outcomes.¹ In addition, there is strong evidence linking employment and health, as well as educational attainment and positive health outcomes.² Unaccompanied youth often lack the proper identification documents to access government services such as temporary or permanent housing, health care services, and Supplemental Nutrition Assistance Program benefits, or apply for employment.³

SUMMARY OF HEALTH NOTE FINDINGS

Compared with youth in stable housing, youth who experience homelessness have lower levels of academic achievement, higher rates of unemployment, and higher rates of negative health outcomes including depression, posttraumatic stress disorder (PTSD) and posttraumatic stress symptoms, infections, substance use, and chronic health issues.⁴ Homeless youth face numerous barriers to accessing services that support health and well-being, often including a lack of identification documents such as a birth certificate, photo identification, or driver's license. For example, photo identification may be required to access shelters or housing services, apply for government benefits, open a bank account, or apply for student financial aid.⁵ This health note explores the evidence base regarding access to these identification documents and effects on employment, educational outcomes, and service utilization among homeless youth.

^a Summary as described by the Indiana General Assembly, <http://iga.in.gov/legislative/2019/bills/senate/464>.

^b The Health Impact Project is committed to conducting non-partisan research and analysis.

This review found that providing homeless, unaccompanied youth with a path to obtain proper identification documentation and register for the high school equivalency exam without the consent of a parent, guardian, or custodian could help to address one of the many barriers these youth face in accessing services and employment opportunities, with potential benefits for health and well-being. Below is a summary of the key findings in this health note:

- The extent to which changes in laws or programming aimed at increasing access to identification documents among homeless youth affect employment, educational, or health outcomes is **not well researched**. Research for this analysis did not yield any studies specifically examining the effects of enhanced access to identification documents among homeless youth.
- There is **strong evidence** that homeless youth face substantial barriers to education, employment, and services important to their health and well-being. For example, mental health issues and substance use can prevent homeless youth from securing and maintaining employment, and frequent moves negatively affect school attendance rates which are associated with lower levels of academic achievement.⁶ Additionally, homeless youth have reported cost and lack of transportation and health insurance as barriers to accessing health care services.⁷
- There is a **fair amount of evidence** that lack of identification is a common barrier to service use among homeless youth, including the utilization of shelters and medical care, mental health, and substance use treatment services, with negative implications for health.⁸ To the extent that SB 464, if implemented, supports homeless youth in Indiana in accessing services, those youth could see potential health benefits.
- There is **strong evidence** that youth who experience homelessness are at greater risk for negative educational, employment, and health outcomes compared with their peers who are in stable housing.⁹ There is also **strong evidence** documenting the benefits of educational attainment and employment for health and well-being.¹⁰ Research has documented the positive effects of employment on homeless youth, demonstrating positive outcomes with regard to stable housing, mental health treatment, access to social support, and economic self-sufficiency.¹¹ The attainment of a high school diploma or equivalent has become increasingly important to employment and earnings outcomes.¹² To the extent that SB 464, if implemented, removes one of the barriers homeless youth face in accessing employment and educational opportunities, youth may see potential benefits to their income, stability, self-sufficiency, and health.

Methods Summary: To complete this health note, Health Impact Project staff conducted an expedited literature review using a systematic approach to minimize bias and identify studies to answer each of the identified research questions. In this note, “health impacts” refer to effects on determinants of health, such as education, employment, and housing, as well as effects on health outcomes, such as injury, asthma, chronic disease, and mental health. The strength of the evidence is qualitatively described and categorized as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. It was beyond the scope of analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the state. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose. A detailed description of the methods is provided in the Methodology Appendix on Page 6.

WHY DO THESE FINDINGS MATTER FOR INDIANA?

It is difficult to accurately count the population of homeless youth because they frequently change schools and residences, and many youth try to hide that they are homeless.¹³ The variation between definitions of

the term “homeless youth” and the age ranges represented according to various federal laws and agencies further compounds the challenge of estimating numbers of young people experiencing homelessness in the United States.¹⁴ National survey data show that homeless teens and young adults frequently stay with others or “couch surf”—meaning that they move from one temporary living arrangement to another—often resulting in these youth not being captured in homeless data counts.¹⁵ Research for this health note did not identify data estimating the population of homeless or unaccompanied youth ages 16 to 18—the target population of SB 464—in Indiana. In 2017, 16,667 Indiana public school students were identified as homeless or living in unstable housing situations, with substantial variation by county.¹⁶ Between the 2014-15 and 2016-17 school years, the number of unaccompanied students in Indiana—youth not under the custody of a parent or legal guardian—increased by 23.7 percent.¹⁷ According to the 2018 Point-in-Time estimate^c by the U.S. Department of Housing and Urban Development, the total population of unaccompanied homeless youth in the U.S. under the age of 25 on one night was 36,361, and the population of unaccompanied homeless youth under the age of 18 on one night was 4,093 (11.3 percent of the unaccompanied homeless youth population).¹⁸

WHAT ARE THE POTENTIAL EFFECTS OF FREE ACCESS TO IDENTIFICATION DOCUMENTS FOR HOMELESS YOUTH?

- **Lack of identification is a common barrier to service use among homeless youth, with implications for health and well-being.** Research shows that lack of identification among homeless youth can serve as a barrier to the use of shelters and health care, mental health, and substance use treatment services.¹⁹ In addition to direct benefits to health and well-being youth receive from these services, youth who access services such as drop-in centers or shelters are more likely to exit homelessness than those who do not.²⁰
- **Identification documents are necessary to access many of the critical services that homeless youth rely on to maintain their health and well-being and can affect access to employment and educational opportunities.**
 - Depending on the circumstances in which young people depart their homes, obtaining a parent or guardian’s consent to apply for photo identification can be an insurmountable obstacle for an unaccompanied youth. Fees associated with identification applications can also present barriers for individuals experiencing homelessness. Photo identification documents are often required for accessing services such as shelters or housing services, Supplemental Nutrition Assistance Program benefits, and Medicaid or medical services. Furthermore, photo identification must be presented to enter many government and public buildings and is often a requirement when beginning a new job or opening a bank account.²¹
 - Programs that support homeless youth often must assist youth in obtaining identification cards to access government services and legal employment.²²
 - Some higher education institutions collect supplemental documentation, including copies of drivers’ licenses, not required by the U.S. Department of Education during the financial aid application process to verify recipients’ identities.²³ Permitting youth experiencing homelessness to obtain a photo identification card without a parent or guardian’s permission could facilitate access to federal financial aid, such as Pell grants, that allows low-income students to access higher education opportunities.
 - This analysis did not identify any research specifically examining whether obtaining a driver’s license affects transportation options or access to employment among homeless youth.

^c Point-in-Time counts are one-night estimates of sheltered and unsheltered homeless populations across the United States that occur each year during the last week of January.

- **Other factors beyond lack of identification can affect service utilization and employment outcomes among homeless youth.**
 - For example, research suggests that social support from peers, caseworkers, and service providers can affect the likelihood of homeless youth to use employment and mental health services.²⁴
 - Another study found that behavioral challenges, transience, length of homelessness, and trauma were stronger predictors than high school credentials (either GED or high school diploma) of homeless young adults earning income from formal sources.²⁵
 - Mental health issues and substance use can serve as barriers to securing and maintaining employment among homeless youth and, particularly for male youth, are associated with illegal activities to generate income.²⁶

WHAT ARE THE POTENTIAL HEALTH EFFECTS OF ACCESS TO EMPLOYMENT AND HIGH SCHOOL EQUIVALENCY TESTS FOR HOMELESS YOUTH?

- **Homeless youth experience high rates of unemployment and lower levels of academic achievement.** Research shows that frequent moves resulting in school disruptions are associated with lower levels of academic achievement and decreased employment opportunities for homeless youth.²⁷ Nationwide, approximately 75 percent of homeless youth drop out of school.²⁸ Furthermore, research has estimated that homeless youth experience an average of eight months of unemployment each year.²⁹ Many homeless youth rely on survival behaviors for income, such as prostitution, stealing or selling drugs, with negative implications for their health and well-being.³⁰
- **Employment and completion of a high school equivalency diploma have positive benefits for the health and well-being of homeless youth.**
 - Research has documented the benefits of homeless youth's involvement in formal employment, demonstrating positive outcomes with regard to stable housing, mental health treatment, access to social support, and economic self-sufficiency.³¹ One study examining the impact of an intervention to assist homeless youth in receiving needed services found that the program resulted in an increase in employment over time, with positive benefits for the youth's housing stability and mental health status. The study also found that youth exhibited a significant increase in income from non-survival behaviors, as opposed to survival behaviors, which include panhandling, selling personal possessions, selling blood or plasma, dealing drugs, or other illegal sources of income.³²
 - The attainment of high school credentials has become increasingly important to employment and earnings outcomes. Between the 1980s and 2008 the earnings of high school dropouts decreased by two percent, while the earnings of high school graduates increased by 13 percent.³³ Furthermore, 41 percent of Indiana jobs required a high school diploma or equivalent as of 2013.³⁴ Data have also demonstrated that the lack of a high school diploma or equivalent is a strong risk factor for homelessness among youth ages 18 to 25.³⁵

WHAT ARE THE HEALTH EFFECTS OF YOUTH HOMELESSNESS?

- **Youth who experience homelessness are already at greater risk for negative health outcomes.**
 - Compared with youth in stable housing, homeless youth are more likely to experience trauma, abuse, neglect, and victimization; face higher rates of depression, anxiety, and

- PTSD; have higher rates of tobacco and substance use and poorer diet quality; and have higher rates of acute infections, dental disease, and chronic health issues such as diabetes.³⁶
- One international systematic review found that homeless adolescents are more likely to experience mental health challenges, such as depression, substance use disorders, and PTSD, than adolescents with stable housing.³⁷ According to one study included in the review, lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) adolescents experiencing homelessness exhibited the highest rate of PTSD (47.6 percent).
- Longer periods of homelessness during adolescence are associated with an increased probability of substance use, experiencing physical abuse or assault, and mortality, as well as decreased likelihood of exiting homelessness.³⁸ Indeed, 46 percent of homeless and unaccompanied youth have reported physical abuse.³⁹

WHICH POPULATIONS ARE MOST LIKELY TO BE AFFECTED BY THIS BILL?

Certain subgroups of youth are at higher risk of experiencing homelessness, including: youth with disabilities; youth involved in the juvenile justice and child welfare systems; black, Hispanic, and American Indian and Alaska Native youth; youth who do not finish high school; and LGBTQ youth.⁴⁰ Data also suggest that youth who are pregnant or parenting may also be at higher risk of experiencing homelessness.⁴¹ Nationally, researchers estimate that LGBTQ youth make up between 20 to 40 percent of the homeless youth population, compared with only 4 to 10 percent of the total youth population.⁴² LGBTQ youth are more likely to be expelled from their homes than non-LGBTQ youth, potentially presenting a greater challenge in obtaining parental support to access identification documents or register for the high school equivalency exam.⁴³ Youth of color are more likely to experience homelessness, remain in homelessness systems for longer periods than their white peers, and are less likely to exit homelessness by returning to their families.⁴⁴ National data show that youth who identify as LGBTQ and black or multiracial experience particularly high rates of homelessness.⁴⁵

National survey data also suggest that urban and rural youth experience homelessness at similar rates.⁴⁶ However, youth in rural areas are less likely to stay in shelters given limited availability of these services outside of major cities, which can make the population of homeless youth in rural areas less likely to be counted.⁴⁷ Data from a national survey on youth homelessness found that youth experiencing homelessness in rural areas were less likely than youth in more urban areas to be attending school or working, and were more likely to have been involved with the juvenile justice system, which can affect their access to employment and housing.⁴⁸

The resources identified in this review did not address the prevalence of immigrant youth among the unaccompanied homeless youth population. Because undocumented immigrants may be unwilling or unable to access government services due to fear of deportation, it is difficult to estimate the prevalence of homelessness among the immigrant youth population.⁴⁹

HOW LARGE MIGHT THE IMPACT BE?

Where possible, the Health Impact Project describes how large the impact may be based on the bill language and literature, such as describing the size, extent, and population distribution of an effect. Given the previously described limitations in accurately counting the number of homeless youth, research for this analysis did not identify the number of homeless youth ages 16 to 18 in Indiana that could be affected by SB 464. One national survey found that approximately 5.3 percent of households with adolescents ages 13 to 17 reported instances of youth homelessness, from running away or being asked to leave home by a parent or guardian to couch surfing.⁵⁰

It was beyond the scope of this analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the state. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose.

APPENDIX: METHODOLOGY

Once the bill was selected, a research team from the Health Impact Project hypothesized a pathway between the bill, health determinants, and health outcomes. The hypothesized pathway was developed using research team expertise and a preliminary review of the literature. The bill components were mapped to steps on this pathway and the team developed research questions and a list of keywords to search. The research team reached consensus on the final conceptual model, research questions, contextual background questions, keywords, and keyword combinations. The conceptual model, research questions, search terms, and list of literature sources were peer-reviewed by an external subject matter expert. The external subject matter expert also reviewed a draft of the note. A copy of the conceptual model is available upon request.

The Health Impact Project developed and prioritized 10 research questions related to the bill components examined:

- To what extent does having a high school equivalency diploma affect employment and income?
- To what extent does having a high school equivalency diploma affect self-sufficiency, youth independence, and transition to adulthood?
- To what extent does having a high school equivalency diploma affect health behaviors and outcomes?
- To what extent does access to identification documents (e.g., photo ID, birth certificate, driver's license) affect educational attainment, including a high school equivalency diploma D?
- To what extent does access to identification documents affect employment?
- To what extent does access to identification documents affect access to housing?
- To what extent does access to identification documents affect access to government services (social security benefits, shelters, Medicaid, SNAP, government buildings, homeless services)?
- To what extent does access to identification documents affect access to health promoting services/facilities (health care, dental care)?
- To what extent does access to identification documents affect access to transportation/mobility?
- To what extent does having a driver's license affect access to employment opportunities?

Next the research team conducted an expedited literature review using a systematic approach to minimize bias and answer each of the identified research questions.^d The team limited the search to systematic reviews and meta-analyses of studies first, since they provide analyses of multiple studies or address multiple research questions. If no appropriate systematic reviews or meta-analyses were found for a specific question, the team searched for nonsystematic research reviews, original articles, and research reports from U.S. agencies and nonpartisan organizations. The team limited the search to electronically available sources published between January 2014 and January 2019.

^d Expedited reviews streamline traditional literature review methods to synthesize evidence within a shortened timeframe. Prior research has demonstrated that conclusions of a rapid review versus a full systematic review did not vary greatly. Cameron A. et al., "Rapid versus full systematic reviews: an inventory of current methods and practice in Health Technology Assessment," (Australia: ASERNIP-S, 2007): 1-105, https://www.surgeons.org/media/297941/rapidvsfull2007_systematicreview.pdf.

The research team searched PubMed and EBSCO databases along with the following leading journals in public health, social services, and homelessness to explore each research question: American Journal of Public Health, Social Science & Medicine, Health Affairs, Children and Youth Services Review, Youth & Society, Journal of Adolescent Health, Journal of Health Care for the Poor and Underserved, and Journal of School Health.^e For all searches, the team used the following keywords: homeless youth, homeless minors, unaccompanied youth, identification documents, educational attainment, GED, high school equivalency, health behaviors, health outcomes, self-sufficiency, independence, employment, income, housing, government services, social services, health facilities, transportation, mobility, and driver's license. The team also searched Education Resources Information Center, Indiana Youth Institute, Stateline, Chapin Hall, National Coalition for the Homeless, HUD User, Urban Institute, the Department of Health and Human Services' Administration for Children and Families, National Health Care for the Homeless Council, and the National Center on Family Homelessness.

After following the above protocol, the team screened 84 titles and abstracts,^f identified 25 abstracts for potential inclusion and reviewed the full text corresponding to each of these abstracts. After applying the inclusion criteria, 2 articles were excluded. In addition, the team identified 6 peer-reviewed articles through the original articles and identified 13 resources with relevant research outside of the peer-reviewed literature. A final sample of 42 resources was used to create the health note. In addition, the team used 4 references to provide contextual information.

Of the studies included, the strength of the evidence was qualitatively described and categorized as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. The evidence categories were adapted from a similar approach from another state.⁵¹

Very strong evidence: the literature review yielded robust evidence supporting a causal relationship with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the relationship.

Strong evidence: the literature review yielded a large body of evidence on the association, but the body of evidence contained some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher than average risk of bias; or some combination of those factors.

A fair amount of evidence: the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.

Mixed evidence: the literature review yielded several studies with contradictory findings regarding the association.

Not well researched: the literature review yielded few if any studies or yielded studies that were poorly designed or executed or had high risk of bias.

EXPERT REVIEWER

This document benefited from the insights and expertise of Elizabeth H. Golembiewski, Department of

^e These journals were selected using results from a statistical analysis completed to determine the leading health research journals between 1990 and 2014. Merigó, José M., and Alicia Núñez. "Influential Journals in Health Research. A Bibliometric Study." *Global Health* 12.1 (2016), accessed Jan. 11, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4994291/>.

^f Many of the searches produced duplicate articles. The number of sources screened does not account for duplication across searches in different databases.

Health Policy and Management, Richard M. Fairbanks School of Public Health, Indiana University–Purdue University Indianapolis (IUPUI). Although she reviewed the note and found the approach to be sound, neither she nor her organization necessarily endorses its findings or conclusions.

¹ National Center for Healthy Housing, “Housing Interventions and Health: A Review of the Evidence” (January 2009), <http://nchharchive.org/LinkClick.aspx?fileticket=2lvaEDNBIdU%3D&tabid=229>.

² Health Impact Project, “Employment Strongly Influences Health,” accessed March 8, 2019, <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2018/employment-strongly-influences-health>; Emily B. Zimmerman, Steven H. Woolf, and Amber Haley, “Population Health: Behavioral and Social Science Insights” (2015), <https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>.

³ Laura Kolb and Jenny Pokempner, “Proving I Exist: Strategies for Assisting Youth in Obtaining Identification Documents,” (American Bar Association), <https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2017/fall2017-proving-i-exist-strategies-assessting-youth-obtaining-id-docs/>, accessed March 28, 2019.

⁴ Indiana Youth Institute, “Youth Homelessness in Indiana,” October 2018, <https://www.iyi.org/youth-homelessness-in-indiana/>, accessed March 25, 2019; Stacey A. Havlik et al., “‘Do Whatever You Can To Try To Support That Kid: School Counselors’ Experiences Addressing Student Homelessness,” *Professional School Counseling* 21, no. 1 (2017-2018): 47-59; Linda M. Raffaele Mendez et al., “Common Themes in the Life Stories of Unaccompanied Homeless Youth In High School: Implications for Educators,” *Contemporary School Psychology* 22, no.3: 342-343, <https://doi.org/10.1007/s40688-017-0148-8>; J.J. Cutuli et al., “Youth Homelessness: Prevalence and Associations with Weight in Three Regions,” *Health & Social Work* 40, no. 4 (2015): 316–324, <https://doi.org/10.1093/hsw/hlv065>; Joan S. Tucker, “Sniping and other high-risk smoking practices among homeless youth,” *Drug and Alcohol Dependence* 154 (2015): 105–110, <http://dx.doi.org/10.1016/j.drugalcdep.2015.06.036>;

Irene Hatsu et al., “Unaccompanied homeless youth have extremely poor diet quality and nutritional status,” *International Journal of Adolescence and Youth* (2018), <https://doi.org/10.1080/02673843.2018.1538885>; Debbie Frankle Cochrane, Andrew LaManque, and Laura Szabo-Kubitz, “After the FAFSA: How Red Tape Can Prevent Eligible Students from Receiving Financial Aid,” (The Institute for College Access & Success: July 2010): 10, <https://ticas.org/files/pub/AfterFAFSA.pdf>, accessed March 25, 2019.

⁵ Hannah Hussey, “Expanding ID Card Access for LGBT Homeless Youth,” (Center for American Progress: October 2015): 4, <https://cdn.americanprogress.org/wp-content/uploads/2015/10/01071118/IDhomelessLGBT.pdf>, accessed March 25, 2019; Teresa Wiltz, “Without ID, Homeless Trapped in Vicious Cycle,” *Stateline*, May 15, 2017, <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/05/15/without-id-homeless-trapped-in-vicious-cycle>, accessed March 25, 2019.

⁶ Kristin M. Ferguson, Kimberly Bender, and Sanna J. Thompson, “Gender, coping strategies, homelessness stressors, and income generation among homeless young adults in three cities,” *Social Science & Medicine* 135 (2015): 47–55, <https://doi.org/10.1016/j.socscimed.2015.04.028>; Indiana Youth Institute, “Youth Homelessness in Indiana.”

⁷ Gayathri Chelvakumar et al., “Healthcare Barriers and Utilization Among Adolescents and Young Adults Accessing Services for Homeless and Runaway Youth,” *Journal of Community Health* 42, no.3 (2017): 437–443, <https://link.springer.com/article/10.1007/s10900-016-0274-7>.

⁸ Yoonsook Ha et al., “Barriers and facilitators to shelter utilization among homeless young adults,” *Evaluation and Program Planning* 53 (2015): 25–33, <https://doi.org/10.1016/j.evalprogplan.2015.07.001>.

⁹ Indiana Youth Institute, “Youth Homelessness in Indiana”; Havlik et al., “‘Do Whatever You Can To Try To Support That Kid,’” 47–59; Raffaele Mendez et al., “Common Themes in the Life Stories of Unaccompanied Homeless Youth,” 342–343; Cutuli et al., “Youth Homelessness,” 316–324; Tucker, “Sniping,” 105–110; Hatsu et al., “Unaccompanied homeless youth have extremely poor diet quality.”

¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics, “Health, United States, 2011: With Special Feature on Socioeconomic Status and Health” (2012), <https://www.cdc.gov/nchs/data/hus/hus11.pdf>; Commission on the Social Determinants of Health, “Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health,” World Health Organization (2008), http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf; Robert Wood Johnson Foundation, “Education and Health: Exploring the Social Determinants of Health” (April 2011),

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- ¹² Anthony P. Carnevale, Nicole Smith and Jeff Strohl, "Help Wanted: Projections of Jobs and Education Requirements Through 2018," Georgetown University Center on Education and the Workforce, <https://cew.georgetown.edu/cew-reports/help-wanted/#report>, accessed March 26, 2019.
- ¹³ Indiana Youth Institute, "2019 Indiana KIDS COUNT® Data Book: A Profile of Hoosier Youth," <https://www.iyi.org/indiana-kids-count-data-book/>, accessed March 25, 2019.
- ¹⁴ Youth.gov, "Federal Definitions," <https://youth.gov/youth-topics/runaway-and-homeless-youth/federal-definitions>, accessed March 26, 2019.
- ¹⁵ Chapin Hall and Voices of Youth Count, "Missed Opportunities: Youth Homelessness in America: National Estimates," <http://voicesofyouthcount.org/brief/national-estimates-of-youth-homelessness/>, accessed March 25, 2019.
- ¹⁶ Indiana Youth Institute, "2019 Indiana KIDS COUNT® Data Book."
- ¹⁷ Ibid.
- ¹⁸ U.S. Department of Housing and Urban Development, "The 2018 Annual Homeless Assessment Report (AHA) to Congress," (2018), <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>, accessed March 25, 2019.
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- ²⁰ Natasha Slesnick, Jing Zhang, and Brittany Brakenhoff, "Personal control and service connection as paths to improved mental health and exiting homelessness among severely marginalized homeless youth," *Children and Youth Services Review* 73 (2017): 121, <https://doi.org/10.1016/j.childyouth.2016.11.033>, accessed March 25, 2019.
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