MEMORANDUM

TO: The Honorable JB Pritzker, Governor
The Honorable Emanuel "Chris" Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader

FROM: Dr. Tony Sanders
State Superintendent of Education

DATE: July 14, 2025

SUBJECT: The Illinois Children's Adversity Index

The Illinois State Board of Education respectfully submits this report to the governor and the General Assembly pursuant to Public Act 103-0413. This report outlines the development process pertaining to the Children's Adversity Index; it also includes final trauma exposure levels for each district community in the state.

This report is transmitted on behalf of the state superintendent of education. Please contact Dana Stoerger, executive director of Legislative Affairs, at 217-782-4338 or dstoerge@isbe.net for additional information.

cc: Secretary of the Senate
Clerk of the House
Legislative Research Unit
State Government Report Center

Children's Adversity Index Report

July 2025

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ILLINOIS STATE BOARD OF EDUCATION

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Executive Summary

Public Act 103-0413 mandates the creation of a community- or district-level Children's Adversity Index to measure community childhood trauma among children aged 3 to 18 across Illinois by May 31, 2025. The statute tasks the Illinois State Board of Education (ISBE) with leading a cross-agency effort to develop the index, which will incorporate data on adverse incidents and elements of a child's environment that may undermine their sense of safety, stability, and bonding.

Following passage of the legislation in 2023, ISBE initiated a significant research phase as the first step in building the Children's Adversity Index. This research involved analyzing relevant data, reviewing comparable indices, and conducting expert interviews to establish a strong foundation for the project. The development of the actual index kicked off in earnest in 2024.

The development of the Children's Adversity Index has been a collaborative effort, involving input and feedback from state agencies and external experts at various stages. ISBE engaged representatives from the Department of Children and Family Services, the Department of Human Services, the Department of Juvenile Justice, the Department of Public Health, the Department of Early Childhood, the Illinois Criminal Justice Information Authority, the Department of Healthcare and Family Services, and the Department of Innovation and Technology, as well as content experts and representatives from community-based agencies across the state. This inclusive approach ensures that the index addresses the complex factors affecting children's well-being.

The index is calculated at the district level, dividing the state into communities based on district boundaries to allow for comparison of each district's trauma exposure measures to one another and the state average. The index quantifies the exposure to trauma for children and families across the state. It uses publicly available data sources and considers the following domains:

- Community risk trajectories.
- Community unmet needs.
- Community barriers to economic progress.

The index was not developed in isolation but as part of a broader network of initiatives aimed at meaningful change for children, families, and communities. The state intends for the index to identify areas of opportunity across the state to provide targeted resources and support to enhance the well-being of children and their communities.

Public Act 103-0413: Children's Adversity Index

"The Illinois State Board of Education shall develop a community or district-level Children's Adversity Index ("index") to measure community childhood trauma exposure across the population of children 3 through 18 years of age by May 31, 2025. This cross-agency effort shall be led by the State Board of Education and must include agencies that both collect the data and will have an ultimate use for the index information, including, but not limited to, the Governor's Office of Early Childhood Development, the Department of Human Services, the Department of Public Health, the Department of Innovation and Technology, the Illinois Criminal Justice Information Authority, the Department of Children and Family Services, and the Department of Juvenile Justice. The State Board of Education may also involve non-agency personnel with relevant expertise. The index shall be informed by research and include both adverse incident data, such as the number or rates of students and families experiencing homelessness and the number or percentages of children who have had contact with the child welfare system, and indicators of aspects of a child's environment that can undermine the child's sense of safety, stability, and bonding, including growing up in a household with caregivers struggling with substance disorders or instability due to parent or guardian separation or incarceration of a parent or guardian, sibling, or other member of the household, or exposure to community violence. The index shall provide information that allows for measuring progress, comparing school districts to the State average, and that enables the index to be updated at least every 2 years. The data shall be made publicly available. The initial development of the index should leverage available data. Personally identifiable information of any individual shall not be revealed within this index."

Leading a Collaborative Effort

The Children's Adversity Index is the result of a multi-agency effort led by ISBE to analyze statewide data related to childhood trauma exposure. The index was developed by Chapin Hall, an organization renowned for its expertise in research and policy, with project management support from Civic Consulting Alliance.

ISBE established an Advisory Group of stakeholders to meet statutory requirements and ensure collaborative input from agencies that collect adversity-related data and will use the index's information. This group, composed of representatives from affected agencies and subject matter experts, informed the development of the index by providing critical insights at key milestones. Their contributions informed the selection of data sources, metrics, and practical applications of the index to better support families and strengthen communities. The full list of Advisory Group participants is listed in Appendix A.

Figure 1: Stakeholder Engagement Timeline

Representatives from Chapin Hall and ISBE met regularly and developed the technical specifications of the Index, sharing the work with the Advisory Group to gather feedback. The Advisory Group participated in three workshops, each designed to guide the development process:

Workshop No. 1:

- Established a shared understanding of the definition and value of an index.
- Introduced the concept of the Children's Adversity Index.
- Provided an overview of relevant findings from the Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children, developed via stakeholder engagement and data analysis led by the Children's Behavioral Health Transformation Initiative. The Blueprint outlines 12 strategic recommendations that together can improve behavioral health care for families in Illinois.
- Conducted a survey to gather feedback on which domains and indicators should be prioritized for inclusion in the index's calculation.

Workshop No. 2:

- Reviewed iterative designs of the index and discussed key components, including:
    - Geographical units of analysis.
    - Domains and indicators.
    - Calculation methodologies.
    - Data dissemination and visualization strategies.
- Administered a survey to gather input on communication strategies and use case development for the index.

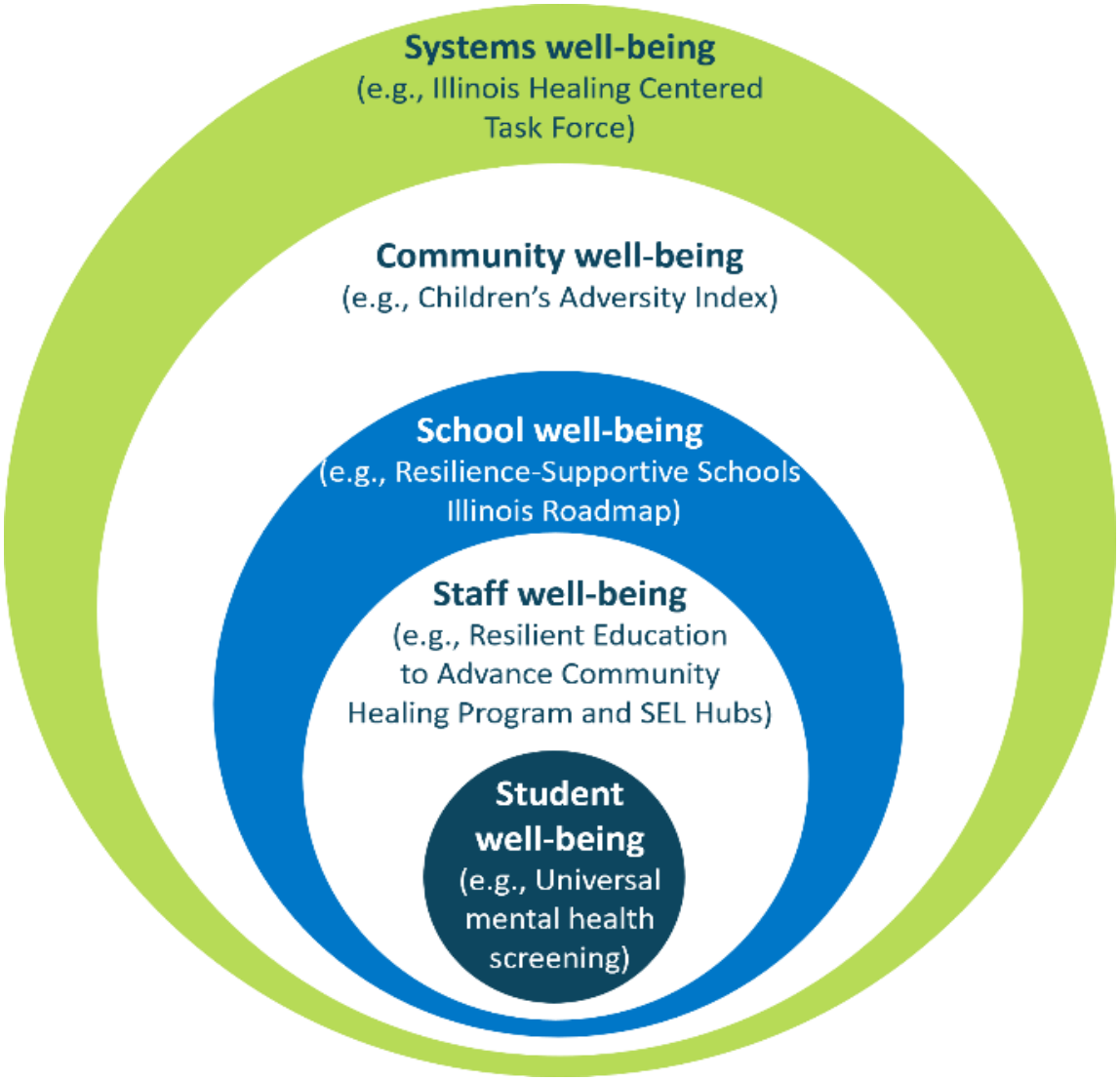
Workshop No. 3:

- Presented the final Children's Adversity Index, along with supplemental materials.
- Reviewed the finalized index design, visualization tools, and comprehensive list of domains and indicators.
- Discussed strategies for interpretation and communication of the index findings.

In addition to these workshops, the Advisory Group engaged and provided feedback through multiple avenues, including post-workshop surveys, to offer input on data sources and use cases; office hours for direct interaction with the team developing the index; and technical meetings to deepen their understanding of the index's underlying data and mechanics.

The Children's Adversity Index was not developed in isolation but as a component of a much broader ecosystem of efforts. Illinois recognizes the need to address trauma across an ecological-systems framework that addresses well-being at the child, family, school, community, and systems levels. The purpose of the Children's Adversity Index is to measure the impacts of trauma at the community level, while several Illinois initiatives attempt to measure and frame the impact of trauma on children, families, and systems as shown in Figure 2. Initiatives, such as the Blueprint for Transformation and the Whole Child Task Force Report, are being used in collaboration to drive meaningful change for children, families, and communities across Illinois. Key stakeholders from related initiatives participated in the project Steering Committee and Advisory Group, providing essential input to shape the index and align it with user needs and ensuring it is an effective tool in addressing adversity statewide.

Figure 2: Ecosystem of Related Initiatives



Defining Index Data Inputs and Methodologies

PA 103-0413 requires the index to provide information that allows for comparing school districts to one another and the state average. Thus, the index is calculated using school districts as the primary unit of analysis; selected data sources and calculation methodology reflect this design decision. The data analysis is done at the district level, but the district boundaries represent community boundaries rather than student enrollment.

Identifying Data Sources and Potential Indicators

The Chapin Hall team collaborated with key stakeholders from state agencies and community organizations to identify appropriate data sources and potential indicators. These are all publicly available and were selected based on their availability statewide (without areas of data suppression to protect individual privacy) and the fact that they are regularly updated. The identified data sources include:

- U.S. Census Bureau: 2019-2023 ACS 5-Year Estimates.
- University of Illinois Urbana-Champaign, School of Social Work's Children and Family Research Center's Data Center.
- Feeding America.
- Other administrative data used in the County Health Rankings & Roadmaps.

Many indicators were considered, but ultimately excluded, most commonly for the following reasons:

- Geographical constraints/inability to transform data at the school district level:
  - *Indicators considered, but not included, were access to community parks, enrollment in mentoring programs, enrollment in after-school programs.*
- Data quality issues, including too much missing data:
  - *Indicators considered, but not included, were firearm fatalities, domestic violence, homeless students.*
- Selection of a different, related indicator:
  - *Indicators considered, but not included, were academic achievement, income inequality, individual median income.*
- Lack of cohesion with other relevant indicators:
  - *Indicators considered, but not included, were highest educational attainment, some college or an associate's degree, single head of household with children under 18 years old.*

Determining Domains and Indicators

The team utilized the identified data sources to conduct an analysis and determine relevant domains and indicators. This process involved the following steps to ensure the index was informed by research as required by statute:

- **Applying the Pair of Aces Framework**: The Building Community Resilience Framework (Milken Institute School of Public Health, 2017) and its Pair of ACEs tree (Ellis and Dietz, 2017) is the theoretical foundation for the index. This framework guides the identification of domains and indicators that capture the interplay of trauma and adversity.

- **Conducting a Literature Review**: A review of the latest research ensured that the selected indicators were strongly associated with trauma and/or adversity.
- **Preliminary Factor Analysis**: The team conducted factor analyses to confirm that the selected indicators were unique and nonredundant, each explaining a distinct aspect of the problem.

The final set of domains and indicators includes both adverse incident data (e.g., number or rates of students and families experiencing homelessness or number or percentages of children who have had contact with the child welfare system) and indicators of aspects of a child's environment that can undermine their well-being and stability (e.g., imprisonment rate). The index's domains and indicators are shown in Table 1:

Table 1: Children's Adversity Index Domains and Indicators

Domain	Indicator
Community Risk Trajectories	• Death Rate among Under 20 Years Old • Juvenile Delinquency Rate • Rate of Overdose Deaths • Rate of Child Abuse and Neglect Investigations • Rate of Uninsured Under 19 Years Old
Community Unmet Needs	• Rate of Food Insecurity • Rate of Frequent Mental Distress among Adults • Rate of Vacant Housing • Imprisonment Rate
Community Barriers to Economic Progress	• Housing Burden (Percent of Households with Housing Costs at least 30% of Income) • Percent with Less Than High School Education (age 25 or older) • Percent of Total Population without Health Insurance • Median Household Income • Unemployment Rate (between 20 and 64)

Contact Chapin Hall to request a copy of the literature review and data sources associated with each indicator and how each indicator pertains to exposure to adversity.

Calculation Methodology: Data Management and Transformation

To determine the above final set of domains and indicators, the team started with a preliminary set and manipulated raw data by a) transforming data to the school district level (either through aggregating census block-level data or disaggregating county-level data) and b) standardizing the data to ensure a common scale across metrics. From there, the team re-ran the factor analyses with the new data to validate the approach and to determine what adjustments needed to be made to arrive at the final set of domains and indicators. With the final domains and indicators, the team calculated the final index values of relative adversity exposure for each district community across the state.

- **Metrics Calculation**: Each school district in the index was assessed using several key metrics:
  - **Raw Indicator Value**: The original value of the indicator.
  - **Normalized Indicator Value**: Adjusted to a common scale for comparison.
  - **Standardized Indicator Value**: Further refined for consistency in analysis.
  - **Raw Index Value**: Calculated as the average of the domain values:

$$\textbf{\textit{Raw Index Value}} = \frac{(\textbf{\textit{Domain 1}} + \textbf{\textit{Domain 2}} + \textbf{\textit{Domain 3}})}{3}$$

  - **Raw Subindex Values**: Calculated as the average of individual indicator values within each domain:

$$\textbf{\textit{Raw Subindex Value}} = \frac{(\textbf{\textit{Indicator 1}} + \textbf{\textit{Indicator 2}} + \textbf{\textit{Indicator 3}})}{3}$$

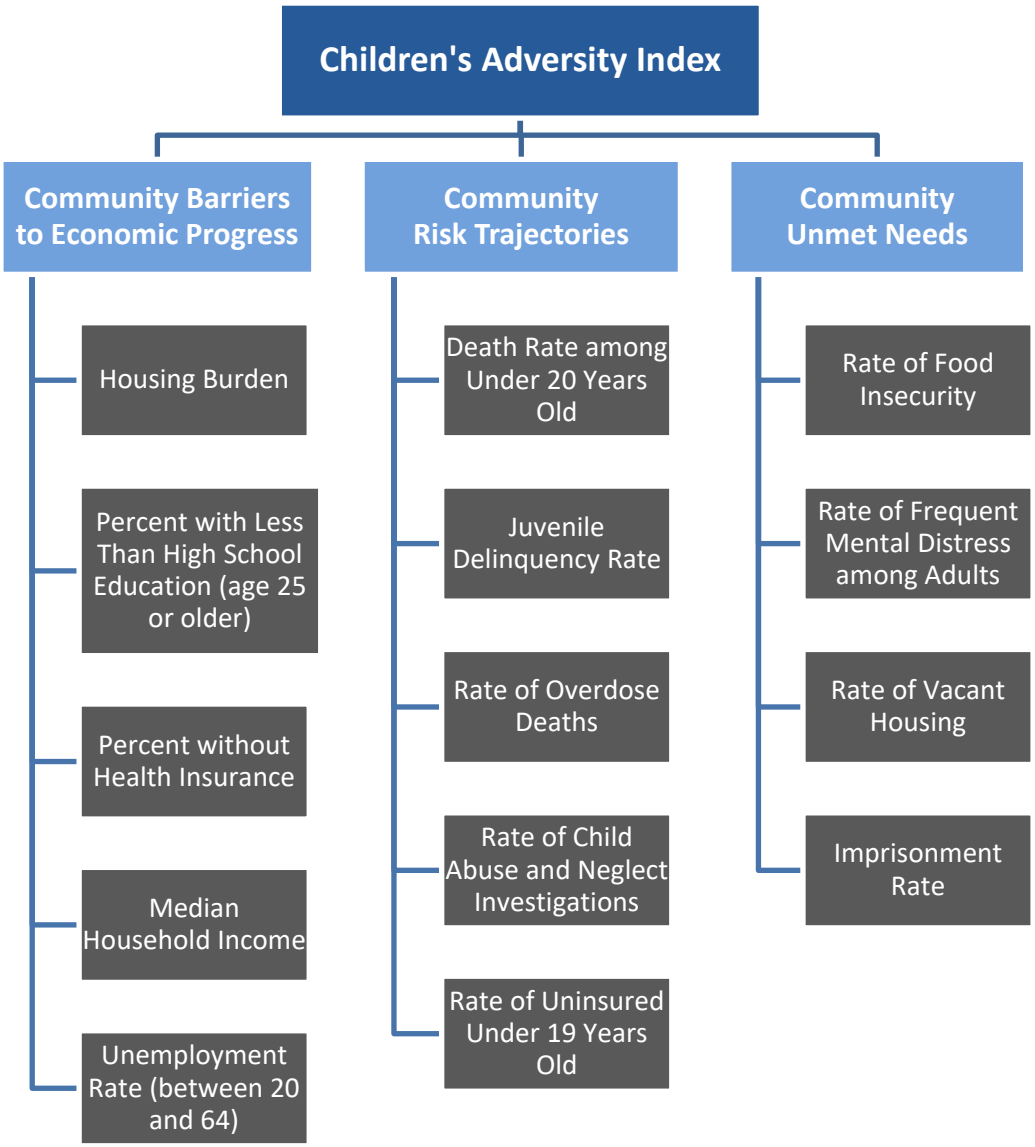
  - **Quintile Placement (Severity Ranges)**: A comparative measure against the state average, categorizing districts into five groups: Very Low Adversity, Low Adversity, Moderate, High Adversity, and Very High Adversity.

Computation

Each community, bounded by the district area, received a raw index value (calculated as the mean of the three domain values, which are in turn the mean of indicator values within each domain). No additional weighting was performed in the index's calculation because the consensus in the existing literature is that indices, particularly new ones, should not be weighted (Booysen, 2002; Hampel, Ronchetti, Rousseeuw, & Stahel, 2011).

The components for the index and its sub-indices are represented in Figure 3 below:

Figure 3: Index Diagram

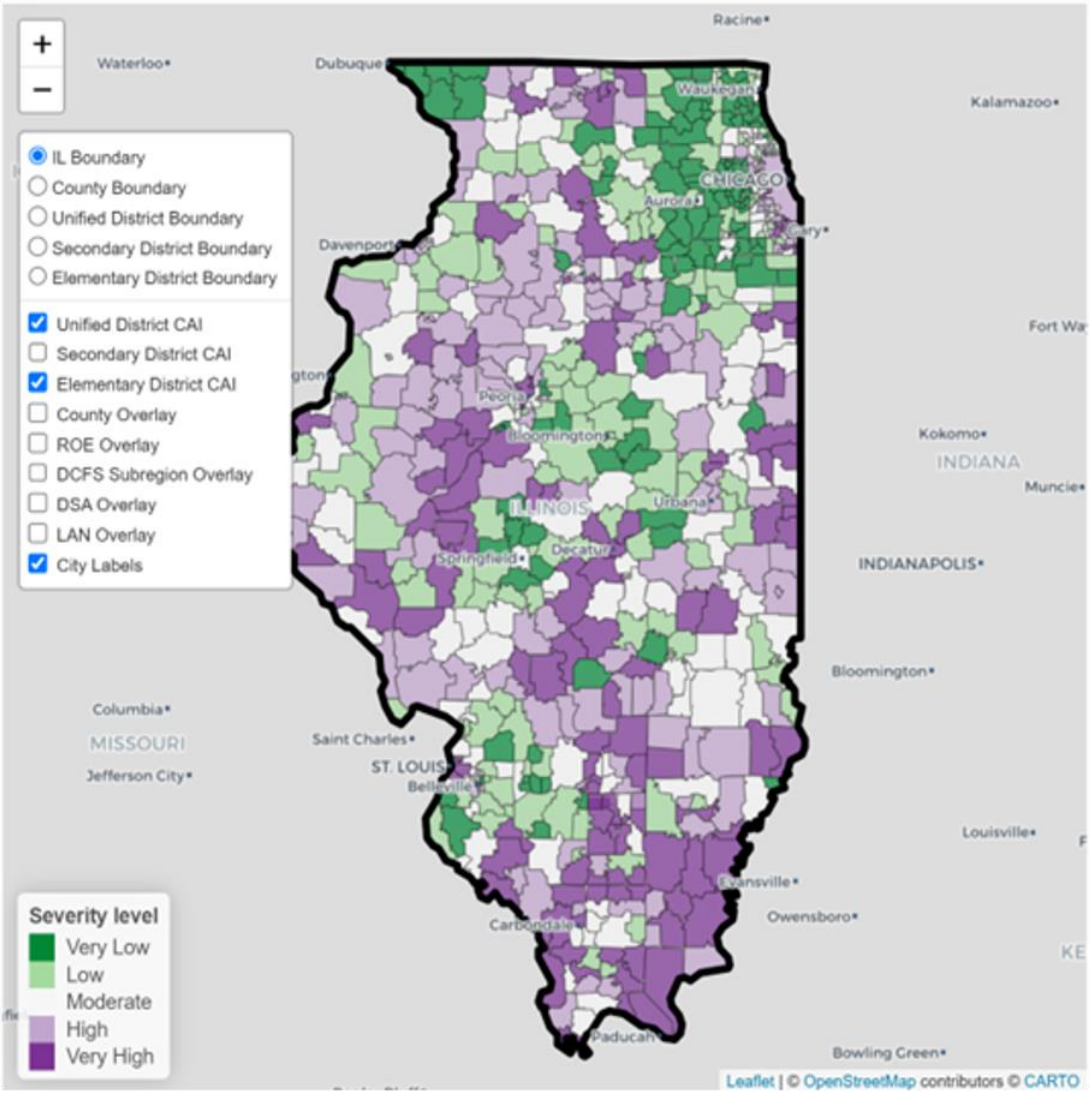


Index and sub-index values were calculated for every school district within the state, as well as for the state overall. This makes it possible to compare districts to each other and to the average score of all districts or the "state" score. This approach enables the comparison of very small districts to very large districts. In cases of such comparisons, districts should consider how size impacts proportional representation of county-level measures used to calculate district-level scores. Some precision may be lost in scores calculated for very small districts.

Index scores are standardized (transformed by calculating a score that subtracts the mean or state average from the raw score). Standardizing scores also means that all scores are in relation to each other. Therefore, scores from Illinois school districts cannot be compared to similar childhood adversity scores calculated for other states or geographies.

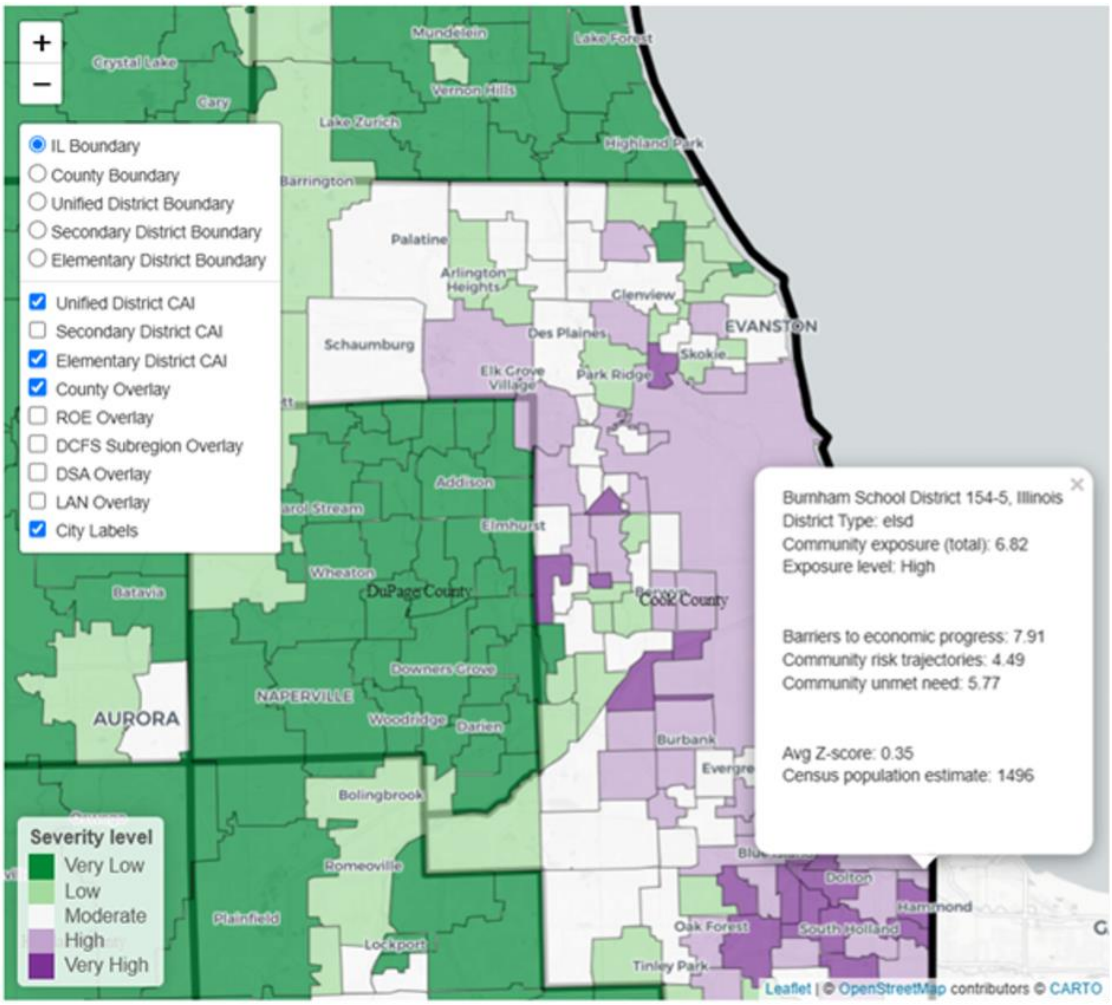
Visualizing Our State's Challenges

Figure 4: Distribution of Adversity Exposure Across the State



The Children's Adversity Index features multiple interactive maps illustrating the distribution of adversity measures across the state. It includes a map depicting each community's overall exposure level, along with separate statewide maps for each domain to provide a more detailed view of community-specific trauma exposure. The interactive map, data inputs, and data table are publicly available and can be found on the ISBE Children's Adversity Index webpage.

Figure 5: Individual District Community Profile



Users can select individual communities on the state map to view their profiles. These profiles enable users to compare a community's adversity exposure levels with those of other communities and the state average.

Index Summary Scores

A state average and median are created for the Children's Adversity Index and each of the three sub-indices. The state average and median are calculated by taking the mean and median scores of all districts in the state. All aggregation calculations for index and sub-index scores are performed using z-scores. Final index scores then re-scale the z-score values on a scale of 1-10 to facilitate interpretation. The final scores for the state are represented in Table 2:

Table 2: State Scores for Use in District Comparisons

Index	Average (Mean)	Median	z-score	Severity Quintile
Children's Adversity Index	5.66	5.79	0	Moderate
Community Barriers to Economic Progress Sub-Index	5.54	5.48	0	Moderate
Community Risk Trajectories Sub-Index	4.97	4.99	0	Moderate
Community Unmet Needs Sub-Index	5.23	5.29	0	Moderate

In perfectly normal data, the mean and median score for each of the indices would be 5.5. Data in Table 2 deviates slightly from these ranges due to outliers in the data that persisted even after efforts were made to curtail them.

School districts with an adversity quintile of "moderate" represent 20% of school districts in Illinois and are quite similar to the state average. Those in very high or very low severity quintiles are meaningfully different than the state average, although districts falling in the very low severity quintile feature markedly more difference from the state average than do very high severity districts. Severity quintile placement guides are captured in Table 3 on the following page:

Table 3: Severity Quintile Ranges

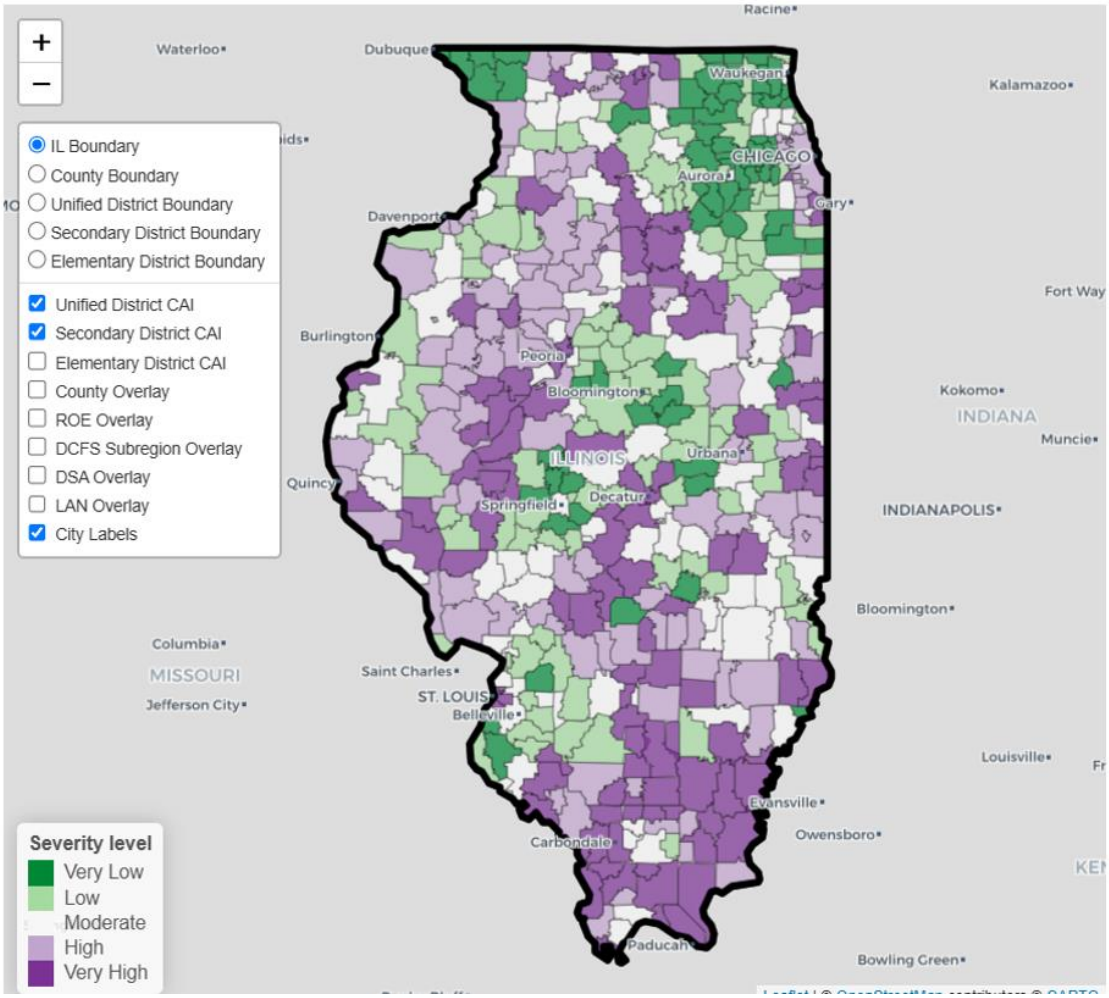
Severity Quintile	Index Scores	z-scores
Very Low	1 – 4.14	-1.41 – -.046
Low	4.15 – 5.40	-.46 – -.08
Moderate	5.4 – 6.16	-.08 – .15
High	6.17 – 6.96	.15 – .39
Very High	6.97 – 10	.40 – 1.31

Index Data Mapping

Mapping index output is especially useful for creating a "heat map" or visual representation of how adversity is spread across Illinois. Note that many political and social forces contribute to "distributive injustice" or the unjust allocation of resources that result in an uneven spread of trauma exposure.

Maps that follow in Figures 6 – 9 use shades of purple to signify high adversity, white to represent moderate adversity, and green to represent low adversity. The Community Risk Trajectories and Community Unmet Needs sub-indices are predominantly composed of indicators spatially interpolated from the county level. For that reason, county-level scores are apparent in some groupings of districts bounded by counties.

Figure 6: Children's Adversity Index Mapped by Severity Across Illinois School Districts



Several dark purple district clusters suggest that districts with the highest adversity are commonly found in Western Central Illinois and Downstate. This is consistent with other research such as the U.S. Department of Agriculture (USDA) Economic Research Service's identification of persistent poverty counties, which includes multiple rural counties in Southern and Western Illinois (Farrigan, 2025). Such regions have faced long-term disinvestment, elevated poverty rates, and limited access to economic opportunities, all of which are consistent with national patterns of rural socioeconomic decline. *Id*.

Clusters of districts with low adversity are apparent at the northwestern border, Chicago suburban boundary, and Central Illinois. The northwestern districts near Dubuque, Iowa — including tourism hubs like Galena — likely benefit from their proximity to an urban employment center and a specialized economy built around tourism and exurban migration. This aligns with findings from USDA research showing that rural counties with economies based on recreation or tourism tend to have lower poverty rates and higher population growth compared to those dependent on manufacturing or mining (Cromartie, 2018).

Similarly, the Central Illinois districts with low adversity scores are located within commuting distance of Springfield, the state capital and home to the University of Illinois Springfield. These findings align with broader research on regional economic resilience, which shows that mid-sized metropolitan areas anchored by state government and public universities tend to recover more quickly from economic shocks and sustain higher levels of socioeconomic stability. Hill et al. (2010) argue that regions with a strong base of public sector and knowledge-economy employment exhibit greater resilience because such sectors are less sensitive to cyclical downturns and more likely to retain stable, high-wage jobs through recessions.

Additionally, USDA research shows that rural counties adjacent to or integrated with metro areas — including those offering employment in education, health care, and public administration — tend to report lower poverty rates and better employment outcomes than more isolated rural regions (Cromartie, 2018). In this case, Springfield's dual role as a capital city and university hub likely acts as a buffer against the socioeconomic risks affecting more remote rural areas of Illinois.

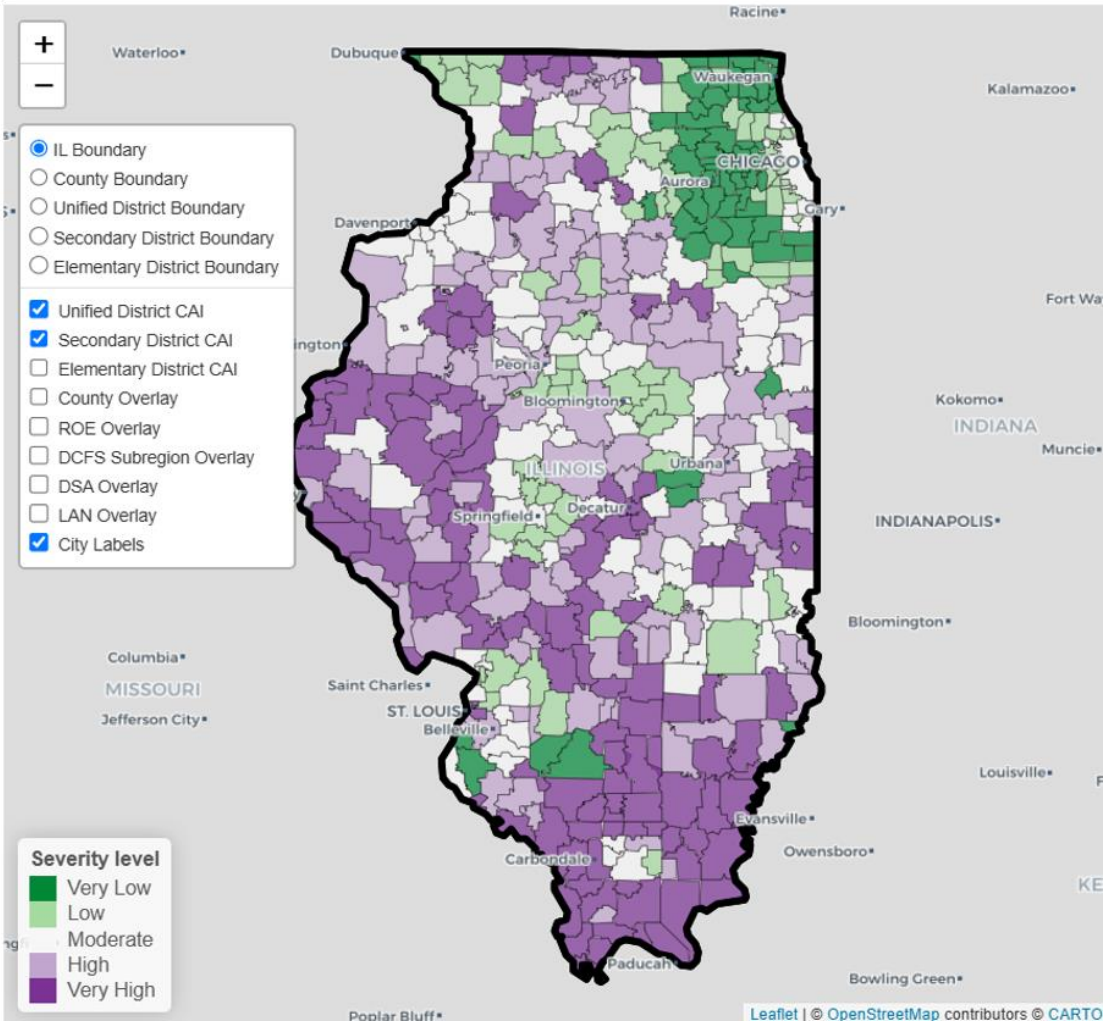
Finally, districts in the suburbs surrounding Chicago consistently show lower adversity index scores, a pattern that reflects broader socioeconomic advantages historically concentrated in many suburban areas. These districts typically benefit from higher household incomes, stronger property tax bases, and greater access to stable employment, all of which contribute to well-resourced schools and improved student outcomes.

Kneebone et al. (2011) note in their report, The Re-Emergence of Concentrated Poverty: Metropolitan Trends in the 2000s, that while suburban poverty increased during the 2000s, the most affluent suburban districts — especially those in outer-ring communities — continued to maintain lower poverty rates and higher economic resilience than both urban cores and older, inner-ring suburbs. Elizabeth Kneebone further emphasized in her 2017 testimony before Congress that suburban poverty is unevenly distributed and that many suburban districts remain economically secure with concentrated advantages that buffer them from broader regional disparities (Kneebone, 2017).

Additionally, structural boundaries reinforce these advantages. The Urban Institute's Dividing Lines report shows that school attendance zones often separate communities by race and income, reinforcing unequal access to resources (Monarrez & Chien, 2021).

Research by Owens et al. (2016) further finds that income segregation between districts has increased, exacerbating inequalities in educational opportunity across metropolitan regions. Together, these dynamics explain why suburban districts, particularly those in Chicago's more affluent commuter belts, tend to have lower adversity scores.

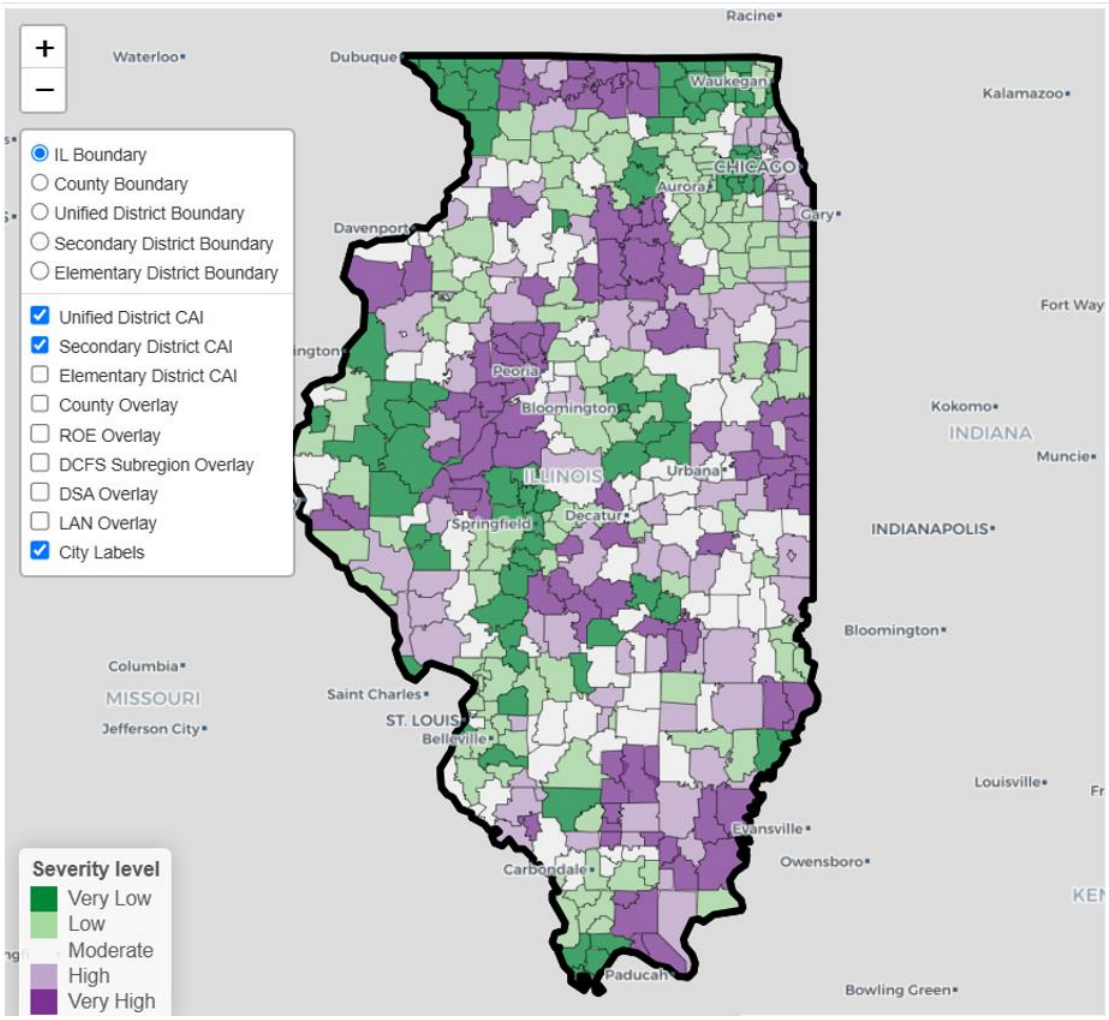
Figure 7: Community Unmet Needs Sub-Index Mapped by Severity Across Illinois School Districts



The map showing Community Unmet Needs sub-index scores closely tracks the map for the overall index. In this map, dark purple district clusters suggest that districts with the highest adversity are commonly found in Western Central Illinois and Downstate. This patterning can partly be attributed to district scores that rely on the transformation of indicators that originally measure county-level rates. Although Community Unmet Need scores appear to be even more concentrated than Children's Adversity Index scores, this pattern may not be surprising, as many of these high-need districts are in largely rural areas with small, dispersed populations and a limited local resource base. These regions often lack the health care infrastructure, behavioral health providers, and social services necessary to meet the complex needs of families, making unmet need more acute despite lower overall population density.

Clusters of districts with low adversity are highly concentrated around the Chicago suburban boundary. These clusters of low-level adversity align with the distribution of wealth and community assets known to be present in these communities, including greater proximity to health care systems, a higher density of service providers, and stronger tax bases that support local infrastructure and schools.

Figure 8: Community Risk Trajectories Sub-Index Mapped by Severity Across Illinois School Districts

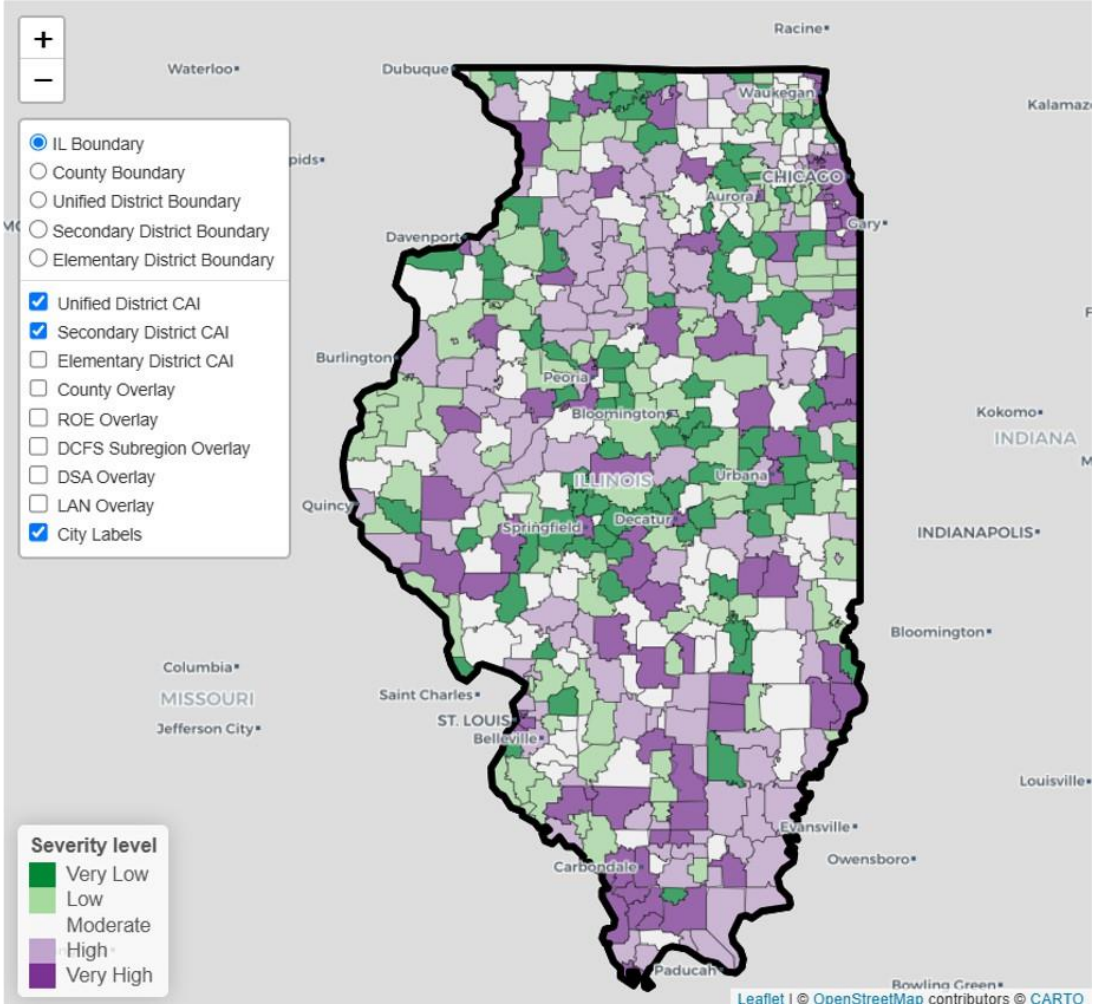


The map showing Community Risk Trajectories sub-index scores shows a pattern of many district clusters that are scattered across the state. In this case, low- and high-level adversity is found throughout Illinois. This patterning can partly be attributed to district scores that rely on transformation of indicators that originally measure county- level rates — many of the district groupings fall into one county (e.g. Columbia Community Unit School District 4, Waterloo Community Unit School District 5, and Valmeyer Community Unit School District 3 fall into Monroe County).

However, district-level clusters also appear across several counties, which may be reflective of regional community features. For example, clusters of higher-risk trajectory scores may reflect shared regional vulnerabilities, such as persistent economic disinvestment, limited behavioral health infrastructure, or declining population trends that span multiple adjacent counties. Conversely, pockets of low-risk trajectory scores may indicate regions with more resilient economies, better access to health care and education, or coordinated regional planning efforts.

These patterns suggest that while some risk is highly localized, broader regional dynamics also are shaping community trajectories across district boundaries. This mix of local and regional clustering underscores the importance of considering both county-specific factors and multi-county regional trends when interpreting patterns of community risk over time.

Figure 9: Community Barriers to Economic Progress Sub-Index Mapped by Severity Across Illinois School Districts



The map showing Community Barriers to Economic Progress sub-index scores displays a much less distinct pattern than the other maps. Downstate remains purple, indicating lower levels of opportunity, but the concentration of high and very high scores is more geographically dispersed. This distribution suggests that socioeconomic opportunity is not strictly tied to traditional urban-rural divides but can vary considerably at the local level.

Several small clusters of high-opportunity districts appear throughout the state, including pockets in central and southern Illinois. These may reflect the presence of regional employers, higher-performing school districts, or localized economic assets that provide opportunity despite surrounding adversity.

Even within more affluent areas near Chicago, there are pockets of lower opportunity, pointing to localized disparities. Overall, the map reflects a patchwork of conditions, where high and low opportunity coexist within regions rather than conforming to broader regional trends. This more fragmented pattern underscores the importance of examining local context when assessing opportunity, as significant variation can exist even among neighboring districts.

Cross-Sub-Index Summary

The three sub-indices differ in their distribution across the state. Community Barriers to Economic Progress appears geographically dispersed, highlighting pockets of socioeconomic hardship across many urban and rural areas across Illinois. In contrast, Community Risk Trajectories and Community Unmet Needs display pronounced regional clustering, identifying contiguous areas where acute challenges are concentrated. In certain clusters, all three sub-indices overlap, particularly downstate and in Western Illinois. However, some areas experiencing significant socioeconomic barriers do not show correspondingly elevated levels of risk or unmet need. For example, Decatur School District 61 and Springfield School District 186 both face a very high level of Community Barriers to Economic Progress, but they have very different levels of Community Risk Trajectories (moderate and very low, respectively). Ludwig (2025) notes in Unforgiving Places that places that appear structurally similar can experience very different patterns of social challenge. This divergence highlights that each sub-index captures a distinct facet of local conditions. Recognizing these distinctions is essential both for interpreting the composite index and for tailoring responses to specific forms of adversity present in a given community.

While the discrepancies between sub-indices reflect real differences in the distribution and nature of adversity, some of the contrast also may result from differences in data sources. The Community Barriers to Economic Progress sub-index uses census data reported at the school district level, whereas the Community Risk Trajectories and Community Unmet Needs sub-indices rely on county-level data interpolated to districts — a process that can smooth values within counties and mask differences within smaller geographies.

When Districts in Nearby Geographies Have Different Severity Levels

There are many instances throughout Illinois in which school district boundaries overlap, particularly when a high school district encompasses a number of elementary school districts.

Each district is required by statute to be able to compare itself to the state average, so the index treats each district as unique and calculates trauma exposure separately for each one, even if it exists within the boundaries of a larger district.

Most of the time. a larger district has comparable trauma exposure to the smaller districts that make it up. Occasionally, however, a larger district is made up of a particularly diverse set of smaller districts that have different profiles from one another, which can result in different index results for districts that overlap.

Interactive Maps Available Online

Please see the interactive maps on the ISBE Children's Adversity Index webpage. Maps can be adjusted to show district names, district types, county names, and other contextual information. Users of an interactive map can click on districts to see the following measures:

- State Average: The average trauma exposure for children across all domains statewide.
- Community Severity (Total): Overall level of trauma exposure across all domains within a community.
- Community Severity (By Index and Sub-Index): Indicates a community's level of adversity for the indicators or measures that comprise the specific index.
- Severity Level Bracket: Shows a community's overall trauma exposure based on quintiles (e.g., "very high" for the 20% of communities with the highest trauma exposure and "very low" for the 20% of communities with the lowest trauma exposure).

Ensuring the Children's Adversity Index Remains Current

The governing statute requires that the Children's Adversity Index be updated every two years to ensure the tool "allows for measuring progress."

References

Booysen, F. (2002). An Overview and Evaluation of Composite Indices of Development. *Social Indicators Research, 59*(2), 115-151.

Cromartie, J. (2018). Rural America at a Glance, 2018 Edition (November 2018 No. EIB-200; Economic Information Bulletin 200). Economic Research Service, United States Department of Agriculture.

Ellis, W.R., & Dietz, W.H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics, 17*(7S), S86-S93.

Farrigan, T. (2025, January 14). Rural Poverty & Well-Being. Economic Research Service, US Department of Agriculture.

Hampel, F.R., Ronchetti, E.M., Rousseeuw, P.J., & Stahel, W.A. (2011). Robust Statistics: The Approach Based on Influence Functions. Hoboken, NJ. Wiley, 502, 0.

Hill, E., Clair, T. S., Wial, H., Wolman, H., Atkins, P., Blumenthal, P., Ficenec, S., & Friedhoff, A. (2010). Economic Shocks and Regional Economic Resilience. Brookings, George Washington, Urban Institute, Building Resilient Region Project.

Kneebone, E. (2017, February 15). The changing geography of US poverty. *Brookings*.

Kneebone, E., Nadeau, C., & Berube, A. (2011). The Re-Emergence of Concentrated Poverty: Metropolitan Trends in the 2000s. Metropolitan Policy Program at Brookings.

Ludwig, J. (2025). Unforgiving Places: The Unexpected Origins of American Gun Violence. University of Chicago Press.

Milken Institute School of Public Health. (2017, March). BUILDING COMMUNITY RESILIENCE [-] Coalition Building and Communications Guide. George Washington University.

Monarrez, T., & Chien, C. (2021). Dividing Lines: Racially Unequal School Boundaries in US Public School Systems. Urban Institute.

Owens, A., Reardon, S. F., & Jencks, C. (2016). Income Segregation Between Schools and School Districts. *American Educational Research Journal, 53*(4), 1159–1197.

Appendices

Appendix A: Contributing Members

Illinois State Board of Education

Responsible for managing the index's development as designated by statute.

- **Dr. Tony Sanders**
  State Superintendent of Education
- **Dr. Kimako Patterson**
  Chief of Staff
- **Jennifer Saba**
  Chief Education Officer — Operations
- **Dr. Tiffany Burnett**
  Executive Director of Safe and Healthy Climate
- **Sarah Littrell**
  Safe and Healthy Climate Lead

And other contributing staff members from the ISBE Departments of Communications and of Information and Technology

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Chapin Hall

Built the index through extensive research and quantitative analysis, paired with feedback from the Steering Committee and Advisory Group.

- **Dr. Kiljoong Kim**
  Senior Policy Analyst (Principal Investigator)
- **Michael Stiehl**
  Senior Policy Analyst
- **Dr. Holly Wolfe-White**
  Senior Policy Analyst
- **Sam Shapiro**
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- **Madeline Youngren**
  Policy Analyst

Civic Consulting Alliance

Managed operations-related index decisions, supporting project management, facilitation, and stakeholder engagement.

Steering Committee

Served as overall advisers for the development of the index, bringing significant expertise in content and related ongoing statewide initiatives.

- **Dr. Colleen Cicchetti**
  Executive Director, Center for Childhood Resilience at Lurie Children's Hospital
- **Dr. Dana Weiner**
  Chief Officer for Children's Behavioral Health Transformation, State of Illinois

Advisory Group

Shared feedback at multiple stages of development of the index, providing input on content and potential uses for the index.

Illinois State Agency Representatives

- **Dr. Amanda Klonsky**
  Illinois Criminal Justice Information Authority
- **Angie Vargas**
  Illinois Department of Healthcare and Family Services
- **Ann Whalen**
  Illinois Department of Early Childhood
- **Chris Grim**
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