
**BUILDING WOMEN’S SOCIAL ENTREPRENEURSHIP
OPPORTUNITIES AS A MEANS TO OPTIMIZE BIRTH OUTCOMES**

“When a woman moves forward, the family moves, the village moves and the nation moves.”

Former Indian Prime Minister, Jawahar Lal Nehru

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Statement of the Problem

Researchers, artists and community advocates all elucidate the powerful relationship between multigenerational poverty and the health of United States' citizens. Embedded in this relationship is the fact that poverty contributes to the long-standing racial/ethnic and geographic health disparities present in the United States, and disproportionately impacts the life, health and well-being of women and children of all backgrounds. While many appreciate the relationship between poverty and health, our healthcare system is focused on medical intervention delivery and personal health behavior change. While both of these efforts are essential, it is time to augment them with a concerted approach that provides and sustains economic opportunities for women living in poverty, as a means to optimize the health and well-being of these women and their children. We propose growing intergenerational social entrepreneurship education and opportunities for Indiana women living in poverty. A social entrepreneurial approach will simultaneously improve the economic viability of women and reduce local poverty and its associated consequences in neighborhoods that have been stagnant for far too long.

The infant mortality rate is not only the primary indicator of maternal and child health, but it is also known to be the most sensitive indicator of overall societal health (Center for Disease Control and Prevention, 2017). The United States' infant mortality rate (IMR) ranks 29th out of the 35 Organisation for Economic Co-operation and Development Countries (American's Health Rankings, 2016). Adverse birth outcomes in the United States, in 2005, was conservatively estimated to cost our nation \$26.2 billion dollars annually (Institute of Medicine, 2007). Among the states, Indiana ranks 43rd in its infant mortality rate (Center for Disease Control and Prevention, 2017). Over the past 5 years in Indiana, an average of 596 babies have died annually (Indiana State Department of Health, 2017).

Studies show that generations of women who live in neighborhoods with concentrated poverty are at higher risk of having adverse birth outcomes such as infant mortality, preterm birth and low birth weight infants (Collins et al., 2008). The loss of an infant has a devastating economic and emotional impact on its mother, family and neighborhood. Stockwell et al. (1995) described the inverse relationship between economic status and infant mortality. Their research showed that low income women are more likely to experience infant mortality due to poor and limited access to quality healthcare, educational opportunities and affordable, safe housing.

A systematic review by Blumenshine et al. (2010) demonstrated that socioeconomic disadvantages across the life course contribute to persistent social disparities in birth outcomes. This relationship continues to persist in the United States. African Americans and Hispanics are more likely to live in areas of concentrated poverty, characterized by poor housing, high crime rates, pollution, increased chronic stressors and a lack of services that impact community and maternal and child health outcomes (Blumenshine et al., 2010). The lack of economic opportunity for many Indiana women helps write their narrative of poverty. A concerted, multi-sectorial, intergenerational approach that equips poor Indiana women with social entrepreneurship training and economic opportunities is missing. Our approach aims to diminish the contribution of poverty to poor birth outcomes through strengthening the economic capacity of women and their communities.

Indiana has the 6th highest gender wage gap in the nation (Wages, Wealth, and Poverty, 2017). Median earning full-time male workers take home \$12,717 more than a median earning full-time female worker, a gap of 26% (Wages, Wealth, and Poverty, 2017). Black and biracial women experience a 36% gap, while Latinas suffer a 56% gap (Wages, Wealth, and Poverty, 2017). Wage differences by gender perpetuate the narrative of poverty for women living in Indiana and provides a lens by which we can view Indiana's persistently high racial/ethnic and socioeconomic disparities in birth outcomes. These significant wage gaps result in remarkable differences in wealth and health throughout the lifespan. Compared to their male counterparts, women own less assets, have lower retirement savings, are less likely to have home equity or be business owners (Wages, Wealth, and Poverty, 2017). There is undeniably unjust distribution of opportunity, resources and life outcomes for women within our state.

What is Social Entrepreneurship?

Social entrepreneurship is defined as a creative, innovative process by which partnerships and resources are used to exploit an opportunity to resolve a social or environmental issue (Sharma et al., 2012). Unlike entrepreneurship, there is a balanced approach to social entrepreneurship. It is equally concerned with individual economic gain and sustainable societal improvements. Social entrepreneurship provides women the opportunity to create products not otherwise accessible in their community. These products work to simplify life, create a

resolution, or provide information/guidance to the community, while bringing revenue to the women. Social entrepreneurship is characterized by these 5 key elements:

- Resolve a social or environmental issue
- Uses readily available resources
- Benefits the community as well as the business owner
- Innovative or original to the community
- Can be for profit or not for profit

Social Entrepreneurship Opportunities for Women Lead to Improved Birth Outcomes

Women's entrepreneurship is an important untapped source of economic growth (Sharma et al. 2012). Social entrepreneurship allows women to become empowered and healthier, while working to develop prosperity and progress for their community, region and country. Providing economic opportunity as a way to improve women's birth outcomes is not a new idea. Many developing countries implemented these efforts with much success. The former Prime Minister of India, Jawahar Lal Nehru stated that "when a woman moves forward, the family moves, the village moves and the nation moves" (Sharma et al., 2012). Guided by this philosophy, women in India created viable sources of income through herb marketing, canning and bottling food products, cultivating organic vegetables, flowers, oil seeds, dairy farming, knitting, stitching, weaving, and embroidery (Sharma et al., 2012). A Tanzanian study illustrated that women who are economically empowered are likely to have a reduced risk of unintended pregnancy and complications during pregnancy and childbirth (Westeneng et al., 2015).

The International Encyclopedia of Women (1999) defines empowerment as having the capacity and means to direct one's life towards desired social, political and economic goals or status. Women's economic empowerment is a multidisciplinary process where women gain a greater control over existing resources and sources of power. To be economically empowered a woman must first be economically engaged. Engagement is the state of being involved. Women who are economically engaged are involved in income generating activities. Economic engagement provides women an increased decision-making status within their family and society. Studies in Bangladesh and Zimbabwe each found a positive association between female reproductive health and economic engagement (Westeneng et al., 2015). Asset ownership is also associated with a woman's economic empowerment. An Indonesian study demonstrated a

positive relationship between asset ownership amongst females and prenatal delivery care (Westeneng et al., 2015).

Poverty significantly impacts Indiana women, 15.4% of Indiana's working women earn an income below the poverty line (Wages, Wealth, and Poverty, 2017). It is time to bring evidenced-based strategies developed in international settings to Indiana women living in poverty. A global approach is appropriate considering our analyses reveal that the birth outcomes of some Indiana women are strikingly similar to women living in poor, developing nations (Appendix 1). Adapting social entrepreneurship strategies to the Indiana context will allow us to bring asset development, economic empowerment and engagement to Indiana women at highest risk for infant mortality. A multi-sectorial partnership consisting of leaders from the business, public health, policy development, social services, health services, community development, engineering/technology, arts/humanities and education (early childhood, K-12, College) sectors will provide a means of creating sustainable, improved economic and maternal and child health outcomes in these neighborhoods.

The High Costs of Child Poverty

“Poverty is – by far – the greatest public health menace facing American children. Its victims, however, are small, powerless, and seemingly far away. It is, in large part, a silent epidemic (Parker, 2007).” Poverty data for Indiana children are highlighted below:

- Children age 5 and under Living in Poor Families: 26% (National Center for Children in Poverty, 2015)
- Children age 6 and older Living in Poverty: 20% (National Center for Children in Poverty, 2015)

Providing social entrepreneurial opportunities for women, will enhance their quality of life and positively impact our society's socioeconomic well-being by reducing the economic burden of child poverty. Pollard (2008) estimated that child poverty costs an estimated \$500 billion annually to the U.S. economy, reducing productivity and economic output by 1.3% of our nation's gross domestic production. These statistics are appalling considering that among all United States' children under 18 years, 43% live in low-income families and 21% live in a poor family (Addy, 2013). Children are overrepresented among our nation's poor; they represent 23% of the population but comprise 33% of all people living in poverty. Infants and toddlers under

age 3 years are particularly vulnerable, with 45% living in low-income families, including 23% living in poor families. (Addy et. al, 2013).

Poverty has overwhelming consequences for children. According to the American Psychology Association (n.d.) children who grow up in poverty are more likely to be exposed to, engage in or suffer from conditions in table 1 (Rumbergere, 2013). A 2006 study showed that Indiana spent more than \$10 billion a year on child poverty (Pollard, 2008). Children who grow up in poverty will generally remain in poverty throughout their life course (The Cycle of Poverty, n.d.). This process is known as the poverty cycle. Individuals living in the poverty cycle are less likely to have savings, investments or the opportunity to obtain assets, which continues the cycle. Without a solution to poverty, women and children plagued by it will continue to pass along their poverty and health issues to the generations that come after them, because poverty is inherited just like wealth.

Table 1. Characteristics of Children Living in Poverty

High mobility	Abuse or domestic violence	Poor academic achievement
Hunger and food insecurity	Drug abuse	Behavioral and socioemotional problems
Homelessness	Lack of access to healthcare	Developmental delays
High school dropout	Inadequate childcare	Low birth weight
Absent or jailed parents	Risky behaviors	

The Economic State of Indiana Women Living in Zip Codes at Risk for High Infant Mortality

Twenty-nine of Indiana's 988 (2.9%) zip codes account for 27% of Indiana's infant deaths. Thirteen of these zip codes are in Marion County (Appendix 2) and the other 16 are represented by 11 other counties (Appendix 3). All of these zip codes have infant mortality rates greater than 7/1000 live births (United States infant mortality goal is 6/1000 live births). It is not surprising that these 22/29 regions have poverty rates greater than the Indiana average of 15.0% (U.S. Census Bureau, 2016, Appendix 4). Our research highlights some of the root causes of poverty within these 29 zip codes as being:

Self Sufficiency: Working families in 27 of the 29 zip codes do not have an income that meets the self-sufficiency standard (Pearce, 2016, Appendices 5 and 6). The self-sufficiency standard is a budget-based measure used to determine the amount of income required for working families to meet basic needs at a minimally adequate level, taking into account family composition, ages of children, and county of residence (Pearce, 2016)

Educational attainment: Workers with a bachelor's degree earn on average \$51,000, while high school graduates earn \$28,000, and high school dropouts earn \$19,000 (Weekly Earnings, 2016). Only 89.1% of Indiana residents graduate with a high school education (Balonon-Rosen, 2017) while 24.6% graduate with a 4-year degree. (U.S. Census Bureau, 2016) Appendix 7 highlights seven zip codes, out of our target 29, with the least amount of four-year college graduates.

Employment: Indiana's unemployment rate as of January 2018 is 3.3% (U.S. Bureau of Labor Statistic, 2018), none of the 29 zip codes have unemployment rates lower than the state's average rate. Appendix 8 highlights the unemployment rates in the 10 zip codes with the highest minority populations. The potential for profit in the 29 zip codes is not high for businesses. Residents have limited spending resources, so businesses often chose not to build in these communities, or to move out of them. Building social entrepreneurship opportunities for residents provide personal and community income and help create local businesses to serve neighbors.

Racially segregated communities are disproportionately affected by poverty and poor birth outcomes. This is demonstrated by 10 of the 29 zip codes in Indiana with high infant mortality

rates (Appendix 9). These 10 zip codes have unemployment rates of 7% or greater (U.S. Census Bureau, 2016). Poor socioeconomic indicators from these zip codes, such as, unemployment rate, number of businesses, education levels and median income are all indicators associated with high infant mortality. The current neighborhood context coupled with the lack of entrepreneurial training opportunities across generations facilitates a persistent cycle of poverty and associated risk for infant mortality. For example, all of the target zip codes lack a DECA program for their high school youth. DECA is both a high school and collegiate program that prepares emerging leaders and entrepreneurs in marketing, finance, hospitality, and management (DECA, n.d.). Likewise, many of these youth lack access to a Junior Achievement program. This program fosters work-readiness, entrepreneurship and financial literacy skills, through the use of experiential learning for students K-12 (Junior Achievement USA, n.d.). Programs such as DECA and Junior Achievement foster an intergenerational approach to eradicating poverty. To break the cycle of poverty it is necessary that we look at assets that will empower women across their life span. Local libraries, 4-H clubs and an associated Chamber of Commerce are present in each of the target zip codes. These assets are important to the entrepreneurial education of the next generation and can be used to assist in the reduction of poverty. Ensuring that children in these zip codes have access to the full range of entrepreneurial training programs is vital to the sustainment of economic and health change for these communities.

Building Women's Social Entrepreneurship in Zip Codes at High Risk for Infant Mortality

The relationship between Indiana maternal and child poverty and infant mortality is a complex, persistent societal problem. We propose taking a place-based approach, utilizing a framework designed by the Miller Center for Social Entrepreneurship, which focuses on addressing this relationship within these 29 zip codes.

The Miller Center for Social Entrepreneurship framework has resulted in great success through empowering social entrepreneurs. Their framework addresses the root causes of poverty throughout the world. They assist aspiring social entrepreneurs in developing innovative enterprises unique to their community's needs. The Miller Center has trained 730 social entrepreneurs and positively impacted 257 million lives over the past 14 years (GSBI, n.d.). Entrepreneurs trained by the Miller Center have started programs such as:

- The Healthymagination Mother and Child Program: A 7-month program for maternal and child health innovators in sub-Saharan Africa (Healthymagination, n.d.).
- Energy Access India: A program to help renewable energy companies provide clean energy to 1 million Indians by facilitating up to \$41 million in investment through a customized capacity development and investment facilitation program (Energy Access India, n.d.).

The Miller Center framework is characterized by these key steps (Lieberman et al., 2015):

A. Social enterprise selection: Selection of a deliverable good or service to those in need

B. Stage-specific programs: Curriculum and programs designed to serve the needs of social enterprises

C. Executive-level mentoring: Mentors provide hands-on knowledge of what it takes to build enterprises and make the curriculum come alive for new entrepreneurs.

We propose the development of this approach with the following goal and associated outcomes.

GOAL: Over the course of the next 5 years, using the Miller Center Approach as a guiding framework, develop an intergenerational, multi-sectorial partnership, co-led with Indiana business leaders, which works to develop, implement and evaluate social entrepreneurship opportunities to improve the well-being and birth outcomes of women living in each of the target zip codes.

ACTION PLAN AND OUTCOMES:

- Initiate a task force inclusive of leaders from business, public health, policy development, social services, health services, community development, engineering/technology, arts/humanities and education (K-12, College) sectors to study unique, place-based social entrepreneurship opportunities available in target zip code regions.
- Implement local social entrepreneurship programs guided by the 5 key elements of social entrepreneurship.
- A team of collaborators examine the benefits of participating in these programs to include: women’s health outcomes, personal economic growth and community social, environmental and economic change.

Moving Forward

KEY PARTNERSHIPS IN PLACE: We are empowered by meaningful partnerships that extend across the state and share a passion to reduce Indiana's infant mortality rate through innovative social and economic development: Riley Children's Foundation, Indianapolis Urban League, Indiana Rural Health Association, Indiana Institute for Working Families and the Harrison Center.

PROPOSED PARTNERSHIPS:

- *Co-working Spaces:* Co-working spaces are shared work spaces that engage entrepreneurs, freelancers, small businesses, independent professionals, and remote workers. These incubators promote a climate of innovation, collaboration, and support. Co-working spaces often host and promote its employees to provide mentoring to one another. We propose partnering with co-working spaces in Indiana as a means of providing women with networking and mentoring opportunities. Currently there are at least 7 co-work spaces within Indianapolis alone.
 - Launch Indy
 - Source River West Entrepreneurship Center
 - The Hatch
 - The Bureau
 - Level Office Circle Tower
 - The Speak Easy
 - St. Paul's On the Way
- *Community Centers/Programs:* Community centers/programs located in underserved communities often host programs, such as Business Ownership Initiative and Centers for Working Families, to help grow entrepreneurship. Promoting social entrepreneurship as a mechanism for women within these programs will help address multigenerational poverty while providing a solution to social or environmental issues within their community.

Proposed community programs include:

- John H. Boner Community Center
- Edna Martin Christian Center
- Shephard Community Center
- Indianapolis Urban League
- Flanner House

- *Chamber of Commerce:* Chamber of Commerce facilities throughout the state of Indiana provide support, education and resources to local, small and start-up businesses. We will engage them with the goal of forming local networks that support women’s social entrepreneurial enterprises.
- *Youth Programs:* Economic engagement and empowerment for high school girls living in the target zip code regions are essential to the sustainment and advancement needed to reduce disparities associated with poverty and infant mortality. Partnering with youth programs that provide entrepreneurial training to underserved youth is a step to help young women learn strategies for economic viability. Proposed youth programs of engagement throughout the state include:
 - DECA
 - Junior Achievement
 - 4-H

Table 2 highlights some of the ongoing initiatives and/or programs within the greater Indianapolis region that are fostering economic growth for women and would be valuable partners in this initiative.

Table 2. Economic Development Assets

Economic Development Assets in Indianapolis	
<i>Initiatives</i>	<i>Services</i>
<i>Grameen America</i> <i>(Specializes in working with immigrant women)</i>	<ul style="list-style-type: none"> • Microloans • Coaching • Job creation • Financial training (improve credit savings, money management) • Facilitate networking opportunities
<i>Women’s Fund of Central Indiana</i>	<ul style="list-style-type: none"> • Grants • Classroom education • Workshops and programs
<i>Centers for Working Families</i> <i>United Way of Central Indiana</i>	<ul style="list-style-type: none"> • Foster entrepreneurship and employment • Grants/loans
<i>Business Ownership Initiative (BOI)</i>	<ul style="list-style-type: none"> • Online education (Business Planning, Legal, human resources, marketing and sales) • Workshops and events • Permit and licensing resources • Funding information
<i>Central Indiana Women’s Business Center (CIWBC)</i> <i>Hosted by BOI</i>	<ul style="list-style-type: none"> • Coaching • Workshops and networking events • Business work station

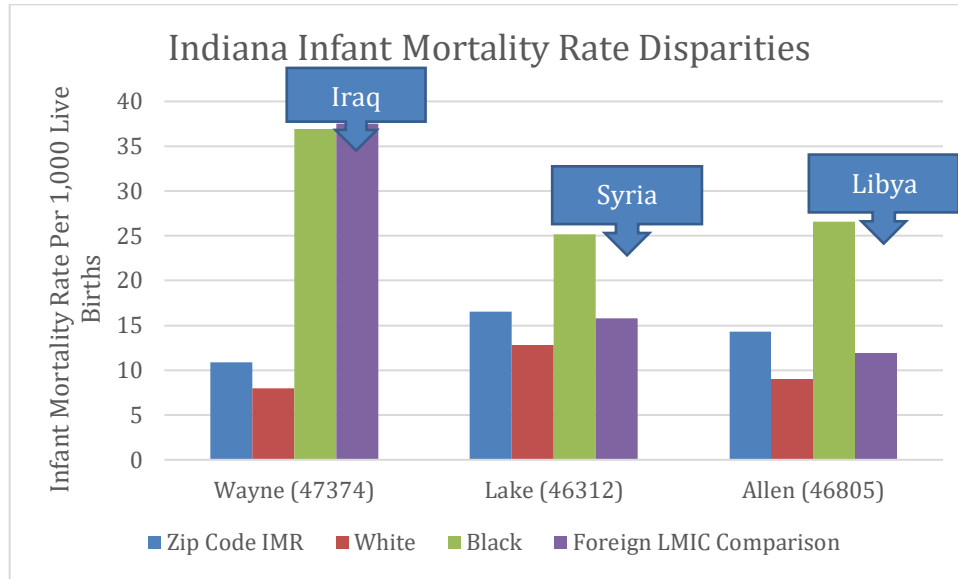
	<ul style="list-style-type: none"> • Lending
ReEntry Development Initiative (REDi) <i>Initiative of BOI</i> <i>(Only for current and ex-offenders)</i>	<ul style="list-style-type: none"> • One-on-One business coaching • Six-week business intensive class
Indiana Economic Development Corporation (IEDC) <i>Hosted by SBA</i>	<ul style="list-style-type: none"> • Connects small businesses to lending and advisement groups • Business site locator
Indiana Small Business Development Center <i>SBA supported program housed with IEDC</i>	<ul style="list-style-type: none"> • Business strategy counseling • Market research database • Business planning tools • Financial clarity • Export assistance and resources • Business valuation assistance and tools • Technical assistance (provides companies with information and counseling to gain new resources)
Indiana Department of Workforce Development	<ul style="list-style-type: none"> • Career training and adult education • Apprenticeship and workplace training opportunities • Technical training • Employment assistance

**This table does not highlight all services provided by these programs and does not contain all economic development assets in Indianapolis*

Conclusion

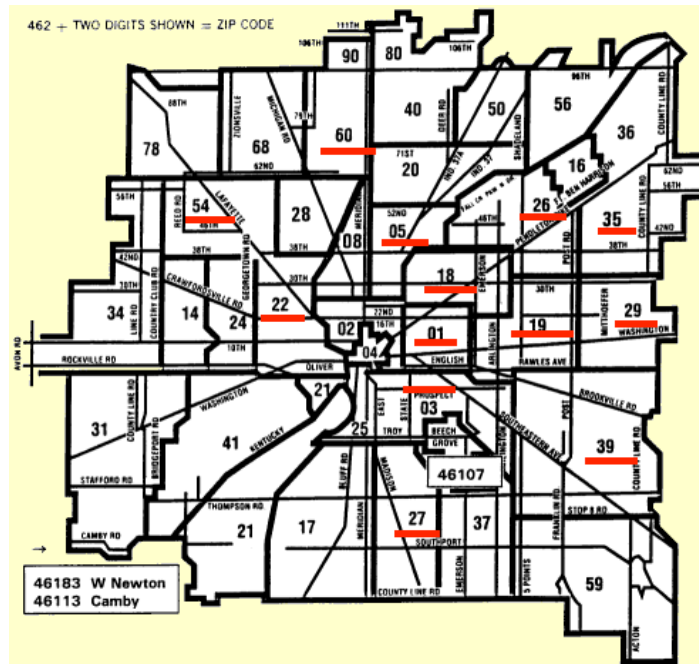
The poverty cycle must be alleviated to provide women and children within the 29 zip codes with better birth outcomes. The solution to poverty starts with enterprise. Applying a social entrepreneurial approach lends itself to the possibility of impacting women of multiple generations, thus allowing us to break a cycle of poverty at multiple points in the process. Collaboration is a powerful and essential element of this complex approach. Harnessing the expertise of multi-sectorial collaborators will create sustainable change that will reduce poverty through the development of inclusive economic growth, improve maternal and child health outcomes and cultivate a new economic and health narrative for Indiana’s women and children.

Appendix 1: Comparing Indiana Infant Mortality with the World



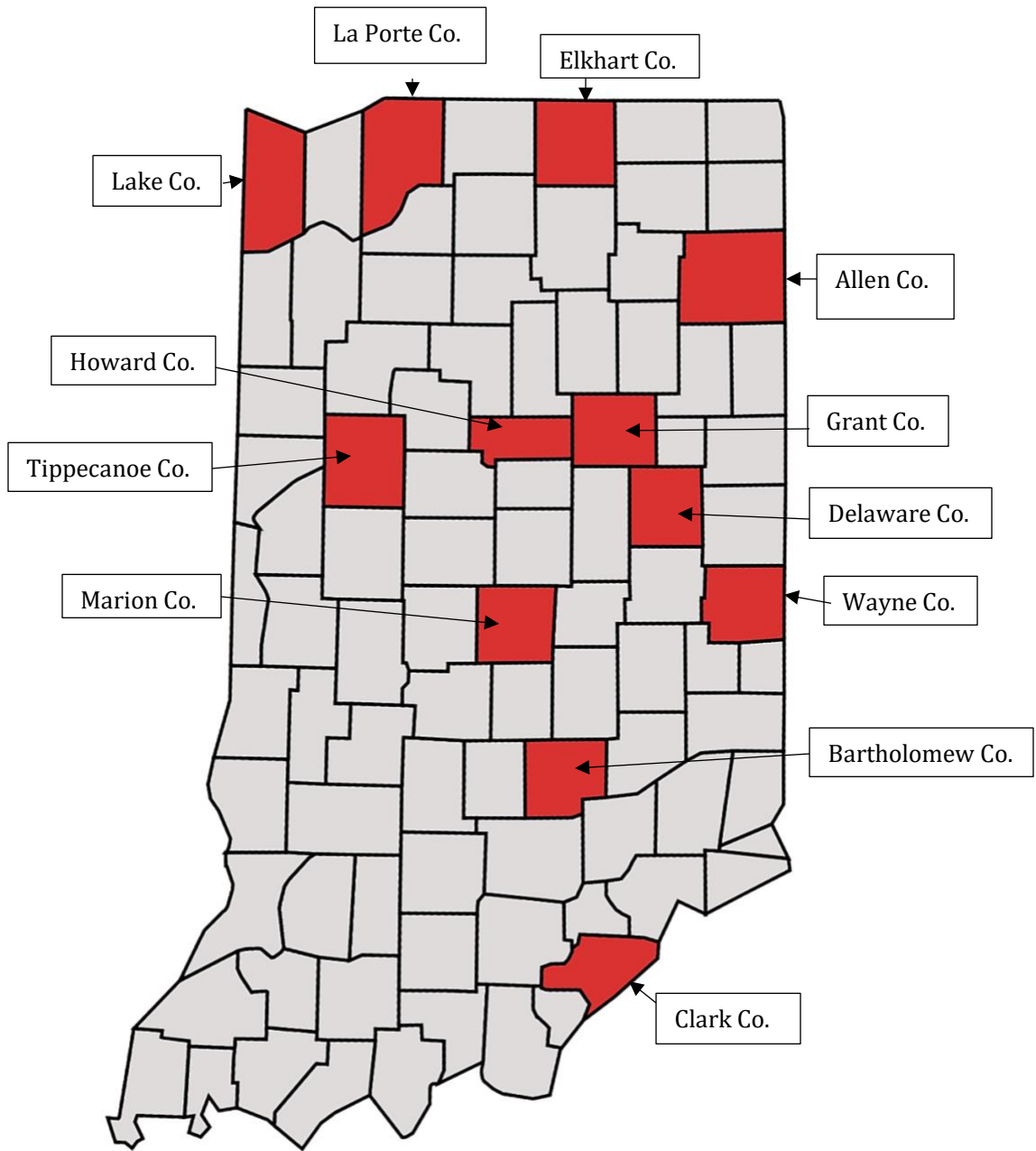
Source: Central Intelligence Agency, Country Comparison, <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>

Appendix 2: The 13 Marion County Zip Codes with IMR >7/1,000 Live Births



Zip codes with the red bars are those with the highest infant mortality rates in Indianapolis Source: http://www.hrhhp.com/Forms/27_IndyZipCodeMap.htm

Appendix 3: The 12 Counties that Contain the 29 Zip Codes with an Infant Mortality Rate > 7/1,000 Live Births



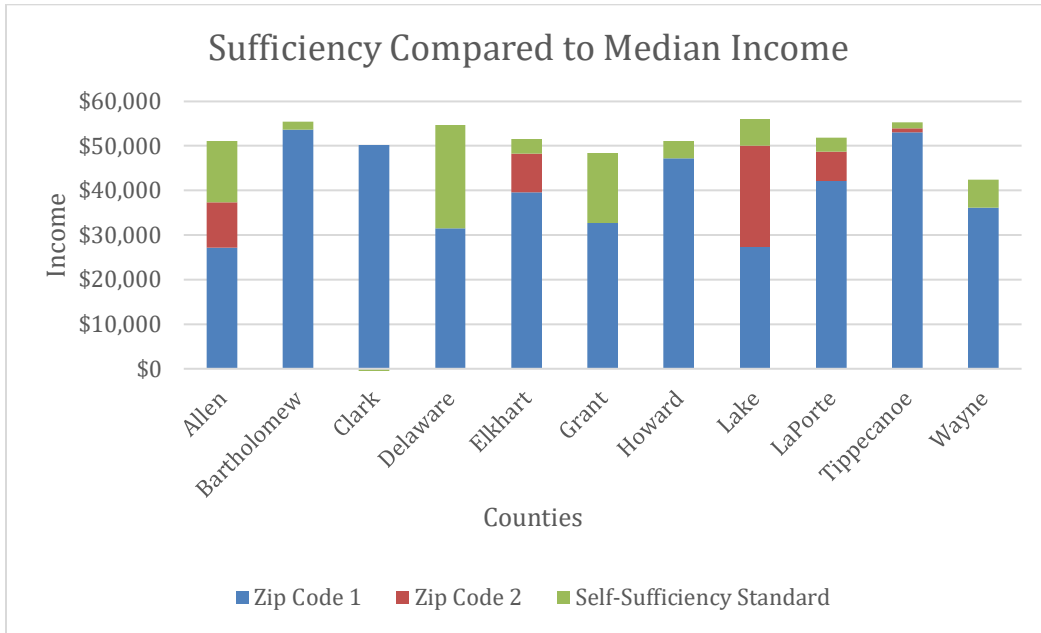
Appendix 4: The Relationship between Poverty and Indiana Infant Mortality

Infant Mortality Rates by Zip Code					
Zip Codes	County	Births ^a 2011-2015	Deaths ^a 2011-2015	IMR ^a 2011-2015	Persons in Poverty ^b
46201	Marion	2,909	32	11	37%
46203	Marion	3,319	37	11.2	32%
46205	Marion	2,404	28	11.7	26%
46218	Marion	2,498	33	13.2	41%
46219	Marion	2,449	24	9.8	22%
46222	Marion	3,171	29	9.1	38%
46226	Marion	3,488	49	14.1	25%
46227	Marion	5,165	36	7	21%
46229	Marion	1,997	27	13.5	18%
46235	Marion	3,187	29	9.1	28%
46239	Marion	2,042	20	9.8	9%
46254	Marion	3,621	26	7.2	19%
46260	Marion	2,607	21	8.1	21%
46312	Lake	2,479	41	16.5	35%
46314	Lake	1,478	21	14.2	22%
46350	LaPorte	2,530	25	9.9	14%
46360	LaPorte	2,950	23	7.8	23%
46514	Elkhart	2,747	22	8	14%
46516	Elkhart	3,004	26	8.7	24%
46805	Allen	1,765	20	11.3	20%
46806	Allen	2372	34	14.3	38%
46902	Howard	2,118	20	9.4	16%
46953	Grant	1392	20	14.4	26%
47130	Clark	2,974	29	9.8	12%
47201	Bartholomew	3,193	31	9.7	14%
47302	Delaware	1,858	24	12.9	26%
47374	Wayne	2,750	28	10.2	23%
47905	Tippecanoe	3,216	25	7.8	13%
47909	Tippecanoe	3,279	27	8.2	15%

^a Source: Indiana State Department of Health, <http://www.in.gov/isdh/27470.htm>

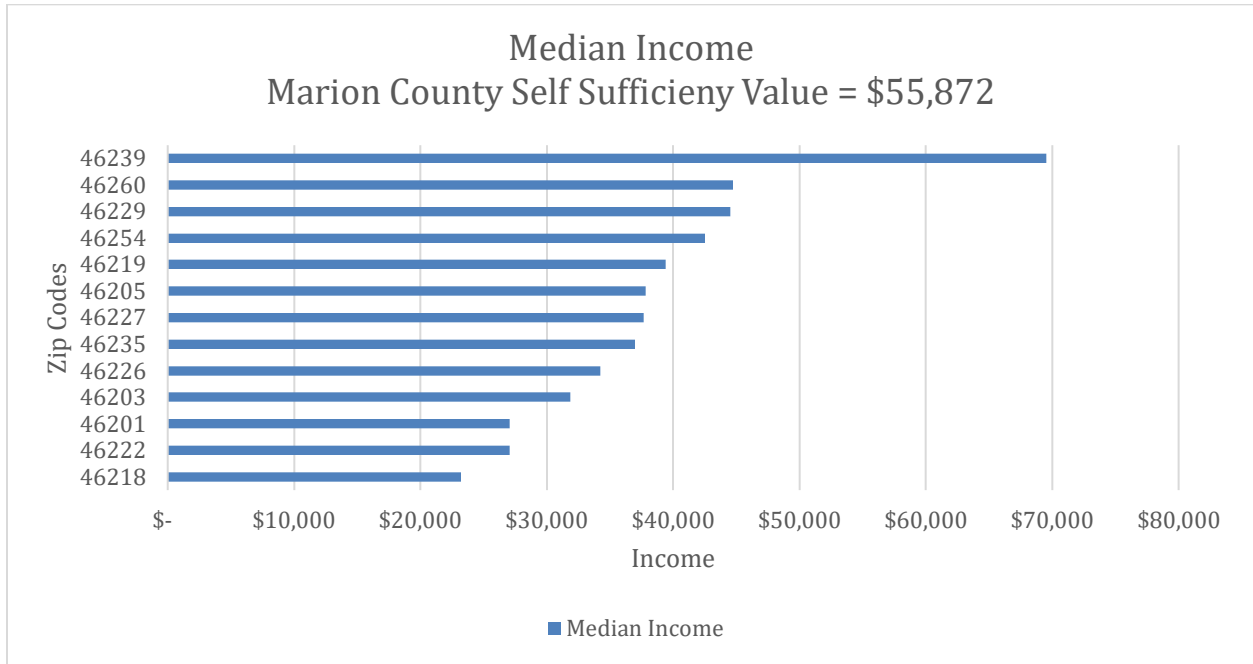
^b Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Appendix 5: Self-Sufficiency by County



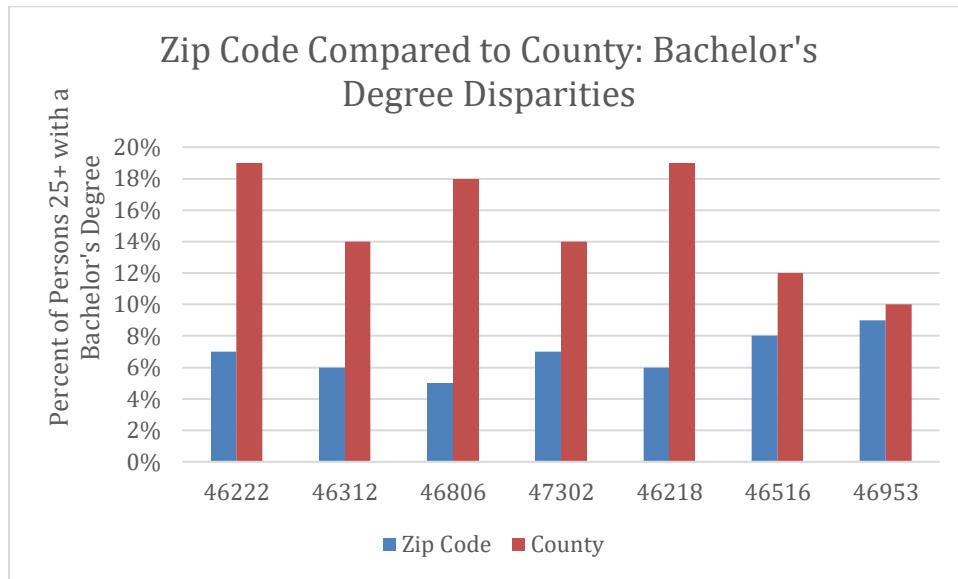
Explanation of Table: The Self-Sufficiency Standard for Indiana 2016 was prepared for the Indiana Institute for Working Families (Pearce, 2016) <http://www.incap.org/iwvf/self-sufficiency/2016-Self-sufficiency-report.pdf>. Self-sufficiency in this chart is calculated for a family with: Two adults + One Preschooler + One School Age Child; Median Income Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 year Estimates, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Appendix 6: Self-Sufficiency of Marion County Zip Codes



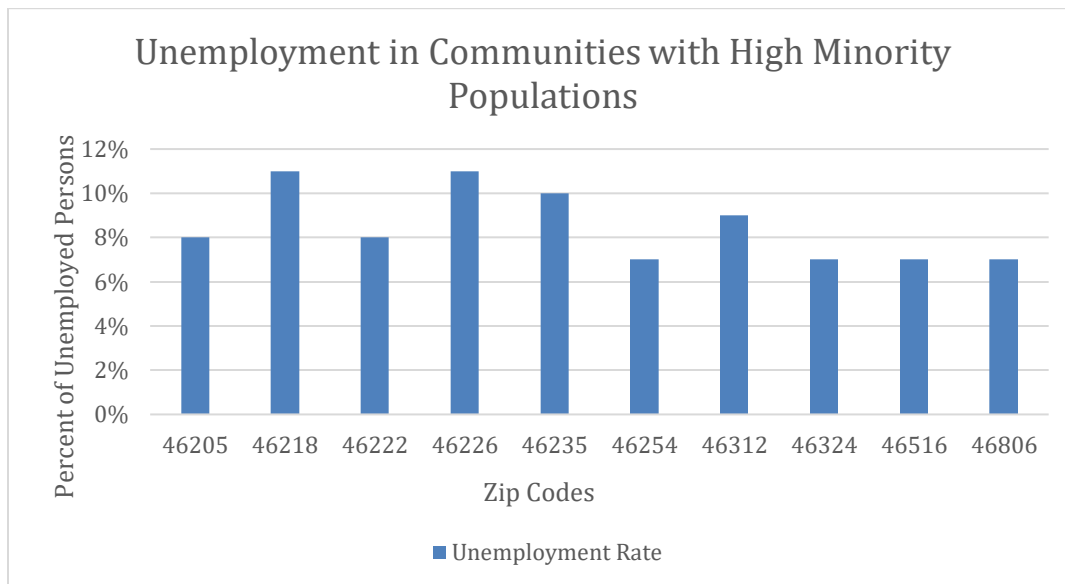
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Appendix 7: Persons 25+ with a Bachelor's Degree in a Zip Code Compared to the County



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 year Estimates, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Appendix 8: Unemployment



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 year Estimates, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Appendix 9: Zip Codes with High Minority Populations

Demographics of the 10 Zip Codes with the High Minority Population

Zip Codes	White ^a	Black ^a	Hispanic ^a	Unemployment ^a	Population 25+ with a Bachelor's Degree ^a	Median Income ^a	# of Businesses ^b	DECA ^b	Junior Achievement ^d	4-H Club ^e
46205	41%	51%	3%	8%	23%	\$37,831	508	No	No	Yes
46218	18%	74%	5%	11%	6%	\$23,203	446	No	No	Yes
46222	33%	36%	27%	8%	7%	\$27,062	545	No	Yes	Yes
46226	27%	57%	11%	11%	13%	\$34,241	693	No	No	Yes
46235	25%	60%	12%	10%	12%	\$36,959	131	No	No	Yes
46254	21%	54%	18%	7%	19%	\$42,497	684	No	No	Yes
46312	8%	38%	54%	9%	6%	\$27,264	374	No	No	Yes
46324	44%	24%	29%	7%	12%	\$50,036	321	No	No	Yes
46516	61%	14%	20%	7%	8%	\$39,535	871	No	Yes	Yes
46806	22%	45%	25%	7%	5%	\$27,203	228	No	Yes	Yes

^a Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 year Estimates, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

^b Source: U.S. Census Bureau, 2015 ZIP Code Business Patterns, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

^c Source: DECA, <https://www.deca.org/about/>

^d Source: Junior Achievement USA, <https://www.juniorachievement.org/web/ja-usa/home>

^e Source: Purdue Extension 4-H, <https://extension.purdue.edu/4h/Pages/default.aspx>

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