

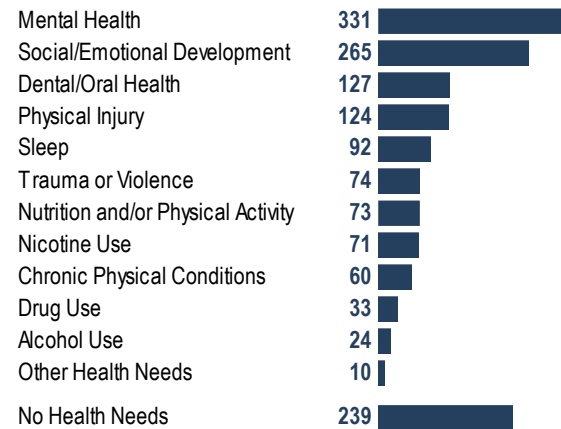
# Adolescent

Definition: In the Statewide Survey, adolescents were defined as individuals 13-21 years old. Age ranges for adolescents vary depending on the data source.

## Statewide Survey

### Needs

Out of 852 responses, parents/caregivers shared that the following were needs for their adolescent:



### Barriers



### Resources



## Facts & Focus Groups

### Needs from Secondary Data



28% of Indiana adolescents ages 12-17 have a mental, emotional, developmental, or behavioral problem (National Survey of Children's Health, 2017-2018).



10% of Indiana high school students attempted suicide one or more times during the last 12 months (Youth Risk Behavior Survey, 2015).



16% of Indiana children ages 12-17 did not have a preventative dental visit in the past year (National Survey of Children's Health, 2017-2018).



From 2015 to 2017, accidents (unintentional injuries) were the leading cause of death among adolescents aged 10-17 (ISDH Epidemiology Resource Center, 2015-2017).

### Barriers from Focus Groups

Adolescents shared that their top barriers included limited access to healthy food, needing to focus on school responsibilities, and their own personal choices (e.g., choosing to stay up late on their electronic devices).

*"All of the restaurants here are fast food except for Subway."*

*"You have 8 classes, and so homework keeps piling up."*

*"A lot of kids are addicted to their phones, and so it's a lot harder for them to rest."*

### Resources from Focus Groups

Adolescents identified their connection to their school (e.g., classes, afterschool programs) as a top resource.

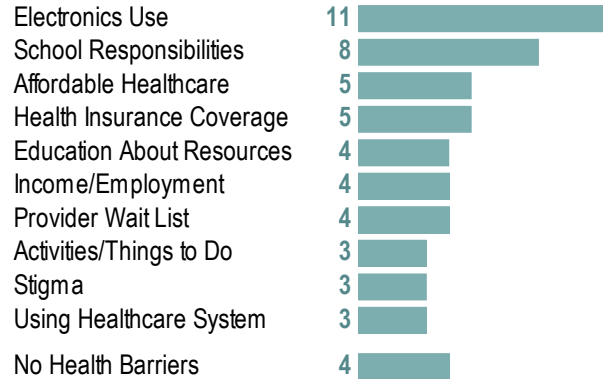
*"I'm in band, so we're a very small family there. We help each other out. We have a leadership team. We care about the other people that are in our band."*

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 & 2020 and include adolescents sharing about themselves.

# Alcohol Use

Definition: Alcohol use, including alcohol addiction or dependency

## Statewide Survey: Alcohol Use Barriers



## Focus Group Quotes

“Yeah. I feel like a lot of the time [teens] don’t make time to take care of themselves. They’re focused more on other things. Sometimes they’re focused more on drugs and alcohol instead of getting themselves clean.”  
 – **Alcohol Use**

“[Teens] just get on [their phones] and don’t quit texting. Video games. Netflix. Snapchat. Tik Tok.” – **Barrier: Personal Choices with Electronics**

“Most of the kids will turn [to] their computer and play games.” – **Barrier: Personal Choices with Electronics**

“End of the year state tests [are stressful].” – **Barrier: School Responsibilities**

Note: These are the top barriers for respondents that included Alcohol Use as a need/challenge. Barriers are not exclusive to Alcohol Use.

## Quick Facts

**22%** of Indiana adolescents in grades 9-12 reported drinking alcohol in the past 30 days (Indiana Youth Survey, 2018).

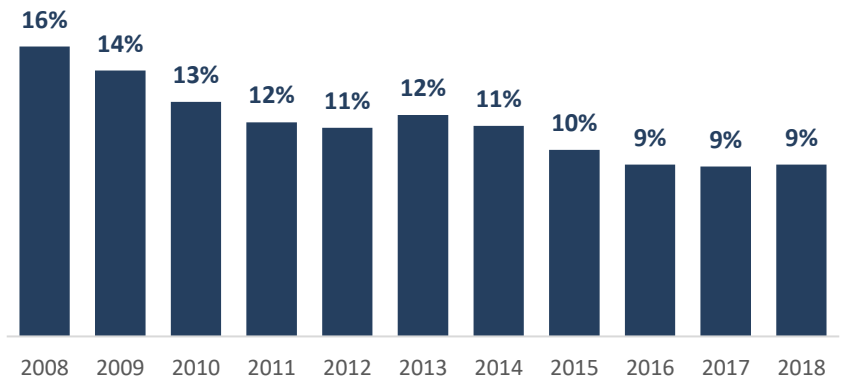
**25%** of Indiana’s Hispanic students in grades 9-12 reported drinking alcohol in the past 30 days, compared to 22% of White students and 19% of Black students (Indiana Youth Survey, 2018).

**5%** of Indiana adolescents ages 12-17 binge drank in the last month (SEOW Report, 2019).

**11%** of Indiana adolescents in grades 7-12 obtained alcohol from someone older than 21, and 10% obtained it from a party (Indiana Youth Survey, 2018).

**29%** of Indiana adolescents over 14 had ridden in a car driven by someone (including themselves) who was high or had been using alcohol or drugs (Indiana Youth Survey, 2018).

The percentage of **adolescents ages 12-17 currently using alcohol** (in the past month) decreased from 2008 to 2018.



Data Source: National Survey on Drug Use and Health from SEOW Report, 2019

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 & 2020 and include adolescents sharing about themselves.

# Chronic Physical Conditions

Definition: Longer-term physical conditions, such as chronic pain, diabetes, cancer, allergies, asthma, chronic ear infections, or sleep apnea.

## Statewide Survey: Chronic Physical Barriers



## Focus Group Quotes

“I want to sleep more, but then I feel like I’m going to miss something good in the group chat if I go to sleep.” – **Barrier: Personal Choices with Electronics**

“In my classes, I’m required to read 30 pages of a history book every night.” – **Barrier: School Responsibilities**

“One of my friends was complaining about how they can’t eat healthy because it’s too expensive.” – **Barrier: Limited Access to Food Due to Cost/Income**

“Sometimes [teens] have a lot of siblings they have to help take care of. Sometimes they’re single parents. They have to worry about studying. All that stuff.” – **Barrier: Other Priorities**

Note: These are the top barriers for respondents that included Chronic Physical Conditions as a need/challenge. Barriers are not exclusive to Chronic Physical Conditions.

## Quick Facts

**24%** of Indiana high school students reported being told by a doctor or nurse that they had asthma (YRBS, 2015).

**31%** of Indiana’s Black high school students reported being told by a doctor or nurse that they had asthma (YRBS, 2015).

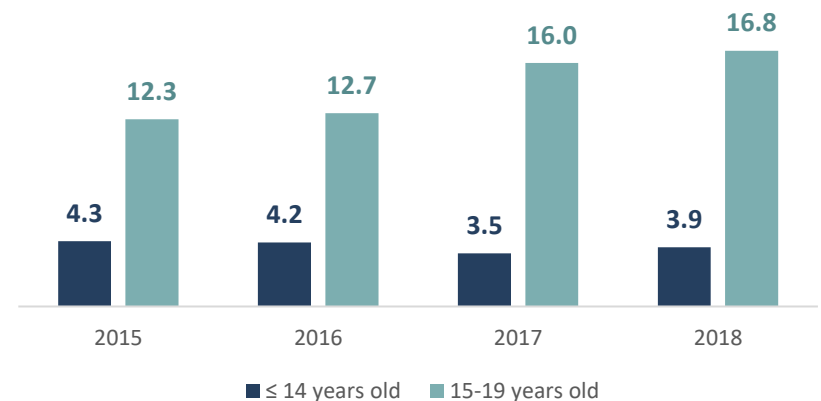
**26%** of Indiana adolescents (13-19) were diagnosed with a sexually transmitted disease. Chlamydia (30%) was more common than gonorrhea (18%) or syphilis (4%) (IDOH Division of HIV/STD/VH, 2019).

**8%** of Indiana refugees ages 13-21 had lead levels greater than or equal to 5µg/dl (IDOH TB/Refugee Health, 2017-2019).

**15%** of Indiana refugees ages 0-21 were anemic (IDOH TB/Refugee Health,

2017-2019)

HIV/AIDS rate per 100,000 was greater for **adolescents ages 15-19** compared to **children 14 or younger**.



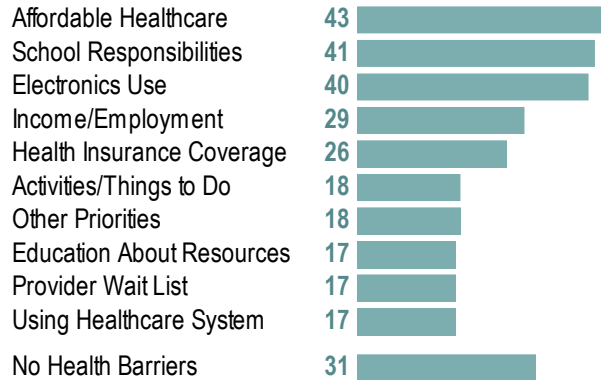
Data Source: ISDH Division of HIV/STD/Viral Hepatitis, 2015-2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 & 2020 and include adolescents sharing about themselves.

# Dental/Oral Health

Definition: Oral health needs, including regular check-ups and dental surgery.

## Statewide Survey: Dental/Oral Health Barriers



## Focus Group Quotes

“[I need to travel] an hour at least [to go to the dentist].” – **Dental/Oral Health**

“I think [I have] one or two hours [of homework] a night.” – **Barrier: School Responsibilities**

“[Kids spend a lot of time on] Xbox and stuff.” – **Barrier: Personal Choices with Electronics**

“One of my friends was complaining about how they can’t eat healthy because it’s too expensive.” – **Barrier: Income/Employment**

“A lot of the time I’ve noticed a lot of us don’t have money. A lot of the time, [teens] can’t get the things they need. Hygiene is a big thing when it comes to that.” – **Barrier: Income/Employment**

Note: These are the top barriers for respondents that included Dental/Oral Health as a need/challenge. Barriers are not exclusive to Dental/Oral Health.

## Quick Facts

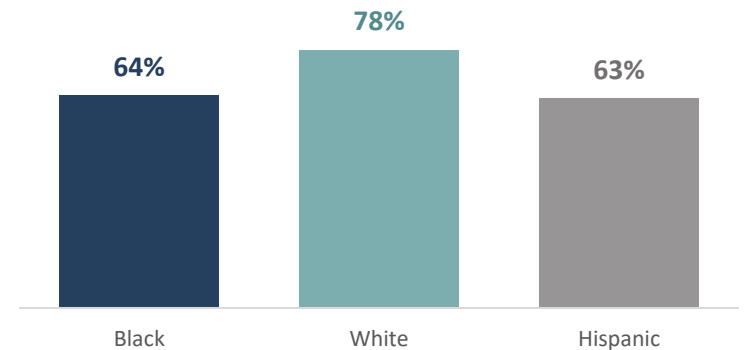
**84%** of Indiana children ages 12-17 had a preventative dental visit in the past year (NSCH, 2017-2018).

**74%** of Indiana high school students saw a dentist for a check-up, teeth cleaning, or other dental work during the last year (YRBS, 2015).

**78%** of Indiana 9<sup>th</sup> grade students saw a dentist for a check-up, teeth cleaning, or other dental work during the last year, compared to 78% of 10<sup>th</sup> grade, 72% of 11<sup>th</sup> grade, and 68% of 12<sup>th</sup> grade students (YRBS, 2015).

**75%** of Indiana high school girls saw a dentist for a check-up, teeth cleaning, or other dental work during the last year (YRBS, 2015).

**White students** were the most likely to see a dentist for a check-up, teeth cleaning, or other dental work during the last year.



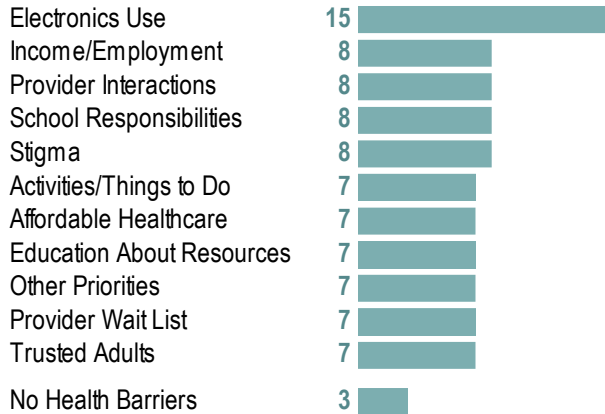
Data Source: Youth Risk Behavior Survey, 2015

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Drug Use

Definition: Drug Use, including addiction or dependency on prescriptions or other drugs.

## Statewide Survey: Drug Use Barriers



Note: These are the top barriers for respondents that included Drug Use as a need/challenge. Barriers are not exclusive to Drug Use.

## Focus Group Quotes

“Yeah. It gets worse in high school. There’s a few kids that smoked weed when I was in middle school, but once I got into high school there’s barely anyone that doesn’t.” – **Drug Use**

“On my bus there was a couple of kids selling drugs to each other.” – **Drug Use**

“In [our area], there’s a lot of meth. [Teens] use marijuana.” – **Drug Use**

“A lot of kids are addicted to their phones.” – **Barrier: Personal Choices with Electronics**

“[Teens] just get on [their phones] and don’t quit texting. Video games. Netflix. Snapchat. Tik Tok.” – **Barrier: Personal Choices with Electronics**

## Quick Facts

**35%** of Indiana high school students have ever used marijuana (YRBS, 2015).

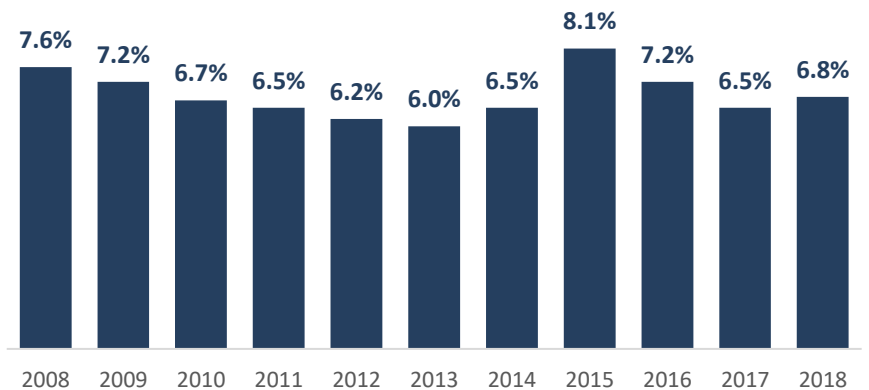
**13%** of Indiana students in grades 9-12 reported using marijuana in the last 30 days (Indiana Youth Survey, 2018).

**20%** of Indiana’s Black students in grades 9-12 reported using marijuana in the last 30 days, compared to 17% of Hispanic students and 12% of White students (Indiana Youth Survey, 2018).

**3%** of Indiana adolescents ages 12-17 misused pain relievers in the past year (National Survey on Drug Use and Health, 2017-2018).

**1%** of Indiana adolescents ages 12-17 used cocaine in the past year, 0.3% used methamphetamines, and 0.1% used heroin (National Survey on Drug Use and Health, 2017-2018).

The percentage of **adolescents ages 12-17 currently using marijuana** (in the past month) has shown only slight changes from 2008 to 2018.



Data Source: National Survey on Drug Use and Health from SEOW Report, 2019

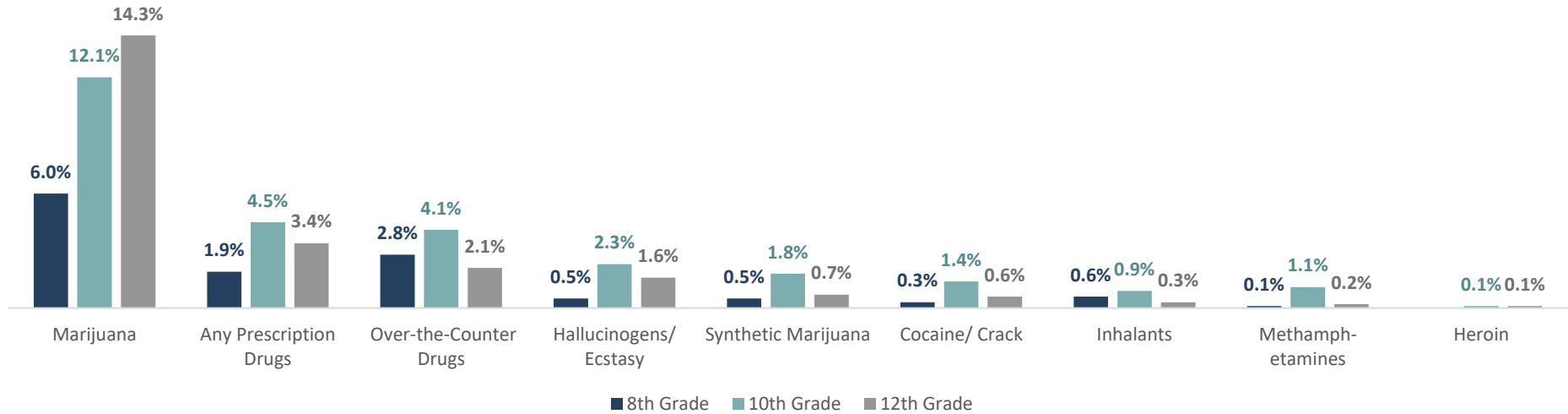
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Drug Use *(continued)*

Definition: Drug Use, including addiction or dependency on prescriptions or other drugs.

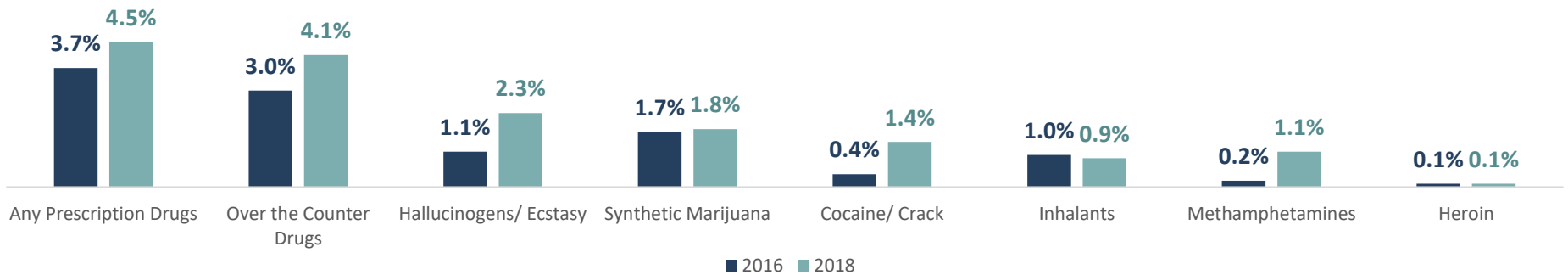
## Quick Facts *(continued)*

Marijuana was the most used drug one month before the 2018 Indiana Youth Survey for Indiana students in 8<sup>th</sup> grade, 10<sup>th</sup> grade, and 12<sup>th</sup> grade.



Data Source: Indiana Youth Survey, 2018

Monthly use for marijuana has not changed from 2016 to 2018 (12.1%) for 10<sup>th</sup> grade students. However, there have been statistically significant increases in the use of Hallucinogens/Ecstasy, Cocaine/Crack, and Methamphetamines among Indiana’s 10<sup>th</sup> grade students.



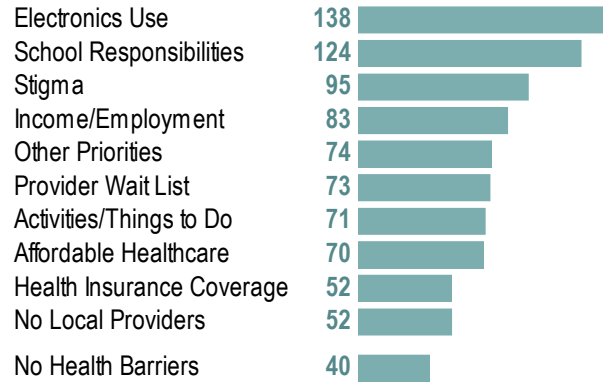
Data Source: Indiana Youth Survey, 2016 & 2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Mental Health

Definition: Mental health needs, including depression, anxiety, or other conditions.

## Statewide Survey: Mental Health Barriers



## Focus Group Quotes

“A lot of us are under a lot of stress. We have to worry about sports, work, families, school. A lot of us worry about school more than we should.” – **Mental Health**

“I always try to be there for my friends. If I notice they’re down I’m like hey, we can talk about this if you want to, but if not just know I’m here when you want to.” – **Mental Health**

“I think the biggest one for me is school. I think school’s overwhelming sometimes.” – **Barrier: School Responsibilities**

“I feel like a lot of the kids are scared to speak up about [what they need]. In today’s generation when you talk about your feelings, people don’t actually take into consideration that you have feelings. A lot of people just like to thug it out, but you can’t just ignore the fact that you’re bothered.” – **Barrier: Stigma**

Note: These are the top barriers for respondents that included Mental Health as a need/challenge. Barriers are not exclusive to Mental Health.

## Quick Facts

**28%** of Indiana adolescents ages 12-17 have a mental, emotional, developmental, or behavioral problem (NSCH, 2017-2018).

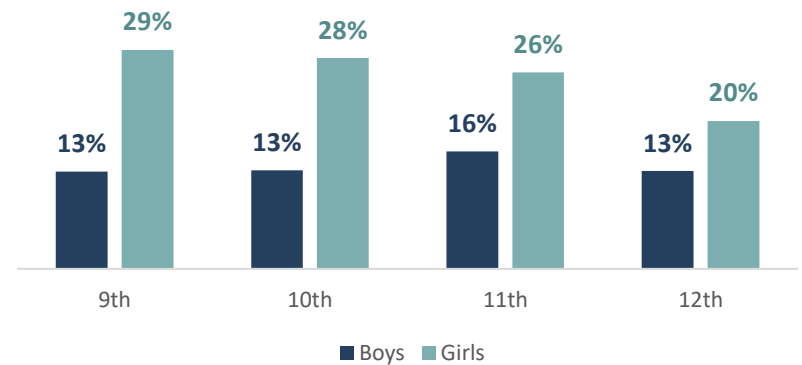
**49%** of Indiana children ages 3-17 with a mental/behavioral condition receive counseling (NSCH, 2017-2018).

**31.6** per 10,000 Indiana adolescents ages 10-17 were hospitalized for major depressive disorders. This was the leading cause for adolescent inpatient hospitalization, followed by depression (14.2 per 10,000) and bipolar disorders (13.1 per 10,000) (ISDH Epidemiology Resource Center, 2018).

**12%** of Indiana refugees ages 13-21 screened positive for mental health issues from 2017 to 2019 (ISDH TB/Refugee Health, 2017-2019).

**10%** of Indiana high school students attempted suicide one or more times during last 12 months (YRBS, 2015).

A larger percentage of **high school girls** seriously considered attempting suicide (in the 12 months before the survey) compared to **high school boys**.



Data Source: Youth Risk Behavior Survey, 2015

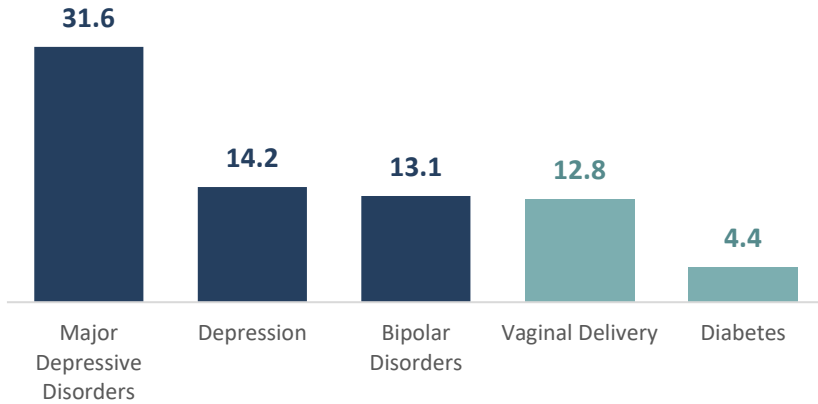
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Mental Health *(continued)*

Definition: Mental health needs, including depression, anxiety, or other conditions.

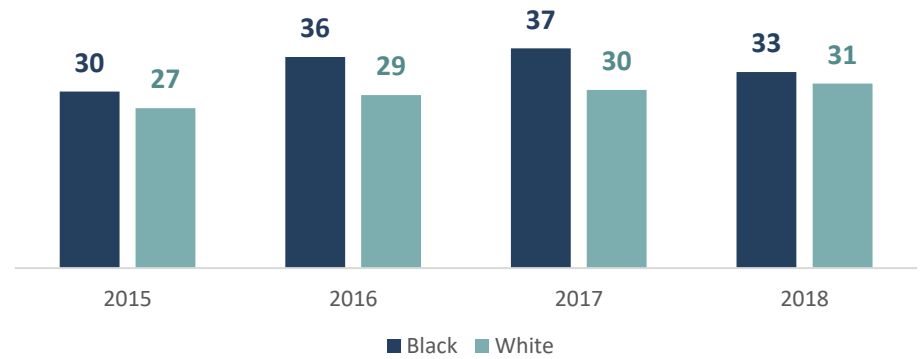
## Quick Facts *(continued)*

The leading causes of inpatient hospitalizations for adolescents 10-17 years old were **major depressive disorders, depression, and bipolar disorders** (rate per 10,000 adolescents).



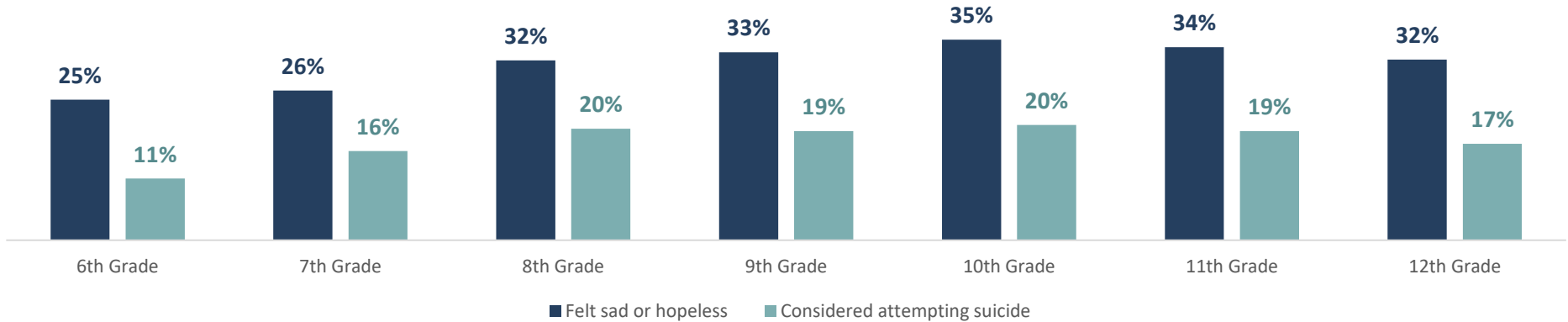
Data Source: ISDH Epidemiology Resource Center, 2018

The rate of inpatient hospitalizations for major depressive disorders for adolescents 10-17 years old has gradually increased for **White adolescents** and has varied for **Black adolescents** (rate per 10,000 adolescents).



Data Source: ISDH Epidemiology Resource Center, 2015-2018

The percentage of Indiana's students who have **felt sad or hopeless for two or more weeks in a row** and the percentage who **considered attempting suicide**.



Data Source: Indiana Youth Survey, 2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

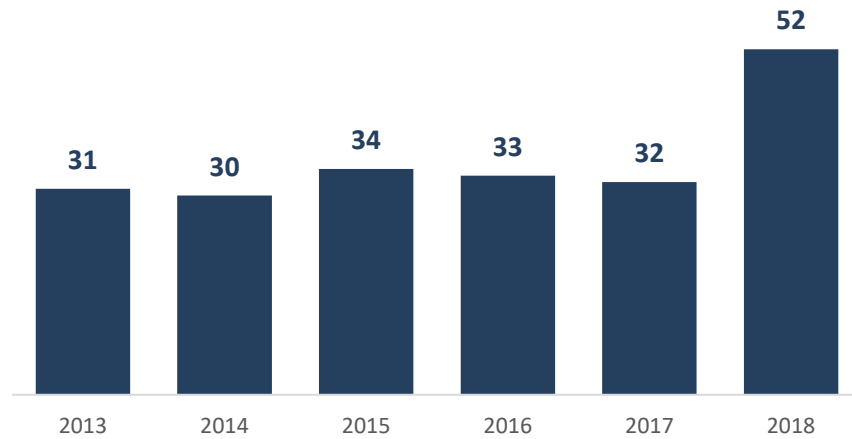


# Mental Health *(continued)*

Definition: Mental health needs, including depression, anxiety, or other conditions.

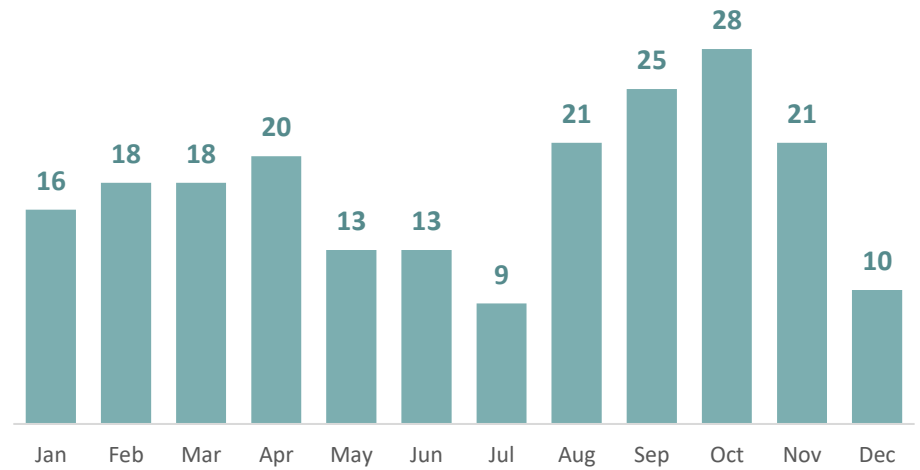
## Quick Facts *(continued)*

The number of **adolescent suicides** in Indiana had been relatively stable from 2013 to 2017, but greatly *increased* in 2018 (ages 10-17).



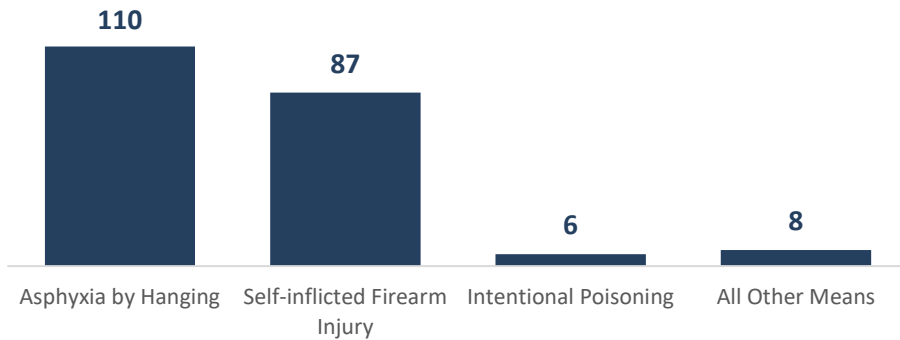
Data Source: MCH analysis of Vital Records ICD-10 Codes X60-X84, 2013-2018

**Adolescent deaths from suicide** in Indiana appear to occur *less* often in the summer and *peak* during the fall (ages 10-17).



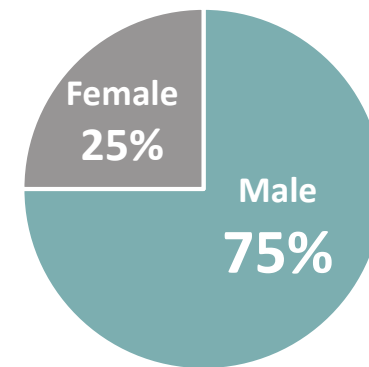
Data Source: MCH analysis of Vital Records ICD-10 Codes X60-X84, 2013-2018

Asphyxia by hanging is the most common cause of suicide death among adolescents, followed by self-inflicted firearm injury (ages 10-17).



Data Source: MCH analysis of Vital Records ICD-10 Codes X60-X84, 2013-2018

**Males** account for three of every four adolescent suicides in Indiana (ages 10-17).



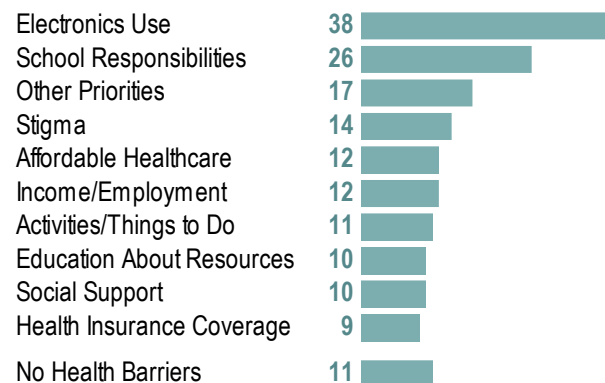
Data Source: MCH analysis of Vital Records ICD-10 Codes X60-X84, 2013-2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Nicotine Use

Definition: Nicotine Use, including cigarettes, vaping, e-cigarettes, or Juul.

## Statewide Survey: Nicotine Use Barriers



Note: These are the top barriers for respondents that included Nicotine Use as a need/challenge. Barriers are not exclusive to Nicotine Use.

## Focus Group Quotes

“I would say for middle schoolers, I’ve never seen them vape in school [but I have seen them vape] outside of school.” – **Nicotine Use**

“The beginning of school, one of my friends got in trouble for vaping at the high school.” – **Nicotine Use**

“[One teen] said, ‘I stayed up till 11:00 on my phone just watching YouTube [until] my parents came in and took it away.’” – **Barrier: Personal Choices with Electronics**

“End of the year state tests [are stressful].” – **Barrier: School Responsibilities**

## Quick Facts

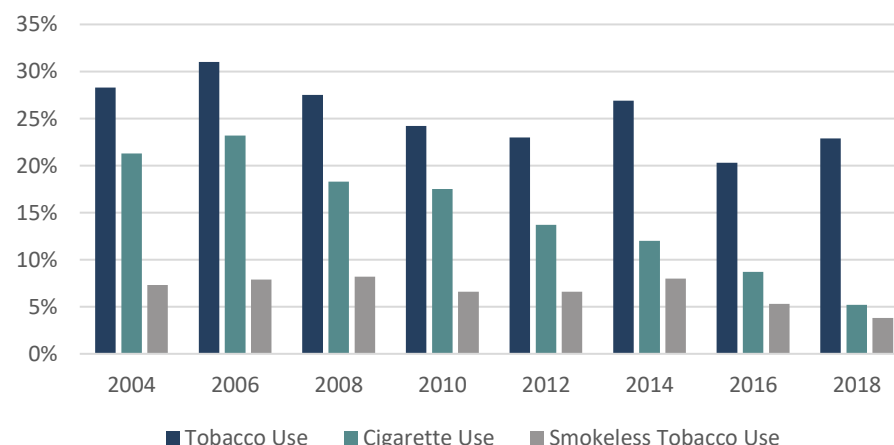
**45%** of Indiana high school and 21% of middle school students have previously used tobacco (any product) (IYI KIDS COUNT® Data Book, 2020).

**17%** of Indiana 7<sup>th</sup>-12<sup>th</sup> grade students reported monthly electronic vapor product use in 2018. Twelfth grade students were the most likely to use these products monthly (29%) (Indiana Youth Survey, 2018).

**32%** of Indiana high school students currently use tobacco products (on at least one day during the 30 days before the YBRS 2015 survey). Electronic vapor products were the most commonly used (24%) (YBRS, 2015).

**37%** of Indiana high school students have tried cigarette smoking (even one or two puffs). Hispanic students (44%) were the most likely to try cigarettes, compared to White (38%), Multi-racial (33%), and Black (28%) students (YBRS, 2015).

Overall **tobacco use**, **cigarette use**, and **smokeless tobacco use** for Indiana’s high school students (9<sup>th</sup>-12<sup>th</sup> grade) decreased from 2004 to 2018.



Data Source: Indiana Youth Tobacco Survey from the SEOW Report, 2019

“Use” is defined as the use of any tobacco product in the past month before the survey was administered.

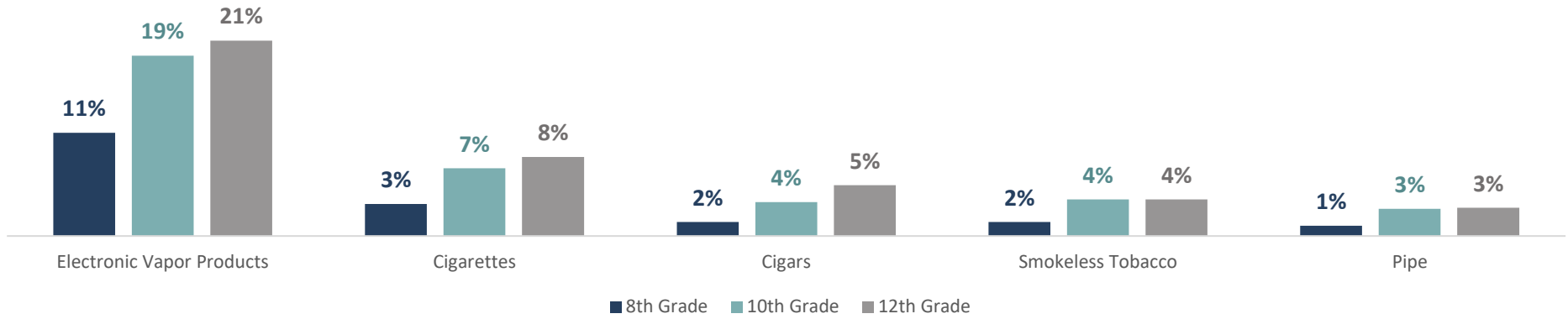
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Nicotine Use *(continued)*

Definition: Nicotine Use, including cigarettes, vaping, e-cigarettes, or Juul.

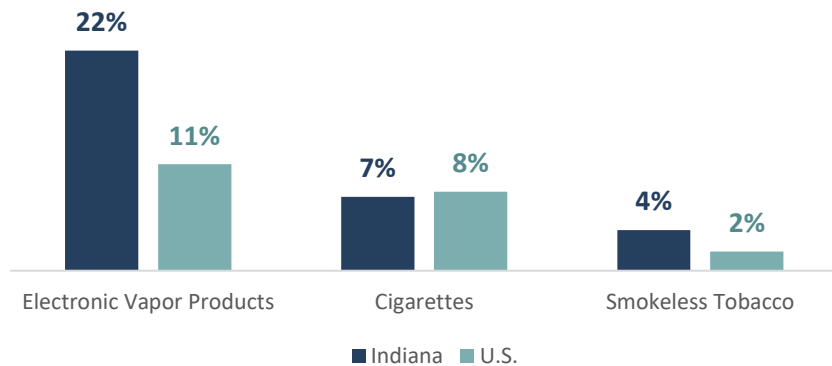
## Quick Facts *(continued)*

Of Indiana's 8<sup>th</sup> grade, 10<sup>th</sup> grade, and 12<sup>th</sup> grade students who use nicotine monthly, *more* students use electronic vapor products.



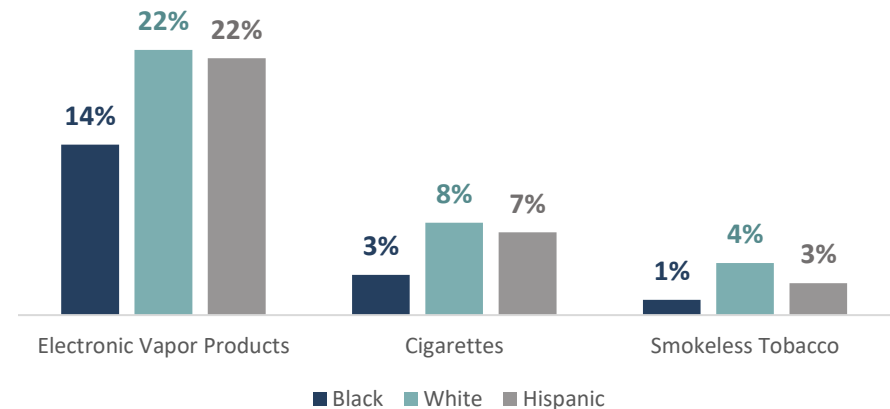
Data Source: Indiana Youth Survey, 2018

Indiana's high school students (grades 9-12) use electronic vapor products *more* than students across the U.S. in the 30 days before the survey.



Data Source: Indiana Youth Survey 2018 and Youth Risk Behavior Survey 2017 (for US data)

A *higher* percentage of **White** and **Hispanic** high school students (grades 9-12) use electronic vapor products compared to **Black** high school students.



Data Source: Indiana Youth Survey, 2018

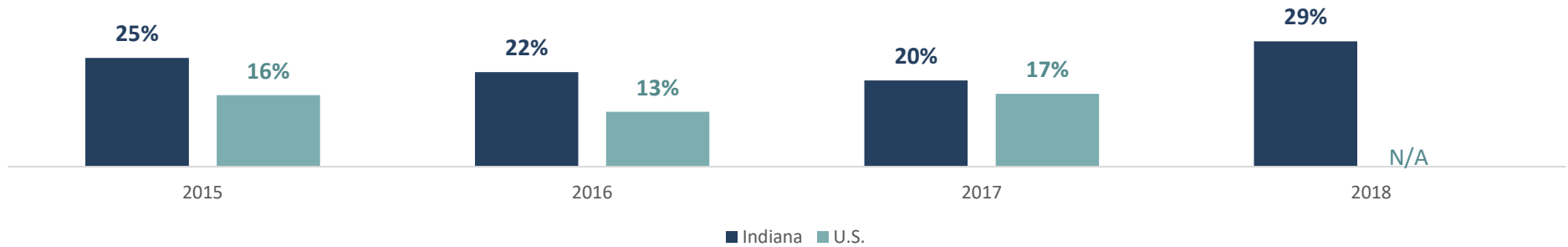
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Nicotine Use *(continued)*

Definition: Nicotine Use, including cigarettes, vaping, e-cigarettes, or Juul.

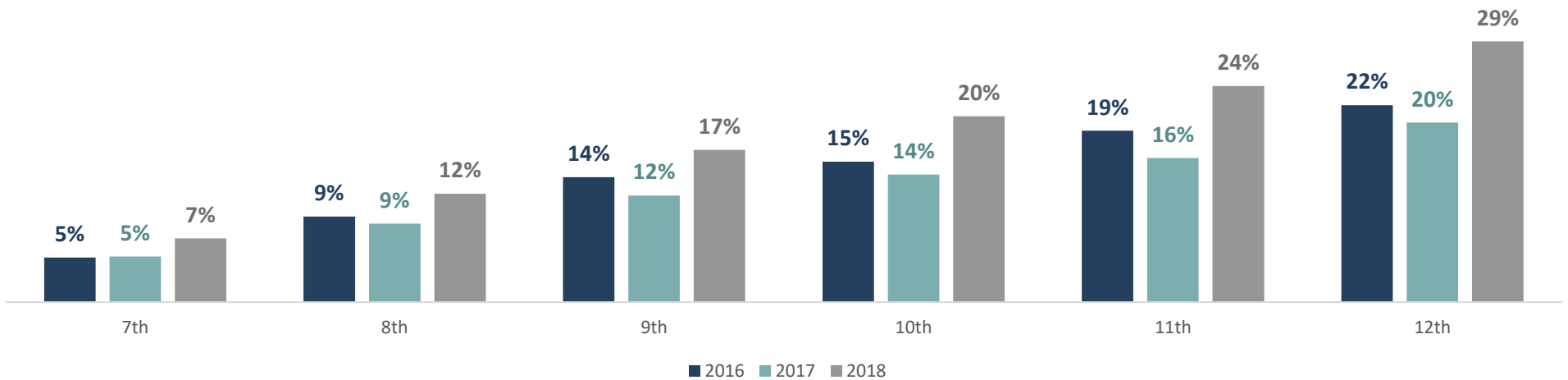
## Quick Facts *(continued)*

Monthly use of electronic vapor products for 12<sup>th</sup> grade students is higher for **Indiana** compared to the **U.S.** since 2015.



Data Source: Indiana Youth Survey 2018 and Youth Risk Behavior Survey 2017 (for US data)

Monthly use of electronic vapor products in Indiana *increases* with each student grade level and has *increased* in **2018**.



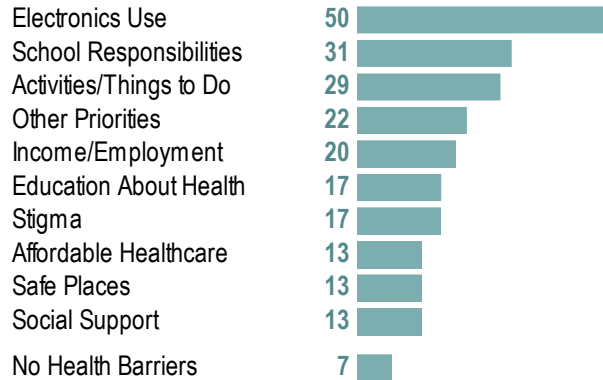
Data Source: Indiana Youth Survey, 2016-2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Nutrition and/or Physical Activity

Definition: Physical needs related to health, including a lack of proper nutrition and lack of physical activity.

## Statewide Survey: Nutrition/Physical Activity Barriers



## Focus Group Quotes

“[Healthy foods are] good for you but don’t taste good.” – **Nutrition**

“[Kids spend a lot of time on] Xbox and stuff.” – **Barrier: Personal Choices with Electronics**

“You have 8 classes and so homework keeps piling up.” – **Barrier: School Responsibilities**

“There’s nothing to do.” – **Barrier: Limited Activities/Things to Do**

“One of my friends was complaining about how they can’t eat healthy because it’s too expensive.” – **Barrier: Limited Access to Food Due to Cost/Income**

Note: These are the top barriers for respondents that included Nutrition and/or Physical Activity as a need/challenge. Barriers are not exclusive to Nutrition and/or Physical Activity.

## Quick Facts

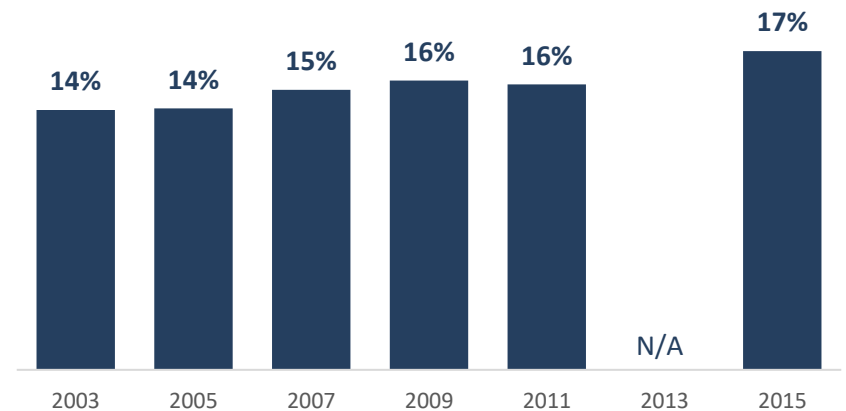
**17%** of Indiana adolescents ages 12-17 were physically active at least 60 minutes per day (NSCH, 2017-2018). Black (15%) and Hispanic (19%) high school students were less likely to be physically active than White students (27%) (YRBS, 2015).

**17%** of Indiana adolescents ages 10-17 are obese (BMI at or above the 95<sup>th</sup> percentile) (NSCH, 2017-2018). Black (22%) and Hispanic (18%) high school students were more likely to be obese than White students (17%) (YRBS, 2015).

**13%** of Indiana high school students reported not eating fruit in the week before completing the YRBS (2015) survey. The percentage was greater for Black (18%) students (YRBS, 2015).

**7%** of Indiana high school students reported not eating vegetables in the week before completing the YRBS (2015) survey. The percentage was greater for Black (10%) and Hispanic (11%) students (YRBS, 2015).

The percentage of **students who were overweight** (≥ 85<sup>th</sup> percentile and < 95<sup>th</sup> percentile for body mass index) **increased** from 2003 to 2015.



Data Source: ISDH analysis of the Youth Risk Behavior Survey, 2003-2015  
Data are not available for 2013.

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Physical Injury

Definition: Physical injury, such as from a car, playground, or workplace accident.

## Statewide Survey: Physical Injury Barriers



Note: These are the top barriers for respondents that included Physical Injury as a need/challenge. Barriers are not exclusive to Physical Injury.

## Focus Group Quotes

“Someone got hit by a car walking to school, right in front of the school.” – *Physical Injury*

“There’s not really sidewalks on the main roads.” – *Physical Injury*

“A lot of kids are addicted to their phones.” – *Barrier: Personal Choices with Electronics*

“I think [I have] one or two hours [of homework] a night.” – *Barrier: School Responsibilities*

“A lot of the time I’ve noticed a lot of us don’t have money. A lot of the time, [teens] can’t get the things they need. Hygiene is a big thing when it comes to that.” – *Barrier: Income/Employment*

## Quick Facts

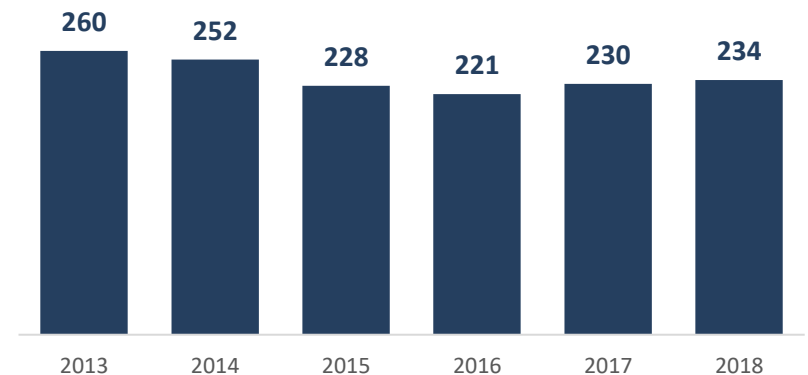
**9.9** per 100,000 Indiana adolescents aged 10-17 die from accidents (unintentional injuries), which was the leading cause of death for this age group (IDOH Epidemiology Resource Center, 2015-2017).

**234** per 100,000 Indiana adolescents aged 10-19 were hospitalized for non-fatal injuries in 2018. This group is hospitalized at higher rates than young children (IDOH Epidemiology Resource Center, 2018).

**71%** of injury-related deaths for Indiana adolescents aged 12-18 during 2018 involved a male victim (Special Emphasis Report, 2018).

**40%** of injury deaths for Indiana adolescents aged 15-18 and 23% of injury deaths for adolescents aged 12-14 were transportation-related (Special Emphasis Report, 2018).

From 2013 to 2018, hospitalizations involving non-fatal injuries per 100,000 adolescents 10-19 years old decreased by 10%.



Data Source: ISDH Epidemiology Resource Center, 2013-2018

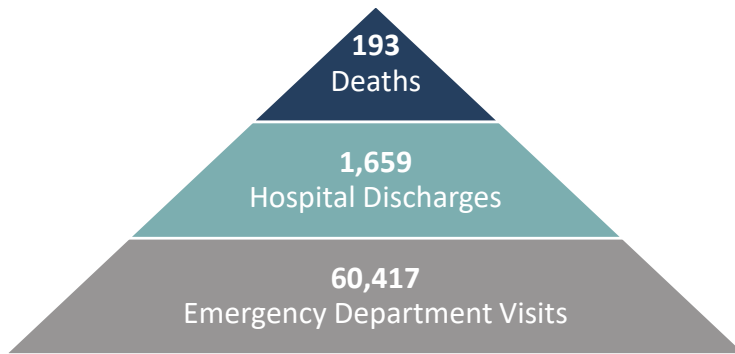
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 & 2020 and include adolescents sharing about themselves.

# Physical Injury *(continued)*

Definition: Physical injury, such as from a car, playground, or workplace accident.

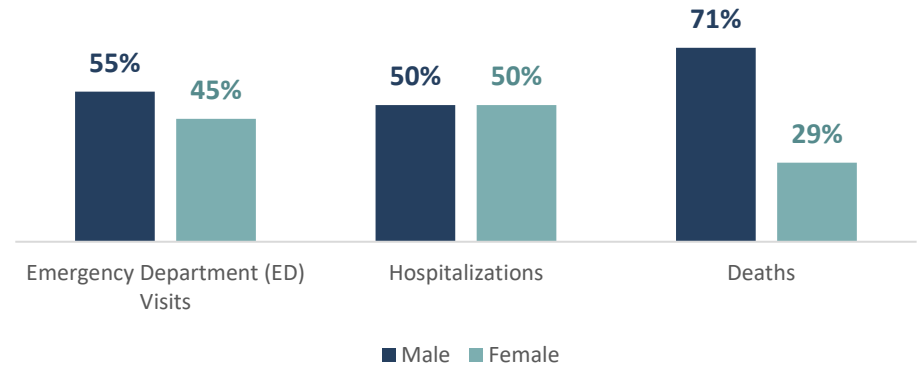
## Quick Facts *(continued)*

For every adolescent 12-18 years old who **died from an injury** in 2018, nine were **hospitalized** and 313 were treated in emergency departments.



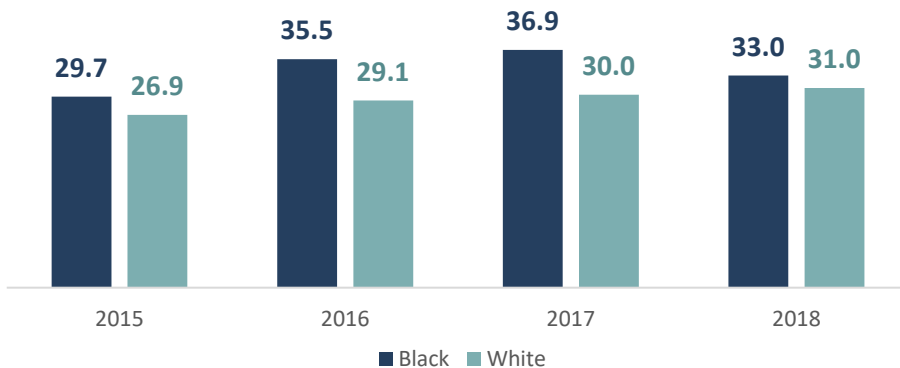
Data Source: Indiana Department of Health's Special Emphasis Report, 2018

**Male adolescents** 12-18 years old were more likely than **female adolescents** to die due to injury in 2018.



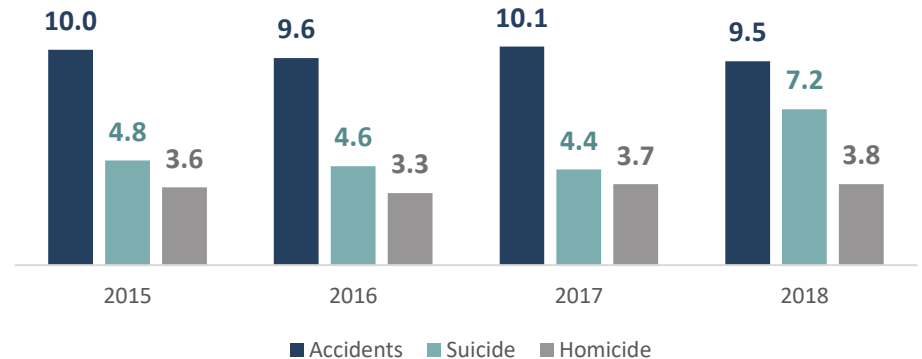
Data Source: Indiana Department of Health's Special Emphasis Report, 2018

Hospitalization rates among adolescents 10-17 years old are *higher* for **Black adolescents** than for **White adolescents** (per 10,000 adolescents).



Data Source: IDOH Epidemiology Resource Center, 2015-2018

The leading causes of death among adolescents 10-17 years old include **accidents**, **suicide**, and **homicide**, with **suicide** rates *increasing* in 2018 (rate per 100,000 adolescents).



Data Source: IDOH Epidemiology Resource Center, 2015-2018

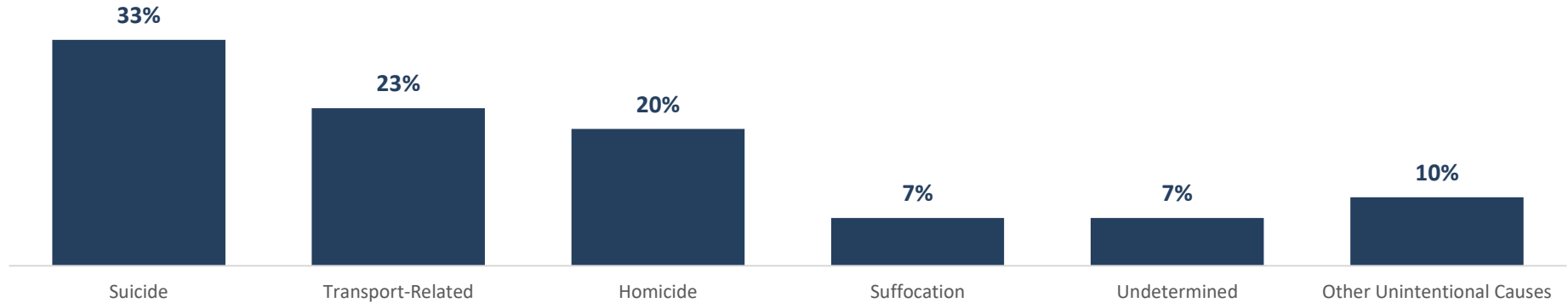
\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Physical Injury *(continued)*

Definition: Physical injury, such as from a car, playground, or workplace accident.

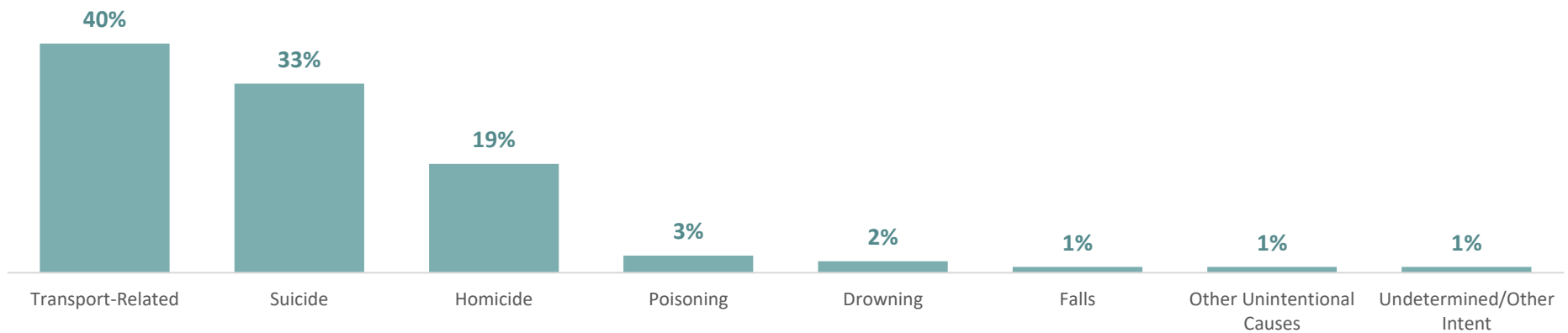
## Quick Facts *(continued)*

The leading cause of **injury death for teens 12-14 years old** was suicide, followed by transport-related and homicide.



Data Source: Indiana Department of Health's Special Emphasis Report, 2018

The leading cause of **injury death for teens 15-18 years old** was transport-related, followed by suicide and homicide.



Data Source: Indiana Department of Health's Special Emphasis Report, 2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.



# Sleep

Definition: Sleep needs, including regular, adequate sleep.

## Statewide Survey: Sleep Barriers



Note: These are the top barriers for respondents that included Sleep as a need/challenge. Barriers are not exclusive to Sleep.

## Focus Group Quotes

“[One teen] said, ‘I stayed up till 11:00 on my phone just watching YouTube [until] my parents came in and took it away.’” – *Sleep with Barrier: Personal Choices with Electronics*

“I want to sleep more, but then I feel like I’m going to miss something good in the group chat if I go to sleep.” – *Sleep with Barrier: Personal Choices with Electronics*

“A lot of the time I feel like [teens will] stay up all night studying instead of sleeping.” – *Sleep with Barrier: School Responsibilities*

“Sometimes [teens] have a lot of siblings they have to help take care of. Sometimes they’re single parents. They have to worry about studying. All that stuff.” – *Barrier: Other Priorities*

## Quick Facts

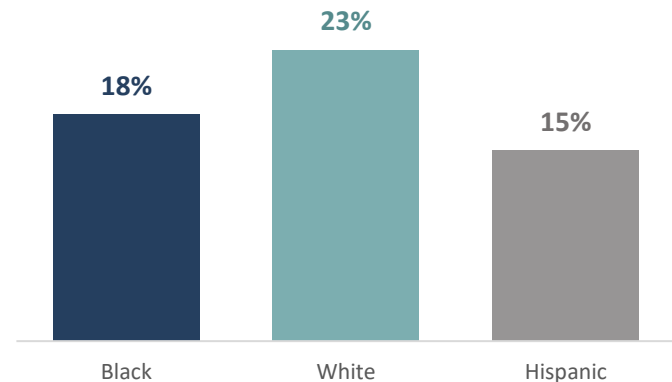
**21%** of Indiana high school students reported getting eight or more hours of sleep on an average school night (YRBS, 2015).

**60%** of Indiana adolescents ages 12-17 get the recommended, age-appropriate hours of sleep (IYI KIDS COUNT® Data Book, 2020)

**24%** of Indiana high school boys got eight or more hours of sleep on an average school night, compared to 19% of girls (YRBS, 2015).

**6** in 10 middle school students do not get enough sleep, nationally (CDC, 2018).

Indiana’s **White students** were more likely to get eight or more hours of sleep on an average school night.



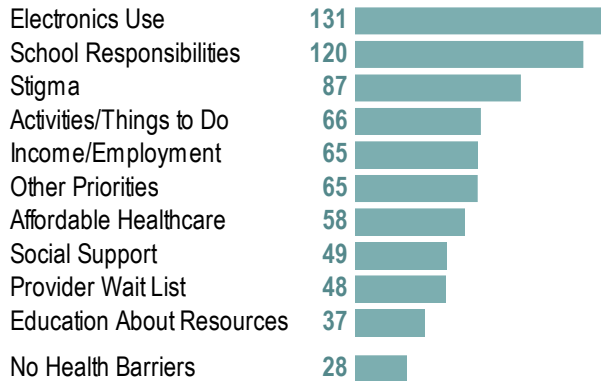
Data Source: Youth Risk Behavior Survey, 2015

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Social/Emotional Development

Definition: Social and emotional development, which can include confidence, self-esteem, independence, or healthy relationships.

## Statewide Survey: Social/Emotional Barriers



## Focus Group Quotes

“Teenage drama. It starts in 6<sup>th</sup> and 7<sup>th</sup> [grade] and then it just gets worse. A bunch of 6<sup>th</sup> graders have caused most of the drama. Girls, they’ll be best friends and then they’re walking down the hallway and mad at each other. We need a reality TV show here. We really do. It’s usually over somebody. Somebody will like somebody, but then you got somebody that likes them and then like three people will like one person. It’s just stupid. My little sister’s in 6<sup>th</sup> grade and I get all the drama.” – **Social/Emotional Development**

“I think the biggest one for me is school. I think school’s overwhelming sometimes.” – **Barrier: School Responsibilities**

“I feel like a lot of the kids are scared to speak up about [what they need]. In today’s generation when you talk about your feelings, people don’t actually take into consideration that you have feelings. A lot of people just like to thug it out, but you can’t just ignore the fact that you’re bothered.” – **Barrier: Stigma**

Note: These are the top barriers for respondents that included Social/Emotional Development as a need/challenge. Barriers are not exclusive to Social/Emotional Development.

## Quick Facts

**49%** of Indiana 6<sup>th</sup> grade students, 41% of 8<sup>th</sup> grade students, 43% of 10<sup>th</sup> grade students, and 46% of 12<sup>th</sup> grade students scored below the national standard for interactions with pro-social peers (i.e., friends who participate in extracurricular activities, like school, remain drug-free, attend religious services, and try to do well in school) (Indiana Youth Survey, 2018).

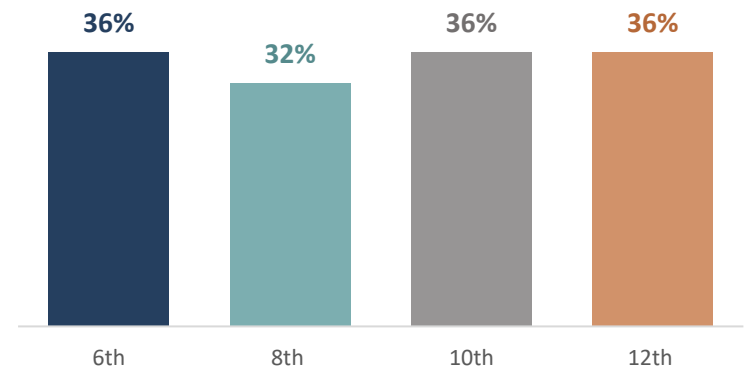
**31%** of Indiana 6<sup>th</sup> grade students, 28% of 8<sup>th</sup> grade students, 31% of 10<sup>th</sup> grade students, and 30% of 12<sup>th</sup> grade students scored below the national standard for opportunities for pro-social involvement through their school (e.g., opportunities to talk with teachers one-on-one, extracurricular activities) (Indiana Youth Survey, 2018).

**64%** of Indiana 6<sup>th</sup> grade students, 69% of 8<sup>th</sup> grade students, 67% of 10<sup>th</sup> grade students, and 66% of 12<sup>th</sup> grade students scored below the national standard for access to protective factors in their community (e.g., sports, scouting, 4-H, caring adults) (Indiana Youth Survey, 2018).

**74%** of Indiana high school students say they feel comfortable being themselves in school all or most of the time (IYI analysis of CASEL, 2018).

**52%** of Indiana high school students say they feel comfortable participating in school and taking risks even if it means making mistakes (IYI analysis of CASEL, 2018).

For all grade levels surveyed, more than one-third of students scored *below* the national standard for opportunities for pro-social behavior with their families (e.g., fun activities together, input in family decisions, help from parents with personal problems).



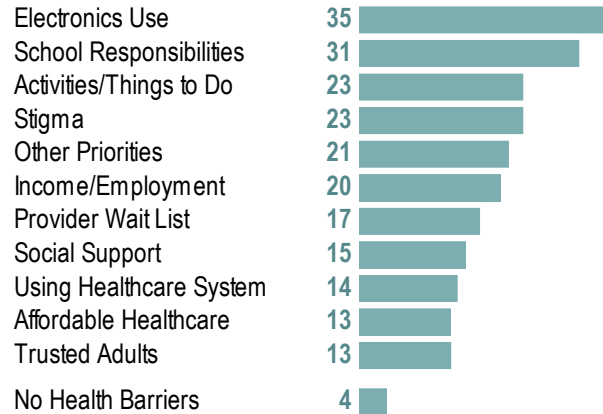
Data Source: Indiana Youth Survey, 2018

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

# Trauma or Violence

Definition: Experiences of trauma or violence, including domestic violence, bullying, or cyberbullying.

## Statewide Survey: Trauma or Violence Barriers



## Focus Group Quotes

“A lot of people hide behind a screen. Especially cyberbullying. That’s a big thing. A lot of the time kids don’t try to be mean, but they end up playing around with the kids that aren’t that well talked about. I know a lot of people mess with each other’s feelings, relationship wise. I know that’s a big thing.” – **Trauma or Violence**

“They’re posting on people they don’t like and saying they should kill themselves or things like that.” – **Trauma or Violence**

“[Student] got his face slammed into the ground.” – **Trauma or Violence**

“Most of the kids will turn [to] their computer and play games.” – **Barrier: Personal Choices with Electronics**

Note: These are the top barriers for respondents that included Trauma or Violence as a need/challenge. Barriers are not exclusive to Trauma or Violence.

## Quick Facts

**38%** of Indiana adolescents ages 12-17 were bullied. Girls (51%) were more likely to be bullied than boys (26%) (NSCH, 2018).

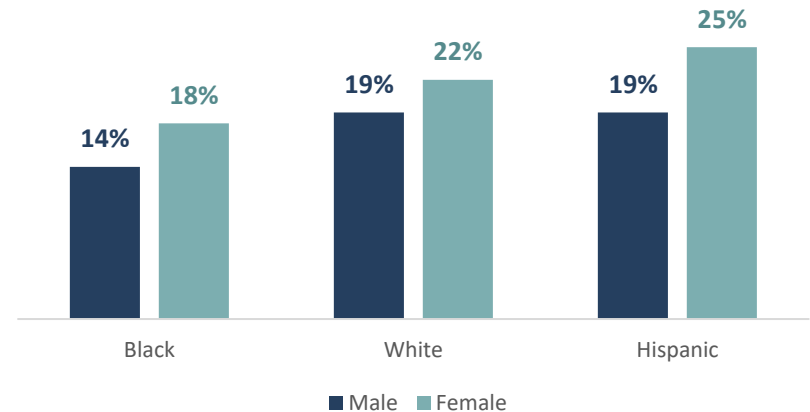
**19%** of Indiana high school students were bullied on school property. Girls (23%) were more likely to be bullied at school than boys (15%) (YRBS, 2015).

**16%** of Indiana high school students were bullied electronically. Girls (21%) were more likely to be bullied electronically than boys (11%) (YRBS, 2015).

**10%** of Indiana high school students were physically forced to have sexual intercourse. Girls (13%) were more likely to be forced to have intercourse than boys (6%) (YRBS, 2015).

**13%** of Indiana high school students were teased or called names because someone thought they were gay, lesbian, or bisexual (YRBS, 2015).

A larger percentage of **high school girls** were bullied on school property in the 12 months before the survey compared to **high school boys**.



Data Source: Youth Risk Behavior Survey, 2015

\*\*Statewide survey data are from 2020 and include the parent/caregiver perspective about their adolescent. Focus groups were conducted in 2019 and 2020 and include adolescents sharing about themselves.

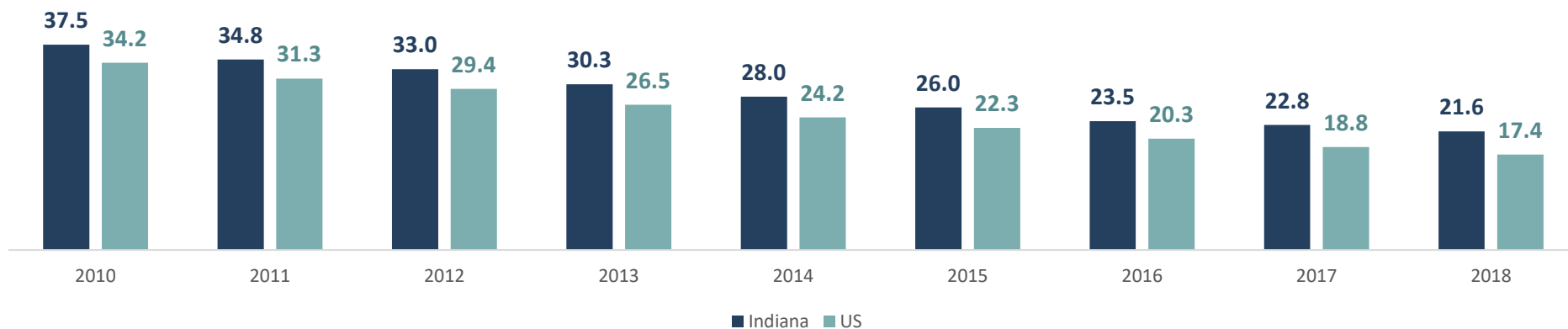
## Additional Adolescent Data

# Pregnancy-Related Care

Definition: Care before, during, or after pregnancy.

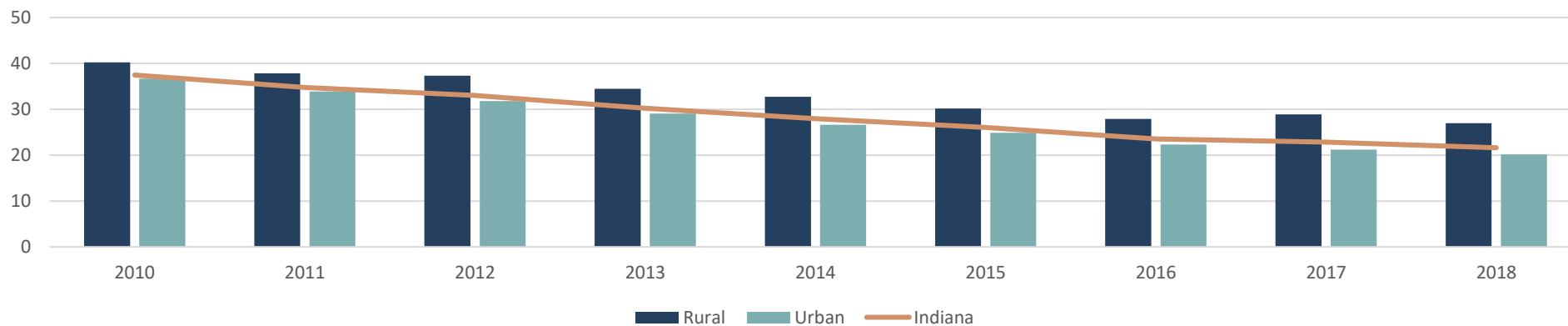
## Quick Facts – Teen Births

The birth rate for teenage mothers (15-19) is decreasing each year; however, **Indiana** remains *higher* than the **U.S.** rate (per 1,000). This same trend is true for young teenage mothers (15-17).



Data Source: MCH analysis of Vital Records and CDC National Center for Health Statistics, 2010-2018

The birth rate for teenage mothers (15-19) is *higher* in **Rural** areas compared to **Urban** areas of Indiana (per 1,000). This same trend is true for young teenage mothers (15-17).



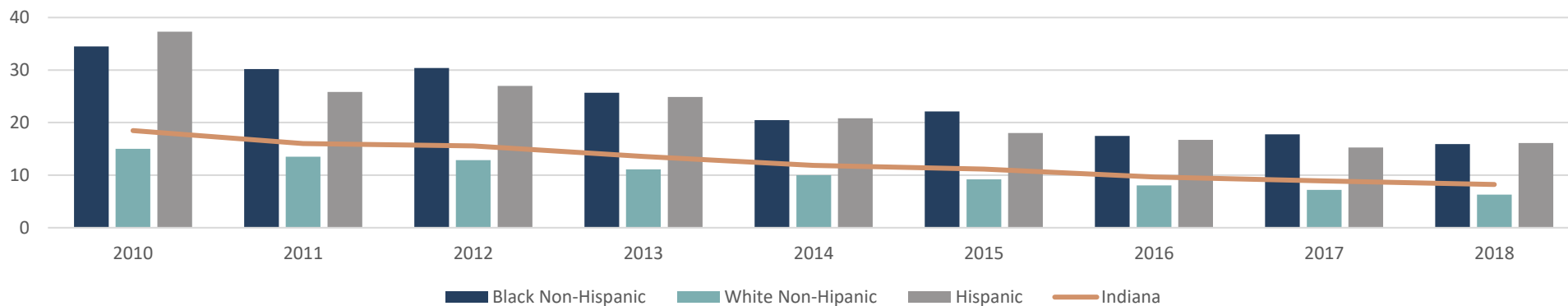
Data Source: MCH analysis of Vital Records, 2010-2018

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

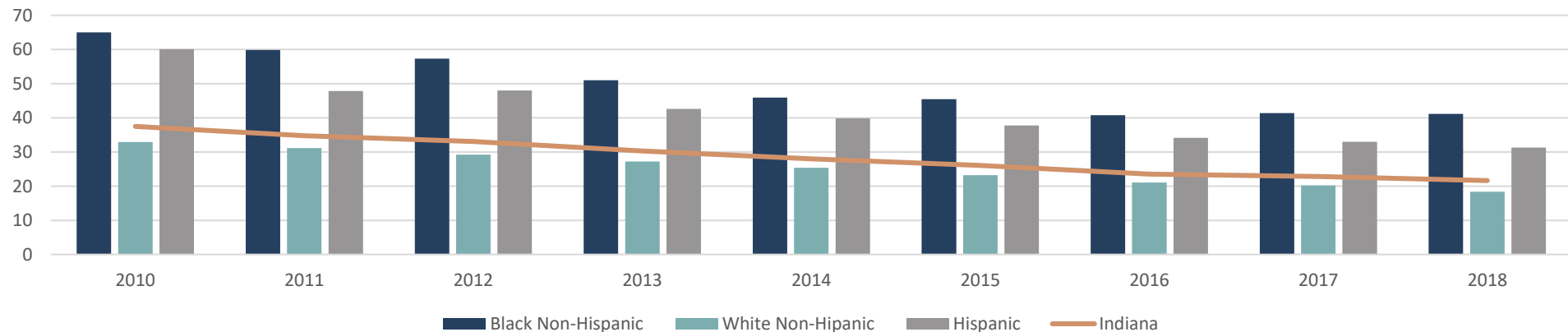
## Quick Facts *(continued)* - Teen Births

The birth rate for young teenage mothers (15-17) is *higher* for **Black Non-Hispanic young teens** and **Hispanic young teens**. **Black Non-Hispanic young teens** had the *highest* pregnancy rates for 6 of the past 9 years. **Hispanic young teens** had the *highest* pregnancy rates in 2010, 2014, and 2018 (per 1,000).



Data Source: MCH analysis of Vital Records, 2010-2018

The birth rate for teenage mothers (15-19) is *higher* for **Black Non-Hispanic teens** and **Hispanic teens**, compared to **White Non-Hispanic teens**. **Black Non-Hispanic teens** consistently have the *highest* pregnancy rates for *all* years from 2010 to 2018 (per 1,000).



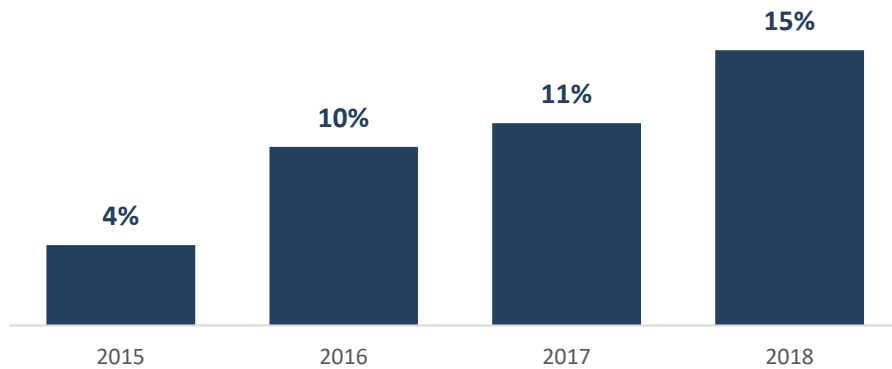
Data Source: MCH analysis of Vital Records, 2010-2018

# Sexual Health

Definition: Physical needs related to sexual health, including infertility and sexual organ health (e.g., miscarriages, birth control).

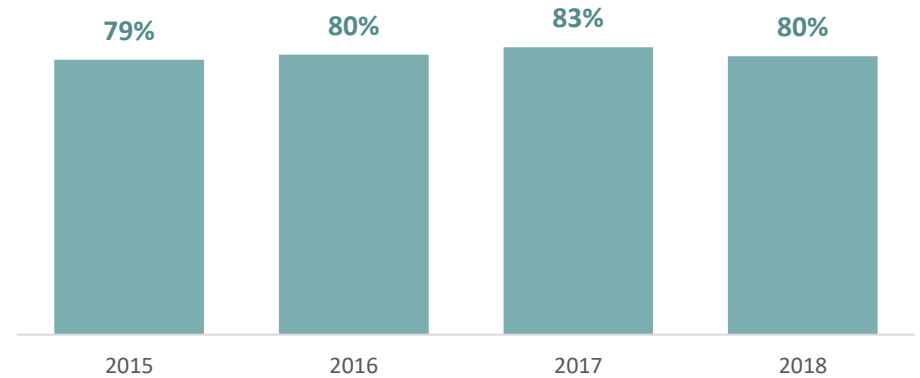
## Quick Facts

The percentage of all teens (15-19) using the **most effective contraceptive methods** (e.g., implants, IUDs) has *increased* since 2015.



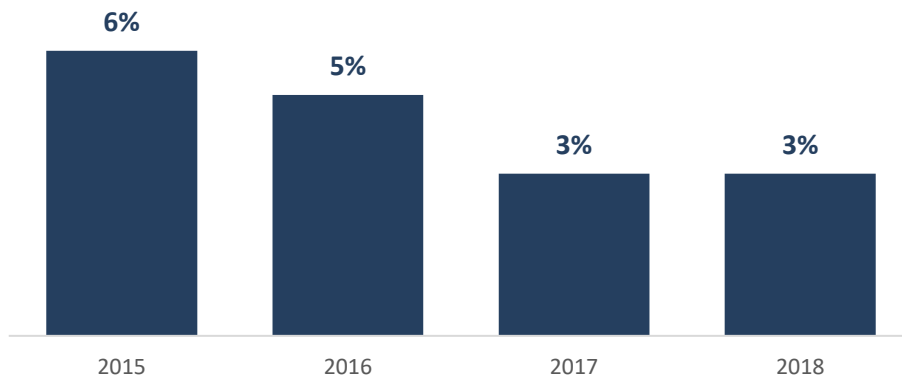
Data Source: IDOH Title X, 2015-2018

The percentage of teens (15-19) using **moderate or better contraceptive methods** (e.g., patch, pills, ring, sterilization) has remained relatively similar since 2015.



Data Source: IDOH Title X, 2015-2018

The percentage of teen (15-19) **pregnancy diagnoses** in Indiana Title X clinics has *decreased* since 2015.



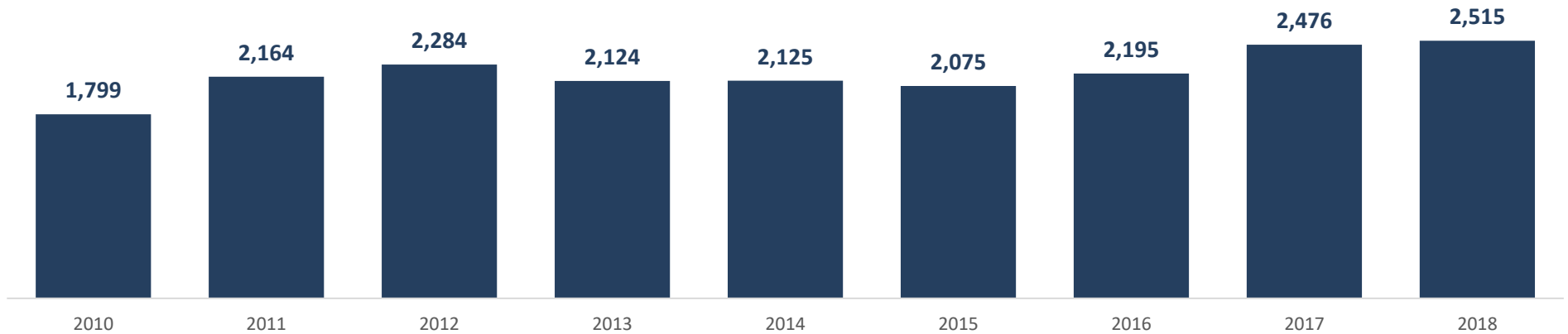
Data Source: IDOH Title X, 2015-2018

# Sexually Transmitted Diseases (STDs)

Definition: Physical needs related to sexually transmitted diseases (STDs).

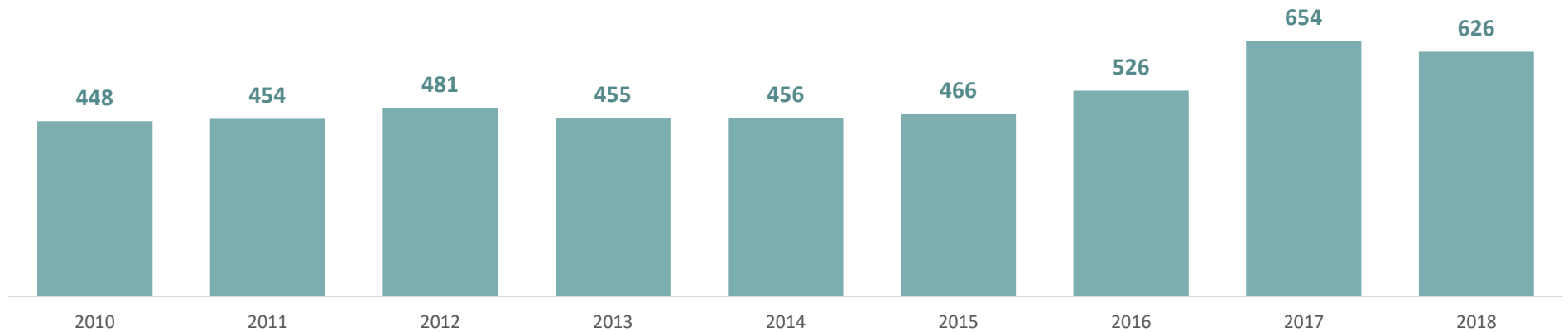
## Quick Facts

The rate of Indiana adolescents 15-24 years old with **Chlamydia** has *increased* by 716 since 2010 (rate per 100,000 adolescents 15-24 years old).



Data Source: IDOH Division of HIV/STD/Viral Hepatitis, 2010-2018

The rate of Indiana adolescents 15-24 years old with **Gonorrhea** has *increased* by 178 since 2010 (rate per 100,000 adolescents 15-24 years old).



Data Source: IDOH Division of HIV/STD/Viral Hepatitis, 2010-2018

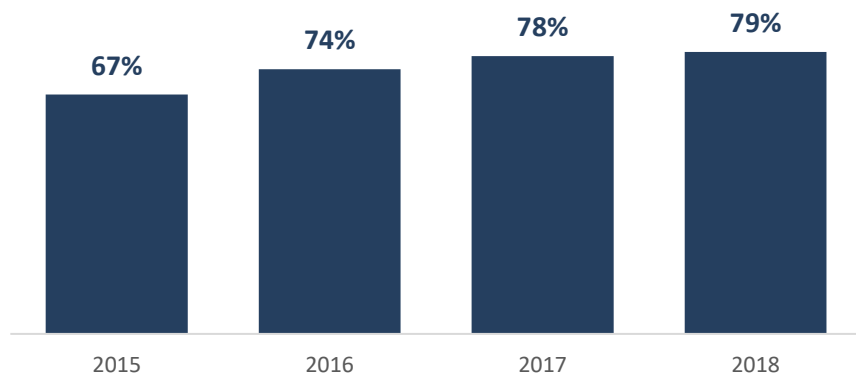


# Sexually Transmitted Diseases (STDs)

Definition: Physical needs related to sexually transmitted diseases (STDs).

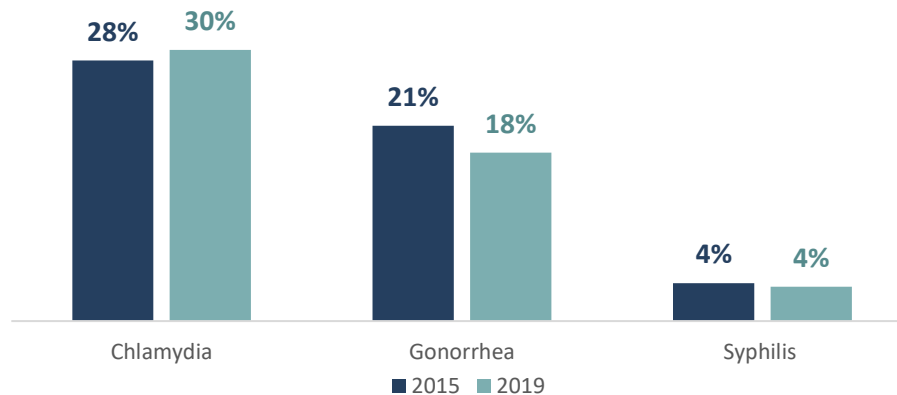
## Quick Facts (continued)

The percentage of women under the age of 25 who **have been tested for Chlamydia** in Title X clinics has *increased* since 2015.



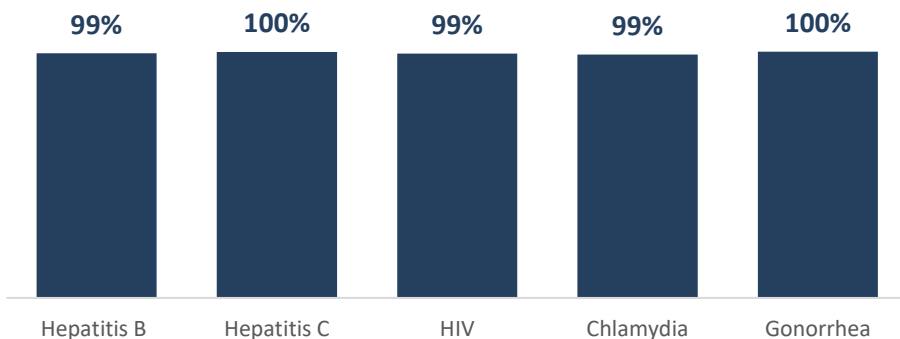
Data Source: IDOH Title X, 2015-2018

The percentage of adolescents 13-19 years old diagnosed with an STD has *increased for Chlamydia* between **2015** and **2019**.



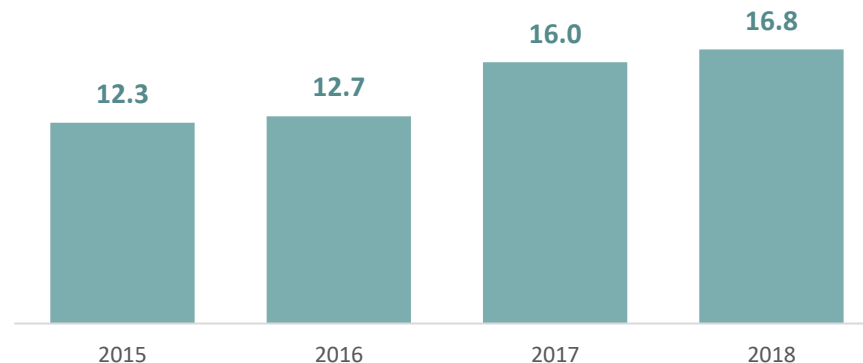
Data Source: IDOH Division of HIV/STD/Viral Hepatitis, 2015-2018

The percentage of refugee arrivals who were screened October 1, 2017 – September 30, 2019, and **tested negative** for the following conditions.



Data Source: IDOH TB/Refugee Health, October 1, 2017 – September 30, 2019 Rates for Hepatitis B, Hepatitis C, and HIV are for individuals 0-21 years old. Rates for Chlamydia and Gonorrhea are for individuals 13-21 years old.

The rate of adolescents 15-19 years old **living with HIV/AIDS** has increased since 2015 (rate per 100,000 adolescents 15-19 years old).



Data Source: IDOH Division of HIV/STD/Viral Hepatitis, 2015-2018