









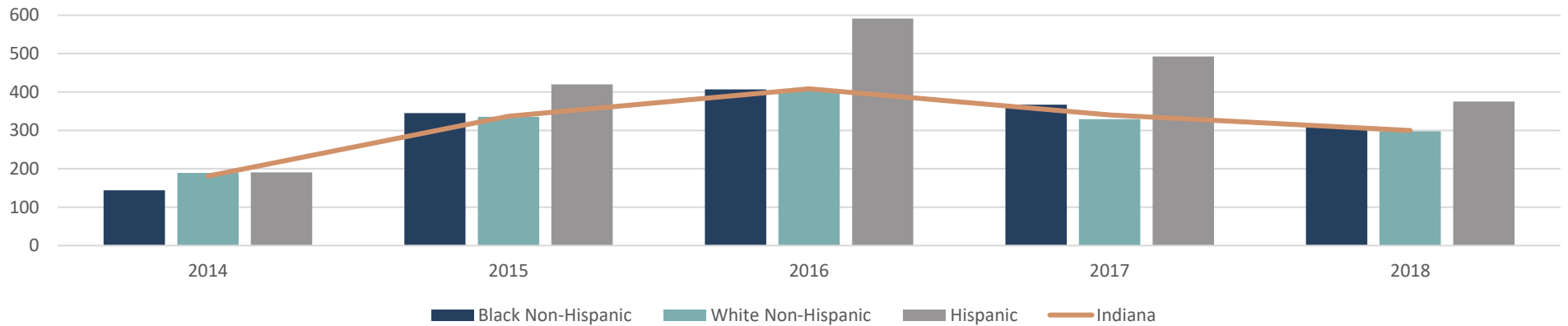
# Birth/Genetic Conditions *(continued)*

Definition: Genetic conditions or birth defects, including Down syndrome, heart defects, spina bifida.

## Quick Facts *(continued)*

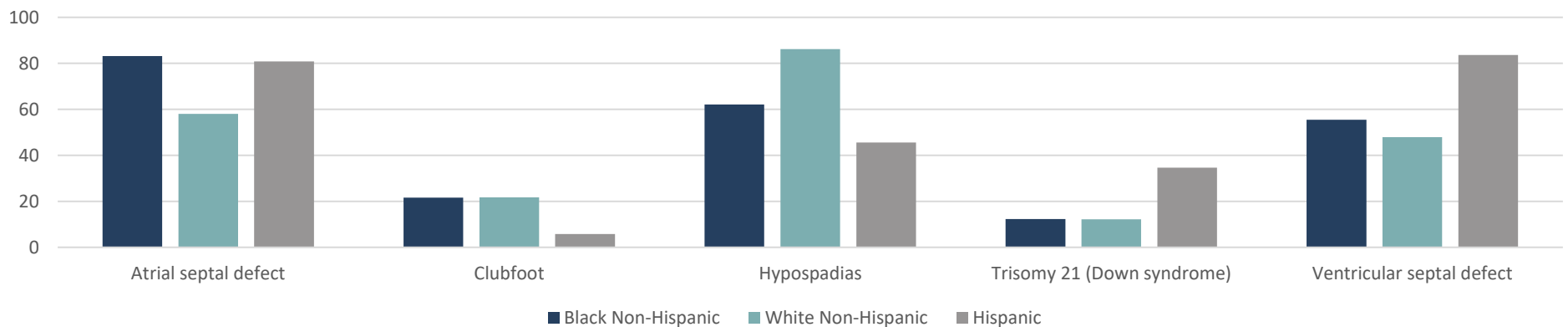
The rate of infants born with a birth defect in **Indiana** has *decreased* since 2016.

**Hispanic babies** have *higher* rates of birth defects than **White Non-Hispanic babies** and **Black Non-Hispanic babies** (rate per 10,000 live births).



Data Source: IDOH Genomics and Newborn Screening, 2014-2018

The rates of babies born with one of the five most common birth defects in Indiana in 2018 are shown below (rate per 10,000 live births).



Data Source: IDOH Genomics and Newborn Screening, 2018

\*Rate for Hypospadias is per 10,000 live male births.

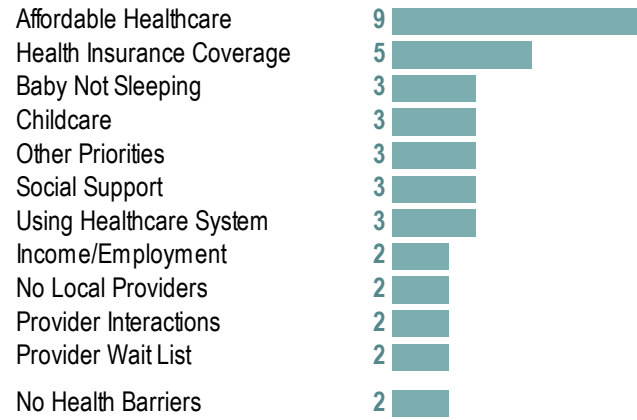
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 and 2020; both include parent/caregiver's feedback about their child/children's need(s).

# Chronic Physical Conditions

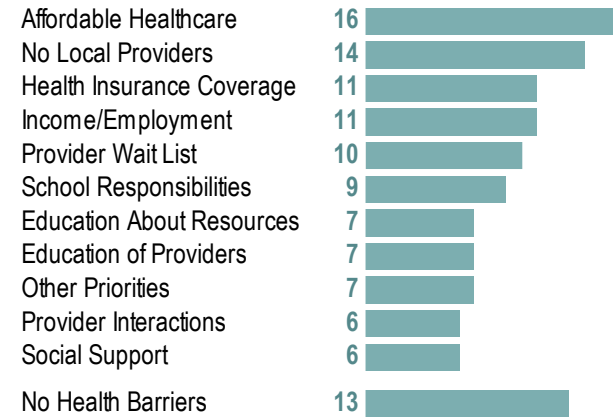
Children 0-5 **#11** & Children 6-12 **#7**

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

## Statewide Survey: Chronic Physical Barriers – Children 0-5 Years Old



## Statewide Survey: Chronic Physical Barriers – Children 6-12 Years Old



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.

## Focus Group Quotes

“You don’t know how many ear infections [my children] have been diagnosed with.” – **Chronic Physical Conditions**

“My other son can only be on my insurance now so there’s been times when I’ve had to not get his medication because I can’t afford [it].” – **Barrier: Affordable Healthcare**

“One of the barriers is access to a qualified physician for a Medicaid patient... I want to make sure that my child gets appropriate care, but I don’t have access to those doctors, so I have to basically take what I get. If I don’t like those doctors, then I’m out of options.” – **Barrier: Health Insurance Coverage**

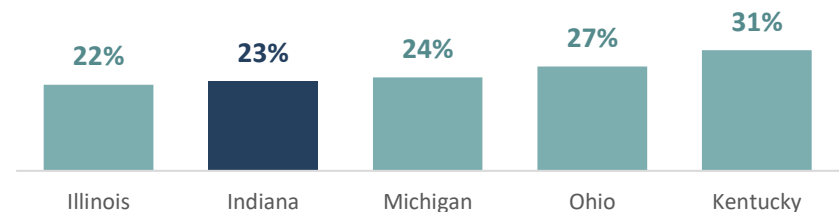
## Quick Facts

**13%** of Indiana children have been told by a doctor, nurse, or other health professional that they have asthma (BRFSS, 2018).

**4%** of Indiana children served by Head Start received medical treatment for vision problems. Head Start children were also treated for asthma (4%), anemia (1%), hearing difficulties (1%), and high lead levels (1%) (Office of Head Start PIR Summary Report, 2018).

**22** per 100,000 Indiana children ages 0-4 have cancer, compared to 14 per 100,000 for ages 5-9, and 15.3 per 100,000 for ages 10-14 (IYI KIDS COUNT® Data Book, 2020).

The prevalence of allergies in **Indiana** is lower compared to other **Midwestern states**.



Data Source: IYI KIDS COUNT® Data Book, 2020

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 and 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

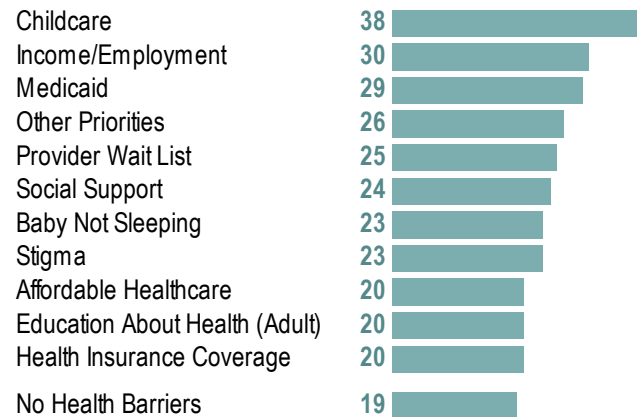
# Cognitive Development

Children 0-5 **#4** & Children 6-12 **#3**

Definition: Delays in development for children 0-5 (following directions, scribbling, learning numbers) or children 6-12 (focusing attention, following complex commands).

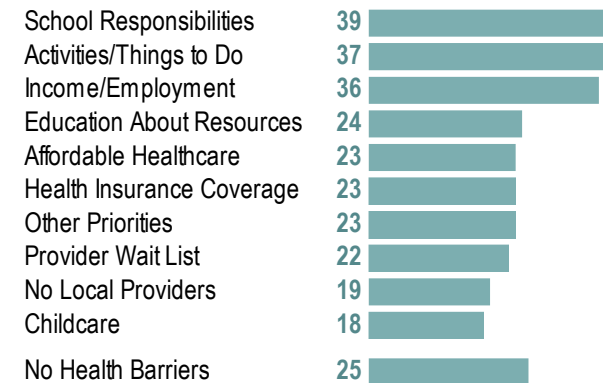
## Statewide Survey:

### Cognitive Development Barriers – Children 0-5 Years Old



## Statewide Survey:

### Cognitive Development Barriers – Children 6-12 Years Old



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

## Focus Group Quotes

“It’s hard to sign up for childcare where you can actually get both or multiple kids into the same facility. So, for example, one facility may accept your 2- or 3-year-old but not your infant. You’re paying almost \$2,000 a month for two kids. It’s hard. You have to go with someone who’s not licensed and not in a facility.” – **Barrier: Childcare**

“Too much homework. Some nights an hour a night.” – **Barrier: School Responsibilities** (from Adolescent focus group)

“There’s nothing to do.” – **Barrier: Limited Activities/Things to Do** (from Adolescent focus group)

## Quick Facts

- 27%** of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool in the past year, compared to 34% of children nationally (NSCH, 2017-2018).
- 17%** of Indiana’s *Black* children ages 3-17 were diagnosed with a developmental delay, compared to 5% of White, 2% of Hispanic, and 6% of children of other races. Ten percent of all Indiana children ages 3-5 have been diagnosed with a developmental delay (NSCH from IYI KIDS COUNT® Data Book, 2020).
- 19%** of children ages 3-5 in DeKalb County’s Head Start program fell below the expectation of being able to solve problems (TS Gold Snapshot, Spring 2019/2020).
- 54%** of Indiana local educational agencies (LEA) met targets ( $\geq 83\%$ ) for the percentage of preschoolers with IEPs who substantially increased knowledge and skills (including early language/communication and early literacy). In 22% of LEAs, at least 17.5% of preschoolers with IEPs were functioning within age expectations (i.e., targets were met) (IDOE, 2020).

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 and 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

# Dental/Oral Health

 Children 0-5 **#8** & Children 6-12 **#2**

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

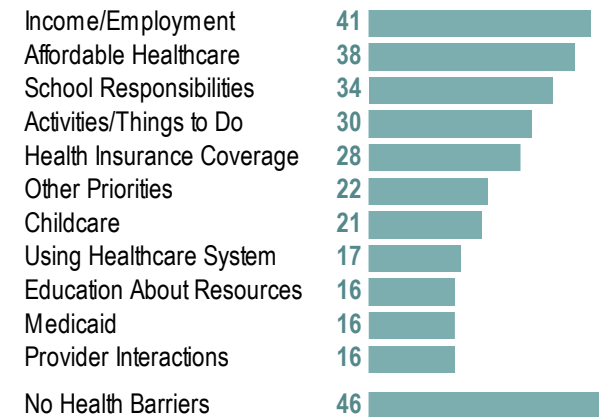
## Statewide Survey:

### Dental/Oral Health Barriers – Children 0-5 Years Old



## Statewide Survey:

### Dental/Oral Health Barriers – Children 6-12 Years Old



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.

## Focus Group Quotes

“My kids didn’t go see a dentist for the first time until like a year and a half ago because their [insurance] doesn’t have any dentist in this area.” – **Dental/Oral**

“I was trying to get my daughter into a dentist office that’s for kids here in town. Because she had Medicaid as her primary insurance, they wouldn’t accept her.” – **Dental/Oral**

“I’m like, ‘I can’t pay my bills. How am I supposed to have extra money to drive over a half hour to the closest [provider]?’” – **Barrier: Income/Employment**

## Quick Facts

**39%** of Indiana children ages 1-5 and 10% of Indiana children ages 6-11 had no preventative dental visit in the last year (NSCH, 2017-2018).

**22%** of *Black* and 22% of *Hispanic* children ages 1-17 in Indiana had no preventative dental visit, compared to 20% of *White* children (NSCH, 2017-2018).

**14%** of Indiana children had oral health problems such as cavities in the past year (IYI KIDS COUNT® Data Book, 2020).

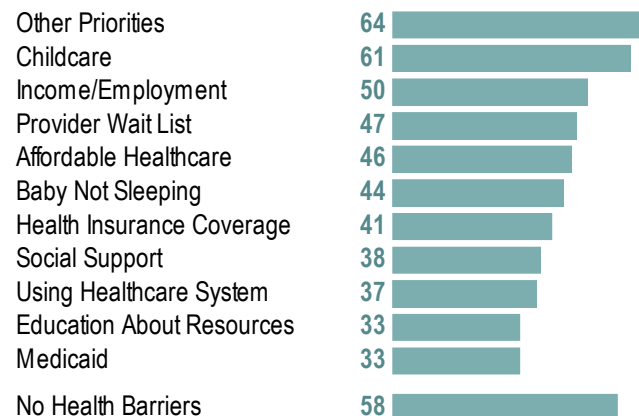
**89%** of Indiana children in Head Start had continuous, accessible dental care provided by a dentist at the end of the enrollment year. Sixty percent of Head Start children received preventative care within the past year (Office of Head Start PIR Summary Report, 2018).



# Language Development

Definition: Delays in language development, such as speaking clearly or telling stories.

## Statewide Survey: Language Development Barriers



## Focus Group Quotes

*"I'm doing what I can with [my son]. But I'm mom; he communicates with me without words. It's where he's getting frustrated with other people cause they're not understanding his nods or weird cues." – Language Development*

*"If someone cannot do these [speech] therapies, or have somebody come to them, or whatever the situation is, you can at least leave [me] with some sort of resource. 'Hey, look up online, maybe if you work on some of these vocal tones with them, or you know, muscle exercises,' at least give [me] something... I feel like I'm failing him, but I can't help it." – Language Development*

*"I haven't had the time." – Barrier: Other Priorities*

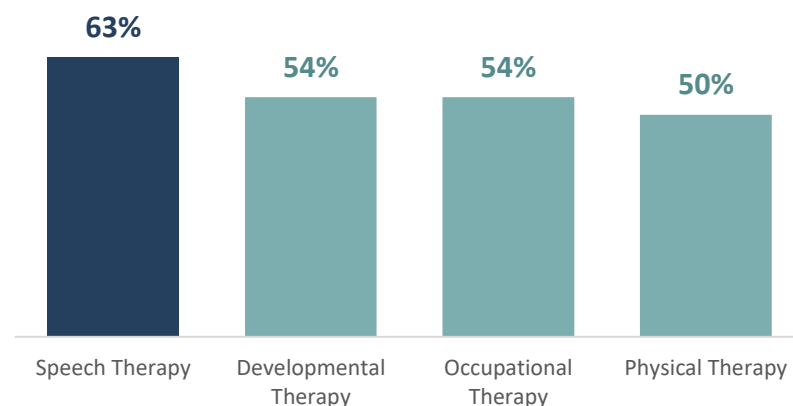
*"Childcare. Finding childcare is very hard." – Barrier: Childcare*

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

## Quick Facts

- 10%** of Indiana Head Start preschool children were diagnosed with a speech or language impairment (Office of Head Start PIR Summary Report, 2018).
- 54%** of Indiana local educational agencies (LEA) met targets ( $\geq 83\%$ ) for the percentage of preschoolers with IEPs who substantially increased knowledge and skills (including early language/communication and early literacy). In 22% of LEAs, at least 17.5% of preschoolers with IEPs were functioning within age expectations (i.e., targets were met) (IDOE, 2020).
- 27%** of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool within the past year, compared to 34% of children nationally (NSCH, 2017-2018).
- 10%** of all Indiana children ages 3-5 have been diagnosed with a developmental delay (IYI KIDS COUNT® Data Book, 2020).
- 17%** of Indiana's Black children ages 3-17 were diagnosed with a developmental delay, compared to 5% of White, 2% of Hispanic, and 6% of children of other races (NSCH from IYI KIDS COUNT® Data Book, 2020).

The majority of children 0-3 years old served by First Steps received **Speech Therapy**.



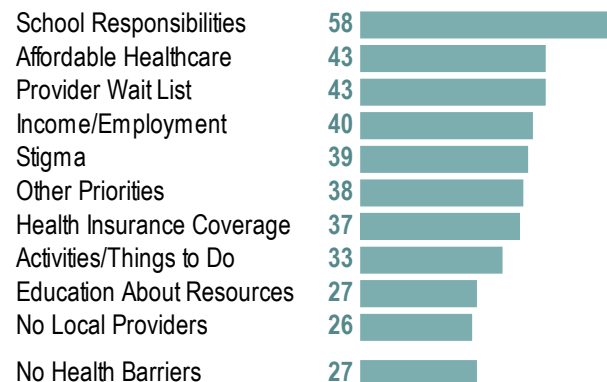
Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 and 2020; both include parent/caregiver's feedback about their child/children's need(s).

# Mental Health

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

## Statewide Survey: Mental Health Barriers



## Focus Group Quotes

“Our mental health is severely lacking for kiddos.” – **Mental Health**

“So mental health... My niece, she had a lot of issues with attachment and a lot of other things, but she was born addicted and there was just so many things. So anyways, I wanted to get her into counseling, but at the time she was only three [years old] and everyone said you can’t counsel a three-year-old. I’m like, ‘really? Cause they want to do therapy with my year and a half old.’” – **Mental Health**

“I think the biggest one for me is school. I think school’s overwhelming sometimes.” – **Barrier: School Responsibilities** (from Adolescent focus group)

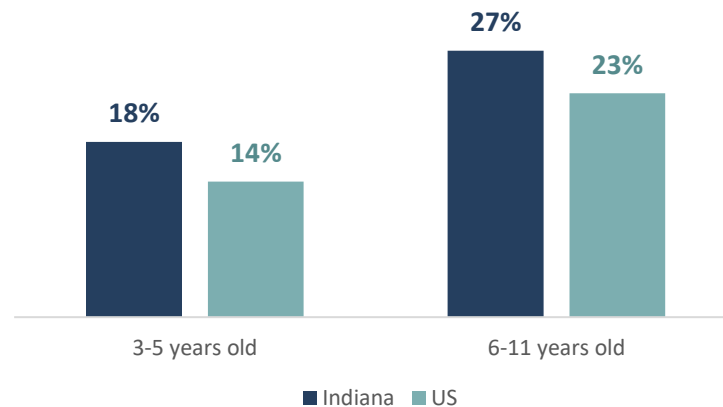
“My other son can only be on my insurance now so there’s been times when I’ve had to not get his medication because I can’t afford [it].” – **Barrier: Affordable Healthcare**

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

- 27%** of Indiana children ages 6-11 and 18% of children ages 3-5 had a mental, emotional, developmental, or behavioral problem (NSCH, 2017-2018).
- 29%** of boys 3-17 had a mental, emotional, developmental, or behavioral problem, compared to 22% of girls (NSCH, 2017-2018).
- 49%** of Indiana children ages 3-17 with a mental/behavioral condition received counseling (NSCH, 2017-2018).
- 9%** of Indiana children ages 3-17 had Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (NSCH, 2017-2018).
- 14%** of Indiana Head Start children received an individual mental health assessment by a mental health professional (Office of Head Start PIR Summary Report, 2018).
- 9%** of Indiana Head Start children had a mental health professional consult with Head Start program staff about the child’s behavior/mental health. Of those 9%, a mental health professional provided three or more consultations within the past year for 27% of children (Office of Head Start PIR Summary Report, 2018).

The percentage of **Indiana children** with a mental, emotional, developmental, or behavioral problem was slightly higher than the **U.S.** for all age groups.



Data Source: National Survey of Children’s Health, 2017-2018

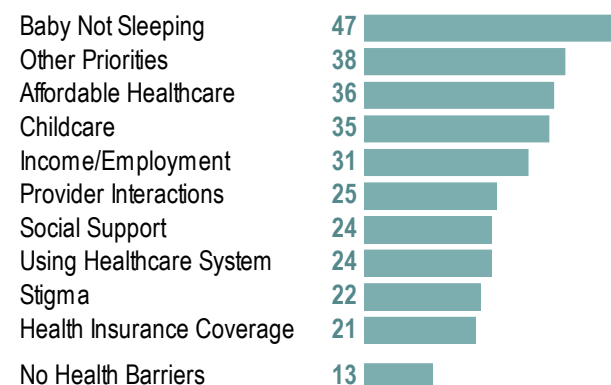
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 and 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

# Nutrition and/or Physical Activity

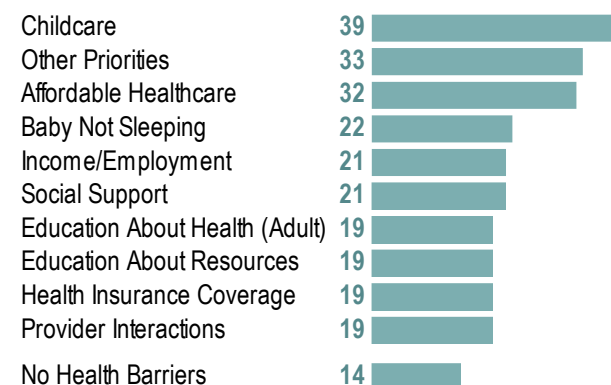
Children 0-5 (Breast Milk) **#6**, Children 0-5 (Other) **#7**, & Children 6-12 **#9**

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

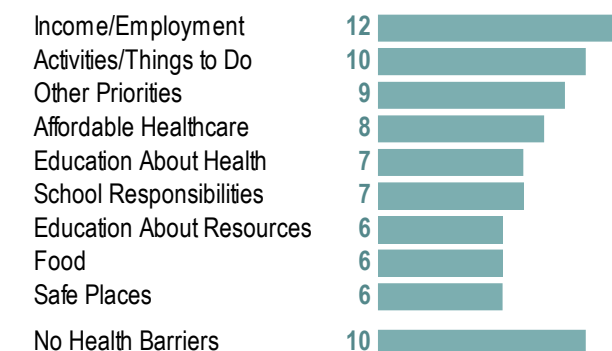
## Statewide Survey: Nutrition (Breast Milk) – Children 0-5 Years Old



## Statewide Survey: Nutrition (Other) – Children 0-5 Years Old



## Statewide Survey: Nutrition/Physical Activity – Children 6-12 Yrs Old



Note: These are the top barriers for respondents that included the Nutrition-related response as a need/challenge (i.e., Nutrition (Breast Milk), Nutrition (Other), Nutrition and/or Physical Activity). Barriers are not exclusive.

## Focus Group Quotes

“Those public markets [that are no longer available] took SNAP. So, you could get fresh fruits and vegetables. My son liked to run around in the little trailer and pick it out. I think kids like stuff when they can pick it out. Bananas or oranges or whatever. He would go shopping.” – **Nutrition**

“It’s hard to sign up for childcare where you can actually get both or multiple kids into the same facility.” – **Barrier: Childcare**

“Trying to just be healthy. Because you’re doing so much, you don’t get to fix healthy foods because it’s whatever’s fastest to get done, so you can get whatever you need done.” – **Barrier: Other Priorities**

## Quick Facts

**17%** of Indiana children are food insecure. Thirty three percent of Indiana children who are food insecure are likely ineligible for federal nutrition programs due to household income (IYI KIDS COUNT® Data Book, 2020).

**30%** of Indiana children ages 6-11 were physically active at least 60 minutes per day (NSCH, 2017-2018).

**17%** of Indiana children in Head Start were obese, and 15% were overweight (Office of Head Start PIR Summary Report, 2018).

**63%** of Indiana children live in neighborhoods with a park or playground. Forty percent live in a neighborhood with a recreation or community center (IYI KIDS COUNT® Data Book, 2020).

**15%** of children ages 2-4 receiving WIC were obese, and 20% were overweight (WIC, 2018).

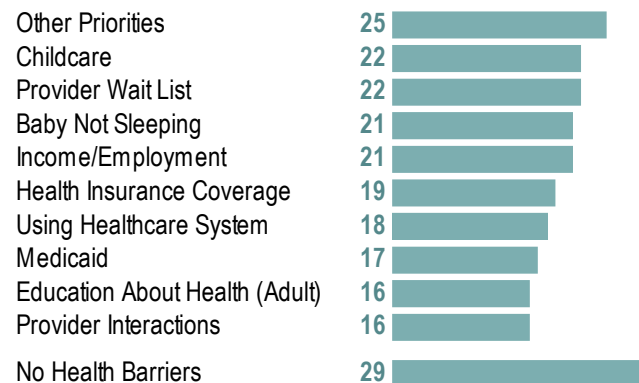
**83%** of Indiana refugees ages 2-12 years were underweight from 2017 to 2019 (ISDH TB/Refugee Health, 2019).

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

# Physical Development

Definition: Delays in physical development or activity, such as tummy time, crawling, walking, jumping, or catching a ball.

## Statewide Survey: Physical Development Barriers



## Focus Group Quotes

*"I haven't had the time."* – **Barrier: Other Priorities**

*"Daycare can be so expensive. That's why I'm going to be a stay at home mom. At that point, what's the point of me working and then all my income will go into [childcare] and then [my husband's income] will be just for bills anyway."* – **Barrier: Childcare**

*"It seems like there are a lot of practices and there are a lot of good doctors, but it's really hard. I don't think there's enough. We need more doctors actually. It seems if you can't get your kid in to get seen cause they don't have enough... And the good ones are so overwhelmed and have so much clientele that they're not taking any new patients."* – **Barrier: Provider Wait List**

*"Financially, minimum wage is so low that you can't even live off of it."* – **Barrier: Income/Employment**

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

## Quick Facts

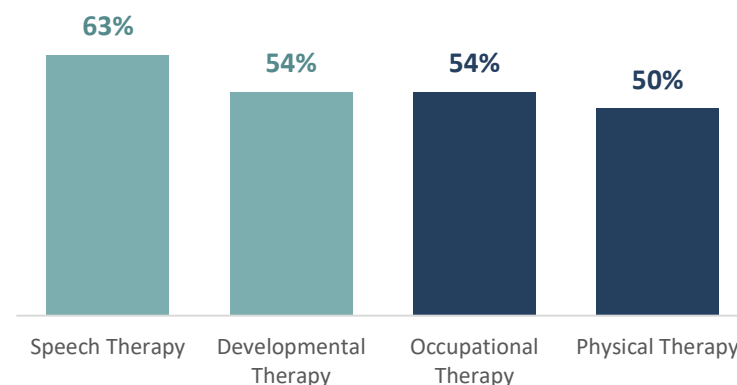
**36%** of Indiana parents of children 0-5 years have been asked by their child's doctor if they have concerns about their child's learning, development, or behavior (NSCH from IYI KIDS COUNT® Data Book, 2020).

**27%** of Indiana children 9-35 months received a developmental screening using a parent-completed screening tool within the past year, compared to 34% of children nationally (NSCH, 2017-2018).

**10%** of Indiana children ages 3-5 have been diagnosed with a developmental delay (IYI KIDS COUNT® Data Book, 2020).

**17%** of Indiana's *Black* children ages 3-17 were diagnosed with a developmental delay, compared to 5% of White, 2% of Hispanic, and 6% of children of other races (NSCH from IYI KIDS COUNT® Data Book, 2020).

The majority of children 0-3 years old served by First Steps received **Occupational Therapy** and/or **Physical Therapy**.



Data Source: Indiana Family and Social Services Administration (2019) from IYI KIDS COUNT® Data Book, 2020

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver's feedback about their child/children's need(s).

# Physical Injury

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

## Statewide Survey: Physical Injury Barriers



## Focus Group Quotes

“Someone got hit by a car walking to school, right in front of the school.” – **Physical Injury** (from Adolescent focus group)

“There’s not really sidewalks on the main roads.” – **Physical Injury** (from Adolescent focus group)

“I can’t afford the copays and deductibles.” – **Barrier: Affordable Healthcare**

“You have 8 classes and so homework keeps piling up.” – **Barrier: School Responsibilities** (from Adolescent focus group)

“There’s nothing to do.” – **Barrier: Limited Activities/Things to Do** (from Adolescent focus group)

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

## Quick Facts

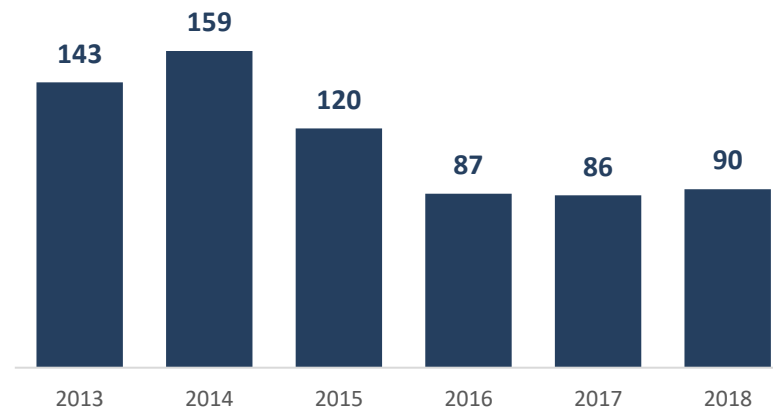
**5.4** per 100,000 Indiana children aged 1-9 died from accidents (unintentional injuries), which was the leading cause of death for this age group (ISDH Epidemiology Resource Center, 2015-2017).

**46%** of injury deaths for Indiana children aged 1-9 were caused by motor vehicle accidents. Other common causes of death included accidental drownings (22%), other/unspecified (19%), and exposure to smoke (8%) (ISDH Epidemiology Resource Center, 2015-2017).

**55%** of injury-related deaths for Indiana children age 6-11 during 2018 involved a male victim (Special Emphasis Report, 2019).

**46.6** per 100,000 *Black* Indiana children ages 1-9 died in 2018. This is an increase from 2015 (27.2) and is higher than the death rate for *White* children ages 1-9 (16.0 in 2018, 15.3 in 2015) (ISDH Epidemiology Resource Center, 2015-2018).

From 2013 to 2018, **hospitalizations involving non-fatal injury** per 100,000 children ages 0-9 decreased by 37%.



Data Source: ISDH Epidemiology Resource Center, 2013-2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

# Premature Birth

Definition: Needs related to babies born more than three weeks before the baby’s estimated due date (i.e., before the start of the 37<sup>th</sup> week of pregnancy).

## Statewide Survey: Premature Birth Barriers

Less than 10 respondents identified Premature Birth as a need for children 0-5 years old. Due to the small number of responses, specific barrier information is not included.

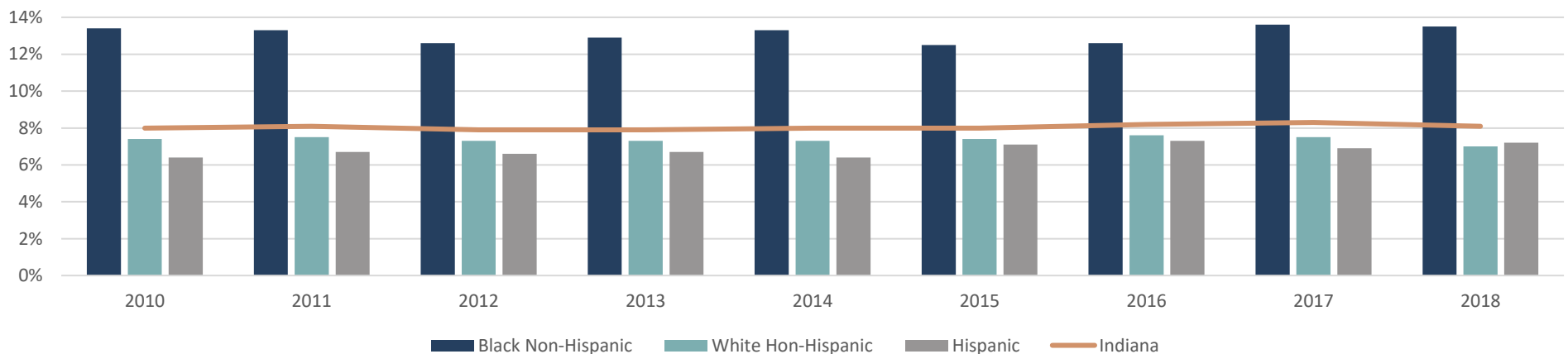
## Focus Group Quotes

“It’s a little frustrating sometimes, because with having twins I didn’t qualify for a lot of programs because they didn’t do the pack and play programs and car seat programs until I was 36 weeks. I had my babies before.” – *Premature Birth*

## Quick Facts

- 10%** of babies were born preterm (< 37 weeks gestation) in 2018, a statistically significant increase from the prior year. Of all live births, 14% were preterm and Black Non-Hispanic, 9% were preterm and White Non-Hispanic, and 10% were preterm and Hispanic in 2018 (MCH analysis of Vital Records, 2018). In addition, 65% of Indiana babies who died were born preterm when birth and death records were linked. This percent is highest for Black Non-Hispanic babies (73%) (ISDH Linked Data, 2013-2017).
- 8%** of babies were born with a low birthweight (< 2500 g) in 2018, and 1% were born with a very low birthweight (< 1500 g) (MCH analysis of Vital Records, 2018). When linking infant birth and death records, 63% of babies who died had a low birthweight. This percent is highest for Black Non-Hispanic babies (71%) and Hispanic babies (68%) (ISDH Linked Data, 2013-2017).
- 88%** of refugees ages 0-1 were underweight (ISDH TB/Refugee Health, 2017-2019).

The percentage of low birthweight births (<2,500 grams) in **Indiana** is *highest* for **Black Non-Hispanic babies**, compared to **White Non-Hispanic babies** and **Hispanic babies**.



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

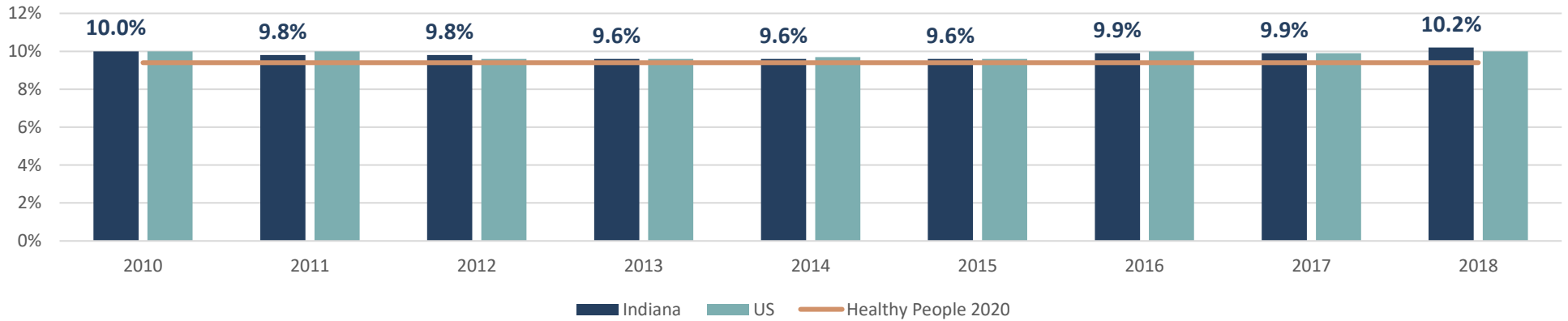
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

# Premature Birth *(continued)*

Definition: Needs related to babies born more than three weeks before the baby's estimated due date (i.e., before the start of the 37<sup>th</sup> week of pregnancy).

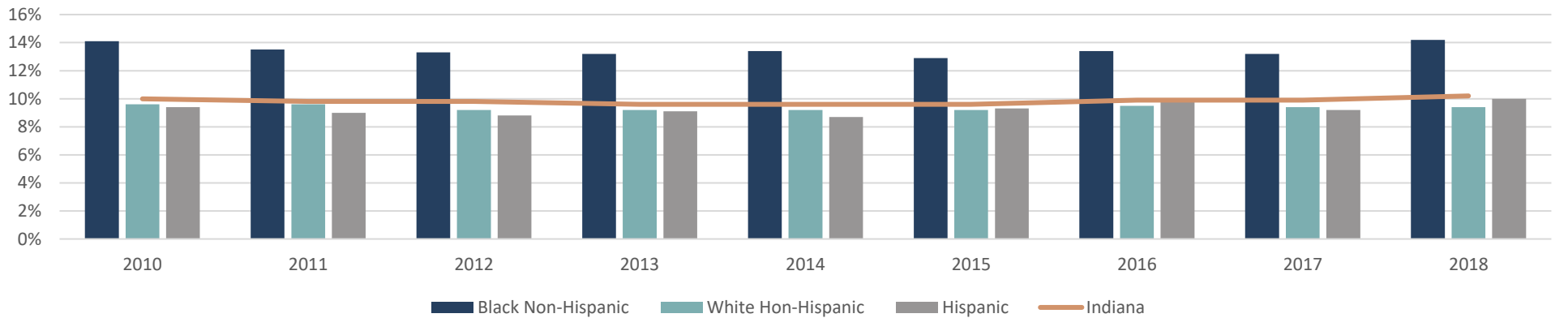
## Quick Facts *(continued)*

The percentage of preterm births (<37 weeks) in **Indiana** has been relatively steady since 2010. However, **Indiana** is still *above* the **National Average** and *above* the **Healthy People 2020 Goal of 9.4%**.



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

The percentage of preterm births in **Indiana** is the *highest* for **Black Non-Hispanic mothers**.



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

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver's feedback about their child/children's need(s).

# Safe Sleep

Definition: Safe sleep for infant (alone, on their back, in a crib).

## Statewide Survey: Safe Sleep Barriers



## Focus Group Quotes

*"I did the safe sleep class."* – Safe Sleep

*"There's nobody to talk to you about safe sleep in the hospital."* – Safe Sleep

*"Any sort of event where they have the tables set up with the different resources, we learned about safe sleep."* – Safe Sleep

*"I feel like a lot of doctors are really judgy too. You're afraid to say that you co-sleep or whatever. That's not supported as safe sleep."* – Safe Sleep

*"It's hard to sign up for childcare where you can actually get both or multiple kids into the same facility. So, for example, one facility may accept your 2 or 3-year-old, but not your infant... You have to go with someone who's not licensed and not in a facility."* – Barrier: Childcare

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

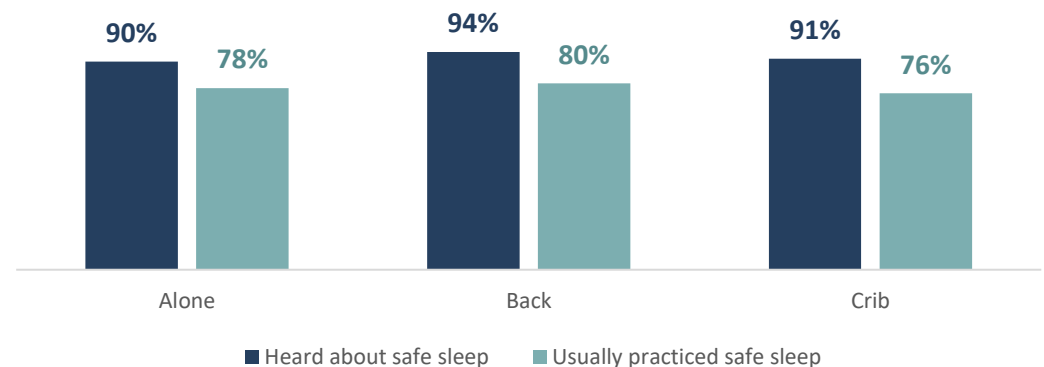
## Quick Facts

**78%** of mothers reported that their new baby usually slept without soft objects or bedding. This safe sleep practice was higher for White Non-Hispanic mothers (81%), compared to Black Non-Hispanic mothers (64%) and Hispanic mothers (73%) (PRAMS, 2017\*).

**80%** of mothers reported that they most often laid their baby on his or her back to sleep. This safe sleep practice was higher for White mothers (88%) and lower for Black mothers (75%) (PRAMS, 2017\*).

**76%** of mothers reported that they usually placed their baby to sleep on a separate, approved sleep surface during the past two weeks. This was slightly higher for White Non-Hispanic mothers (78%), compared to Black Non-Hispanic mothers (71%) and Hispanic mothers (76%) (PRAMS, 2017\*).

Of those who participated in the PRAMS survey, most mothers reported **hearing about the ABCs of safe sleep** (Alone, Back, Crib) from a doctor, nurse, or other healthcare worker. At least 3 of every 4 mothers **reported usually engaging in safe sleep for their baby**.



Data Source: Pregnancy Risk Assessment Monitoring System, 2017\*

\*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver's feedback about their child/children's need(s).



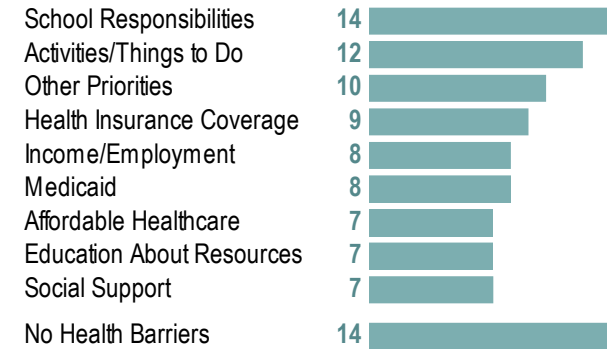
# Sleep

Definition: Sleep needs, including regular, adequate sleep.

## Statewide Survey: Sleep Barriers – Children 0-5 Years Old



## Statewide Survey: Sleep Barriers – Children 6-12 Years Old



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 student] said, ‘I stayed up till 11:00 on my phone just watching YouTube [until] my parents came in and took it away.’” – **Sleep** (from Adolescent focus group)

“I haven’t had the time.” – **Barrier: Other Priorities**

“A lot of the time I feel like [students will] stay up all night studying instead of sleeping.” – **Barrier: School Responsibilities** (from Adolescent focus group)

## Quick Facts

**63%** of Indiana children ages 0 to 17 are getting the recommended, age-appropriate amount of sleep (IYI KIDS COUNT® Data Book, 2020).

**64%** of Indiana children ages 4 months to 6 years are getting the recommended, age-appropriate amount of sleep (IYI KIDS COUNT® Data Book, 2020).

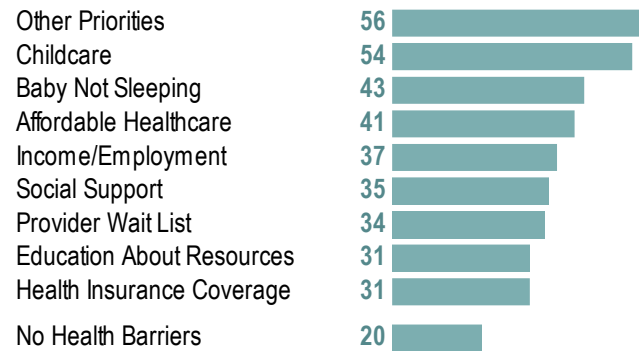
**65%** of Indiana children ages 6-11 are getting the recommended, age-appropriate amount of sleep (IYI KIDS COUNT® Data Book, 2020).

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).

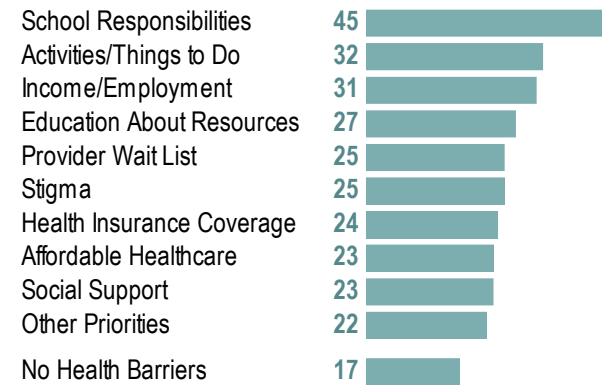
# Social/Emotional Development

*Definition: Social and emotional development. For babies/young children, this can include making friends, showing emotions, or separating easily from parents. For older children, this can include participating in group activities, being more independent, or showing sympathy.*

## Statewide Survey: Social/Emotional Development Barriers – Children 0-5 Years Old



## Statewide Survey: Social/Emotional Development Barriers – Children 6-12 Years Old



*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.*

## 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 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** (from Adolescent focus group)*

*“I think the biggest one for me is school. I think school’s overwhelming sometimes.” – **Barrier: School Responsibilities** (from Adolescent focus group)*

## Quick Facts

- 48%** of Indiana Local Educational Agencies (LEAs) met targets (≥ 77%) for the percentage of preschoolers with IEPs who substantially increased their positive social-emotional skills. In 29% of LEAs, at least 27% of preschoolers with IEPs were functioning within age expectations (i.e., targets were met) (IDOE, 2020).
- 10%** of Indiana children ages 3-5 have been diagnosed with a developmental delay (IYI KIDS COUNT® Data Book, 2020).
- 17%** of Indiana’s *Black* children ages 3-17 were diagnosed with a developmental delay, compared to White (5%) children (IYI KIDS COUNT® Data Book, 2020).
- 19%** of children ages 3-5 in DeKalb County’s Head Start program fell below the expectation of being able to make friends (TS Gold Snapshot, Spring 2019/2020).
- 78%** of Indiana children 6-17 years old participated in one or more organized activity or lesson afterschool or on the weekend. This is similar to the percent for children across the nation (80%) (NSCH, 2017-2018).

*\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).*

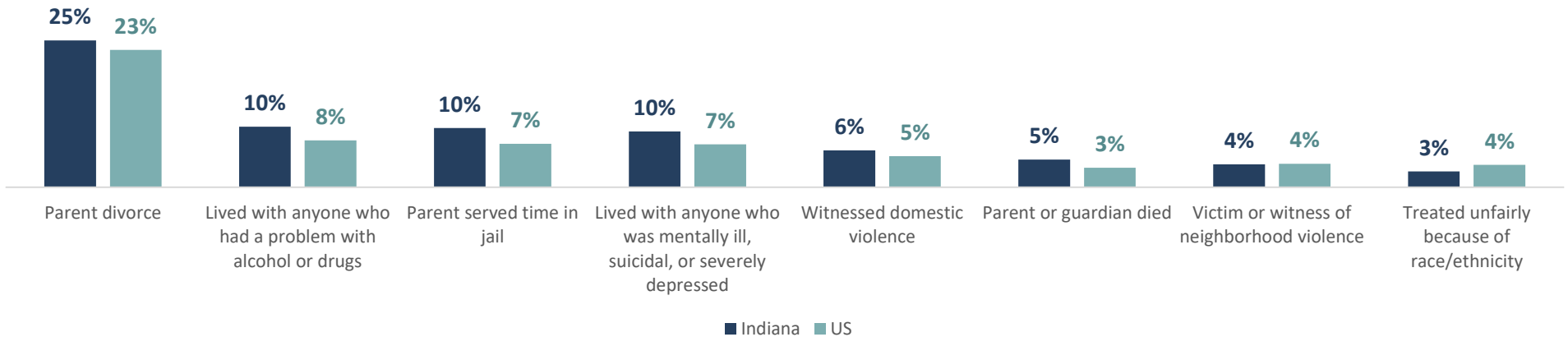
# Social/Emotional Development *(continued)*

Children 0-5 **#3** & Children 6-12 **#4**

*Definition: Social and emotional development. For babies/young children, this can include making friends, showing emotions, or separating easily from parents. For older children, this can include participating in group activities, being more independent, or showing sympathy.*

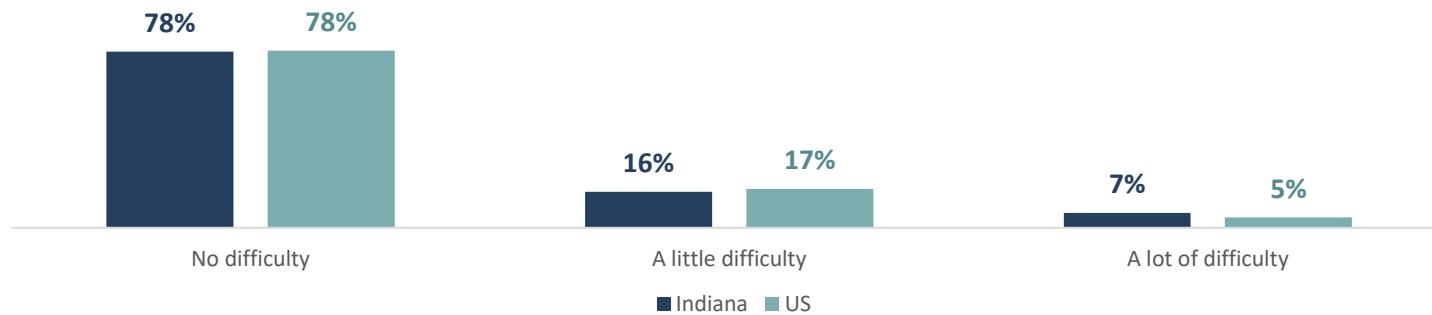
## Quick Facts *(continued)*

Children in **Indiana** have a *higher* prevalence of Adverse Childhood Experiences (ACEs) compared to children across the **US**, for six out of eight ACEs measures.



Data Source: Indiana Youth Institute Analysis of National Survey of Children’s Health, 2017-2018

Compared to other children of the same age, children 6-17 years old in **Indiana** have *similar* levels of difficulty making or keeping friends as children across the **US**.



Data Source: National Survey of Children’s Health, 2017-2018

*\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).*

# Substance Use

Definition: Use of alcohol, drugs, or nicotine.

## Statewide Survey: Substance Use Barriers

Less than 10 respondents identified Substance Use as a need for children 6-12 years old. Due to the small number of responses, specific barrier information is not included.

## 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." – **Substance Use** (from Adolescent focus group)

"I [saw] one of my clients [who was] eight years old and was shooting up." – **Substance Use**

## Quick Facts

**21%** of middle school students reported using tobacco products during their lifetime (IYI KIDS COUNT® Data Book, 2020).

**12%** of 8<sup>th</sup> graders and 7% of seventh graders reported monthly use of electronic vapor tobacco products (Indiana Youth Survey, 2018)

**4%** of 6<sup>th</sup> grade students reported using alcohol in the last month, 2% reported using prescription drugs in the last month, and 1% using marijuana in the last month (Indiana Youth Survey, 2018).

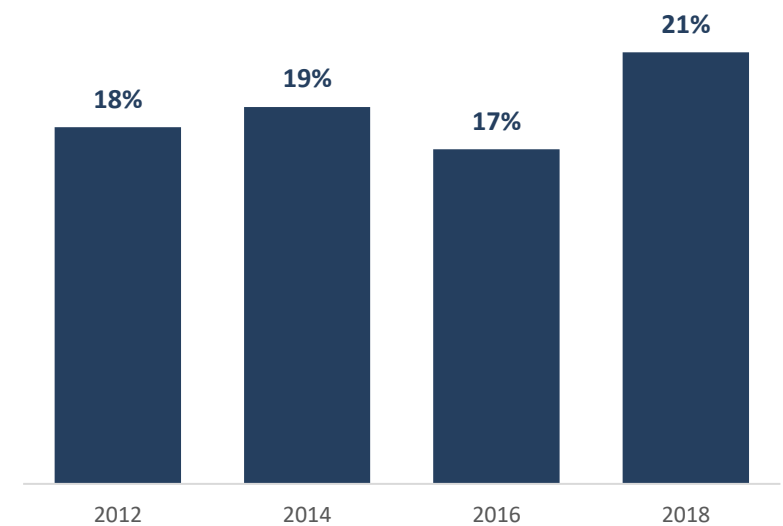
**14%** of 6<sup>th</sup> grade students reported no risk associated with smoking one or more packs of cigarettes each day (Indiana Youth Survey, 2018).

**18%** of 6<sup>th</sup> grade students reported no risk associated with smoking marijuana once or twice a week (Indiana Youth Survey, 2018).

**20%** of 6<sup>th</sup> grade students reported no risk associated with having one or more alcoholic drinks per day (Indiana Youth Survey, 2018).

**14%** of 6<sup>th</sup> grade students reported no risk associated with misusing prescription drugs (Indiana Youth Survey, 2018).

The percentage of middle school students who reported ever using a tobacco product increased by 17% from 2012 to 2018.

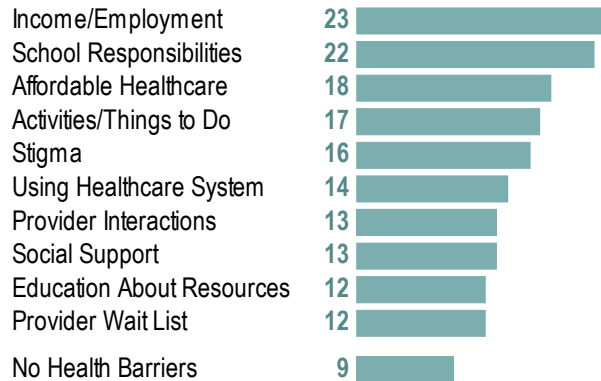


Data Source: IYI KIDS COUNT® Data Book, 2020

# Trauma or Violence

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

## Statewide Survey: Trauma or Violence Barriers



## Focus Group Quotes

“I know bullying is a huge issue for [my niece]. Also, consent. When we have statistics like 1 in 4 girls and boys experiencing assault before the age of 18, I think this should be brought up and not just sticking our fingers in our ears. I think that is a public health crisis.” – **Trauma or Violence**

“I’m like, ‘I can’t pay my bills. How am I supposed to have extra money to drive over a half hour to the closest [provider]?’” – **Barrier: Income/Employment**

“I think the biggest one for me is school. I think school’s overwhelming sometimes.” – **Barrier: School Responsibilities** (from Adolescent focus group)

“I can’t afford the copays and deductibles.” – **Barrier: Affordable Healthcare**

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

**19** per 1,000 Indiana children were maltreated in Indiana in 2017, which is twice the national rate (IYI KIDS COUNT® Data Book, 2020).

**21%** of Indiana children ages 6-11 were bullied by other children in 2016-2017 (IYI KIDS COUNT® Data Book, 2020).

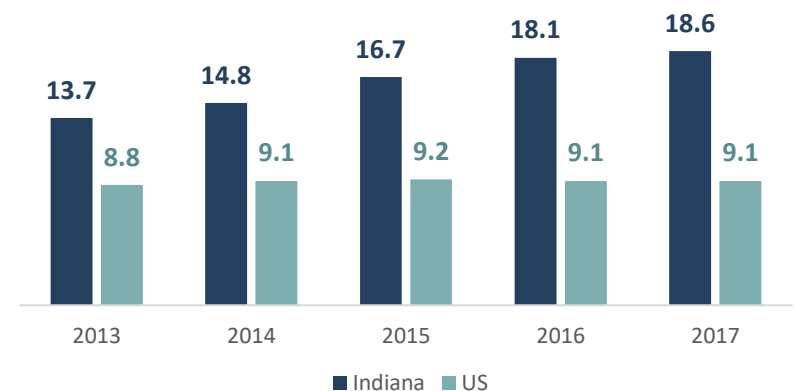
**25%** of Indiana children have experienced parental divorce in 2017-2018 (NSCH from IYI KIDS COUNT® Data Book, 2020).

**10%** of Indiana children have a parent who has served time in jail in 2017-2018 (NSCH from IYI KIDS COUNT® Data Book, 2020).

**10%** of Indiana children live with someone who has a problem with drugs or alcohol in 2017-2018 (NSCH from IYI KIDS COUNT® Data Book, 2020).

Indiana’s rate of child maltreatment per 1,000 children increased from 2013 to 2017. In 2017, **Indiana** was twice the **US** rate.

(Maltreatment includes physical, emotional, or sexual abuse/neglect.)



Data Source: IYI KIDS COUNT® Data Book, 2020

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include parent/caregiver’s feedback about their child/children’s need(s).