

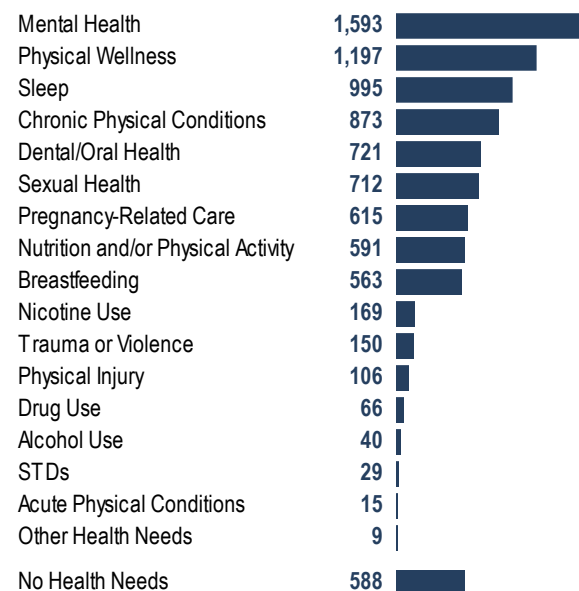
# Women

Definition: Women before, during, and beyond pregnancy and across their life course.

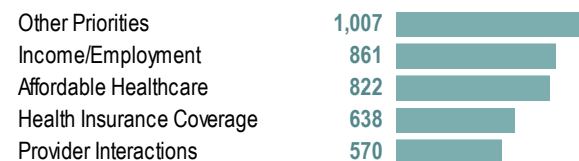
## Statewide Survey

### Needs

Out of 4,026 responses, women shared the following about their own health needs:



### Barriers



### Resources



## Facts & Focus Groups

### Needs from Secondary Data



25% of Indiana women have had a depressive disorder (including depression, major depression, dysthymia, or minor depression) (BRFSS, 2018).



82% of Indiana women had visited a doctor for a routine check-up within the past year before the BRFSS 2018 survey. This percent was higher for women 45 and older (88%) compared to women 18-44 years old (75%). Rates were also higher for Black women (90%) compared to White women (82%) (ISDH analysis of BRFSS, 2018).



Only 60% of women receive optimal sleep each night (7-9 hours). White women (62%) have a higher percent of optimal sleep than Black women (51%). (BRFSS, 2018)



Indiana's infant mortality rate is 6.8 (per 1,000 live births), and this is much higher for Black mothers (13) (MCH analysis of Vital Records, 2018).



98% of Indiana mothers said, "I breastfed my baby," while they were in the hospital when their baby was born (PRAMS, 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.

### Barriers from Focus Groups

Women shared that their top barriers included prior negative interactions with healthcare providers, a lack of local providers/services, and policies (e.g., childcare voucher policies, limited employer paid family leave).

*"I think that's across the board, that women are not listened to. They're not heard with their struggles."*

### Resources from Focus Groups

Supports that women used included health-related programs and resources (e.g., car seat programs) and healthcare workers, including lactation consultants, nurses, pharmacists, and doctors.

*"They have really good lactation consultants... If you breastfeed and you're worried that you're not making enough, they'll do weighted feeds."*

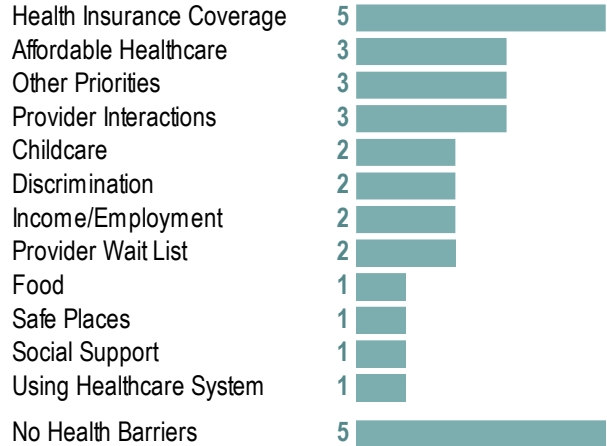
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

\*\*Overall Barriers and Resources counts include responses for all needs other than Pregnancy Care and Breastfeeding, which received separate questions.

# Acute Physical Conditions

Definition: Non-chronic physical health needs (e.g., ear infection, constipation, flu).

### Statewide Survey: Acute Physical Conditions Barriers



### Focus Group Quotes

“It is very frustrating when you have doctors that are local or a specialist that might be local and then to hear, ‘Oh, well we don’t take your insurance.’” – **Barrier: Health Insurance Coverage**

“I feel there should be more help to buy medicine. If you don’t have insurance, you literally have to pay the whole price.” – **Barrier: Affordable Healthcare**

“Sometimes, because of my son, I try to do things pretty fast and I forget about myself [and] the last thing I think of in the day is myself.” – **Barrier: Other Priorities**

“That happens so much in Native and Latino communities and I’m sure that it happens in the Black community as well, but I’m to the point where Natives and Latinos hardly ever go to the doctor because they know they’re not going to be listened to anyway.” – **Barrier: Provider Interactions**

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

### Quick Facts

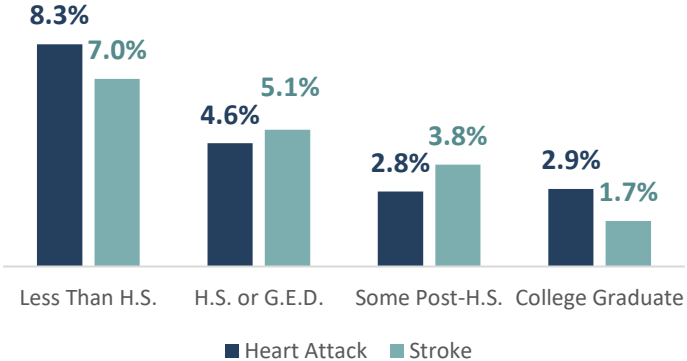
**4%** of women in Indiana have ever been told by a health professional that they had a heart attack (also called a myocardial infarction). This percent is lower for women 18-44 years old (2%) compared to women 45 years or older (6%) (BRFSS, 2018).

**5%** of Black women in Indiana have ever been told by a health professional that they had a heart attack, compared to 4% of White women (BRFSS, 2018).

**4%** of women in Indiana have ever been told by a health professional that they had a stroke. This percent is lower for women 18-44 years old (1%) compared to women 45 years or older (7%) (BRFSS, 2018).

**5%** of Black women in Indiana have ever been told by a health professional that they had a stroke, compared to 4% of White women (BRFSS, 2018).

The percentage of women in Indiana who have ever had a **heart attack** or **stroke** is higher for those with lower levels of educational attainment.



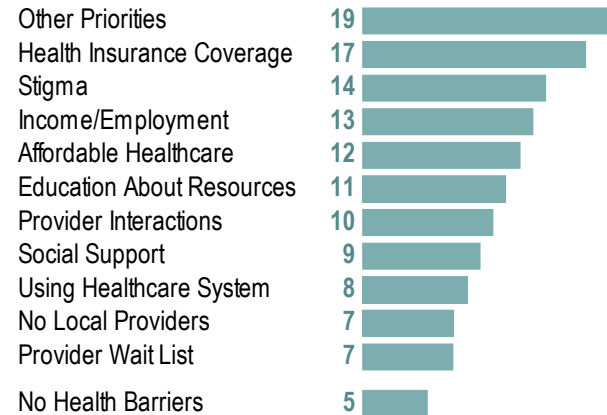
Data Source: Behavior Risk Factor Surveillance System, 2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Alcohol Use

Definition: Alcohol use, including alcohol addiction or dependency.

## Statewide Survey: Alcohol Use Barriers



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

## Focus Group Quotes

“One of the biggest battles I’m fighting right now is trying to get services for [women] who are looking to battle alcoholism and addiction.” – **Alcohol Use**

“I feel like there’s not a priority because we’re still young. It’s that invincible thing. Nothing bad is going to happen to me.” – **Barrier: Other Priorities**

“I’ve seen a lot of young women that go in for treatment, but the insurance won’t pay after the four or five days of [treatment]... The insurance won’t pay for them to go to the next step.” – **Barrier: Health Insurance Coverage**

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

## Quick Facts

**54%** of women in Indiana did not have a drink (beer, wine, liquor) during the past 30 days before the BRFSS 2018 survey (BRFSS, 2018).

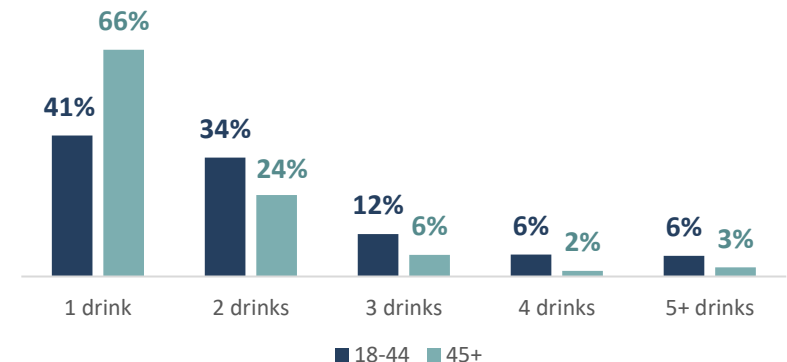
**80%** of women in Indiana who drank (beer, wine, liquor) during the past 30 days had an average of 1-2 drinks each time they drank (BRFSS, 2018).

**11%** of women in Indiana engaged in binge drinking in 2018, compared to 11% in 2017, 12% in 2016, and 10% in 2015 (ISDH analysis of BRFSS, 2015-2018).

**11%** of *Black* women in Indiana engaged in binge drinking in 2018, compared to 10% of *White* women (ISDH analysis of BRFSS, 2018).

**1%** of women in Indiana reported drinking and driving in 2018, compared to 3.5% of women in 2016 (ISDH analysis of BRFSS, 2016 & 2018).

Of women who drank in the 30 days before the BRFSS survey, on average, most women had 1 drink (beer, wine, liquor). Women **18-44 years old** had higher rates of drinking more, when compared to women **45 years or older**.



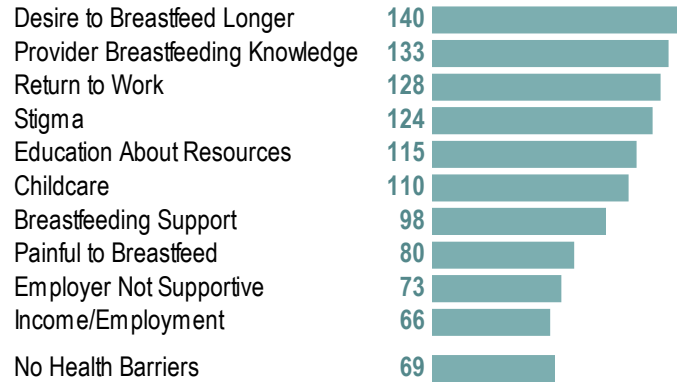
Data Source: Behavior Risk Factor Surveillance System, 2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Breastfeeding

Definition: Breastfeeding needs, including education and support for new mothers.

## Statewide Survey: Breastfeeding Barriers



Note: These are the top barriers for respondents that identified Breastfeeding as a need/challenge. These barriers are specific to Breastfeeding.

## Focus Group Quotes

“I spilled my baby’s breast milk. I was trying to figure out this whole breastfeeding thing. I was stressed because she wasn’t latching.” – **Breastfeeding**

“It wasn’t going well when I first started. I [now] know my kid had a tongue-tie but... I think that’s my biggest struggle as a mom is that I didn’t know and went too long of a time without recognizing it.” – **Breastfeeding**

“There’s just not enough education about where to get services. That’s what happened with my baby’s tongue-tie was that the doctor was not educated about it and she was an old school. Yeah. He was 21 months old before we got his tongue-tie fixed because we didn’t know he had it.” – **Barrier: Provider Breastfeeding Knowledge**

## Quick Facts

**98%** of Indiana mothers said, “I breastfed my baby,” while they were in the hospital when their baby was born (PRAMS, 2017\*).

**94%** of Indiana mothers said, “hospital staff gave me information about breastfeeding,” while they were in the hospital when their baby was born (PRAMS, 2017\*).

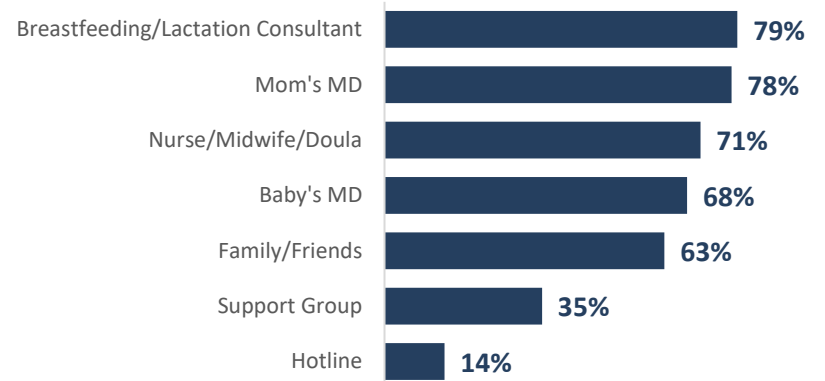
**58%** of Indiana mothers said, “I thought I was not producing enough milk, or my milk dried up,” as a reason why they stopped breastfeeding (PRAMS, 2017\*).

**82%** of Indiana’s infants were ever breastfed, compared to 84% in the US (National Immunization Survey, 2016).

**27%** of Indiana’s infants were breastfed exclusively, compared to 25% in the US (National Immunization Survey, 2016).

\*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.

Before or after their baby was born, mothers reported **receiving information about breastfeeding** from the following sources:



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

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

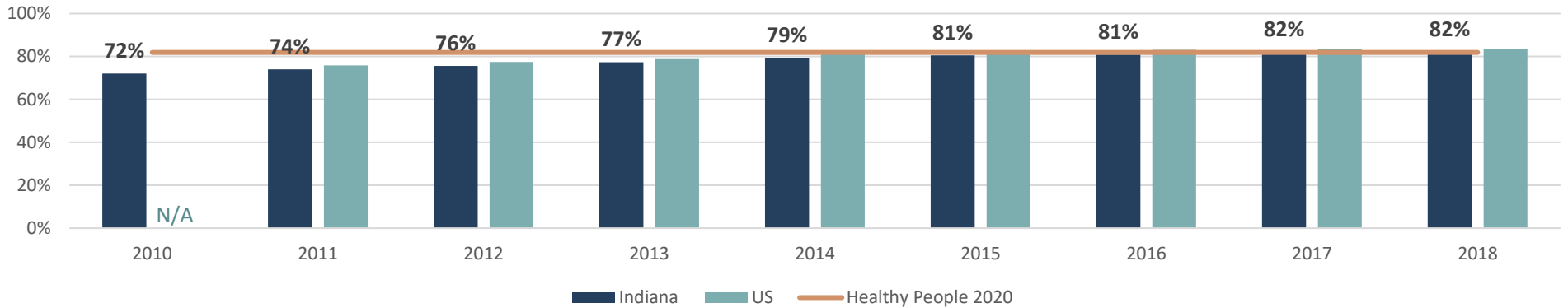
# Breastfeeding *(continued)*

Definition: Breastfeeding needs, including education and support for new mothers.

## Quick Facts *(continued)*

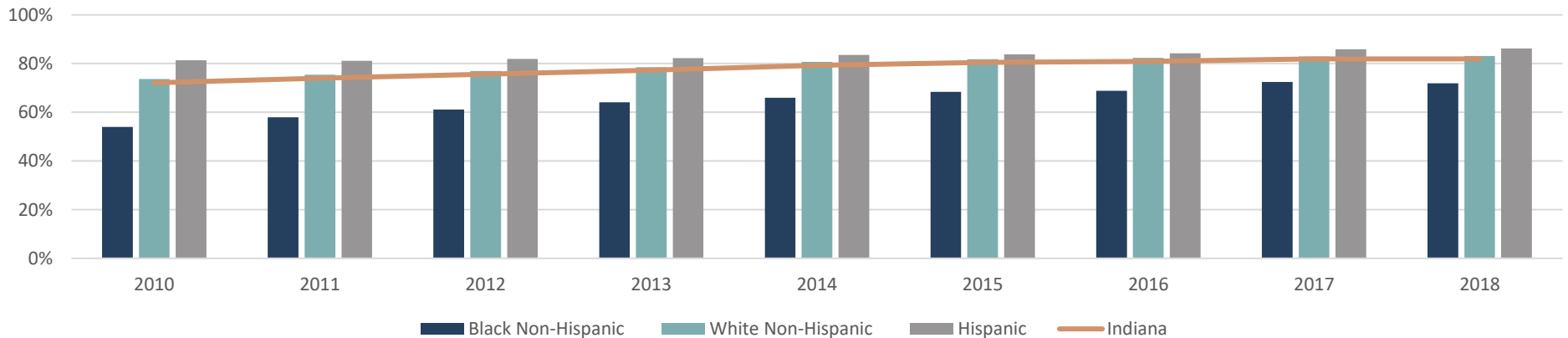
The percentage of infants breastfed at hospital discharge for **Indiana** has increased since 2010.

**Indiana** is still *below* the **National Average** but has met the **Healthy People 2020 Goal of 81.9%** in 2017 and 2018 (Indiana was at 81.9% in both years).



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

The percentage of infants breastfed at hospital discharge for **Indiana** is the *lowest* for **Black Non-Hispanic babies** and *highest* for **Hispanic babies**.



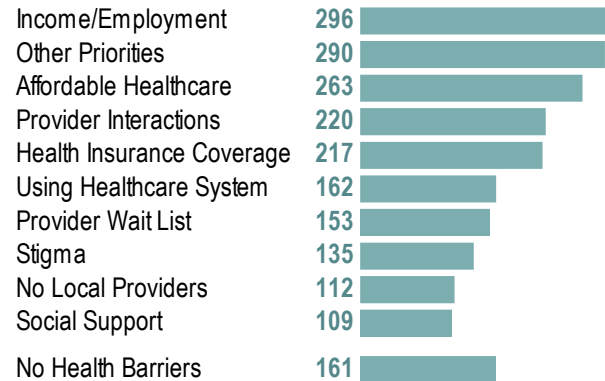
Data Source: MCH analysis of Vital Records, 2010-2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# 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’ve had stomach issues for about 3-5 years now and nobody can figure out what’s wrong with me. I get real sick, my potassium bottoms out, nobody’s been able to, stayed in the hospital, nobody can figure it out.” – Chronic Physical Conditions*

*“Some of [my health issues come] because I have Celiac’s and I’m trying very hard to do the gluten free thing.” – Chronic Physical Conditions*

*“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*

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

**18%** of women in Indiana have been told by a health professional that they had asthma. This percent is higher for women 18-44 years old (19%), compared to women 45 years or older (16%) (BRFSS, 2018).

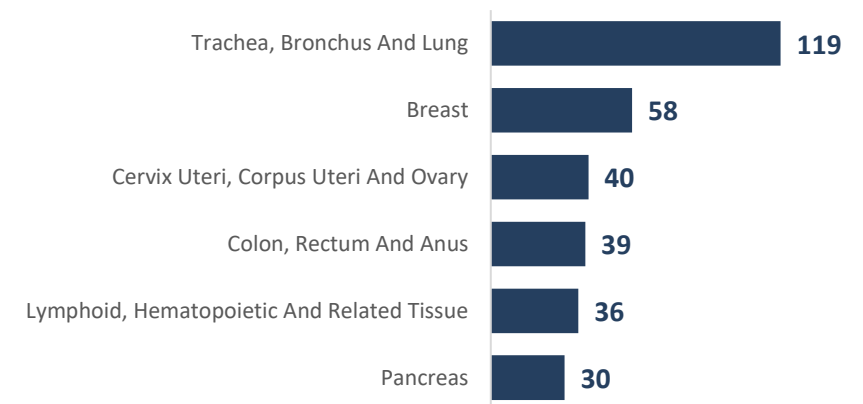
**2%** of women of childbearing age (18-44 years old) reported having been diagnosed with cancer, compared to 14% for women 45 years or older (ISDH analysis of BRFSS, 2018).

**36%** of female cancer survivors survived skin cancer, followed by breast cancer (26%), and cervical cancer (14%) in 2018. This pattern was also true for 2016 and 2017 (ISDH analysis of BRFSS, 2016-2018).

**96%** of women in Indiana said that they had health insurance that paid for all or part of their cancer treatment (BRFSS, 2018).

**34%** of Indiana women are obese. A higher percent of Black women (47%) are obese compared to White (33%) and Hispanic (38%) women. A lower percent of women 18-49 years old (33%) are obese compared to women 50 years or older (36%) (ISDH analysis of BRFSS, 2018).

The leading types of **cancer-related deaths** for women 45+ years old. (Data below are the death rate per 100,000 women 45+ years old.)



Data Source: ISDH Epidemiology Resource Center, 2015-2018

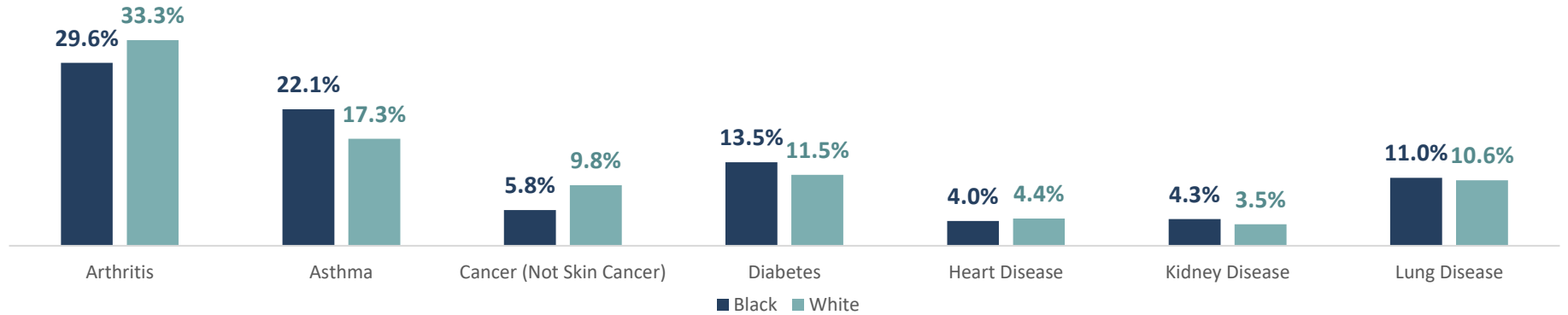
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Chronic Physical Conditions *(continued)*

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

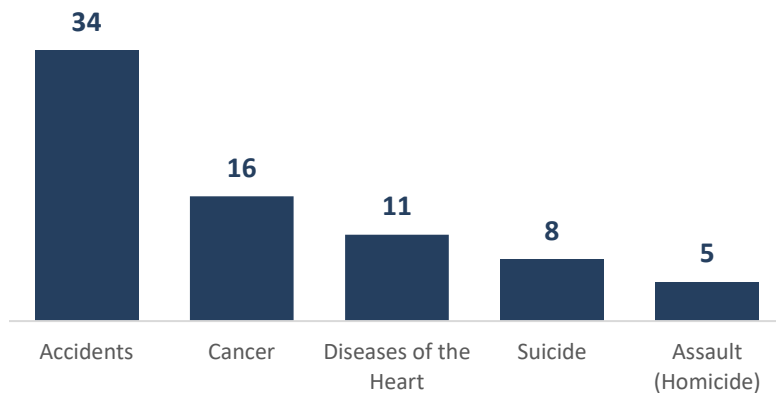
## Quick Facts *(continued)*

The percentage of women in Indiana who have ever been told that they have a chronic disease for **Black** and **White** women.



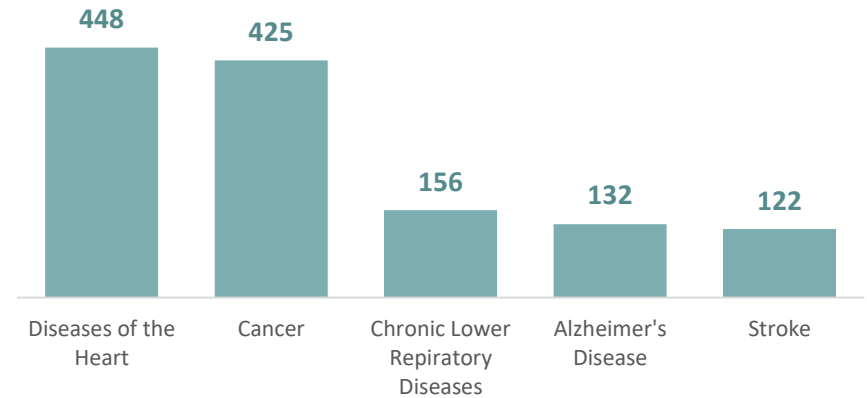
Data Source: Behavior Risk Factor Surveillance System, 2018

The leading causes of death for Indiana women **18-45 years old** include **cancer** (all forms of cancer) and **diseases of the heart**. (Death rate per 100,000 women.)



Data Source: ISDH Epidemiology Resource Center, 2015-2018

The leading causes of death for Indiana women **45+ years old** are **diseases of the heart**, **cancer** (all forms of cancer), **chronic lower respiratory diseases**, and **Alzheimer's Disease**. (Death rate per 100,000 women.)



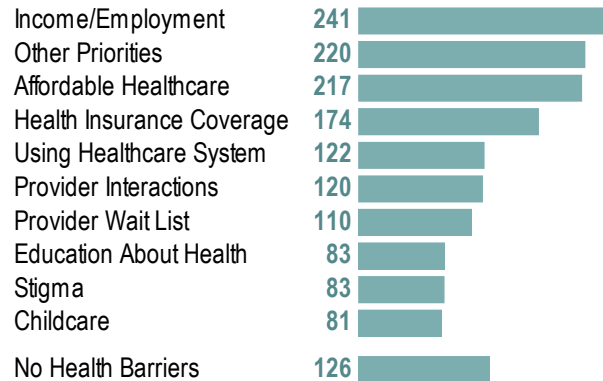
Data Source: ISDH Epidemiology Resource Center, 2015-2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Dental/Oral Health

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

## Statewide Survey: Dental/Oral Health Barriers



## Focus Group Quotes

“I went to the dentist for the first time in my life this year when I got Medicaid. No cavities or anything. I’m lucky.” – **Dental/Oral Health**

“Not having money [is a challenge].” – **Barrier: Income/Employment**

“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**

“I have a tooth that I have to get worked on... [and] I can’t afford the deductible to even get it pulled at this point.” – **Barrier: Affordable Healthcare**

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

**68%** of Indiana women had been to the dentist within the 12 months before the BRFSS 2018 survey. This percent was similar for women 18-44 years old (68%) and women 45 years or older (69%) (BRFSS, 2018).

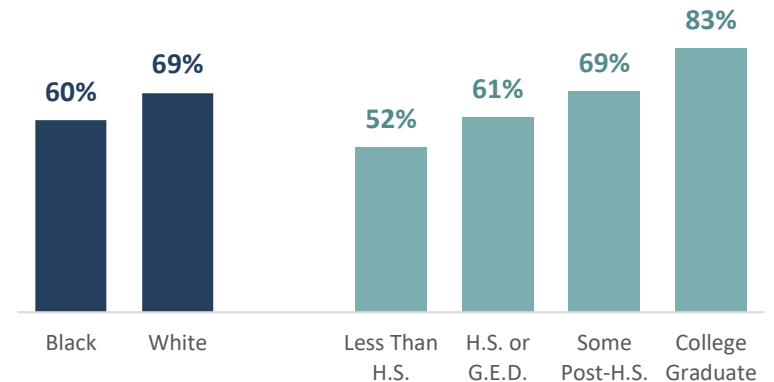
**11%** of Indiana women had *not* been to the dentist within the past 5 years before the BRFSS 2018 survey. This percent was lower for women 18-44 years old (8%), compared to women 45 years or older (14%) (BRFSS, 2018).

**44%** of Indiana women have had at least one tooth removed because of tooth decay or gum disease. This was lower for women 18-44 years old (29%), compared to women 45 years or older (60%) (BRFSS, 2018).

**56%** of women in Indiana had a preventative dental visit during their pregnancy. This percent is lowest for Hispanic mothers (40%), compared to Black Non-Hispanic (57%) and White Non-Hispanic (61%) mothers (PRAMS, 2017\*).

**34%** of pregnant Indiana women served by Head Start’s EHS programs received a professional dental examination and/or treatment within the past year (Office of Head Start PIR Summary Report, 2018).

The percentage of Indiana women who had been to the dentist within the 12 months before the BRFSS 2018 survey. Rates are *higher* for **White** women and women with a **College Degree**.



Data Source: Behavior Risk Factor Surveillance System, 2018

\*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.

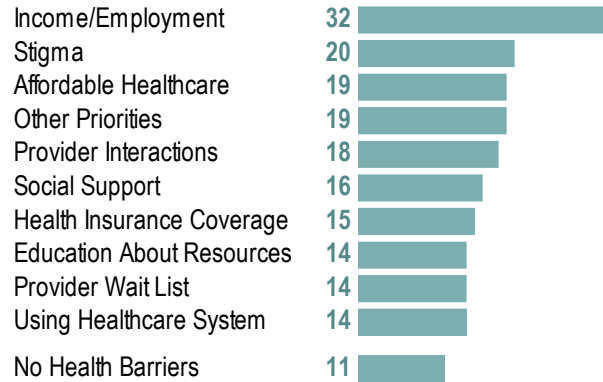
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.



# 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

“I also had dealt with substance [use and I am now] 25 years clean.” – Drug Use

“I’ve seen a lot of young women that go in for [substance use] treatment.” – Drug Use

“I’m in recovery right now. I’m a recovering drug addict and I’ve been clean for almost 7 months now.” – Drug Use

“Financially, minimum wage is so low that you can’t even live off of it.” – Barrier: Income/Employment

“It’s a cultural thing too, because so many of our communities of color have this stigma about getting help.” – Barrier: Stigma

## Quick Facts

Statistics for individuals who reported their substance use at the time they were admitted for substance abuse treatment:

**44%** of Indiana women reported marijuana *use*, compared to 52% for Indiana men; 17% of Indiana women reported marijuana *dependence*.

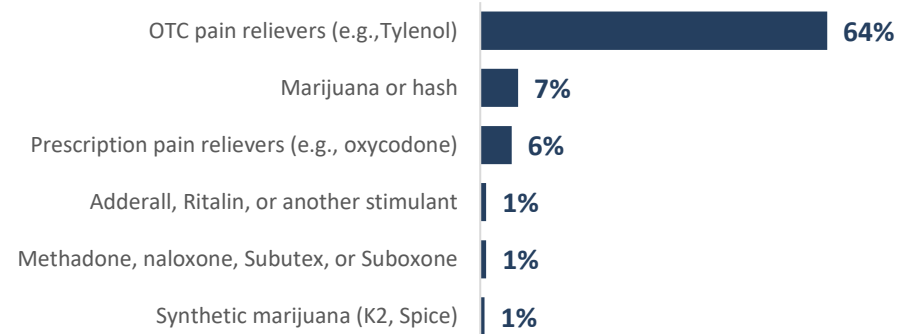
**24%** of Indiana women reported opioid *misuse*, compared to 17% for Indiana men; 12% of Indiana women reported opioid *dependence*.

**27%** of Indiana women reported heroin *misuse*, compared to 20% for Indiana men; 20% of Indiana women reported heroin *dependence*.

**34%** of Indiana women reported methamphetamine *misuse*, 13% reported cocaine misuse, and 2% reported prescription stimulant misuse.

[Treatment Episode Data Set (TEDS), Substance Abuse and Mental Health Data Archive [SAMHDA], 2020]. Data Source: The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2019

During Indiana women’s most recent pregnancy, they reported taking the following **drugs**.



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.

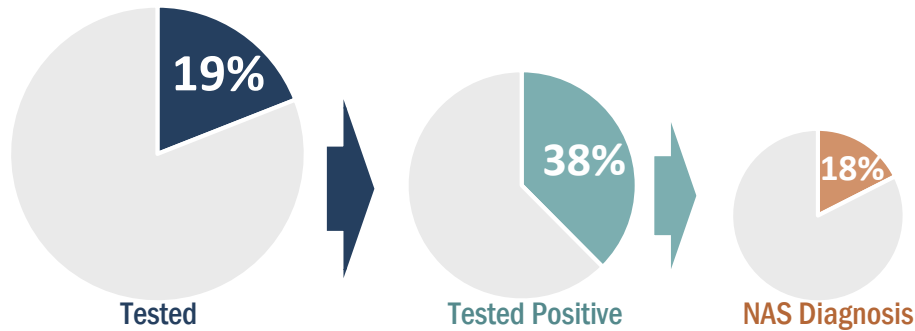
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Drug Use (continued)

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

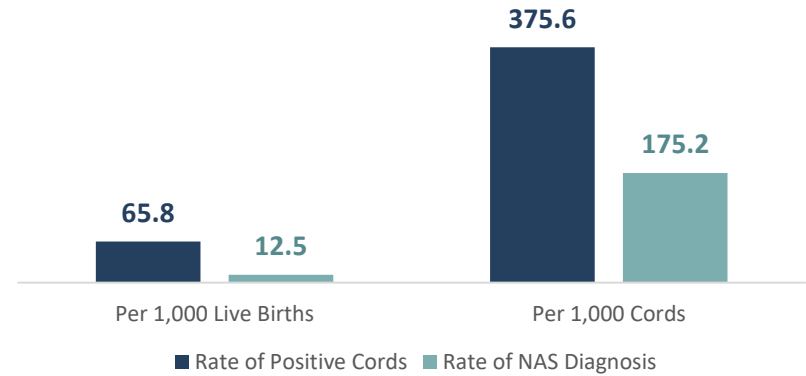
## Quick Facts (continued) - Drug Use in Hospitals Participating in the Perinatal Substance Use Collaborative, Jan 2017-Dec 2019

Out of all the births in participating hospitals, 19% of the **mother-baby umbilical cords were tested**. Of those that were tested, 38% **tested positive**, and 18% of the positive cords received a **Neonatal Abstinence Syndrome (NAS) diagnosis**.



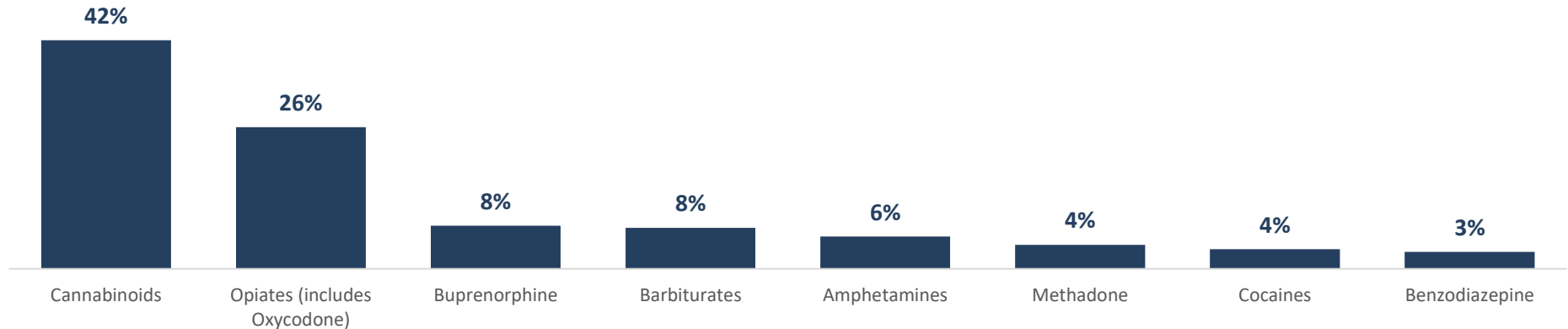
Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019

The rates of **positive cords** and rates of **Neonatal Abstinence Syndrome (NAS) diagnoses** for participating hospitals.



Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019

Of the positive cords tested in participating Indiana hospitals, cannabinoids and opiates were the most common **substances found**. For these cords, 83% contained one substance, 14% contained two substances, and 3% contained three or more substances.



Data Source: ISDH Perinatal Substance Use Collaborative, January 2017 – December 2019

\* Fentanyl and Ethyl Glucuronide were removed due to inconsistencies in reporting.

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Mental Health

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

## Statewide Survey: Mental Health Barriers

Other Priorities	591
Income/Employment	500
Affordable Healthcare	436
Stigma	377
Health Insurance Coverage	345
Provider Interactions	337
Provider Wait List	311
Using Healthcare System	307
Social Support	259
Education About Resources	225
No Health Barriers	238

## Focus Group Quotes

*"In my past I suffered from depression."* – **Mental Health**

*"I didn't know [until] I was 8 months post-partum with him that I had severe post-partum depression. I remember thinking, 'no one cries all the time?'"* – **Mental Health**

*"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**

*"It's a cultural thing too, because so many of our communities of color have this stigma about getting help when it comes to mental health or behavioral health."* – **Barrier: Stigma**

*"A lot of times in our community, mental health is frowned upon."* – **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

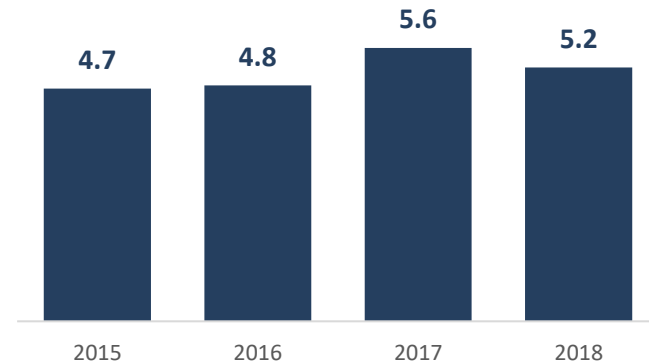
**5** days (on average) out of the past 30 days (before the BRFSS survey), women said their mental health was not good. This was higher for women 18-44 years old (6.2) than for women 45 years or older (4.4) (ISDH analysis of BRFSS, 2018).

**34%** of Indiana women said that their mental health (including stress, depression, emotional problems) was not good for 3 or more days in the 30 days before the BRFSS 2018 survey (BRFSS, 2018).

**43%** of Indiana women *18-44 years old* said that their mental health (including stress, depression, emotional problems) was not good for 3 or more days in the 30 days before the BRFSS 2018 survey, compared to 25% for women 45 years or older (BRFSS, 2018).

**25%** of Indiana women have had a depressive disorder (including depression, major depression, dysthymia, or minor depression). This is higher for women 18-44 years old (29%) than for women 45 years or older (21%) (BRFSS, 2018).

The average number of days in the 30 days before the BRFSS 2018 survey during which women said their **mental health was not good**.



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

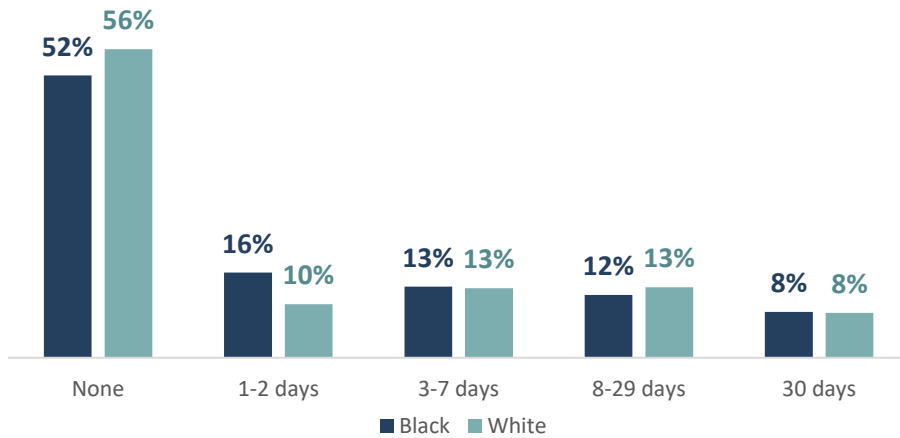
# Mental Health *(continued)*

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

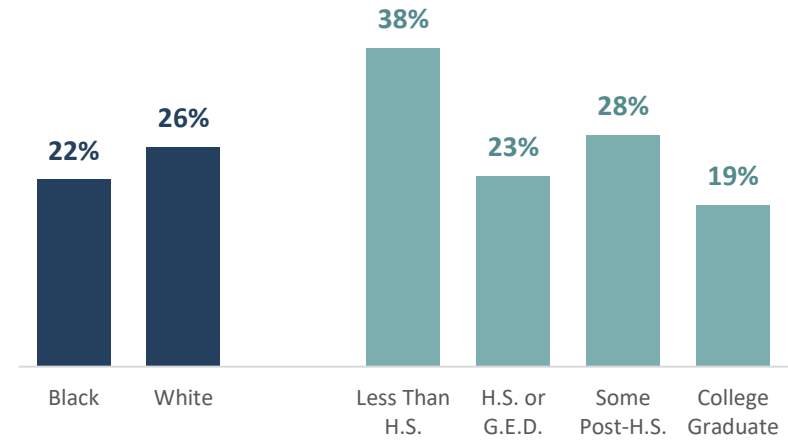
## Quick Facts *(continued)*

The frequency of days in the 30 days before the BRFSS 2018 survey during which women said their mental health was not good for **Black** and **White** women.

The percentage of women who have had a depressive disorder is higher for **White** women and women with **less than a high school degree**.

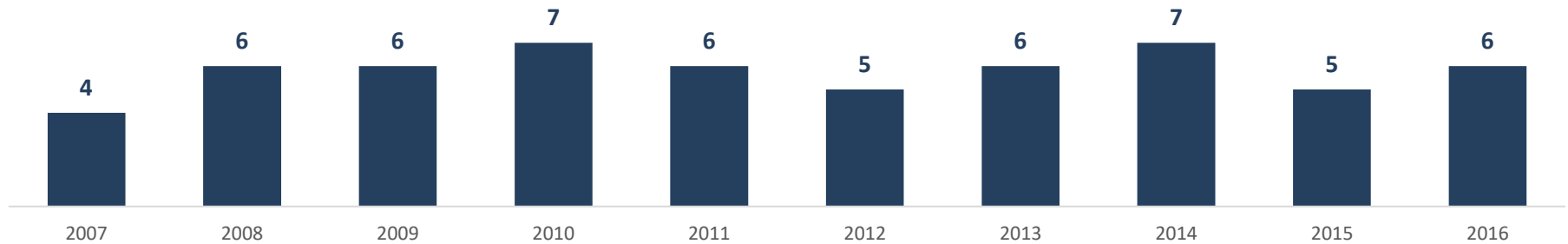


Data Source: Behavior Risk Factor Surveillance System, 2018



Data Source: Behavior Risk Factor Surveillance System, 2018

### Suicide rates for Marion County women per 100,000.



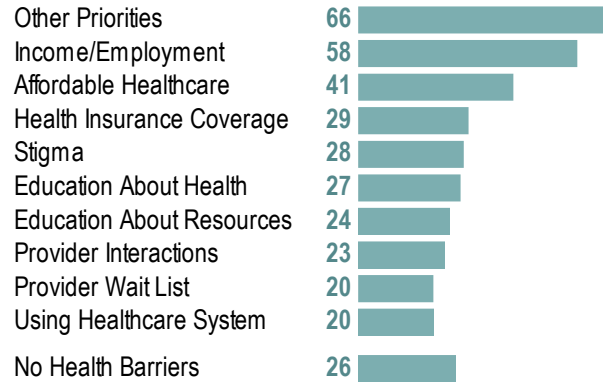
Data Source: Marion Co. Death Certificates DR3503, 2007-2016

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Nicotine Use

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

## Statewide Survey: Nicotine Use Barriers



## Focus Group Quotes

“I’m a week away from not smoking for a whole year.” – **Nicotine Use**

“I was a smoker for 10+ years before I got pregnant.” – **Nicotine Use**

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

“That doctor’s office wouldn’t even see me anymore because I couldn’t pay what I owed them, and the insurance wouldn’t cover it.” – **Barrier: Income/Employment**

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

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

## Quick Facts

**39%** of Indiana women have smoked at least 100 cigarettes in their life. White women (43%) have a higher percent of having smoked at least 100 cigarettes than Black women (26%) (BRFSS, 2018).

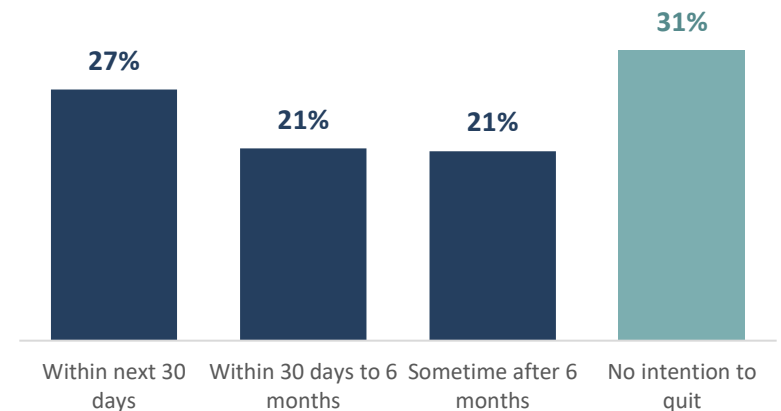
**36%** of Indiana women smoke cigarettes every day. White women (36%) have a higher percent of currently smoking than Black women (21%). Women 18-44 years old have a higher percent of currently smoking (43%) than women 45 years or older (27%) (BRFSS, 2018).

**25%** of Indiana women have ever smoked an e-cigarette or other electronic vaping product. White women (26%) have a higher percent of having smoked than Black women (18%) (BRFSS, 2018).

**8%** of Indiana women currently smoke an e-cigarette or other electronic vaping product every day (BRFSS, 2018).

**20%** of Indiana mothers on Medicaid self-reported smoking during pregnancy in 2018, compared to 12% of all Indiana mothers who smoked during pregnancy (MCH analysis of Vital Records, 2018).

Intentions to quit smoking among current women smokers is roughly divided up into quarters, with 31% of women having **no intention to quit**.



Data Source: Indiana Adult Tobacco Survey, 2019. Data found in The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2019

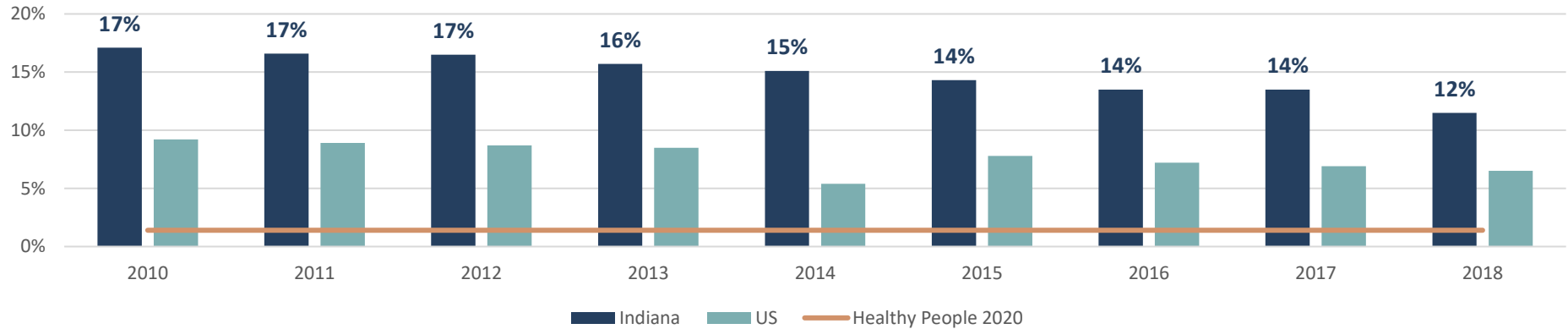
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Nicotine Use *(continued)*

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

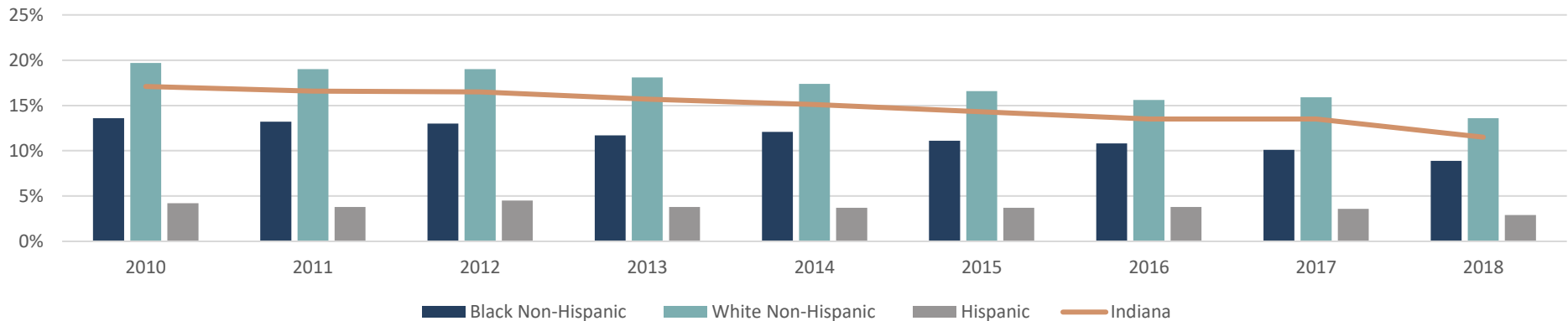
## Quick Facts *(continued)*

The percentage of women who smoked during pregnancy in **Indiana** has *decreased* since 2010. However, **Indiana** is still *above* the **National Average** and *well above* the **Healthy People 2020 Goal of 1.4%**.



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

The percentage of women who smoked during pregnancy in **Indiana** is the *lowest* for **Hispanic mothers**. **White Non-Hispanic mothers** have the *highest* percent of women who smoked during pregnancy.



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 women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# 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

“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.” – **Nutrition**

“I would love to exercise but I haven’t had time.” – **Barrier: Other Priorities**

“At the time I had no money, no resources.” – **Barrier: Income/Employment**

“Maybe we need to have somebody that knows how to can that can hold classes to show how to can vegetables or fruit the right way.” – **Barrier: Education About Health**

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

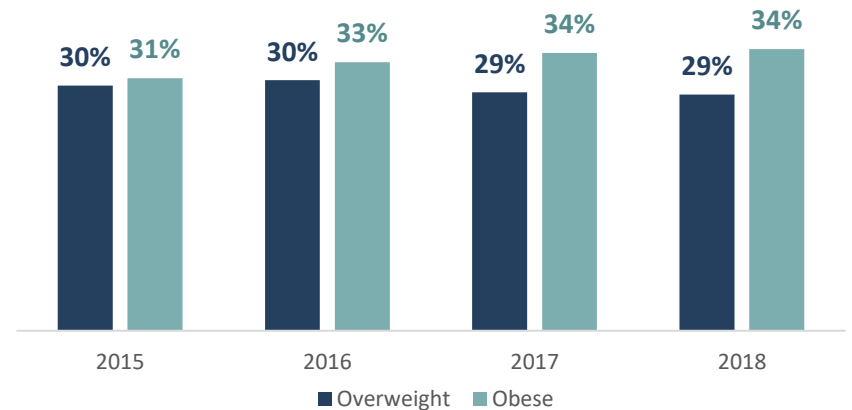
**34%** of Indiana women are obese, and another 29% of women are overweight. For women 18-49 years old, 33% are obese and 26% are overweight (ISDH analysis of BRFSS, 2018).

**47%** of Black Indiana women are obese, which is a higher percent than White women (33%) and Hispanic women (38%) (ISDH analysis of BRFSS, 2018).

**30%** of Black Indiana women are overweight, which is a slightly higher percent than White women (29%) and Hispanic women (28%) (ISDH analysis of BRFSS, 2018).

**70%** of Indiana women engaged in physical activity or exercise in the last 30 days. A higher percent of women with a college degree (84%) engaged in physical exercise compared to women with some college (76%), a high school diploma (60%), and less than a high school diploma (51%) (ISDH analysis of BRFSS, 2018).

The percentage of women who are **overweight** has decreased slightly while the percentage of women who are **obese** has increased slightly since 2015. (Overweight and obese categories are mutually exclusive)



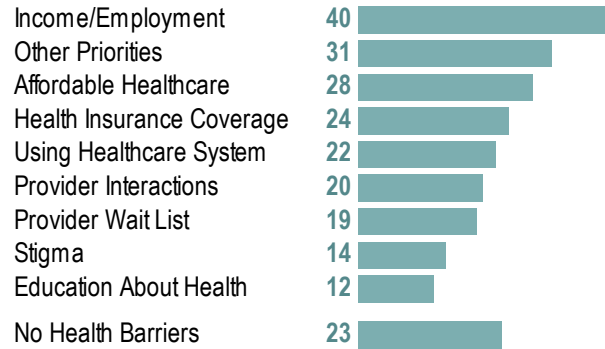
Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Physical Injury

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

## Statewide Survey: Physical Injury Barriers



## Focus Group Quotes

“[Our] mother-in-law was in a car wreck.” – **Physical Injury**

“Not having money [is a challenge].” – **Barrier: Income/Employment**

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

“I feel there should be more help to buy medicine. If you don’t have insurance, you literally have to pay the whole price.” – **Barrier: Affordable Healthcare**

“It is very frustrating when you have doctors that are local or a specialist that might be local and then to hear, ‘Oh, well we don’t take your insurance.’” – **Barrier: Health Insurance Coverage**

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

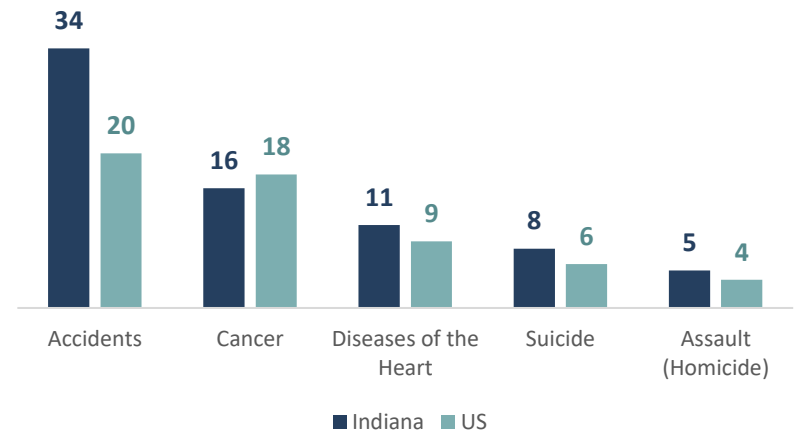
**68%** of accidental deaths among women of childbearing age came from accidental poisoning and exposure to noxious substances (ISDH Epidemiology Resource Center, 2015-2017).

**26%** of accidental deaths among women of childbearing age came from motor vehicle accidents (ISDH Epidemiology Resource Center, 2015-2017).

**31%** of Indiana women 45 years or older fell at least once in the 12 months before the BRFSS 2018 survey (BRFSS, 2018).

**43%** of Indiana women 45 years or older said that at least one of their falls caused an injury that limited their regular activities for at least a day (BRFSS, 2018).

Leading causes of death among women of childbearing age include accidents, suicide, and homicide (per 100,000 women).



Data Source: ISDH Epidemiology Resource Center, 2015-2017 Combined Data

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

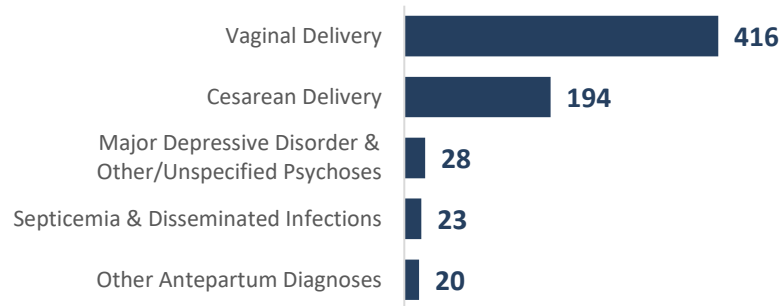


# Physical Injury *(continued)*

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

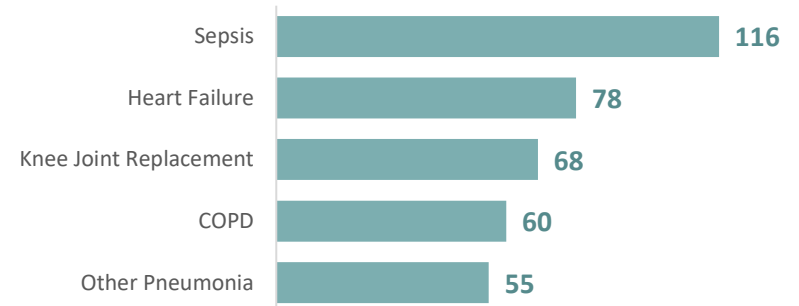
## Quick Facts *(continued)*

Hospitalization rates among **women 18-44 years old** (per 10,000 women).



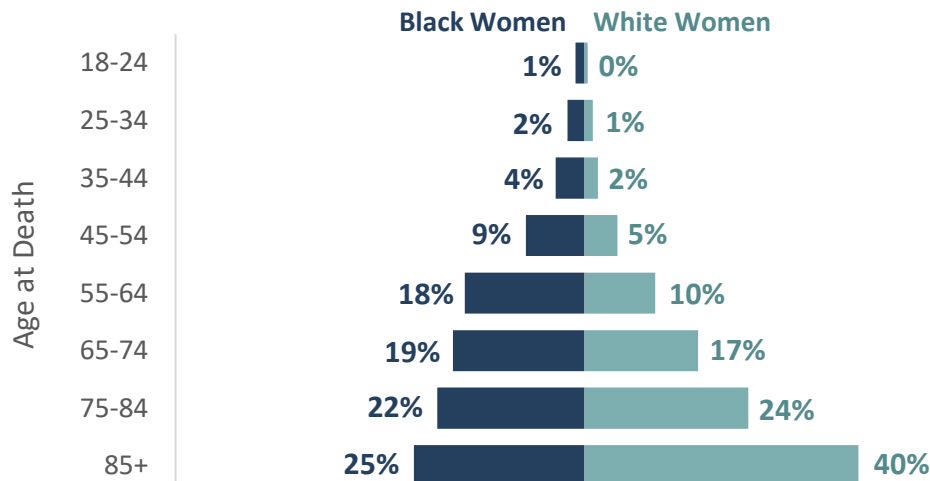
Data Source: ISDH Epidemiology Resource Center, 2018

Hospitalization rates among **women 45 and older** (per 10,000 women).



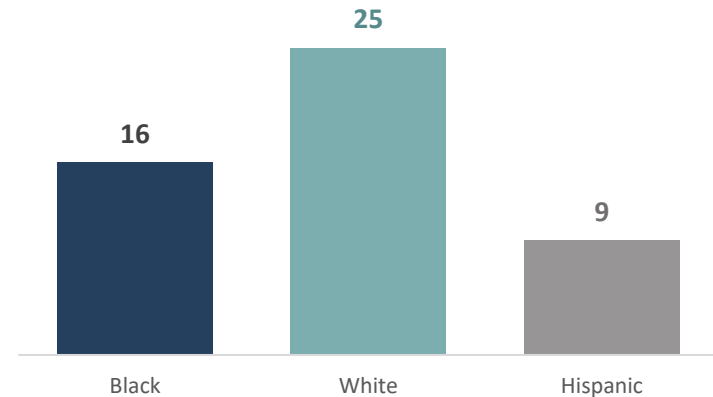
Data Source: ISDH Epidemiology Resource Center, 2018

The percentage of deaths by age at death shows that **White women** are living longer, and **Black women** are dying younger.



Data Source: ISDH Epidemiology Resource Center, 2015-2017 Combined Data

Accidental death rates from poisoning among women of childbearing age (per 100,000 women). **White women** have a *higher* rate of accidental poisoning than **Black women** or **Hispanic women**.



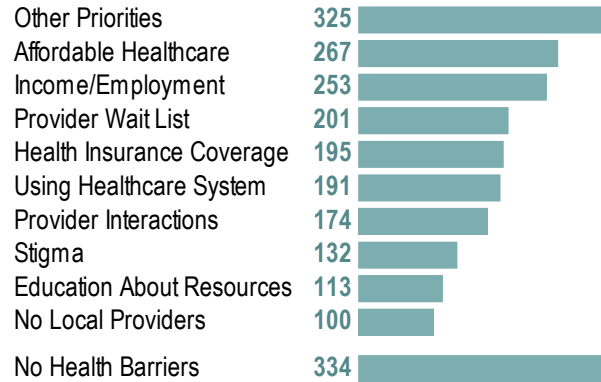
Data Source: ISDH Epidemiology Resource Center, 2015-2017 Combined Data

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Physical Wellness

Definition: Physical needs related to wellness, including well-visits or annual check-ups.

## Statewide Survey: Physical Wellness Barriers



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

## Focus Group Quotes

*“I have never been able to get into a provider in a timely manner to establish care. That’s happening again. I changed insurances because I changed employers a couple months ago and I lost my primary care physician because it was a clinic exclusive to my previous employer. It’s taken me three months to get established with a primary care provider.” – Physical Wellness*

*“I feel like there’s not a priority because we’re still young. It’s that invincible thing.” – Barrier: Other Priorities*

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

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

## Quick Facts

**29%** of Indiana women said that there were 3 or more days in the 30 days before the BRFSS 2018 survey during which their physical health was not good. This was higher for Black women (34%) than for White women (29%) (BRFSS, 2018).

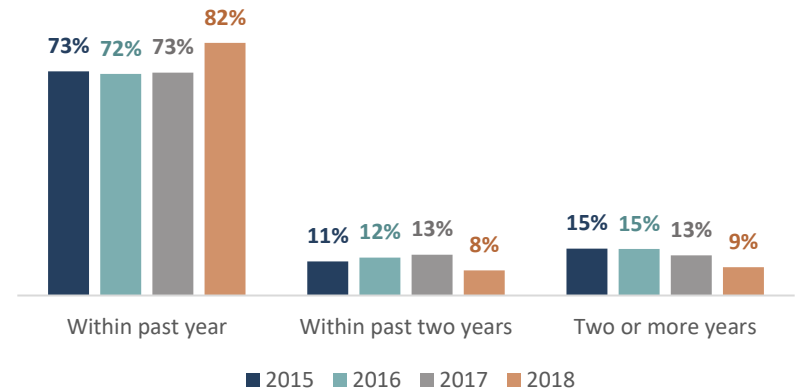
**82%** of Indiana women have visited a doctor for a routine check-up within the past year before the BRFSS 2018 survey. This percent is higher for women 45 and older (88%) compared to women 18-44 years old (75%). This is also higher for Black women (90%) compared to White women (82%) (ISDH analysis of BRFSS, 2018).

**67%** of Indiana women have ever had a mammogram. This is higher for White women (69%) than for Black women (66%) (ISDH analysis of BRFSS, 2018).

**91%** of Indiana women have ever had a pap test. This is higher for White women (92%) than for Black women (88%) (ISDH analysis of BRFSS, 2018).

**47%** of Indiana women have ever had a HPV test. This is higher for Black women (49%) than for White women (47%). This has also increased from 2016 (38%) (ISDH analysis of BRFSS, 2018).

The majority of women have had a routine check-up within the past year. This percent has increased from **73% in 2015** to **82% in 2018**.



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2015-2018

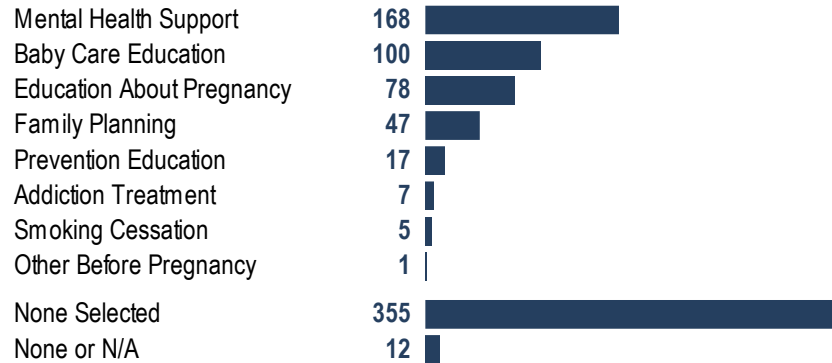
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care

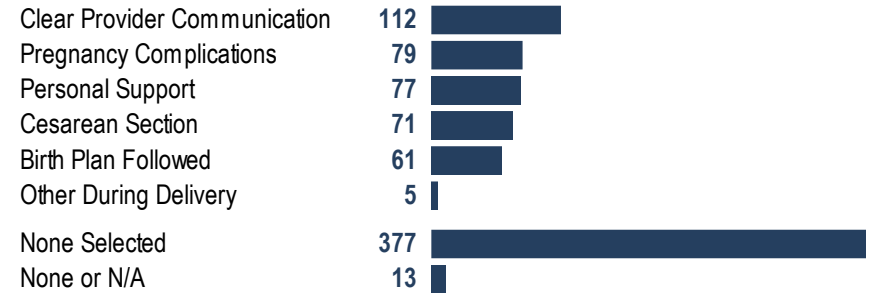
Definition: Care before, during, or after pregnancy.

## Statewide Survey: In what areas did you not receive enough care around your pregnancy?

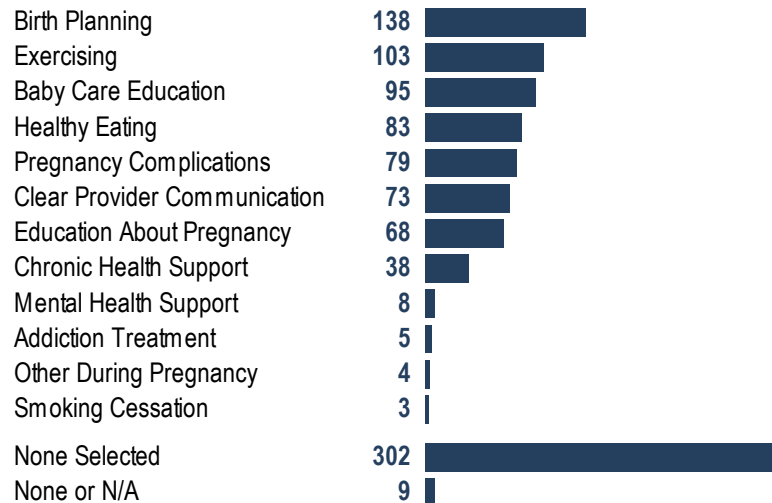
### Before Pregnancy



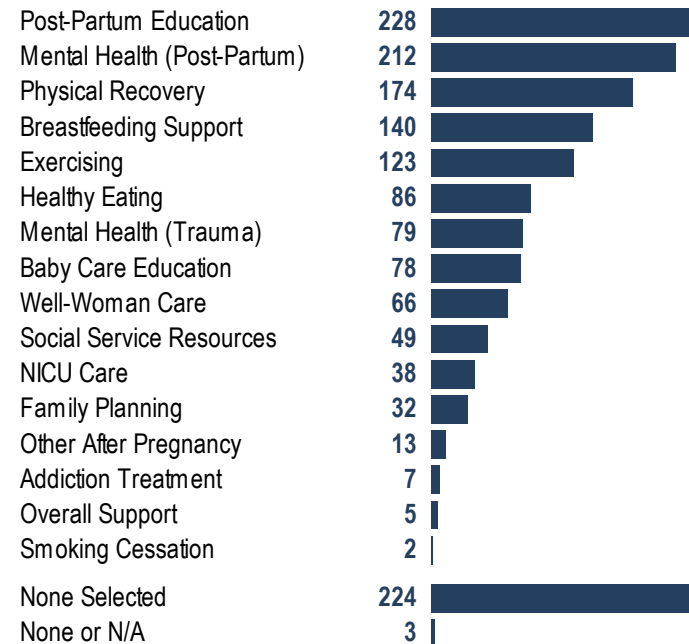
### During Labor & Delivery



### During Pregnancy



### After Pregnancy

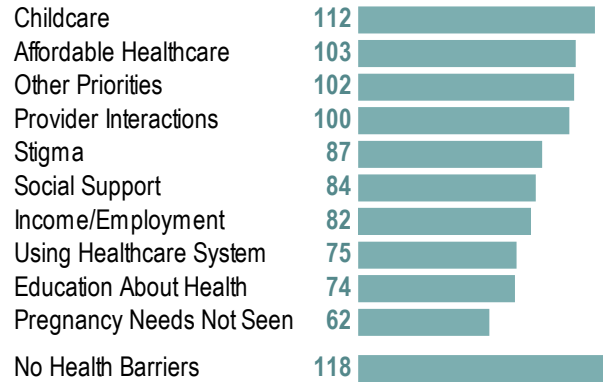


\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

## Statewide Survey: Pregnancy-Related Care Barriers



## Focus Group Quotes

“All these moms here, if they live here, they have to go to other hospitals to deliver. We don’t have in [our city] anywhere they can deliver.” – **Pregnancy Care**

“I didn’t know [until] I was 8 months post-partum with him that I had severe post-partum depression. I remember thinking, ‘no one cries all the time?’” – **Pregnancy Care**

“We do have a growing number of physical therapists who can address pelvic floor issues post-partum.” – **Pregnancy Care**

“Childcare. Finding childcare is very hard.” – **Barrier: Childcare**

Note: These are the top barriers for respondents that identified Pregnancy-Related Care as a need/challenge. These barriers are specific to Pregnancy-Related Care.

## Quick Facts

**32%** of pregnant women in Indiana did *not* receive prenatal care in their first trimester (MCH analysis of Vital Records, 2018). When linking infant birth and death records, two out of every five babies who died did not receive early prenatal care (ISDH Linked Data, 2013-2017).

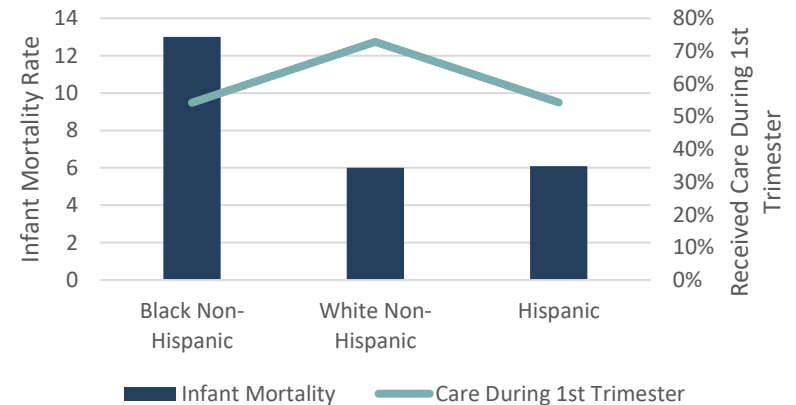
**10%** of pregnant women in Indiana felt emotionally upset as a result of how they were treated based on their race (during the 12 months before their baby was born) (PRAMS, 2017\*).

**41** per 100,000 live births in Indiana result in maternal mortality, which is higher than the US maternal mortality rate (21) (IYI KIDS COUNT® Data Book, 2020).

per 1,000 live births in Indiana result in infant mortality, which is much higher for Black Non-Hispanic babies (13.0) (MCH analysis of Vital Records, 2018). When linking infant birth and death records, 70% of babies who died were preterm (<37 weeks) or had a low birthweight (<2500 g), 51% were born to a mother on Medicaid, and 22% were born to a mother who smoked during pregnancy (ISDH Linked Data, 2013-2017).

**6.8**

A larger percentage of White Non-Hispanic mothers **received care during their first trimester**, while Black Non-Hispanic mothers have the highest **infant mortality rate**.



Data Source: MCH analysis of Vital Records, 2018

\*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.

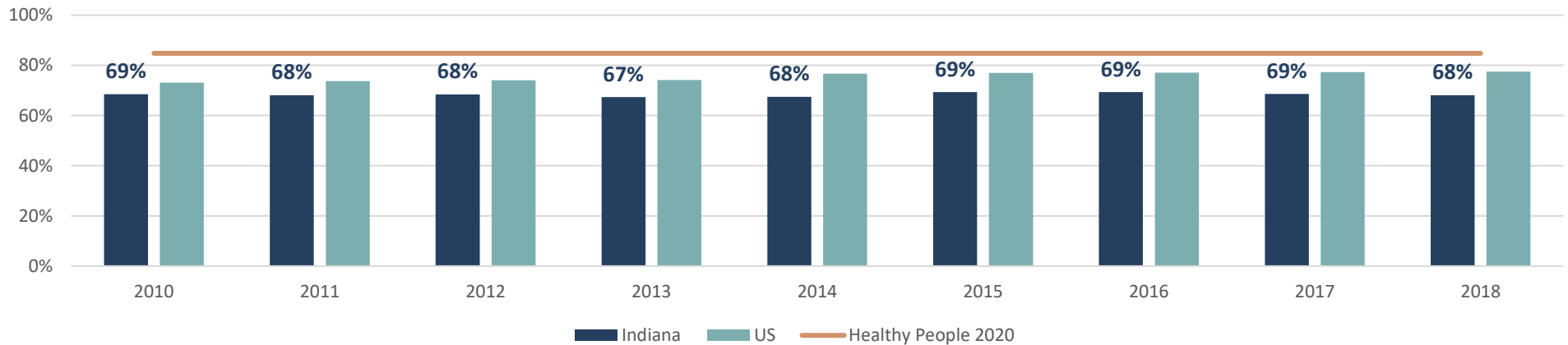
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

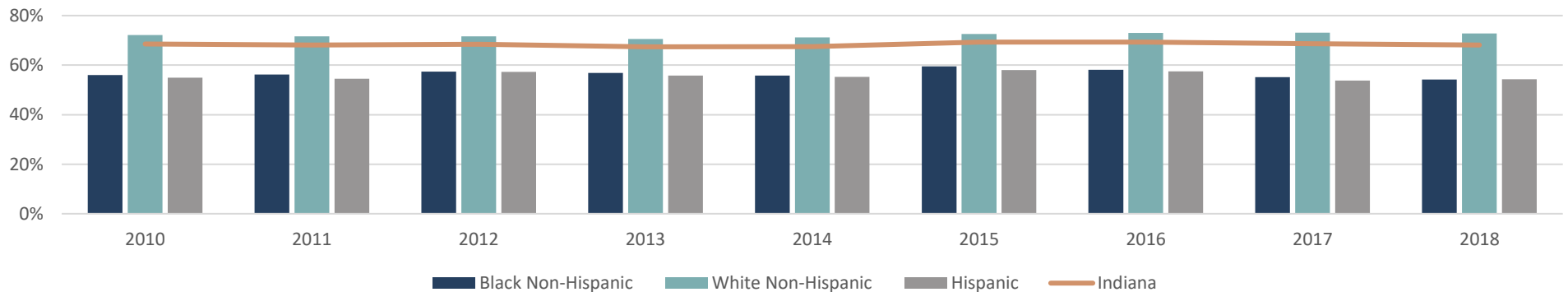
## Quick Facts *(continued)* - Prenatal Care

The percentage of women who received prenatal care during their first trimester in **Indiana** has been relatively steady since 2010. However, **Indiana** is still *below* the **National Average** and *below* the **Healthy People 2020 Goal of 84.8%**.



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

The percentage of women who received prenatal care during their first trimester in **Indiana** is the *highest* for **White Non-Hispanic mothers**.



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

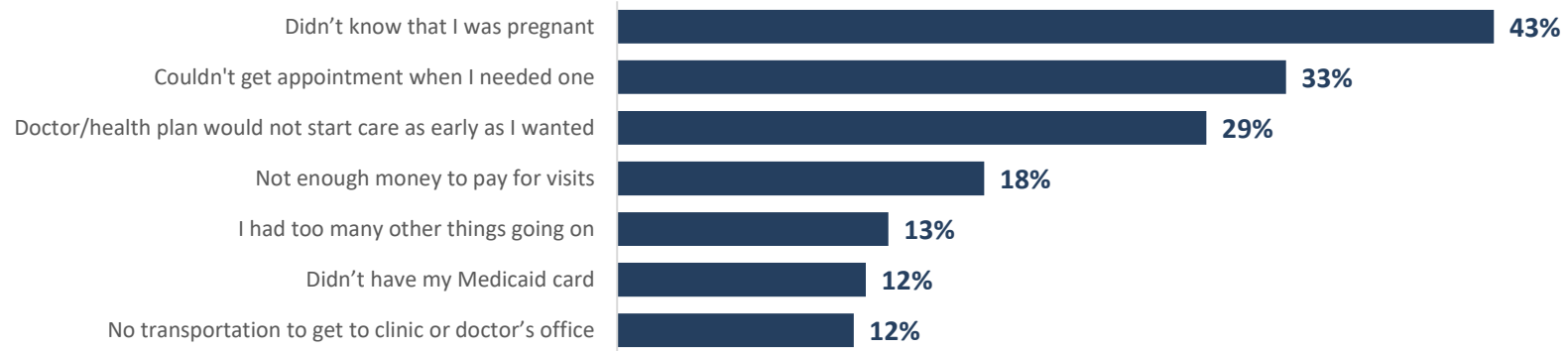
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

## Quick Facts *(continued)* - Prenatal Care

Situations that prevented women from getting prenatal care.

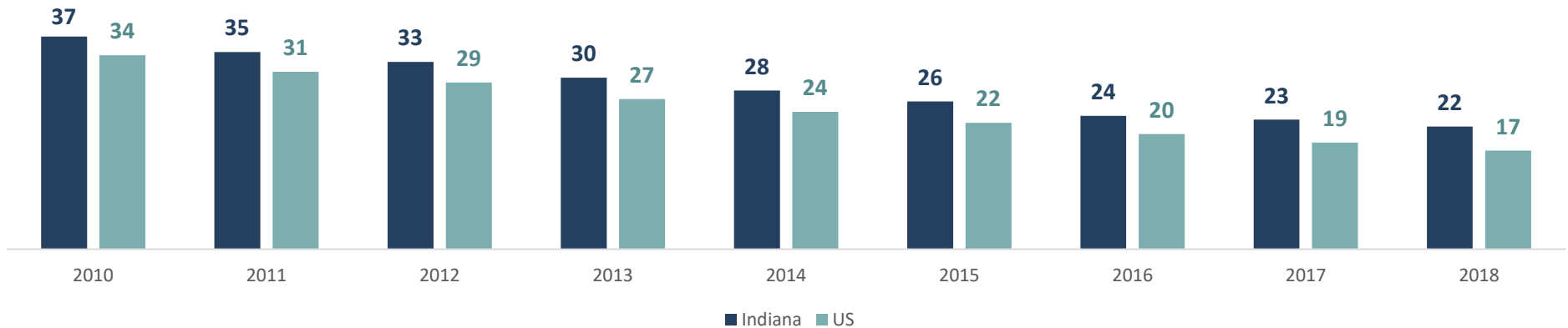


Data Source: Pregnancy Risk Assessment Monitoring System, 2017\*

\*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.

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

The birth rate for teenage mothers (15-19) is decreasing each year; however, **Indiana** remains *higher* than the **US** rate (per 1,000).



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

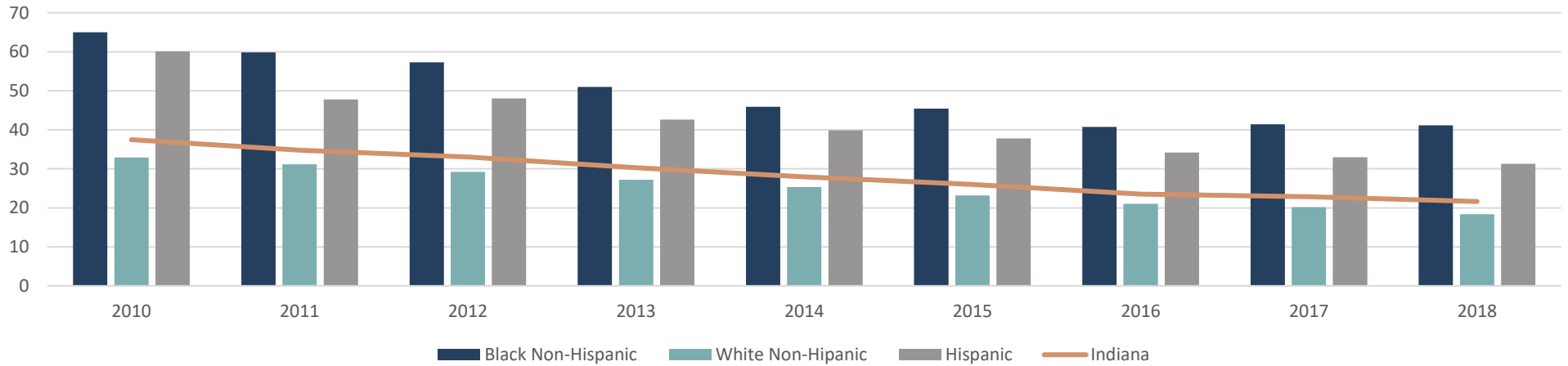
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

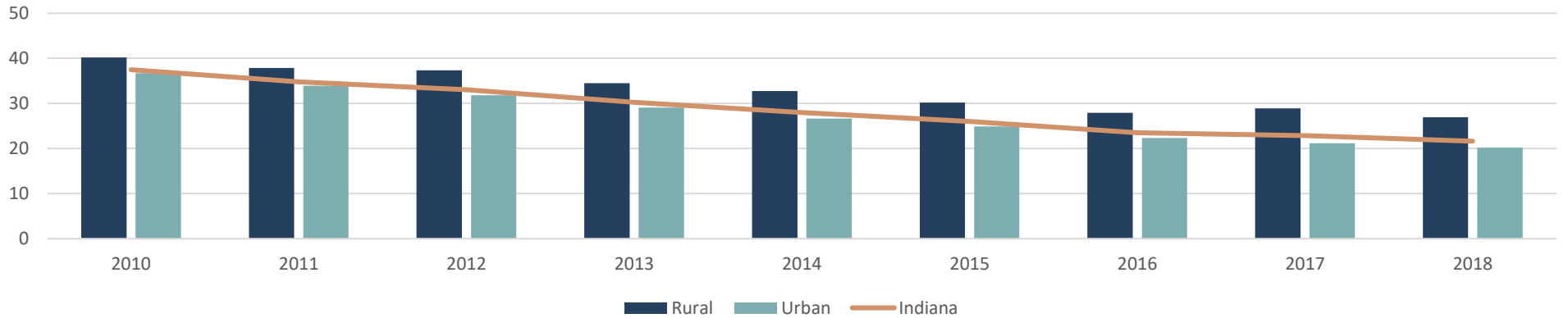
## Quick Facts *(continued)* - Teen Births

The birth rate for teenage mothers (15-19) is *higher* for **Black Non-Hispanic teens** and **Hispanic teens**, compared to **White Non-Hispanic teens** (per 1,000).



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

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



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

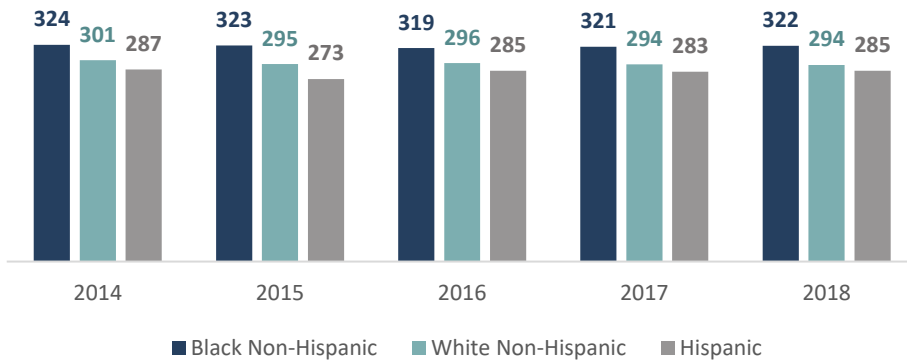
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

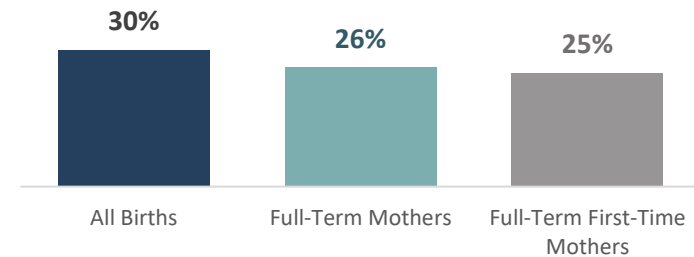
## Quick Facts *(continued)* - Cesarean Births

**Black Non-Hispanic mothers** have the *highest* rate of cesarean births (per 1,000 women).



Data Source: MCH analysis of Vital Records, 2014-2018

For all Indiana babies born, **30% are a cesarean birth**. For vertex presentation births (i.e., the baby is in the head down position needed for a vaginal delivery), around a quarter of **full-term mothers** (≥ 37 weeks) and **full-term first-time mothers** have a cesarean birth.

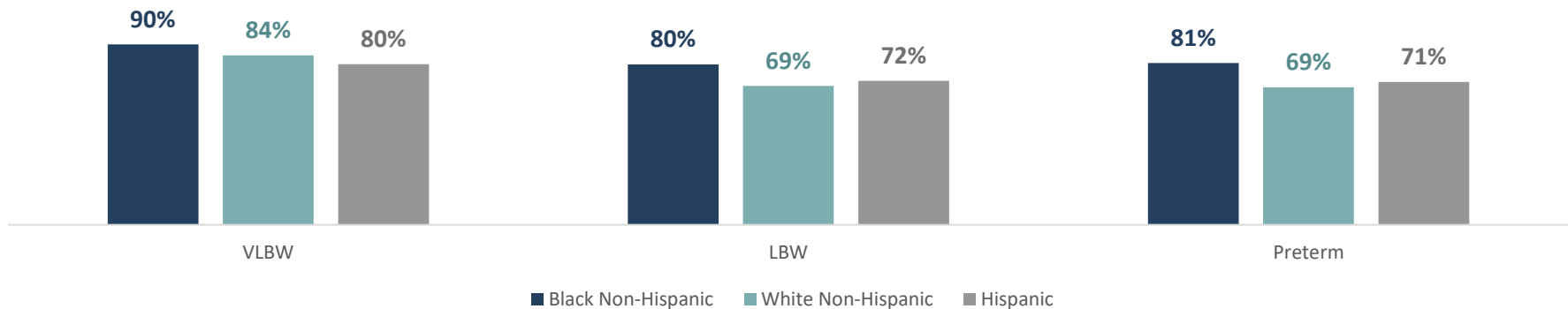


Data Source: MCH analysis of Vital Records, 2018

Data for full-term and full-term first-time mothers is specific to vertex presentation births.

## Quick Facts *(continued)* - Risk-Appropriate Perinatal Care

**Black Non-Hispanic mothers** have the *highest* rates of very low birthweight (VLBW), low birthweight (LBW), and preterm births in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).



Data Source: MCH analysis of Vital Records, 2018

Very low birthweight (VLBW) births are defined as < 1500 grams, low birthweight (LBW) births are defined as < 2500 grams, and preterm births are defined by a gestation < 37 weeks.

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

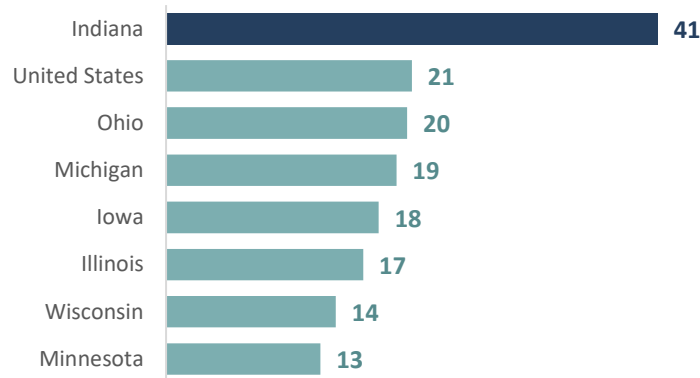


# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

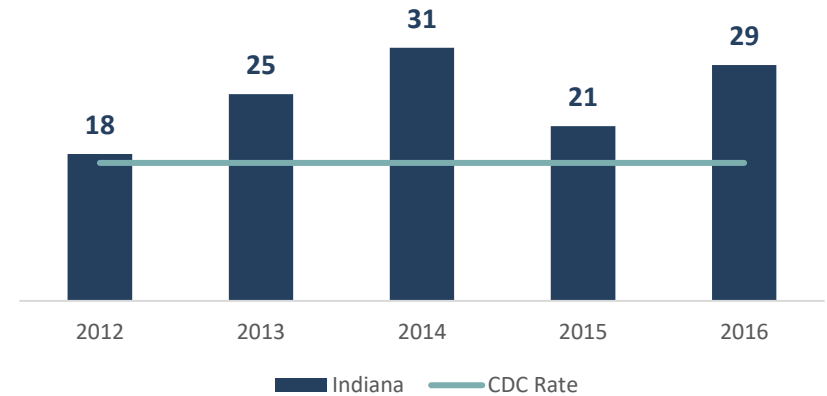
## Quick Facts *(continued)* - Maternal Mortality

The maternal mortality rate in **Indiana** is the *highest* compared to all other **Midwestern states** and the **US**. (Maternal deaths/100,000 births)



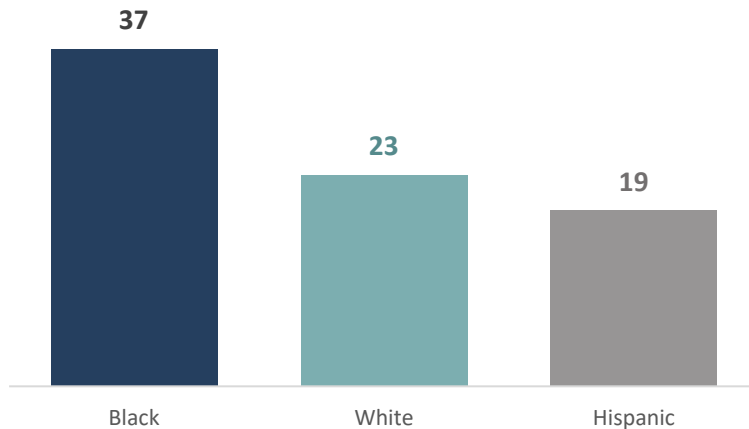
Data Source: St. Joseph County Department of Health – FIMR Program, September 2019

**Indiana's** pregnancy-related maternal mortality rate has consistently been *higher* than the **CDC published national rate** per 100,000 live births.



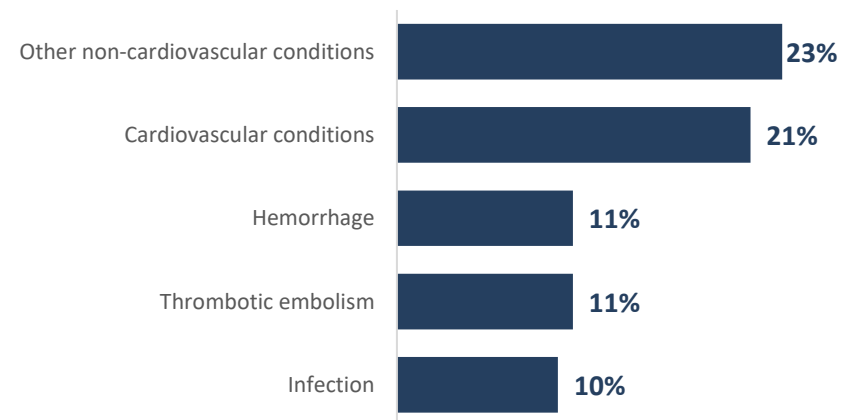
Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

**Black mothers** had the *highest* rate of pregnancy-related mortality (per 100,000 live births).



Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

**Causes of pregnancy-related deaths** for Indiana women.



Data Source: CDC's Indiana Pregnancy Mortality Surveillance System Data, 2012-2016

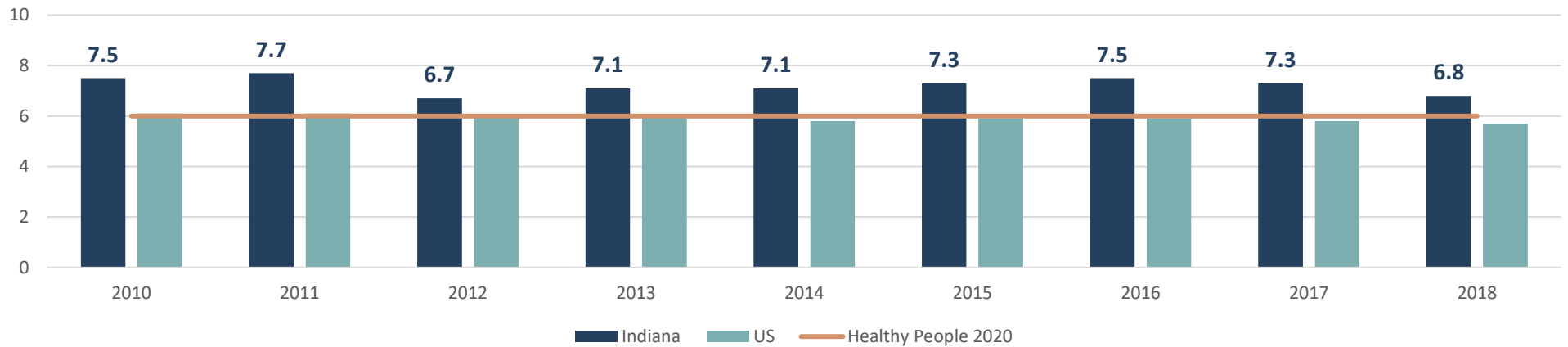
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

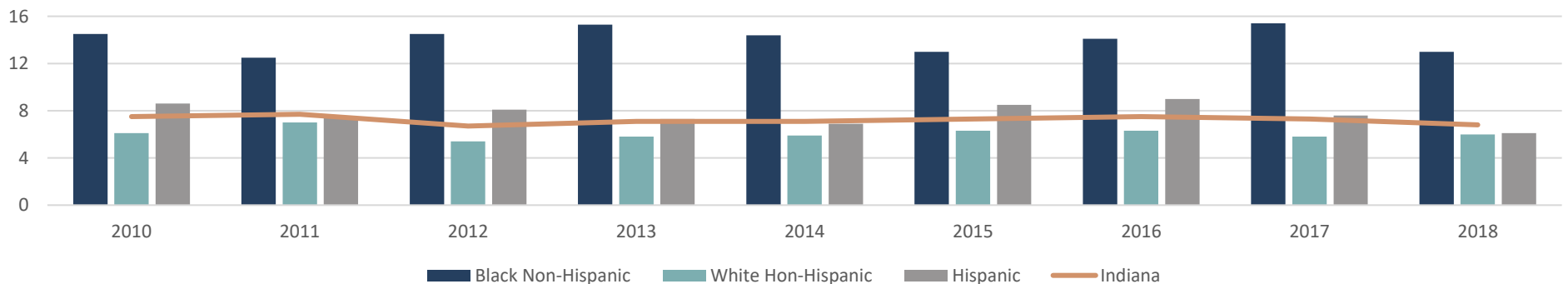
## Quick Facts *(continued)* - Infant Mortality

The infant mortality rate in **Indiana** is *lower* than in previous years.  
 However, **Indiana** is still *above* the **National Average** and *above* the **Healthy People 2020 Goal of 6.0** infant deaths per 1,000 live births.



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

The infant mortality rate in **Indiana** is the *highest* for **Black Non-Hispanic mothers**.



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

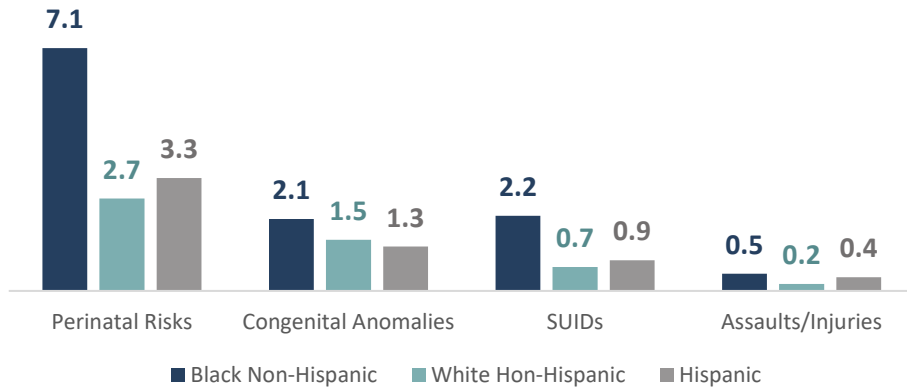
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

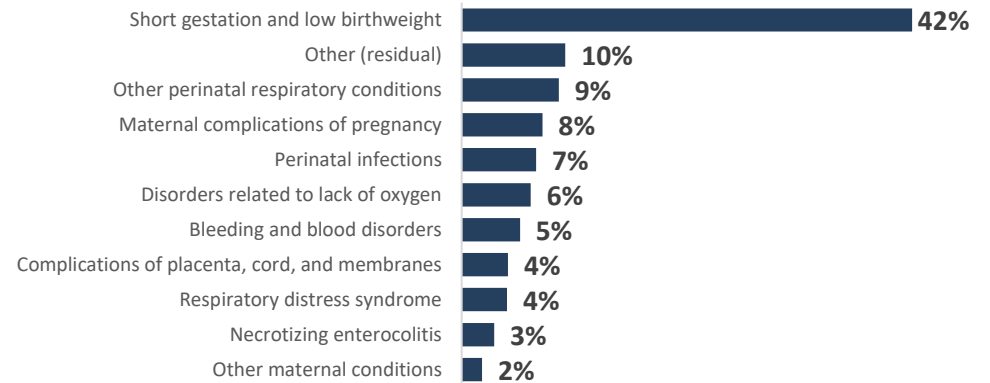
## Quick Facts *(continued)* - Infant Mortality

**Black Non-Hispanic mothers** have the *highest* infant mortality rates, and perinatal risks are the *highest* cause of infant mortality overall (per 1,000 live births).



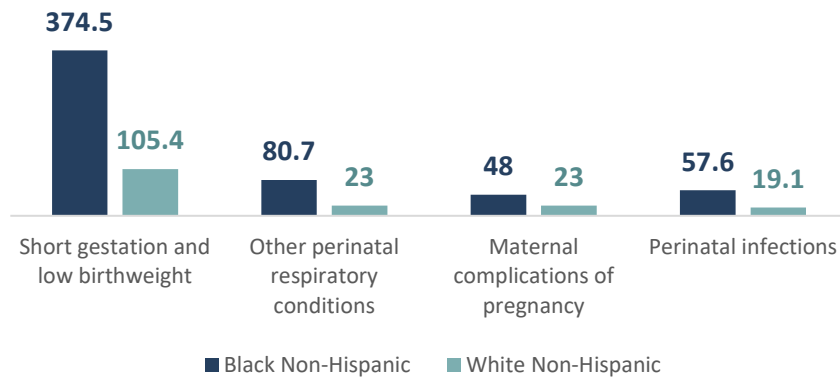
Data Source: MCH analysis of Vital Records, 2018

**Perinatal risks** are the greatest collective underlying cause of infant death in Indiana, and the most common prenatal risk group is *preterm and low birthweight infants*.



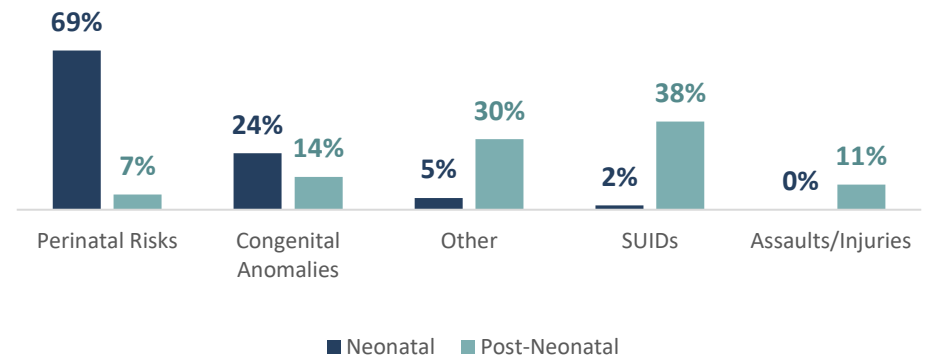
Data Source: MCH analysis of Vital Records, 2014-2018

**Black Non-Hispanic infants** are 3.5 times *more likely* to die of *prematurity and low birthweight* as compared to **White Non-Hispanic infants** (per 100,000 births).



Data Source: MCH analysis of Vital Records, 2014-2018

The highest cause of infant mortality for **babies 0-27 days old (neonatal)** are perinatal risks. The highest cause of infant mortality for **babies 28-364 days old (post-neonatal)** are Sudden Unexplained Infant Deaths (SUIDs).



Data Source: MCH analysis of Vital Records, 2018

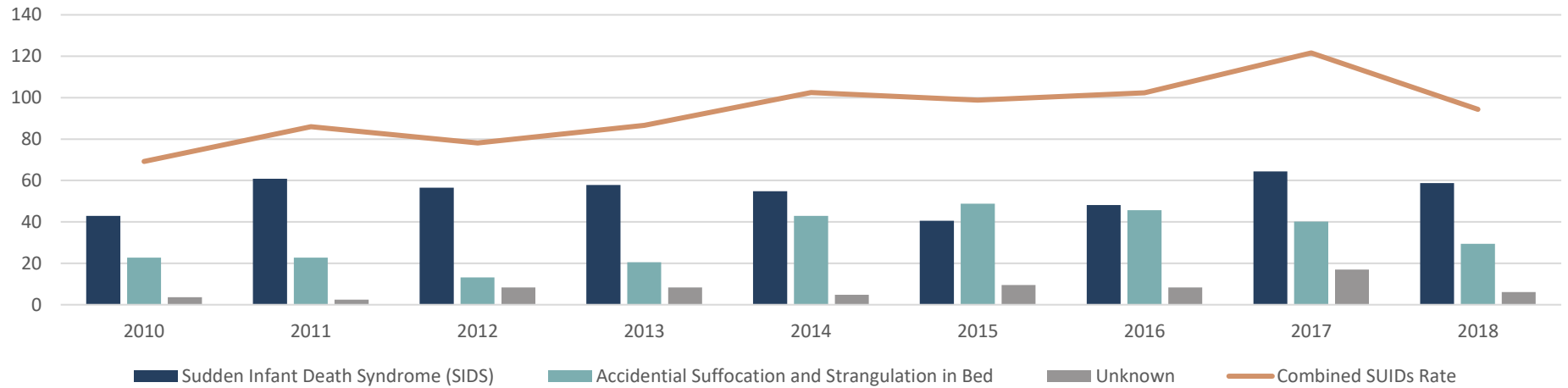
\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Pregnancy-Related Care *(continued)*

Definition: Care before, during, or after pregnancy.

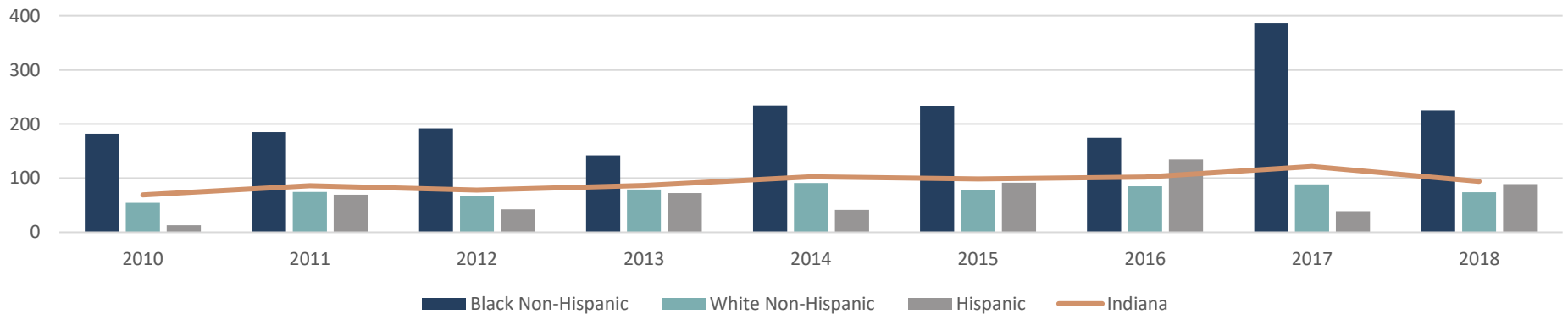
## Quick Facts *(continued)* - Infant Mortality

**Sudden Infant Death Syndrome (SIDS)** makes up the largest portion of **Sudden Unexplained Infant Deaths (SUIDs)**, which is the *highest* cause of infant death after the first 27 days of life (rates per 100,000 live births).



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

**Black Non-Hispanic babies** have the *highest* rates of Sudden Unexplained Infant Death (SUID) rates per 100,000 live births.



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 women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Sexual Health

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

## Statewide Survey: Sexual Health Barriers



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

## Focus Group Quotes

“I’ve had a tubal ligation and I had a hard time getting that. I was very set in my choice with getting that... You know when you’re done, and I was done. I shouldn’t have to go to three doctors.” – **Sexual Health**

“The birth control I was on for seven years made me gain so much weight.” – **Sexual Health**

“I was on birth control both times that I got pregnant. I was on the pill when I got pregnant with my first and I was on the ring when I got pregnant with my second.” – **Sexual Health**

“Sometimes, because of my son, I try to do things pretty fast and I forget about myself [and] the last thing I think of in the day is myself.” – **Barrier: Other Priorities**

## Quick Facts

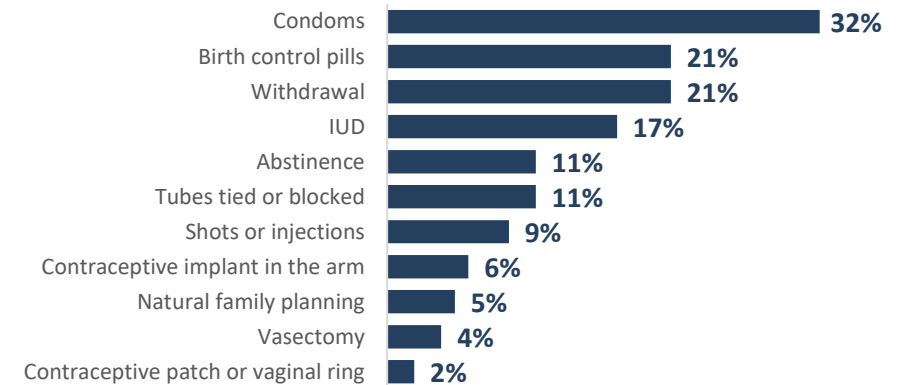
**47%** of Indiana women reported using hormonal methods of birth control to prevent pregnancy (ISDH analysis of BRFSS, 2017).

**46%** of *White* Indiana women reported using some form of contraception to prevent pregnancy, which is higher than Black women (33%) (ISDH analysis of BRFSS, 2017).

**52%** of *Black* Indiana women who used a form of contraception reported using a condom, which is higher than White women (20%) (ISDH analysis of BRFSS, 2017).

**51%** of *White* Indiana women who used a form of contraception reported using a hormonal method, which is higher than Black women (36%) (ISDH analysis of BRFSS, 2017).

**Birth control methods** women and their husband/partner are currently using to prevent pregnancy.



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

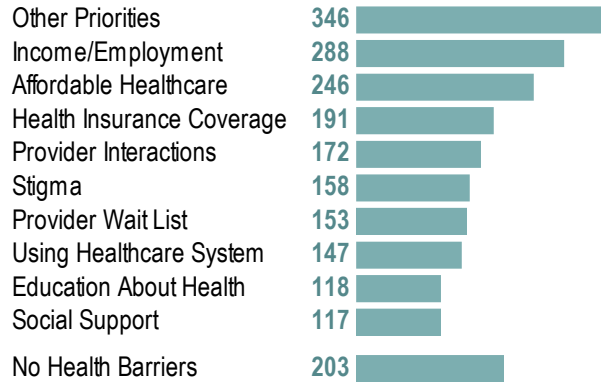
\*PRAMS, 2017: Estimates based on data with very low response rates (below 55%) may be less accurate or precise, and should be interpreted with caution.

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Sleep

Definition: Sleep needs, including regular, adequate sleep.

## Statewide Survey: Sleep Barriers



## Focus Group Quotes

“I have extreme insomnia, extreme. I can’t sleep.” – **Sleep**

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

“At the time I had no money, no resources.” – **Barrier: Income/Employment**

“I feel there should be more help to buy medicine. If you don’t have insurance, you literally have to pay the whole price.” – **Barrier: Affordable Healthcare**

“I’ve seen a lot of young women that go in for treatment, but the insurance won’t pay after the four or five days of [treatment].” – **Barrier: Health Insurance Coverage**

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

## Quick Facts

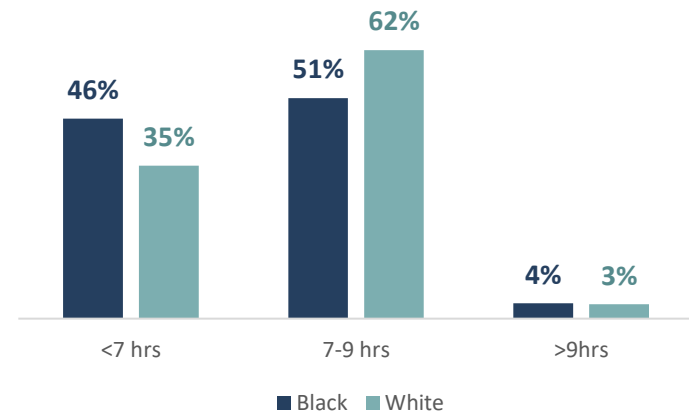
**36%** of Indiana women get 7 hours or less of sleep on average each night (BRFSS, 2018).

**46%** of Black Indiana women get 7 hours or less of sleep on average each night, which is higher than White women (35%) (BRFSS, 2018).

**39%** of Indiana women 18-44 years old get 7 hours or less of sleep on average each night, which is higher than women who are 45 years or older (32%) (BRFSS, 2018).

**43%** of Indiana women with less than a high school degree get 7 hours or less of sleep on average each night, which is higher than women who have their high school degree or GED equivalent (39%) and higher than women who have a college degree (30%) (BRFSS, 2018).

60% of women receive optimal sleep each night (7-9 hours). However, **White women** have a higher percentage of optimal sleep than **Black women**.



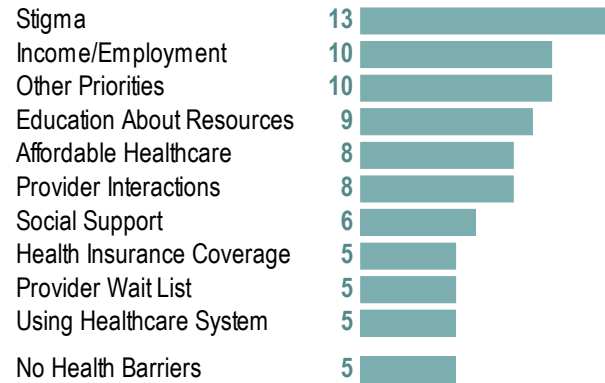
Data Source: Behavior Risk Factor Surveillance System, 2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# Sexually Transmitted Diseases (STDs)

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

## Statewide Survey: STDs Barriers



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

## Focus Group Quotes

“[People need to know] how to protect yourself from STDs and STIs and HIV.” – **Sexually Transmitted Diseases**

“It’s a cultural thing too, because so many of our communities of color have this stigma about getting help” – **Barrier: Stigma**

“That doctor’s office wouldn’t even see me anymore because I couldn’t pay what I owed them, and the insurance wouldn’t cover it.” – **Barrier: Income/Employment**

“I feel like there’s not a priority because we’re still young. It’s that invincible thing. Nothing bad is going to happen to me.” – **Barrier: Other Priorities**

## Quick Facts

**47%** of Indiana women have ever had an HPV test. This is higher for Black women (49%) than for White women (47%). (ISDH analysis of BRFSS, 2018). This has also increased from 2016 (38%) (ISDH analysis of BRFSS, 2016).

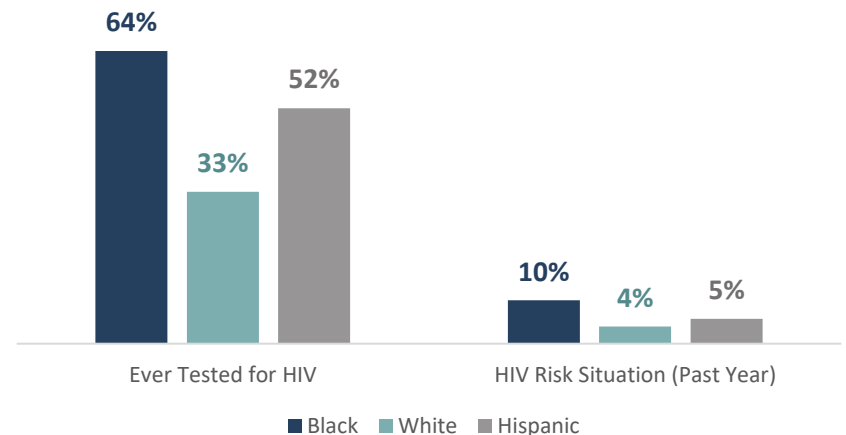
**39%** of Indiana women have ever been tested for HIV (ISDH analysis of BRFSS, 2018). This is much higher for Black women (64%) than for White women (33%) (ISDH analysis of BRFSS, 2017-2018).

**5%** of Indiana women reported being in at least one HIV risk situation (e.g., injecting non-prescribed drugs, treatment for an STD, or giving/receiving money or drugs in exchange for sex) in the year before the BRFSS 2018 survey (ISDH analysis of BRFSS, 2018).

**67%** of Indiana women diagnosed with an STD were diagnosed with Chlamydia, followed by Gonorrhea (48%) and Syphilis (18%) (ISDH Division of HIV/STD/VH, 2019).

**78** per 100,000 Indiana women were living with HIV/AIDS as of 2018. This rate has increased from 2015 (rate of 71) (ISDH Division of HIV/STD/VH, 2015-2018).

A larger percentage of **Black women** have ever been tested for HIV and have also reported being in at least one HIV risk situation within the past year.



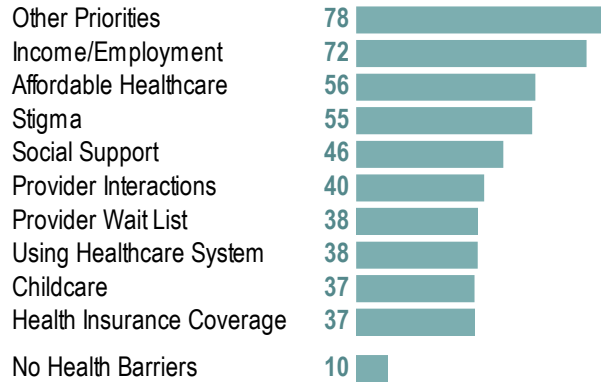
Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2017 & 2018 Combined Data

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women’s feedback about their needs. Focus groups also include provider feedback about the women they serve.

# 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 was in a domestic relationship and so it got really bad at one point and I changed the locks on my doors, and I told my children's father that we can't do it. We're not together unless you go to seek help, or counseling or you know, we need some type of counseling.” – **Trauma or Violence**

“But for somebody who's been through a lot of use, a lot of trauma, they don't want to let somebody in.” – **Trauma or Violence**

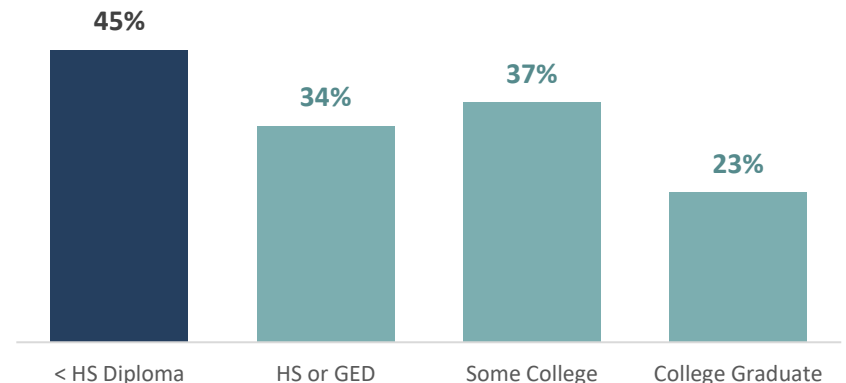
“It was my care before and after [pregnancy] that I feel like was more traumatic for me.” – **Trauma or Violence**

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

- 34%** of Indiana women have parents who are separated or divorced (ISDH analysis of BRFSS, 2018).
- 25%** of Indiana women have lived with someone who was an alcoholic when they were a child. This is higher for women with less than a high school diploma (34%) (ISDH analysis of BRFSS, 2018).
- 10%** of Indiana women were touched sexually by an adult or anyone at least 5 years older than them, more than once, when they were a child (ISDH analysis of BRFSS, 2018).
- 3%** of Indiana women said that someone physically hurt them during their most recent pregnancy (PRAMS, 2017\*).
- 5%** of Indiana women said that their husband/partner tried to control their daily activities during their most recent pregnancy (PRAMS, 2017\*).

A larger percentage of **women with less than a high school diploma** have parents who are separated or divorced, compared to **all other educational attainment levels**.



\*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.

Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.

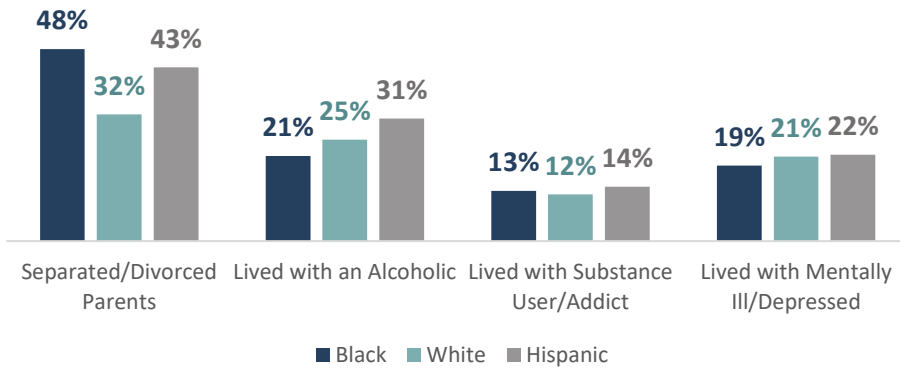


# Trauma or Violence *(continued)*

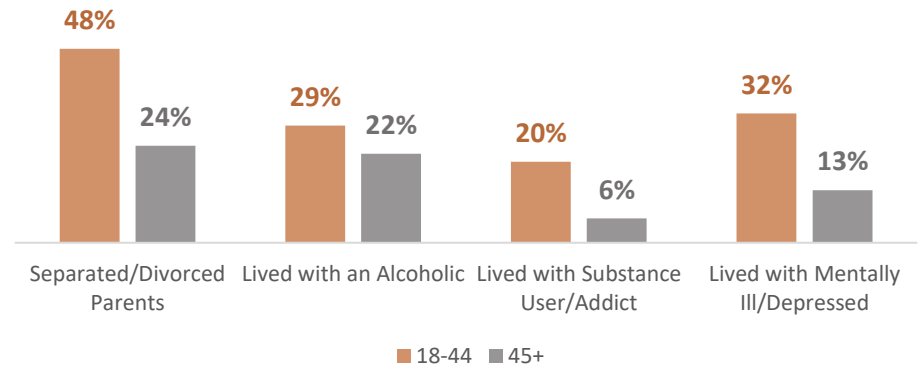
Definition: Experiences of trauma or violence, including domestic violence, bullying, or cyberbullying.

## Quick Facts *(continued)*

A higher percentage of **Black women** and **Hispanic women** have divorced parents than **White women**. A greater percentage of **women 18-44 years old** have experienced adverse childhood experiences, including having divorced parents or living with someone who was depressed, mentally ill, or suicidal.

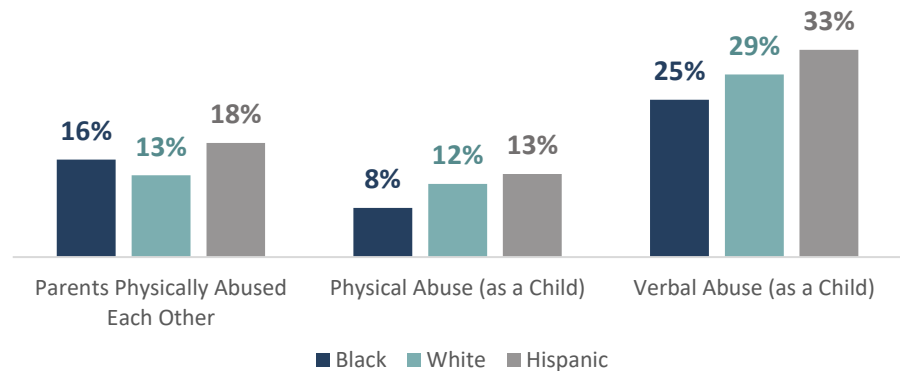


Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

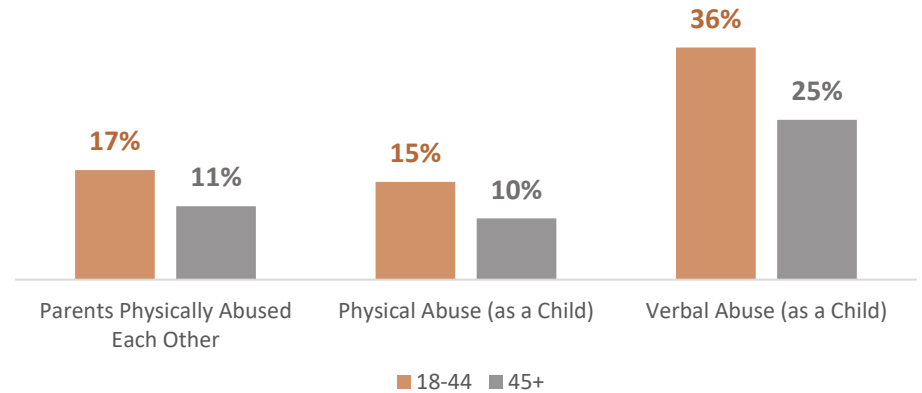


Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

A greater percentage of **women 18-44 years old** also reported receiving or observing physically and verbally abusive behaviors *more than once* during their childhood.



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018



Data Source: ISDH analysis of Behavior Risk Factor Surveillance System, 2018

\*\*Statewide survey data are from 2020 and focus groups were conducted in 2019 & 2020; both include women's feedback about their needs. Focus groups also include provider feedback about the women they serve.