



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

JUNE 18, 2024

Agenda

1. Welcome and Introductions
2. Consent Agenda
 - a. **Action:** Approve Minutes from the April 2024 meeting

Agenda

- 3. Youth Risk Behavior Survey Data
 - a. Presentation: Indiana Department of Health



Indiana
Department
of
Health

2023 YOUTH RISK BEHAVIOR SURVEY RESULTS

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6.18.2024

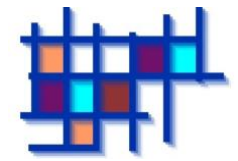
OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.





Youth Risk Behavior Survey (YRBS)

The survey is designed by the Centers for Disease Control and Prevention to:

- Help monitor adolescent health over time – identify emerging issues and plan programs to support the health of youth
- Understand unhealthy behaviors of adolescents and see how they change over time
- Provide data at the national and state level and compare different groups of adolescents

Data Usage

- Data from 2021 has been of interest and used widely across the state by:
 - Schools and universities
 - Healthcare organizations
 - Local health departments
 - Non-profits
 - Coalitions
 - State agencies
- Presentations/Conferences
 - [IDOH Website](#)
 - IDOH YRBS data dashboard (coming soon)
 - [YRBS Explorer](#), [Profiles Explorer](#)



HEALTH & WELLNESS

Indiana Survey Data Shows Increase in Teen Suicide Attempts

By Demarco Moore

DECEMBER 2, 2022



New youth risk behavior survey reveals shocking trends of mental health problems among Indiana youth

For young people still developing physically and socially, poor mental health can often lead to risky behaviors like early drug or alcohol use and experiencing violence. New survey data out of Indiana shows an increase in teen suicide attempts, as well as the need for expanded mental health support in Indiana schools.

Developed by Indiana State Epidemiological Outcomes Workgroup

SyraxHealth | ISU

Condom and Birth Control Use

Definition: Condom and birth control use is a measure of safer sexual practices of adolescents while engaging in sexual activity.

Significance: According to comprehensive data among teens given insights into their knowledge and understanding of contraceptive usage and benefits, while many states do not teach about contraception use, instead waiting for disabusement only teaching the combination of condoms and birth control are important steps to take in sexual health. Youth who engage in sexual activity and use condoms and birth control together are much less likely to contract sexually transmitted infections/diseases or become pregnant compared to sexually active youth who don't employ condoms and birth control use.

Relevance to you:

- In 2021 among sexually active students, condoms were the most prevalent primary pregnancy prevention method (58.3%) - an increase from 48.9% since the last survey year, 2015.
- 48.4% of sexually active students used either condoms or IUD or implant or a birth patch, or both, in birth control use before their last sexual intercourse to prevent pregnancy - a significant decrease from 75.5% in 2015.
- 83.8% of sexually active students used both a condom during their last sexual intercourse and birth control pills, an IUD or implant, or a birth patch, or both, in birth control use to prevent pregnancy.
- 83.8% of sexually active students did not use any pregnancy prevention method the last time they had sex - a decrease from 53.8% in 2015.

Sexually Transmitted Infections

Definition: Sexually transmitted infections (STI) are related sexually transmitted diseases (STD), one disease and infections caused by engaging in sexual activity with an individual or individuals who carry a disease or infection.

Significance: The presence of STIs among teens can be indicative of factors like engaging in unprotected sex or having multiple sexual partners. The risk of STIs among adolescents is even greater when considering their sexual knowledge, safety practices, and overall health outcomes.

Relevance to you:

- In 2021 among sexually active students, 6.9% report they were tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea.
- 5.8% of sexually active students were tested for human immunodeficiency virus (HIV) - a decrease from 8.9% since the last survey year, 2015.

Method	2015	2021
Condoms	48.9%	58.3%
Other	26.6%	26.5%

Year	Percentage
2015	75.5%
2021	83.8%

Year	Percentage
2015	53.8%
2021	8.4%

Local News

Youth suicide webinar planned for next month

By Lori McDonald - August 26, 2023



September is National Suicide Prevention Month.

According to the Indiana Youth Institute's Kids Count Data Book, 27.7% of Indiana students reported seriously considering attempting suicide.

Data on the iyi.org website show in Indiana, suicide is the second leading cause of death for youth ages 15 to 24 and the fourth leading cause of death for youth ages 5 to 14.

Experts and teens list several reasons for the increase, including insufficient mental health screening, poor access to mental health services and resistance to seeking care.



2023
INDIANA KIDS COUNT® DATA BOOK

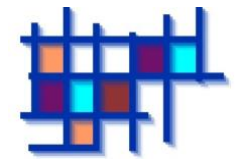
29th Edition of a Profile of Hoosier Youth
Version 1.0

Family & Community | Health | Economic Well-Being | Education

<https://landmarkrecovery.com/indiana-survey-data-shows-increase-in-teen-suicide-attempts>

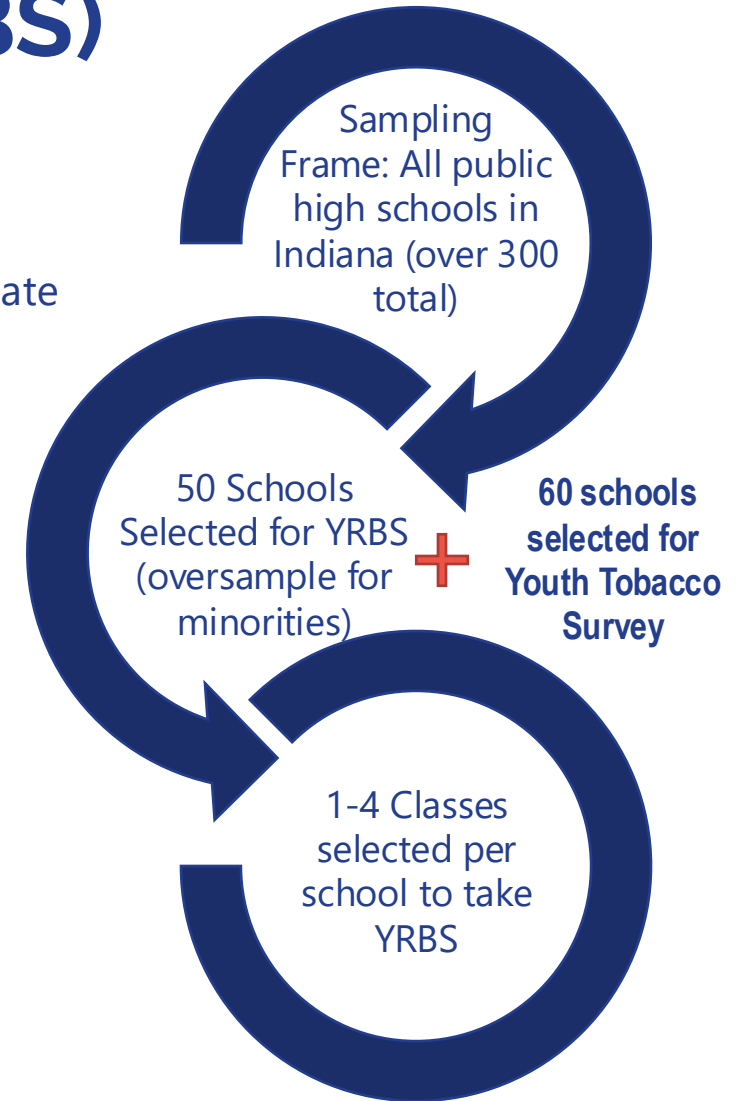
<https://www.wfyi.org/news/articles/half-of-indiana-high-schoolers-feel-hopeless-why-is-mental-healthcare-controversial>

<https://tribtown.com/2023/08/26/youth-suicide-webinar-planned-for-next-month/>



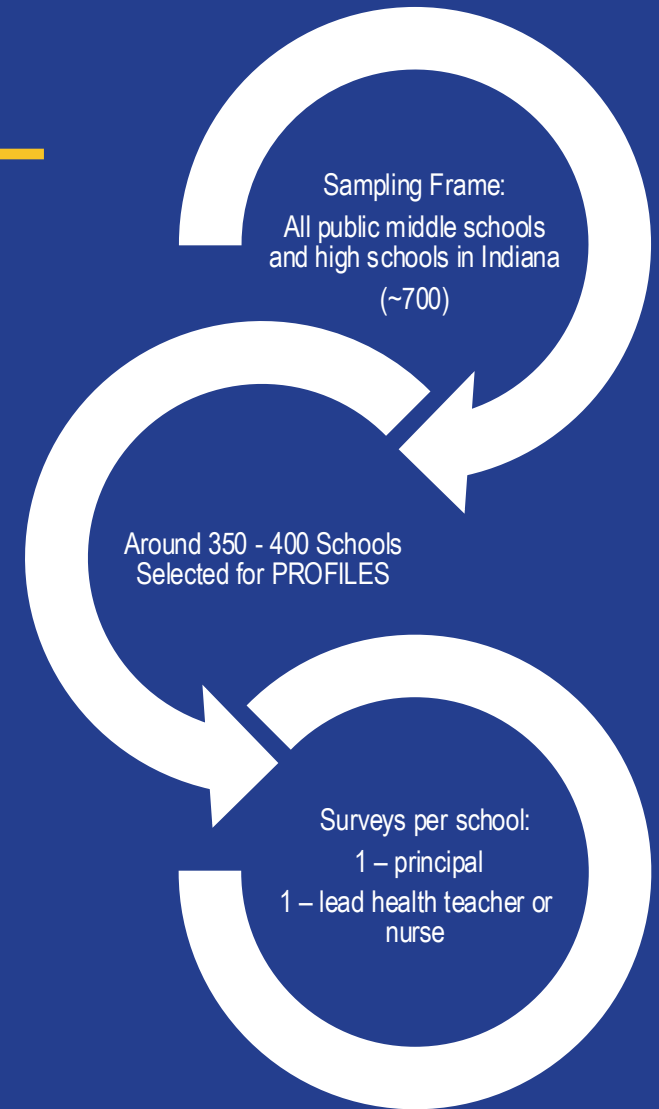
Youth Risk Behavior Survey (YRBS)

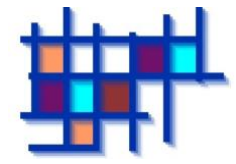
- A CDC-sponsored survey since 1990
 - Conducted every other year (odd-numbered years) from January - April
 - Sample consists of a representative group of high school students around the state
 - Total: 99 questions, completed in one class period
 - Indiana uses 2/3 of base questions each year and adds additional questions
 - In 2023: Added all 16 ACE/PCE-related questions
- YRBS monitors students' health risks and behaviors in six categories:
 - unintentional injury and violence
 - sexual behaviors related to unintended pregnancy
 - alcohol and other drug use
 - tobacco use
 - unhealthy dietary behaviors
 - inadequate physical activity
- Schools receive \$500 for participating



School Health Profiles

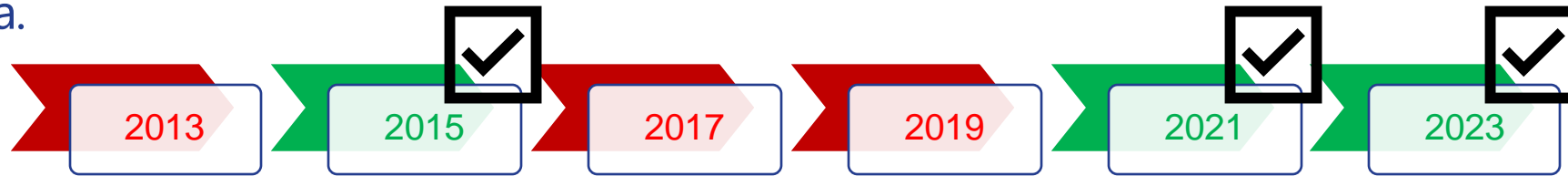
- A CDC-sponsored survey, companion to YRBS
 - Conducted every other year (even-numbered years)
 - Sample a representative group of middle & high school staff around the state
 - Principal survey: 49 questions, Teacher survey: 29 questions (unmodified)
- Assesses school health policies and practices such as:
 - School health education requirements and content;
 - Education and physical activity;
 - Practices related to bullying and sexual harassment;
 - School health policies related to tobacco-use prevention and nutrition;
 - School-based health services;
 - Family engagement and community involvement; and
 - School health coordination.
- Principals and teachers receive a \$25 gift card for their participation





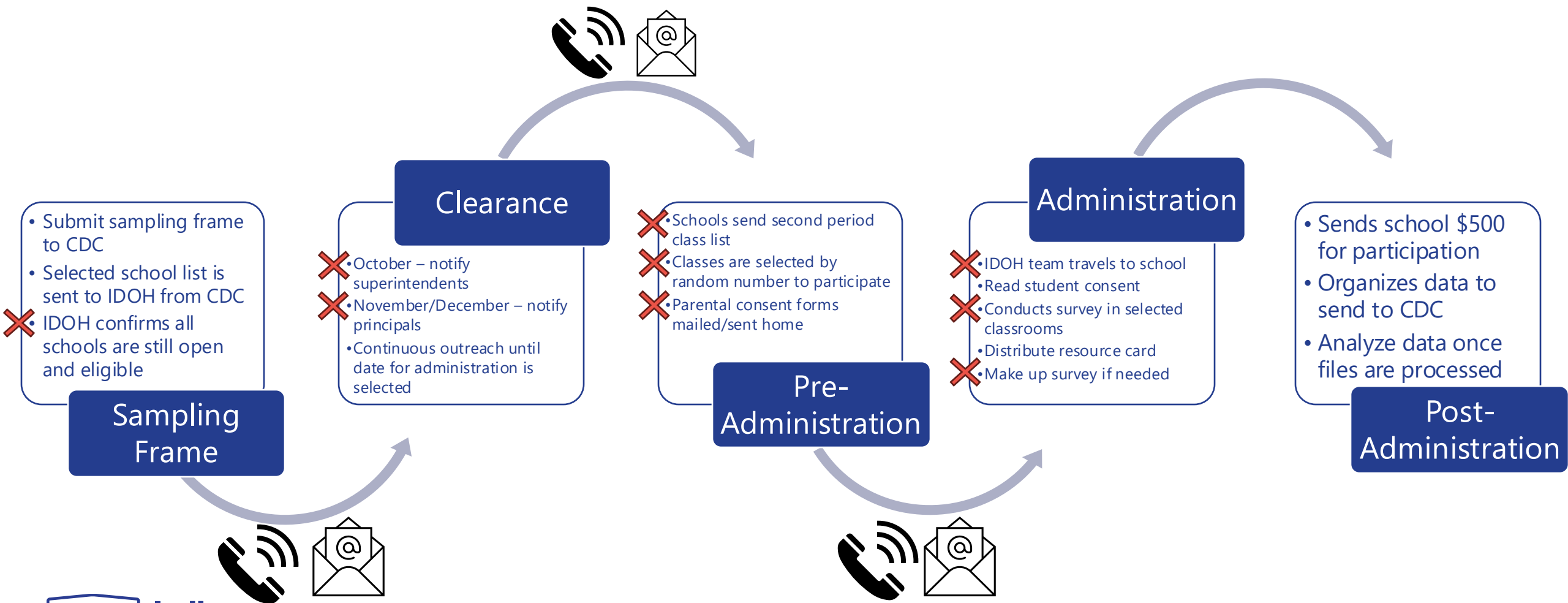
Getting to Weighted Data

- YRBS data is only available if enough schools and enough students participate in the survey
 - Weighting means the data is representative of the adolescent population in grades 9 – 12 across Indiana
 - Indiana had weighted data just twice in the last decade. We are still waiting to hear about 2023 data.



- Participation varies by year, both by number of schools and number of students
 - We use every means to connect with schools and make it easy to integrate into schedules early
 - If a school says “no” **we do not get a new replacement school**
 - Reasons to not take the survey vary: missing class time, concerns about survey questions, school policies, and more

The Process



2023 Sample Characteristics

- The 2023 Youth Risk Behavior Survey (YRBS) was completed by 1,043 students in 33 public high schools in Indiana during the spring of 2023.
- The school response rate was 66%, the student response rate was 79%, and the overall response rate was 52%.
- The results are representative of all students in grades 9-12.
- The weighted demographic characteristics of the sample are as follows:

Gender	Grade	Age	Race/Ethnicity
Female: 49.1%	9th: 26.3%	15 or younger: 35.0 %	Black*: 11.5%
Male: 50.9%	10th: 25.3%	16 or 17: 49.9%	Hispanic/Latino: 13.3%
	11th: 24.4%	18 or older: 15.2%	White*: 67.5%
	12th: 23.7%		All Other Races*: 3.7%
			Multiple Races*: 3.9%

General Health & Healthcare



Health Ratings – 2023 Results



Healthcare Providers & Sleep – 2023 Results

Percentage of students who saw a dentist for a check-up, exam, teeth cleaning, or other dental work*



Percentage of students who saw a doctor or nurse for a check-up or physical exam when they were not sick or injured*



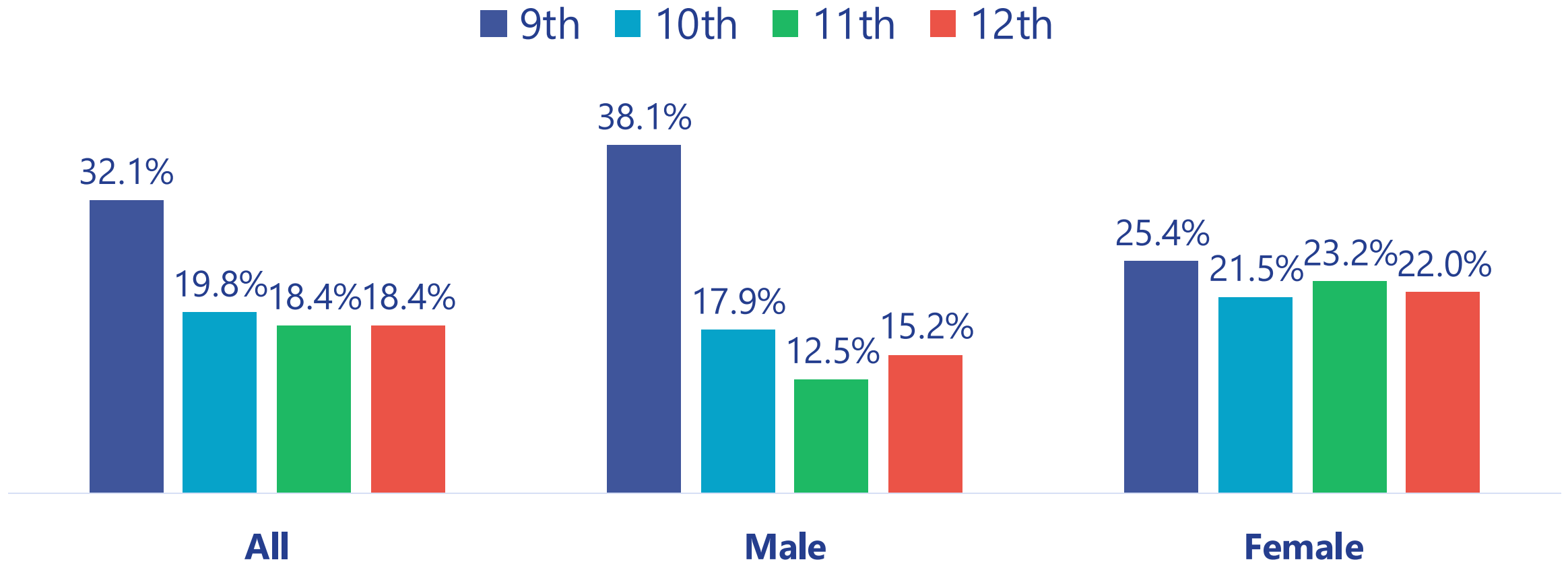
Percentage of students who got 8 or more hours of sleep (on an average school night)



Percentage of students who spent 3 or more hours on screen time (not counting time spent doing schoolwork, on an average school day)



Percentage of students who got 8 or more hours of sleep*



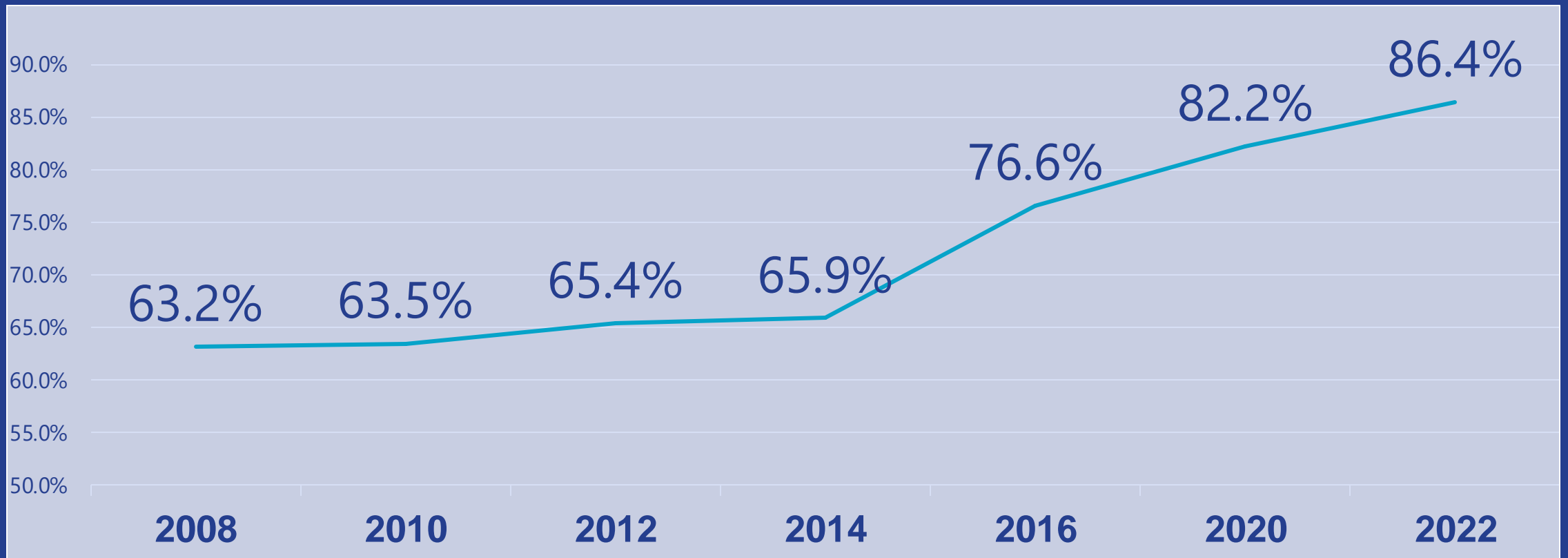
School Health Profiles – Teacher Survey

Percentage of schools in which students take two or more required health education courses.



School Health Profiles – Principal Survey

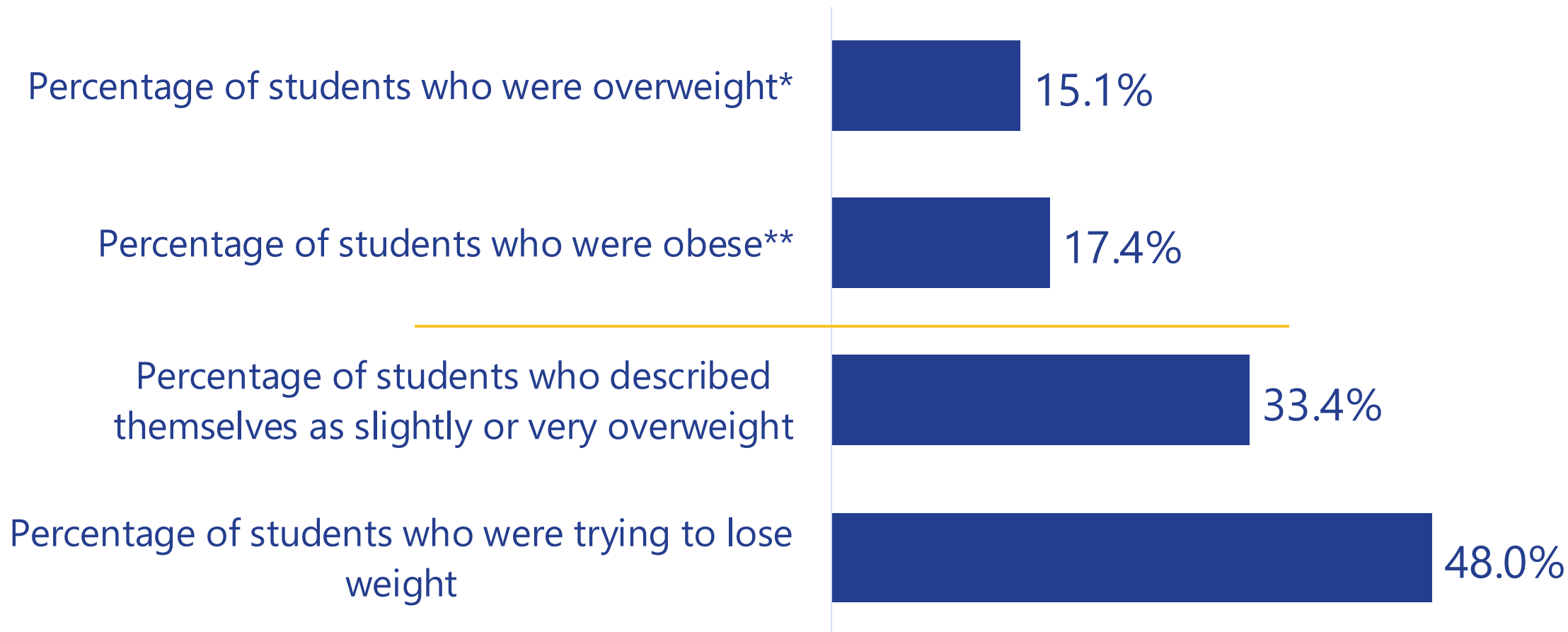
Percentage of schools that have a full-time registered nurse who provides health services to students



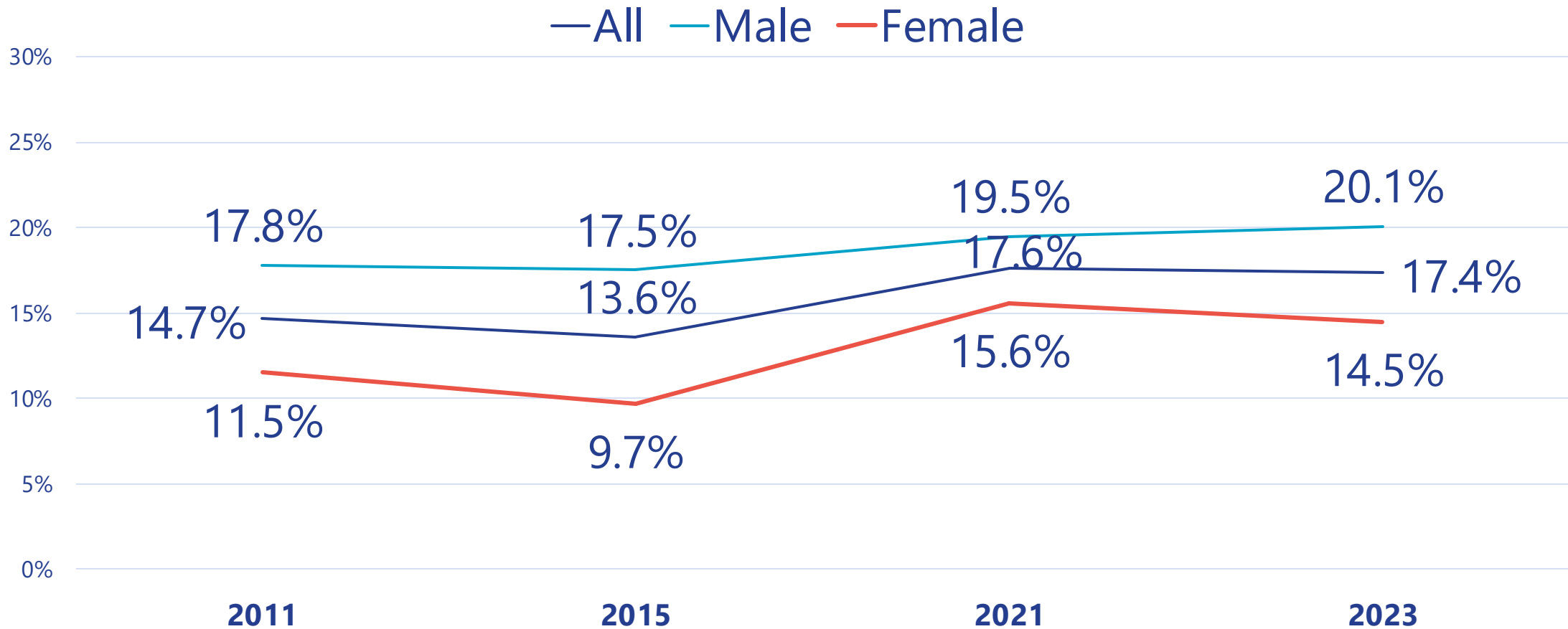
Weight



Weight Status & Self-Perceived Weight – 2023 Results



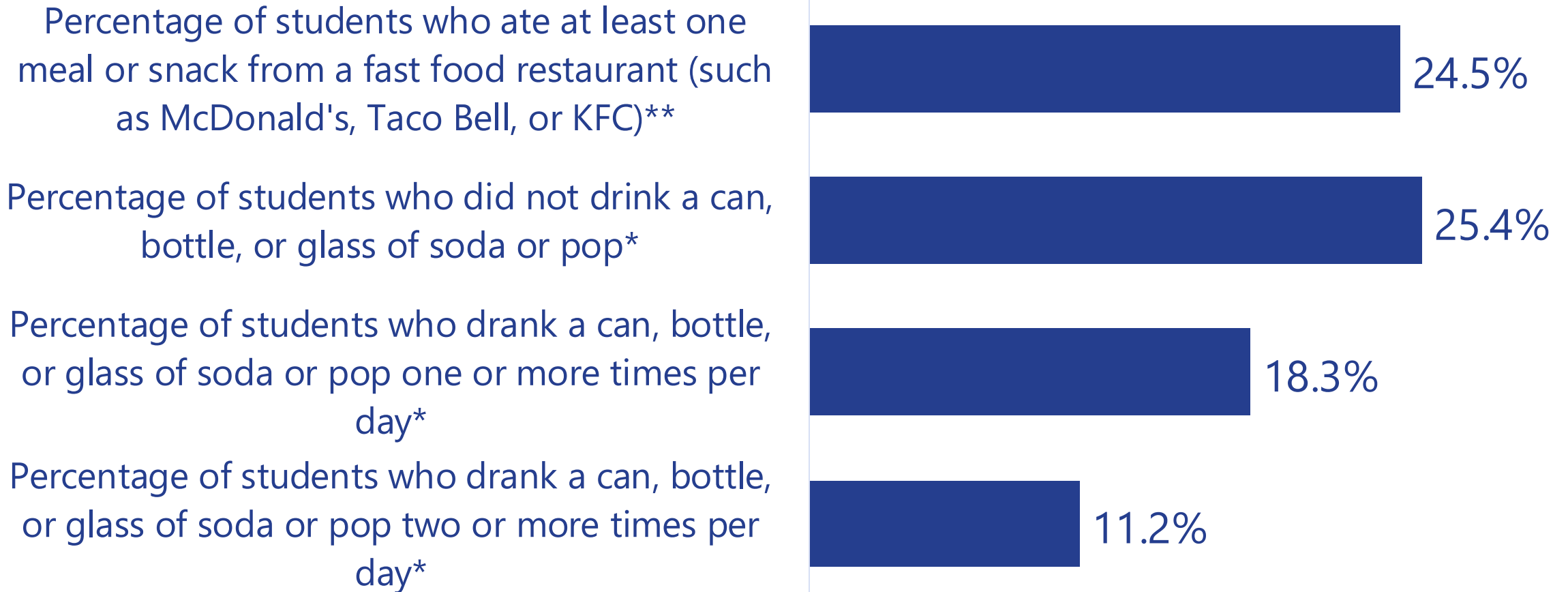
Percentage of students who were obese (\geq 95th percentile for body mass index*)



Nutrition



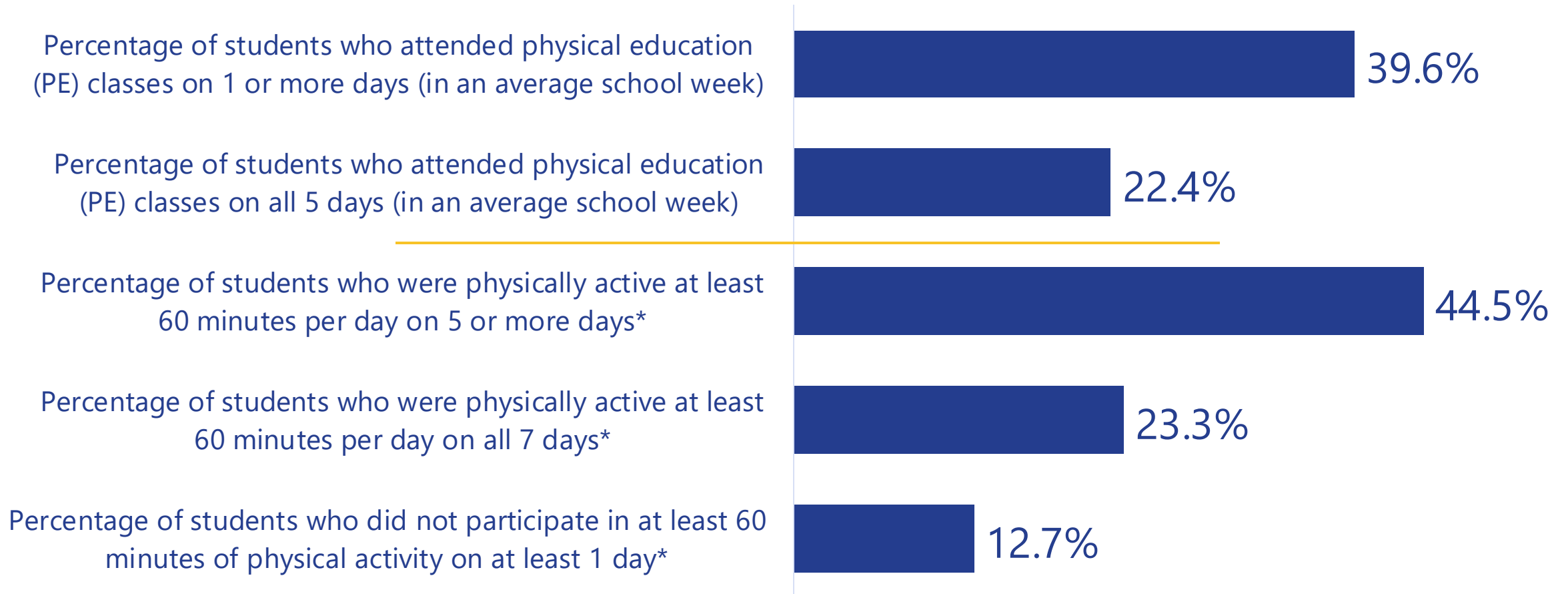
Soda & Fast Food Consumption – 2023 Results



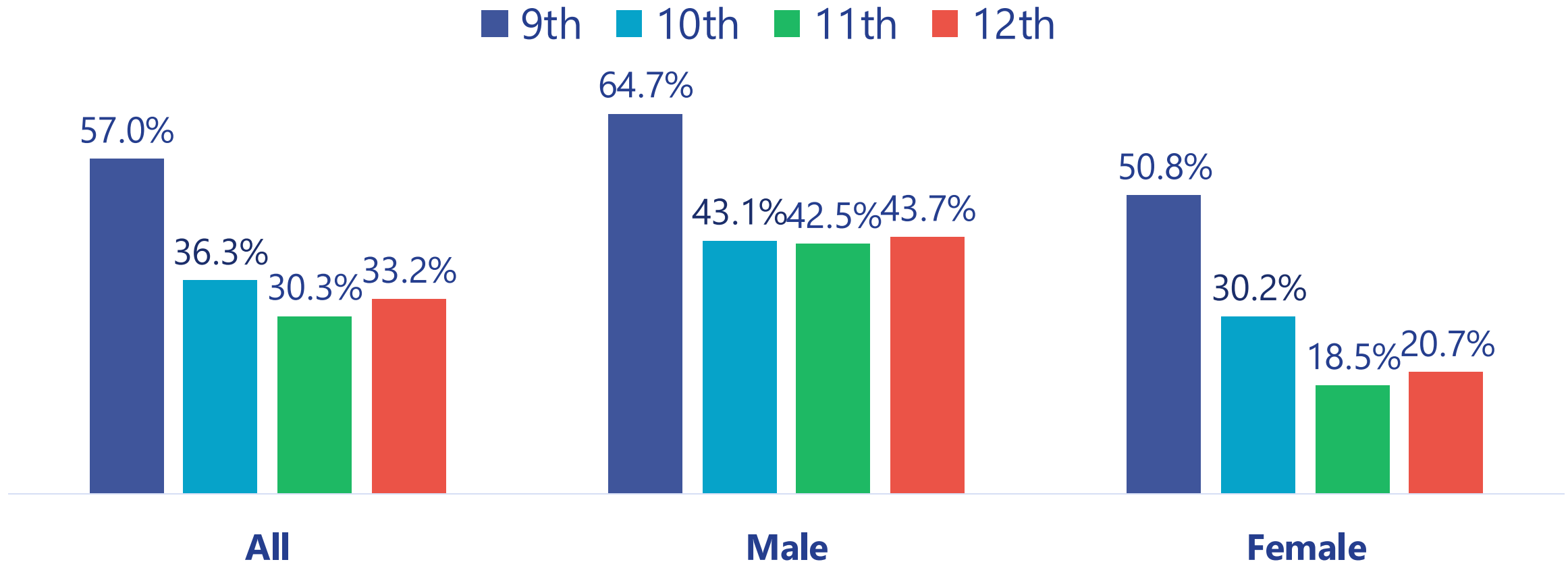
Physical Activity



Physical Activity – 2023 Results

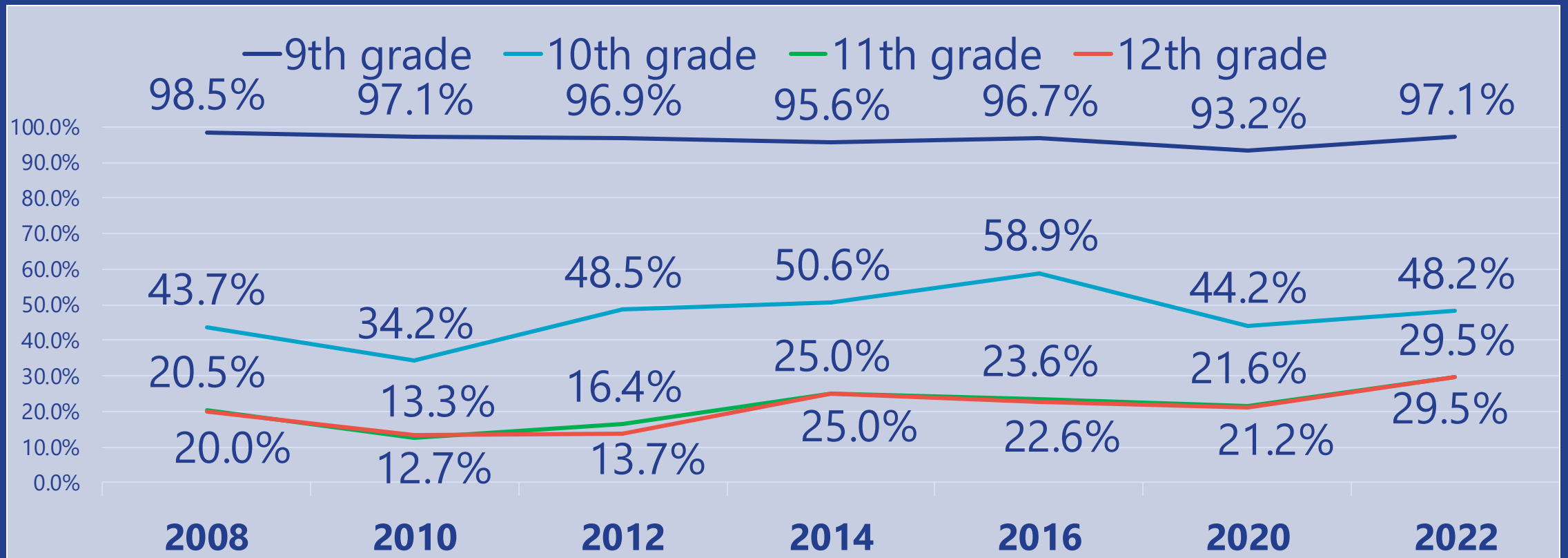


Percentage of students who attended physical education (PE) classes on 1 or more days*



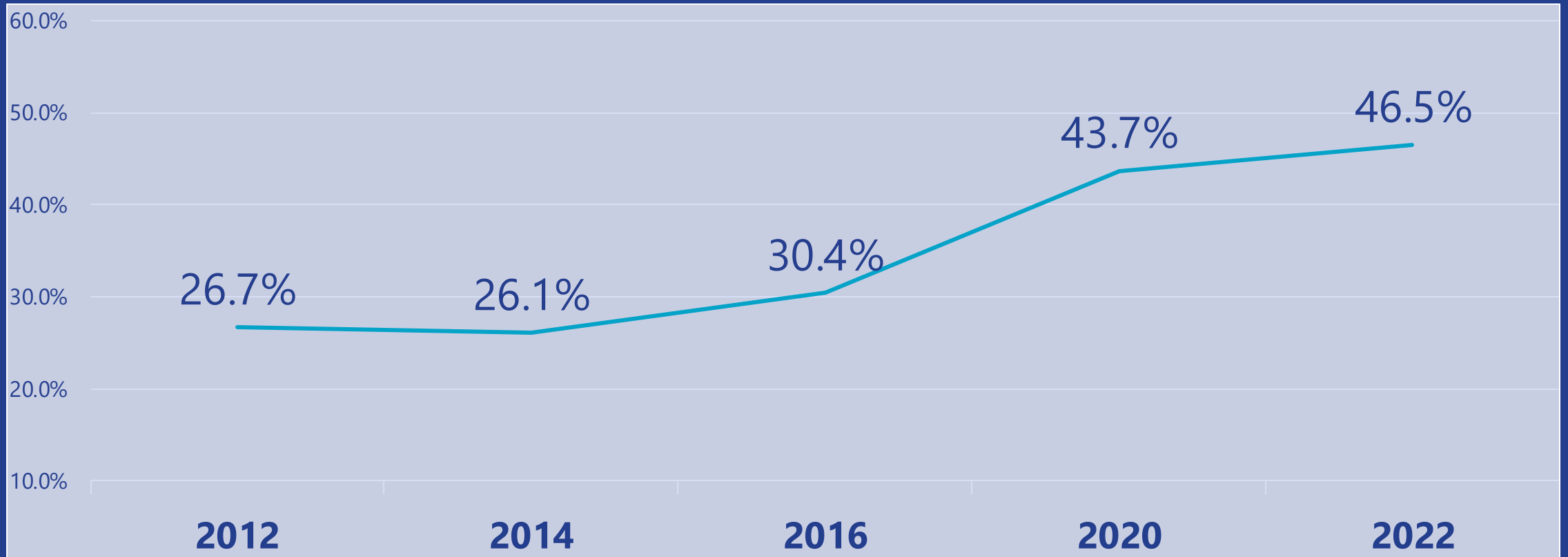
School Health Profiles – Principal Survey

Percentage of schools that taught required physical education 9th, 10th, 11th, and 12th grades



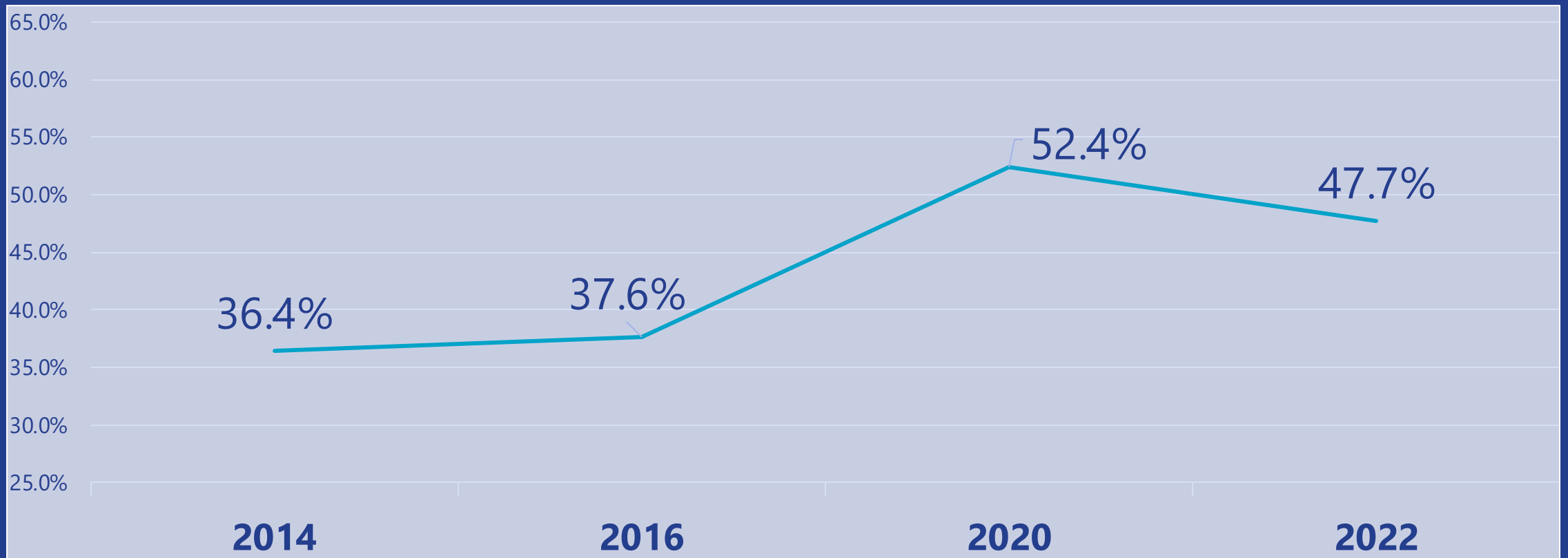
School Health Profiles – Principal Survey

Percentage of schools in which students participate in physical activity in classrooms during the school day outside of physical education



School Health Profiles – Principal Survey

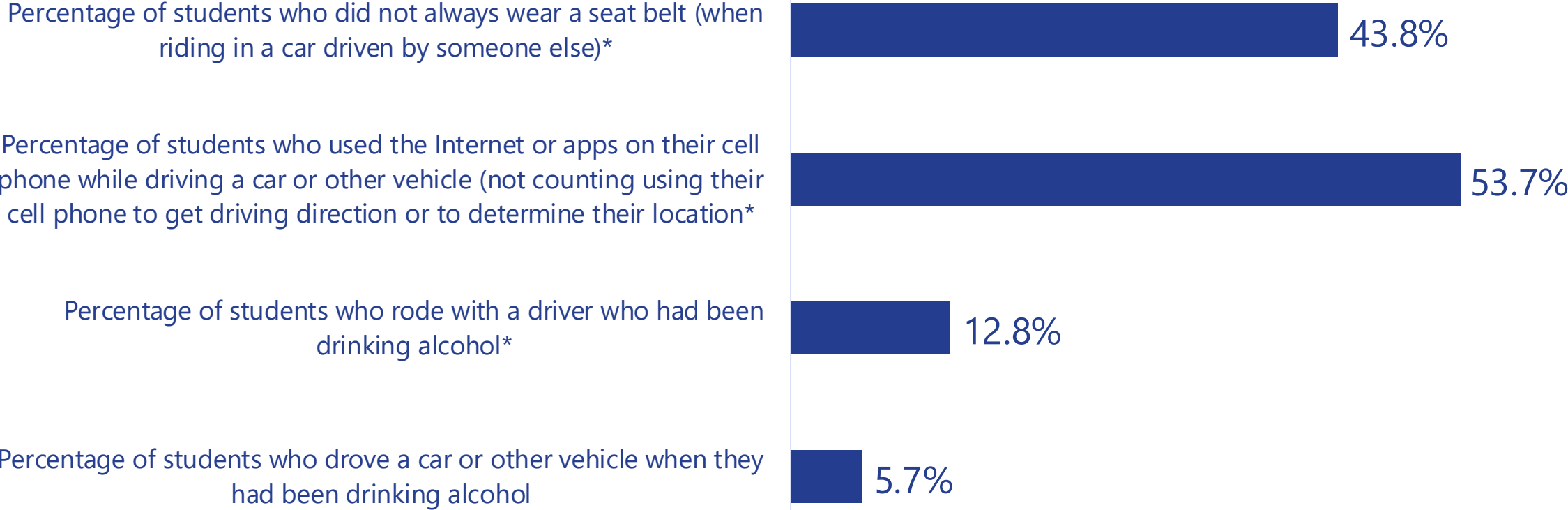
Percentage of schools that offer opportunities for students to participate in physical activity through organized physical activities or access to facilities or equipment before the school day



Injury and Violence

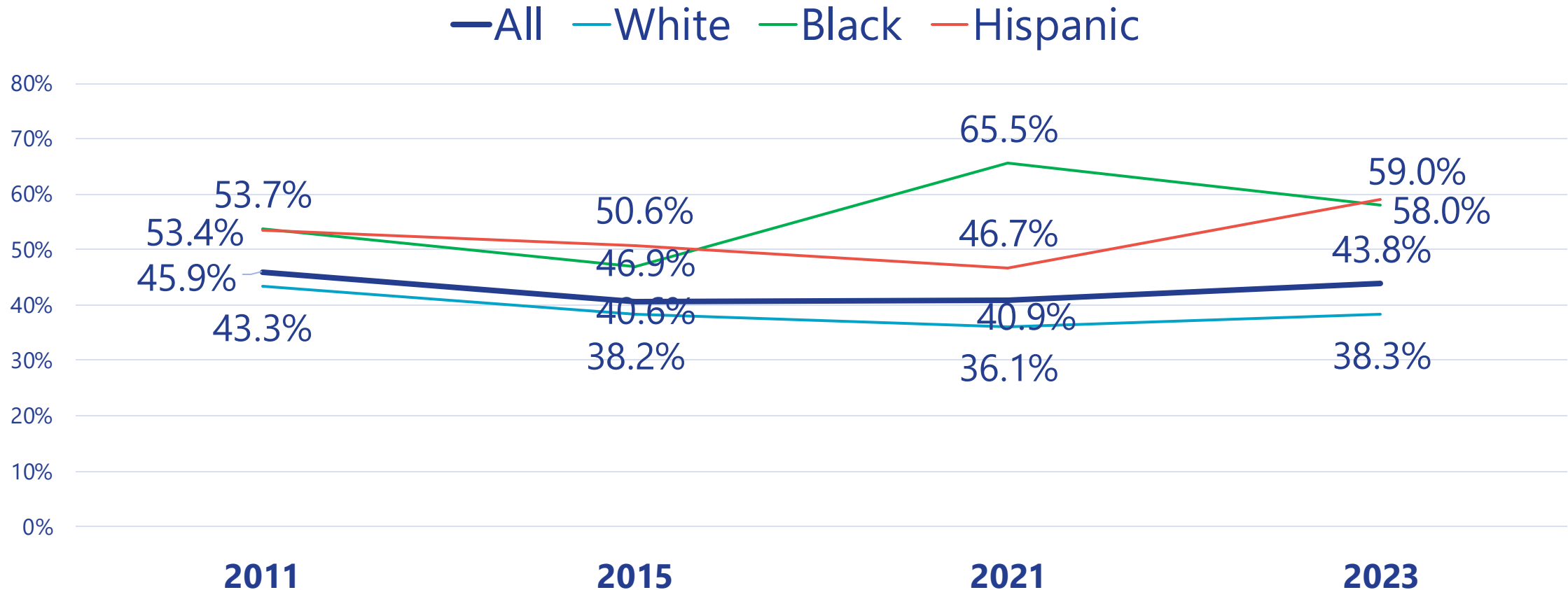


Driving/Automobile Behaviors – 2023 Results

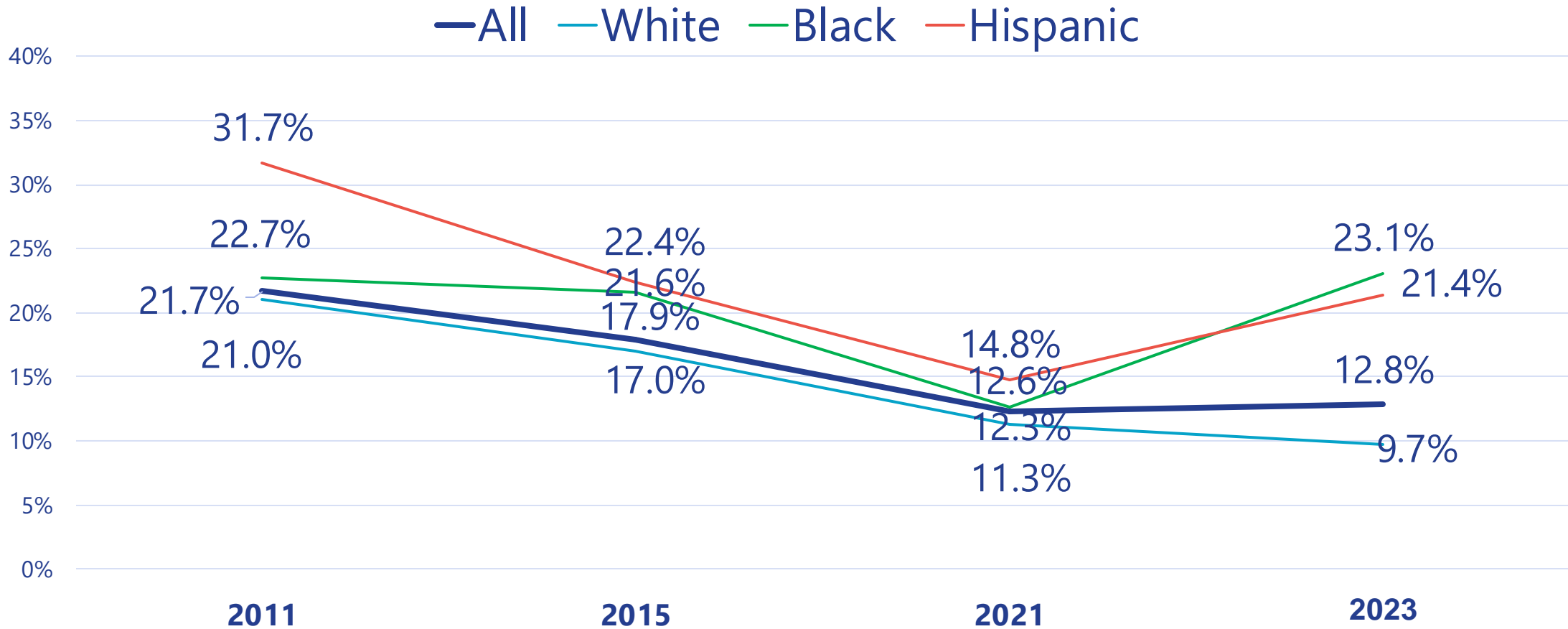


* one or more times during the 30 days before the survey

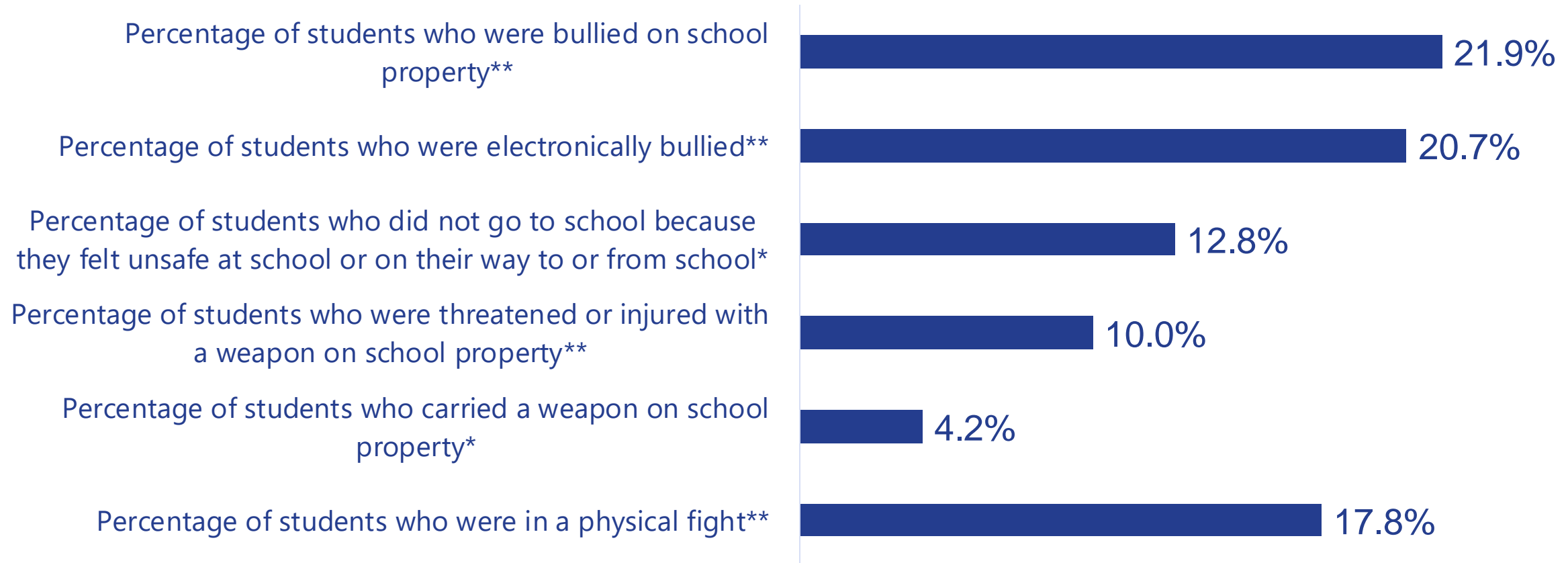
Percentage of students who did not always wear a seat belt (when riding in a car driven by someone else)



Percentage of students who rode with a driver who had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey)

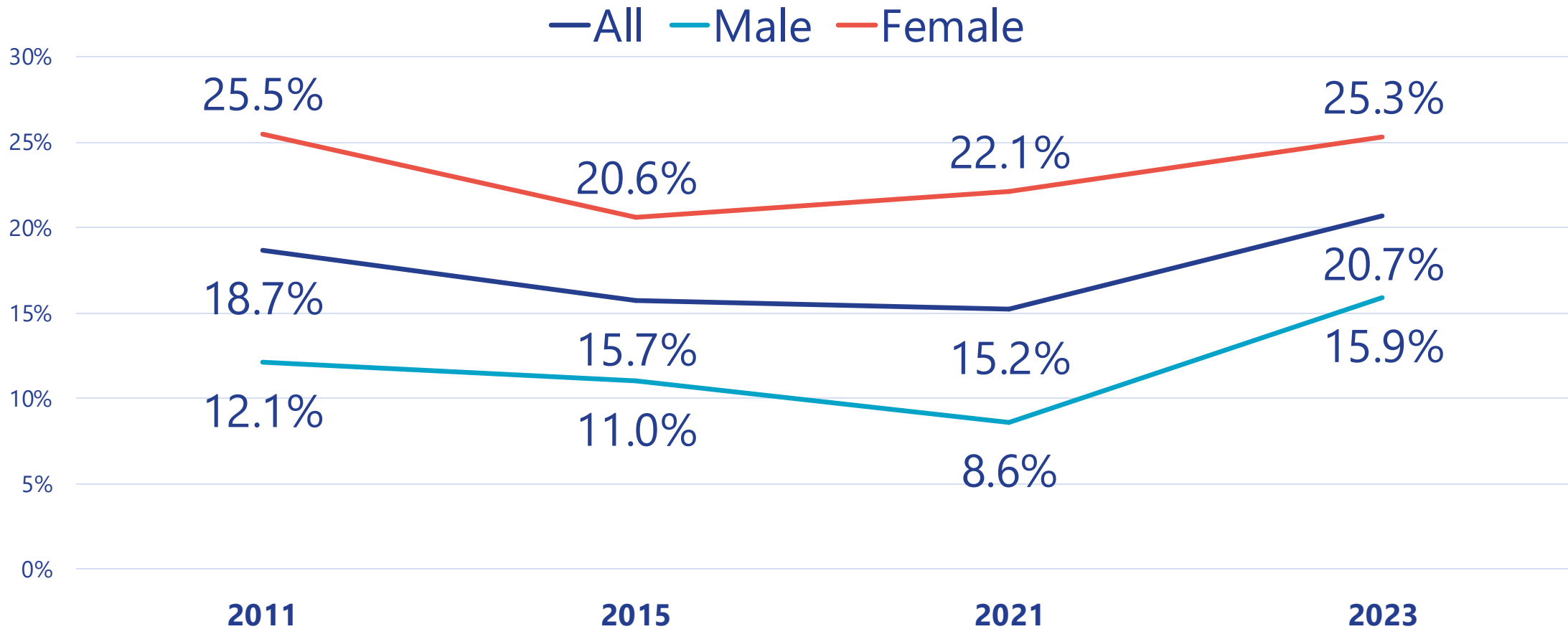


Bullying, Threats, and Weapons at School – 2023 Results



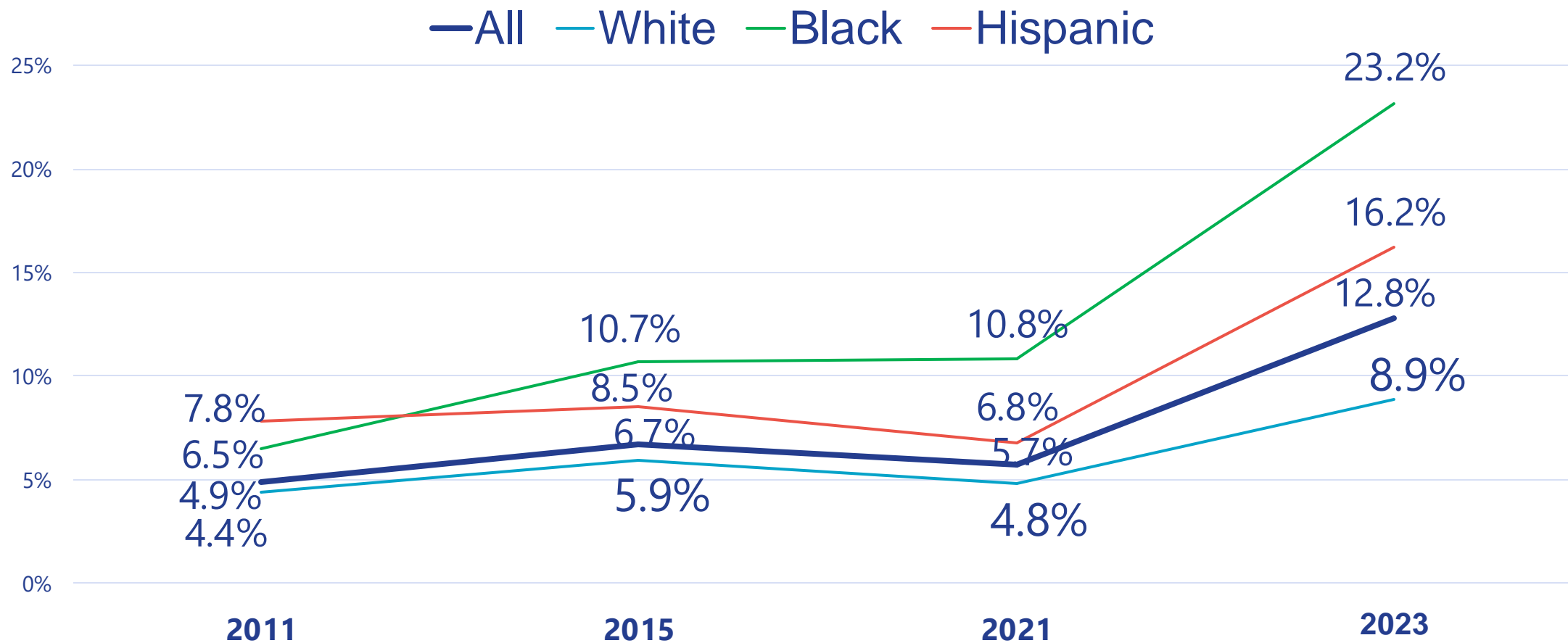
Percentage of students who were electronically bullied

(being bullied through texting, Instagram, Facebook, or other social media*)



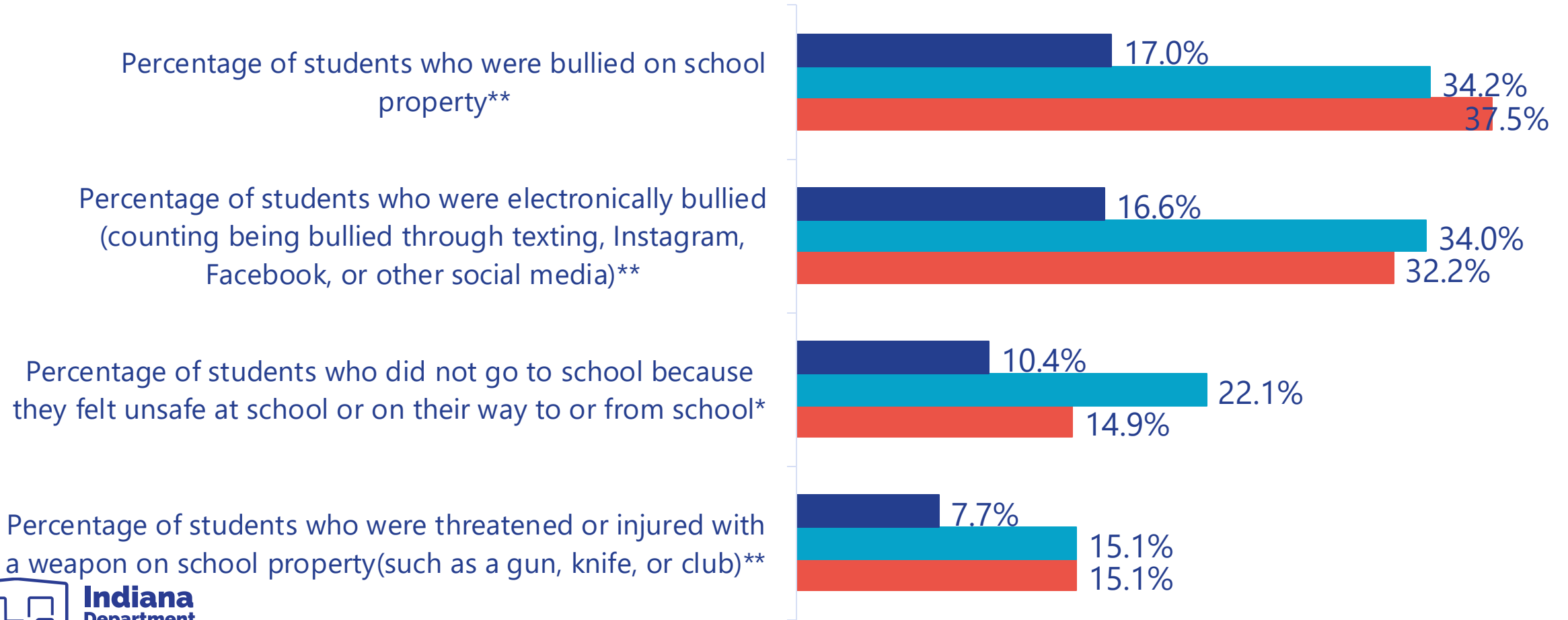
*ever during the 12 months before the survey

Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)



Bullying, Threats, and Weapons at School – 2023 Sexual Orientation Results

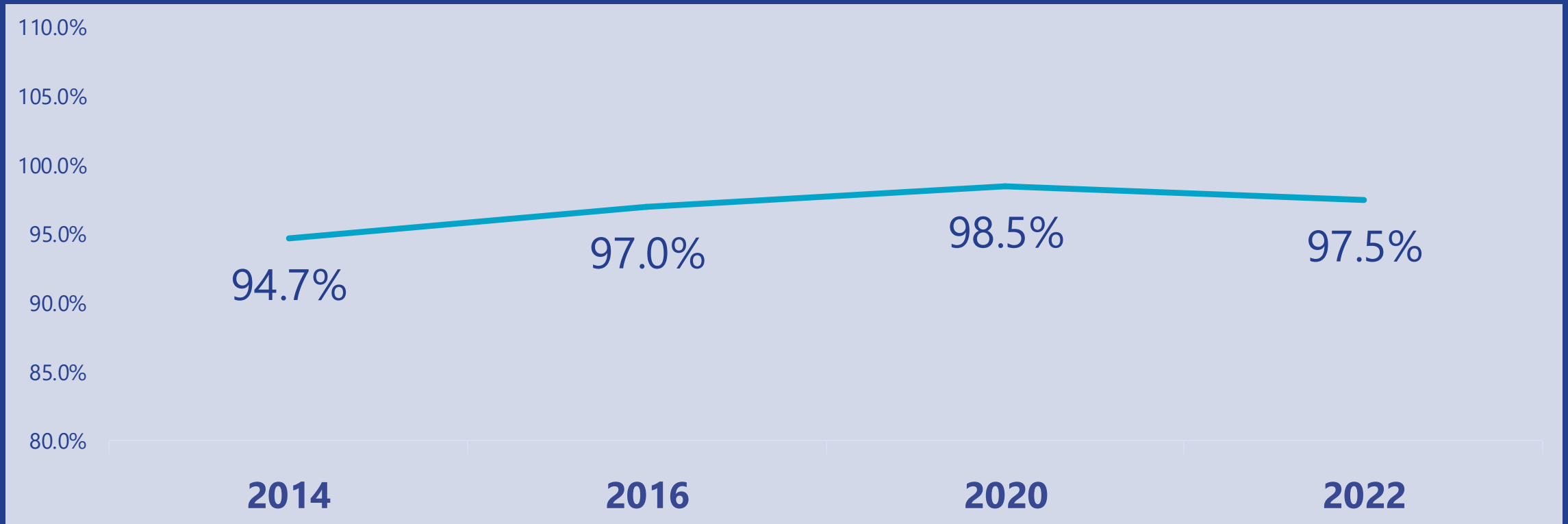
■ Heterosexual ■ Gay, Lesbian, or Bisexual ■ Other/Questioning



*on at least 1 day during the 30 days before the survey
**during the 12 months before the survey

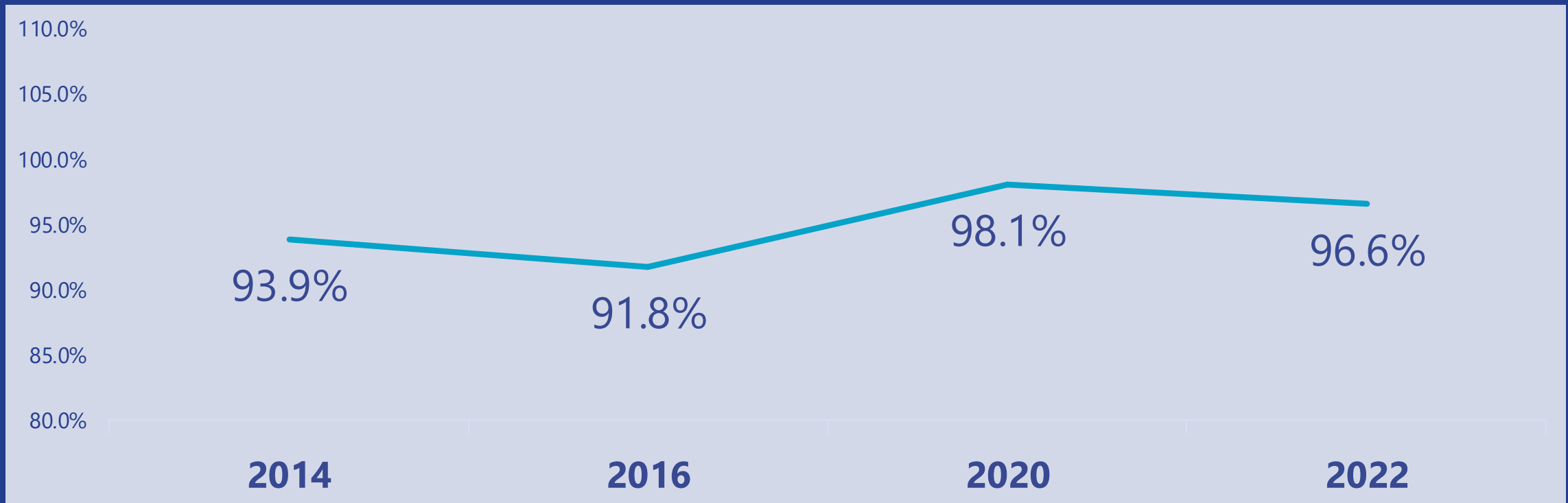
School Health Profiles – Principal Survey

Percentage of schools that use electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression



School Health Profiles – Principal Survey

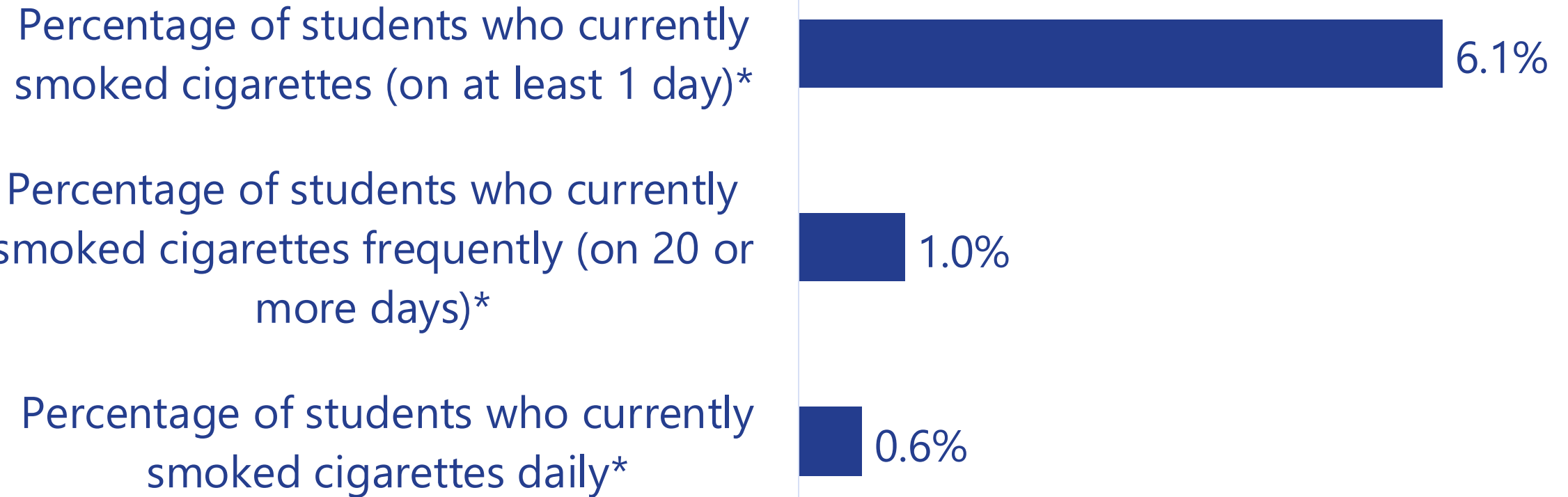
Percentage of schools in which all staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression



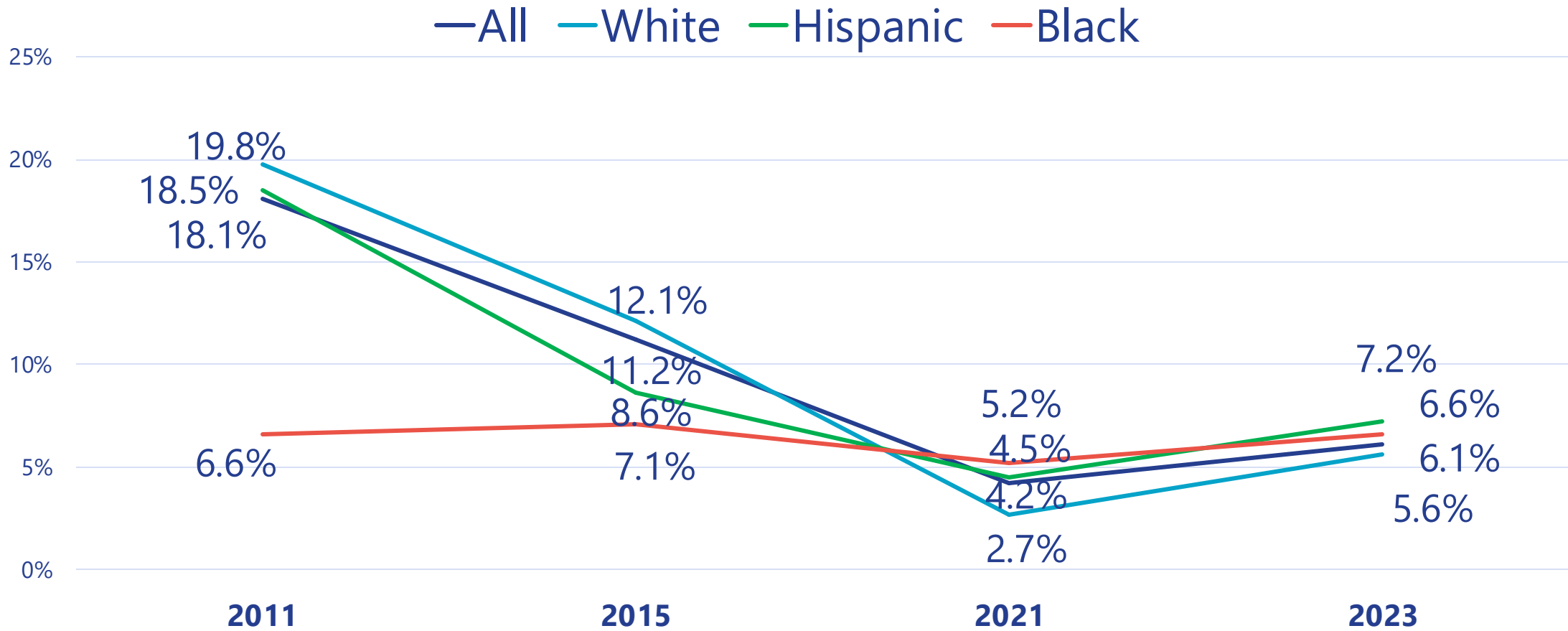
Tobacco Use



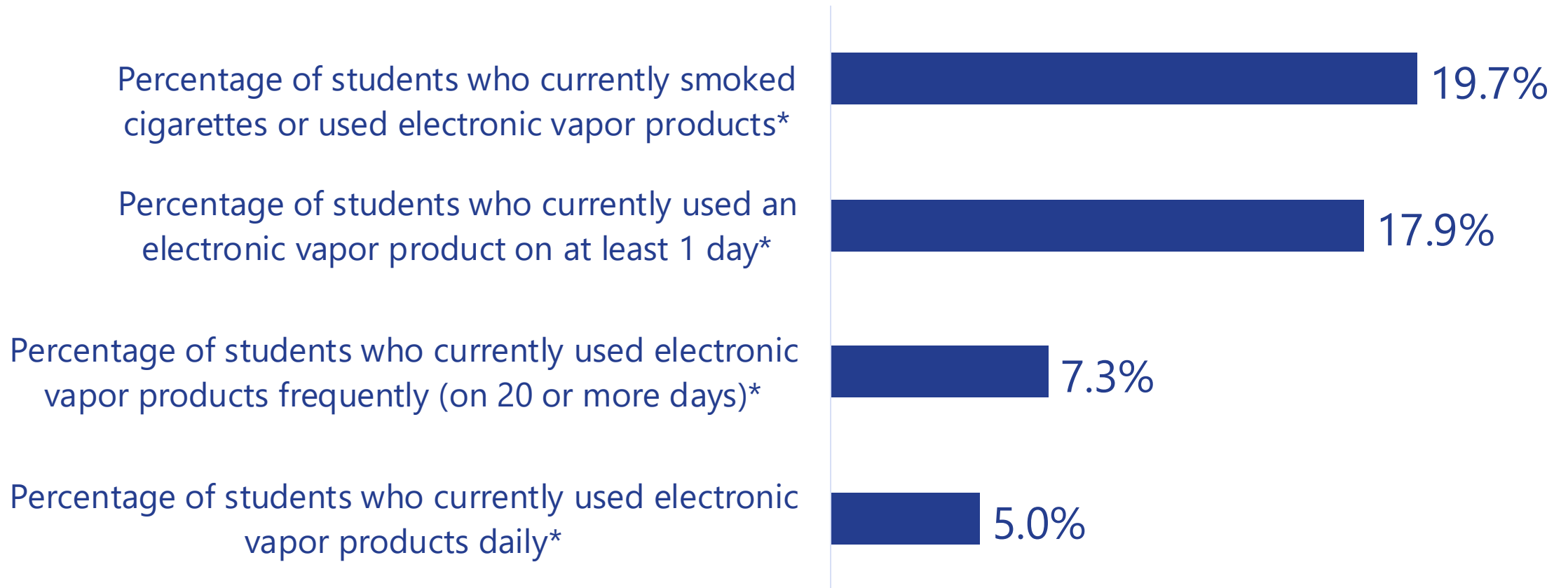
Cigarette Smoking – 2023 Results



Percentage of students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)

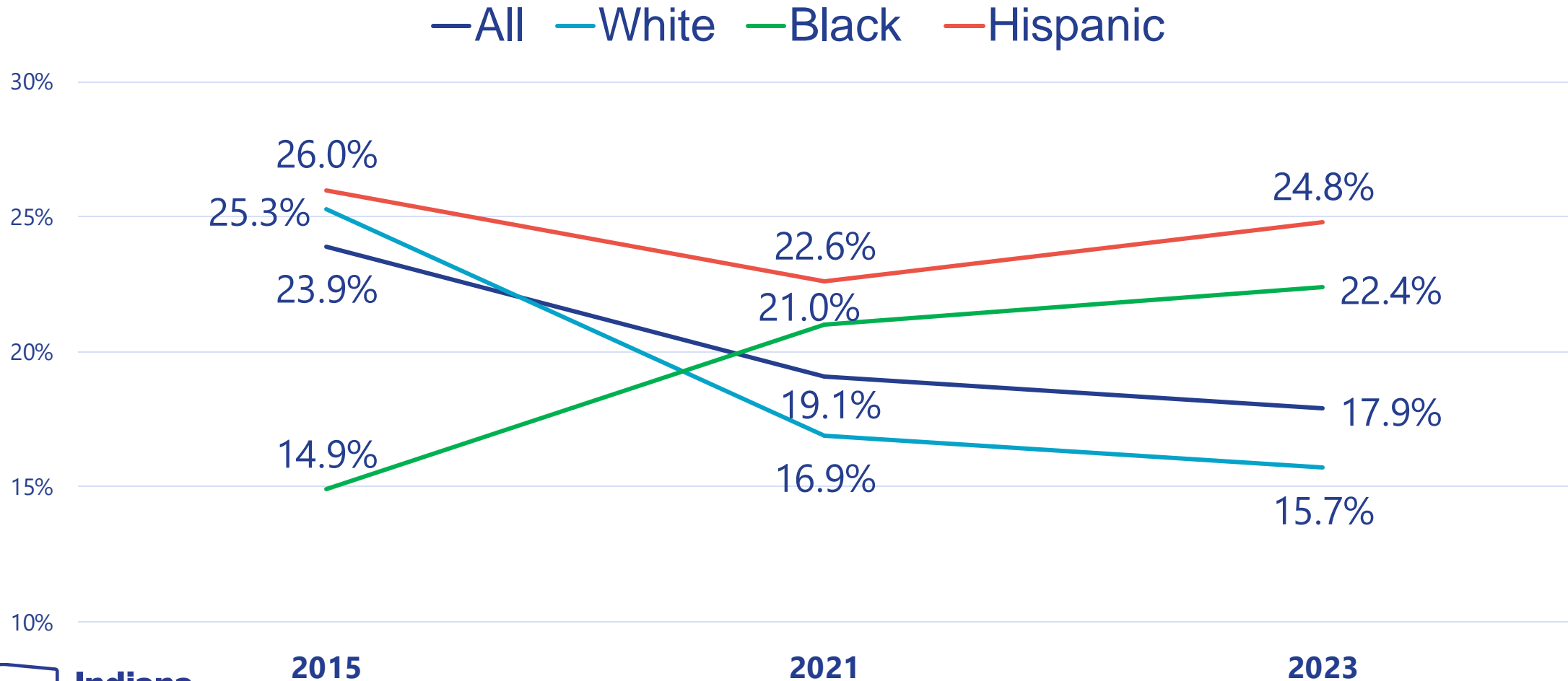


Cigarettes & Vaping – 2023 Results



Percentage of students who currently used an electronic vapor product

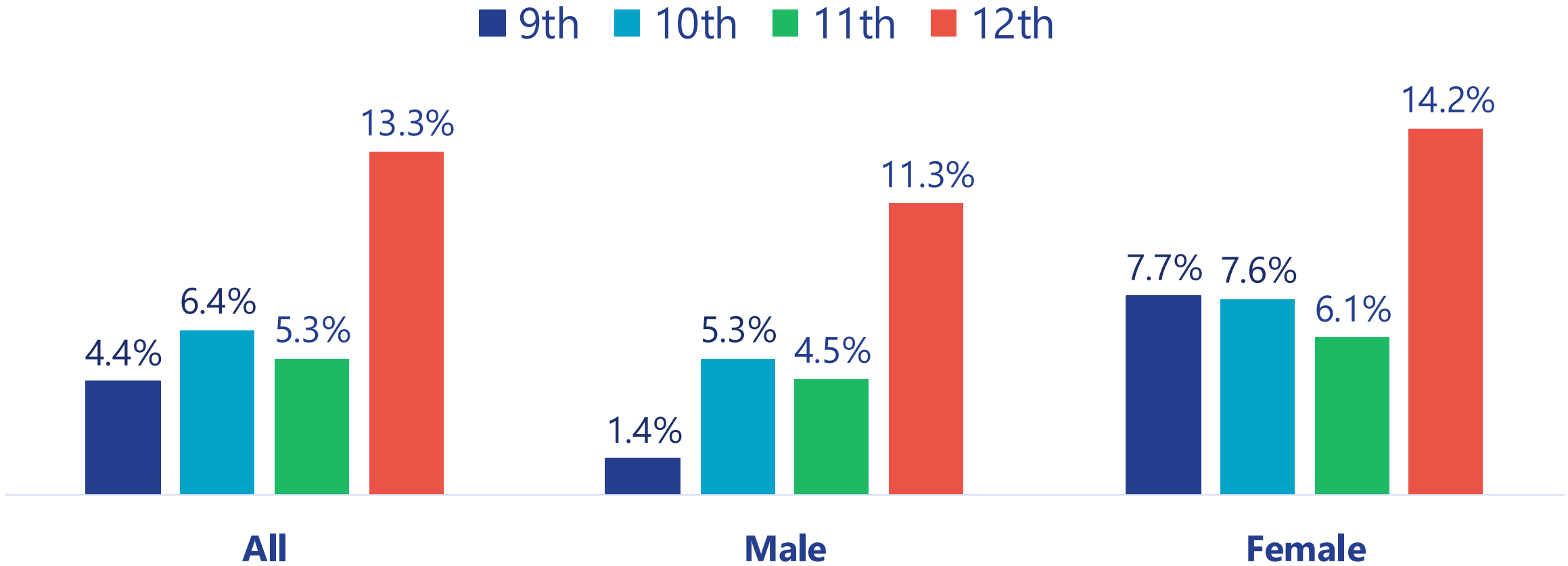
(*on at least 1 day during the 30 days before the survey)



*including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods [such as JUUL, SMOK, Suorin, Vuse, and blu],

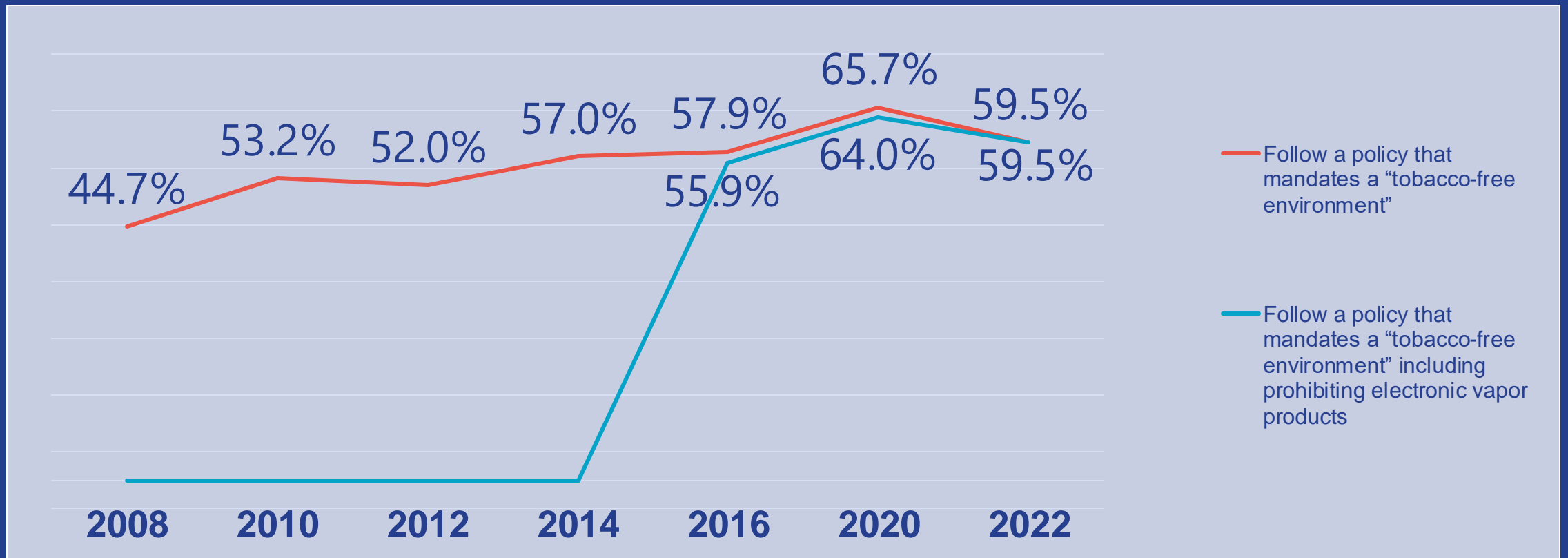
Percentage of students who currently used electronic vapor products frequently

(on 20 or more days during the 30 days before the survey)



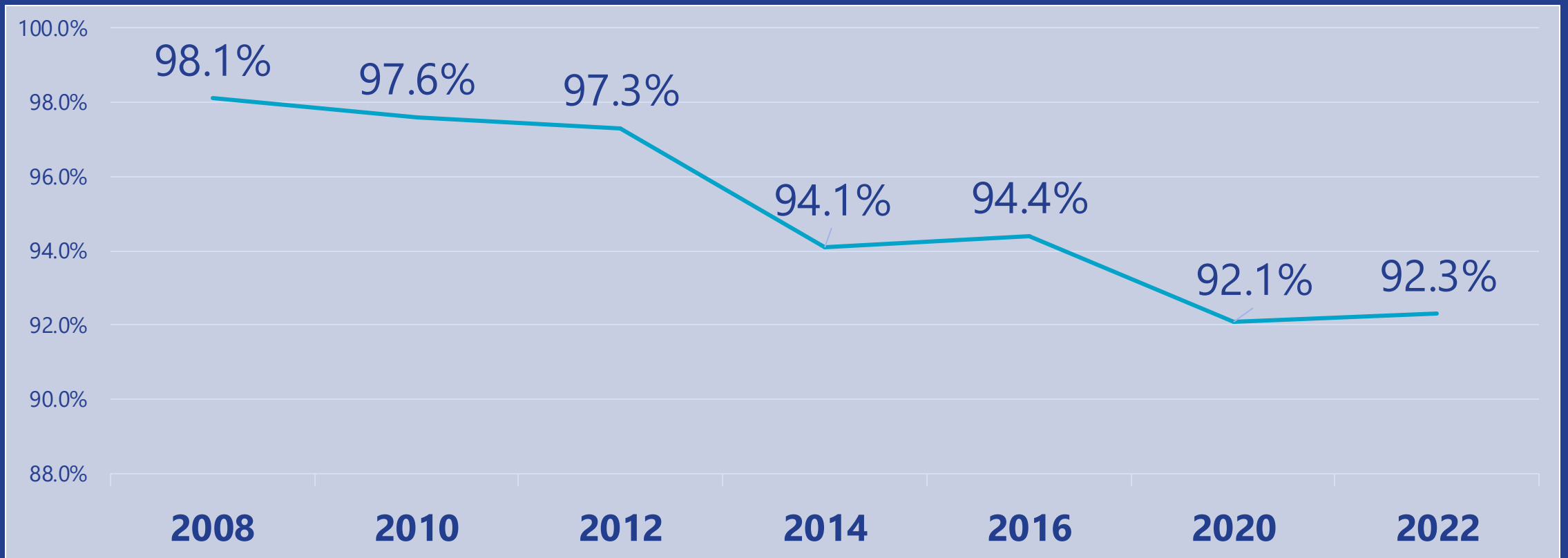
School Health Profiles – Principal Survey

Percent of schools that have adopted or follow specific tobacco-use prevention policies.



School Health Profiles – Teacher Survey

Percentage of schools in which teachers tried to increase student knowledge on tobacco-use prevention in a required course in any of grades 6 through 12 during the current school year:



Alcohol & Substance Use



Alcohol Consumption – 2023 Results

Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least 1 day*)

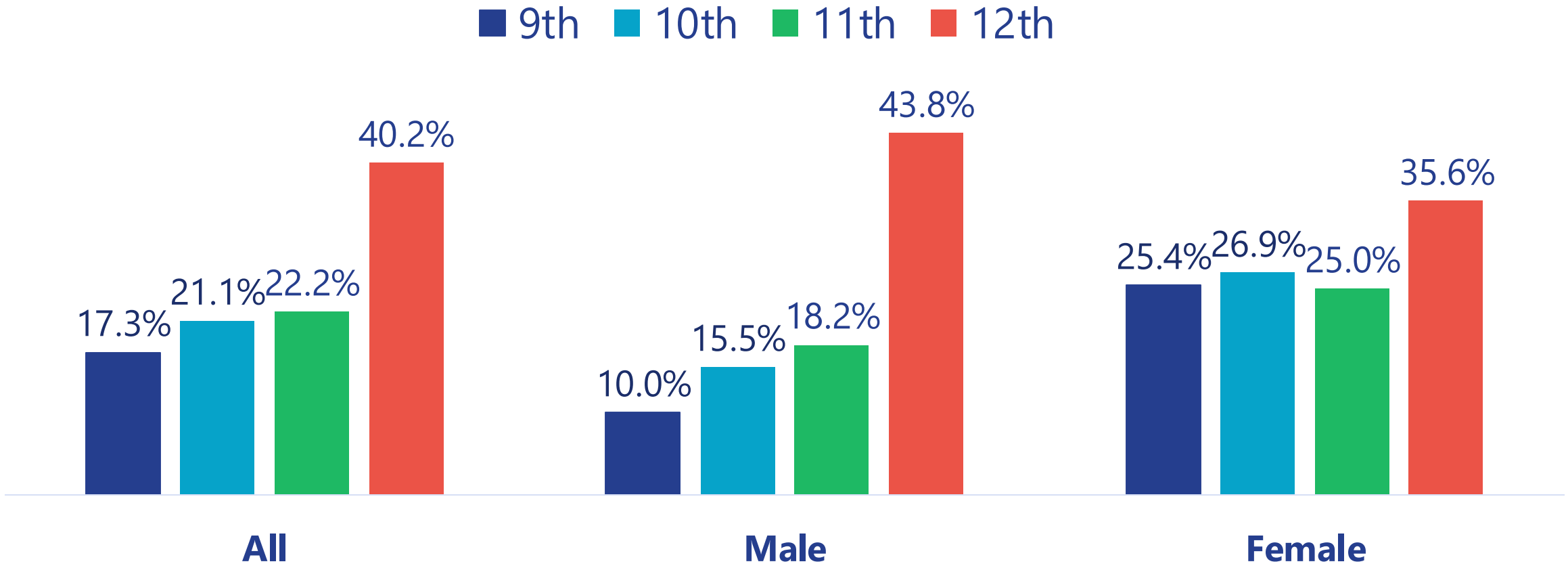
24.9%

Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours*)

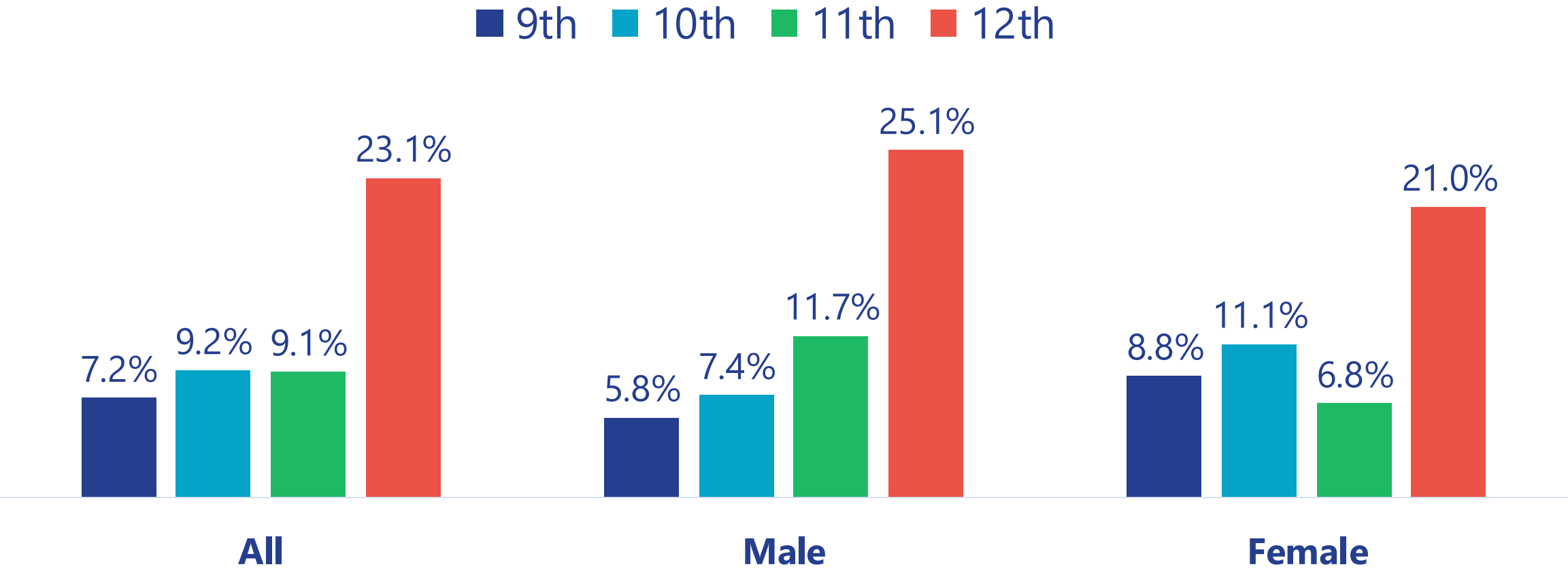
11.9%

Percentage of students who currently drank alcohol

(at least one drink of alcohol, on at least 1 day during the 30 days before the survey)

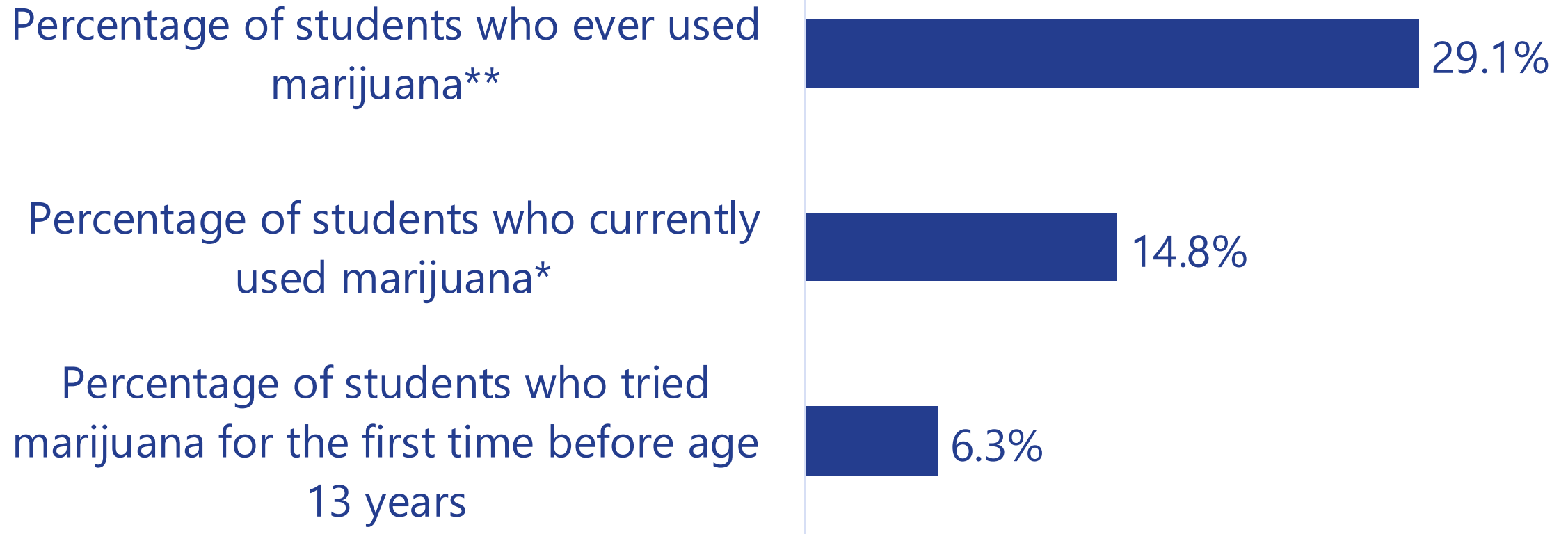


Percentage of students who currently were binge drinking*

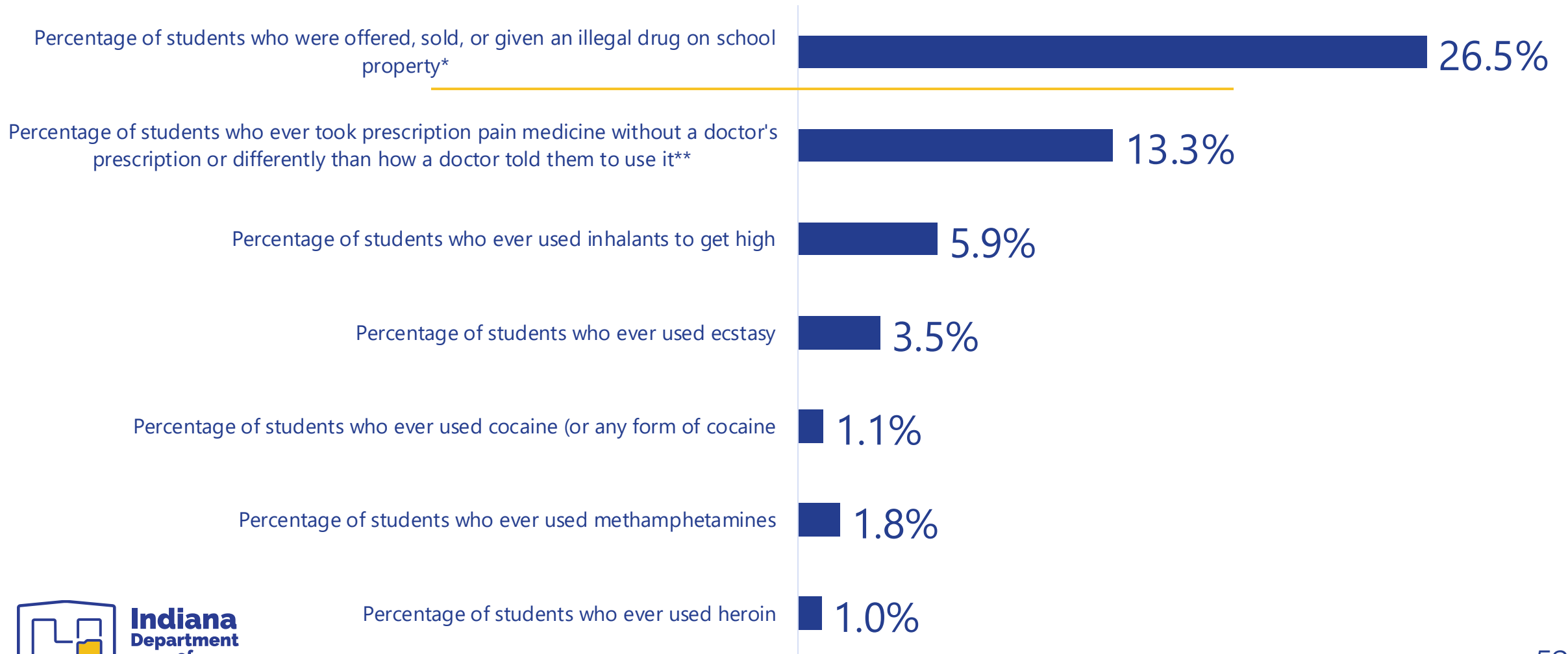


* had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours, on at least 1 day during the 30 days before the survey

Marijuana Use – 2023 Results

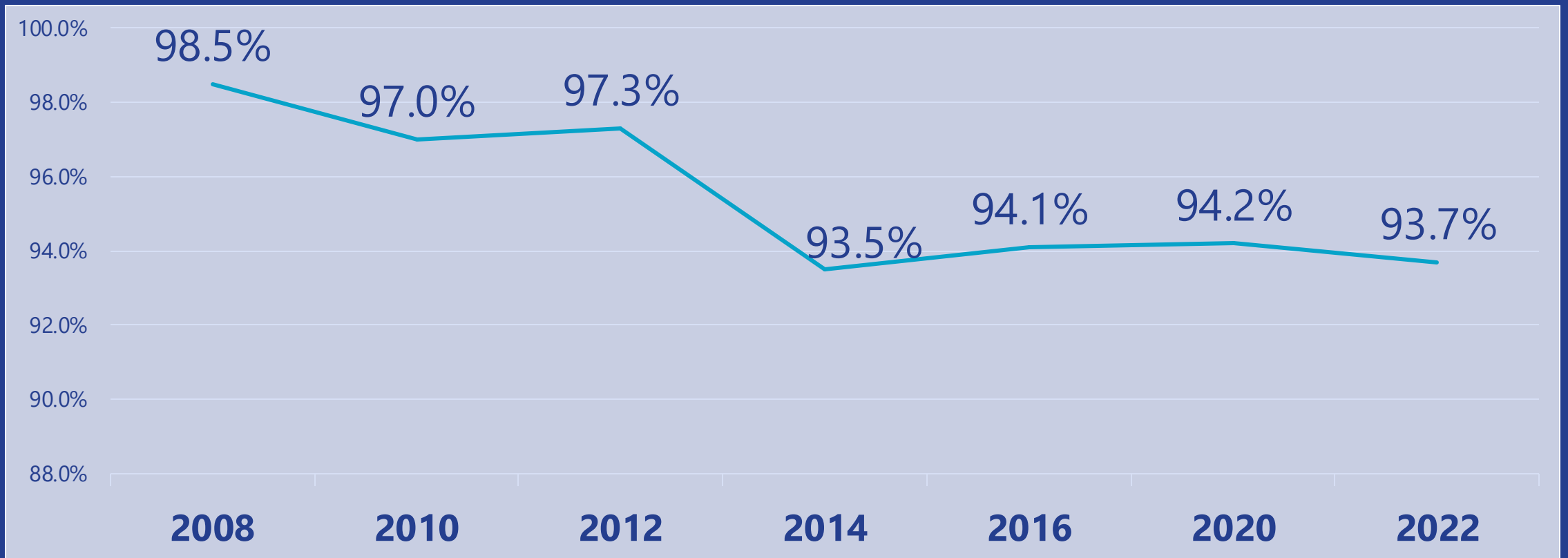


Other Drug Use – 2023 Results



School Health Profiles – Teacher Survey

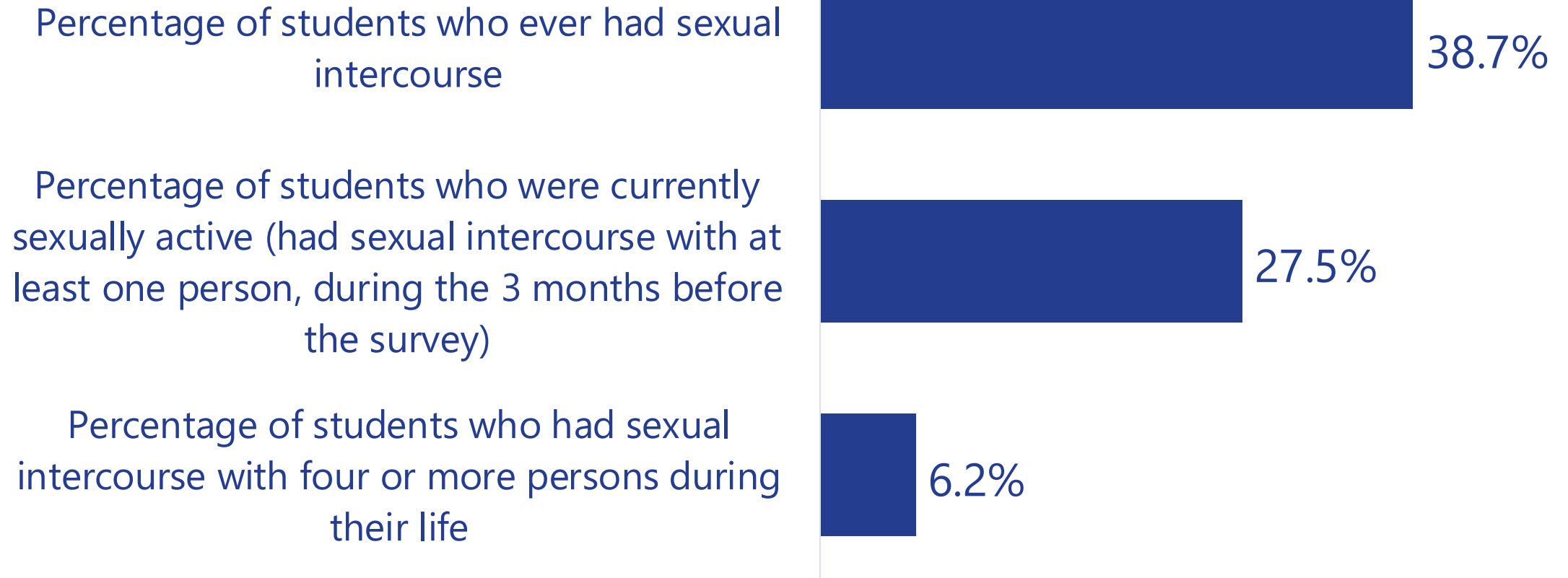
Percentage of schools in which teachers tried to increase student knowledge on alcohol-use or other drug-use prevention in a required course in any of grades 6 through 12 during the current school year.



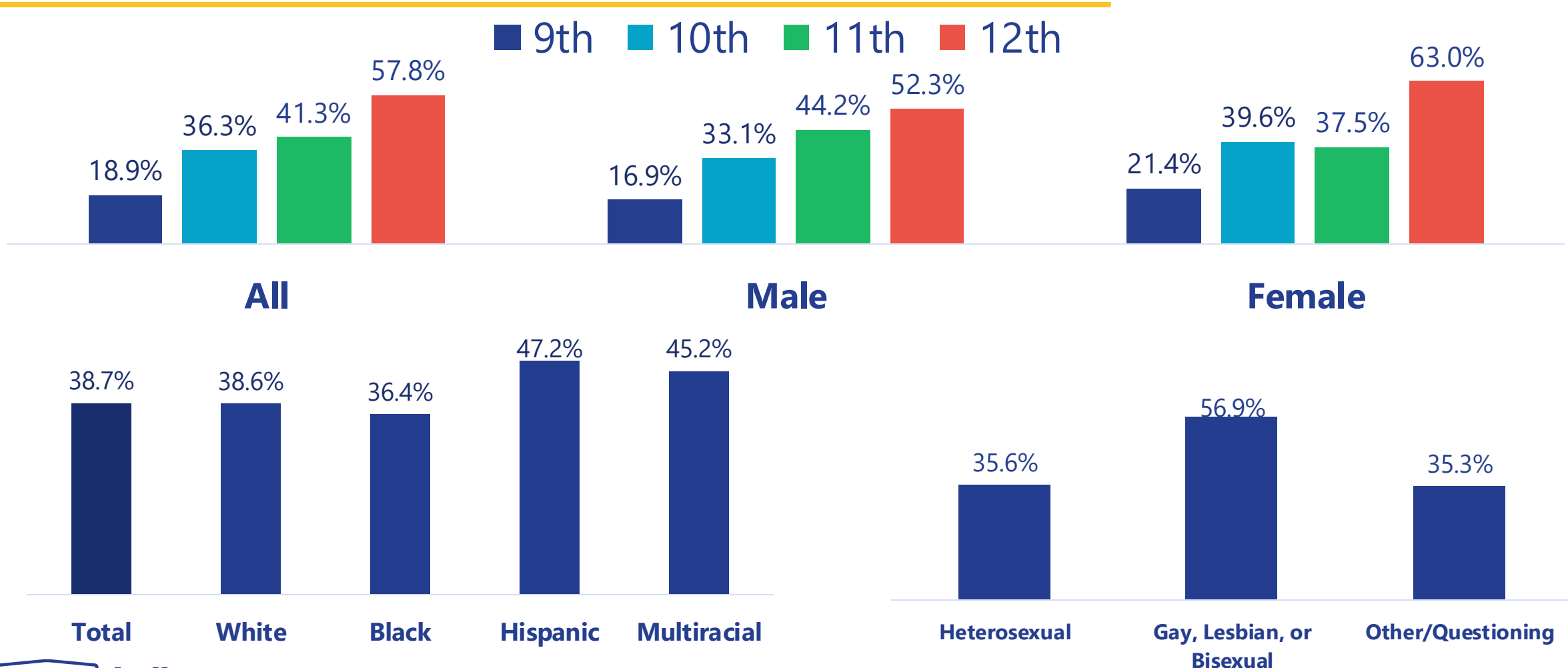
Sexual Behavior



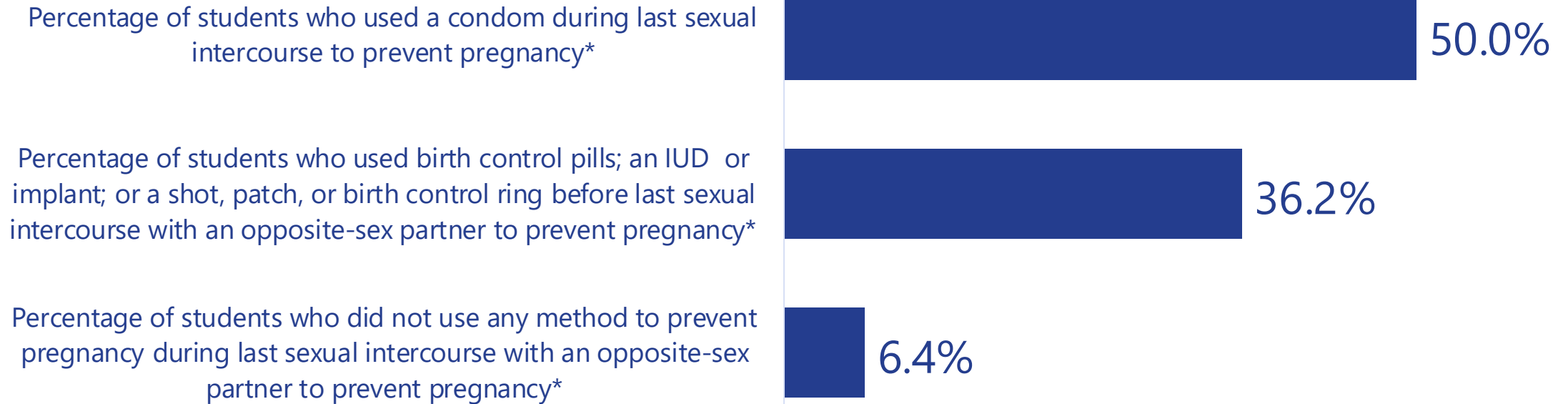
Sexual Activity – 2023 Results



Percentage of students who ever had sexual intercourse



Contraception Use – 2023 Results



Revealing Electronic Messages – 2023 Results

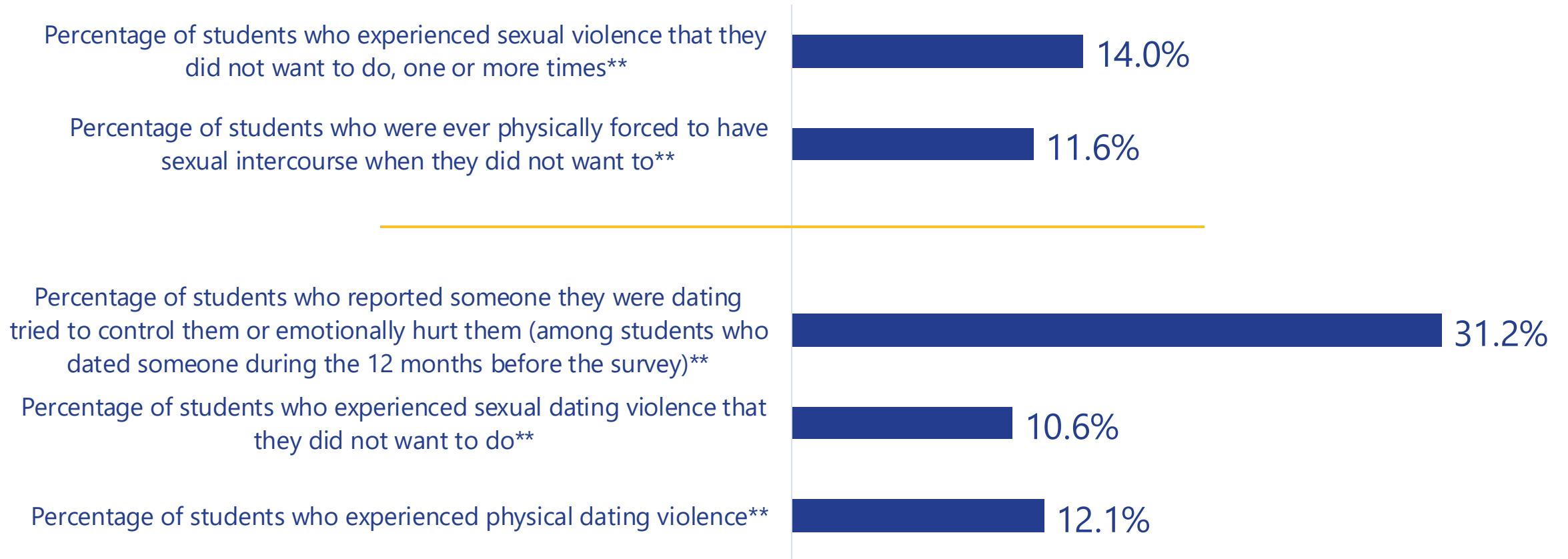
Percentage of students who had received a text or an e-mail with a revealing or sexual photo of someone*

29.0%

Percentage of students who had texted, e-mailed, or posted electronically a revealing or sexual photo of themselves*

14.2%

Dating & Sexual Violence – 2023 Results



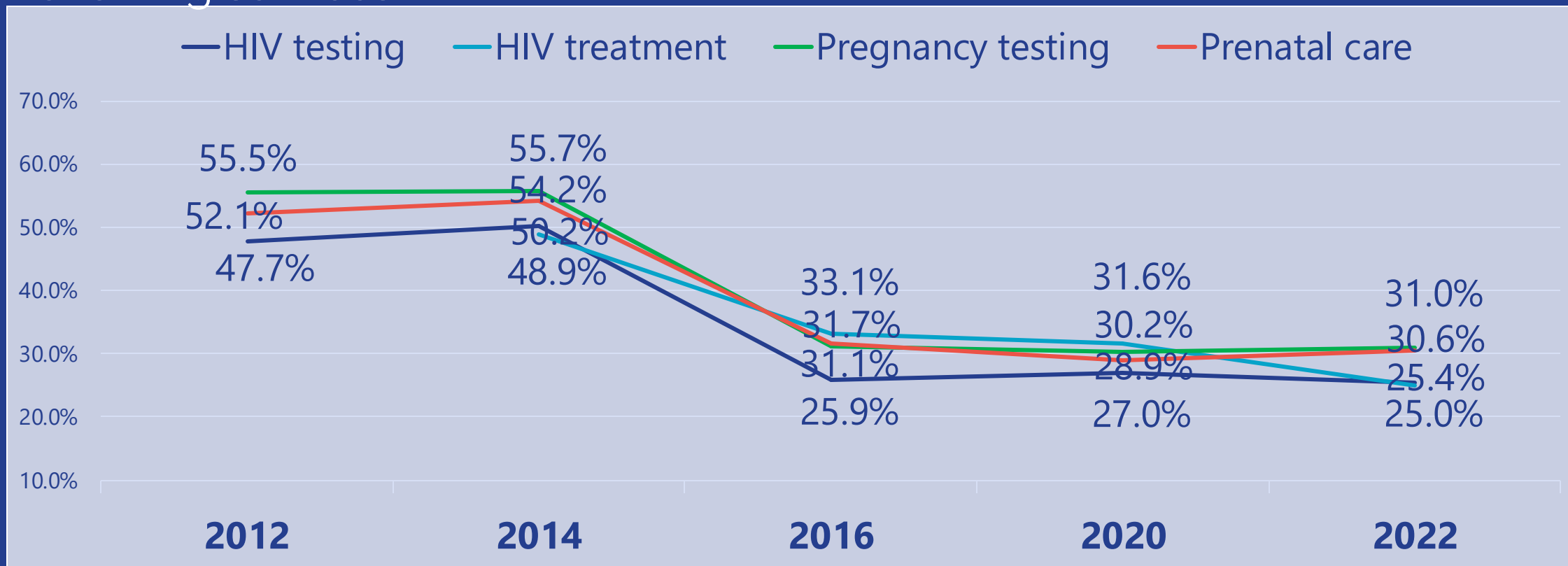
School Health Profiles – Principal Survey

School does not provide any sexual or reproductive health services

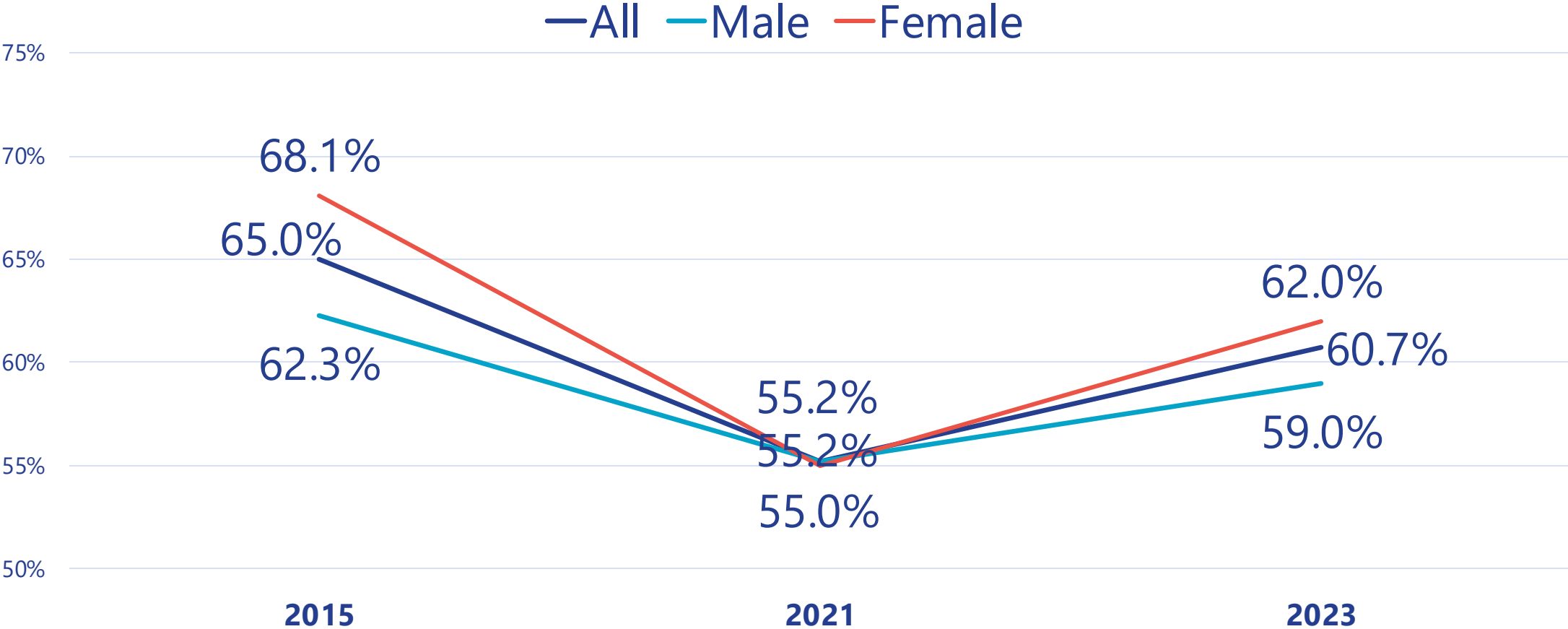


School Health Profiles – Principal Survey

Percentage of schools that provide students with referrals to any organizations or health care professionals not on school property for the following services



Percentage of students who reported their parents or other adults in their family talked with them about what they expect them to do or not to do when it comes to sex



Mental Health



School Health Profiles – Teacher Survey

Percentage of schools in which the lead health education teacher received professional development on emotional and mental health during the two years before the survey:

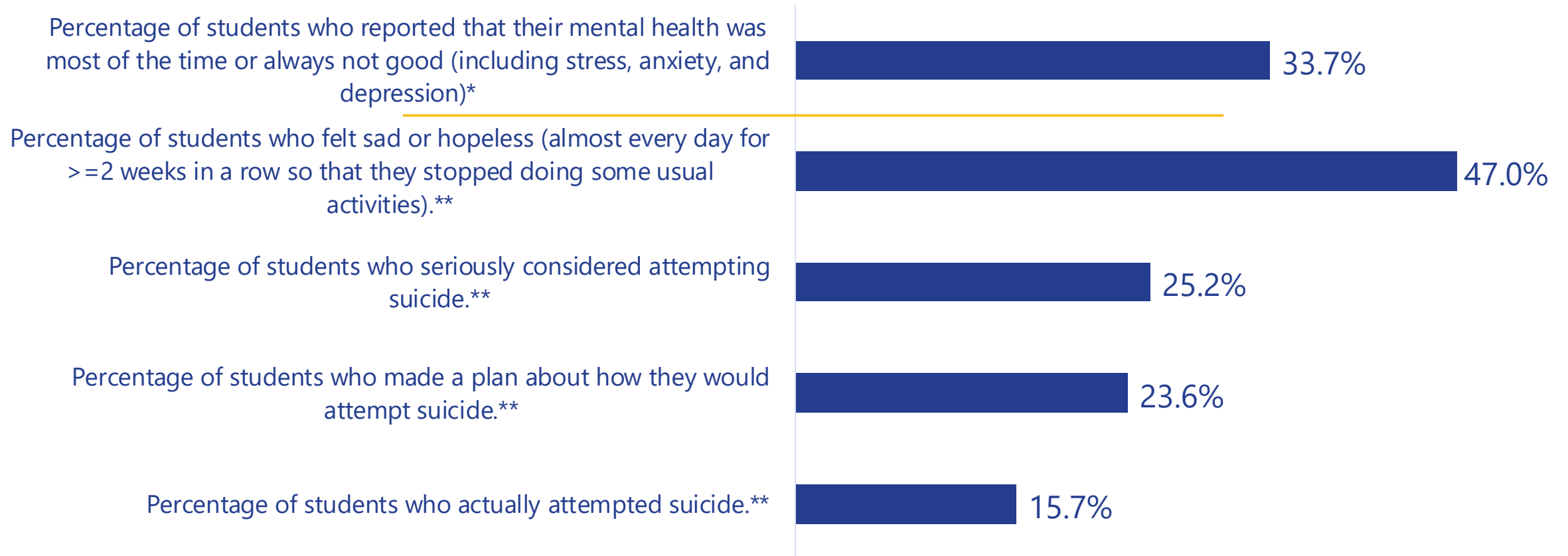


School Health Profiles – Teacher Survey

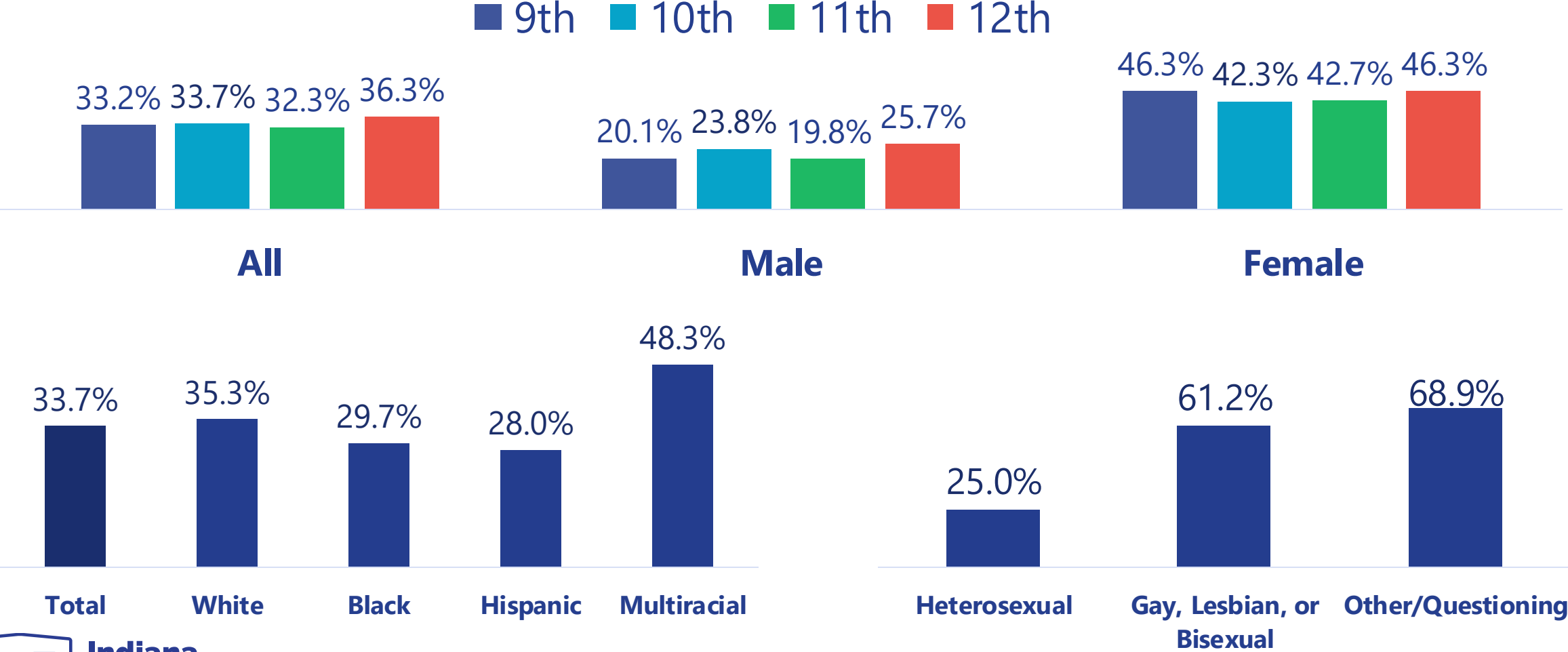
Percentage of schools in which teachers tried to increase student knowledge on suicide prevention in a required course in any of grades 6 through 12 during the current school year:



Stress, Anxiety, Depression & Suicide – 2023 Results



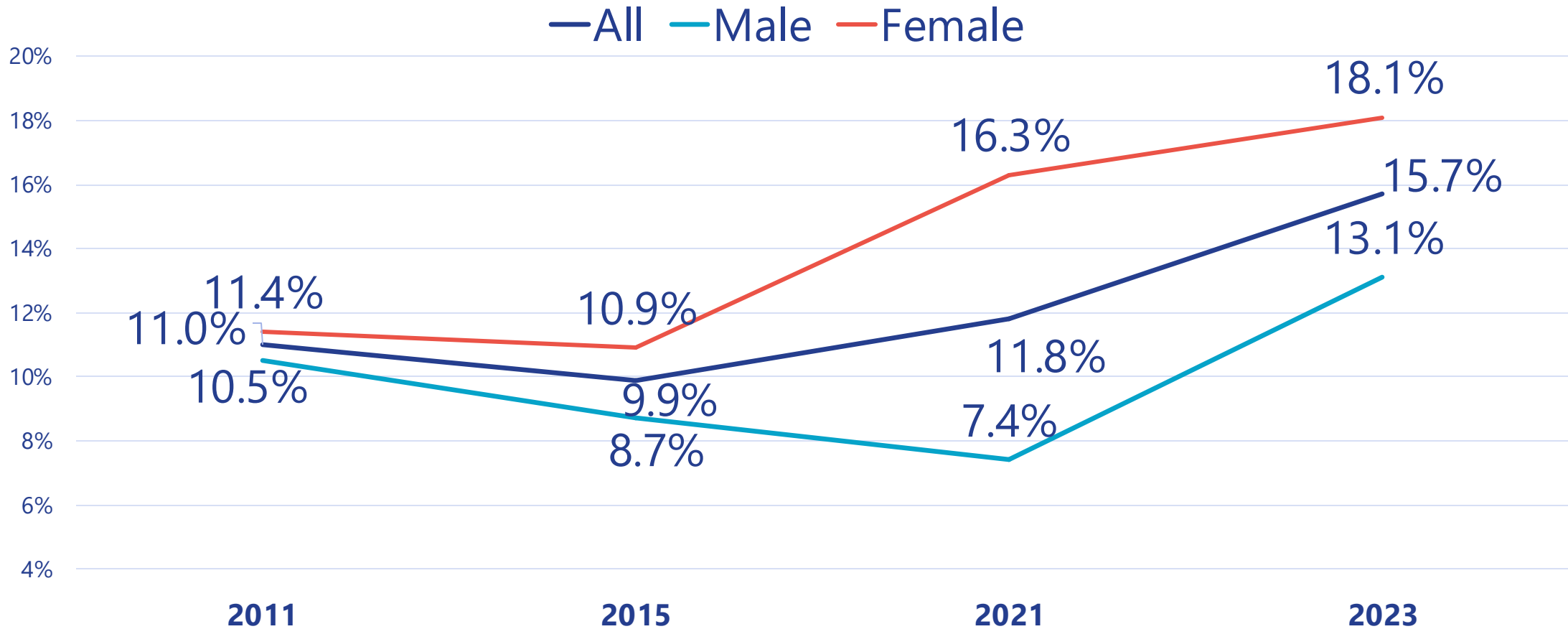
Percentage of students that their mental health was most of the time or always not good (Including stress, anxiety, and depression)*



*during the 30 days before the survey

Percentage of students who actually attempted suicide

(one or more times during the 12 months before the survey)



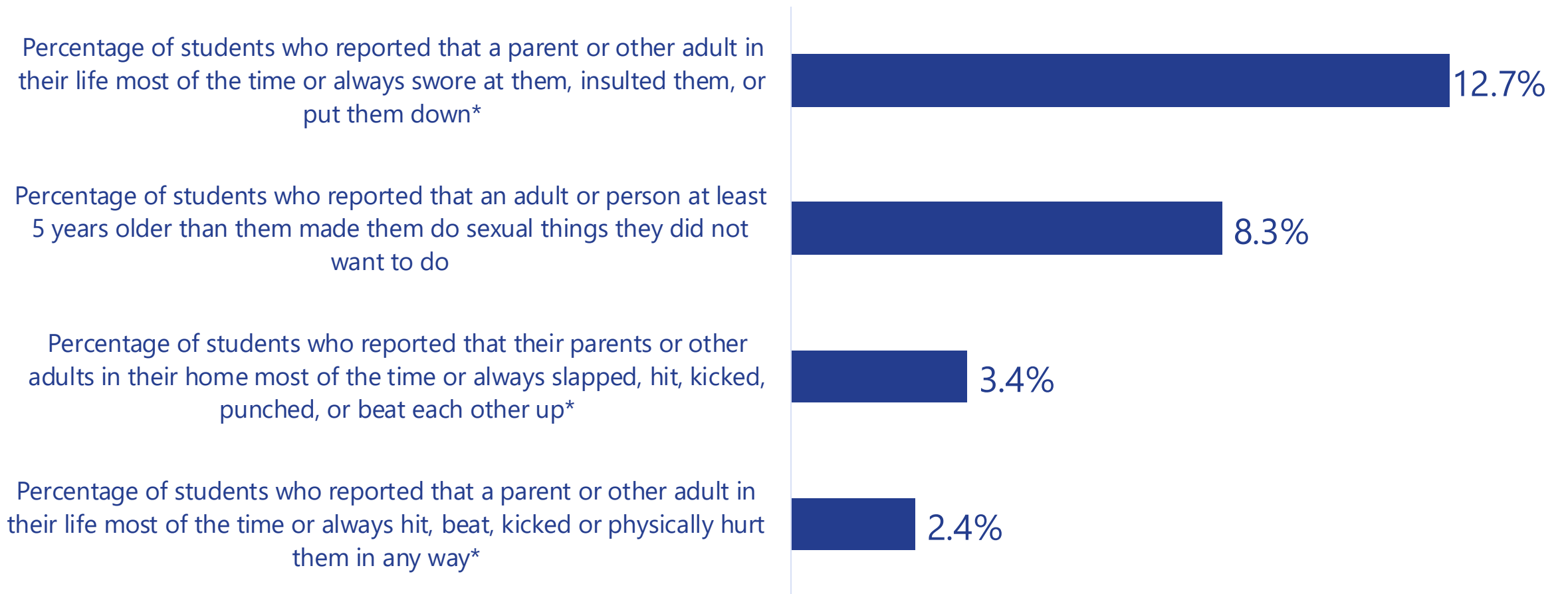
Adverse Childhood Experiences



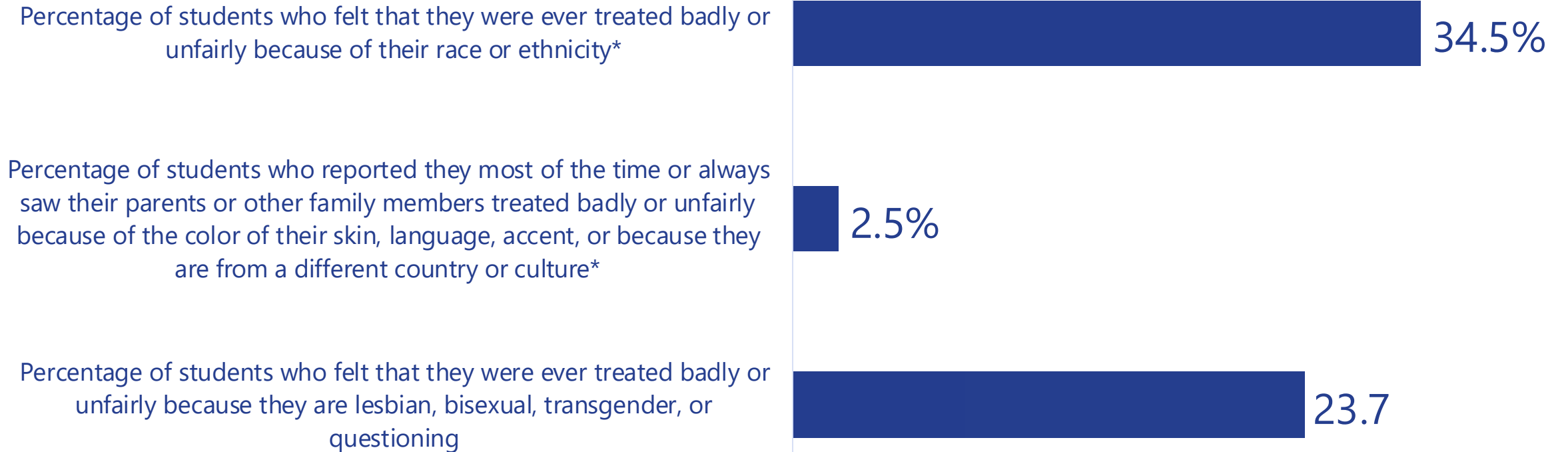
Adverse Childhood Experiences (ACEs) – 2023 Results



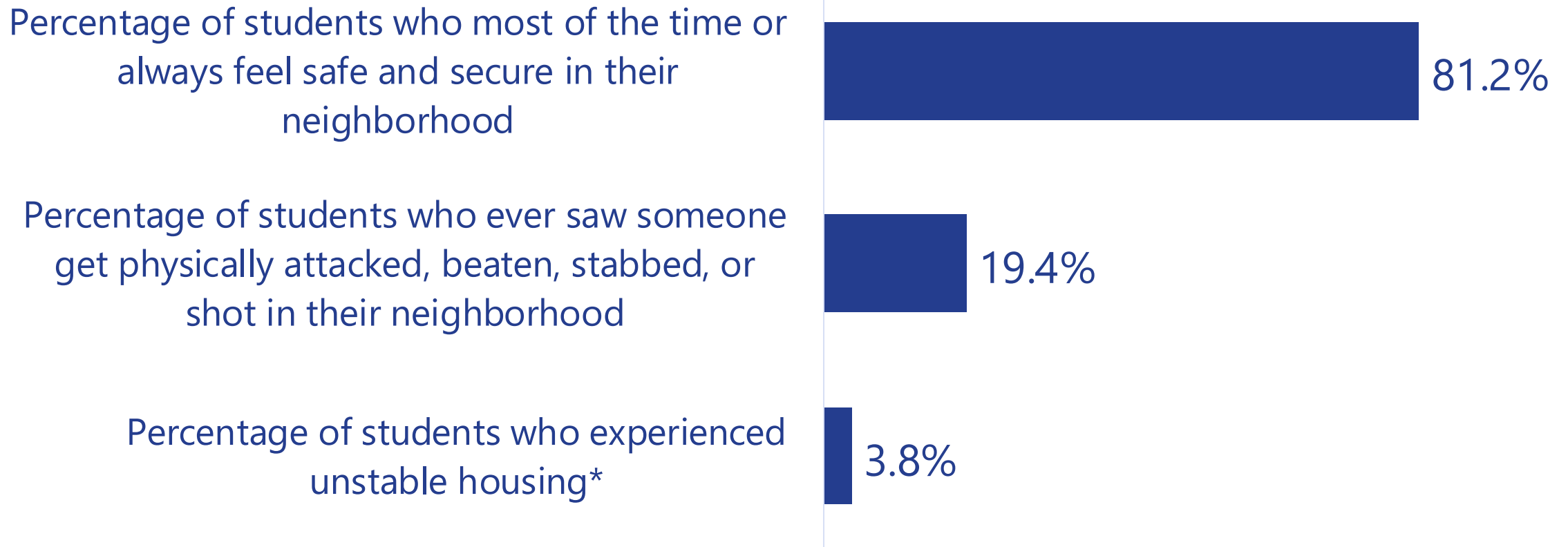
Adult Violence – 2023 Results



Unfair treatment– 2023 Results



Home Life & Neighborhood Environment – 2023 Results



Extracurricular Activities



Extracurricular Activities – 2023 Results



Post-Secondary Plans – 2023 Results

Percentage of students who reported they will most likely attend a 4-year college after they complete high school



Phone Usage



Screen Time

Percentage of students who spent 3 or more hours per day on screen time (not counting time spent doing schoolwork, on an average school day)



Percentage of students who use social media several times a day



Parent & Social Support



Parental Support – 2023 Results

Percentage of students who reported that an adult in their household most of the time or always tried to make sure their basic needs were met



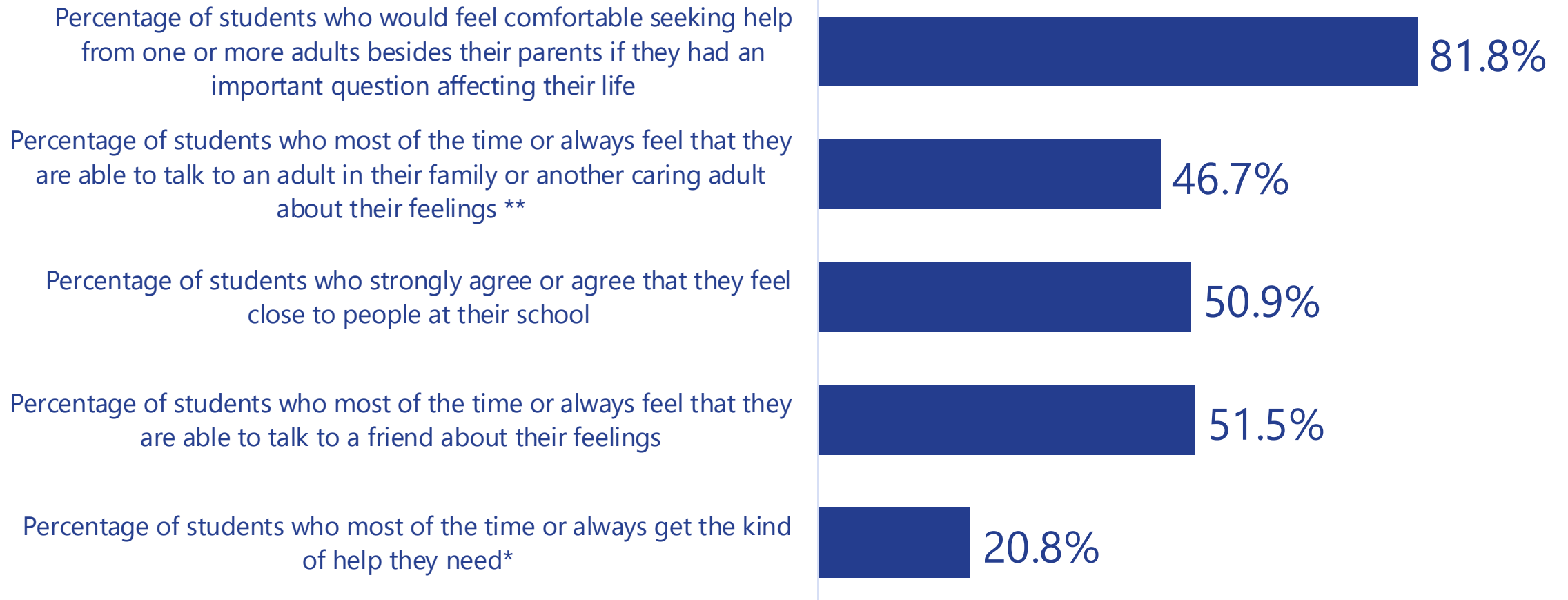
Percentage of students who reported that their parents or other adults in their family most of the time or always know where they are going or with whom they will be



Percentage of students who strongly agree or agree that their parents or other adults in their family have clear rules and consequences for their behavior



Social Support – 2023 Results



Contact Information

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Adolescent Health Coordinator

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This presentation was prepared by Dan Phan,
MCH Surveillance Epidemiologist

Agenda

4. Strategic Plan Goal Update: Healthy Teen Relationships
 - a. Presentation by Tammie Carter, LifeSmart Youth



Guiding youth to lead healthy and safe lives.

**INDIANA COMMISSION ON
IMPROVING THE STATUS OF
CHILDREN**

JUNE 18, 2024

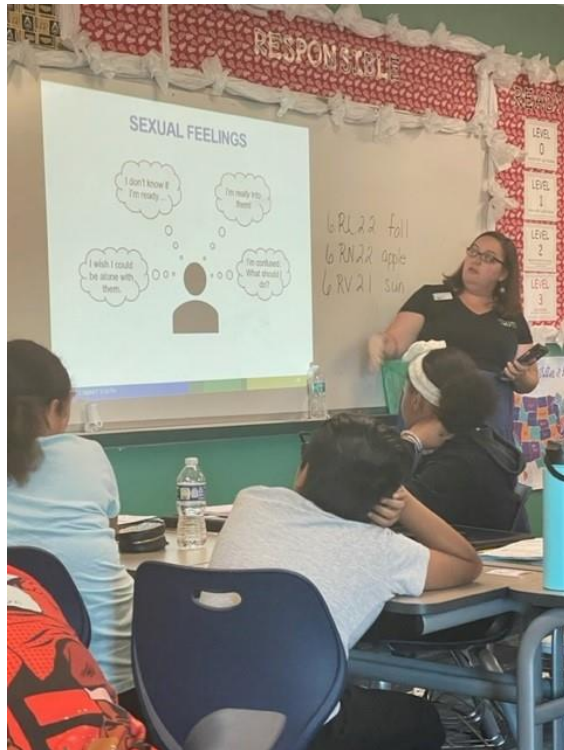
TAMMIE CARTER
CEO, LIFESMART YOUTH



WHO WE ARE

MISSION:

Empowering youth to make responsible choices and adopt healthy behaviors



OUR PROGRAMS

- SCHOOL BASED AND SUMMER
- MEET BOTH THE NATIONAL AND INDIANA ACADEMIC STANDARDS FOR HEALTH & WELLNESS, ENGLISH/LANGUAGE ARTS AND PHYSICAL EDUCATION
- EVIDENCE BASED AND EVIDENCE INFORMED
- SUPPORT THE SCHOOLS' DESIRE TO PROVIDE RELEVANT, AGE-APPROPRIATE HEALTH INFORMATION FOR STUDENTS.

We start the important conversations.

Whether the topic is puberty, sex, bullying, or dating, it can be difficult to get through to kids and help them understand their changing bodies and how their current decisions can affect their future selves. LifeSmart Youth has developed several programs that engage students on these very subjects, tackling the questions that are the most difficult to answer and the issues that are the most awkward to broach.

Our Programs:

- Have a school staff member present for entire presentation
- Contain a class size of no more than 35
- Are evaluated by IU School of Medicine, IU School of Social Work, and University of Indianapolis
- Are endorsed by Centers for Disease Control and Prevention and Indiana State Department of Health

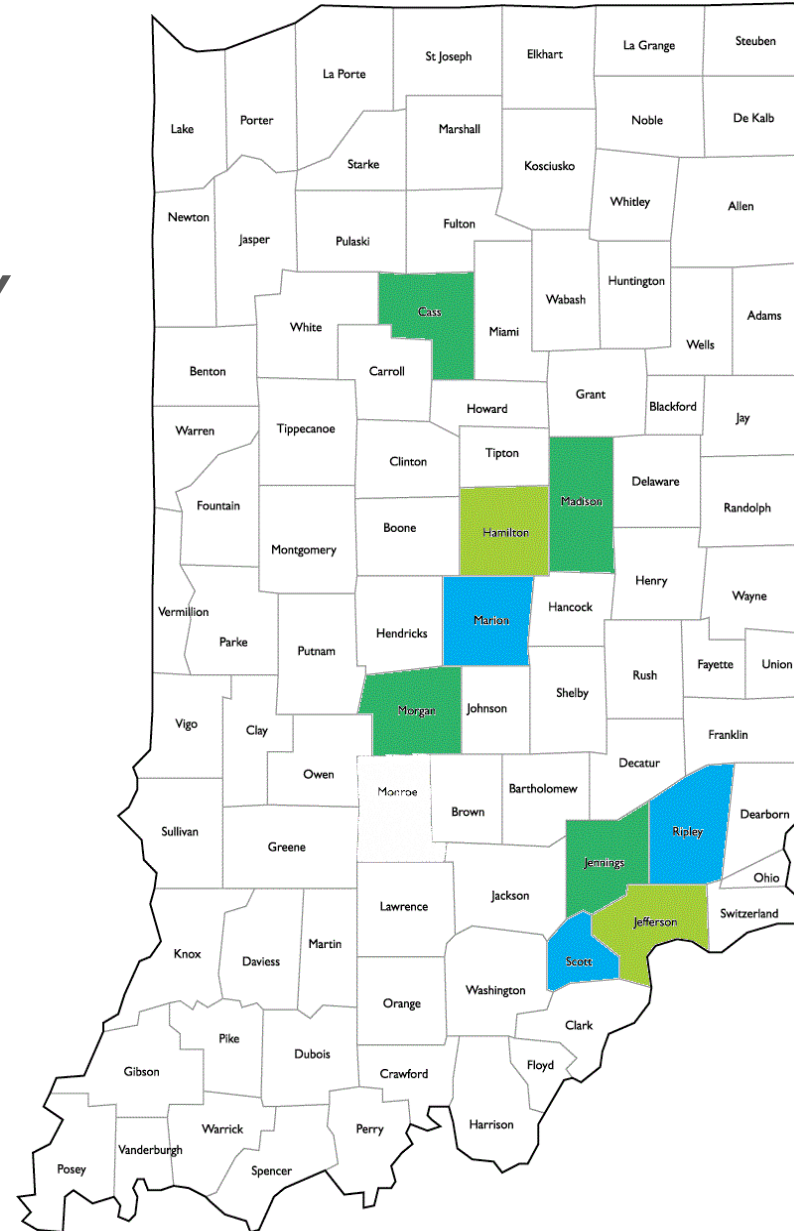


WHO WE SERVE

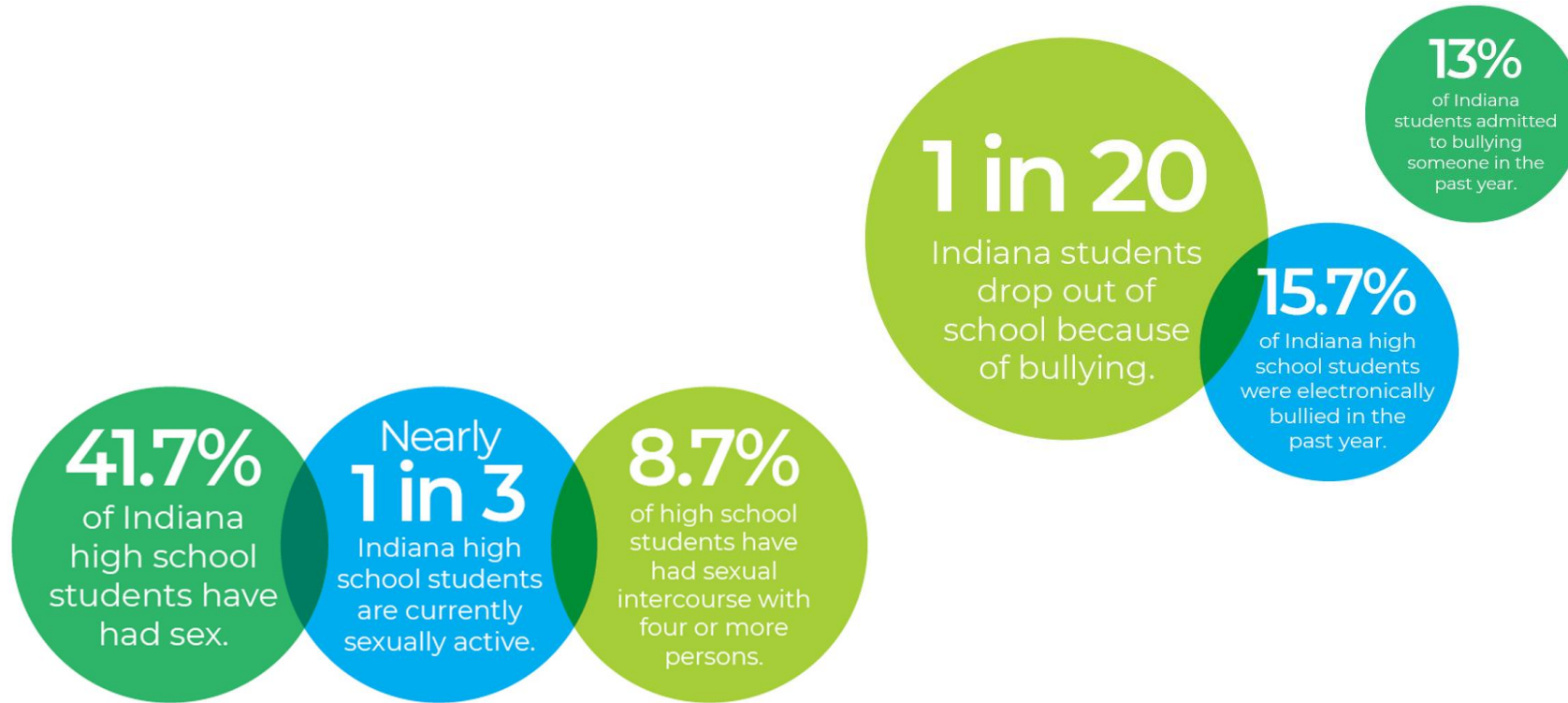
- ❑ 14,000+ YOUTH SERVED ANNUALLY
- ❑ 9 COUNTIES
- ❑ 110 SCHOOLS
- ❑ 7 SUMMER CAMPS

“I have been truly impressed with the LifeSmart Youth programs. The quality of the program and the instructors is outstanding! You have made it work well via Zoom during the pandemic! ”

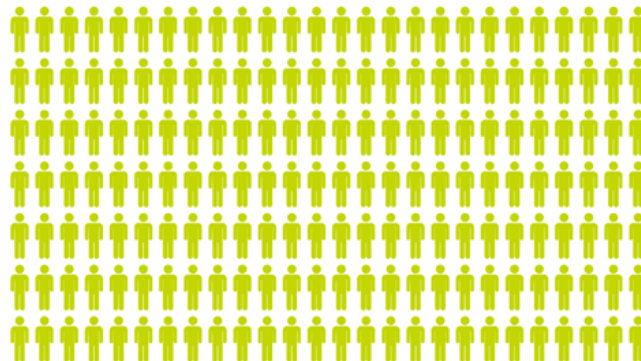
- Hamilton Heights Middle School Teacher



INDIANA STATS

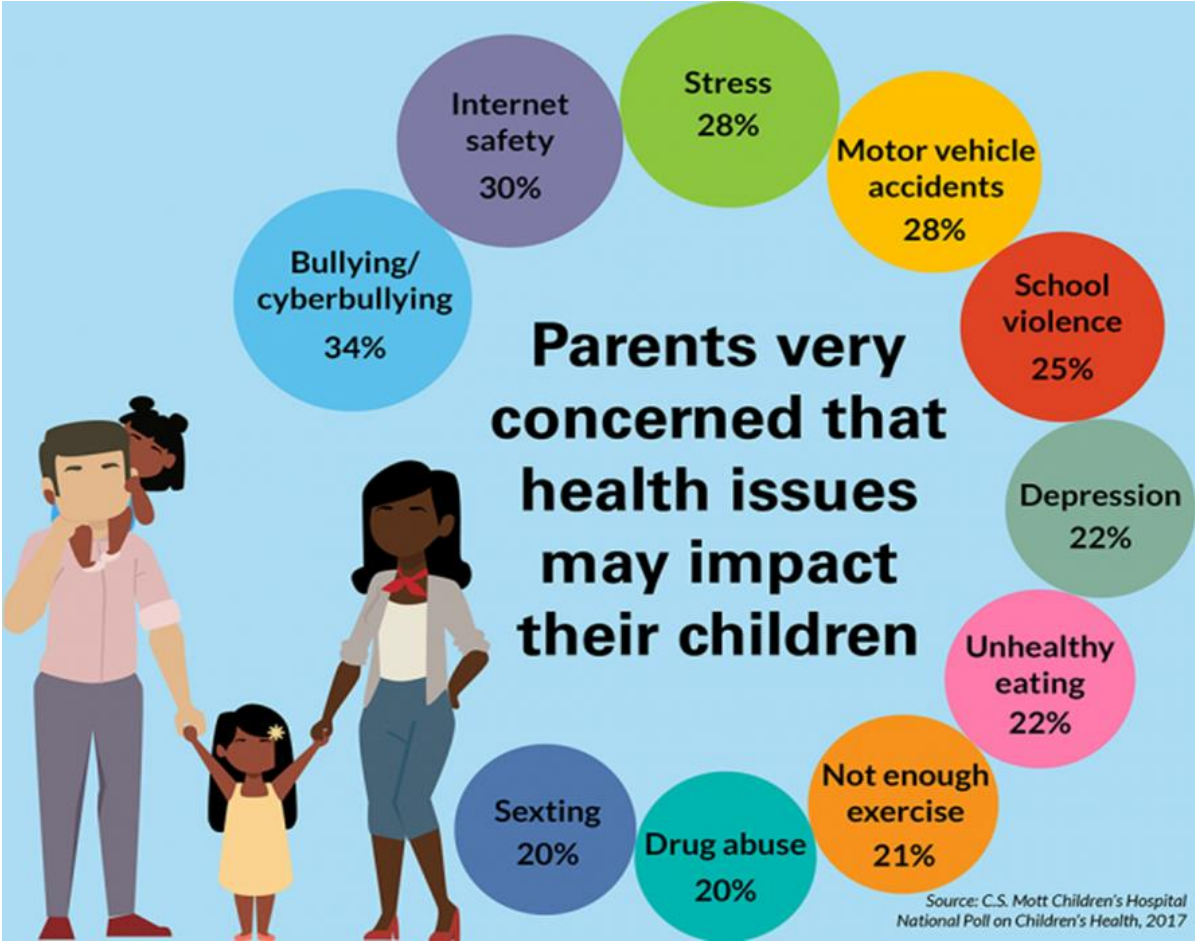


Nearly **1.5 mil.** students experience dating abuse each year



SUPPORT FOR INDIANA FAMILIES

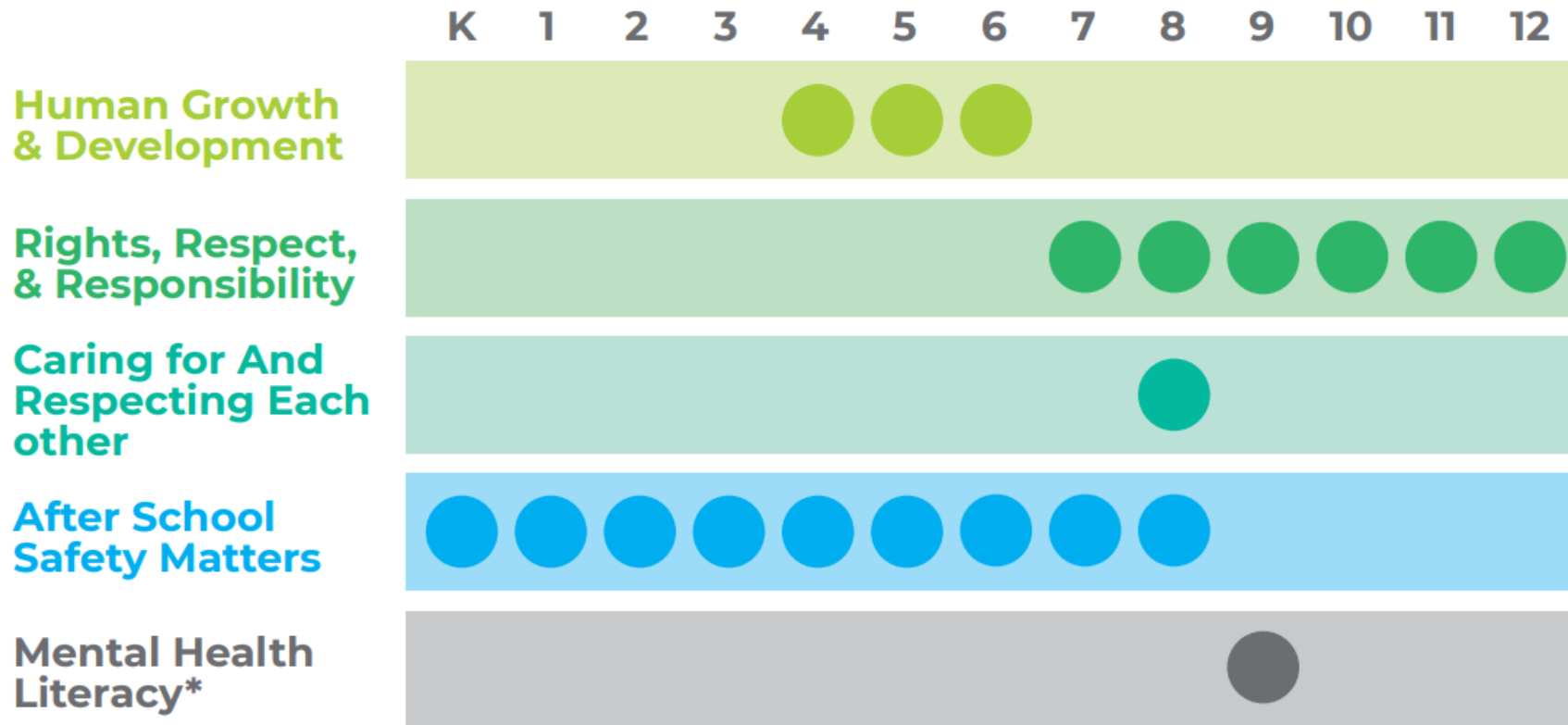
PARENTS SOMETIMES FEEL HELPLESS AND UNABLE TO TEACH THEIR CHILDREN WHAT THEY NEED TO KNOW.





Guiding youth to lead healthy and safe lives.

We have a program for every grade level.



*piloting 2025

INITIATIVES AND OPPORTUNITIES

- **Body Safety/Child Sex Abuse Education**
- **TEACH Initiative**
- **Youth Mental Health Literacy**
- **Disconnected Youth**

Protecting Indiana's Students: Fund SEA 355



Passed in 2018, SB 355 was aimed at educating and empowering K-12 students through evidence-based child abuse prevention education.

While this mandate is an important first step toward child safety, there are ways in which it could be clarified and enhanced to better protect Indiana students.

Subject matter experts across the state have gathered to discuss and are making the following recommendations:

Add funding:

It is estimated that to fully fund this effort, it will cost the state approximately \$X, or \$X per Indiana K-12 student.

Clarify timing:

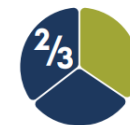
Change the December 15th deadline to read "academic year." (See Appendix A)

Include accountability:

At this time, there is no clear accountability to ensure schools are following the existing mandate. (See Appendix B)

Why does it matter?

- **Nearly two thirds of children** will experience at least one adverse childhood experience, such as abuse or neglect.
- **Research shows that preventing the maltreatment of children results in:**
 - Better education outcomes, including staying in school and higher test scores
 - Improved health and social skills
- **This investment in the safety and well-being of Hoosier children will not only help prevent child maltreatment, it will also result in lower costs for our communities in the long run.**
 - The estimated economic burden of maltreated children in the US is \$2 trillion.
 - This is particularly significant for Indiana, because our state has ranked in the top 10 in the country for child abuse and neglect reports and has been as high as #2 in the country in the last 6 years.



How many children will face at least one adverse childhood experience



The estimated economic burden of maltreated children in the US

Let's fund these important child abuse prevention programs today, so we can see a brighter tomorrow for the next generation.

TEACH INITIATIVE

TEACH Initiative Roadmap



A strategic roadmap to drive community-level solutions to advance racial health equity and access to care for African American, Black, and Latinx girls in Marion County



Goals to Address Root Causes of Inequitable Care



Strategies to Advance More Equitable Policies and Practices



Address Transportation & Language Barriers

- 1.1 Bring quality healthcare into underserved communities by co-locating clinics in known safe spaces with trusted community partners and increasing access to virtual care
- 1.2 Increase access to a variety of transportation options through community coordination of mobility management systems and a greater investment in safe, accessible pedestrian walkways in underserved communities
- 1.3 Improve language access by providing more accessible and effective language education for healthcare providers and clear pathways for native speakers to enter the healthcare field

Reduce Gatekeeping That Disrupts Equitable Care

- 2.1 Establish a standard of care that requires ongoing training in DEI, cultural competency, unconscious bias, and trauma informed care for active healthcare providers and those working toward careers in healthcare
- 2.2 Provide meaningful cross-cultural experiences for those working toward careers in healthcare and active healthcare providers through training rotations in underserved communities and cross-cultural mentoring relationships

Build Visibility & Trust Between Girls & Healthcare Providers

- 3.1 Increase the presence of community health workers in underserved communities through mobile adolescent health clinics, school-based care, and increased awareness of virtual care options
- 3.2 Ensure greater representation of African American, Black, and Latinx individuals in all professions within the healthcare field through hiring practices that value the expertise of lived experience
- 3.3 Increase awareness, transparency, and understanding of available healthcare services by leveraging the voice and reach of trusted community leaders, youth ambassadors, and healthcare providers

Address Funding Limitations That Disincentivize Care

- 4.1 Advocate for policies and practices within healthcare systems that prioritize quality of care and patient outcomes over patient quantity
- 4.2 Advocate for comparable reimbursements for public and private health insurance

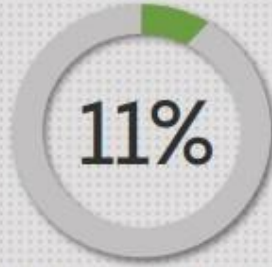


MENTAL HEALTH LITERACY

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



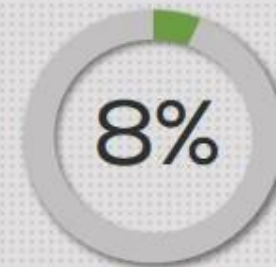
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

Suicide



3rd

Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹

STUDENT TESTIMONY



“I just like this program because I know that if I have a question about my body or life, I can ask it without feeling uncomfortable.”

5th grade student



Guiding youth to lead healthy and safe lives.

“For Indiana families and communities, LifeSmart Youth is the education provider who allows students to become their best selves by teaching whole-life skills and wellness behaviors from an early age.”

*Betsey Sullivan
School Counselor,
Madison Consolidated Schools*

TRUSTED ADULTS

LifeSmart Youth recognizes the influence of Parents/Guardians and other Trusted Adults in children's lives. It's vital they are able to communicate effectively with young people about health issues and personal decision making. LifeSmart Youth is committed to making this as easy as possible by providing the resources and support adults need to answer some of those tough questions.

Trusted Adults have access to our staff and programs in a number of ways:

- **Attend a virtual Trusted Adult Information Night:** LSY's Informational Nights are hosted by highly trained LifeSmart Youth Adolescent Health Educators and provide an opportunity to learn and ask questions about our Human Growth & Development and Rights, Respect, Responsibility (3Rs) programs.
- **Visit the Parent Portal:** The Parent Portal provides parents/guardians and other trusted adults with an overview of what is taught in our human Growth & Development and 3Rs programs.
- **Sign up for Newsletter Tips:** LSY provides bi-monthly newsletters to keep Trusted Adults informed with up-to-date resources, data, and suggestions on how to advocate for their youth.
- **Watch Kids First on Fox:** LifeSmart Youth's CEO, Tammie Carter, is a regular contributor on Fox59's morning news show, speaking on topics affecting Indiana youth. Kids First on Fox airs the first Monday of every month.
- **Connect with a Staff Member:** The LifeSmart Youth team is always here for you. A full list of our staff is located on the LSY website. Trusted Adults are always welcome to contact us directly, and we will be more than happy to answer any questions you may have.

For more information on any of the above, please reach out to trustedadults@lifesmartyouth.org.





Guiding youth to lead healthy, safe lives.

#LIFESMARTYOUTH

We believe the world needs kids who are
not just book smart or street smart,
but *life smart.*TM

Find us on Facebook
@LifeSmartYouth



THANK YOU FOR THIS OPPORTUNITY





Guiding youth to lead healthy and safe lives.

Connect with us!
317-638-3628

Email:
info@lifesmarthyouth.org

www.lifesmarthyouth.org

Facebook [@lifesmarthyouth](https://www.facebook.com/lifesmarthyouth)



Agenda

- 5. Presentation on KIDS COUNT data
 - a. Indiana Youth Institute



2024 State of the Child



Family & Community



Health



Economic
Well-Being



Education

Commission on Improving the
Status of Children in Indiana
June 18, 2024

Who We Are

Indiana Youth Institute exists to improve the lives of all Indiana children.



2024 Indiana KIDS COUNT® Data Book

30th Edition of a Profile of Hoosier Youth



Family &
Community



Health



Economic
Well-Being



Education



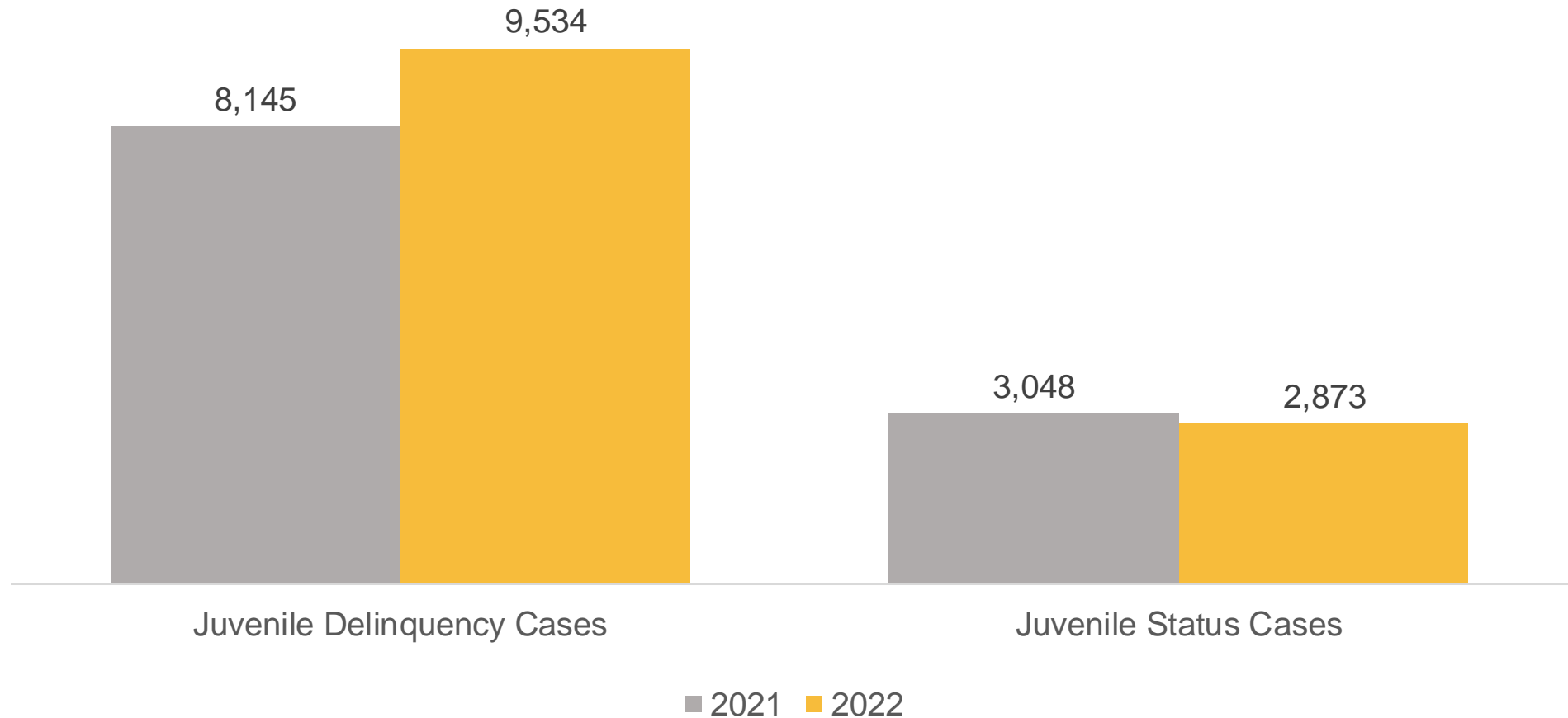
Scan or visit iyi.org to download and
share the 2024 Indiana KIDS
COUNT® Data Book







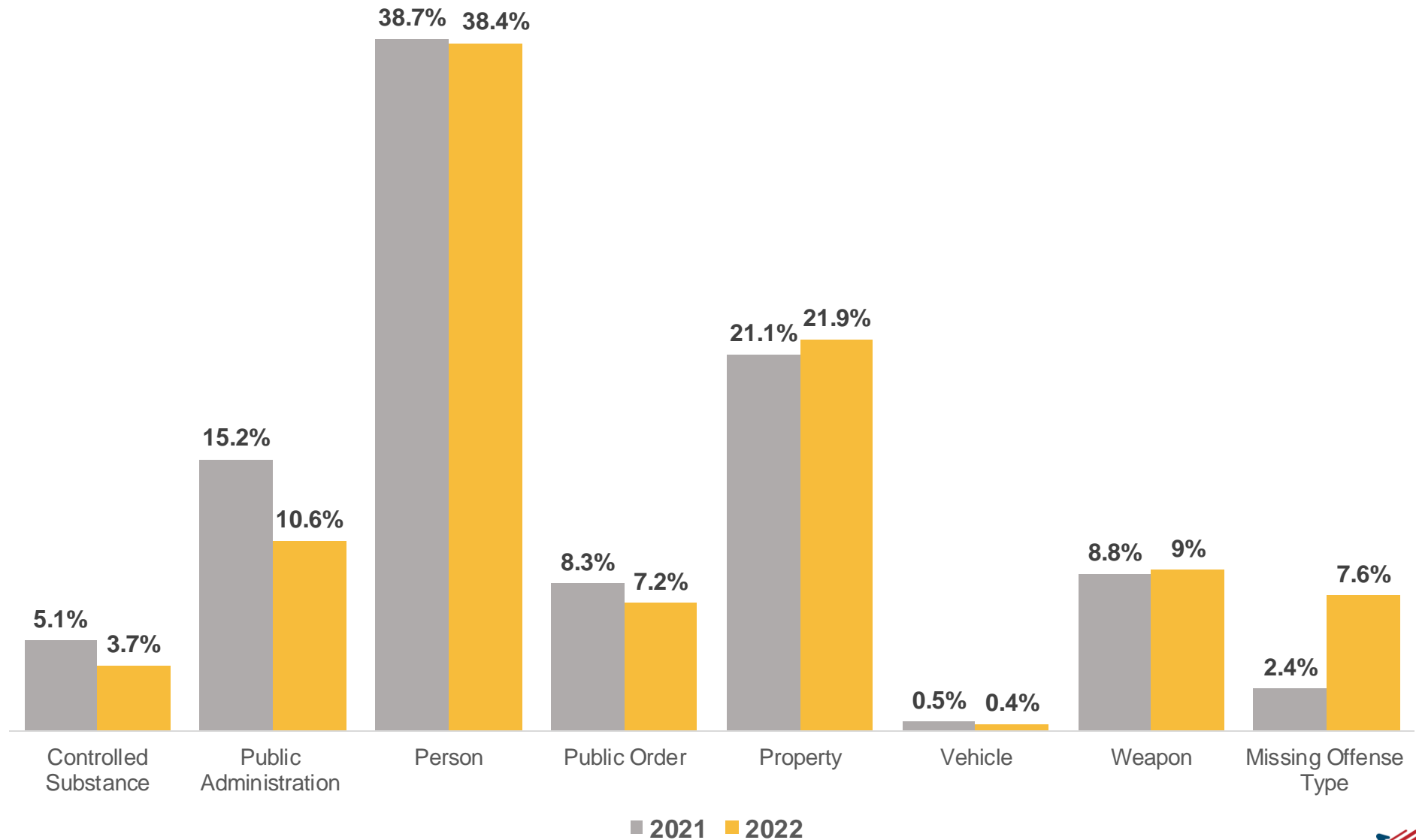
Juvenile Delinquency and Status Court Case Filings, Indiana: 2021-2022



Source: Indiana Department of Corrections



Juvenile New Admissions by Offense Type, Indiana: 2021-2022



Source: Indiana Department of Corrections





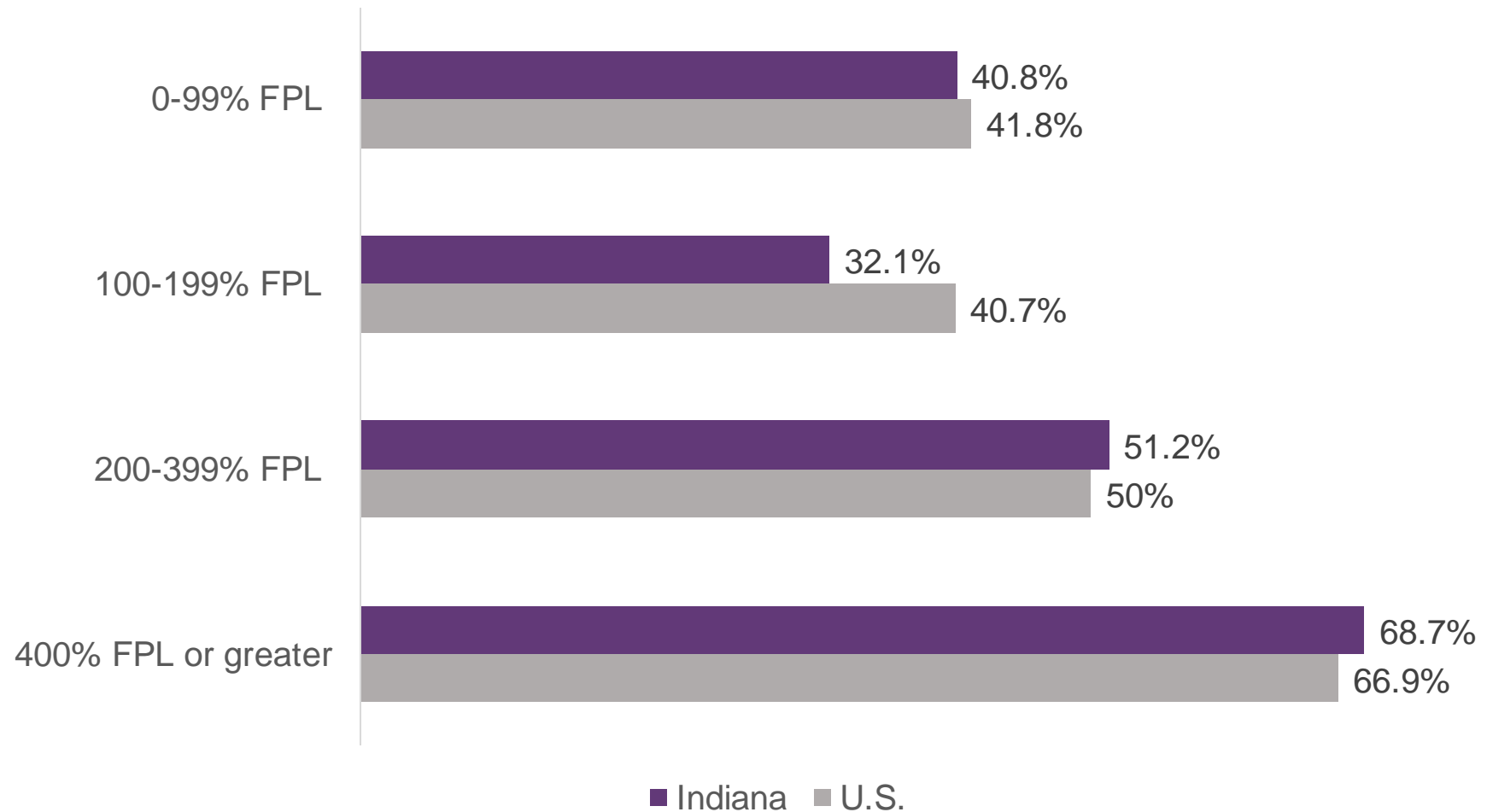
55.6% of youth who had a **major depressive episode** did not receive any mental health treatment in 2023

Source: Mental Health America, Mental Health Risk Assessments





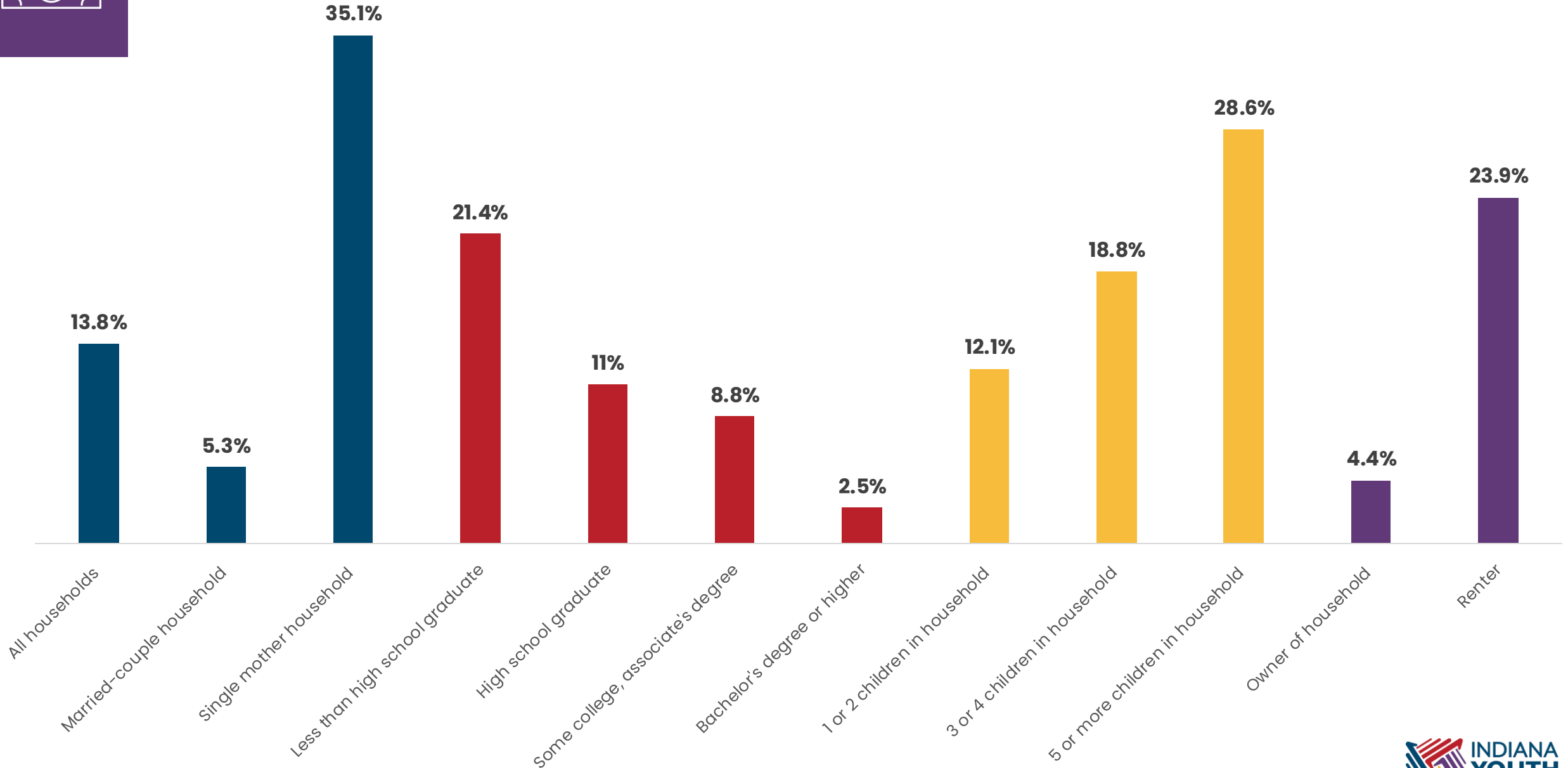
Families that Received Child Care from Others at Least 10 Hours per Week (0 to 5 Years), Indiana: 2022



Source: National Survey of Children's Health, Indicator 6.21



Households Living in Poverty by Characteristic, Indiana: 2022

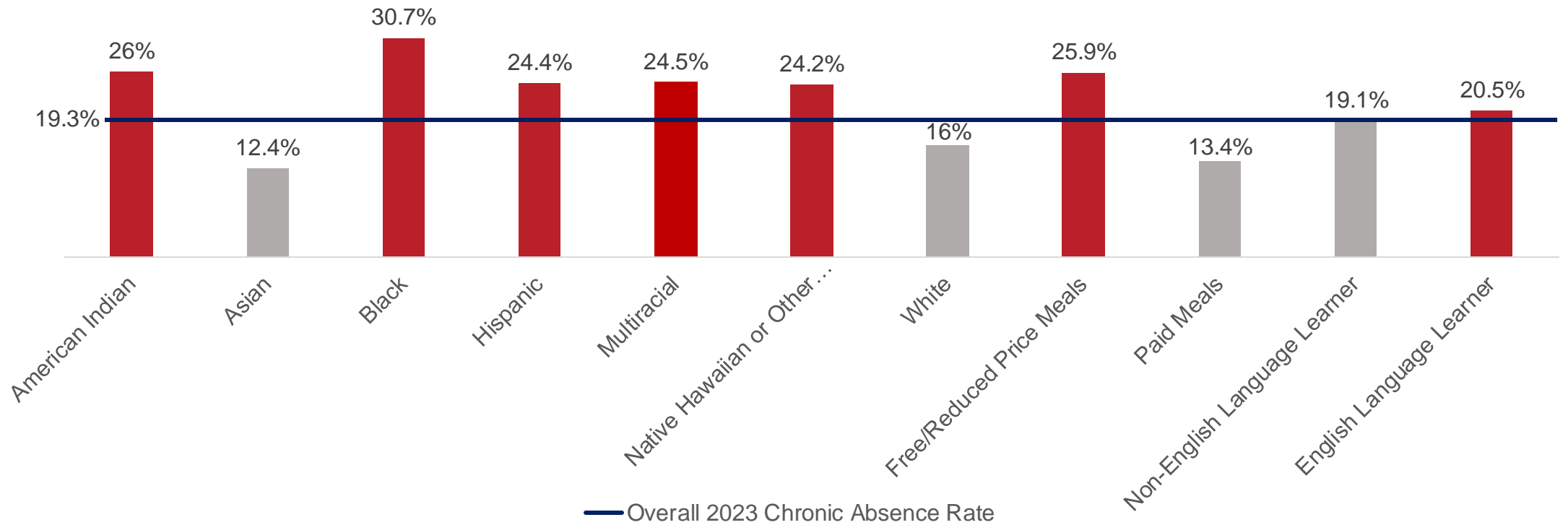


Source: U.S. Census Bureau, ACS 5-Year Estimates S1702





Chronic Absenteeism, Indiana: 2023

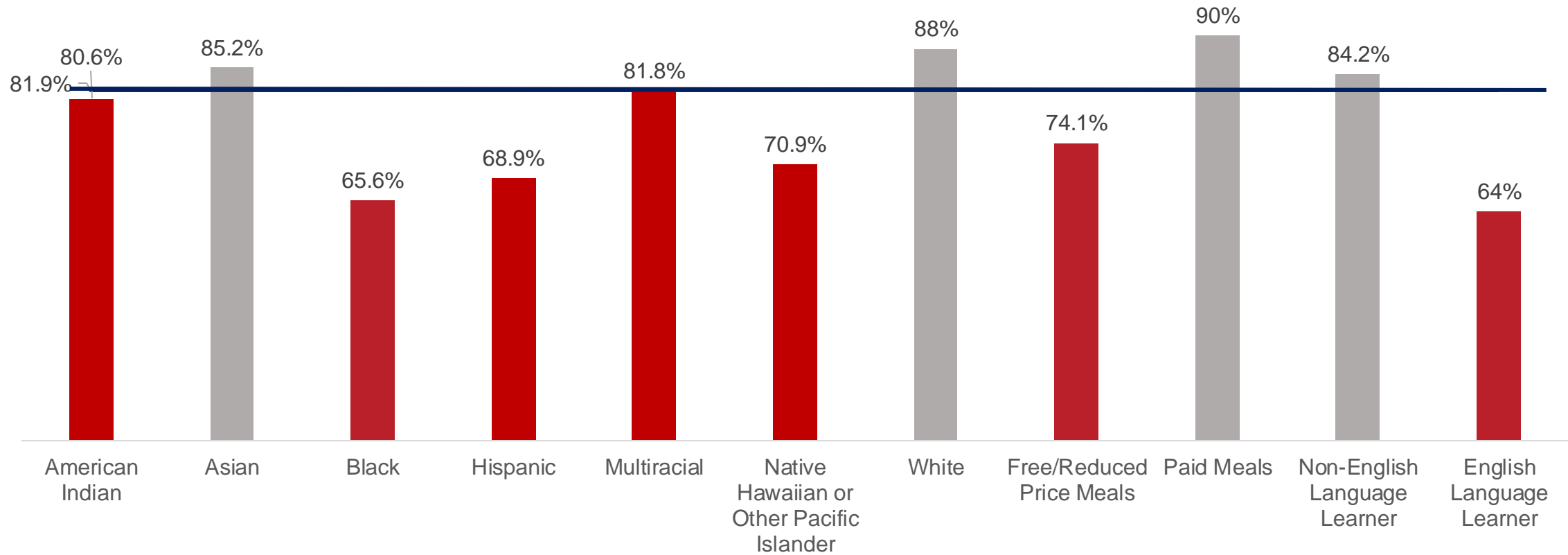


Source: Indiana Department of Education





IREAD-3 Proficiency, Indiana: 2023



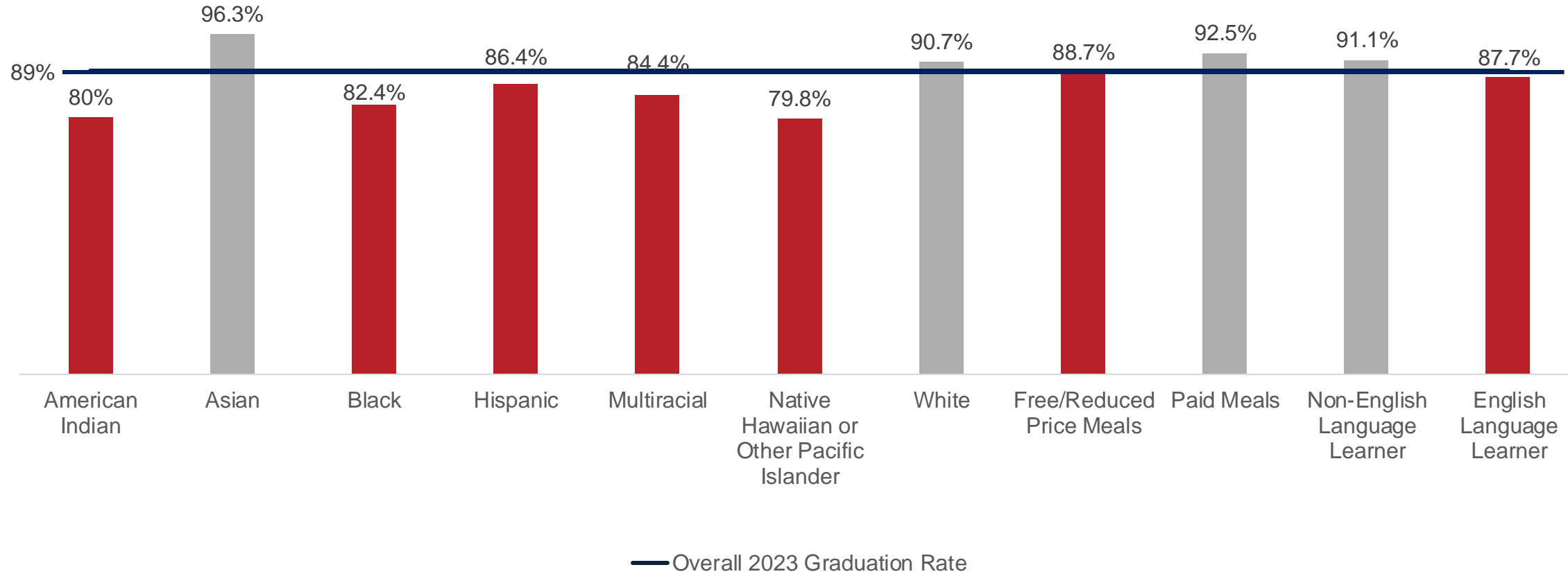
Source: Indiana Department of Education

— Overall 2023 IREAD-3 Proficiency





Graduation Rate by Subgroup, Indiana: 2023

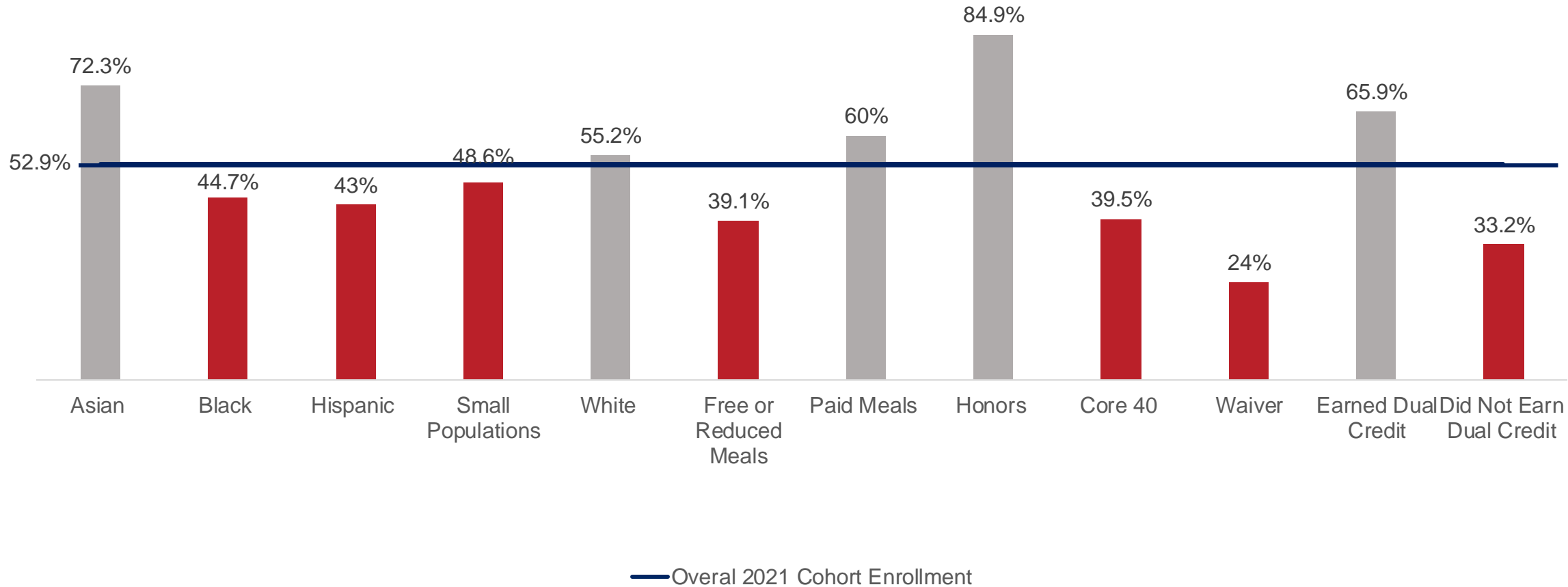


Source: Indiana Department of Education





College Enrollment by Subgroup, Indiana: 2021 Cohort



Source: Indiana Commission for Higher Education

2024 Indiana KIDS COUNT® Data Book

30th Edition of a Profile of Hoosier Youth



Family &
Community



Health



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2024 State of the Child



Family & Community



Health



Economic
Well-Being



Education

Agenda

6. Executive Director Updates
 - a. Early Childhood Mental Health Subcommittee
 - b. Bullying/Suicide Prevention and Online Safety
 - c. BEST Youth Initiative
 - d. Casey Family Programs grant update

Agenda

7. Commission Member Announcements and Adjournment

2024 Meeting Dates

- August 21
- October 16
- December 11