

NEBRASKA ADOLESCENTS . . .  
KEEPING THEM HEALTHY  
2018-2019



Picture Source: <https://glensidelocal.com/state-provides-clarification-on-wearing-masks-at-schools/>



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# ADOLESCENT HEALTH

## WHERE ARE WE AND WHERE DO WE GO FROM HERE?

The most common causes of disability, disease and premature death result from individual choices and behaviors. Behaviors, whether detrimental or beneficial, are learned, often at an early age. Schools and parents play an important and unique role in providing environments where youth can learn and practice positive health behaviors. The Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (NDHHS) work to support and enhance the efforts of schools and parents in order to facilitate optimal healthy outcomes for our youth.

The NDE and NDHHS monitors the prevalence of health risk behaviors among Nebraska youth and measures progress toward achieving optimal healthy outcomes. Some measurement tools used are surveys and vital statistic records. Information gathered is used to target health education, risk reduction and prevention activities. The following information reflects recent results of two surveys given separately to youth and educators throughout the state: the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (SHP).

The booklet is offered as a resource for future dialogue and action. It describes what's happening in Nebraska schools to promote the health of young people and the actual behaviors occurring among our

## THE YOUTH RISK BEHAVIOR SURVEY

In 1990, the Centers for Disease Control and Prevention (CDC) initiated a program for a national and state survey to provide estimates of the behaviors of high school students that directly affect their health. This survey, known as the Youth Risk Behavior Survey (YRBS), has been administered in Nebraska biannually since 1991. The YRBS data for 1991, 1993, 2003, 2005, 2011, 2013, 2015, 2017 and 2019 were weighted to reflect the 9th-12th grade public school student population in Nebraska.

In a random sample of schools, students from a random sample of 9th-12th grade classes are asked to complete the YRBS. The survey asks about six categories of behaviors that are directly related to the principal causes of disability, disease, and death:

1. Unintentional and intentional injuries
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors
5. Dietary behaviors
6. Physical activity

Results from the most recent YRBS are available at [www.education.ne.gov/csh/2018-19-ne-yrbs-results/](http://www.education.ne.gov/csh/2018-19-ne-yrbs-results/) or by calling (402) 617-5796.

## THE SCHOOL HEALTH PROFILES

In 1997, the Institute of Medicine (IOM) recommended that US schools require a one-semester health education course at the secondary school level. The Institute's report states that school health education could be one of the most effective means to reduce and prevent some of the nation's most serious health problems, including cardiovascular disease, cancer, motor vehicle crashes, homicide, and suicide.

Prior to the IOM Report and beginning in 1995, the CDC worked with state education authorities to develop a survey of schools enrolling students in grades 6 - 12 that described the school's health education and health promotion activities.

This survey, known as the School Health Profiles (SHP), was first conducted in 1996. The survey asks principals and lead health educators to complete two different surveys. The surveys ask about health education, physical education, asthma management, school policies related to HIV/AIDS, tobacco use prevention, intentional injuries and violence, physical activity, food service, and family and community involvement in school health programs. The SHP has been completed biannually in NE since 1996 and all have been weighted.

Results from the SHP for Nebraska are available from the NDE at [www.education.ne.gov/csh/2018-school-health-profiles/](http://www.education.ne.gov/csh/2018-school-health-profiles/) or by calling (402) 617-5796.

# NE/US COMPARISON

Below is a comparison of the Nebraska and US health practices of adolescents using the 2018-19 National Youth Risk Behaviors Survey data.

	Nebraska	US
<b><i>Alcohol and Other Drugs Use</i></b>		
Students who have had at least one drink of alcohol during their lifetime	54%	60%
Students who have their first drink before the age of 13	13%	16%
Students who engaged in binge drinking	8%	14%
Students who have taken a prescription drug without a doctor's prescription	15%	14%
<b><i>Nutrition &amp; Body Weight</i></b>		
Students who describe themselves as slightly or very overweight	26%	32%
Students trying to lose weight	42%	32%
Students who drank soda or pop two or more times a day	8%	13%
<b><i>Physical Activity</i></b>		
Students attending PE class five days a week	28%	30%
Students who played video games or used a computer for 3 or more hours per day	39%	43%
Students who watched TV 3 or more hours per day	16%	21%
<b><i>Sexual Behavior</i></b>		
Students who have ever had sexual intercourse	34%	40%
Students who had sexual intercourse for the first time before age 13	2%	4%
Students who had sexual intercourse with four or more persons during their life	9%	10%
Students who used a condom during last intercourse	51%	54%

	Nebraska	US
<b><i>Tobacco Use</i></b>		
Students who have ever smoked cigarettes	23%	29%
Students who currently use tobacco	8%	9%
Students who have ever smoked cigarettes daily	1%	2%
Students who have ever used an electronic vapor product	49%	42%
<b><i>Transportation Safety</i></b>		
Students who texted or e-mailed while driving a vehicle	51%	39%
Students who rode in a vehicle driven by someone who had been drinking alcohol	15%	17%
Students who rarely or never wore a seat belt	7%	6%
<b><i>Violence &amp; Bullying</i></b>		
Students who were in a physical fight	19%	24%
Students who were bullied on school property	21%	19%
Students who were electronically bullied	16%	15%
Students who did not go to school because of safety concerns	7%	7%
Students who experienced dating violence	7%	8%
Students who were physically forced to have sexual intercourse	8%	7%
<b><i>Mental Health &amp; Suicide</i></b>		
Students who felt sad or hopeless	32%	32%
Students who seriously considered attempting suicide	18%	17%
Students who made a plan about how they would attempt suicide	15%	14%

# SCHOOL HEALTH EDUCATION

Every two years principals and lead health educators in a sample of public schools with grades 6-12 complete the School Health Profiles questionnaire about their school's health program. This fact sheet summarizes the status of health education programs in Nebraska schools.

## HEALTH EDUCATION IN GRADE 6-12 SCHOOLS

NDE 2018 School Health Profiles

### TEACHING

- 93% of Nebraska schools require **at least one** health education course. Of those:
  - ◆ 44% require one health course
  - ◆ 47% require two or more health courses
  - ◆ 67% require students who failed a required health course to repeat it
  - ◆ 7% do not require any health course

- Health is taught in all grades, but mostly in middle school/junior high school.
 

6th grade	45%	7th grade	57%
8th grade	56%	9th grade	67%
10th grade	34%	11th grade	13%
		12th grade	16%

### TEACHERS

- Major emphasis in professional preparation of lead health educators:
  - ◆ Health & PE combined 49%
  - ◆ Physical education 26%
  - ◆ Family and consumer science, biology or other science 15%
  - ◆ Other education degree 3%
  - ◆ Nursing/Counseling 3%
  - ◆ Health education 3%
  - ◆ Other 2%
- Teaching experience of lead health educators:
  - ◆ One year 9%
  - ◆ 2-5 years 30%
  - ◆ 6-9 years 15%
  - ◆ 10-14 years 20%

## COURSE CONTENT

### STUDENT SKILLS DEVELOPMENT

Percentage of teachers who tried to increase student skills in each of the following topics in a required health education course:

- ◆ Resisting peer pressure 93%
- ◆ Goal setting 93%
- ◆ Decision making 94%
- ◆ Health promotion 94%
- ◆ Communication 93%

### STUDENT KNOWLEDGE DEVELOPMENT

Percentage of teachers who tried to increase student knowledge in the following areas in a required health education course:

Area	%
Physical activity and fitness	97%
Tobacco use prevention	94%
Nutrition and dietary behavior	97%
Alcohol or other drug use prevention	95%
HIV (human immunodeficiency virus) prevention	85%
Emotional and mental health	91%
Pregnancy prevention	79%
Infectious disease prevention	81%
Human sexuality	75%
STD (sexually transmitted disease) prevention	86%
Injury prevention & safety	84%
Violence prevention	90%
Suicide prevention	81%
Asthma	52%
Foodborne illness prevention	65%

## STUDENT SKILLS DEVELOPMENT

Percentage of schools with a health education curriculum that address specific health enhancement skills:

- ◆ Concepts related to health promotion and disease prevention 95%
- ◆ The influence of family peers, culture, media, technology, and other factors 94%
- ◆ Accessing information, products, and services 85%
- ◆ Interpersonal communication skills to enhance health and reduce health risks 91%
- ◆ Using decision-making skills 95%
- ◆ Using goal-setting skills 91%
- ◆ Practicing health-enhancing behaviors to avoid or reduce risks 93%
- ◆ Advocating for personal, family and community health 91%

### Teacher's Continuing Education

Percentage of lead health teachers who **received** and who **desired** staff development on specific topics.

<i>Topic</i>	<i>Received</i>	<i>Desired</i>
Violence prevention	64%	60%
Alcohol or other drugs prevention	32%	52%
Physical activity and fitness	46%	59%
HIV prevention	18%	38%
Nutrition and dietary behavior	35%	54%
STD prevention	22%	46%
Tobacco use prevention	24%	46%
Emotional and mental health	49%	58%
Human sexuality	25%	51%
Pregnancy prevention	20%	41%
Suicide prevention	65%	60%
Infectious disease prevention	37%	40%
Asthma	41%	31%
Foodborne illness prevention	24%	33%

Percentage of lead health teachers who **received** and who **desired** staff development on specific teaching methods.

<i>Teaching Methods</i>	<i>Received</i>	<i>Desired</i>
Using interactive teaching methods such as role plays or cooperative group activities	52%	51%
Teaching skills for behavior change	48%	55%
Teaching students with physical or cognitive disabilities	51%	51%
Teaching students of various cultural backgrounds	40%	43%
Encouraging family or community involvement	43%	54%
Teaching students with limited English proficiency	31%	36%
Teaching students of different sexual orientation or gender identities	20%	47%

## WHAT CAN WE DO?

- Encourage state and local Boards of Education to provide health education in the school curriculum.
- Increase the number of staff development opportunities on health education topics.
- Require schools to employ certified Health and Physical Education teachers.
- Encourage schools to develop a workplace wellness program for staff and students.

## FOR MORE INFORMATION . . .

- NDE - Coordinated School Health  
(402) 471- 4352  
<https://www.education.ne.gov/healthed/>

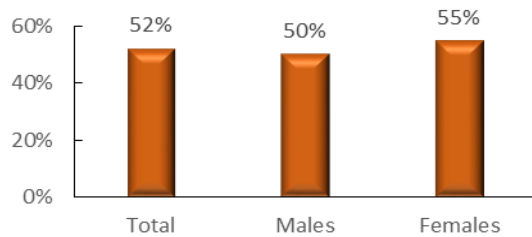
*“School health education could be one of the most effective means to reduce and prevent some of the nations most serious health problems.”*

# ALCOHOL & OTHER DRUG USE

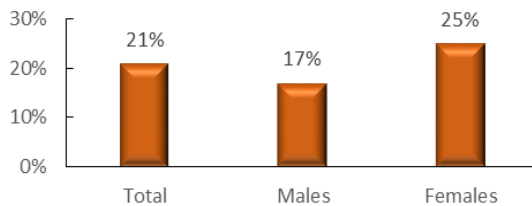
## WHO IS DRINKING ALCOHOL OR USING DRUGS?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

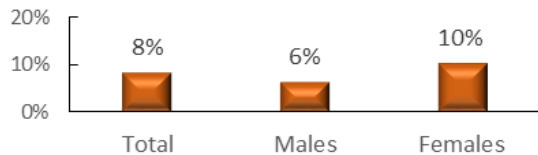
Percentage of students who have had at least one drink of alcohol during their lifetime



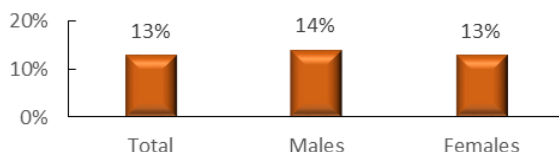
Percentage of students who had at least one drink of alcohol during the past 30 days



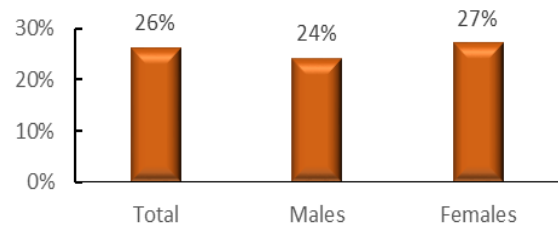
Percentage of students who engaged in binge drinking during the past 30 days (5+ drinks in a row, within a couple of hours)



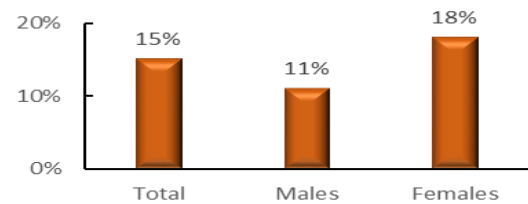
Percentage of students who had their first drink before the age of 13



Percentage of students who used marijuana one or more times during their life



Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life



## IMPORTANCE OF THE ISSUE

- Alcohol use among Nebraska teens has declined considerably since the early 1990s.
- Heavy drinking is associated with an increased number of sexual partners, use of marijuana and poor academic performance.

## OTHER INFORMATION

The Nebraska Risk and Protective Factor Student Survey, designed to assess adolescent substance use and many of the risk and protective factors that predict adolescent problem behaviors, was administered in 2018 to over 32,000 Nebraska students in grades 6, 8, 10 and 12. For further information, including full results of the survey, contact the Nebraska Substance Abuse Prevention Program at (402) 471-2353.



## WHAT'S HAPPENING IN NEBRASKA PUBLIC SCHOOLS?

NDE Grade 6-12 2018 School Health Profiles (SHP)

Unfortunately there is little data available describing what schools are doing about alcohol use, either in their educational programs or in their policies. Despite the fact that alcohol use is a major contributing cause of death among young people, schools are much more likely to report activities related to tobacco, violence, nutrition, and asthma than alcohol. Often alcohol and other drug-related activities are combined, making it difficult to separate alcohol-related activities and policies.

### TEACHING

- 94% of the schools report they try to increase student knowledge on alcohol and other drugs in a required health education course.

### TEACHERS

- During the past two years, 41% of the lead health education teachers **have participated** in staff development activities about alcohol and other drugs.
- 58% of the lead health teachers **would like to participate** in staff development activities about alcohol and other drugs.

### WHAT CAN WE DO?

- Encourage others to recognize that alcohol contributes to a large number of deaths among Nebraska teenagers.
- Encourage law enforcement officials to enforce the laws related to alcohol sales and possession, and driving under the influence of alcohol.
- Community leaders should ensure that alcohol promotions and sponsorships reflect community values and follow state laws.
- Families should set standards for alcohol use, including consequences for illegal use.

## ALCOHOL & OTHER DRUGS USE AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Alcohol &amp; Other Drugs Use</i>	2012	2014	2016	2018
Have had at least one drink of alcohol during past 30 days	22%	23%	24%	21%
Had their first drink before age 13	13%	14%	13%	13%
Have used marijuana one or more times during their life	24%	27%	25%	26%
Tried marijuana for the first time before age 13 years	5%	6%	5%	5%
Have used synthetic marijuana one or more times during their life	NA	8%	5%	6%
Have been offered, sold, or given an illegal drug on school property	19%	20%	19%	24%

### FOR MORE INFORMATION . . .

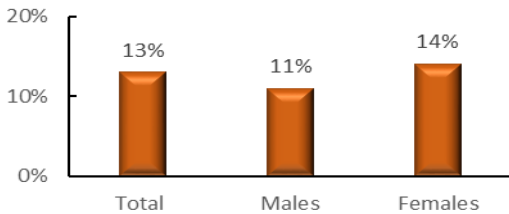
- NDE  
- Health Education  
(531) 207-4175  
<https://www.education.ne.gov/healthed/>
- NDHHS  
- Prevention and Promotion Program  
(402) 471-3121  
<http://dhhs.ne.gov/Pages/Prevention.aspx>
- Nebraska Department of Motor Vehicles  
- Office of Highway Safety  
(402) 471-4567  
<https://dot.nebraska.gov/safety/hso/>

# NUTRITION & BODY WEIGHT

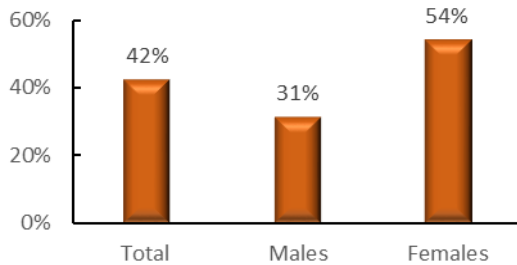
## WHO'S OVERWEIGHT?

NDE GRADE 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

**Percentage of students who describe themselves as slightly or very overweight**



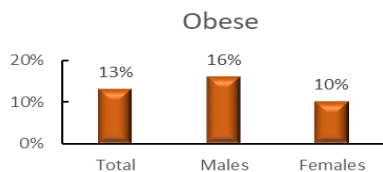
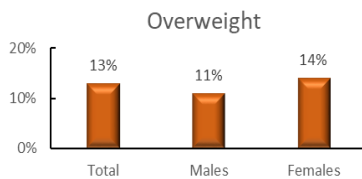
**Percentage of students trying to lose weight**



## IMPORTANCE OF THE ISSUE

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

A body mass index (BMI), based on age, gender, height, and weight, determines whether a student is either overweight or at risk of overweight.

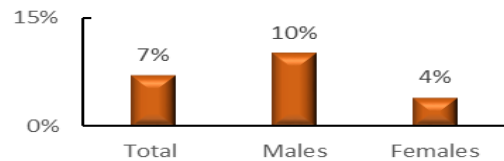


## HOW STUDENTS MANAGE WEIGHT

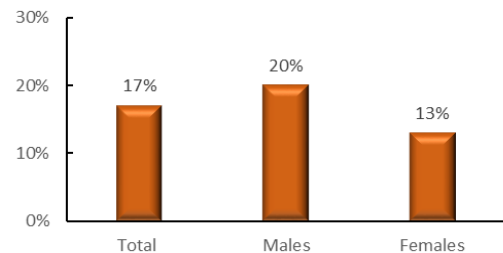
- Among the 42% of Nebraska high school students trying to lose weight, nearly 14% reported fasting, taking diet supplements, vomiting, or taking laxatives to lose weight or keep from gaining weight during the past 30 days.
- Female students were somewhat more likely than male students to report using a high risk weight loss method during the past 30 days.
- 20% of high school students reported the use of high-risk methods to lose weight or keep from gaining weight.

## WHAT ARE KIDS DRINKING?

**Percentage of students who drank 3 or more glasses of milk per day during the past 7 days**



**Percentage of students who drank at least one can, bottle, or glass of soda per day during the past 7 days**



5% of students drank a can, bottle, or glass of soda or pop 3 or more times per day during the 7 days before the survey.

## WHAT ARE KIDS EATING?

- 7% of students did not eat fruit or drink 100% fruit juice during the 7 days before the survey
- 8% of students did not eat vegetables during the 7 days before the survey
- 25% of students ate fruit 2 or more times per day during the 7 days before the survey
- 31% of students ate breakfast on all 7 days before the survey

## NUTRITION AND BODY WEIGHT AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Body Image &amp; Weight</i>	2012	2014	2016	2018
Diagnosed as obese	13%	13%	15%	13%
Are overweight, based on BMI	14%	17%	17%	13%
Ate breakfast during the past 7 days	38%	36%	35%	31%
Drank three or more glasses of milk per day during past 7 days	13%	13%	10%	7%

## NUTRITION IN SCHOOLS

NDE Grades 6-12 2018 School Health Profiles (SHP)

### Teaching

Teachers taught the following in a required health education course:

- ◆ Benefits of healthy eating 94%
- ◆ Eating more fruits, vegetables, and whole grains products 92%
- ◆ The MyPlate food guidance 89%
- ◆ Choosing and preparing food with less salt 86%
- ◆ Using food labels 89%
- ◆ Keeping food safe to eat 82%

## ENVIRONMENT

- Foods in schools with vending machines/canteens/snack bars:
  - ◆ Sports drinks 45%
  - ◆ 2% or whole milk 16%
  - ◆ Soda pop or not 100% fruit juice 22%
  - ◆ Frozen snacks (not low fat) 9%
  - ◆ Non-chocolate candy 13%
  - ◆ Salty snacks (not low fat) 15%
  - ◆ Chocolate candy 10%
  - ◆ Fruits (not fruit juice) 17%
  - ◆ Non-fried vegetables 11%
- 60% of schools prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations on school grounds.

### Teachers

- During the past two years, 35% of lead health education teachers **participated** in a staff development activity about nutrition and dietary behavior.
- 54% **would like** staff development activities about nutrition and dietary behavior.

## WHAT CAN WE DO?

- Improve the quality of snack foods and beverages sold to children at school during the school day including a la carte in the cafeteria, school stores, snack bars, vending machines and other venues.
- Adopt policies requiring that healthy food alternatives (such as fruits, vegetables, and whole grains) be available at school-related functions.
- Increase the number of schools with a school breakfast program.

### FOR MORE INFORMATION . . .

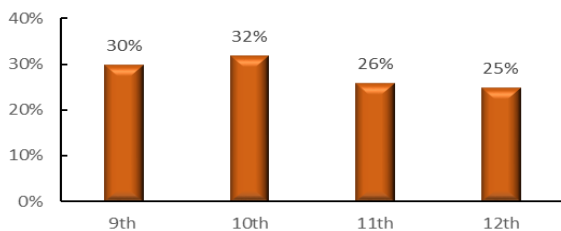
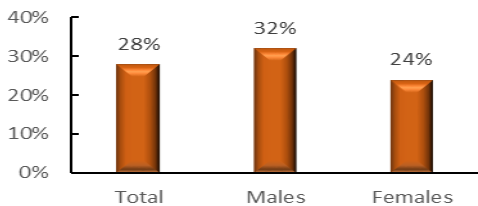
- NDE - Nutrition Services (402) 471-2488 [www.education.ne.gov/ns/](http://www.education.ne.gov/ns/)
- NDHHS - Nutrition and Activity for Health (402) 471-2101 [www.actionforhealthykids.org](http://www.actionforhealthykids.org)
- USDA - Food and Nutrition Services, Team Nutrition [www.fns.usda.gov/tn/team-nutrition](http://www.fns.usda.gov/tn/team-nutrition)

# PHYSICAL ACTIVITY

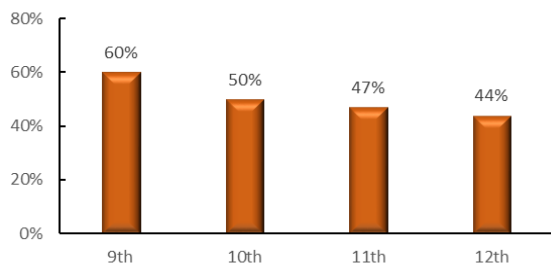
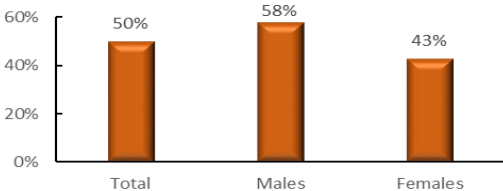
## WHO'S ACTIVE IN NEBRASKA SCHOOLS?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

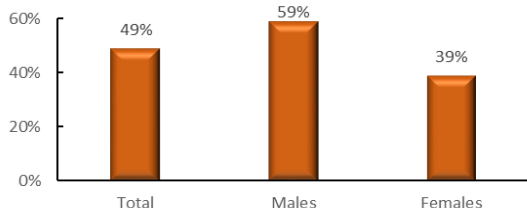
Percentage of students attending PE class five days a week



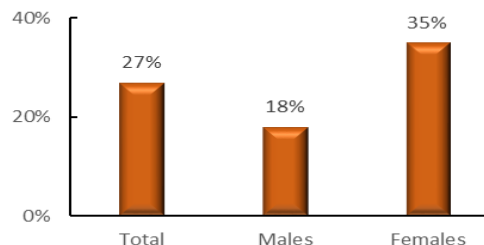
Percentage of students who were physically active for a total of 60 minutes or more per day on five or more of the past seven days



Percentage of students who exercised to strengthen muscles during 3 days or more of the past seven days



Percentage of students who participated in any organized dance activities run by their school or community groups during the last 12 months.



## WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2018 School Health Profiles (SHP)

### Teaching

Participating principals in grade 6-12 schools indicate that physical education is a required course, but mostly in middle school/junior high school.

6th grade	100%	7th grade	99%
8th grade	98%	9th grade	86%
10th grade	45%	11th grade	24%
		12th grade	26%

53% provide opportunities for students to participate in intramural activities or physical activity clubs.

54% allow students to participate in physical activity breaks in the classroom, outside of physical education

### Teachers

75% of participating lead health teachers are certified, licensed, or endorsed by the state to teach health education in middle or high school.

In the past two years, 46% of lead health education teachers **participated** in a staff development activity dealing with physical activity or fitness.

59% of the health education teachers **would like to participate** in staff development dealing with physical activity or fitness.

## SCREEN TIME - A MAJOR BARRIER TO PHYSICAL ACTIVITY

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

- 16% of Nebraska high school students spend three or more hours during an average school day watching television.
- 39% of Nebraska high school students played video games/computer games or used a computer for non-school work for three or more hours during an average school day.

## PHYSICAL ACTIVITY AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Physical Activity</i>	2012	2014	2016	2018
Physically active a total of at least 60 minutes per day on five or more of the past seven days	58%	53%	52%	50%
Watched three or more hours per day of TV on an average school day	23%	20%	19%	16%
Played video or computer games or used a computer for something other than school work three or more hours per day on an average school day	28%	32%	38%	39%
Attended physical education (PE) classes on one or more days in an average week when they were in school	50%	49%	42%	44%

## 2018 Physical Activity Guidelines for Americans, 2nd Edition

**Children and adolescents should participate in 60 minutes or more of physical activity per day**

Most of the 60 minutes per day should be a combination of moderate and vigorous aerobic physical activity.

As part of their daily activity, adolescents should include on at least 3 days of the week:

- ◆ muscle-strengthening activities
- ◆ bone-strengthening activities

## IMPORTANCE OF THE ISSUE

- Participation in regular physical education/activity has been directly linked to academic performance, specifically in math, reading and writing scores.
- Physical education/activity reduces behavior problems in class, reduces levels of anxiety and stress, thus increasing concentration and alertness and improving self-esteem.
- Physical education/activity combined with good nutrition helps to build and maintain healthy bones and muscles, controls weight, and reduces the risks of diabetes, heart disease, and some cancers.

## WHAT CAN WE DO?

- Support the implementation of your school wellness policies and model a physically active lifestyle.
- Encourage school programs and address policies to provide quality daily physical education, health education, and recess that help students develop the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain physically active lifestyles.
- Create a structural environment that makes it easy and safe for young people to walk, bike, and use close-to-home physical activity facilities.

## FOR MORE INFORMATION . . .

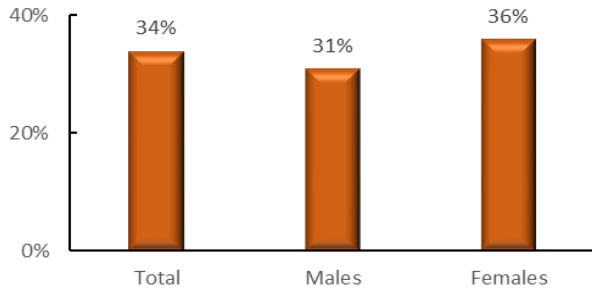
- NDE
  - - Physical/Health Education (531) 207-4175  
[www.education.ne.gov/pe/](http://www.education.ne.gov/pe/)
  - Nutrition Services (402) 471-3566  
[www.education.ne.gov/ns/](http://www.education.ne.gov/ns/)
  - Health Education (531) 207-4175  
<https://www.education.ne.gov/healthed/>
- NDHHS
  - - Nutrition and Activity for Health (402) 471-2101  
[www.actionforhealthykids.org](http://www.actionforhealthykids.org)
- US Department of Health and Human Services
  - [www.health.gov/paguidelines](http://www.health.gov/paguidelines)

# SEXUAL BEHAVIOR/STDs: PART I

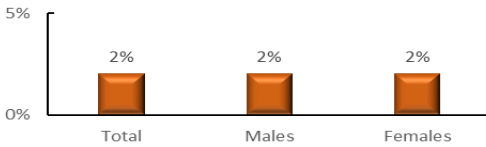
## WHO'S SEXUALLY ACTIVE?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

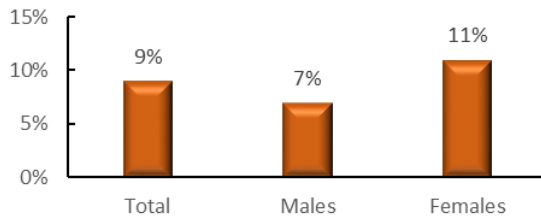
Percentage of students who have ever had sexual intercourse



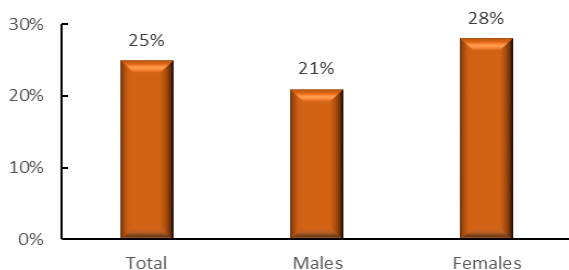
Percentage of students who had sexual intercourse for the first time before age 13 years



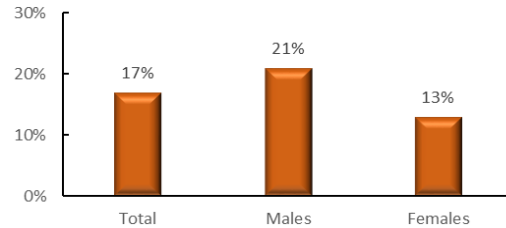
Percentage of students who had sexual intercourse with four or more people during their life



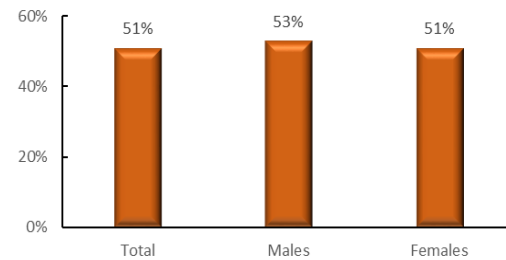
Percentage of students who have ever had sexual intercourse with more than one person in the past 3 months



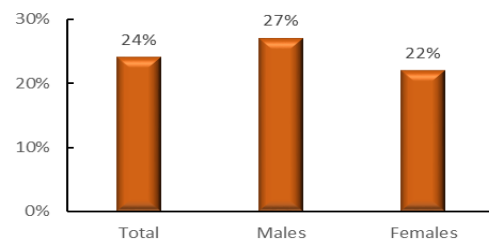
Of the students who are currently sexually active, the percentage who drank alcohol or used drugs before last sexual intercourse



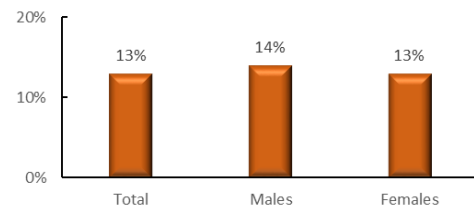
Of the students who are currently sexually active, the percentage who used a condom during last sexual intercourse



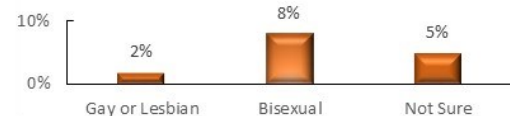
Of the students who are currently sexually active, the percentage who used birth control pills before last sexual intercourse



Of the students who are currently sexually active, the percentage who did not use any method to prevent pregnancy during last sexual intercourse



Percentage of students who identified as LGB



## SEXUAL BEHAVIOR AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Sexual Behavior</i>	<i>2012</i>	<i>2014</i>	<i>2016</i>	<i>2018</i>
Have had sexual intercourse in the past 3 months	26%	25%	21%	25%
Students who have had sexual intercourse, those who drank alcohol or used drugs before last sexual intercourse	20%	28%	14%	17%
Students who have had sexual intercourse, those who used a condom during last sexual intercourse	63%	57%	53%	51%
Students who were currently sexually active who have not used any method to prevent pregnancy	12%	18%	7%	13%

## TEACHING

<i>Curriculum content of schools having a required health course:</i>	<i>Grades 6, 7, 8 or 9</i>	<i>Grades 9, 10, 11 or 12</i>
Benefits of being sexually abstinent	60%	81%
How HIV or other STDs are transmitted	54%	82%
How to prevent HIV, other STDs, and pregnancy	48%	64%
Health consequences of HIV, other STDs, and pregnancy	57%	83%
How to create & sustain healthy & respectful relationships	62%	81%
How to get valid & reliable health information, products & services	53%	72%
Condom efficacy, that is how well condoms work and do not work	40%	62%
How to correctly use a condom	23%	33%
Gender roles, gender identity, or gender expression	33%	43%

## WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2018 School Health Profiles (SHP)

### TEACHERS

In the past two years health education teachers have received staff development on the following topics:

- ◆ HIV Prevention 21%
- ◆ STD Prevention 22%
- ◆ Pregnancy Prevention 20%
- ◆ Human Sexuality 25%
- ◆ Different sexual orientations or gender identity 15%

Health education teachers **would like to receive** staff development on the following topics:

- ◆ HIV Prevention 38%
- ◆ STD Prevention 46%
- ◆ Pregnancy Prevention 41%
- ◆ Human Sexuality 51%
- ◆ Different sexual orientations or gender identity 37%

Percentage of teachers who tried to increase student knowledge in the following areas in a required health education course:

- ◆ HIV Prevention 85%
- ◆ STD Prevention 86%
- ◆ Pregnancy Prevention 79%
- ◆ Human Sexuality 75%

## POLICY

**58% of Nebraska schools have adopted groups (e.g., school health council, committee) which develop and coordinate activities on health topics. These are some topics that these groups covered in 2018:**

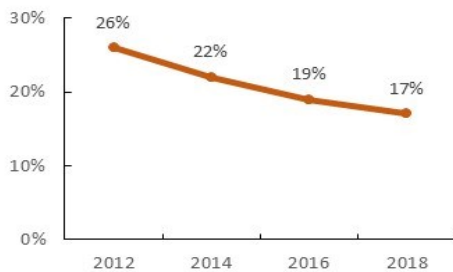
- ◆ Identified student health needs based on a review of relevant data 62%
- ◆ Sought funding and resources to support health and safety of students and staff 53%
- ◆ Reviewed health-related curricula 76%
- ◆ Developed a written plan for a Comprehensive School Physical Activity Program, which enables students to be physically active before, during and after school 30%

# SEXUAL BEHAVIOR/STDs: PART II

## PREGNANCY AMONG NEBRASKA YOUTH

NDHHS Maternal and Child Health (MCH) Planning and Support

**Pregnancy rate for Nebraska females aged 15-19**



The pregnancy rate is determined by adding live births, fetal deaths and abortions by age group, dividing the sum by the total number of all females in the age group and multiplying that answer by 1000.

- According to the CDC in 2018, there were 17.4 births for every 1,000 adolescent females ages 15-19, or 1,227 babies born to females in this age group. This is another historic low for U.S. teens. Although reasons for the declines are not clear, more teens may be delaying or reducing sexual activity, and more of the teens who are sexually active may be using birth control than in previous years.

## CONDOM USE

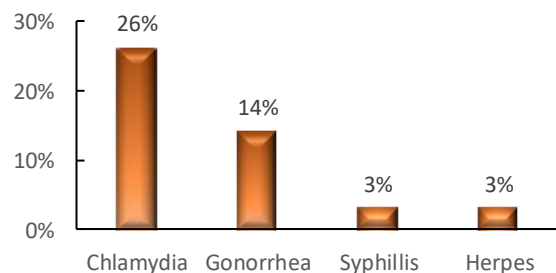
The correct and consistent use of latex condoms can reduce the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD or pregnancy. Abstinence from vaginal, anal, and oral intercourse is the **only 100% effective way** to prevent HIV, other STDs, and pregnancy.

Source: CDC Healthy Youth  
<https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

## SEXUALLY TRANSMITTED DISEASE AMONG NEBRASKA YOUTH

NDHHS Sexually Transmitted Disease (STD) Program

**Percentage of all chlamydia, gonorrhea and genital herpes cases in Nebraska in 2018 that occurred in youth under the age of 20**



- Chlamydia, gonorrhea and syphilis reported cases among Nebraska youth age 15-24 in 2018:

**Chlamydia: 5,204**  
**Gonorrhea: 1,113**  
**Syphilis: 32**

- Nebraska national ranking for chlamydia and gonorrhea rates in 2018

**Chlamydia - 42nd best (1,955 per 100,000)**  
**Gonorrhea - 33rd best (418 per 100,000)**

- Nebraska is considered a low incidence state with 2,969 cumulative cases of HIV as of 2018, or 6.4 cases per 100,000 population

- In 2018, 22% of all newly diagnosed HIV and AIDS cases in Nebraska were reported in the 15-24 age group.



## IMPORTANCE OF THE ISSUE

- Despite recent declines, the US has one of the highest teen pregnancy rates in the developed world.
- Age of first intercourse and the number of sexual partners is directly related to unintended pregnancy and sexually transmitted diseases.
- Nationally, gonorrhea rates are highest among persons aged 15-19.
- For young teens, the greater the age difference between partners, the more likely the relationship will include sexual intercourse.
- Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Some health effects caused by HPV can be prevented with vaccines.

## WHAT CAN WE DO?

- Work to increase the number of schools that provide sexuality education.
- Set clear expectations, talk early and often, and supervise children and adolescents.
- Strongly encourage teens, especially young teens, to delay sexual activity.
- Encourage younger teens to spend time with same-age peers (both genders) in supervised settings and discourage single-couple dating, especially with partners who are three or more years older.
- Provide professional development opportunities for teachers.
- Encourage parents to obtain accurate information and develop their communication with children on sexual health issues.
- Call your local health department for STD treatment and clinic information.

## FOR MORE INFORMATION...

- NDE
  - Sexual Health Education/HIV Prevention  
[www.education.ne.gov/HIV/](http://www.education.ne.gov/HIV/)  
(531) 207-4175
  - Coordinated Support Services  
<https://www.education.ne.gov/csss/>

### NDHHS

- - Reproductive Health Program  
(402) 471-0163  
<http://dhhs.ne.gov/Pages/Reproductive-Health.aspx>
- Adolescent Health Program  
(402) 471-0538  
<http://dhhs.ne.gov/Pages/Adolescent-Health.aspx>
- Sexually Transmitted Disease Program  
(402) 471-2937  
<http://dhhs.ne.gov/Pages/STD-Prevention.aspx>

### CDC

- 1-800-CDC-INFO (1-800-232-4636)  
[cdc.gov/nchstp/dstd/disease\\_info.htm](http://cdc.gov/nchstp/dstd/disease_info.htm)

### Nebraska AIDS Project (NAP) [www.nap.org/](http://www.nap.org/)

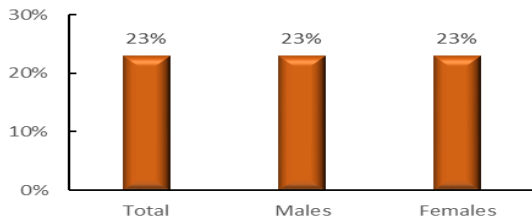
- - Omaha/Southwest Iowa (402) 552-9260
- Kearney/Central NE (308) 338-0527
- Scottsbluff/Wyoming (308) 672-0794
- Lincoln (402) 476-7000
- Norfolk (402) 649-3584

# TOBACCO USE

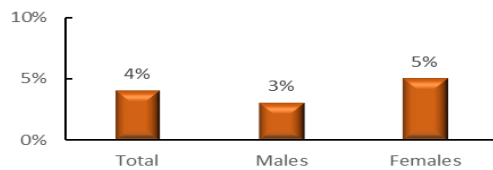
## WHO IS SMOKING, VAPING AND CHEWING TOBACCO?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

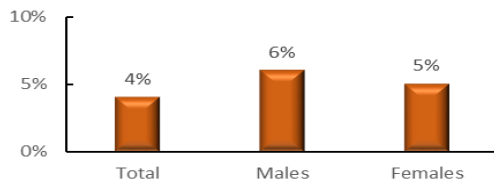
**Percentage of students who have ever tried cigarette smoking**



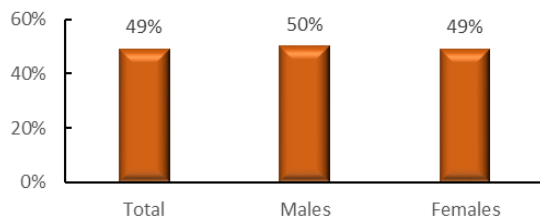
**Percentage of students who smoked cigarettes on one or more of the past 30 days**



**Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days**



**Percentage of students that have ever used an electronic vapor product**



### CONSEQUENCES OF TOBACCO USE

In 2010 the U.S. Surgeon General found that all exposure to secondhand smoke is harmful. There is no safe level of exposure to the 7,000+ chemicals found in tobacco smoke.

Source: DHHS SmokeFree Nebraska

## TOBACCO USE AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Tobacco</i>	2012	2014	2016	2018
Have tried cigarette smoking	32%	31%	24%	23%
Have smoked cigarettes on one or more of the past 30 days	11%	13%	7%	4%
Use cigarettes, cigars, smokeless tobacco, or electronic vapor products	NA	NA	16%	19%
Have ever used an electronic vapor product	NA	38%	36%	49%

## WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grade 6-12 2018 School Health Profiles (SHP)

### TEACHING

- Of the schools that have a required health class, 94% reported they tried to increase student knowledge on tobacco use prevention.

### TEACHERS

- During the past two years, 28% of the lead health teachers participated in a staff development activity about tobacco use prevention.
- 46% of the lead health teachers would like a staff development experience about tobacco use prevention.
- Tobacco use is a learned behavior. During the past two years, 47% of the lead health teachers participated in a staff development activity about teaching skills for behavior change.
- 55% of the lead health teachers would like a staff development activity about teaching how to change behaviors.

## TEACHING BY EXAMPLE

- 99% of participating schools prohibit tobacco use by students during school hours, but only 91% during non school hours.
- 95% of participating schools prohibit tobacco use by faculty and staff during school hours.

## PLACES TOBACCO USE IS PROHIBITED

NDE Grades 6-12 2018 School Health Profiles (SHP)

Percentage of participating schools that prohibit tobacco use by students, faculty/staff and visitors in school buildings and on school grounds.

<i>Location</i>	<i>Students</i>	<i>Faculty/ Staff</i>	<i>Visitors</i>
In school building	100%	98%	98%
On school grounds	99%	96%	90%

## SCHOOL POLICY

- 15% of schools provide referrals to a tobacco cessation program for faculty and staff, and 17% provide referrals for students.
- 74% of schools post signs marking tobacco-free school zones indicating where tobacco use is not allowed.

## IMPORTANCE OF THE ISSUE

- ◆ There is no safe level of exposure to tobacco smoke.
- ◆ Secondhand smoke contains more than 7,000 chemicals and chemical compounds.
- ◆ At least 70 of the chemicals found in secondhand smoke are known to specifically cause cancer.
- ◆ Secondhand smoke is responsible for tens of thousands of deaths in the United States each year.

Source: NDHHS SmokeFree Nebraska

## WHAT CAN WE DO?

- Ensure your school implements and enforces its tobacco free policies.
- Encourage parents to discourage their children from using tobacco.
- Work with your local health department to support and enforce no tobacco policies.
- Ensure that your school has a comprehensive policy that includes all tobacco products including electronic cigarettes.

## STEPS TO REDUCING TOBACCO-RELATED DEATH AND DISABILITY

- Prevent the initiation of tobacco use by young people.
- Promote quitting among young people and adults.
- Eliminate exposure to secondhand smoke (SHS).
- Reduce tobacco-related health disparities.

## FOR MORE INFORMATION . . .

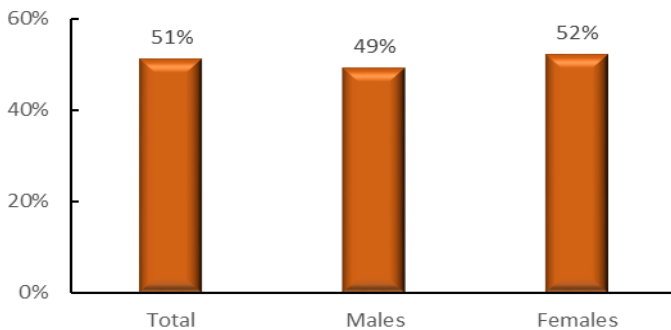
- NDE - Coordinated Student Support Services  
<https://www.education.ne.gov/csss/>
- NDHHS – Tobacco Free Nebraska Program  
(402) 471-2101 or (800) 745-9311  
[dhhs.ne.gov/Pages/Tobacco-Free-Nebraska.aspx](http://dhhs.ne.gov/Pages/Tobacco-Free-Nebraska.aspx)
- US Surgeon General  
[www.surgeongeneral.gov/initiatives/tobacco/index.html](http://www.surgeongeneral.gov/initiatives/tobacco/index.html)
- American Cancer Society [www.Cancer.org](http://www.Cancer.org)
- Tobacco Free Nebraska Resource Directory  
[dhhs.ne.gov/Documents/TFNResources.pdf#search=Tobacco%20Free%20NE%20Resource%20Directory](http://dhhs.ne.gov/Documents/TFNResources.pdf#search=Tobacco%20Free%20NE%20Resource%20Directory)
- Campaign for Tobacco-Free Kids  
[www.tobaccofreekids.org/](http://www.tobaccofreekids.org/)
- CDC - Office on Smoking and Health  
[www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/)

# TRANSPORTATION SAFETY

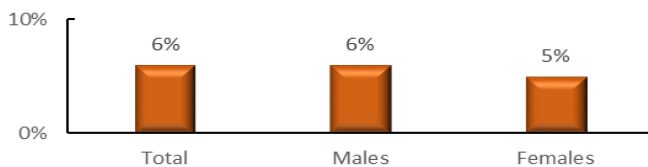
## WHAT UNSAFE BEHAVIORS ARE PUTTING NEBRASKA YOUTH AT RISK ON THE ROADS?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

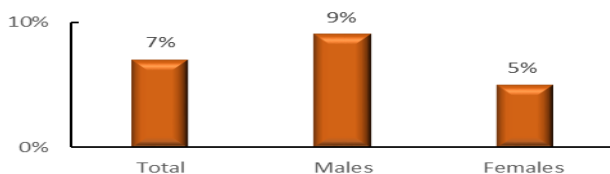
Among students who drove a car or other vehicle during the past 30 days, the percentage who texted or e-mailed while driving on one or more of the past 30 days



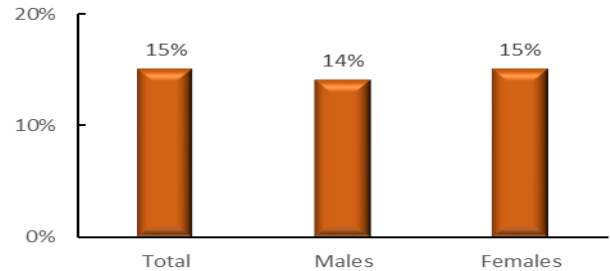
Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



Percentage of students who rarely or never wear a safety belt when riding in a car driven by someone else



Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



## IMPORTANCE OF THE ISSUE

Car crashes kill more young people than any other cause, accounting for nearly half of all teen deaths in America each year. Over 2,700 teens die each year in car crashes and tens of thousands more are injured.

The most common causes of teen driving crashes are the ones that young drivers (and their parents) know the least about. Combined with a lack of driving experience, the top five dangers are:

- Distractions, like cell phones and passengers
- Driving at night and drowsiness
- Speeding and street racing
- Not wearing a seat belt
- Impairments, like underage drinking and drugs

Besides the human tragedy of teen deaths, the societal costs of these crashes amount to \$30 billion per year for the United States.

Source: Youth Transportation Safety Program <https://www.y-driver.com>

## TRANSPORTATION SAFETY AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Transportation Safety</i>	2012	2014	2016	2018
Students who drove a vehicle when they had been drinking	7%	10%	6%	6%
Students who never or rarely wore a seat belt when riding in a car	12%	11%	9%	7%
Students who rode one or more times with someone who had been drinking	20%	22%	22%	15%
Students who texted or e-mailed while driving a car or other vehicle	47%	49%	48%	51%

Motor vehicle crashes are the leading cause of death for Nebraska teens (ages 14-19).

In 2018, 19 Nebraska teens were killed in motor vehicle crashes, of those killed, 76% were NOT wearing a seat belt.

Alcohol has been involved in 38% of all fatal crashes.

Emergency room charges for an unbelted teen are double compared to a restrained teen.

Since the implementation of the Nebraska Graduated Licensing Laws, teen crashes resulting in injury or death have dropped by 61%.

Sixty-four percent of teen driver crashes are due to improper driving. The top five types of improper driving include:

- ◆ Failure to yield
- ◆ Speeding
- ◆ Evasive driving
- ◆ Inattention/distraction (cell phone use)
- ◆ Run off road/lane

## WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2018 School Health Profile (SHP)

### TEACHING

- 84% of the schools report they try to increase student knowledge on injury prevention and safety.

### TEACHERS

- During the past two years, 45% of the lead health education teachers **have participated** in staff development activities about injury prevention and safety.
- 48% of the lead health teachers **would like to participate** in staff development activities about injury prevention and safety.

### WHAT CAN WE DO?

- Support stronger traffic laws and stricter enforcement
- Educate parents about current Graduated Driving Licensing Laws
- Educate parents about the importance of being involved with their teen driver and setting driving rules/limits
- Enhance the enforcement of current underage drinking limits
- Support peer-to-peer educational traffic safety programming in schools

### FOR MORE INFORMATION...

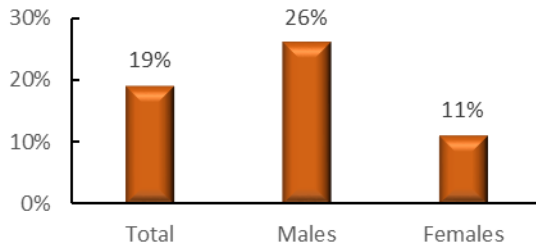
- NDE - Health Education  
(531) 207-4175  
[www.education.ne.gov/health/](http://www.education.ne.gov/health/)
- NDHHS - Nebraska Injury Prevention Program  
(402) 471-2101 <http://dhhs.ne.gov/Pages/Injury-Prevention.aspx>
- The National Safety Council  
[www.nsc.org/pages/home.aspx](http://www.nsc.org/pages/home.aspx)

# VIOLENCE & BULLYING

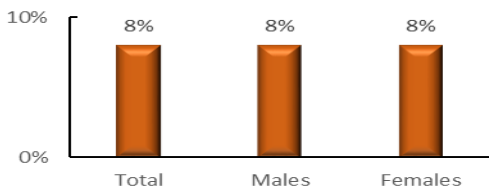
## HOW ARE YOUTH AFFECTED BY VIOLENCE AND BULLYING?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

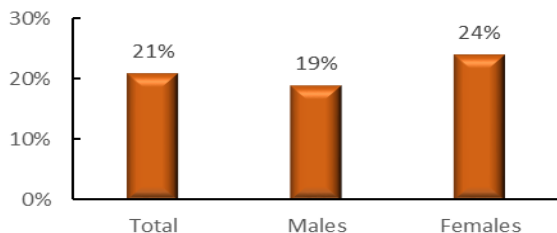
Percentage of students who were in a physical fight during the past 12 months



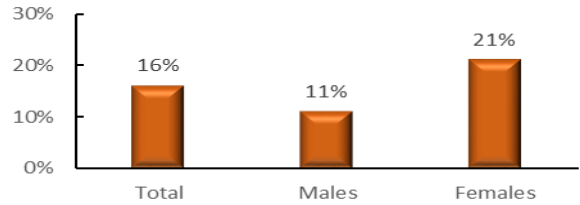
Percentage of students who had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months



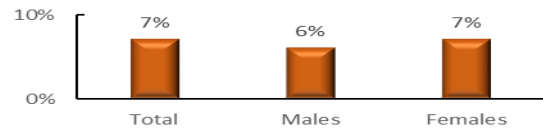
Percentage of students who had ever been bullied on school property during the past 12 months



Percentage of students who had ever been electronically bullied during the past 12 months



Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school



## VIOLENCE AND BULLYING AMONG NEBRASKA YOUTH, FROM 2012 TO 2018 (YRBS)

<i>Violence and Bullying</i>	2012	2014	2016	2018
Students who did not go to school on one or more of the past 30 days because they felt unsafe there or on their way	4%	6%	8%	7%
Students who had ever been bullied on school property during the past 12 months	21%	26%	22%	21%
Students who had been electronically bullied during the past 12 months	16%	19%	18%	16%
Students who had been threatened or injured with a weapon on school property one or more times during the	6%	7%	7%	8%
Students who were in a physical fight one or more times during the past 12 months	20%	20%	19%	19%

## LESBIAN, GAY, BI-SEXUAL, TRANSGENDER OR QUEER (LGBTQ) STUDENTS AND BULLYING

LGBTQ youth who reported high levels of school victimization during adolescents were:

- ◆ 6 times more likely to have attempted suicide
- ◆ 3 times more likely to have clinical levels of depression
- ◆ 3 times more likely to have been diagnosed with a STD
- ◆ 4 times more likely to have reported risk of HIV infection

Compared with peers who reported low levels of school victimization.

## PERCENTAGE OF SCHOOLS CREATING SAFER & SUPPORTIVE ENVIRONMENTS FOR STUDENTS

NDE Grades 6-12 2014-18 School Health Profiles (SHP)

<i>Safer Schools</i>	<i>2014</i>	<i>2016</i>	<i>2018</i>
Have a student-led club that aims to create a safe, welcome, and accepting school environment for all youth	16%	16%	20%
Identify “safe spaces” where LGBTQ youth can receive support from administrators, teachers, or other school staff	43%	64%	59%
Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity	77%	93%	93%
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	50%	60%	66%

## 5 PRACTICAL WAYS TO STOP BULLYING AND INTOLERANCE

- 1) Recognize and Respond
- 2) Create a Dialogue
- 3) Encourage Bystanders to Become “Upstanders”
- 4) Foster Safety and Inclusion
- 5) Educate Your Community

Source: 5 Ways to Stop Bullying and Move into Action - Edutopic. org

## WHAT’S HAPPENING IN NEBRASKA’S SCHOOLS?

NDE Grades 6-12 2018 School Health Profile (SHP)

## TEACHER’S CONTINUING EDUCATION

Percentage of lead health teachers who **received** and who **desired** staff development on working with students with:

<i>Topic</i>	<i>Received</i>	<i>Desired</i>
Physical, medical, or cognitive disabilities	51%	51%
Various cultural backgrounds	40%	43%
Limited English proficiency	31%	36%
Different sexual orientations or gender identities	24%	47%

## IMPORTANCE OF THE ISSUE

- 3.2 million students are victims of bullying each year.
- Bullying is a social problem that negatively impacts 3 out of 4 students during their school years.
- Victims and bullying-victims (children who have bullied and been bullied by others) are more depressed and have a lower self-esteem than non-victimized youth.
- Bullying was a factor in 2/3 of the 37 school shootings reviewed by the U.S. Secret Service (i.e. shooters reported being chronically victimized).
- One out of four males bullied at age 8 had a criminal conviction by age 30.
- Often, harassment is based on gender, race, religion, sexual orientation, appearance or disability.

## FOR MORE INFORMATION...

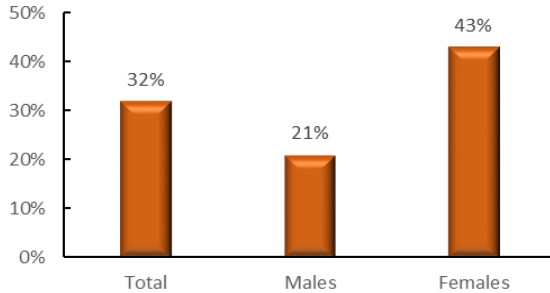
- NDE
  - Nebraska School Safety Center (402) 471-2944  
[www.education.ne.gov/safety/index.html](http://www.education.ne.gov/safety/index.html)
  - Coordinated Student Support Services  
[www.education.ne.gov/csss/](http://www.education.ne.gov/csss/)
- It Gets Better [www.itgetsbetter.org/](http://www.itgetsbetter.org/)
- Stop Bullying Now [www.stopbullying.gov](http://www.stopbullying.gov)
- Family Acceptance Project <https://familyproject.sfsu.edu/>

# MENTAL HEALTH & SUICIDE

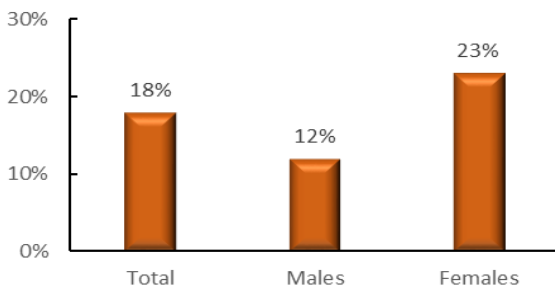
## WHO IS CONSIDERING AND/OR ENGAGING IN SELF-INFLICTED INJURY?

NDE Grade 9-12 2018-19 Youth Risk Behavior Survey (YRBS)

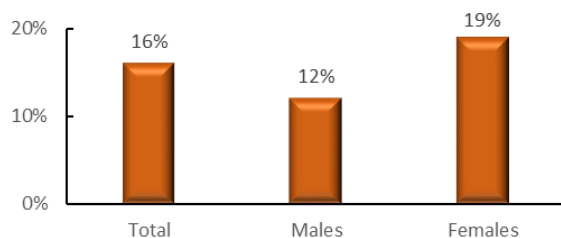
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months



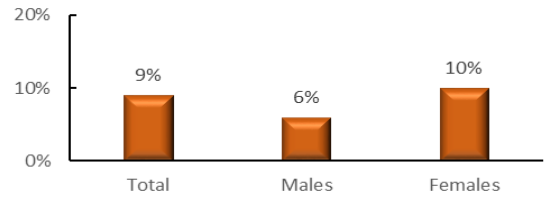
Percentage of students who seriously considered attempting suicide during the past 12 months



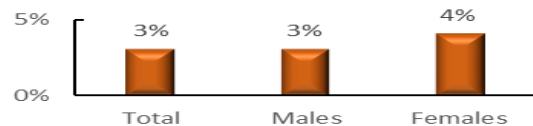
Percentage of students who made a plan about how they would attempt suicide during the past 12 months



Percentage of students who actually attempted suicide one or more times during the past 12 months



Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months



## WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2018 School Health Education Profiles (SHP)

### TEACHING

- Teachers in 83% of participating schools tried to increase student knowledge about suicide prevention.

### TEACHERS

- In the past two years, 65% of health education teachers **have received** staff development on suicide prevention.
- However, 60% of health education teachers **would like to receive** staff development on suicide prevention.

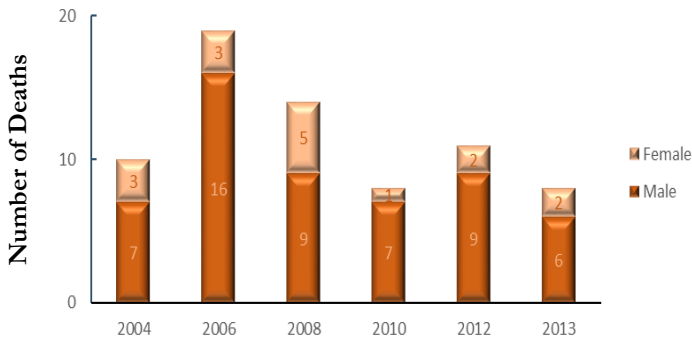
\*LB923 requires all public school nurses, teachers, counselors, school psychologists, administrators, and any other appropriate personnel to receive at least one hour of suicide awareness and prevention training each year beginning in the 2014-15 school year. The training must be provided within the framework of existing in-service training programs offered by NDE or as part of required professional development activities.



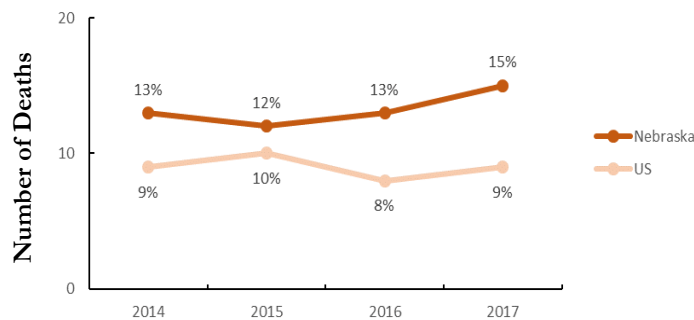
# WHAT'S HAPPENING IN NEBRASKA?

NDHHS Child Death Review Team

## Suicide Deaths to Children (ages 0-17) by Sex in Nebraska, 2004-2013



## US and Nebraska Suicide Rates (deaths per 100,000) children ages 10-19 among Children, 2014-2017



Victims came from 13 Nebraska counties and were predominantly male; the youngest child was 10 year old.

## IMPORTANCE OF THE ISSUE

- Nebraska's teen suicide rate continued to increase during 2012 and 2013. However, the national suicide rate has been gradually increasing since 2007.
- In Nebraska suicide is the 1st leading cause of death for ages 10-14 years and the 2nd leading cause of death for ages 15-24 year.
- Completed suicides of teens continue to be predominantly male.
- Firearms are the methods most commonly used in completed suicides.

# SUICIDAL BEHAVIORS AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

<i>Suicidal Behaviors</i>	2012	2014	2016	2018
Felt so sad or hopeless almost every day for two weeks or more in a row and stopped doing usual activities	21%	20%	24%	32%
Seriously considered attempting suicide	12%	15%	16%	18%
Made a plan about how they would attempt suicide	11%	10%	13%	16%

## WHAT CAN WE DO?

- ◆ Be alert to suicidal gestures and signs that indicate risk for individual youth. Encourage help-seeking actions when at-risk youth are identified and seek immediate professional attention when necessary.
- ◆ Implement an anti-bullying policy inclusive of sexual orientation and gender identity. Increase awareness of this policy and provide training.
- ◆ Provide all youth access to confidential, professional mental health services.
- ◆ Obtain funding for needed community-based, evidence-based models on adolescent suicide prevention programs.
- ◆ Develop broad-based public education efforts to draw attention to suicide as a significant and preventable cause of death for youth.
- ◆ Store unloaded firearms and ammunition in separate locked, secure box and inaccessible locations.
- ◆ Support means restriction, including firearms and prescription medication.

## FOR MORE INFORMATION...

- NDE
  - Nebraska School Safety Center (402) 471-2944  
[www.education.ne.gov/safety/index.html](http://www.education.ne.gov/safety/index.html)
  - Coordinated Student Support Services  
[www.education.ne.gov/csss/](http://www.education.ne.gov/csss/)
- NDHHS
  - Injury Prevention and Control Program (402) 471-3490  
<http://dhhs.ne.gov/Pages/Injury-Prevention.aspx>
  - Behavioral Health (402) 471-7750  
<http://dhhs.ne.gov/Pages/Behavioral-Health.aspx>
- Nebraska Suicide Prevention Coalition  
[www.youthsuicideprevention.nebraska.edu](http://www.youthsuicideprevention.nebraska.edu)
- National Suicide Prevention Lifeline 1-800-273-TALK

# WHOLE CHILD APPROACH

## A MODEL FOR SUCCESS

The Whole School, Whole Community, Whole Child (WSCC) model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control (CDC) developed this new model to strengthen a unified and collaborative approach to learning and health.

The new WSCC model responds to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development.

WSCC consists of two components: structure and process. The WSCC **structure** outlines ten components schools must address to tend to student's holistic health needs: health education; physical education and activity; health services; nutrition services; counseling, psychological & social services; physical environment; social & emotional climate; employee wellness; and family and community involvement. The WSCC **process** is designed to purposefully integrate the efforts and resources of education and health to provide a full set of programs without duplication or fragmentation by emphasizing needs assessment; planning based on data; sound science; analysis of gaps and redundancies and evaluation. The WSCC process model assists in the development of coordinated, comprehensive, multifaceted programming that enhances environmental supports and the capacity of the school to ensure its academic mission.

## What Contributes to Students Dropping Out?

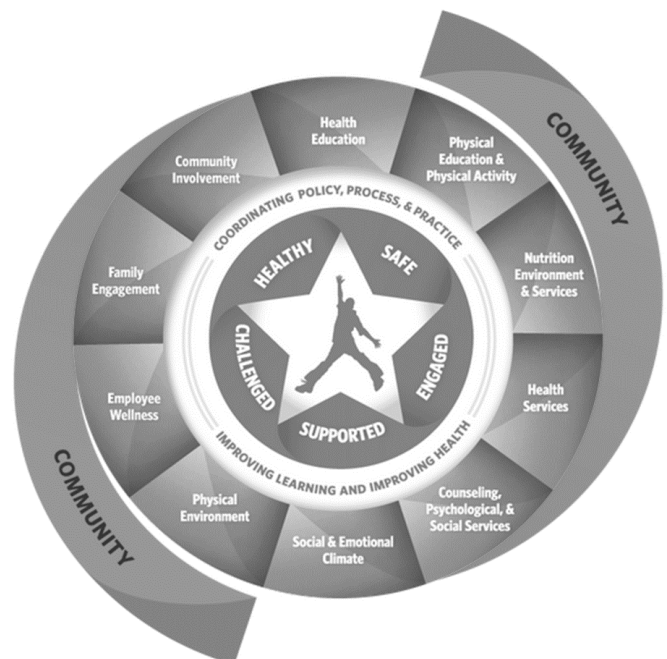
- ◆ Substance abuse
- ◆ Poor reading and math skills
- ◆ Pregnancy and parenting
- ◆ Psychological and emotional problems
- ◆ Age-related promotion
- ◆ Frequent suspensions
- ◆ Lack of engagement due to poor instruction, unwelcoming environment

## WHAT THE RESEARCH SAYS

### Healthy Students Perform Better Academically

- ◆ Increased scores on standardized tests
- ◆ Increased graduation rates
- ◆ Increased alertness & concentration
- ◆ Increase energy levels
- ◆ Improved self-esteem
- ◆ Improved mood levels
- ◆ Improved test scores
- ◆ Less absenteeism
- ◆ Reduced drop-out rates
- ◆ Reduction in disruptive behaviors
- ◆ Decrease in suspensions & detentions
- ◆ Reduction in expulsions from school
- ◆ Decrease in teen pregnancy rates
- ◆ Decrease in juvenile crime arrests

The components of the Whole School, Whole Community, Whole Child and their impact on students and staff is illustrated in this diagram.



Source: [www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth)



## HEALTH IS A PRIORITY FOR EDUCATIONAL SUCCESS

It is clearly recognized that poor health interferes with learning — it increases absenteeism and reduces the ability to concentrate in the classroom.

At the same time, it is also recognized that education is the best predictor of good health and longevity.

Therefore, it is clear that schools that value and promote education need to attend to the health promotion of their students. Research supports this conclusion.

- Schools with higher percentages of students who did not routinely engage in healthy eating and physical activity showed smaller subsequent gains in test scores than schools with a higher percentage of students who were physically active and engaged in healthy eating.
- Schools with higher percentages of students who reported alcohol use and the use of other drugs exhibited smaller gains in test scores than other schools. This conclusion was noted in both high performing and low performing schools.
- Schools that reported higher levels of theft and vandalism and lower proportions of students who felt safe at school showed smaller gains in test scores than other schools and higher drop out rates.
- Schools whose students reported their school environment reflected a caring attitude, high academic expectations, and an opportunity to be involved in meaningful activities showed greater gains in test scores than other schools and reduced dropout rates.

## COORDINATION IS THE KEY

- Curriculum coordination highlighting health topics in all subject areas contributes to the effectiveness of health education.
- School policies that support and reflect the principles taught in classes increases the effectiveness of the instructional programs.
- Coordinating school health promotion activities with community health promotion activities increases their effectiveness.
- Expanding the role of the school nurse and coordinating health service activities and mental health and social services with the academic programs of the school increases the success of each.

## WHAT CAN WE DO?

- Encourage schools to focus on the needs of the whole child by adopting a coordinated school health approach.
- Encourage schools to adopt NDE's Coordinated School Health Policy.
- Encourage schools to form school health advisory councils and teams.
- Encourage schools to utilize the School Health Index to assess the health practices and health barriers in their schools.

## FOR MORE INFORMATION . . .

- NDE
  - Coordinated School Health/CSH Policy  
[www.education.ne.gov/CSH/index.html](http://www.education.ne.gov/CSH/index.html)
- NDHHS
  - Nutrition and Activity for Health (402) 471-2101  
[www.actionforhealthykids.org](http://www.actionforhealthykids.org)



# RESOURCES

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## ALCOHOL & OTHER DRUGS

NDHHS

- Substance Abuse Prevention Program (402) 471-2353

NDE

- Health Education (531) 207-4175  
<https://www.education.ne.gov/healthed/>

Nebraska Department of Motor Vehicles -  
Office of Highway Safety (402) 471-2515  
[www.transportation.nebraska.gov/nohs/](http://www.transportation.nebraska.gov/nohs/)

## NUTRITION & PHYSICAL ACTIVITY

NDE

- Nutrition Services (402) 471-3566  
[www.education.ne.gov/NS/index.html](http://www.education.ne.gov/NS/index.html)
- Physical Education (402) 471-4352; (402) 471-2109  
<https://www.education.ne.gov/healthed/>

NDHHS

- Nutrition and Activity for Health (402) 471-2101  
[www.neactionforhealthykids.org](http://www.neactionforhealthykids.org)

USDA Team Nutrition

CDC Nutrition, Physical Activity, & Obesity

## SEXUAL BEHAVIOR/STDs

NDE

- Health Education/HIV Prevention  
(531) 207-4175  
<https://www.education.ne.gov/healthed/>  
<https://www.education.ne.gov/hiv/>

NDHHS

- Infectious Disease Prevention and Care (402) 471-9098
- Reproductive Health Program (402) 471-398
- Adolescent Health Program (402) 471-0538
- Sexually Transmitted Disease Program (402) 471-2937

CDC

- Sexual Health <https://www.cdc.gov/sexualhealth/Default.html>
- Let's Talk about Sexual Health  
<https://www.cdc.gov/std/be-smart-be-well/letstalk.htm>
- Sexual Health and Disease Prevention  
<https://www.cdc.gov/nchhstp/sexual-health-topics.htm>

## TOBACCO

NDHHS

- Tobacco Free Nebraska Program  
(402) 471-2101 or (800) 745-9311

NDE

- Coordinated School Health  
(402) 471-4352; 402-463-5611 x 171  
[www.education.ne.gov/CSH/](http://www.education.ne.gov/CSH/)  
American Cancer Society (800) 642-8116  
American Lung Association (800) LUNGUSA  
NDHHS Tobacco Free Nebraska Resource Directory

Campaign for Tobacco-Free Kids  
[www.tobaccofreekids.org/](http://www.tobaccofreekids.org/)

CDC - Office on Smoking and Health  
[www.cdc.gov/tobacco/osh/](http://www.cdc.gov/tobacco/osh/)

## TRANSPORTATION SAFETY

The National Safety Council  
<http://www.nsc.org/pages/home.aspx>

NDHHS

- Nebraska Traffic Safety (402) 471-4337

NDE

- Health Education (402) 463-5611 x 171; (402) 471-4352  
<https://www.education.ne.gov/healthed/>

## VIOLENCE & BULLYING

NDE

- Nebraska School Safety Center (402) 471-2944  
[www.education.ne.gov/safety/index.html](http://www.education.ne.gov/safety/index.html)
- Health Education (531) 207-4175  
<https://www.education.ne.gov/healthed/>
- HIV Prevention (531) 207-4175  
<https://www.education.ne.gov/HIV>

NDHHS

- Injury Prevention and Control Program (402) 471-2101
- Child Death Review Team (402) 471-9048
- Adolescent Health Program (402) 471-0538

It Gets Better [www.itgetsbetter.org](http://www.itgetsbetter.org)

Trevor Project [www.thetrevorproject.org](http://www.thetrevorproject.org)

The Bullying Project [www.thebullyproject.com](http://www.thebullyproject.com)

Stop Bullying Now [www.stopbullying.gov](http://www.stopbullying.gov)

GLSEN [www.glsen.org](http://www.glsen.org)

PFLAG [www.pflag.org](http://www.pflag.org)



## Mental Health & Suicide

NDE

- Nebraska School Safety Center (402) 471-2944  
[www.education.ne.gov/safety/index.html](http://www.education.ne.gov/safety/index.html)
- Health Education (402) 463-5611 x 171; (402) 471-4352  
[www.education.ne.gov/HEALTH/index.html](http://www.education.ne.gov/HEALTH/index.html)

NDHHS

- Injury Prevention and Control Program  
(402) 471-2101
- Child Death Review Team (402) 471-9048  
[dhhs.ne.gov/publichealth/Pages/cdrteam.aspx](http://dhhs.ne.gov/publichealth/Pages/cdrteam.aspx)
- Behavioral Health (402) 471-7857

National Suicide Prevention Lifeline 1-800-273-TALK

## Coordinated School Health

NDE

- Coordinated School Health (402) 463-5611 x 171;  
(402) 471-4352  
[www.education.ne.gov/CSH/Index.html](http://www.education.ne.gov/CSH/Index.html)  
[www.education.ne.gov/HEALTH/index.html](http://www.education.ne.gov/HEALTH/index.html)  
[www.education.ne.gov/HIV/index.html](http://www.education.ne.gov/HIV/index.html)  
[www.education.ne.gov/PE/index.html](http://www.education.ne.gov/PE/index.html)

NDHHS

- School Health Program (402) 471-1373

## Miscellaneous/Other

- [www.nebhands.nebraska.edu](http://www.nebhands.nebraska.edu)
- [www.publichealthne.org](http://www.publichealthne.org)
- [www.actionforhealthykids.org](http://www.actionforhealthykids.org)

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For more information about this document, please visit our web site at:

<https://www.education.ne.gov/csh/2018-school-health-profiles/>

or

<https://www.education.ne.gov/csh/2018-19-ne-yrbs-results/>



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