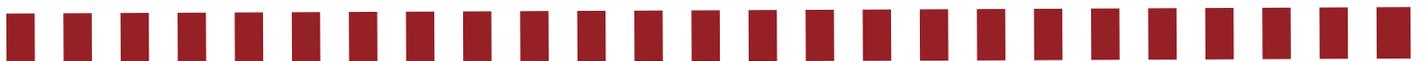




NEBRASKA ADOLESCENTS . . . KEEPING THEM HEALTHY





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 Profile (SHP).

The booklet and fact sheets are offered as a resource for future dialogue and action. They describe what's happening in Nebraska schools to promote the health of young people (Fact Sheet #2) and the actual behaviors occurring among our youth (Fact Sheets #4-10). Health practices of Nebraska adolescents are compared to adolescents nationwide (Fact Sheet #3) and a possible model for health programming is provided (Fact Sheet #11).

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), was administered in Nebraska in 1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, and 2007.

All Nebraska public schools are eligible to participate. 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.nde.state.ne.us/PEHealth/index.html or by calling (402) 471-4352 (Nebraska Department of Education-Health Education Section).

THE SCHOOL HEALTH PROFILE

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 Profile (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 was completed in NE in 1996, 1998, 2000, 2002, 2004, and 2006.

Results from the SHP for Nebraska are available from the NDE by contacting (402) 471-4352 or (402) 471-2109.

RESOURCES

ALCOHOL

- NDHHS - Substance Abuse Prevention Program (402) 471-2353
www.dhhs.ne.gov/sua/suaindex.htm
www.nebraskaprevention.gov
- NDE - Safe and Drug Free Schools Program (402) 471-2448
www.nde.state.ne.us/federalprograms/sdfs/sdfsindex.htm
- Nebraska Department of Motor Vehicles - Office of Highway Safety (402) 471-2515
www.dmv.state.ne.us/highwaysafety

NUTRITION & PHYSICAL ACTIVITY

- NDHHS - Nutrition and Activity for Health (402) 471-2101
www.dhhs.ne.gov/hew/hpe/nafh
www.neactionforhealthykids.org
- NDE
 - Nutrition Services (402) 471-3566
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html
- NAHPERD
www.unomaha.edu/nahperd

SEXUAL BEHAVIOR/STDs

- NDHHS
 - Infectious Disease Prevention and Care (402) 471-9098
www.dhhs.ne.gov/dpc/hiv.htm
 - Reproductive Health Program (402) 471-3980
www.dhhs.ne.gov/reh/rehindex.htm
 - Abstinence Education Program (402) 471-0538
www.dhhs.ne.gov/hew/fah/AdolescentHealth/
 - Sexually Transmitted Disease Program (402) 471-2937
www.dhhs.ne.gov/std/stdindex.htm
- NDE - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

TOBACCO

- NDHHS - Tobacco Free Nebraska Program (402) 471-2101 or (800) 745-9311
www.dhhs.ne.gov/tfn
- NDE - Safe and Drug Free Schools Program (402) 471-2448

- American Cancer Society (800) 642-8116
- American Lung Association (800) LUNGUSA
- Tobacco Free Nebraska Resource Directory
www.dhhs.ne.gov/tfn
- Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

VIOLENCE/INJURY

- NDHHS
 - Injury Prevention and Control Program (402) 471-2101
www.dhhs.ne.gov/hpe/injury.htm
 - Adolescent Health Program (402) 471-0538
www.dhhs.ne.gov/hew/fah/AdolescentHealth/
- NDE
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html
- Nebraska Department of Motor Vehicles - Office of Highway Safety (402) 471-2515
www.dmv.state.ne.us/highwaysafety

SUICIDE

- NDHHS
 - Injury Prevention and Control Program (402) 471-2101
www.dhhs.ne.gov/hpe/injury.htm
 - Child Death Review Team (402) 471-9048
www.dhhs.ne.gov/CDRteam/
 - Behavioral Health (402) 471-7795
www.dhhs.ne.gov/beh/mh/suicide.htm
- NDE
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

COORDINATED SCHOOL HEALTH

- NDHHS - School and Child Health (402) 471-0160
www.dhhs.ne.gov/ash/ashindex.htm
www.cdc.gov/HealthyYouth/CSHP
- NDE - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

MISCELLANEOUS/OTHER

- www.nebhands.nebraska.edu
- www.publichealthne.org
- www.actionforhealthykids.org



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 Profile 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 2006 School Health Profile

TEACHING

- 96% of Nebraska schools require **at least one** health education course. Of those:

- + 42% require one health course
- + 27% require two health courses
- + 21% require three health courses
- + 6% require four or more health courses
- + 4% do not require any health course

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

6th grade	55%	9th grade	65%
7th grade	67%	10th grade	35%
8th grade	68%	11th grade	10%
		12th grade	8%

TEACHERS

- Major emphasis in professional preparation of lead health educators:

- + Health & PE combined 39%
- + Physical education 23%
- + Home economics or family and consumer science 17%
- + Science 9%
- + Other education degree 3%
- + Nursing 3%
- + Health education 2%
- + Other 2%

- Teaching experience of lead health educators:

- + One year 8%
- + 2-5 years 19%
- + 6-9 years 19%
- + 10-14 years 16%
- + 15 plus years 38%

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 99%
- + Goal setting 93%
- + Decision making 88%
- + Conflict resolution 78%
- + Communication 77%

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	100%
Tobacco use prevention	99%
Nutrition and dietary behavior	98%
Alcohol or other drug use prevention	97%
HIV (human immunodeficiency virus) prevention	97%
Emotional and mental health	91%
Pregnancy prevention	91%
Growth and development	88%
Human sexuality	88%
STD (sexually transmitted disease) prevention	88%
Accident or injury prevention	82%
Consumer health	82%
Sun safety or skin cancer prevention	75%
Violence prevention	75%
Suicide prevention	72%
First aid	68%
Environmental health	67%

TEACHING METHODS

Percentage of teachers who use the following teaching methods in a required health course:

+ Group discussions	97%
+ Cooperative group activities	90%
+ The Internet	74%
+ Role play, simulations, or practice	57%
+ Adult guest speakers	56%
+ Peer educators	51%
+ Computer-assisted instruction	48%
+ Language, performing, or visual arts	45%
+ Pledges or contracts for behavior change	30%

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>
CPR	65%	55%
Violence prevention	52%	67%
First aid	51%	55%
Alcohol or other drug use prevention	49%	61%
Physical activity and fitness	38%	54%
HIV prevention	30%	54%
Nutrition and dietary behavior	30%	57%
Accident or injury prevention	29%	46%
STD prevention	29%	53%
Tobacco use prevention	28%	57%
Emotional and mental health	27%	56%
Human sexuality	25%	49%
Pregnancy prevention	23%	50%
Suicide prevention	22%	63%
Growth and development	21%	41%
Immunization and vaccinations	18%	35%
Consumer health	16%	36%
Sun safety or skin cancer prevention	11%	40%
Environmental health	10%	38%
Dental and oral health	8%	34%

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

<i>Teaching Method</i>	<i>Received</i>	<i>Desired</i>
Using interactive teaching methods such as role plays or cooperative group activities	40%	45%
Teaching skills for behavior change	39%	65%
Teaching students with physical or cognitive disabilities	35%	50%
Teaching students of various cultural backgrounds	31%	47%
Encouraging family or community involvement	29%	54%
Teaching students with limited English proficiency	20%	38%

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 . . .

- NDHHS - School and Child Health (402) 471-0160
www.dhhs.ne.gov/ash/ashindex.htm
www.cdc.gov/HealthyYouth/CSHP
- NDE - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

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

Institute of Medicine Report



HOW ARE WE DOING?

NEBRASKA AND THE NATIONAL INITIATIVE TO IMPROVE ADOLESCENT HEALTH (NIAH) BY THE YEAR 2010

The “National Initiative” was created to elevate the national focus on the health and well-being of adolescents and young adults. Its goal is to comprehensively address the 21 Critical Health Objectives that represent the most serious health issues among young people. The Initiative was created to support collaborative action at community, State and National levels.

Grounded in Healthy People 2010, the following 21 Critical Objectives have been selected from among the 107 objectives identified in the 2010 document as essential for adolescents and young people ages 10 to 24.

21 CRITICAL ADOLESCENT HEALTH OBJECTIVES	
1. ↓ Deaths	13. ↓ Proportion of youth with disabilities who are sad, unhappy or depressed
2. ↓ Deaths caused by motor vehicle crashes	14. ↑ Proportion of youth with mental health problems who receive treatment
3. ↓ Alcohol-related motor vehicle deaths and injuries	15. ↓ Teen pregnancy
4. ↑ Safety belt use	16. ↓ HIV infection
5. ↓ Riding with a driver who has been drinking	17. ↓ Chlamydia infection
6. ↓ Suicide rate	18. ↑ Abstinence from sexual intercourse or increase condom use if sexually active
7. ↓ Suicide attempts	19. ↓ Tobacco use
8. ↓ Homicides	20. ↓ Overweight and obesity
9. ↓ Physical fighting	21. ↑ Vigorous physical activity
10. ↓ Weapon carrying on school property	
11. ↓ Binge drinking	
12. ↓ Marijuana use	



US/NEBRASKA COMPARISON

The goal of the National Initiative to Improve Adolescent Health by the Year 2010 is to attain 21 Critical Objectives for adolescents and to measure these objectives at the national and state level. Below is a comparison of the US 2010 and Nebraska 2010 target rates for some of the critical objectives (identified by “CO”) as well as additional US 2010 objectives of significance. Progress at the national and state level is given using 2005 YRBS data.

	US 2010 OBJECTIVE	US 2005 RATE	NE 2010 OBJECTIVE	NE 2005 RATE
TOBACCO				
Reduce the percentage of adolescents who used any form of tobacco in the past month (CO)	21%	28%	21%	28%
Reduce the percentage of adolescents who smoked cigarettes in the past month	16%	23%	15%	22%
Reduce the percentage of adolescents who chewed tobacco in the past month	1%	8%	8%	9%
Increase the percentage of adolescents who have attempted to quit smoking cigarettes	84%	55%	*	56%
UNINTENTIONAL INJURIES				
Increase the percentage of adolescents who sometimes, always, or most of the time use their safety belts (CO)	92%	90%	*	84%
Reduce the percentage of adolescents who rode with a drinking driver in the past month (CO)	30%	29%	30%	36%
Reduce the percentage of adolescents who drove an automobile after drinking during the past month	*	10%	10%	17%
VIOLENCE AND INJURIES				
Reduce the percentage of adolescents who were in a physical fight during the past year (CO)	32%	36%	25%	29%
Reduce the percentage of adolescents who carried a weapon on school property during the past 12 months (CO)	5%	7%	4%	5%
Reduce the percentage of adolescents who attempted suicide, during the past 12 months, requiring medical attention (CO)	1%	2%	1%	3%
PHYSICAL FITNESS				
Increase the percentage of adolescents who engage in moderate physical activity	35%	27%	35%	26%
Increase the percentage of adolescents who engage in vigorous physical activity (CO)	85%	64%	85%	68%
Increase the percentage of adolescents who participate daily in physical education	50%	33%	*	34%
SEXUAL BEHAVIOR				
Increase the percentage of adolescents who abstain from sexual intercourse or use condoms, if sexually active (CO)	95%	87%	98%	89%

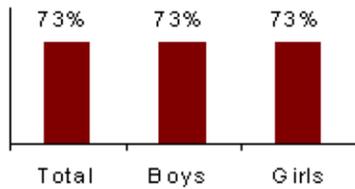
* No objective developed

ALCOHOL

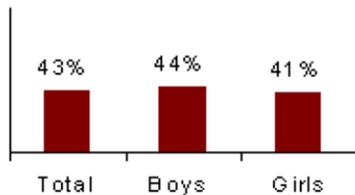
WHO IS DRINKING ALCOHOL?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

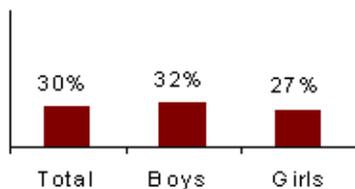
Percentage of students who have had at least one drink of alcohol during their lifetime



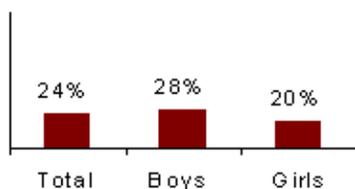
Percentage of students who had at least one drink of alcohol during the past 30 days



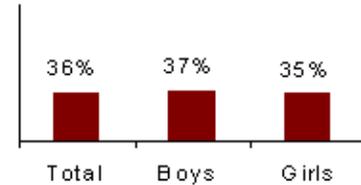
Percentage of students who engaged in binge drinking during the past 30 days (5 + drinks in a row, within a couple of hours)



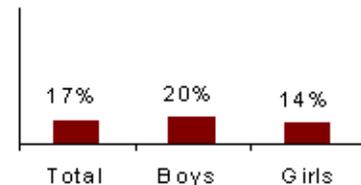
Percentage of students who had their first drink before the age of 13



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



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



IMPORTANCE OF THE ISSUE

- Approximately one-third of all fatal motor vehicle crashes in Nebraska involve alcohol.
- Motor vehicle crashes are the leading cause of death among youth aged 15-19.
- 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 2007 to over 31,000 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 SCHOOLS?

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

Unfortunately there is little data available describing what schools are doing about alcohol, 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

- 97% 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, 49% of the lead health education teachers **have participated** in staff development activities about alcohol and other drugs.
- 61% 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.

National Objectives

By 2010 . . .

Increase to 29% the proportion of students in grades 9-12 who have never used alcohol.

- ✓ In Nebraska, 27% of students in grades 9-12 have never used alcohol (2005 YRBS).

Reduce to 30% the proportion of students in grades 9-12 who report they rode with a drinking driver during the previous 30 days.

- ✓ In Nebraska, 36% of students in grades 9-12 rode with a drinking driver during the previous 30 days (2005 YRBS).

Reduce to 3% the proportion of adolescents who engaged in binge drinking in the last 30 days.

- ✓ In Nebraska, 30% of students in grades 9-12 engaged in binge drinking during the previous 30 days (2005 YRBS).

Increase the age of first use of alcohol to 16 years.

- ✓ Comparable data are not available, but in Nebraska, 24% of students in grades 9-12 had their first drink of alcohol, other than a few sips, before age 13. (2005 YRBS).

FOR MORE INFORMATION . . .

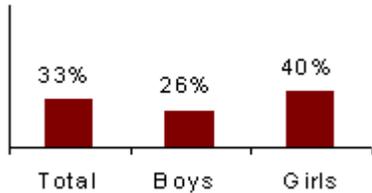
- NDHHS - Substance Abuse Prevention Program
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www.nebraskaprevention.gov
- NDE - Safe and Drug Free Schools Program
(402) 471-2448
www.nde.state.ne.us/federalprograms/sdfs/sdfsindex.htm
- Nebraska Department of Motor Vehicles
- Office of Highway Safety (402) 471-2515
www.dmv.state.ne.us/highwaysafety

NUTRITION & OVERWEIGHT

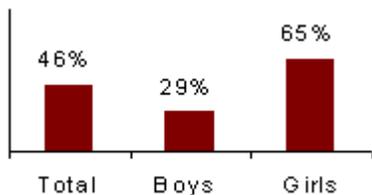
WHO'S OVERWEIGHT?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

Percentage of students who describe themselves as slightly or very overweight

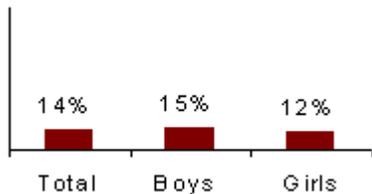


Percentage of students trying to lose weight

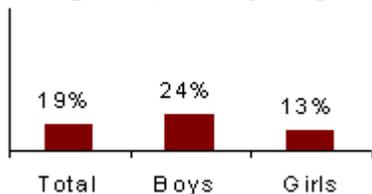


WHAT ARE KIDS EATING?

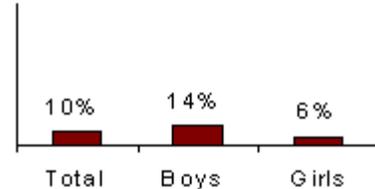
Percentage of students who ate 5 or more servings of fruits and vegetables per day during the past 7 days



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



Percentage of students who drank 32 or more ounces of soda per day during the past 7 days



HOW STUDENTS MANAGE WEIGHT

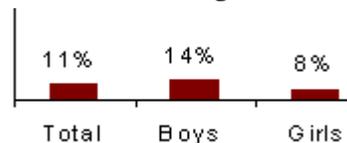
- Among the 46% of Nebraska high school students trying to lose weight, almost two in every three (63%) used the recommended weight loss methods of both diet and exercise to lose weight during the past 30 days.
- However, 17% of all students are trying to lose weight used one or more of these high-risk weight loss methods during the past 30 days: fasted for 24 hours or more, took diet pills or supplements without doctors advice or vomited or used laxatives.

IMPORTANCE OF THE ISSUE

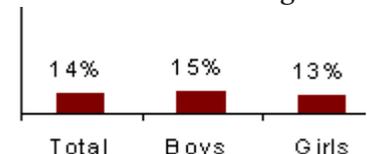
NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

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

Overweight



At risk for overweight



NUTRITION IN SCHOOLS

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

Teachers taught the following in a required health education course:

- + Benefits of healthy eating 94%
- + Eating more fruits, vegetables, and grain products 89%
- + The MyPyramid food guidance 83%
- + Choosing and preparing food with less salt 82%
- + Using food labels 81%
- + Keeping food safe to eat 77%

ENVIRONMENT

- Foods in schools with vending machines/canteens/snack bars:
 - + Soft drinks/juice/sports drinks 98%
 - + Bottled water 92%
 - + 100% fruit juice 73%
 - + Salty snacks (low fat) 61%
 - + Non-chocolate candy 54%
 - + Salty snacks (not low fat) 54%
 - + Low fat baked goods 53%
 - + Chocolate candy 52%
 - + Fruits and vegetables 20%
- 11% of schools have a policy to offer fruits or vegetables at school functions.
- 65% of schools allow students to purchase snack foods or beverages before school; 48% during school hours when meals are not being served; and 17% allow snack food purchases during the lunch period.

TEACHERS

- During the past two years, 30% of lead health education teachers **participated** in a staff development activity about nutrition and dietary behavior.
- 57% **would like** staff development activities about nutrition and dietary behavior.

National Objectives

By 2010 . . .

Increase to 75% the proportion of persons who consume at least two servings of fruit daily.

- ✓ In Nebraska, 13% of students in grades 9-12 ate fruit two or more times daily (2005 YRBS).

Increase to 50% the proportion of persons who consume at least three servings of vegetables daily.

- ✓ In Nebraska, 9% of students in grades 9-12 ate green salad once or more daily; 7% ate potatoes once or more daily; 5% ate carrots once or more daily; and 16% ate other vegetables once or more daily (2005 YRBS).

Reduce the proportion of adolescents who are overweight or obese to 5%

In Nebraska . . .

- ✓ 1 in every 4 students (25%) in grades 9-12 is either at risk for overweight or overweight (2005 YRBS).

WHAT CAN WE DO?

- Improve the quality of foods and beverages sold within school lunchrooms and vending machines.
- Adopt policies requiring that healthy food alternatives (such as fruits and vegetables) be available at school-related functions.
- Increase the number of schools with a school breakfast program.

FOR MORE INFORMATION . . .

- NDHHS - Nutrition and Activity for Health
(402) 471-2101
www.dhhs.ne.gov/hew/hpe/nafh
- NDE - Health/Physical Education/HIV Prevention
(402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

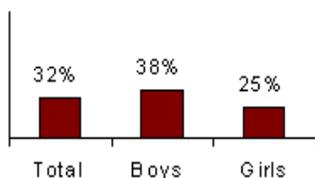


PHYSICAL ACTIVITY

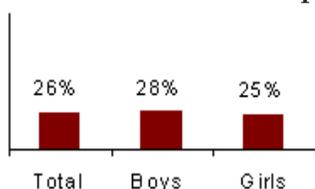
WHO'S ACTIVE IN NEBRASKA SCHOOLS?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

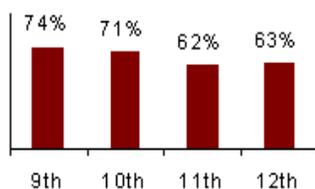
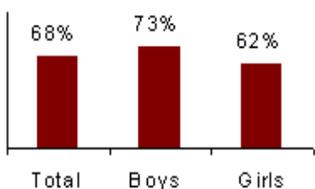
Percentage of students attending PE class daily and exercising for more than 20 minutes during an average PE class



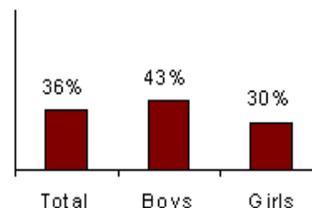
Percentage of students who engage in moderate physical activity for at least 30 or more minutes on 5 or more of the past 7 days



Percentage of students who engage in vigorous physical activity for at least 20 minutes on 3 or more of the past 7 days



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



WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

- 77% of participating schools combine required health classes with physical education.
- 41% provide opportunities for students to participate in intramural activities or physical activity clubs.
- 100% of the participating principals in grade 6-12 schools indicate that physical education is a required course; 18% allow an exception to this requirement.
- 66% require students who fail physical education to repeat the course (schools that require PE for students).

TEACHERS

- 95% require that a newly hired physical education teacher or specialist be certified, licensed, or endorsed by the state in physical education.
- In the past two years, 21% of lead health education teachers **participated** in a staff development activity dealing with growth and development; 38% in an activity dealing with physical activity or fitness.
- 41% of the health education teachers **would like to participate** in staff development dealing with growth and development; 54% **would like** staff development dealing with physical activity or fitness.

SCREEN TIME - A MAJOR BARRIER TO PHYSICAL ACTIVITY

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

- 65% of Nebraska high school students spend two or more hours during an average school day watching television, playing video games, or using the computer (excluding homework), while 9% spend five or more hours daily.
- During an average school day, students spend approximately one hour and 44 minutes watching TV, one hour and 12 minutes using the computer, and approximately 35 minutes playing video games on a video game system.

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, ride bicycles, and use close-to-home physical activity facilities.

National Objectives

By 2010 . . .

Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes, five days a week, to 35%.

✓ Nebraska 2005 YRBS 26%

Increase the proportion of adolescents who engage in vigorous physical activity for at least 20 minutes, three days a week, to 85%.

✓ Nebraska 2005 YRBS 68%

Increase the proportion of adolescents who participate in daily physical education to 50%.

✓ Nebraska 2005 YRBS 34%

Increase the proportion of adolescents who watch TV for two or fewer hours to 75%

✓ Nebraska 2005 YRBS 73%

FOR MORE INFORMATION . . .

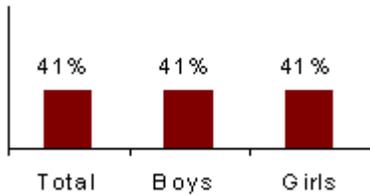
- NDHHS - Nutrition and Activity for Health (402) 471-2101
www.dhhs.ne.gov/hew/hpe/nafh
www.neactionforhealthykids.org
- NDE
 - Nutrition Services (402) 471-3566
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html
- NAHPERD
www.unomaha.edu/nahperd

SEXUAL BEHAVIOR/STDs: PART I

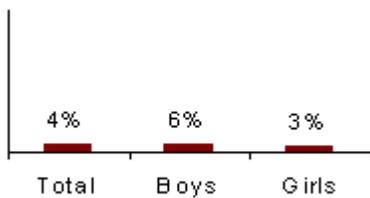
WHO'S SEXUALLY ACTIVE?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

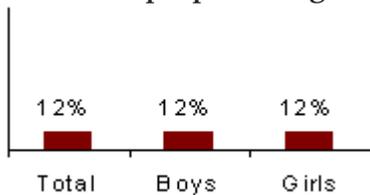
Percentage of students who have ever had sexual intercourse



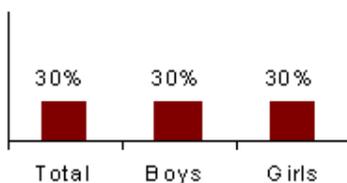
Percentage of students who had sexual intercourse for the first time before age 13 years



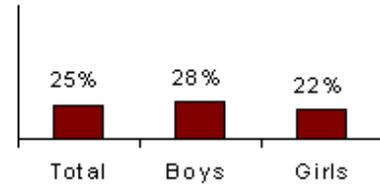
Percentage of students who had sexual intercourse with four or more people during their life



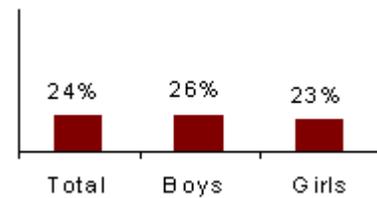
Percentage of students who have had sexual intercourse in the past 3 months



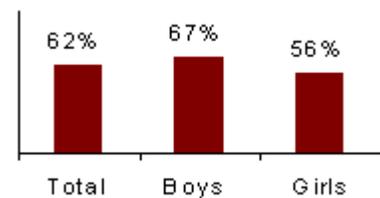
Percentage of students who had sexual intercourse with more than one person in the past 3 months



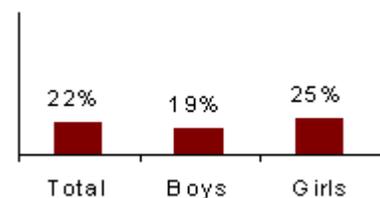
Of the students who had sexual intercourse in the past 3 months, the percentage who drank alcohol or used drugs before last sexual intercourse



Of the students who had sexual intercourse in the past 3 months, the percentage who used a condom during last sexual intercourse



Of the students who had sexual intercourse in the past 3 months, the percentage who used birth control pills before last sexual intercourse



WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

Curriculum content of schools having a required health course:

+ Abstinence is the best way to prevent HIV	90%
+ How HIV is transmitted	90%
+ Influence of alcohol and drugs on HIV-related risk behavior	90%
+ How to prevent HIV	88%
+ How HIV affects the body	86%
+ Risks associated with having multiple sexual partners	81%
+ How to get valid information on HIV and HIV testing	64%
+ Condom efficacy, that is, how well condoms work and do not work	62%
+ How to correctly use a condom	22%

TEACHERS

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

+ HIV Prevention	30%
+ STDs	29%
+ Human Sexuality	25%
+ Pregnancy Prevention	23%

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

+ HIV Prevention	54%
+ STDs	53%
+ Pregnancy Prevention	50%
+ Human Sexuality	49%

TEACHERS, CONTINUED

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

+ HIV Prevention	97%
+ Pregnancy Prevention	91%
+ Human Sexuality	88%
+ STD Prevention	88%

POLICY

Among the 53% of schools who have adopted a policy on students and/or staff who have HIV or AIDS, the percentage whose policy addressed each of the following issues:

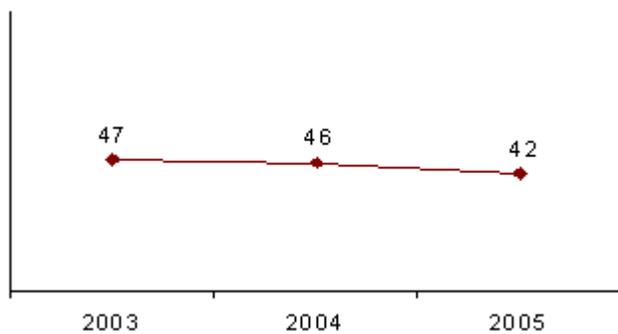
+ Maintaining confidentiality of HIV-infected students/staff	99%
+ Worksite safety	97%
+ Procedures to protect HIV-infected students/staff from discrimination	96%
+ Attendance of students with HIV	94%
+ Procedures for implementing the policy	93%
+ Communication of the policy to students, school staff, and parents	90%
+ Adequate training about HIV infection for school staff	84%
+ Confidential counseling for HIV-infected students	76%

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 National Adolescent Health Information Center (NAHIC), the pregnancy rate in adolescent females ages 15-19 nationwide peaked in 1990 (117/1,000) then reached a record low in 2002 (75/1,000).

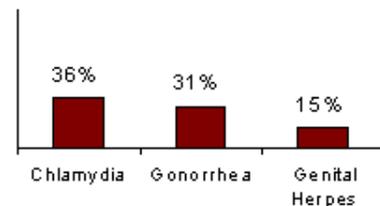
CONDOM USE

Condom use **does not eliminate** the risk of being infected with HIV or any other sexually transmitted disease. When used consistently and correctly, condoms **can reduce** the risk of spreading sexually transmitted diseases (STDs). Abstinence is the only certain way to eliminate the risk of HIV, other STDs and unintended pregnancy.

SEXUALLY TRANSMITTED DISEASE AMONG NEBRASKA YOUTH

NDHHS Sexually Transmitted Disease (STD) Program

Percentage of all chlamydia, gonorrhea and genital herpes cases in Nebraska in 2006 that occurred in youth under the age 19



- Chlamydia and gonorrhea incidence rates among Nebraska youth in 2006:

- + 15-19 year olds:
Chlamydia: 14 per 1,000
Gonorrhea: 3 per 1,000

- + 20-24 year olds:
Chlamydia: 16 per 1,000
Gonorrhea: 4 per 1,000

- Reported chlamydia cases among Nebraska youth in 2006:

- + 0-9 years old: 20 cases
- + 10-14 years old: 69 cases
- + 15-19 years old: 1,848 cases

- From 2004-2006, 13% (43 cases) of all newly diagnosed HIV and AIDS cases in Nebraska were reported in the 13-24 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 females aged 15-19.
- For young teens, the greater the age difference between partners, the more likely the relationship will include sexual intercourse.

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 (www.hhs.state.ne.us/puh/oph/lhd.htm).

National Objectives

By 2010 . . .

Increase the proportion of adolescents who abstain from sexual intercourse, or use condoms if currently sexually active, to 95%

- ✓ In Nebraska, 89% of students in grades 9-12 abstained from sexual intercourse, didn't have sex in the last three months, or used a condom the last time they had sexual intercourse (2005 YRBS).

FOR MORE INFORMATION...

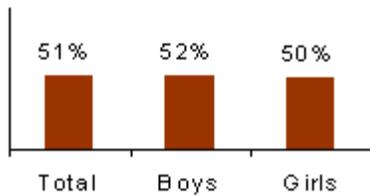
- NDHHS
 - Infectious Disease Prevention and Care (402) 471-9098
www.dhhs.ne.gov/dpc/hiv.htm
 - Reproductive Health Program (402) 471-3980
www.dhhs.ne.gov/reh/rehindex.htm
 - Abstinence Education Program (402) 471-0538
www.dhhs.ne.gov/hew/fah/AdolescentHealth/
 - Sexually Transmitted Disease Program (402) 471-2937
www.dhhs.ne.gov/std/stdindex.htm
 - CDC
www.cdc.gov/nchstp/dstd/disease_info.htm
- NDE
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

TOBACCO

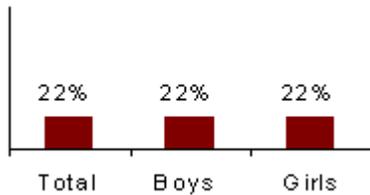
WHO IS SMOKING AND CHEWING TOBACCO?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

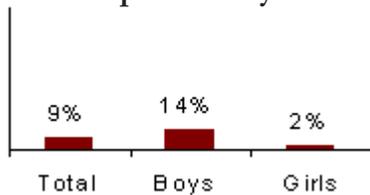
Percentage of students who have ever tried cigarette smoking



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



CONSEQUENCES OF TOBACCO USE

Source: www.cdc.gov/tobacco/data_statistics/state_data/index.htm

PREMATURE DEATH

- All tobacco-related deaths are preventable. Yet each year over 2,400 deaths occur in Nebraska due to smoking-related causes.

WHAT'S HAPPENING IN NEBRASKA'S SCHOOLS?

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

- Of the schools that have a required health class, 99% teach about tobacco issues.
- Between grades 6 and 12, 42% of the students are required to take one health class; 27% two classes; and 27% three or more classes.

TEACHERS

- During the past two years, 28% of the lead health teachers **participated** in a staff development activity about tobacco use prevention.
- 57% 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, 39% of the lead health teachers **participated** in a staff development activity about teaching skills for behavior change.
- 65% of the lead health teachers **would like** a staff development activity about teaching how to change behaviors.

TEACHING BY EXAMPLE

- 100% of participating schools prohibit tobacco use by students during school hours, but only 90% during non school hours.
- 91% of participating schools prohibit tobacco use by faculty and staff during school hours.

PLACES TOBACCO USE IS PROHIBITED

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

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

Location	Students	Faculty/Staff	Visitors
In school building	100%	98%	97%
On school grounds	100%	80%	63%

SCHOOL POLICY

- 20% of the reporting schools always/almost always encourage students caught smoking cigarettes to participate in a tobacco cessation program; 6% require it.
- 20% of schools provide referrals to a tobacco cessation program for faculty and staff, and 40% provide referrals for students.
- 23% of schools always/almost always require suspension for a student caught smoking cigarettes; 38% require in-school suspension.
- 94% of schools prohibit tobacco advertising in school buildings; 91% on school grounds, on buses, and in school publications.
- 98% of schools prohibit students from wearing tobacco name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.

FOR MORE INFORMATION . . .

- NDHHS – Tobacco Free Nebraska Program (402) 471-2101 or (800) 745-9311
- NDE - Safe and Drug Free Schools Program (402) 471-2448

www.nde.state.ne.us/federalprograms/sdfs/sdfsindex.htm

- American Cancer Society (800) 642-8116
- American Lung Association (800) LUNGUSA
- Tobacco Free Nebraska Resource Directory www.dhhs.ne.gov/tfn
- Campaign for Tobacco-Free Kids www.tobaccofreekids.org
- CDC - Office on Smoking and Health www.cdc.gov/tobacco

National Objectives

By 2010 . . .

Reduce tobacco use by adolescents in grades 9-12 to 21%.

- ✓ In Nebraska, 28% of students in grades 9-12 used some type of tobacco during the past 30 days (2005 YRBS).

Reduce use of cigarettes to 16%.

- ✓ In Nebraska, 22% of students in grades 9-12 smoked cigarettes one or more of the past 30 days (2005 YRBS).

Increase the percentage of students attempting to quit smoking to 84%.

- ✓ In Nebraska, 56% of students who are current smokers attempted to quit smoking in the past year (2005 YRBS).

WHAT CAN WE DO?

- Ensure your school implements and enforces its no tobacco policies.
- Tell your children you do not want them to use tobacco. Even if you smoke or chew, you can still be effective in discouraging them from using.
- Encourage your local health department to support and enforce no tobacco policies.
- Join your local tobacco prevention coalition-call (800) 745-9311 for information.

STEPS TO REDUCING TOBACCO-RELATED DEATH AND DISABILITY

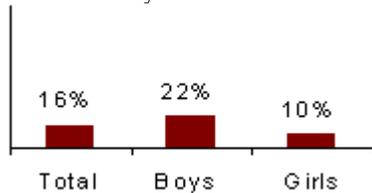
- Prevent the initiation of tobacco use by young people.
- Promote quitting among young people and adults.
- Eliminate non-smokers' exposure to secondhand smoke (SHS).

VIOLENCE & INJURIES

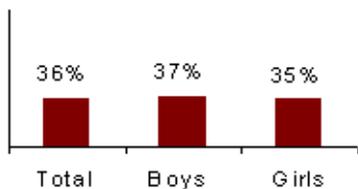
HOW ARE YOUTH AFFECTED BY INTENTIONAL AND UNINTENTIONAL INJURIES?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

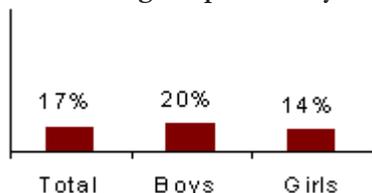
Percentage of students who rarely or never wear a safety belt when riding in a car driven by someone else



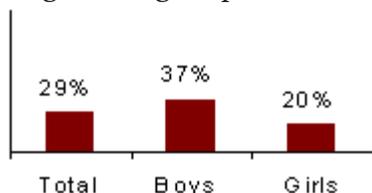
Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



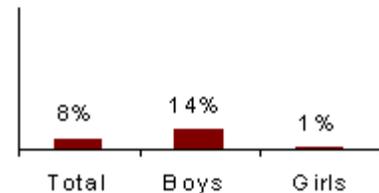
Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



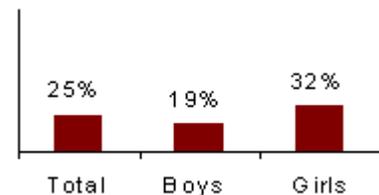
Percentage of students who were in a physical fight during the past 12 months



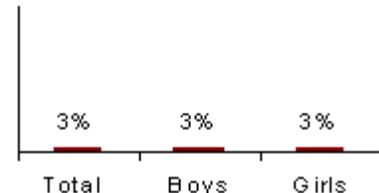
Percentage of students who carried a gun, club, or knife during the past 30 days



Percentage of students who felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months



Percentage of students who attempted suicide during the past 12 months, requiring treatment by a doctor or nurse



IMPORTANCE OF THE ISSUE

- From 2000 to 2004 in Nebraska, motor vehicle injuries killed more young people aged 15-19 than any other single cause.
- Among young people aged 15-19 in Nebraska from 2000-2004, suicide was the second leading cause of death and homicide was the third cause of death.
- Fighting, harassment and thefts on school property create an atmosphere counter-productive to learning.

WHAT'S HAPPENING IN NEBRASKA'S SCHOOLS?

NDE 2006 School Health Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

- Of the schools with a required health course, 72% attempted to increase student knowledge about suicide prevention.
- 75% of schools with a required health course attempted to increase student knowledge about violence prevention.

TEACHERS

- In the past two years, 22% of the lead health teachers **participated** in a staff development activity on suicide prevention.
- 63% of the lead health teachers **would like** a staff development experience on suicide prevention.
- In the past two years, 52% of the lead health teachers **participated** in a staff development activity on violence prevention.
- 67% of the lead health teachers **would like** a staff development experience on violence prevention.

WHAT CAN WE DO?

- Ensure access to confidential professional mental health services for all teens.
- Encourage parental involvement in schools. When parents are involved in schools, violent and antisocial behavior decreases.
- Limit the number of teen passengers in vehicles driven by teens. Teens driving alone are safer than in groups. Teen passengers increase the crash risk for teen drivers. The more teen passengers, the greater the risk.
- Provide professional development opportunities for teachers.

National Objectives

By 2010 . . .

Increase safety belt use to 92%.

- ✓ In Nebraska, 36% of students in grades 9-12 reported **always** using their safety belts; 30% used them **most of the time**; and 17% used them **sometimes**. (2005 YRBS).

Reduce weapon carrying on school property to 6%.

- ✓ In Nebraska, 5% of students in grades 9-12 reported having carried a weapon on school property one or more days during the past 30 days (2005 YRBS).

Reduce physical fights to 32%.

- ✓ In Nebraska, 29% of students in grades 9-12 reported being in a physical fight during the past 12 months (2005 YRBS).

Reduce the rate of suicide attempts in the last 12 months to 1%.

- ✓ In Nebraska, 3% of students in grades 9-12 reported a suicide attempt requiring medical attention during the past 12 months (2005 YRBS).

FOR MORE INFORMATION . . .

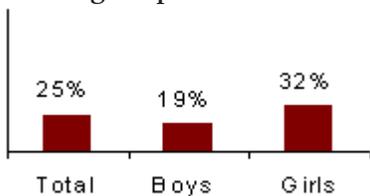
- NDHHS
 - Injury Prevention and Control Program (402) 471-2101
www.dhhs.ne.gov/hpe/injury.htm
 - Adolescent Health Program (402) 471-0538
www.dhhs.ne.gov/hew/fah/AdolescentHealth/
- NDE
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html
- Nebraska Department of Motor Vehicles
 - Office of Highway Safety (402) 471-2515
www.dmv.state.ne.us/highwaysafety

SUICIDE

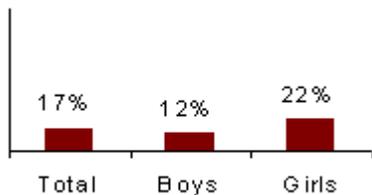
WHO IS CONSIDERING AND/OR ENGAGING IN SELF-INFLICTED INJURY?

NDE Grade 9-12 2005 Youth Risk Behavior Survey (YRBS)

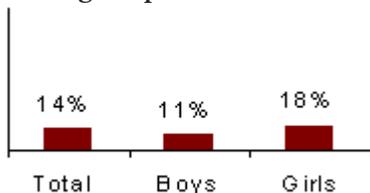
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months



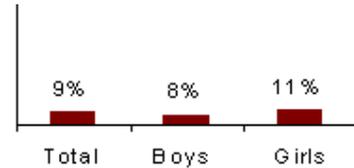
Percentage of students who seriously considered attempting suicide during the past 12 months



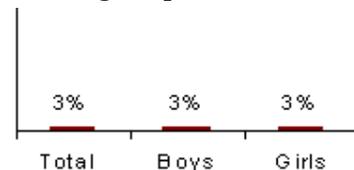
Percentage of students who made a plan about how they would attempt suicide during the past 12 months



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 2006 School Health Education Profile (SHP)
(6-12 Grade Public Schools)

TEACHING

- Teachers in 72% of participating schools tried to increase student knowledge about suicide prevention.

TEACHERS

- In the past two years, 22% of health education teachers **have received** staff development on suicide prevention.
- However, 63% of health education teachers **would like to receive** staff development on suicide prevention.

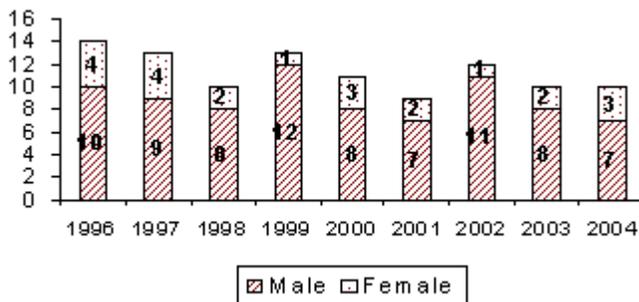
IMPORTANCE OF THE ISSUE

- Among young people aged 15-19 in Nebraska from 2000-2004, suicide was the second leading cause of death.
- Suicide rates for Nebraska youth aged 10 to 17 increased slightly between 2001 and 2004. While the actual number of deaths is relatively small, Nebraska's rates have been statistically significantly higher than national rates during this period.
- During 2004, at least 10 youth ranging in age from 13 to 17 took their own lives.

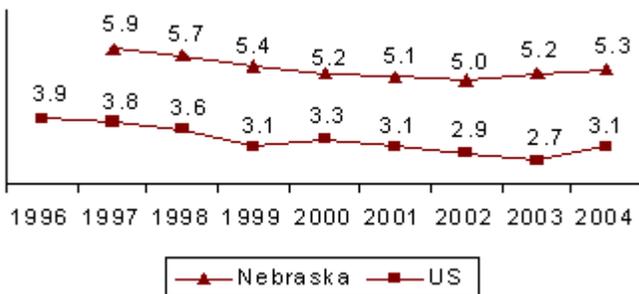
WHAT'S HAPPENING IN NEBRASKA?

NDHHS Child Death Review Team

Suicide Deaths to Children (ages 0-17) by Sex in Nebraska, 1996-2004



US and Nebraska Suicide Rates (deaths per 100,000 children ages 10-17) among Children, 1996-2004



Nebraska suicide rates are three year averages. Nebraska rates are significantly higher than US rates for 1999, 2002, 2003 and 2004.

National Objectives

By 2010 . . .

Decrease the proportion of adolescents who attempted suicide, during the past 12 months, requiring medical attention to 1%

- ✓ In Nebraska, 3% of students in grades 9-12 attempted suicide that required medical attention during the past 12 months (2005 YRBS).

WHAT CAN WE DO?

- Implement an anti-bullying policy. Increase awareness of this policy and provide training.
- Provide all youth access to confidential, professional mental health services.
- Obtain funding for needed community-based 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
- 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.
- Understand the importance of storing unloaded firearms and ammunition in separate and inaccessible locations.

FOR MORE INFORMATION...

- NDHHS
 - Injury Prevention and Control Program (402) 471-2101
www.dhhs.ne.gov/hpe/injury.htm
 - Child Death Review Team (402) 471-9048
www.dhhs.ne.gov/CDRteam/
 - Behavioral Health (402) 471-7795
www.dhhs.ne.gov/beh/mh/suicide.htm
- NDE
 - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

COORDINATED SCHOOL HEALTH PROGRAMS

A MODEL FOR PROGRESS

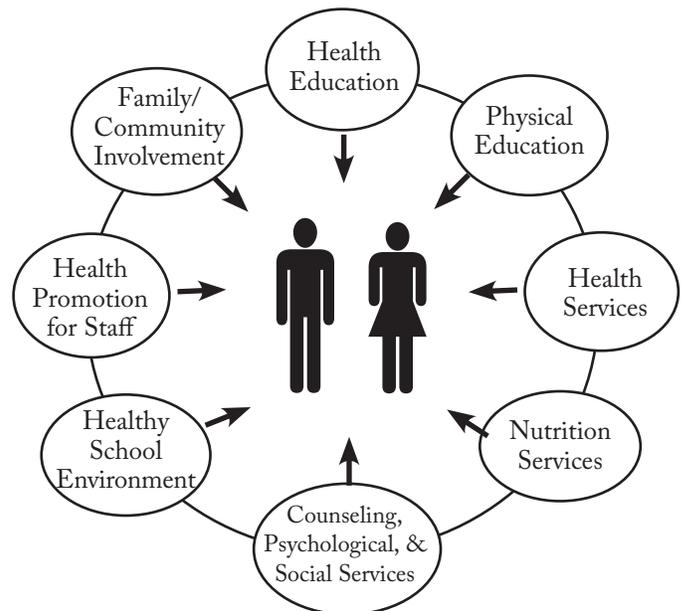
A coordinated school health program (CSHP) consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools provide a central facility in which many agencies might work together to maintain the well-being of young people. Schools have opportunities to promote students health in eight areas. Each of these eight areas makes a significant contribution to the health and the educational success of students.

1. **Health Education** provides students with the knowledge, attitudes and skills they need to avoid or modify behaviors that increase the risks of disability and premature death.
2. **Physical Education** provides students with knowledge, attitudes, skills, behaviors and confidence to maintain a physically active lifestyle.
3. **Health Services** provide care and preventive medical assistance to students who might otherwise not have access to care or preventive services.
4. **Nutrition Services** promote healthy dietary behavior, ensuring appropriate nutritional intake to promote optimal health, growth, and intellectual development.
5. **Counseling, Psychological and Social Services** help young people cope with the challenges of physical, psychological and social development overcoming uncertainties and developing realistic goals for the future.
6. **Healthy School Environment** creates a safe and positive physical and psychological environment reducing the risks of injury, academic failure,

substance abuse, and violence. At the same time, the school environment promotes health-enhancing activities and supports classroom teaching activities. For example, instruction about alcohol and drugs is supported by the schools designation as a drug-free zone and nutrition education is reflected in the choices in the school's cafeteria and vending machines.

7. **Health Promotion for Staff** insures that everyone in the school has the opportunity for good health. If faculty and school staff have access to health screenings, employee assistance programs, and health promotion programs, they model good health to their students and can perform at optimal levels.
8. **Family and Community Involvement** provides family members with an opportunity to become more knowledgeable about health issues and enables them to be positive role models for their children and reinforce the school's teachings.

The components of the Coordinated School Health Program and their impact on students and staff is illustrated in this diagram.



Source: www.cdc.gov/HealthyYouth/CSHP

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.
- 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.

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 form community-school health advisory councils.
- Encourage schools to use the School Health Index to assess the health practices and health barriers in their schools.
<http://apps.nccd.cdc.gov/shi/default.aspx>
- Encourage schools to participate in state/national Action for Healthy Kids.
www.actionforhealthykids.org

FOR MORE INFORMATION . . .

- NDHHS - School and Child Health (402) 471-0160
www.dhhs.ne.gov/ash/ashindex.htm
www.cdc.gov/HealthyYouth/CSHP
- NDE - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html

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For more information about this document, please visit our web site at:
<http://www.nde.state.ne.us/PEHealth/>



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