Nebraska Adolescents . . .
Keeping Them Healthy
2012-2013

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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 Profile (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 youth. Health practices of Nebraska adolescents are compared to adolescents nationwide and a possible model for health programming is provided.

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, 2007, 2009, 2011, and 2013. The YRBS data for 1991, 1993, 2003, 2005, 2011 and 2013 are weighted to reflect the 9th-12th grade public school student population in Nebraska.

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 http://www.education.ne.gov/HIV/2013_YRBS-Results/results.htm or by calling (402) 471-4352 or (402) 462-4187 x 166 (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, 2006, 2008, 2010, and 2012 and all are weighted.

Results from the SHP for Nebraska are available from the NDE by contacting (402) 471-4352 or (402) 462-4187 x 166 or at http://www.education.ne.gov/.

NE/US Comparison

Below is a comparison of the US and Nebraska health practices of adolescents using the 2013 National Youth Risk Behaviors Survey data.

	Nebraska	*US*
Alcohol and Other Drugs Use		
Students who have had at least one drink of alcohol during their lifetime	52%	66%
Students who had their first drink before the age of 13	13%	18%
Students who engaged in binge drinking	14%	21%
Students who have taken a prescription drug without a doctor's prescription	10%	18%
Nutrition & Body Weight		
Students who describe themselves as slightly or very overweight	27%	31%
Students trying to lose weight	42%	47%
Students who drank soda or pop two or more times a day	16%	27%
Physical Activity		
Students attending PE class five days a week	35%	47%
Students who played video games or used a computer for 3 or more hours per day	28%	41%
Students who watched TV 3 or more hours per day	23%	33%
Sexual Behavior		
Students who have ever had sexual intercourse	35%	47%
Students who had sexual intercourse for the first time before age 13	4%	6%
Students who had sexual intercourse with four or more persons during their life	9%	15%
Students who used a condom during last intercourse	63%	59%

	Nebraska	*US*
Tobacco Use		
Students who ever smoked cigarettes	32%	41%
Students who currently use tobacco	8%	22%
Students who ever smoked cigarettes daily	11%	16%
Transportation Safety		
Students who texted or e-mailed while driving a vehicle	47%	41%
Students who rode in a vehicle driven by someone who had been drinking alcohol	20%	21%
Students who rarely or never wore a seat belt	12%	8%
Students who rarely or never wore a bicycle helmet	89%	88%
Violence & Bullying		
Students who were in a physical fight	20%	25%
Students who were bullied on school property	21%	20%
Students who were electronically bullied	16%	14%
Students who did not go to school because of safety concerns	4%	7%
Students who experienced dating violence	11%	10%
Students who were physically forced to have sexual intercourse	9%	7%
Mental Health & Suicide		
Students who felt sad or hopeless	20%	29%
Students who seriously considered attempting suicide	12%	17%
Students who made a plan about how they would attempt suicide	9%	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 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 2012 School Health Profile

Teaching

- 96% of Nebraska schools require **at least one** health education course. Of those:
  - 38% require one health course
  - 20% require two health courses
  - 19% require three health courses
  - 13% require four or more health courses
  - 10% do not require any health course
- Health is taught in all grades, but mostly in middle school/junior high school.

6th grade	38%	9th grade	57%
7th grade	60%	10th grade	38%
8th grade	57%	11th grade	9%
		12th grade	14%

Teachers

- Major emphasis in professional preparation of lead heath educators:
  - Health & PE combined 47%
  - Physical education 18%
  - Family and consumer science 11%
  - Biology or other science 5%
  - Other education degree 4%
  - Nursing 3%
  - Health education 2%
  - Other 2%
- Teaching experience of lead health educators:
  - One year 9%
  - 2-5 years 21%
  - 6-9 years 18%
  - 10-14 years 19%
  - 15 plus years 33%

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 90%
- Goal setting 87%
- Decision making 92%
- Health promotion 91%
- 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	98%
Tobacco use prevention	92%
Nutrition and dietary behavior	95%
Alcohol or other drug use prevention	95%
HIV (human immodeficiency virus) prevention	85%
Emotional and mental health	90%
Pregnancy prevention	80%
Infectious disease prevention	85%
Human sexuality	82%
STD (sexually transmitted disease) prevention	86%
Injury prevention & safety	86%
Violence prevention	90%
Suicide prevention	75%
Asthma	60%
Foodborne illness prevention	75%

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.

Topic	*Received*	*Desired*
Violence prevention	56%	70%
Alcohol or other drugs prevention	36%	70%
Physical activity and fitness	48%	60%
HIV prevention	24%	54%
Nutrition and dietary behavior	34%	63%
STD prevention	25%	54%
Tobacco use prevention	21%	56%
Emotional and mental health	27%	57%
Human sexuality	21%	53%
Pregnancy prevention	19%	50%
Suicide prevention	27%	65%
Infectious disease prevention	33%	44%
Asthma	42%	44%
Foodborne illness prevention	18%	37%

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

Teaching Method	*Received*	*Desired*
Using interactive teaching methods such as role plays or cooperative group activities	41%	55%
Teaching skills for behavior change	38%	65%
Teaching students with physical or cognitive disabilities	40%	59%
Teaching students of various cultural backgrounds	37%	48%
Encouraging family or community involvement	32%	61%
Teaching students with limited English proficiency	21%	42%
Teaching students of different sexual orientation or gender identities	7%	43%

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; (402) 471-2109; (402) 462-4187 x 166
  www.education.ne.gov/HEALTH/
  www.education.ne.gov/PE/
  www.education.ne.gov/HIV/

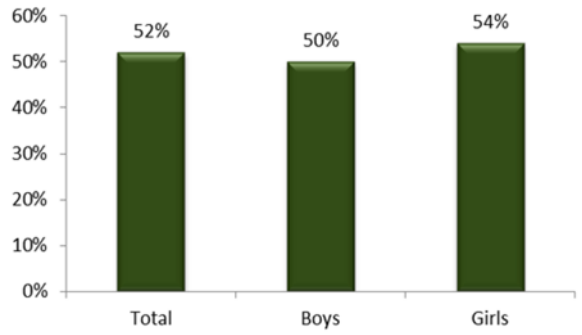
"School health education could be one of the most effective means to reduce and prevent some of the nations most serious health problems."
Institute of Medicine Report

Alcohol & other Drug Use

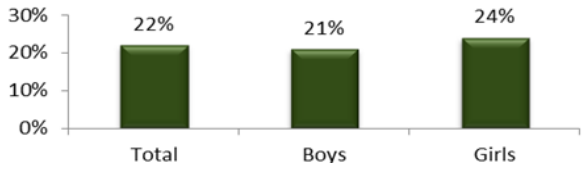
Who Is Drinking Alcohol or Using other Drugs?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

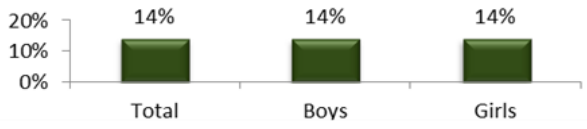
Percentage of students who have had at least one drink of alcohol during their lifetime



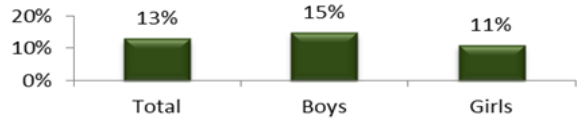
Percentage of students who had at least one drink of alcohol during the past 30 days



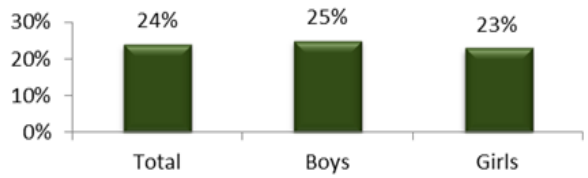
Percentage of students who engaged in binge drinking during the past 30 days (5+ drinks in a row, within a couple of hours)



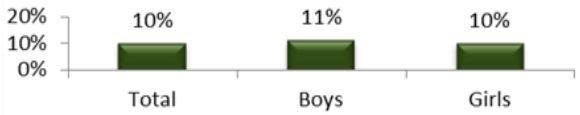
Percentage of students who had their first drink before the age of 13



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 2012 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 Schools?

NDE Grade 6-12 2012 School Health Profile (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

- 95% 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, 36% of the lead health education teachers **have participated** in staff development activities about alcohol and other drugs.
- 63% 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 2003 to 2013 (YRBS)

Alcohol & Other Drugs Use	*2003*	*2005*	*2011*	*2013*
Have had at least one drink of alcohol during lifetime	78%	73%	61%	52%
Had at least one drink of alcohol during past 30 days	47%	43%	27%	22%
Engaged in binge drinking during past 30 days	32%	30%	16%	14%
Had their first drink before age 13	27%	24%	17%	13%
Used marijuana one or more times during their life	35%	32%	25%	24%
Tried marijuana for the first time before age 13 years	8%	8%	5%	6%
Had taken prescription drugs without a doctor's prescription one or more times during their life	NA	NA	12%	10%

For More Information . . .

- NDE
  - Coordinated School Health
  (402) 471-4352; (402) 462-4187 x 166
  http://www.education.ne.gov/CSH/Index.html

- NDHHS
  - Substance Abuse Prevention Program
  (402) 471-2353
  http://dhhs.ne.gov/behavioral_health/Pages/sua_suaindex.aspx

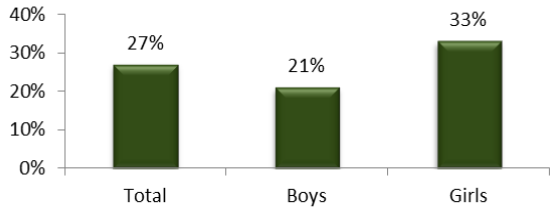
- Nebraska Department of Motor Vehicles
  - Office of Highway Safety
  (402) 471-2515
  http://www.transportation.nebraska.gov/nohs/

Nutrition & Body Weight

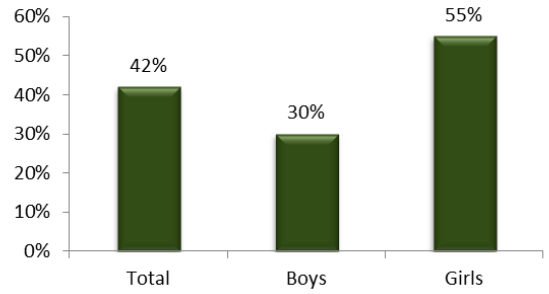
Who's Overweight?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

Percentage of students who describe themselves as slightly or very overweight



Percentage of students trying to lose weight

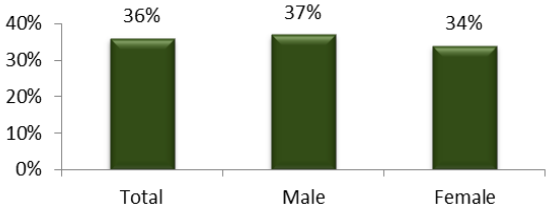


Importance of the Issue

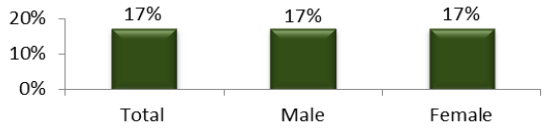
NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

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

Overweight



Overweight and Obese

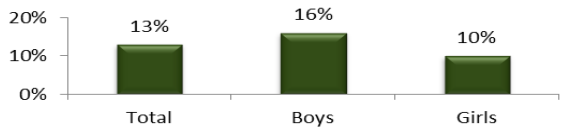


How Students Manage Weight

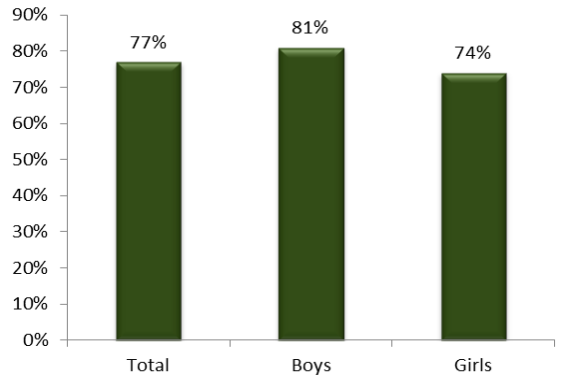
- Among the 42% of Nebraska high school students trying to lose weight, nearly 14% reported fasting, taking diet supplements, vomiting, or taking laxatives to lose weight or keep from gaining weight during the past 30 days.
- Female students were somewhat more likely than male students to report using a high risk weight loss method during the past 30 days.
- The percentage of high school students reporting the use of high-risk methods to lose weight or keep from gaining weight has declined since 2003.

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



9% 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?

- 5% of students did not eat fruit or drink 100% fruit juice during the 7 days before the survey
- 5% of students did not eat vegetables during the 7 days before the survey
- 26% of students ate fruit 2 or more times per day during the 7 days before the survey
- 12% of students ate vegetables 3 or more times per day during the 7 days before the survey
- 16% of students consumed fruits and vegetables 5 or more times per day during the past seven days.

Nutrition and Body Weight among Nebraska youth, from 2003 to 2013 (YRBS)

Body Image & Weight	*2003*	*2005*	*2011*	*2013*
Describe themselves as slightly or very overweight	33%	32%	28%	27%
Trying to lose weight	46%	46%	41%	42%
Drank three or more glasses of milk per day during past 7 days	20%	20%	17%	13%

Nutrition in Schools

NDE Grades 6-12 2012 School Health Profile (SHP)

Teaching

Teachers taught the following in a required health education course:

- Benefits of healthy eating 95%
- Eating more fruits, vegetables, and whole grains products 94%
- The MyPlate food guidance 90%
- Choosing and preparing food with less salt 86%
- Using food labels 86%
- Keeping food safe to eat 83%

Environment

- Foods in schools with vending machines/canteens/ snack bars:
  - Sports drinks 60%
  - 2% or whole milk 22%
  - Soda pop or not 100% fruit juice 44%
  - Frozen snacks (not low fat) 9%
  - Non-chocolate candy 27%
  - Salty snacks (not low fat) 26%
  - Low fat baked goods 29%
  - Chocolate candy 24%
  - Fruits and non-fried vegetables 10%
- 25% of schools prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.

Teachers

- During the past two years, 34% of lead health education teachers **participated** in a staff development activity about nutrition and dietary behavior.
- 63% **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 . . .

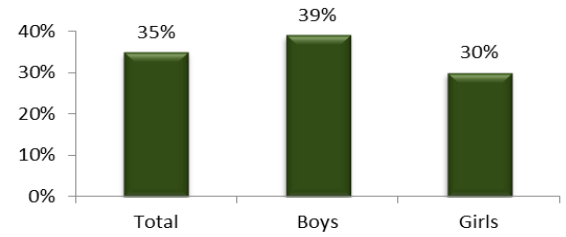
- NDE - Nutrition Services (402) 471-2488 www.education.ne.gov/NS/
- NDHHS - Nutrition and Activity for Health (402) 471-2101 www.dhhs.ne.gov/nafh
- USDA - Food and Nutrition Services, Team Nutrition http://www.fns.usda.gov/tn/team-nutrition

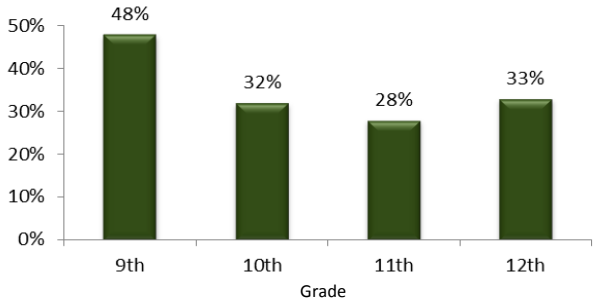
Physical Activity

Who's Active in Nebraska Schools?

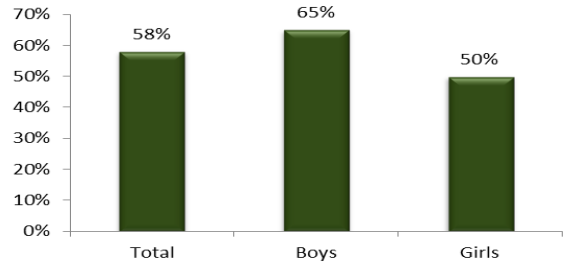
NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

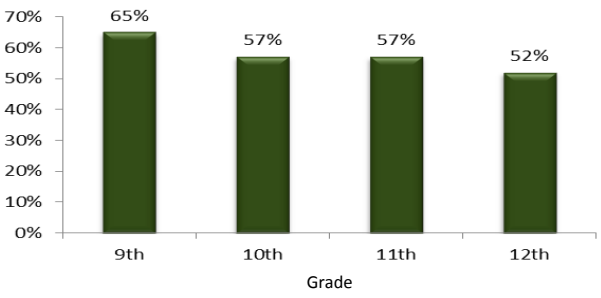
Percentage of students attending PE class five days a week



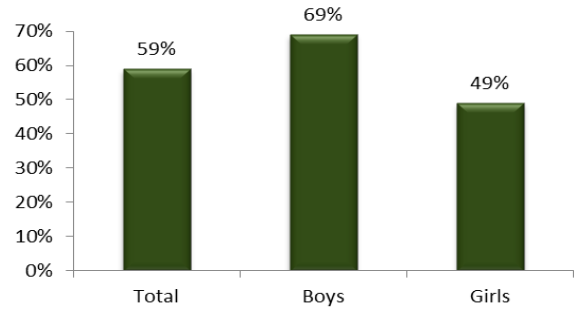


Percentage of students who were physically active for a total of 60 minutes or more per day on five or more of the past seven days





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



What's Happening in Nebraska Schools?

NDE Grades 6-12 2012 School Health Profile (SHP)

Teaching

- 80% of participating schools combine required health classes with physical education.
- 45% 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.
- 64% require students who fail physical education to repeat the course (schools that require PE for students).

Teachers

- 70% 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, 48% of lead health education teachers **participated** in a staff development activity dealing with physical activity or fitness.
- 60% 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 2013 Youth Risk Behavior Survey (YRBS)

- 23% of Nebraska high school students spend three or more hours during an average school day watching television.
- 28% of Nebraska high school students played video games/computer games or used a computer.

Physical Activity among Nebraska youth, from 2003 to 2013 (YRBS)

Physical Activity	*2003*	*2005*	*2011*	*2013*
Physically active a total of at least 60 minutes per day on five or more of the past seven days	NA	37%	54%	58%
Watched three or more hours per day of TV on an average school day	28%	27%	25%	23%
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	NA	NA	21%	28%
Attended physical education (PE) classes on one or more days in an average week when they were in school	50%	49%	48%	50%

2008 Physical Activity Guidelines for Americans

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 . . .

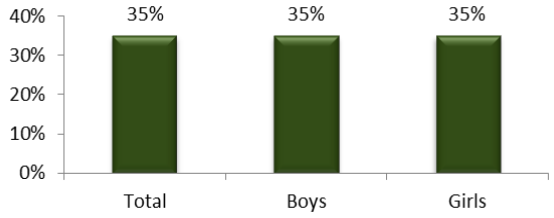
- NDE
  - Nutrition Services (402) 471-3566
    http://www.education.ne.gov/NS/
  - Coordinated School Health
    (402) 471-4352; (402) 462-4187 x 166
    http://www.education.ne.gov/CSH/
- NDHHS
  - Nutrition and Activity for Health (402) 471-2101
    www.dhhs.ne.gov/hew/hpe/nafh
    www.neactionforhealthykids.org
- US Department of Health and Human Services
  www.health.gov/paguidelines

Sexual Behavior/STDs: Part I

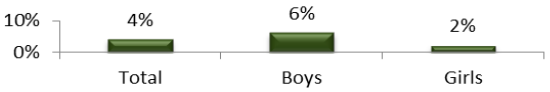
Who's Sexually Active?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

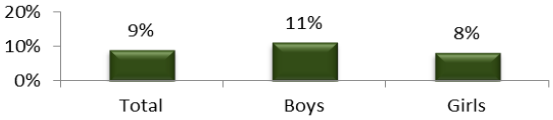
Percentage of students who have ever had sexual intercourse



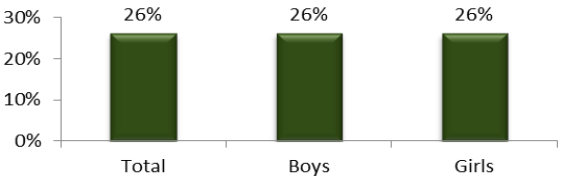
Percentage of students who had sexual intercourse for the first time before age 13 years



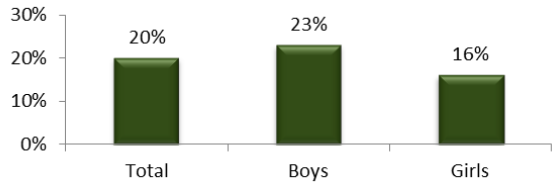
Percentage of students who had sexual intercourse with four or more people during their life



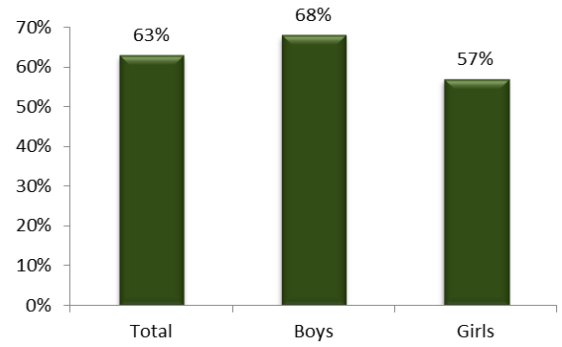
Percentage of students who have ever had sexual intercourse with more than one person in the past 3 months



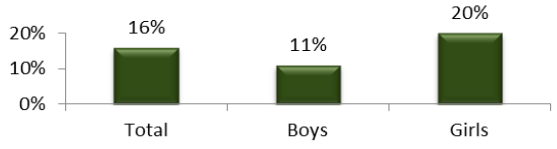
Of the students who have had sexual intercourse during the past 3 months, the percentage who drank alcohol or used drugs before last sexual intercourse



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



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



Sexual Behavior among Nebraska youth, from 2003 to 2013 (YRBS)

Sexual Behavior	*2003*	*2005*	*2011*	*2013*
Have had sexual intercourse in the past 3 months	32%	30%	27%	26%
Of the students who have had sexual intercourse, those who drank alcohol or used drugs before last sexual intercourse	31%	24%	20%	17%
Of the students who have had sexual intercourse, those who used a condom during last sexual intercourse	60%	62%	62%	65%

What's Happening in Nebraska Schools?

NDE Grades 6-12 2012 School Health Profile (SHP)

Teachers

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

- HIV Prevention 24%
- STD Prevention 25%
- Human Sexuality 21%
- Pregnancy Prevention 20%

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

- HIV Prevention 43%
- STD Prevention 54%
- Pregnancy Prevention 50%
- Human Sexuality 53%

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

- HIV Prevention 85%
- Pregnancy Prevention 80%
- Human Sexuality 82%
- STD Prevention 86%

Teaching

Curriculum content of schools having a required health course:	*Grades 6, 7, 8 or 9*	*Grades 9, 10, 11 or 12*
Benefits of being sexually abstinent	58%	83%
How HIV or other STDs are transmitted	54%	84%
Influence of alcohol and other drugs on HIV-related risk behaviors	54%	81%
How to prevent HIV, other STDs, and pregnancy	53%	83%
Health consequences of HIV, other STDs, and pregnancy	52%	84%
How to create & sustain healthy & respectful relationships	55%	76%
How to get valid & reliable health information, products & services	45%	71%
Condom efficacy, that is how well condoms work and do not work	35%	61%
How to correctly use a condom	11%	25%

Policy

Among the 56% 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:

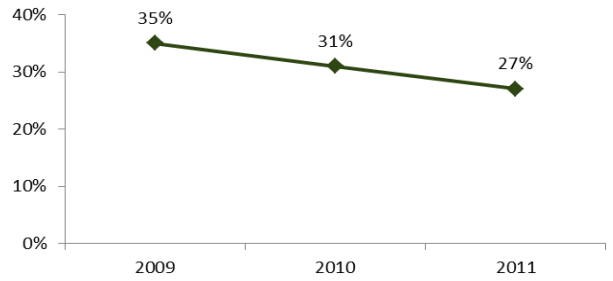
- Maintaining confidentiality of HIV-infected students/staff 69%
- Worksite safety 77%
- Procedures to protect HIV-infected students/staff from discrimination 62%
- Attendance of students with HIV 58%
- Procedures for implementing the policy 56%
- Communication of the policy to students, school staff, and parents 59%
- Adequate training about HIV infection for school staff 56%
- 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 Center for Health Statistics, the preliminary birth rate for teen girls aged 15-19 dropped 8 percent from 2010 to 2011, to 31.3.

Condom Use

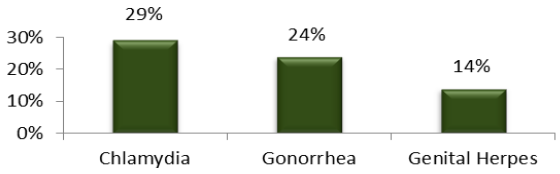
The correct and consistent use of latex condoms **can reduce** the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use **cannot guarantee** absolute protection against any STD or pregnancy. Abstinence from vaginal, anal, and oral intercourse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

Source: CDC Healthy Youth

Sexually Transmitted Disease Among Nebraska Youth

NDHHS Sexually Transmitted Disease (STD) Program

Percentage of all chlamydia, gonorrhea and genital herpes cases in Nebraska in 2011 that occurred in youth under the age of 19



- Chlamydia, gonorrhea and syphilis reported cases among Nebraska youth age 15-24 in 2012:

  Chlamydia: 4,648
  Gonorrhea: 895
  Syphilis: 4

- Nebraska national ranking for chlamydia and gonorrhea rates in 2010:

  Chlamydia - 7th best (285 per 100,000)
  Gonorrhea - 20th best (66.1 per 100,00)

- Nebraska is considered a low incidence state with 2,591 cumulative cases of HIV as of 2010, or 142 cases per 100,000 population

- In 2011, 31% 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 dhhs.ne.gov/publichealth/pages/std_index.aspx.

For More Information...

- NDE
  - Coordinated School Health, Health Education /HIV Prevention
    (402) 471-4352; (402) 462-4187 x 166
    http://www.education.ne.gov/HEALTH/
    http://www.education.ne.gov/HIV/

- NDHHS
  - Infectious Disease Prevention and Care
    (402) 471-9098
    http://dhhs.ne.gov/publichealth/pages/std_index.aspx
  - Reproductive Health Program
    (402) 471-3980
    http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx
  - Adolescent Health Program
    (402) 471-0538
    http://dhhs.ne.gov/adolescenthealth
  - Sexually Transmitted Disease Program
    (402) 471-2937
    http://dhhs.ne.gov/publichealth/pages/std_index.aspx

- CDC
  www.cdc.gov/nchstp/dstd/disease_info.htm

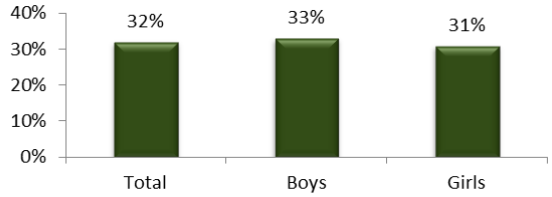
- NEBRASKA AIDS PROJECT (NAP)
  http://www.nap.org/

Tobacco Use

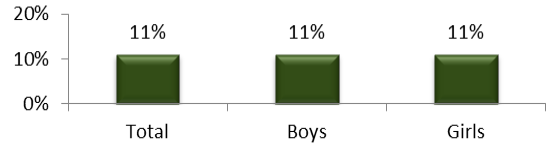
Who is Smoking and Chewing Tobacco?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

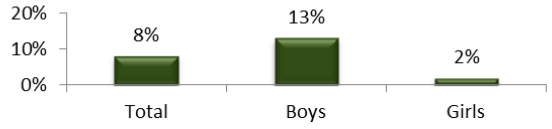
Percentage of students who have ever tried cigarette smoking



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

In 2006 the U.S. Surgeon General found that secondhand smoke is a proven cause of lung cancer, heart disease, serious respiratory illnesses such as bronchitis and asthma, low birth weight and sudden infant death syndrome.

Source: http://dhhs.ne.gov/publichealth/Pages/smokefree_sf_shs.aspx

Tobacco Use among Nebraska youth, from 2003 to 2013 (YRBS)

Tobacco	*2003*	*2005*	*2011*	*2013*
Have tried cigarette smoking	61%	56%	39%	32%
Have smoked cigarettes on one or more of the past 30 days	23%	22%	14%	11%
Used chewing tobacco, snuff, or dip on one or more of the past 30 days	17%	15%	10%	8%

What's Happening in Nebraska's Schools?

NDE 2012 School Health Profile (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, 21% of the lead health teachers participated in a staff development activity about tobacco use prevention.
- 56% 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, 38% 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 93% during non school hours.
- 94% of participating schools prohibit tobacco use by faculty and staff during school hours.

Places Tobacco Use Is Prohibited

NDE Grades 6-12 2012 School Health Profile (SHP)

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

- 14% of schools provide referrals to a tobacco cessation program for faculty and staff, and 13% provide referrals for students.
- 22% of schools always/almost always require suspension for a student caught smoking cigarettes; 32% require in-school suspension.

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: http://dhhs.ne.gov/publichealth/Pages/smokefree_sf_shs.aspx

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 . . .

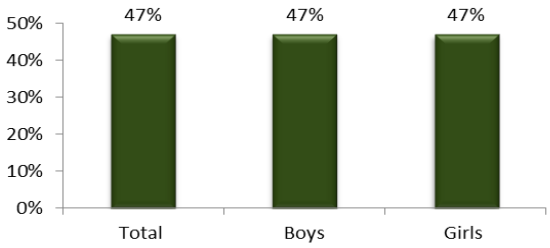
- NDE - Coordinated School Health
  (402)-471-4352
  http://www.education.ne.gov/CSH/
- NDHHS – Tobacco Free Nebraska Program
  (402) 471-2101 or (800) 745-9311
  http://dhhs.ne.gov/publichealth/pages/tfn.aspx
- US Surgeon General
  http://www.surgeongeneral.gov/initiatives/tobacco/index.html
- American Cancer Society www.Cancer.org
- Tobacco Free Nebraska Resource Directory
  http://dhhs.ne.gov/publichealth/Pages/tfn.aspx
- Campaign for Tobacco-Free Kids
  http://www.tobaccofreekids.org/
- CDC - Office on Smoking and Health
  http://www.cdc.gov/tobacco/osh/

Transportation Safety

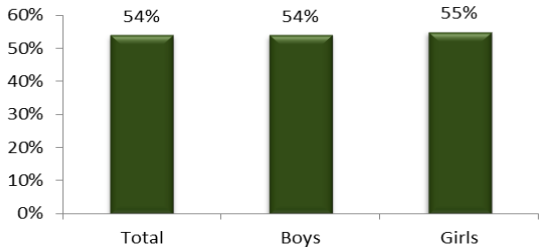
What Unsafe Behaviors are Putting Nebraska youth at Risk on the Roads?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

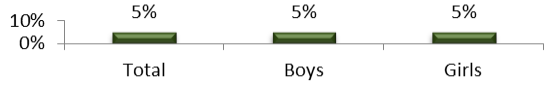
Among students who drove a car or other vehicle during the past 30 days, the percentage who texted or e-mailed while driving on one or more of the past 30 days



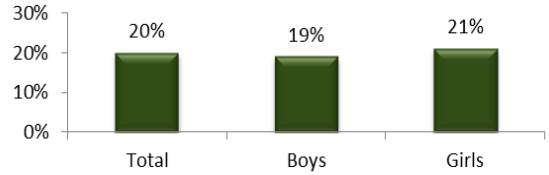
Among the students who drove a car or other vehicle during the past 30 days, the percentage who talked on a cell phone while driving on one or more of the past days



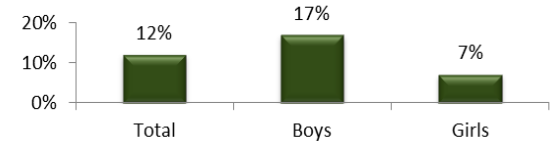
Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



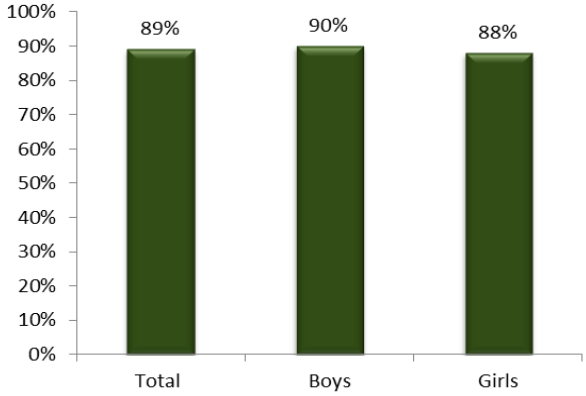
Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



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



Percentage of students who never or rarely wore a helmet when riding a bicycle



Transportation Safety among Nebraska youth, from 2003 to 2013 (YRBS)

Transportation Safety	*2003*	*2005*	*2011*	*2013*
Students that never or rarely wore a helmet while riding a bicycle	91%	92%	91%	89%
Students who never or rarely wore a seat belt when riding in a car	15%	10%	12%	12%
Students who rode one or more times with someone who had been drinking	40%	35%	26%	20%

Importance of the Issue

- Motor vehicle crashes are the leading cause of death for Nebraska teens (ages 14-19).
- From 2007-2011, 122 teens in Nebraska were killed in motor vehicle crashes, of those killed, 65% were NOT wearing a seat belt.
- Alcohol has been involved in 30% 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 2012 School Health Profile (SHP)

Teaching

- 86% of the schools report they try to increase student knowledge on injury prevention and safety.

Teachers

- During the past two years, 38% of the lead health education teachers **have participated** in staff development activities about injury prevention and safety.
- 50% 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…

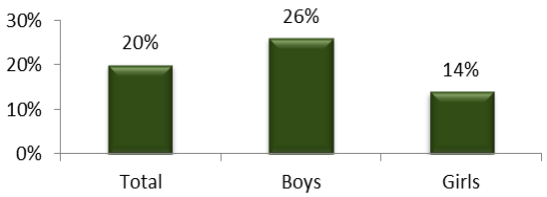
- NDE- Health Education
  (402) 471-4352; (402) 471-2109
  http://www.education.ne.gov/HEALTH/
- NDHHS - Nebraska Injury Prevention Program
  (402) 471-2101
  http://dhhs.ne.gov/publichealth/Pages/codes_trafficsafety.aspx
- The National Safety Council
  http://www.nsc.org/pages/home.aspx

Violence & Bullying

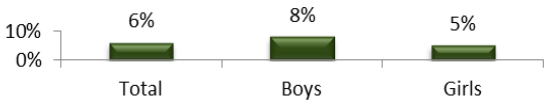
How Are Youth Affected By violence and bullying?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

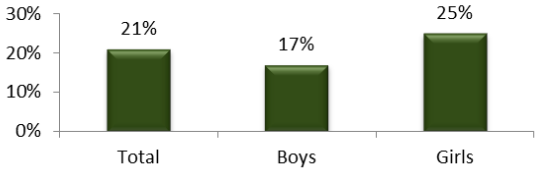
Percentage of students who were in a physical fight during the past 12 months



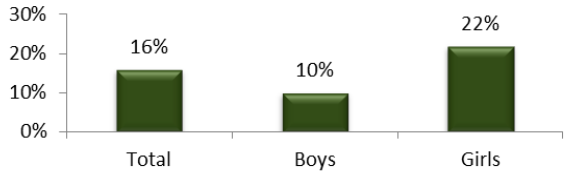
Percentage of students who had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months



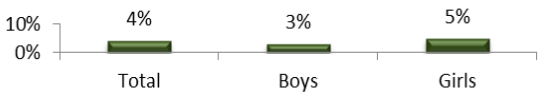
Percentage of students who had ever been bullied on school property during the past 12 months



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 2003 to 2013 (YRBS)

Violence and Bullying	*2003*	*2005*	*2011*	*2013*
Who did not go to school on one or more of the past 30 days because they felt unsafe there or on their way there	3%	4%	4%	4%
Students who had ever been bullied on school property during the past 12 months	NA	NA	23%	21%
Students who had been electronically bullied during the past 12 months	NA	NA	16%	16%
Students who had been threatened or injured with a weapon on school property one or more times during the past 12 months	9%	10%	6%	6%
Students who were in a physical fight on school property one or more times during the past 12 months	11%	9%	7%	6%

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.

Source: **Family Acceptance Project's Young Adults Survey**

Percentage of Schools Creating Safer & Supportive Environments for Students

NDE Grades 6-12 2012School Health Profile (SHP)

Safer Schools	*2008*	*2011*	*2013*
Have a student-led club that aims to create a safe, welcome, and accepting school environment for all youth	13%	17%	16%
Identify "safe spaces' where LGBTQ youth can receive support from administrators, teachers, or other school staff	NA	40%	43%
Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity	NA	80%	77%
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	NA	50%	50%

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 Grader 6-12 2012 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:

Topic	*Received*	*Desired*
Physical, medical, or cognitive disabilities	40%	59%
Various cultural backgrounds	37%	48%
Limited English proficiency	21%	42%
Different sexual orientations or gender identities	8%	43%

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…

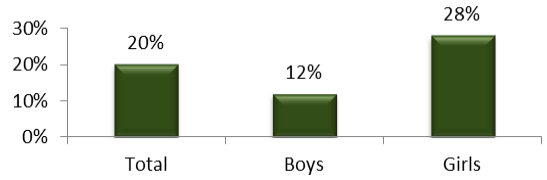
- NDE - Safe Schools (402) 471-4357; (402) 462-4187 x 166 http://www.education.ne.gov/safety/index.html
- It Gets Better www.itgetsbetter.org/
- Stop Bullying Now www.stopbullying.gov
- Family Acceptance Project http://familyproject.sfsu.edu/

Mental Health & Suicide

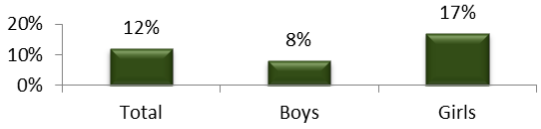
Who is considering and/or engaging in self-inflicted injury?

NDE Grade 9-12 2013 Youth Risk Behavior Survey (YRBS)

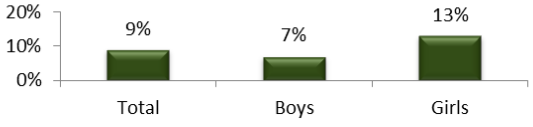
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months



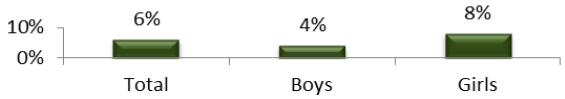
Percentage of students who seriously considered attempting suicide during the past 12 months



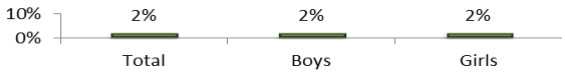
Percentage of students who made a plan about how they would attempt suicide during the past 12 months



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 2012 School Health Education Profile (SHP)

Teaching

- Teachers in 75% of participating schools tried to increase student knowledge about suicide prevention.

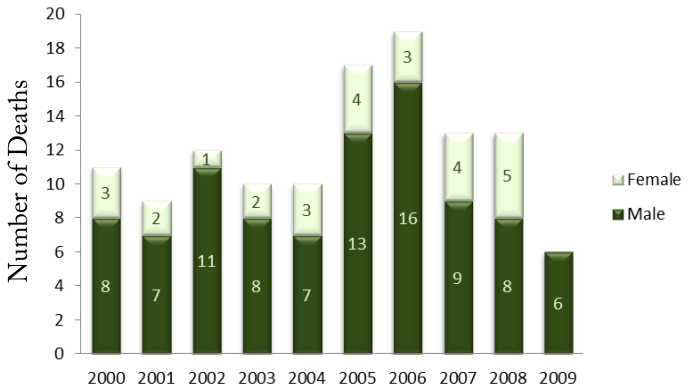
Teachers

- In the past two years, 27% of health education teachers **have received** staff development on suicide prevention.
- However, 65% of health education teachers **would like to receive** staff development on suicide prevention.

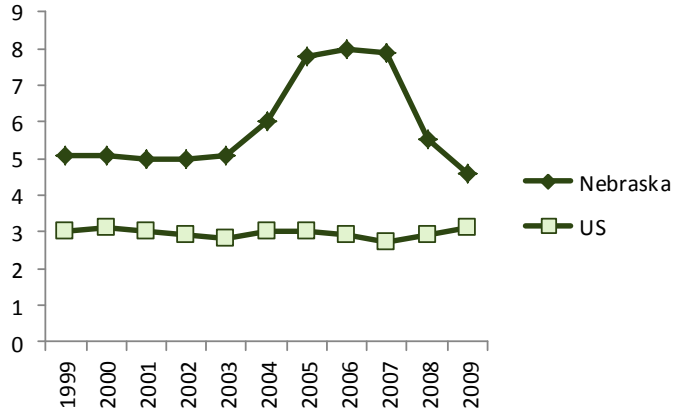
What's Happening in Nebraska?

NDHHS Child Death Review Team

Suicide Deaths to Children (ages 0-17) by Sex in Nebraska, 2000-2009



US and Nebraska Suicide Rates (deaths per 100,000) children ages 10-17 among Children, 1998-2008



Nebraska suicide rates are three year averages. Nebraska rates are significantly higher than US rates for 1999-2009.

Importance of the Issue

- The number of teen suicides in Nebraska has been declining since 2006 and in 2009 was at its lowest point in a decade.
- Among Nebraska's youth in 2010, suicide was the second leading cause of death; the youngest victim was nine years old.
- Teen suicide victims continue to be predominantly male.
- Firearms are the methods most commonly used in completed suicides.

Suicidal behaviors among Nebraska youth, from 2003 to 2013 (YRBS)

Suicidal Behaviors	*2003*	*2005*	*2011*	*2013*
Felt so sad or hopeless almost every day for two weeks or more in a row and stopped doing usual activities	25%	25%	21%	20%
Seriously considered attempting suicide	18%	17%	14%	12%
Made a plan about how they would attempt suicide	17%	14%	11%	8%

What Can We Do?

- 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 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...

- NDE
  -Coordinated School Health
  (402) 471-4352; (402) 462-4187 x 166
  http://www.education.ne.gov/CSH/

- NDHHS
  -Injury Prevention and Control Program (402) 471-2101
  www.dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx

  -Behavioral Health (402) 471-7795
  http://dhhs.ne.gov/behavioral_health/

- Nebraska Suicide Prevention Coalition
  http://youthsuicideprevetnion.nebraska.edu

Coordinated School Health

A Model For Success

Coordinated School Health CSH) is a systems-building process by which schools, school districts, and communities can develop capacity and create an infrastructure that supports improvement in health-promoting environments for students and staff. It is a vehicle for school improvement-improving students' academic performance and overall physical well-being by promoting health in a systemic way.

CSH consists of two components: structure and process. The CSH **structure** outlines eight components schools must address to tend to student's holistic health needs: health education; physical education; health services; nutrition services; counseling and psychological services; healthy school environment; health promotion for staff; and family and community involvement. Many of these programs are already in place in schools, but are often fragmented. The CSH **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 CSH 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
- Pregnancy and parenting
- Psychological and emotional problems
- Age-related promotion
- Frequent suspensions
- Poor reading and math skills
- Lack of engagement due to poor instruction, unwelcoming environment

Coordinated School Health in Action: What the Research Says

<u>Healthy Students Perform Better Academically</u>

- 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 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 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
  (402) 471-4352; (402) 462-4187 x 166
  http://www.education.ne.gov/CSH/index.html
- NDHHS
  - Nutrition & Activity for Health (402) 471-0160
  http://dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx
  www.cdc.gov/HealthyYouth/CSHP

Resources

Alcohol & Other Drugs

NDHHS
- Substance Abuse Prevention Program (402) 471-2353
  http://dhhs.ne.gov/behavioral_health/Pages/sua_suaindex.aspx

NDE
- Safe and Drug Free Schools Program (402) 471-2448
  http://www.education.ne.gov/federalprograms/sdfs/SDFS_Index.html

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

Nutrition & Physical Activity

NDE
- Nutrition Services (402) 471-3566
  http://www.education.ne.gov/NS/index.html
- Physical Education (402) 471-4352; (402) 471-2109
  www.education.ne.gov/HEALTH/index.html

NDHHS
- Nutrition and Activity for Health (402) 471-2101
  www.dhhs.ne.gov/hew/hpe/nafh
  www.neactionforhealthykids.org

USDA Team Nutrition
http://dhhs.ne.gov/publichealth/Pages/tfn.aspx

CDC Nutrition, Physical Activity, & Obesity
http://dhhs.ne.gov/publichealth/Pages/tfn.aspx

Sexual Behavior/STDs

NDE
- Health Education/HIV Prevention
  (402) 471-4352; (402) 462-4187 x 166
  www.education.ne.gov/HEALTH/index.html
  www.education.ne.gov/HIV/index.html

NDHHS
- Infectious Disease Prevention and Care (402) 471-9098
  http://dhhs.ne.gov/publichealth/pages/std_index.aspx
- Reproductive Health Program (402) 471-3980
  http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx
- Adolescent Health Program (402) 471-0538
  http://dhhs.ne.gov/adolescenthealth
- Sexually Transmitted Disease Program (402) 471-2937
  dhhs.ne.gov/publichealth/pages/std_index.aspx

Tobacco

NDHHS
– Tobacco Free Nebraska Program
  (402) 471-2101 or (800) 745-9311
  http://dhhs.ne.gov/publichealth/Pages/tfn.aspx

NDE
- Coordinated School Health
  (402) 471-4352
  http://www.education.ne.gov/CSH/

American Cancer Society (800) 642-8116

American Lung Association (800) LUNGUSA

Tobacco Free Nebraska Resource Directory
http://dhhs.ne.gov/publichealth/Pages/tfn.aspx

Campaign for Tobacco-Free Kids
http://www.tobaccofreekids.org/

CDC - Office on Smoking and Health
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
  http://dhhs.ne.gov/publichealth/Pages/codes_trafficsafety.aspx

NDE
- Health Education (402) 471-4352; (402)471-2109
  http://www.education.ne.gov/HEALTH/index.html

Violence & Bullying

NDHHS
- Injury Prevention and Control Program (402) 471-2101
  www.dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx
- Child Death Review Team (402) 471-9048
  www.dhhs.ne.gov/publichealth/pages/cdrteam.aspx
- Adolescent Health Program (402) 471-0538
  http://dhhs.ne.gov/adolescenthealth

NDE
- Health Education (402) 471-4352; (402) 471-2109
  ww.education.ne.gov/HEALTH/
- HIV Prevention (402) 462-4187 x 166
  www.education.ne.gov/HIV/

It Gets Better http://www.itgetsbetter.org/

Trevor Project http://www.thetrevorproject.org/

The Bullying Project www.thebullyproject.com

Stop Bullying Now www.stopbullying.gov

GLSEN www.glsen.org

PFLAG www.pflag.org

Mental Health & Suicide

NDHHS

- Injury Prevention and Control Program (402) 471-2101
  http://dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx
- Child Death Review Team (402) 471-9048
  http://dhhs.ne.gov/publichealth/Pages/cdrteam.aspx
- Behavioral Health (402) 471-7795
  http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx

NDE

- Health Education (402) 471-4352; (402) 471-2109
  http://www.education.ne.gov/HEALTH/index.html

Coordinated School Health

NDE

- Coordinated School Health (402) 471-4352; (402) 462-4187 x 166
  http://www.education.ne.gov/CSH/Index.html
  http://www.education.ne.gov/HEALTH/index.html
  http://www.education.ne.gov/PE/index.html
  http://www.education.ne.gov/HIV/index.html

NDHHS

- School Health Program (402) 471-1373
  http://dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx

Miscellaneous/Other

http://www.nebhands.nebraska.edu
http://www.publichealthne.org
http://www.actionforhealthykids.org

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