



Nebraska Adolescent Health Infographics 2023

Scan the QR code to review the complete report on the NDE website.



Adolescent Health

We must know where we are starting to map our future.

The Institute of Medicine (IOM) describes health as “optimal physical, mental, social, and emotional functioning and well-being”¹. Schools and families 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 together to support and enhance the efforts of schools and parents in order to facilitate optimal healthy outcomes for our youth.

Together, NDE and NDHHS monitor how common and widespread various health risk behaviors are among Nebraska youth. Vital statistics records and surveys provide data for this monitoring and the measurement of change and progress towards health goals. This report focuses on the results of two sets of data collection in Nebraska: The Youth Risk Behavior Survey (YRBS) and the School Health Profiles (SHP). The findings in this report are intended to be a resource for future discussion and action around health education, risk reduction, and prevention activities targeted towards youth in Nebraska. Please note that only statistically significant differences between groups or over time are reported.

Primary Data Sources

2021 Youth Risk Behavior Survey (YRBS)

The Centers for Disease Control and Prevention (CDC) started the YRBS in 1990 to monitor youth health behaviors and provide comparable data across different populations. The survey covers six categories of behavior linked to the leading causes of death, disability, and social problems for youth and adults in the United States:

- Unintentional injuries and violence
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Risk behaviors

Administered every other year since 1991, the YRBS is collected from a random sample of 9th-12th grade students within a random sample of public schools. The Nebraska survey results are weighted to generalize to the entire 9th-12th grade public school population of Nebraska.

2022 School Health Profiles (SHP)

The IOM recommends that all secondary schools require for graduation, at minimum, a one semester health education course. Starting in 1995, the CDC established SHPs to monitor school health practices. The data is intended to be used by decisionmakers to understand gaps in policies and practices that impact student academics and health. Topics include:

- Health education requirements
- Physical education and activity
- Safe and supportive environments
- Health services
- School health coordination
- Family involvement in schools

Conducted every other year, separate surveys are conducted with school principals and lead health educators in school enrolling students in 6th – 12th grades.

View Nebraska past survey data & learn more.

Left: YRBS Right: SHP

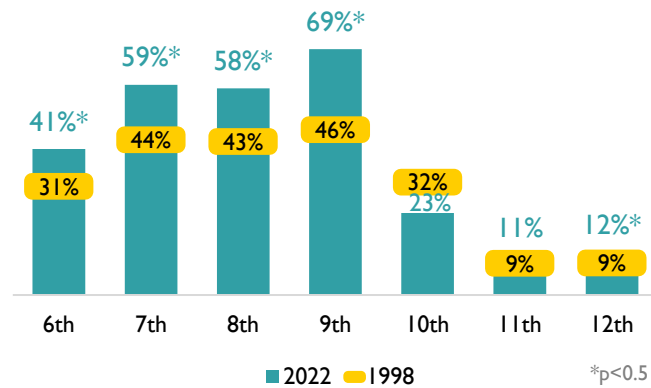


¹ National Academies of Sciences, Engineering, and Medicine. 1997. Schools and Health: Our Nation's Investment. Washington, DC: The National Academies Press. <https://doi.org/10.17226/5153>.

Health Education + Adolescent Health

Health education provides opportunities for students to learn and develop skills to make quality health decisions. Following National Health Education Standards, and promoting personal, family, and community health, education should address students' needs and work in collaboration with the community.

The number of students taking a required health education course has increased for most grades since 1998, but it drops dramatically after grade 9.



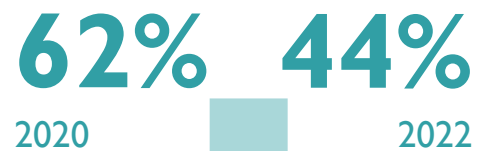
While most schools' health education curriculum address skills intended to help adolescents make informed decisions about their health, there was a decrease since 2020

	2020	2022
Comprehending concepts related to health promotion and disease prevention to enhance health	96%	91%*
Analyzing the influence of family, peers, culture, media, technology, etc. on health behaviors	96%	91%
Using decision-making skills to enhance health	97%	91%*
Using interpersonal communication skills to enhance health and avoid/reduce health risks	96%	91%*
Practicing health-enhancing behaviors to avoid or reduce risks	98%	91%*
Using goal-setting skills to enhance health	96%	90%*
Advocating for personal, family, and community health	95%	89%*
Accessing valid information and products and services to enhance health	95%	85%*

*p<.05



Seven out of ten lead health educators were certified, licensed, or endorsed by the state to teach health education. This is an increase from 66% in 2006



Fewer lead health education teachers reported that the major emphasis of their professional preparation was on health education or health and physical education.



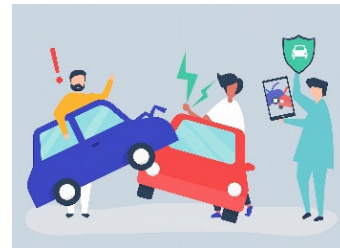
Motor vehicle crashes kill more teens age 15-19 than any other cause in Nebraska.

Teens are only 5% of Nebraska drivers but are part of one in five crashes: in 2020, that was 6,218 crashes!

Adolescents in non-metropolitan areas were more than twice as likely to die in a motor vehicle accident than their peers in metropolitan areas.

Past month teen behaviors associated with accidents:


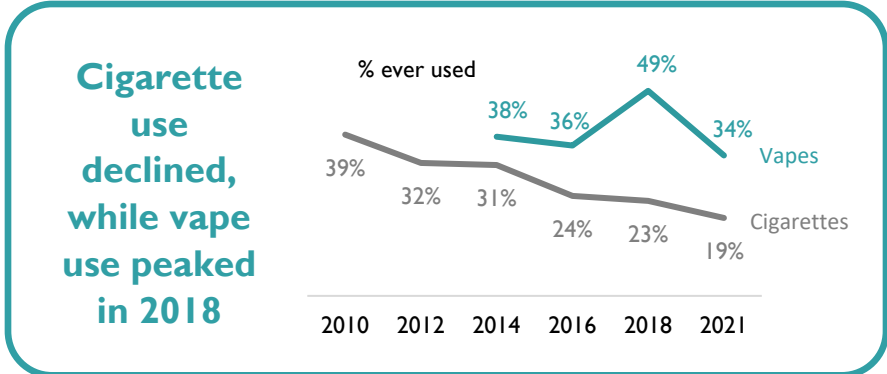
- 58% talked on a cell phone while driving.
- 51% texted or emailed while driving.
 - > more than national average (36%)
- 55% did not always wear a seatbelt.
 - > more than national average (40%)
 - > an increase from 2018 (48%)
- 15% rode with a driver who was drinking.
- 5% drove while under the influence of alcohol




Teens' substance use – both in the last 30 days and ever – was highest for alcohol and e-cigarettes

	Ever	Current
Alcohol	45%	19%
E-cigarettes	34%	15%
Marijuana	19%	11%
Cigarettes	19%	4%
Misused Rx pain medication	7%	3%

Lifetime marijuana use and misuse of Rx pain medication decreased from previous years and is lower than the national average

48% of teen tobacco users tried to quit in the last year





Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168; 2021 YRBS data, n=675; NDOT reports. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

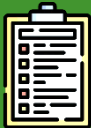
Nutrition Environment and Services + Adolescent Health


The nutrition environment is about students' learning and healthy eating, including messaging and access to healthy food and drink. Nutrition services cover the school meal programs, making sure all food options meet standards, and education for those who provide these services.


"Nutrition and exercise could arguably be considered as important if not more important than the classic school education of 'reading, writing, & arithmetic.' In the long run, regardless of careers these are the basic things that affect all students and cause the most expensive future health problems in the USA."


– Dr. Jesse J. Barondeau, M.D., Children's Nebraska

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18% of schools used food as a reward for good behavior or grades
Down from 32% in 2020
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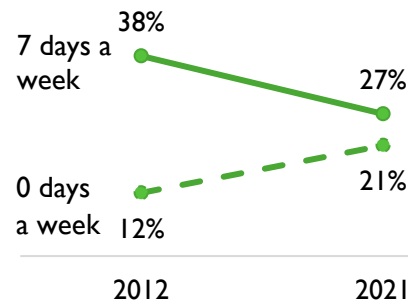
48% of schools use School Health Index or other assessment to assess school policies, activities and programs regarding nutrition
Up from 30% in 2008
- 

60% of schools served locally or regionally grown foods
Up from 37% in 2012
- 


38% of schools planted a school garden for food
Up from 12% in 2012
- 

49% of schools provided information on the nutrition and calories in available foods
Up from 35% in 2008

Despite 96% of schools teaching about the benefits of eating breakfast every day - eating breakfast is less common for teens than a decade ago



Beverage consumption:

- 27% Drank milk daily. 
Down from 35% in 2018
- 14% Drank soda daily.
Down from 26% in 2010
- 62% Drank sports drinks weekly.
Up from 54% in 2018 and More than US average of 52%

Advertising for candy, fast food, or soft drinks in schools is less common than it used to be:

- 50% prohibit ads on educational materials (61% in 2020)
- 48% prohibit ads in school buildings (59% in 2020)
- 44% prohibit ads on school grounds (62% in 2018)




Health Services + Adolescent Health

School health services address actual and potential health issues. Beyond first aid, emergency care, and chronic conditions, services include wellness promotion, student and parent education, and referrals to care. Health services also work with community services to help students and their families deal with stressors.

Health services varied by school

47% Had a full-time registered nurse vs. 31% in 2008

52% Had a part-time registered nurse 

18% Had a health center



Chronic health conditions were supported by most schools:

- 83% administered daily medication.
- 77% managed cases
- 61% had protocols to ensure students with chronic conditions are enrolled in insurance programs, if eligible



A **third** of Nebraska teens described themselves as overweight.



Using BMI calculations
15% of students were overweight.




19% of students were obese.
(an increase from 13% in 2018)

48% of students were trying to lose weight.
(an increase from 42% in 2018)

This was more common for girls (56%, down from 67% in 1991) than for boys (41%, up from 31% in 2018)

38% of schools routinely used school records to track obesity in students.

46% of schools provide health services referrals to students
100% of schools provided this in 2012

71% of students had seen a dentist in the last year 
Down from 77% in 2018

4% of students had never seen a dentist*

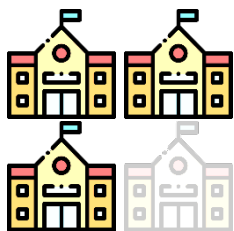
*Higher than the US average (1%)



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168. 2021 YRBS data, n=675. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

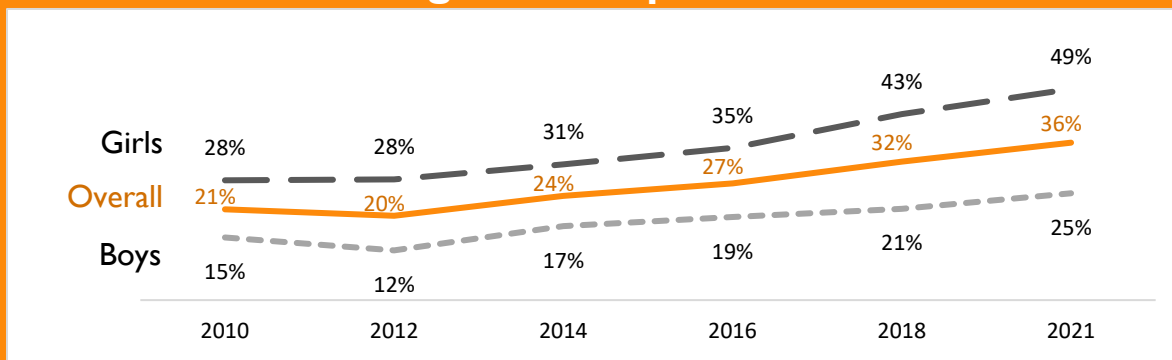
Counseling, Psychological, and Social Services + Adolescent Health

These services support behavioral, emotional, and mental health for students through on-site services, referrals to services, and school-community-family collaborations. Assessments and interventions help address psychological, academic, and social barriers to learning.



Three out of four schools used school-wide trauma informed practices (79%) or provided confidential mental health screenings to identify students in need (74%)

Students feeling sad or hopeless is on the rise



Girls were twice as likely as boys to say they felt sad/hopeless, but there have been increases for both groups over time.

One in four girls considered attempting suicide in the year before, but boys were almost four times more likely as girls to die by suicide.

	Overall	Girls	Boys
Considered suicide	19%	25%	14%
Planned a suicide attempt	14%	Not significantly different	
Attempted suicide	10%	15%	6%
Suicide rate (Per 100,000 population)	11.57	4.73	18.12

Most schools had written protocols related to suicide prevention.

92% Assess student suicide risk.

95% Notify parents when student is at risk.

93% Refer at risk students to services

Adverse Childhood Experiences (ACEs)

86% Of students said an adult in their household tried hard to make sure basic needs were met.

ACEs were reported by up to 80% of teens in Nebraska

Ever lived with someone who was depressed, mentally ill, or suicidal	36%
Ever lived with someone who was having a problem with alcohol or drug use	31%
Ever separated from a parent or caregiver because of jail, prison, or a detention center	18%
A parent or other adult in your home swore, insulted, or put them down	15%
Someone at least 5 years older ever made them do sexual things they did not want to do	6%
Usually did not sleep in caregiver's home	2%
A parent or other adult in home hit, beat, kicked, or physically hurt them in any way	2%
Parents or other adults in home slapped, hit, kicked, punched, or beat each other up	1%

Girls were more likely than boys to report the following ACEs:

	<u>Girls</u>	<u>Boys</u>	
Ever lived with someone who was depressed, mentally ill, or suicidal	44%	26%	13% of substantiated cases of child abuse and neglect were for adolescents ages 15+ → 68% of the victims were male, 32% female
A parent or other adult in your home swore, insulted, or put them down	18%	11%	
Someone at least 5 years older ever made them do sexual things they did not want to do	10%	3%	



Data from the Nebraska 2022 School Health Profiles: Principal data, n=196; Lead Health Education Teacher data, n=168. 2021 YRBS, n=675. DHHS Child Abuse and Neglect Report. CDC WISQARS. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

Social and Emotional Climate + Adolescent Health

The interaction between society and students' thoughts and behaviors impact development and the learning experience. A positive social and emotional climate promotes student academic performance, engagement, relationships, and feeling safe and supported.

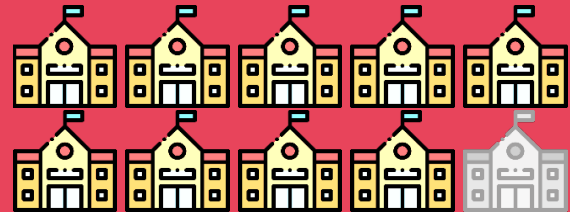


64% of schools

with students in grades 6-8 and 62% of schools with students in grades 9-12 assessed the ability of students to set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them in a required health course.

This was an increase from the 50% reported by middle schools in 2020.

Nine out of ten schools (90%)



provided universal mental health promotion, such as social-emotional learning programs or positive behavioral interventions and supports

Teachers tried to increase student knowledge in a required course in grades 6-12

- 98% covered mental and emotional health (up from 88% in 2008)
- 92% covered suicide prevention (up from 70% in 2008)

Teachers received Professional Development (PD) in these areas.

- 63% received PD on mental and emotional health (24% in 2000)
 - 59% wanted this PD in the future, up from 52% in 2000.
- 70% received PD on suicide prevention (17% in 2002)
 - 54% wanted this PD in the future.



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

Physical Environment + Adolescent Health

A healthy school environment includes the school building and its physical conditions, plus the surrounding area. The school should protect students and staff from physical threats to promote learning.

96% Of schools tried to increase student knowledge of violence prevention in a required course in grades 6-12
This is an increase from the 86% reported in 2008.

- 39% of schools had a school resource officer as security staff at their school on a typical day.
- 14% had other police officers, such as county or local law enforcement.
- 94% of schools had a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression – an increase from 91% in 2014.

7% of Nebraska students did not go to school at least one day in the past month because they felt unsafe at school, or on the way
This was 4% in 2010.

One in ten students were offered, bought, or given an illegal drug while on school grounds. This was lower than the national average of 14%

One out of five students were bullied on school property in the past year.

This was more common for girls in Nebraska than boys, and higher than the national average



One in four teen girls (26%) in Nebraska were bullied electronically, compared to 8% of boys.



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168. 2021 YRBS, n=675. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

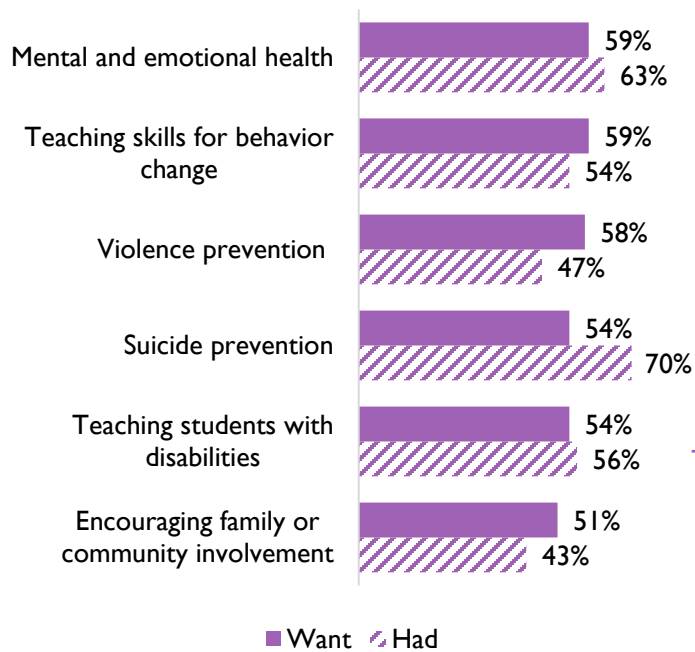
Employee Wellness + Adolescent Health

Healthy school staff support students' wellbeing and academic success. As a worksite, schools foster employees' physical and mental health. Staff who have appropriate training and resources are a benefit to their students and community.

95% of schools had a tobacco-use prevention policy that specifically prohibited tobacco use by faculty and staff during school hours and **68%** specifically prohibited tobacco use during non-school hours




The most common professional development topics teachers wanted and received included:



In a national study of teachers and principals, some working conditions were associated with differences in well-being* for everyone.

Worse outcomes

- Exposure to school violence 
- Harassment I+ time about school COVID-19 safety policies
- Harassment I+ time regarding teaching about race/racism/bias

Better outcomes

- Reporting active involvement in school or district decision making
- When teachers receive administrator support

*Indicators included burnout, job-related stress, depression, ability to cope, and resilience



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168, and the RAND the State of the American Teacher and State of the American Principal Surveys. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

Family Engagement + Adolescent Health

Student learning and development is supported when family and school staff work together. When families feel welcomed and engaged, with the support of school staff, student health and wellbeing is reinforced.

67% Of schools communicated their district's wellness policy to parents and families in the past year

The most common information schools shared with parents or caregivers in the past year was:

- Physical education and activity programs (62%)
- Before- and after-school programs (58%)
- How to prevent student bullying and sexual harassment, including electronic aggression (51%)

Fewer schools provided information on how to monitor their teen in 2022 than in 2014:
37% vs. 53%



Thirty-five percent of schools gave students health education related assignment or activities to do at home with their families

This was 50% in 2014



38%

of schools worked with students' families in the past two years to develop or implement policies and programs related to school health



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

Physical Education and Physical Activity + Adolescent Health

The national framework for physical education (PE) and youth physical activity (PA) includes physical education, physical activity during school, physical activity before & after school, staff involvement, and family & community engagement

91% Nine out of ten students had required physical education in grade 9, more than later grades.

53% of high schoolers attended a PE class at least once a week, an increase from 44% in 2018.

34% attended PE 5 days a week, which is higher than the US average (19%)



The following topics were covered in physical education classes at a higher rate than 2008:

Health-related fitness, such as muscular endurance, flexibility, and body composition

98% in 2022, 93% in 2008



Preventing injury during physical activity

97% in 2022, 90% in 2008

Dangers of using performance-enhancing drugs (e.g., steroids)

92% in 2022, 86% in 2008

83% Of schools offered interscholastic sports opportunities



A decline from 93% in 2012

Other opportunities for physical activity at school included PA outside of PE:

- In class during the day (65%)
This is up from 46% in 2012.
- Activities in the school day such as recess, lunchtime activities, and PA clubs (61%)
This is down from 76% in 2020.
- Before school (68%)
This is up from 60% in 2014.
- After school (89%)



84%



of schools have a dedicated budget for PE materials and equipment

Down from 91% in 2020

42%

of health instructors had professional development in PA in the last two years.

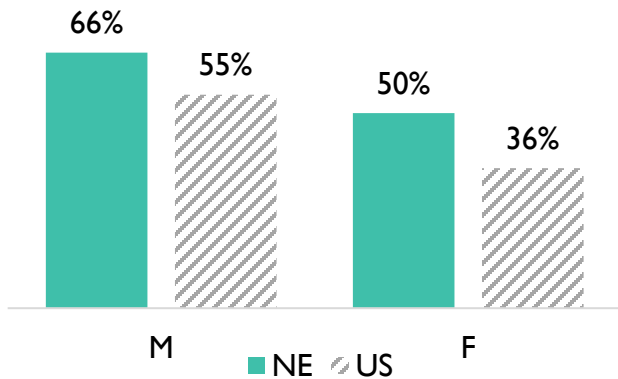
Up from 34% in 2000

74%

of schools require teachers to follow a written curriculum for PE.

Down from 88% in 2000

Nebraska students were more likely to report being active for at least an hour on five or more days than US students, on average (58% vs. 45%), and boys were more active than girls, on average, at the local and national levels.



In Nebraska, the overall increase is a recent trend, up from 50% in 2018



One out of six students (17%) had a concussion from playing sports or being physically active in the year prior to the survey.



62% of schools gave parents and caregivers information about physical activity and physical education in the current year.

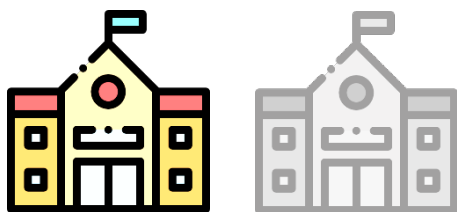
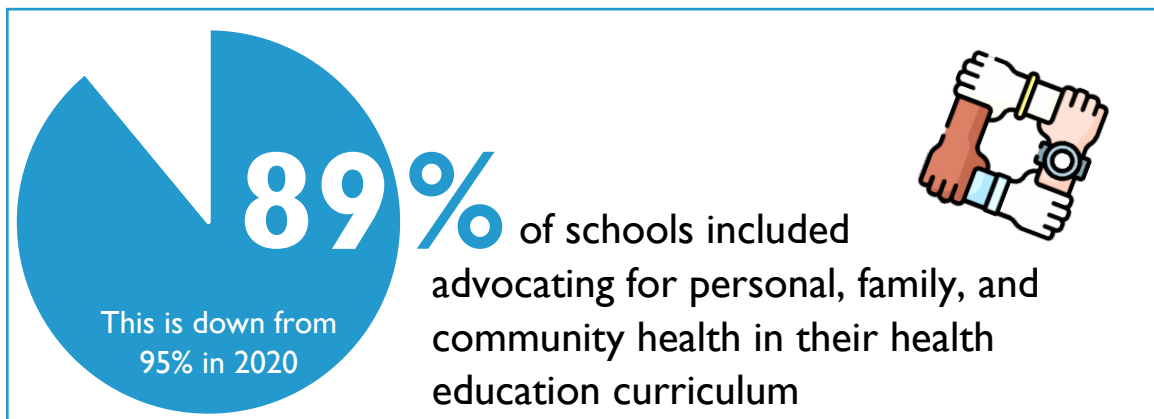
32% of schools had parents as volunteers in physical activities and related activities.



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168; 2021 YRBS data, n=675. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

Community Involvement + Adolescent Health

Partnerships with community groups, local businesses, and other organizations can support student learning by coordinating information, resources, and services. Staff, students, and families contribute to the community through the sharing of school resources and service-learning opportunities.



49% of schools had an advisory group, such as a school council, committee, or team, for guidance on the development of policies or coordinated activities on health topics.

In 2020, 65% of schools had an advisory group.

60% of schools linked families to health services and programs in their community

37% of schools worked with community-based organizations for before- or after-school programming

42% of schools had community-based service-learning programs

58% of schools had community-based mentoring programs

- A decrease from 68% in 2020

Professional development on encouraging family/community involvement and programs in their community increased from 29% in 2014 to 43% in 2022.

Half of educators wanted training in this area in the future.



Data from the Nebraska 2022 School Health Profiles. Principal data, n=196; Lead Health Education Teacher data, n=168. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.