## Nebraska Adolescent Health Report 2023

## Acknowledgements

## Nebraska Department of Education

Ranae Aspen, MS
Jessie Coffey, MS RDN
Lauren Christensen, MS RD
Kayte Partch, MD RD
Brian Welch, MS
Erika Wibbels, MS
Zainab Rida, PhD

## Children's Nebraska

Jesse Barondeau, MD
Holly Dingman, MS RD
Kim McClintick, MS RN
Andrea Riley, BSN, RN
Jewel Schifferns, MS

## Partners for Insightful Evaluation

Mindy Anderson-Knott, MA
Liz Gebhart-Morgan, MPH/MPA
Alian Kasabian, PhD

The Nebraska Department of Education's (NDE) Office of Coordinated Student Support Services (CSSS) provides coordinated support related to the social, emotional, behavioral, mental and physical health and safety of students to enhance learning and achievement. To best serve and support all students and school staff throughout Nebraska, the CSSS Team:

- Ensures equity by advancing demonstrable access and opportunity for an equitable, high quality education and associated student support services.
- Provides collaborative leadership, content expertise and technical assistance related to student support services and corresponding resources.
- Fosters alignment by promoting the shared goals of improving the social, emotional, behavioral, mental and physical health and safety of all students and helping them establish lifelong healthy behaviors.
- Cultivates coordination in development, implementation and evaluation of a comprehensive array of student support services and corresponding professional development for school staff.
- Encourages adoption of evidence-based and best practices in student services and supports, as well as exploration of innovation and promising practices.
- Establishes and sustains collaborative strategic partnerships among State and local agencies, non-profit organizations, post-secondary education institutions, community groups, businesses and industry partners.
- Promotes timely, effective response by bringing together multidisciplinary expertise and resources to produce the needed array of cross-systems services and supports for students and school staff.
- Advises and encourages collaboration with other NDE Teams, the Nebraska State Board of Education and external partners to produce greater impact in matters related to student support services for true systems change.



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## Adolescent Health

## We have to 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"'. 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 o 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: only statistically significant differences between groups or over time are reported.

## Primary Data Sources

202 I Youth Risk Behavior Survey (YRBS)
The Centers for Disease Control and Prevention (CDC) started the YRBS in 1991 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, the YRBS is collected from a random sample of $9-12^{\text {th }}$ grade students within a random sample of public schools. The Nebraska results are weighted to generalize to the entire $9^{\text {th }}-12^{\text {th }}$ grade public school population of Nebraska.

Find more information on YRBS here.

[^0]
## 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.


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

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

## 62\% 2020 2022 <br> 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 1519 than any other cause in Nebraska. <br> Teens are only 5\% of Nebraska drivers but are part of one in five crashes: in 2020, that was $\mathbf{6 , 2 1 8}$ 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

|  | $\underline{\text { Ever }}$ | 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

Cigarette use declined, while vape use peaked in 2018


## 48\% of teen tobacco users tried to quit

 in the last year
## Health Education

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 required health education courses and what grade they are taught in varies. Ninety-four percent of schools require instruction in health education in any grade between sixth and twelfth. Nearly all of these grades (except $10^{\text {th }}$ and $I I^{\text {th }}$ ) have increased since 1998 , but there were no recent changes for any grade. Figure I shows the number of required health education courses in grades six through twelve. One course is the most common, but $54 \%$ require two or more (an increase from $36 \%$ in 1998). Figure 2 shows that required health education courses drop greatly after ninth grade.

> Figure I: Number of required health education courses in grades 6-12


Figure 2: Which grades included a required health education course


Seven out of ten lead health educators were certified, licensed, or endorsed by the state to teach health education, which is a significant increase from $66 \%$ in 2006 . However, there was a recent decrease in the proportion of schools in which the major emphasis of the lead health education teacher's professional preparation was on health education or health and physical education, which declined from $62 \%$ in 2020 to $44 \%$ in 2022. This was replaced with an increase in emphasis on nursing, counseling, public health, or other area. In general, lead health educators in Nebraska are experienced: half ( $51 \%$ ) had at least 10 years of experience, and one in six (16\%) had 6-9 years of experience.

Three out of four instructors were provided with goals, objectives, and expected outcomes for health education ( $75 \%$ ), and/or written health education curriculum ( $75 \%$ ). Two out of three schools gave those teaching health education plans for how to assess students' performance in health education, which was a statistically significant increase from 2008 (58\%). Charts describing the annual scope and
sequence of instruction for health education were the least common (58\%), but still a significant increase from 2008 (55\%).

As shown in Table I, the majority of schools reported health education curriculum intended to help adolescents make informed decisions about their health. All skills were reported less frequently than in 2020, with the exception of analyzing the influence of family, peers, culture, media, technology, etc. on health behaviors. While still reported by $85 \%$ of schools, the greatest decline was in assessing valid information, products, and services to enhance health.

| Table I: Percentage of schools whose health education curriculum addresses each skill. |  |  |
| :--- | ---: | ---: |
|  | 2020 | 2022 |
| Comprehending concepts related to health promotion and disease prevention to <br> enhance health | $96 \%$ | $91 \%^{*}$ |
| Analyzing the influence of family, peers, culture, media, technology, etc. on health <br> behaviors | $96 \%$ | $91 \%$ |
| Using decision-making skills to enhance health | $97 \%$ | $91 \%^{*}$ |
| Using interpersonal communication skills to enhance health and avoid/reduce health <br> 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 | $95 \%$ | $85 \%^{*}$ |

* significant change over time ( $p<.05$ )

Motor Vehicle Accidents: The Centers for Disease Control (CDC) collect data on fatalities suffered by different age groups. According to their WIQARS data portal, the age-adjusted rate of motor vehicle deaths per 100,000 people for adolescents ages 15 -19 was 16.97 over the decade 2010-20202. This was higher for males (19.63) than for females (14.20) in this age range. There was also a difference based on location: adolescents in non-metropolitan areas were more than twice as likely to die in a motor vehicle accident than adolescents in metropolitan areas (26.83 vs. II.66). Nebraska's Department of Health and Human Services reports that motor vehicle crashes are the \#I killer of teens in this age range ${ }^{3}$. They point out that drivers aged 15 -I9 represent only $5 \%$ of Nebraska drivers, but are part of one in five crashes. In 2020, that was 6,218 crashes involving 15-19 year olds.

Between 2016-2020, there were 33,856 documented crashes with teen drivers ${ }^{4}$. Of all accidents involving teen drivers between 2016-2020, nearly half occurred between the hours of noon and 6:00 PM (Table 2). Although the

| Table 2: Crashes involving teen drivers by time of day |  |  |
| :--- | :---: | :---: |
|  | \% of accidents | \% with injuries |
| Midnight to 6am | $5 \%$ | $28 \%$ |
| 6am to noon | $24 \%$ | $20 \%$ |
| Noon to 6pm | $46 \%$ | $20 \%$ |
| 6pm to midnight | $25 \%$ | $24 \%$ | fewest number of accidents involving teen drivers occurred between midnight and 6:00 AM, $28 \%$ resulted in injury or fatality, and fatalities occurred twice as often as any other time of day.

Accidents involving teens were much more likely to occur on dry roads (a rate of 4,277 per 100,000 population) as compared to roadways effected by adverse weather. Of accidents involving improper

[^1]driving behaviors, distractions (a rate of 639 per 100,000 ) were the most common, followed by speeding (295), lack of seat belt (260), out after curfew (255), and alcohol was the least likely to be involved (96).

The Nebraska Department of Transportation (NDOT) reports on the number of crashes and injuries involving teens. Currently, data is only available through 2020. Figure 3 shows the rates of crash-related injuries among teen drivers and passengers by severity. There was a slight downwards trend between 2017 and 2020, with a larger drop in 2020 - attributable to reduced travel during the COVID-I9 pandemic.

Figure 3: Crash-related injury severity among drivers and passengers age 15 -19, rates per 100,000 people


Self-reported behaviors in the YRBS indicate these behaviors are common among adolescents. Three out of five Nebraska teens (58\%) said they had talked on a cell phone while driving in the past month. About half of Nebraska teens (5I\%) said they had texted or emailed while driving in the month prior to the survey - much more than the national average of $36 \%$. One in twenty youth drove under the influence of alcohol in the past 30 days, and $15 \%$ rode in a car with a driver who had recently consumed alcohol. More than half of Nebraska teens (55\%) said they did not always wear a seat belt when riding in a vehicle in 2021, which reflects an increase from 2016 and 2018, following a decreasing trend that was observed between 2010 and 2016. Furthermore, Nebraska teens report higher rates of not always wearing a seat belt than the national average (Figure 4).

> Figure 4: Nebraska students were more likely than students nationwide to say they did not always wear a seat belt when riding in a vehicle

|  | [- |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | - - - - - - - - - - - - - |  |  |  |  |  |
|  | - - - - - - - - - - - - - - - - - - - - - |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 2010 | 2012 | 2014 | 2016 | 2018 | 2021 |
| - NE | 62\% | 54\% | 50\% | 42\% | 48\% | 55\% |
| - US | 46\% | 45\% | 39\% | 41\% | 43\% | 40\% |

Student Grades \& Health Outcomes: More than three out of four Nebraska teens (78\%) earned mostly As and Bs, according to self-report. More than a quarter (27\%) got at least eight hours of sleep a night. Seven out of ten had ever had a sunburn.

Alcohol Use: Twelve percent of Nebraska high school students had their first drink of alcohol before the age of I3. Nearly half of students surveyed (45\%) had ever drank alcohol, and $19 \%$ reported currently drinking alcohol (had at least one drink in the past 30 days), which reflects a decrease from $27 \%$ in 2010. One in ten ( $9 \%$ ) had binge drank in the past 30 days (defined as having four or more drinks in one sitting if female, and five or more drinks if male), and $4 \%$ said they had ten or more drinks in a row in one setting. Two out of five students (39\%) were given the alcohol they drank.

Tobacco Use: Six percent of students had tried smoking tobacco prior to the age of I3. Nearly one in five had ever tried to smoke cigarettes (19\%), and more than a third had ever vaped (34\%). Figure 5 shows how these have changed over the last decade (vaping was not asked before 2014), with the recent declines potentially due to the 2019 law prohibiting the purchase of tobacco for those under the age of 21 . A linear decline was observed for lifetime cigarette use between 2010 and 202I, while vaping peaked in 2018 and then decreased to the lowest rate in 2021.

| Table 3: Use of tobacco products in past 30 days |  |  |  |
| :--- | :---: | :---: | :---: |
|  | Current <br> (I+ day) | Frequently <br> $(20+$ days) | Daily <br> $(30$ days) |
| Cigarettes | $3.7 \%$ | $0.1 \%$ | $0.1 \%$ |
| Vape/e-cigarette | $14.7 \%$ | $6.1 \%$ | $4.9 \%$ |
| Smokeless tobacco | $2.9 \%$ | $0.5 \%$ | $0.5 \%$ |
| Cigars | $3.0 \%$ | $0.1 \%$ | $0.1 \%$ |

Table 3 shows the frequency of use of common types of tobacco, and Figure 6 shows the percentage of students who frequently ( $20+$ days in the last month) used cigarettes or vaped. Vaping (aka e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, mods, or brands like JUUL, SMOK, Suorin, Vuse, blu,) was the most common behavior overall, with much greater frequency than cigarettes, smokeless tobacco (aka chewing tobacco, snuff, dip, snus, or brands like Copenhagen, Grizzly, Skoal, or Camel Snus), or cigars. Individuals could use multiple types of tobacco, and overall, $15 \%$ of students had used one of the products in Table 3 in the past month. Six percent had used cigarettes, smokeless tobacco, or cigars, indicating about 9\% of vape users only use e-cigarettes. Of the students that used tobacco, nearly half ( $48 \%$ ) had tried to quit in the past year.

Figure 5: The percentage of Nebraska students who ever used cigarettes or vapes declined at different rates


Figure 6: Frequent use of cigarettes declined at a similar rate to how frequent use of vapes increased

|  | - - - - |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | - - - - |  |  |  |  |  |
|  | 2010 | 2012 | 2014 | 2016 | 2018 | 2021 |
| $\longrightarrow$ Cigarettes | 6\% | 3\% | 4\% | 2\% | 1\% | 0\% |
| - Vapes |  |  | 2\% | 2\% | 7\% | 6\% |

Marijuana Use: Three percent of students had tried marijuana before the age of 13 , and nearly one in five (19\%) had ever used marijuana. This is lower than the national average of $28 \%$ and is a longstanding difference (Figure 7). Lifetime use of marijuana students was lower in 2021 than in 2010, 2016, and 2018. Fewer in Nebraska (11\%) had used marijuana in the last 30 days than the national average (16\%), and only $4 \%$ had ever used synthetic marijuana (aka fake weed, Spice, K2, or Black Mamba).

Figure 7: Lifetime use of marijuana was lower for Nebraska students than national averages


Other Drug Use: Adolescents in Nebraska were much less likely to misuse prescription drugs than peers nationwide, on average. Seven percent of Nebraska teens had ever used prescription pain relief drugs without a doctor's prescription or other than prescribed, compared to $12 \%$ of teens nationwide. As Figure 8 shows, this reflects a notable recent decline that was not observed nationally.

Figure 8: Misuse of prescription pain relief medication dropped lower for Nebraska students than national averages

|  | --2--2---1 |  |  |
| :---: | :---: | :---: | :---: |
|  | 2016 | 2018 | 2021 |
| - NE | 14\% | 15\% | 7\% |
| - - US | 14\% | 14\% | 12\% |

## 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.

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


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 (6I\%) This is down from 76\% in 2020.
- Before school (68\%) This is up from $60 \%$ in 2014.
- After school (89\%)

-s



## 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 2000Nebraska 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.


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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.

[^2]
## Physical Education and Physical Activity

The national framework for physical education (PE) and youth physical activity (PA) includes 5 components:
I. Physical education
2. Physical activity during school
3. Physical activity before \& after school
4. Staff involvement
5. Family \& community engagement

Required PE courses in schools varied by grade, dropping greatly after ninth grade (Figure 9). More students in $\mathrm{I}^{\text {th }}$ and $12^{\text {th }}$ grade have to take PE now than in 2004 (which was $26 \%$ and $25 \%$ ). Just over half
 of high school students reported (53\%) attended PE at least once a week, an increase from $44 \%$ in 2018. A third of Nebraska students (34\%) reported attending PE daily, much more than the national average ( $19 \%$ ).

Many PA topics were commonly covered in these classes:

- $99 \%$ - Increasing daily physical activity.
- $98 \%$ - Health-related fitness. This was an increase from 93\% in 2008.
- $98 \%$ - Benefits of drinking water before, during, and after physical activity
- $97 \%$ - Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease.
- $97 \%$ - Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)
- $96 \%$ - Mental and social benefits of physical activity
- $97 \%$ - Preventing injury during physical activity. This is up from $90 \%$ in 2008.
- $96 \%$ - Phases of a workout (i.e., warm-up, workout, and cool down)
- $95 \%$ - Decreasing sedentary activities (e.g., television viewing, using video games)
- $94 \%$ - Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity
- $94 \%$ - Using safety equipment for specific physical activities.
- $92 \%$ - Dangers of using performance-enhancing drugs (e.g., steroids) - this was $86 \%$ in 2008.
- $88 \%$ - Weather-related safety (e.g., avoiding heat stroke and hypothermia while physically active)

Three out of four teachers (78\%) taught all 13 topics.

All schools included students with disabilities in regular physical education courses, and 76\% provided adapted physical education (i.e., special courses separate from regular PE courses) for students with disabilities (both as appropriate). Half of schools (52\%) allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer. Three out of five schools (60\%) limited the sizes of PE classes to be similar to other subject areas. One in ten schools ( $10 \%$ ) allowed teachers to exclude students from PE as punishment for poor behavior or incomplete course work in other classes.

Outside of PE, two-thirds of schools (65\%) have students participating in PA in classrooms during the school day. This is an increase from $46 \%$ in 2012 . However, there was a decline in the percentage of schools that offer opportunities for all students to be physically active during the school day, such as recess, lunchtime, intramural activities, or physical activity clubs, which declined from $76 \%$ in 2020 to $61 \%$ in 2022. Four out
 of five schools ( $83 \%$ ) offer interscholastic sports opportunities - which has declined from $93 \%$ in 2012. Sixty-eight percent of schools provided opportunities for PA before school through organized activities or access to facilities, an increase from $60 \%$ in 2014. Nine out of ten ( $89 \%$ ) provided opportunities after the school day. Nearly half of schools (46\%) have assessed opportunities available to students to be physically active before, during, or after school (down from $59 \%$ in 2020), and $18 \%$ have a written plan for providing such opportunities. The percentage of schools that have established, implemented, and/or evaluated a Comprehensive School Physical Activity Program (CSPAP) also declined, from 39\% in 2020 to 29\% in 2022.

Two out of five lead health instructors (42\%) said they received professional development in physical activity and fitness in the prior two years, an increase from 34\% from 2000. Almost half ( $49 \%$ ) wanted future professional development, an increase from $46 \%$ in 2000, although it was a decrease from the high of $67 \%$ in 2008 . Three quarters of principals $(77 \%$ ) reported their PE teachers or specialists received professional development on physical education or physical activity during the prior year. Ninety-seven percent of schools require PE teachers to be certified, licensed, or endorsed by the state in physical education. This is a decrease from 100\% in 2020. Eighty-four percent of schools provide PE teachers with written curriculum that aligns with national standards, and $74 \%$ require them to follow a written curriculum for PE (which declined from $88 \%$ in 2020).

Fewer than half of school principals surveyed (45\%) reported using the School Health Index or another self-assessment tool to assess school policies, activities, and programs regarding PE and PA. Eighty-four percent of schools have a dedicated budget for PE materials and equipment, which was lower than the $91 \%$ that had this in 2020. Parents were informed or involved in PE and PA in various ways (Figure I0).

Figure 10: Parents were engaged in physical education and physical activity in various ways - most commonly by being given information.


Volunteers in delivery of health education activities and services

Student Physical Activity: Thirteen percent of students were not active for at least an hour in the week prior to the survey. Three out of ten students (31\%) were active for at least 60 minutes seven days in the week prior to the survey, and $58 \%$ were active for at least an hour five or more days a week, which was an increase from $2018(50 \%)$. There were differences by sex and between Nebraska and national averages for being active five or more days a week (Figure II). Nebraska students were more active than US students, on average, and boys were more active than girls, on average, at the local and national levels. The same patterns were found in the percentage of students who did exercises to strengthen or tone their muscles (such as push-ups or weightifiting) on three or more days in the week prior (Figure I2). Overall, $59 \%$ of Nebraska students participated in muscle toning or strengthening exercises, which was an increase from 2018 (49\%), and was also more than the national average in 2021 (45\%).

Nebraska students were more likely than students nationwide to be active, with a larger difference among girls than boys

Figure II:Active for at least an hour 5+ days a week


Figure I2: Muscle toning or strengthening 3+ days a week 70\%


One in four Nebraska students participated in organized dance, and approximately one in six (I7\%) had experienced a concussion from playing sports or being physically active in the year prior to the survey. Three-quarters of students (74\%) spent three hours or more a day looking at screens, such as TV, computers, phones, or other electronics for purposes other than school.

## 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


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
$38 \%$


a 0 days $\quad, \quad-\infty 21 \%$
$\begin{aligned} & \text { a week } 2 \%\end{aligned}$ 2012 2021

## Beverage consumption:

27\% Drank milk daily. Down from 35\% in 2018


I4\% 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 )



## Nutrition Environment \&

 ServicesThe 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.

Table 4 shows the percentage of schools in which teachers taught nutrition and dietary behavior topics in a required course for students in grades sixth through twelfth. Asterisks indicate an increase in the percentage of schools teaching the topic since it was first measured, but there were no recent differences. Individual topics were taught by at least three-quarters of
 schools, and $68 \%$ taught all of the topics in their school. The most common topics taught were the benefits of healthy eating and drinking plenty of water, covered in $98 \%$ of schools.

Table 4: Percentage of schools in which teachers taught each of the following nutrition and dietary behavior topics in a required course for students in any grades 6 through 12 during the current school year.

| Topics |  | Topics | \% |
| :---: | :---: | :---: | :---: |
| Benefits of healthy eating | 98\% | Choosing nutrient-dense foods and beverages that reflect personal | 91\% |
| Benefits of drinking plenty of water* | 98\% |  |  |
| Benefits of eating breakfast every day | 96\% | preferences, culture, and budget |  |
| Eating more fruits, vegetables, and who | 96\% | Accepting body size differences* | 91\% |
| grain products* |  | Eating a variety of foods that are high in calcium | 90\% |
| Balancing food intake and physical activity | 95\% |  |  |
| Differentiating between nutritious and | 95\% | Preparing healthy meals and snacks | 89\% |
| non-nutritious beverages* |  | Eating a variety of foods that are high in iron* |  |
| Food guidance using the current Dietary | 94\% |  |  |
| Guidelines for Americans (e.g., MyPlate)* |  | Relationship between diet and chronic diseases | 88\% |
| Choosing a variety of options within each | 94\% |  |  |
| food group |  | Finding valid information about nutrition (e.g., differentiating between advertising and factual information) | 88\% |
| Choosing foods, snacks, and beverages that are low in added sugars* | 93\% |  |  |
| Risks of unhealthy weight control | 93\% | Food safety | 87\% |
| practices |  | Signs, symptoms, and treatment for eating disorders | 86\% |
| Using food labels* | 92\% |  |  |
| Choosing foods and snacks that are low in solid fat (i.e., saturated and trans-fat) | 92\% | Food production, including how food is grown, harvested, processed, packaged, and transported* | 77\% |
| Choosing foods and snacks that are low | 92\% |  |  |
| in sodium* |  | Taught all 23 topics | 68\% |

Eating Brealkfast: The benefits of eating breakfast daily was the third most common topic, but only approximately one in four Nebraska students (27\%) reported doing so, the lowest level since YRBS data on the topic is available. One in five ( $21 \%$ ) did not eat breakfast at all in the seven days prior to the survey, an increase from $12 \%$ in 2012. Figure 13 shows these trends over the last decade.

Figure 13:About half of Nebraska students ate breakfast either every day or not at all, with daily breakfast becoming less common over the last decade


## Fruits and Vegetables: Eating fruits

and vegetables was a common topic in health classes. Table 5 shows the consumption averages from high school students in Nebraska. Consumption of different levels of fruits and vegetables was similar across the two food categories. One in eleven students did not eat fruits/drink 100\% fruit juice or vegetables in the week prior to the survey, while over half ate them daily.

Table 5: Consumption of fruits and vegetables by students

|  | $\%$ |
| :--- | ---: |
| Did not eat fruit/juice | $9 \%$ |
| Ate fruit/juice at least daily | $52 \%$ |
| Ate fruit/juice at least $2 \times$ a day | $23 \%$ |
| Did not eat vegetables | $9 \%$ |
| Ate vegetables at least daily | $58 \%$ |
| Ate vegetables at least $2 X$ a day | $22 \%$ |
| Ate vegetables at least 3X a day | $11 \%$ |

Schools supported the eating of fruits and vegetables in various ways - many of which have become more common. Three out of five schools ( $60 \%$ ) served locally or regionally grown foods in the cafeteria or classrooms, which is an increase from $37 \%$ in 20I2. Two out of five ( $38 \%$ ) planted a school garden for food, which is more than three times the number of school reporting this in 2012 (I2\%). Self-serve salad bars were available in nearly nine out of ten schools ( $85 \%$ ), up from $74 \%$ in 2012. Many schools also placed fruits and vegetables near the cafeteria cashier for easy access ( $78 \%$, up from $62 \%$ in 2012 ), and $71 \%$ used attractive displays for fruits and vegetables in the cafeteria (up from $60 \%$ in 2012). Fewer schools provided access to fruits (19\%) or non-fried vegetables (14\%) in vending machines or at school stores on school campus where students could purchase them, although a third offered 100\% fruit or vegetable juice ( $35 \%$, down from $45 \%$ in 2014). School celebrations involving food were another opportunity to provide access to fruits and/or non-fried vegetables, where $22 \%$ of schools reported these were always or almost always offered at such events.


The other types of food available for purchase varied greatly by school. Fifty-nine percent of schools sold food to students in vending machines at the school or at a school store, canteen, or snack bar, a decline from $81 \%$ in 2002. Snacks available included low sodium or "no added salt" pretzels, crackers, or chips (38\%), cookies, crackers, or baked goods ( $22 \%$, down from $44 \%$ in 2008), salty snacks such as potato chips ( $19 \%$, down from $47 \%$ in 2002), the previously mentioned fruits and vegetables, nonchocolate candy ( $13 \%$, down from $49 \%$ in 2002 ), and $7-8 \%$ of principals said their school sold each of the following: chocolate candy (down from $48 \%$ in 2002), ice cream/frozen yogurt (down from $17 \%$ in 2008), or water ices or frozen slushes not made with juice.

Beverages: Sports drinks were the second most common beverage (after water) sold to students in vending machines or at school stores on school campus where students could purchase them (41\%), which is approximately half of what it was in 2006 (81\%). There was a linear decline between 2006 and $2020(36 \%)$ before increasing slightly (not significantly) in 2022. Other beverages included the previously mentioned juice, nonfat or I\% plain milk (25\%), soda or fruit drinks ( $24 \%$, down from $78 \%$ in 2006), caffeinated foods or drinks ( $22 \%$, down from $61 \%$ in 2008), $2 \%$ or whole milk (plain or flavored) ( $14 \%$, down from $38 \%$ in 2006), and energy drinks was the least common (6\%).

A quarter of students (27\%) reported drinking milk at least daily, a decrease from $35 \%$ in 2018. Seven percent of students reported drinking milk at least three times a day, which was less than half than reported this in 2010 ( $16 \%$ ). Three out of ten students (31\%) said they had NOT drunk any milk in the week prior to the survey, an increase from $22 \%$ in 2018 . Fourteen percent of students drank pop/soda at least daily (a decline from $26 \%$ in 2010), which includes $7 \%$ who said they drank soda/pop multiple times a day (a decline from $17 \%$ in 20I0). Twice as many reported NOT drinking soda/pop at all in the past week ( $29 \%$ ), which reflected an increase from 2010 (19\%).

Sports drinks (such as Gatorade or PowerAde) were popular, with $62 \%$ of Nebraska students drinking a sports drink in the week prior and one in ten drinking a sports drink at least daily, including $6 \%$ who drank more than one a day. As Figure 14 shows, Nebraska students recently increased consumption of sports drinks after a previous decreasing trend, while still consistently reporting higher consumption than their national peers. Interestingly, this trend aligns with the beforementioned trend of decreasing availability of sports drinks sold to students, where the slight uptick in availability is correlated with an increase in consumption.

Figure 14: Nebraska students were more likely than national peers to drink any sports drinks in the week before


Water was the most common beverages available for sale to students - either plain (52\%, down from $63 \%$ in 2018 ) or flavored and calorie-free (with or without carbonation) (36\%). Ninety-one percent of principals said students were encouraged to drink plain water (up from $85 \%$ in 2014 ). Nearly all schools ( $96 \%$ ) permitted students to have a drinking water bottle with them during the school day in either all or certain locations; however, this was a decline from 2018 (I00\%). Of the schools that allowed water bottles, $99 \%$ provided free sources of drinking water in school hallways, and in the cafeteria during breakfast and lunch. Other common locations for water access included the gym (95\%) or outdoor sports locations (87\%).

Some schools prohibited advertisements in certain locations for candy, fast food restaurants, or soft drinks. The most common location to have such prohibitions was on school buses and other transports (59\%). Half of schools prohibited advertising on educational materials (50\%), but this was a decline from $61 \%$ in 2020 . Fewer advertised in school buildings ( $48 \%$, down from $59 \%$ in 2020 ), in school publications ( $44 \%$, down from $56 \%$ in 2020), and on school grounds (44\%, down from $62 \%$ in 2018 ).

Fewer than half of school principals surveyed (48\%) reported using the School Health Index or another self-assessment tool to assess school policies, activities, and programs regarding nutrition, which is an increase from $30 \%$ in 2008 . Slightly less common was collecting suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating (44\%). One in four principals (25\%) said their schools had conducted taste-tests to determine student preferences for nutritious items, which was much less common in 2008 (9\%).

Other school policies and practices varied. Nearly all principals (96\%) said students were provided with at least 20 minutes to eat lunch after receiving their meal, and half ( $49 \%$, up from $35 \%$ in 2008 ) provided information to students or families on nutrition and caloric content of available foods. One in five schools prohibited the sale of less nutritious food and drink in fundraising (19\%) or from using food as a reward for good behavior or grades (I8\%, down from 32\% in 2020). Pricing nutritious options at a lower cost and increasing the cost of less nutritious options was the least common practice reported ( $17 \%$ ) but was more common than in 2008 (6\%).

## 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.


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.


Chronic health conditions were supported by most schools:

- $83 \%$ administered daily medication.
- 77\% managed cases
- 6I\% had protocols to ensure students with chronic conditions are enrolled in insurance programs, if eligible

$$
\begin{array}{ll}
46 \% & \text { of schools provide } \\
\text { health services } \\
\text { referrals to students } \\
\text { 100\% of schools provided } \\
\text { this in } 2012
\end{array}
$$

7 || of students had seen a dentist in the last year Down from 77\% in 2018
of students had never seen a dentist*
*Higher than the US average (1\%)

## Health Services

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.

Forty-six percent of schools had a full-time registered nurse to provide health services to students, which is more than were reported in 2008 (31\%). Over half (52\%) had a part-time registered nurse. Fewer than one in five (18\%) had a school-based health center to support students. Four out
 of five schools ( $80 \%$ ) stock rescue or "as needed" medication for student health emergencies, such as allergic reactions or asthma episodes. The majority of schools also supported chronic health conditions through daily medication administration ( $83 \%$ ) or case management ( $77 \%$ ). Two thirds of schools ( $61 \%$ ) had a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible.

The majority of schools use their records to identify and track students with certain chronic conditions (Table 6). While asthma and allergies were the most common conditions schools worked to identify, referrals to outside services were most

| Table 6: Percentage of schools that routinely use school <br> records to identify and track students with a current <br> diagnosis of a chronic condition or provide referrals to <br> services off of school property for diagnosed students or <br> those suspected to have a chronic condition. |  |  |  |
| :--- | ---: | ---: | :---: |
| Asthma | Identify | Refer |  |
| Food allergies | $97 \%$ | $56 \%$ |  |
| Diabetes | $97 \%$ | $54 \%$ |  |
| Epilepsy or seizure disorder | $96 \%$ | $55 \%$ |  |
| Hypertension/high blood pressure | $96 \%$ | $54 \%$ |  |
| Oral health conditions (e.g., abscess, tooth <br> decay) | $54 \%$ | $51 \%$ |  |
| Obesity | $55 \%$ | $55 \%$ |  | common for asthma, followed by diabetes and oral health. Obesity was least common (38\%), which was identified and tracked less often than in 2014 (43\%).

Orall Health: Student data was available from the YRBS on oral health and obesity. Seven out of ten students ( $71 \%$ ) had seen a dentist in the year prior to the survey, which was a decrease from 2018 (77\%). Four percent of Nebraska students had never seen a dentist, more than the national average of I\%.

Obesity: A third of students described themselves as overweight; based on calculations from height and weight, $15 \%$ were categorized as overweight and $19 \%$ were categorized as obese. Nearly half of students (48\%) said they were trying to lose weight - this was more common for girls (56\%) than for boys (4I\%). As Figure 15 shows, the percentage of students classified as obese and trying to lose weight changed at the same time, with increases observed in 2021.

Figure 15: The percentage of Nebraska students who had obesity and who were trying to lose weight change at the same rate over the last decade


Less than half ( $46 \%$ ) of schools provided health service referrals to students. Table 7 shows that substance use assessment or tobacco-use cessation were offered by more than $10 \%$ of schools. These services were also the most likely to be referred to outside organizations or health care professionals.

## Table 7: Percentage of schools that provide or refer services to students

|  | Provide | Refer |
| :--- | ---: | ---: |
| Assessment for alcohol or other drug use, abuse, or dependency | $17 \%$ | $64 \%$ |
| Tobacco-use cessation (e.g., individual or group counseling) | $13 \%$ | $59 \%$ |

## 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

|  | Overall | Girls | Boys |
| :--- | :---: | :--- | :--- |
| Considered <br> suicide | $19 \%$ | $25 \%$ | $14 \%$ |

Planned a suicide attempt

| Attempted <br> suicide | $10 \%$ | $15 \%$ | $6 \%$ |
| :--- | :---: | :---: | :---: |
| Suicide rate <br> (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 <br> drug use | $31 \%$ |
| Ever separated from a parent or caregiver because of jail, prison, or a <br> detention center | $18 \%$ |
| A parent or other adult in your home swore, insulted, or put them <br> down | $15 \%$ |
| Someone at least 5 years older ever made them do sexual things they <br> 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 <br> them in any way | $2 \%$ |
| Parents or other adults in home slapped, hit, kicked, punched, or beat <br> each other up | $1 \%$ |

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

Girls
Ever lived with someone who was depressed, mentally ill, or suicidal
A parent or other adult in your home swore, insulted, or put them down
Someone at least 5 years older ever made them do sexual things they did not want to do

44\% 26\%

I8\% II\%

0\% 3\%
|3\% of substantiated cases of child
 abuse and neglect were for adolescents ages I5+
$\rightarrow 68 \%$ of the victims were male, $32 \%$ female

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.

## Counseling,

Psychological, and Social Services

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.

Approximately three quarters of schools used school-wide trauma informed practices ( $79 \%$ ) and/or confidential mental health screenings to identify students in need (74\%). About two-thirds
 of schools utilized pro-social skills training ( $69 \%$ ), while more than half used small groups for specific issues (58\%) and half used cognitive behavioral therapy groups (49\%).

Written protocols for different suicide prevention practices were common in approximately nine out of ten schools: notifying parents when a student is at risk for suicide (95\%), responding to the death of a student or staff member from suicide ( $93 \%$ ), referring students at risk for suicide to mental health services ( $93 \%$ ), assessing student suicide risk ( $92 \%$ ), responding to a suicide attempt at school (91\%), and supporting students returning to school after a suicide attempt (91\%).

## Mental Health: More than a

 third of Nebraska students (36\%) felt sad or hopeless almost every day for two weeks or more in the past year, which was an increase from 2010 (2I\%). Girls were almost twice as likely as boys to report these feelings (Figure 16). Fewer students reported that their mental health was not good most of the time or always ( $29 \%$ ), but the sex differences remained.The CDC collects data on injuries and

Figure 16: Mental health differences by sex


Mental health not good
 deaths for different age groups at the state level. Between 2010-2020, the age adjusted suicide rate for Nebraska adolescents ages I5-I9 was 11.57 per 100,000 persons ${ }^{5}$. This was much higher for males (18.12) than females (4.73). The YRBS data showed one in five Nebraska students (19\%) seriously considered attempting suicide in the past year, and $14 \%$ planned how they would attempt suicide in the last year - both of which increased since 2010 (Figure I7). Considering suicide was more common for girls (25\%) than for

[^3]boys (14\%). One in ten students attempted suicide, which was more than twice as common for girls (15\%) than for boys (6\%). Emergency department hospitalizations show that girls are about two to three times as likely as boys to be treated for deliberate self-harm and suicide ideation among teens between $10-196$. Overall, $3 \%$ of students had a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Figure 17: The percentage of students who considered or planned to attempt suicide increased between 2012 and 2021


## Adverse Childhood Experiences: Adverse Childhood Experiences (ACEs) are

events experienced in childhood that are potentially traumatic, and can be associated with various negative outcomes, such as increased risk for substance use and poor mental health. These can create an environment that undermines a child's sense of stability and safety. Nearly nine out of ten students ( $86 \%$ ) surveyed said an adult in their household tried hard to make sure basic needs were met, such as looking after their safety and making sure they had clean clothes and enough to eat, which is considered a protective factor against ACEs.

Table 8 shows the percentage of Nebraska students reporting different ACEs risk factors in the YRBS. The most common, living with someone with poor mental health, was reported more frequently by girls (44\%) than boys (26\%). Experiencing verbal abuse at home was also more common for girls (18\%) than boys (II\%), as was being forced into unwanted sexual behavior (girls - $10 \%$ vs. $3 \%$ ).

| Table 8: Risks for Adverse Childhood Experiences (ACEs) | $\%$ |
| :--- | ---: |
| 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 guardian 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 | $1 \%$ |

[^4]Child Abuse and Neglect: In 2021, there were 29,713 reports of child abuse or neglect made to the Nebraska Department of Health and Human Services ${ }^{7}$. Half of these reports were screened out for not meeting the severity or definition required. Of the substantiated cases, $13 \%$ were aged 15 and older. In approximately two-thirds of cases, the victim was male (68\%), twice as many as female ( $32 \%$ ). One in five victims in this age group were Hispanic. Of racial categories, $62 \%$ were White, $12 \%$ were Black or African American, $7 \%$ were American Indian or Alaska Native, or of multiple races.

Violence: One in five students had a physical fight in the year before the survey.

[^5]
## 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.

with students in grades 6-8 and 62\% of schools with students in grades 912 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.


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, $\mathrm{n}=196$; Lead Health Education Teacher data, $n=168$. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

## Social and Emotional Climate

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.

Nearly two-thirds of high schools (62\%) and middle schools (64\%) 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 course. This reflects an increase among middle schools, from 50\% in 2020. The surveyed teachers reported that the majority of
 mental and emotional health topics listed in Table 9 were taught in a required course for students in grades six and up. The importance of habits was the most commonly covered.

| Table 9: Mental and emotional health topics in a required course for students in any grade |  |
| :--- | ---: |
|  | $\%$ |
| Importance of habits (e.g., exercise, healthy eating, meditation, mindfulness) that promote <br> well-being | $94 \%$ |
| How to establish and maintain healthy relationships | $93 \%$ |
| The importance of engaging in activities that are mentally and emotionally healthy | $92 \%$ |
| How to prevent and manage emotional stress and anxiety in healthy ways | $92 \%$ |
| How to express feelings in a healthy way | $91 \%$ |
| Value of individual differences (e.g., culture, ethnicity, ability) | $91 \%$ |
| How to manage interpersonal conflict in healthy ways | $90 \%$ |
| How to use self-control and impulse control strategies to promote health (e.g., goal setting <br> and tracking, breathing techniques) | $89 \%$ |
| How to get help for troublesome thoughts, feelings, or actions for oneself and others | $89 \%$ |
| Identifying and labeling emotions | $84 \%$ |

The majority of teachers surveyed tried to increase student knowledge on mental and emotional health ( $98 \%$, up from $88 \%$ in 2008) and suicide prevention ( $92 \%$, up from $70 \%$ in 2008) in a required course in any of grades 6 through 12 during the current school year. Nine out of ten schools ( $90 \%$ ) provided universal mental health promotion, such as social-emotional learning programs or positive behavioral interventions and supports. Half of teachers ( $51 \%$, up from $33 \%$ in 2000 ) surveyed received professional development in teaching students of various cultural backgrounds in the two years prior to the survey. Forty percent of teachers want training on this topic in the future. In the two years prior to the survey, 63\% (up from 24\% in 2000) of teachers received professional development on mental and emotional health, and nearly the same number ( $59 \%$, up from $52 \%$ in 2000 ) wanted professional development on the topic in the future. Professional development on suicide prevention was more commonly received ( $70 \%$, up from $17 \%$ in 2002), but less desired in the future (54\%).

## 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.


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.
$\qquad$
$\qquad$ . $\qquad$ . $\qquad$ . $\qquad$ . $\qquad$ . - - - -
- $94 \%$ 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

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

## Physical Environment

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.

Ninety-six percent of schools tried to increase student knowledge of violence prevention, an increase from $86 \%$ in 2008. In nine out of ten schools ( $89 \%$, up from $83 \%$ in 2014), all staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression, during the past year. Half of teachers ( $51 \%$, up from $27 \%$ in 2000) received professional development on injury prevention and
 safety in the past two years, and nearly the same number ( $48 \%$, up from $34 \%$ in 2000) wanted training in the future. Violence prevention was slightly less commonly received, with $47 \%$ (up from $36 \%$ in 2000) of lead health education instructors reporting having had the professional development in the past, and $58 \%$ wanting it in the future, down from 71\% in 2008.

The majority of schools taught the violence prevention topics listed in Table IO in a required course for students in any grade between $6^{\text {th }}$ and $12^{\text {th }}$ grades. Building empathy was the most common topic.

Table 10: Violence prevention topics taught in a required course

|  | $\%$ |
| :--- | ---: |
| Building empathy (e.g., identification with and understanding of another person's feelings) | $89 \%$ |
| Getting help to prevent or stop violence (including inappropriate touching, harassment, <br> abuse, bullying, hazing, fighting, and hate crimes) | $89 \%$ |
| Perspective taking (e.g., taking another person's point of view) | $87 \%$ |
| Getting help for self or others who are in danger of hurting themselves | $87 \%$ |
| Strategies for being a positive bystander (e.g., safely de-escalating, preventing, or stopping <br> bullying and harassment) | $86 \%$ |
| ldentifying the signs and symptoms of when someone may be thinking of hurting <br> themselves | $85 \%$ |
| Describing how stigma, bias, and prejudice can lead to stereotypes, discrimination, and <br> violence | $84 \%$ |

Thirty-nine percent of schools had school resource officers as security staff at their school on a typical day, and 14\% had other police officers, such as county or local law enforcement. Only 6\% utilized security guards as their typical security staff. Ninety-four percent of schools had a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression. This is an increase from the $91 \%$ reported in 2014.

School Safety: Seven percent of students did not go to school at least one day in the past month because they felt unsafe at school or on the way. Figure 18 shows this trend since 2010 , which significantly increased until 2016 , and then remained at higher levels until the most recent survey.

Figure 18:The percentage of Nebraska students who felt unsafe at school doubled between 2010 and 2016, and remained higher

|  |
| :--- |
|  |
|  |
|  |
| NE |
| $4 \%$ |

One in five students (2I\%) were bullied on school property - and there were differences by sex and locality (Figure 19). Girls in Nebraska were twice as likely as Nebraska boys to be bullied at school and were also more likely to be bullied than girls nationwide. The gender difference grew over time as fewer boys in Nebraska reported being bullied in 2021 (14\%) than in 2018 (19\%), while this decrease was not observed for girls. Electronic bullying was more than three times higher for girls in Nebraska than boys ( $26 \%$ vs. $8 \%$ ), or one in six overall ( $17 \%$ ). Eight percent of students

Figure 19:Was bullied on school property 28\%
 were threatened or injured with a weapon on school property, and $3 \%$ carried a weapon on school property. One in ten students in Nebraska had been offered, bought, or given an illegal drug while on school grounds, which was lower than the national average of $14 \%$.

Approximately a third of school principals surveyed (32\%) reported using the School Health Index or another self-assessment tool to assess school policies, activities, and programs regarding unintentional injury and violence prevention. This is an increase from $28 \%$ in 2010.

## 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-I9 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, jobrelated stress, depression, ability to cope, and resilience

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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.

## Employee Wellness

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.

Few questions in the primary data sources used in this report directly addressed the health of staff and employees. One exception was school tobacco policies that applied to faculty and staff. Nearly all schools (95\%) 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. Most policies also specified locations where tobacco was prohibited: $97 \%$ referred to in school buildings or in vehicles used to transport students (like buses). Slightly less common were references to outdoor school spaces like sports fields or parking lots (94\%) or at off-campus, school-sponsored events (94\%).


Policies also made reference to specific tobacco products that were prohibited for faculty and staff during school-related activities. Smokeless tobacco and cigarettes were the most commonly prohibited products ( $95 \%$ ), and pipes were the least referenced, but were still included in $91 \%$ of schools' policies.

While data is not specifically available for Nebraska, the findings from the State of the American Teacher and State of the American Principal Surveys by the RAND Corporation ${ }^{8}$ include data on well-being at the national level. Figure 20 shows three measures of well-being that were significantly different for all groups involved. At least three out of four educators said they frequently experience job-related stress. Two other indicators were also worse for educators, but not significantly across the groups: not coping well with

Figure 20: In a national study, educators reported worse wellbeing than other working adults


- Teachers $(\mathrm{n}=2,349) \sim$ Principals $(\mathrm{n}=1,532) \quad$ Working adults $(\mathrm{n}=500)$ job-related stress (teachers $=59 \%$, more than principals (48\%) or other working adults (44\%)) and experiencing symptoms of depression ( $28 \%$ of both teachers and principals, more than the $17 \%$ of working adults).

[^6]Nearly half of teachers (47\%) reported supporting their students' academic learning because of lost instructional time during the COVID-I9 pandemic as a top stressor, much more than the runners up: managing student behavior (29\%) and taking on extra work because of staff shortages (25\%). Staffing was the most common stressor for principals as well: $56 \%$ said staffing teaching and nonteaching positions at their school. Supporting teachers' and staff's mental health and well-being was selected by $44 \%$, and one in three (34\%) said supporting their students' academic learning because of lost instructional time during the COVID-I9 pandemic.

Table II shows the relationship between various working conditions and five indicators of well-being. Columns with a T indicate data from teachers, and P indicates data from principles. Any cell that has a plus means that the working condition in that row is associated with worse well-being, and a negative means the opposite. For example, exposure to school violence is associated with more burnout, more frequent stress, symptoms of depression, not coping well, and lack of resilience. While teachers who received administrator support were less likely to say they were burnt out, or had job-related stress, or depression, and fewer said they weren't coping well or did not have resilience. All of the relationships with a symbol were statistically significant.

## Table II: Relationships Between Educator-Reported Working Conditions and Well-

 being
## Working conditions

Working more than 40+ hrs weekly
More responsibilities because of staffing shortages (teachers only) Salary of less than \$50,000 (teachers) or $\$ 100,000$ (principals)

Exposure to School violence Harassed I+ time about school COVID-I9 safety policies Harassed I+ time about teaching on race, racism, and bias Experienced I+ incidents of racial discrimination
Received administrator support (teachers only)
Reported active involvement in school or district decision making Access to I+ employer provided mental health supports

*table recreated from the 2022 RAND report Restoring Teacher and Principal Well-being Is an Essential Step for Rebuilding Schools.

More frequent experience of any of the five well-being indicators was associated with a greater intention of both teachers and principals to leave the profession since the pandemic, regardless of personal characteristics. All of the negative working conditions listed in Table II (except working 40+ hours a
week) were also associated with an increased intention to leave teaching, since the pandemic. Similar to the results shown in Table II, administrator support and active involvement in decision making were associated with a decreased intention to leave teaching. Principals were much less consistent.

The RAND surveys also asked teachers $(\mathrm{n}=478)$ and principals ( $\mathrm{n}-300$ ) who were considering leaving their jobs, what would make them stay. Nearly two-thirds of teachers (63\%) said pay, which was the fourth most common reason for principals (37\%). The most common reasons for principals were spending more tom on activities relating to instructional leadership (46\%), working fewer hours a week (42\%), and more teachers or staff (42\%). Besides pay, teachers said spending less time on nonteaching duties (36\%), smaller class sizes (33\%), and working fewer hours a week (29\%).

Although there were many negative findings in the RAND surveys, around 75\% of teachers and principals nationwide said they were coping well with job-related stress. They reported that relationships and colleagues and positive school environments were sources of support.

> "IIt's [the reason I stay:] the school climate. I have good
> relationships with my administrators. . . I work with teachers from different grade levels-I know everyone . . . we have relationships built. That makes a big difference."
> ~Teacher interviewed by RAND

Resource availability is another way to support employee wellness. Three out of four Nebraska schools provided health educators with goals, objectives, and expected outcomes for health education, and/or a written curriculum. Two out of three schools provided plans for assessing health education performance ( $66 \%$, up from $58 \%$ in 2008), and/or written instructional competencies (65\%). Fifty-eight percent of schools provided a chart describing the scope and sequence of instruction for health education over the year, which was more common than in 2008 (55\%).

The majority of Nebraska lead health educators surveyed received professional development in the two years prior to the survey. Figure 21 shows various topics for professional development, organized by most wanted to least. Mental and emotional health was the most desired professional development and the third most commonly received in the prior two years. The largest differences between who wanted and had training were for alcohol- or other drug-use prevention and suicide prevention. These were in opposite directions, with $16 \%$ more respondents wanting substance use topics, and $16 \%$ less wanting suicide prevention professional development.

## Figure 21: Professional development wanted and received



## 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 <br>  Of schools

 communicated their district's wellness policy to parents and families in the past yearThe 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

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

[^7]
## Family Engagement

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.

In the year prior to the surveys, two-thirds of schools (67\%) communicated their district's local wellness policy to parents and families. In the same time period, half as many schools (35\%) gave students health education related assignments or activities to complete at home with their families, down from $50 \%$ in 2014. Table 12 shows health information that was shared with parents and families in the school year. Most common was providing families with information on physical education and
 activity programs (implemented by $62 \%$ of schools). Fewer schools provided parents with information about how to monitor their teen in 2022 (37\%) than in 2014 (53\%).

Table 12: Percentage of schools that provided parents and families with health information designed to increase parent and family knowledge of the following topics during the current school year.

|  | $\%$ |
| :--- | ---: |
| Physical education and activity programs | $62 \%$ |
| Before- and after-school programs | $58 \%$ |
| Preventing student bullying and sexual harassment, including electronic aggression | $51 \%$ |
| Physical activity | $47 \%$ |
| Nutrition and healthy eating | $46 \%$ |
| Alcohol- or other drug-use prevention | $43 \%$ |
| Tobacco-use prevention | $41 \%$ |
| Disease-specific information to families with children with chronic conditions | $39 \%$ |
| Monitoring teens (e.g., setting parental expectations, keeping track of their teen, responding <br> when their teen breaks the rules) | $37 \%$ |
| Food allergies | $36 \%$ |
| Asthma | $34 \%$ |
| Support of one-on-one time between adolescents and their health care providers | $22 \%$ |

Thirty-eight percent of schools worked with students' families in the past two years to develop or implement policies and programs related to school health. A third of schools (32\%) involved parents as volunteers for physical education or physical activities in school. Fewer schools ( $22 \%$ ) involved parents as volunteers in the delivery of health education activities.

## 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.


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 communitybased service-learning programs $58 \%$ of schools had communitybased 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.


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[^8]
## Community Involvement

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 servicelearning opportunities.

Eighty-nine percent of schools included advocating for personal, family, and community health in health education curriculum, a decline from $95 \%$ in 2020. A little more than a third of schools (37\%) partnered with community-based organizations for before-or after-school programming. Most schools supported students working with the community in one way or another. Figure 22 shows the percentage of
 schools who offered service-learning programs and/or mentoring programs by where they took place. Community-based mentoring programs decreased from $68 \%$ in 2020 to $58 \%$ in 2022.

Figure 22: School support of student engagement in community programs


Half of schools (49\%) had a group (e.g., school health council, committee, team) that offered guidance on the development of policies or coordinates activities on health topics. This is a decline from the $65 \%$ reported in 2020. Most of these schools ( $83 \%$ ) communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members, which increased from 2012 (77\%). These schools also increased over time in their identification of student health needs based on a review of relevant data (increased from $56 \%$ in 2012 to $67 \%$ in 2022) and in seeking funding or leveraging resources to support health and safety priorities for students and staff (increased from $48 \%$ in 2012 to $62 \%$ in 2022).

Sixty percent of schools linked families to health services and programs in their community. This was an area more than a third of lead health educators ( $36 \%$, down from $49 \%$ in 2016) wanted professional development in - only 14\% had received training on this topic in the two years prior, a drop from 24\% in 2020. Encouraging family or community involvement was a more commonly received professional development ( $43 \%$, up from $29 \%$ in 2014 ), and $51 \%$ of educators wanted future training in this area.


[^0]:    ${ }^{1}$ National Academies of Sciences, Engineering, and Medicine. 1997. Schools and Health: Our Nation's Investment. Washington, DC: The National Academies Press. https://doi.org/I0.I7226/5I53.

[^1]:    ${ }^{2}$ Data from the CDC's Web-based Injury Statistics Query and Reporting System, pulled June 9, 2023.
    ${ }^{3}$ Nebraska Teen Motor Vehicle Safety Surveillance Report 2016-2020
    ${ }^{4}$ 2016-2020 Nebraska Teen Motor Vehicle Safety Surveillance Report

[^2]:    Data from the Nebraska 2022 School Health Profiles. Principal data, $\mathrm{n}=196$; 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.

[^3]:    ${ }^{5}$ Data from the CDC's Web-based Injury Statistics Query and Reporting System, pulled June 9, 2023.

[^4]:    ${ }^{6}$ Data from the Nebraska Hospital Discharge Data, pulled by NE-DHHS analyst on May 4, 2023

[^5]:    ${ }^{7} 2021$ Child Abuse and Neglect Report

[^6]:    ${ }^{8}$ Report: Restoring Teacher and Principal Well-being Is an Essential Step for Rebuilding Schools, 2022.

[^7]:    Data from the Nebraska 2022 School Health Profiles. Principal data, $\mathrm{n}=196$; Lead Health Education Teacher data, $\mathrm{n}=168$. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

[^8]:    Data from the Nebraska 2022 School Health Profiles. Principal data, $\mathrm{n}=196$; Lead Health Education Teacher data, $\mathrm{n}=168$. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention. Flaticons by Freepik.

