



Nebraska Adolescent Health Report 2025



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Office of Coordinated Student Support Services

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**.

The remainder of this report is organized around the **Whole School, Whole Community, Whole Child (WSCC)** model, shown to the right. This framework integrates health and learning by emphasizing the importance of aligning education, health, and community efforts to support student well-being and academic success. Each section of the report corresponds to one of the WSCC components, highlighting how Nebraska schools address these interconnected areas to create safe, supportive, and engaging learning environments.



Adolescent Health

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 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 primarily focuses on the results of two sets of data collection: 1) the Youth Risk Behavior Survey (YRBS) and 2) 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

2023 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, 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.

Learn more and view
Nebraska YRBS data



2024 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. In 2024, the principal data was not weighted due to non-response bias.

Learn more and view
Nebraska SHP data



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. To best address students' needs and work collaboratively with the community, schools are encouraged to follow National Health Education Standards and promote personal, family, and community health.

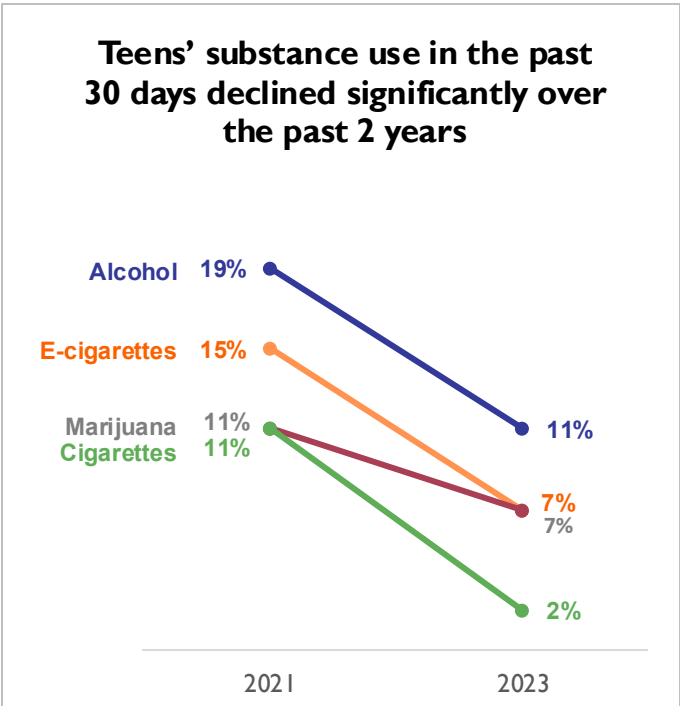
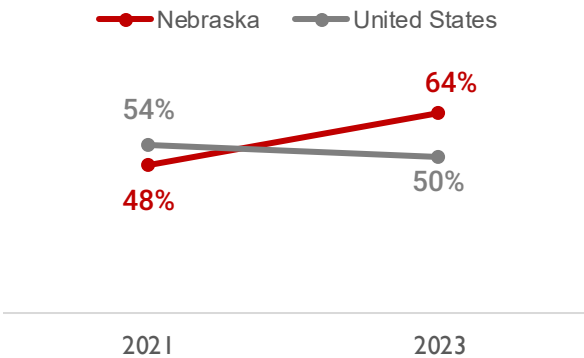
What lead health education teachers reported in 2024...

Four out of five (80%) lead health educators were certified, licensed, or endorsed by the state to teach health education

This is an increase from 66% in 2006

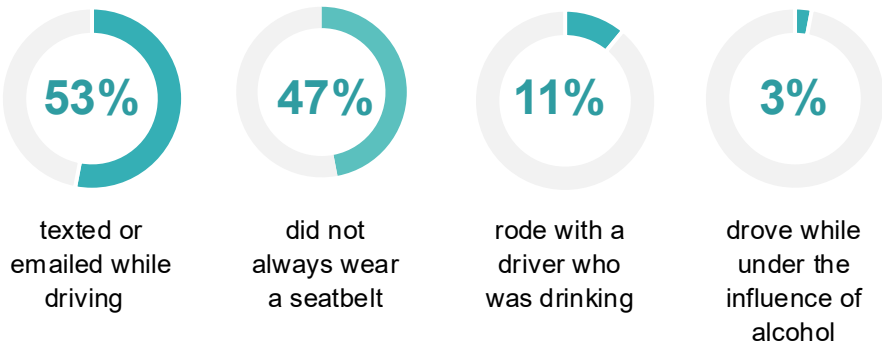
What students reported in 2023...

Nebraska students showed an increasing (though not significant) trend in quitting all tobacco products, opposite the national decline



Lifetime marijuana use decreased from previous years and is lower than the national average
(14% in NE vs. 30% nationally)

Past month teen behaviors associated with accidents



Health Education

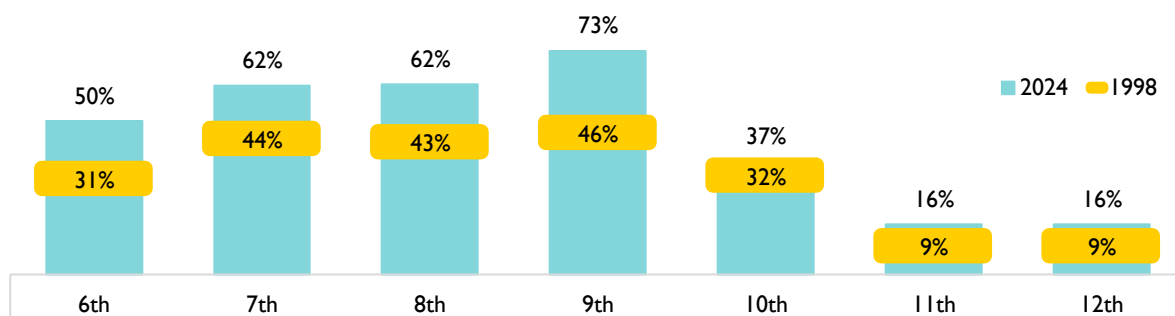
Health education provides opportunities for students to learn and develop skills to make quality health decisions. Following National Health Education Standards, and promoting personal, family, and community health, education should address students' needs and work in collaboration with the community.



School Practices

Four out of five (80%) lead health educators were certified, licensed, or endorsed by the state to teach health education in 2024, which is a significant increase from 66% in 2006. The number of required health education courses and what grade they are taught varies. The majority of schools require instruction in health education in any grade between sixth and twelfth – which was higher in 2024 than in 1998 for all grades, most notably for 6th-9th grades (Figure 1). Overall, required health education courses were less common after grade nine – and a required course in grade nine was more common in junior/senior high schools (80%) than high schools (64%).

Figure 1: Which grades included a required health education course



Four out of five instructors (81%) were provided with goals, objectives, and expected outcomes for health education. At least seven out of ten had written health education curriculum (73%), plans for how to assess students' performance in health education (72%), and written instructional competencies (70%). Charts describing the annual scope and sequence of instruction for health education were the least common (63%) – but more common in high schools (72%) than junior senior high schools (50%).

Written health education curriculum was also more common in high schools (83%) than junior/senior high schools (65%).

As shown in Table 1, most schools reported health education curriculum intended to help adolescents make informed decisions about their health. Skills coverage in 2024 was generally the same as in 2022, varying by no more than 2%, with the least common (accessing valid information and products and services to enhance health) still reported by 86% of responding schools. Assessing validity was more common in high schools (96%) than in middle schools (78%). Analyzing the influence of their community and media, using interpersonal skills, and practicing health enhancing behaviors were taught in all responding high schools.

Table 1: Percentage of schools whose health education curriculum addresses each skill.		
	2022	2024
Practicing health-enhancing behaviors to avoid or reduce risks	91%	93%
Comprehending concepts related to health promotion and disease prevention to enhance health	91%	92%
Analyzing the influence of family, peers, culture, media, technology, etc. on health behaviors	91%	92%
Using decision-making skills to enhance health	91%	91%
Using goal-setting skills to enhance health	90%	91%
Using interpersonal communication skills to enhance health and avoid/reduce health risks	91%	90%
Advocating for personal, family, and community health	89%	88%
Accessing valid information and products and services to enhance health	85%	86%

The majority of high schools, middle schools, and junior/senior high schools cover health topics in a required course with the intent to increase student knowledge. Alcohol and other drug prevention, tobacco-use prevention or cessation, sleep health, and injury prevention and safety were covered in 95%, 95%, 88%, and 84% of schools, respectively.

Four out of five (79%) teachers said they tried to increase student knowledge of combating stressors that negatively impact health. Almost as many covered social factors (access to education, housing stability, etc.) that influence health (76%), more than covered individual factors (such as demographic differences) that influence health (66%). Social factors were more common topics in high schools (87%) than in middle schools (65%). Slightly more than half of teachers (52%) tried to increase students' knowledge of identifying systems of oppression.

Teachers were asked about the coverage of nine alcohol and other drug-use prevention topics. The least common was alcohol and other drugs as an unhealthy way to manage weight (78%), while the harmful short- and long-term physical, psychological, and social effects was the most common (92%). Only one topic differed by school type: 80% of middle schools covered using interpersonal communication skills to avoid alcohol and other drug use, which was significantly less than both high schools (95%) and junior/senior high schools (93%).

When asked whether their school taught 19 different tobacco use or cessation topics in a required course, teachers reported coverage ranging from 71% to 92% depending on the topic, with 61%

reporting they taught all 19 topics in the current school year. This was most common for high school teachers (73%), and least common for junior/senior high school teachers (48%). Teachers were most likely to discuss vaping (91%), cigarettes (88%), and smokeless tobacco (87%), and least likely to discuss cigars (72%) and pipes (60%).

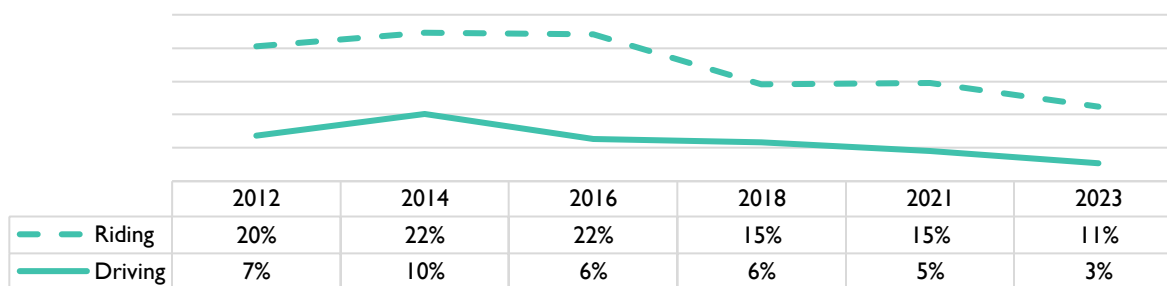
Student Health

Motor Vehicle Accidents: The Centers for Disease Control (CDC) collect data on fatalities suffered by different age groups. According to their WISQARS data portal, the age-adjusted rate of motor vehicle deaths per 100,000 people for adolescents ages 15-19 was 15.90 between 2018-2023². This was higher for males (18.61) than for females (13.05) 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 (22.86 vs. 12.44).

Self-reported behaviors in the YRBS indicate behaviors that can lead to these accidents are common among adolescents. Slightly more than half of Nebraska teens (53%) said they had texted or emailed while driving in the month prior to the survey. This behavior has increased between 2012 and 2023 among White teens in Nebraska. Fewer than half of Nebraska teens (47%) said they did not always wear a seat belt when riding in a vehicle in 2023, which is roughly 50% lower than 20 years ago (70%).

Alcohol-related driving behaviors were less common in Nebraska, where 3% drove under the influence of alcohol in the past 30 days, and 11% rode in a car with a driver who had recently consumed alcohol. Both of these behaviors have decreased between 2012-2023 (Figure 2).

Figure 2: The percentage of students driving after drinking alcohol and riding with an alcohol impaired driver continues to decline

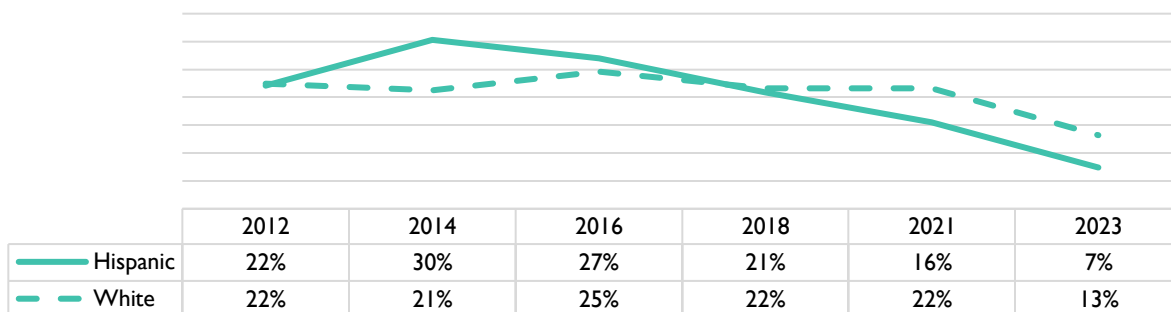


Alcohol Use: Nine percent of Nebraska high school students had their first drink of alcohol before the age of 13 – a significant decline from 13% in 2012. One in nine students (11%) reported currently drinking alcohol (had at least one drink in the past 30 days) – this is half of the national average (22%) and reflects a decrease from 19% in 2021 and from 24% in 2016. Hispanic and White students were not significantly different in 2023, but there were different historical trends, with a stronger downward trend in current alcohol use among Hispanic students (Figure 3). Eleven percent of boys and girls in

² Data from the CDC's [Web-based Injury Statistics Query and Reporting System](#), pulled March 23, 2025.

Nebraska drank alcohol in the past month, compared to 24% of girls surveyed nationally, and 20% of boys nationally.

Figure 3: Hispanic adolescents were less likely than White students to say they had a drink in the past 30 days



Four percent 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), which is less than half of what was reported in 2021 (9%) and the national average (9%). There was also a decline between 2021 and 2023 among students who said they had ten or more drinks in a row in one setting, decreasing from 4% to 1%. Half of students (51%) were given the alcohol they drank, an increase from 32% in 2016.

Tobacco Use: Four percent of students had tried smoking tobacco prior to the age of 13, which is half of what was reported in 2016 (8%). One in nine Nebraska youth reported ever trying smoking cigarettes (11%), a drop from 32% in 2012 and 19% in 2021 (Figure 4). Less than a quarter (23%) had ever vaped (aka used an e-cigarette, vape, vape pen, e-cigar, e-hookah, hookah pen, mod), a decrease from 2014 (38%) and 2021 (34%, which was also the national average in 2023). Girls in Nebraska were less likely than girls nationally to have ever vaped (25% vs. 39%). Overall, a linear decline was observed for lifetime cigarette use between 2012 and 2023, while vaping peaked in 2018 and then declined. It is possible that the recent declines could be due to the 2019 law prohibiting the purchase of tobacco for those under the age of 21.

Figure 4: The percentage of Nebraska students who ever used cigarettes or vapes continues to decline

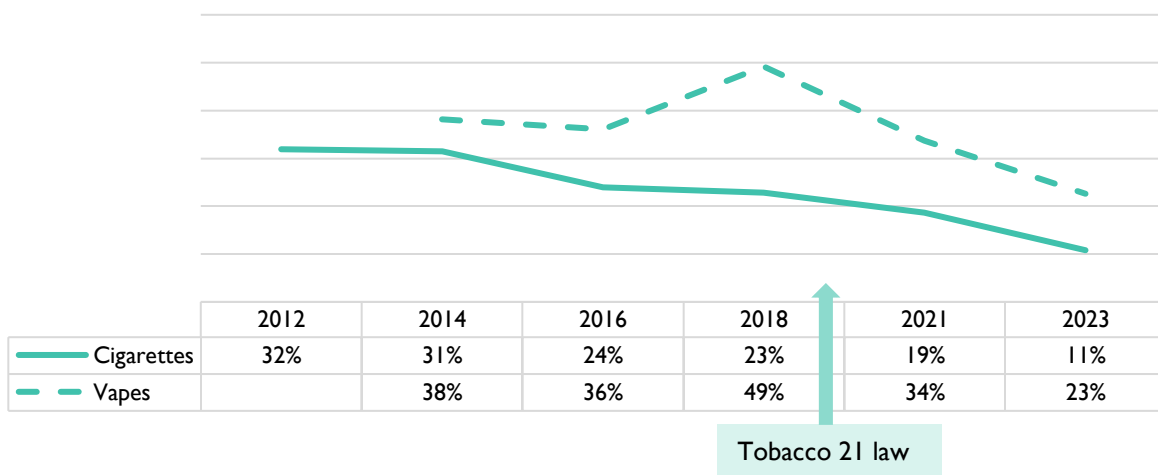


Table 2 shows the frequency of use of common types of tobacco, which shows that vaping was the most common behavior overall, with much greater frequency than cigarettes, or smokeless tobacco (aka chewing tobacco, snuff, dip, snus).

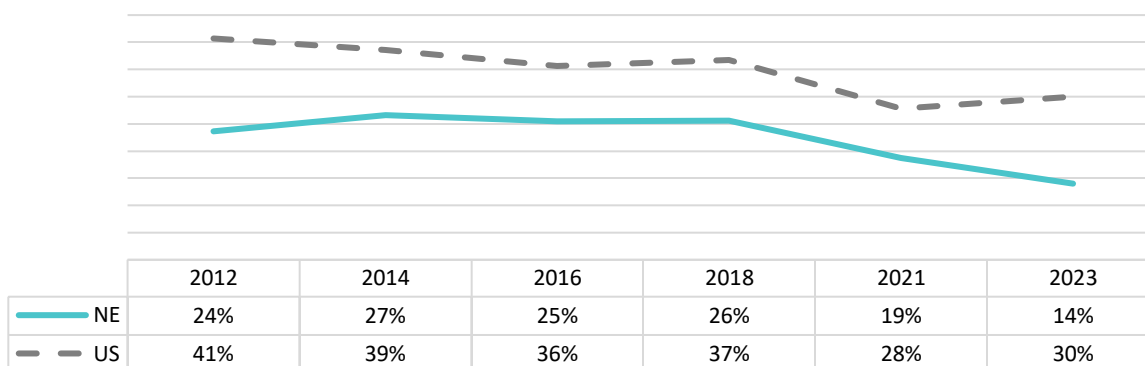
Table 2: Use of tobacco products in past 30 days			
	Current (1+ day)	Frequently (20+ days)	Daily (30 days)
Cigarettes	1.8%	0.2%	0.2%
Vape/e-cigarette	6.9%	3.2%	2.2%
Smokeless tobacco	1.9%	0.5%	0.5%

Current cigarette use was 2%, a decline from 11% in 2012, and frequent cigarette use was a tenth of that (0.2%) – a decline from 2016 (2%). Daily cigarette use was also down from 2012, decreasing from 2.4% to 0.2%. Current vaping was more than twice as common nationally (17%) than in Nebraska (7%), with differences between Nebraska teens and teens nationally by sex: 8% of Nebraska girls vs. 20% of US girls, and 6% of Nebraska boys vs. 14% of US boys. Frequent use of vaping increased from 2.3% in 2014 to 3.2% in 2023, and daily use increased over the same time period, from 1.5% to 2.2%; however, both of these follow declining trends in vaping since 2018. Current use of smokeless tobacco is significantly lower than it was in 2016, decreasing from 5.3% to 1.9%.

Of the students that used tobacco, nearly two-thirds (64%) had tried to quit in the past year. While not statistically significant, the percentage of Nebraska students who reported trying to quit increased from 48% in 2021, in contrast to the declining trend seen nationally (from 54% to 50%). Three out of four girls in Nebraska (76%) who used tobacco products tried to quit, versus approximately half of tobacco using girls nationwide (54%)

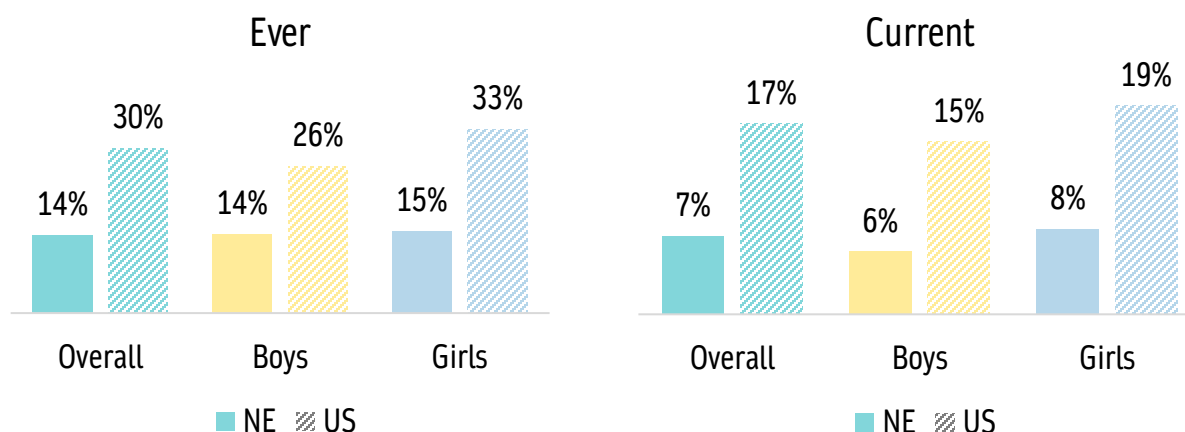
Marijuana Use: Three percent of students had tried marijuana before the age of 13 (down from 6% in 2012). Approximately one in seven (14%) had ever used marijuana (down from 24% in 2012), less than half of than the national average of 30% and is a long-standing difference (Figure 5).

Figure 5: Lifetime use of marijuana was consistently lower for Nebraska students than national averages



Seven percent had used marijuana in the last 30 days, which was lower than the 11% reported in 2021, and also lower than the 17% of teens nationwide. For both ever and current use, girls and boys in Nebraska were similar to each other, but different from girls and boys nationwide (and they were different from each other for ever using) (Figure 6).

Figure 6: Ever and current marijuana use was half as common in Nebraska than the US as a whole, with differences between by sex by location



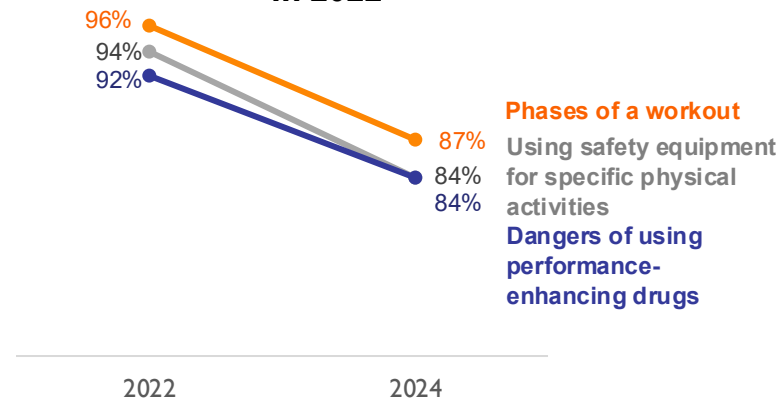
Other Drug Use: One in ten Nebraska teens had ever used prescription pain relief drugs without a doctor's prescription or other than prescribed, a decline from 14% in 2016. Three percent of students reported ever using inhalants (such as sniffing glue, or inhaling contents of aerosol spray cans or paints), down from 7% in 2021. Injecting illegal drugs was uncommon, with less than 1% of students reporting ever injecting, a decline from 4% in 2014. The lifetime use of other illegal drugs, including cocaine, heroin, methamphetamines, and ecstasy was reported by no more than 1% of teens.

Other Student Outcomes: Four out of five Nebraska teens (79%) earned mostly As and Bs, according to self-report. Girls in Nebraska were more likely than girls nationally to report this (87% vs. 76%). More than a quarter (28%) got at least eight hours of sleep a night.

Physical Education and Physical Activity + Adolescent Health

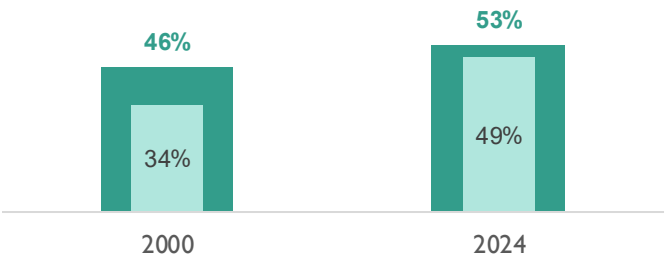
The national framework for physical education (PE) and physical activity (PA) includes five components: physical education, physical activity during school, physical activity before & after school, staff involvement, and family & community engagement.

Physical activity topics were less commonly covered in 2024 than in 2022

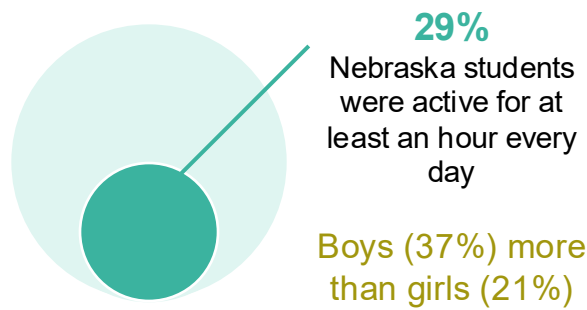


What lead health education teachers reported in 2024...

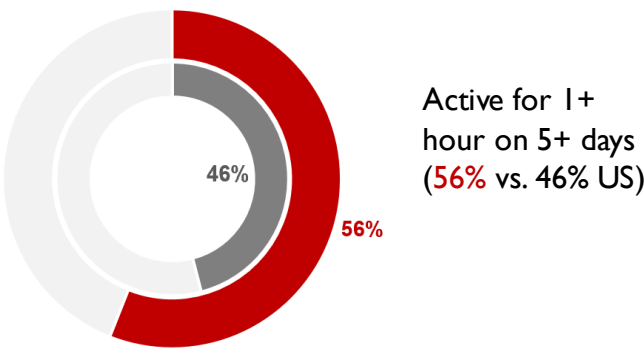
There was an increase in teachers that **wanted** and **received** professional development in physical activity and fitness from 2000 to 2024



What students reported in 2023...

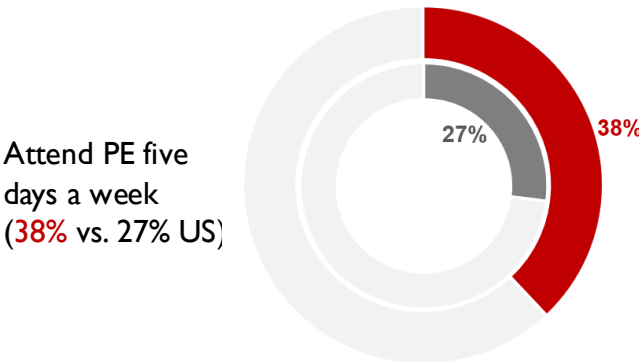


Nebraska teens were more likely than US teens to be...



One out of ten students (**10%**) had a concussion from playing sports or being physically active in the year prior to the survey

Down from 17% in 2021



Data from the Nebraska 2022 and 2024 School Health Profiles Lead Health Education Teacher data (2022 n=168, 2024 n=156). Funded by the CDC cooperative agreement, "Promote Adolescent Health through the School-Based HIV/STD Prevention and School-Based Surveillance"; 2021 YRBS data. Use the QR code to view more information.



Physical Education and Physical Activity

The national framework for physical education (PE) and youth physical activity (PA) includes 5 components:

1. Physical education
2. Physical activity during school
3. Physical activity before & after school
4. Staff involvement
5. Family & community engagement

School Practices

Nearly half of high school students (46%) reported attending PE at least once a week. More than a third of Nebraska students (38%) reported attending PE daily, which was an increase from 2016 (28%), and higher than the national average (27%).

Many PA topics were commonly covered in these classes in 2024 – all of which trended in the direction of being less common than in 2022:

- 96% - Increasing daily physical activity
- 96% - Benefits of drinking water before, during, and after physical activity
- 95% - Mental and social benefits of physical activity
- 94% - Health-related fitness.
- 94% - Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease
- 93% - Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)
- 91% - Preventing injury during physical activity.
- 91% - Decreasing sedentary activities (e.g., television viewing, using video games)
- 88% - Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity
- 87% - Phases of a workout (i.e., warm-up, workout, and cool down) – was 96% in 2021
- 84% - Using safety equipment for specific physical activities – was 94% in 2021
- 84% - Dangers of using performance-enhancing drugs (e.g., steroids) – was 92% in 2021
- 83% - Weather-related safety (e.g., avoiding heat stroke and hypothermia while physically active)

Seven out of ten teachers (71%) taught all 13 topics. Half of schools (49%) provided students' families with information to increase their knowledge about physical activity.

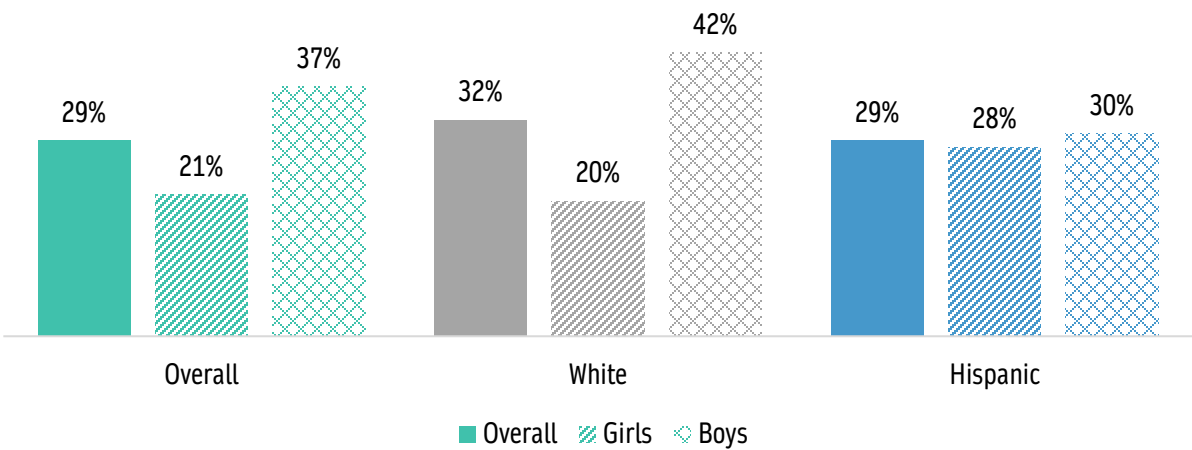
Half of lead health instructors (49%) said they received professional development in physical activity and fitness in the prior two years, an increase from 34% from 2000. More than half (53%) wanted future professional development, an increase from 46% in 2000, although it was a decrease from a high of 67% in 2008.



Student Health

Student Physical Activity: Thirteen percent of students were not active for at least an hour in the week prior to the survey. Nearly three out of ten students (29%) were active for at least 60 minutes seven days in the week prior to the survey, and boys (37%) were more likely to report this behavior than girls (21%) (Figure 7). The difference by sex is greater among White students, where boys were more than twice as likely as girls to be active daily, 42% vs. 20%. Over half of Nebraska teens (56%) were active for at least an hour five or more days a week, which was higher than the national average of 46%. Forty-six percent of students attended PE on one or more days, on average, and 38% attended every day of the school week, which is more than the national average (27%).

Figure 7: Boys were more likely than girls to be active daily, with the largest differences between White boys and girls



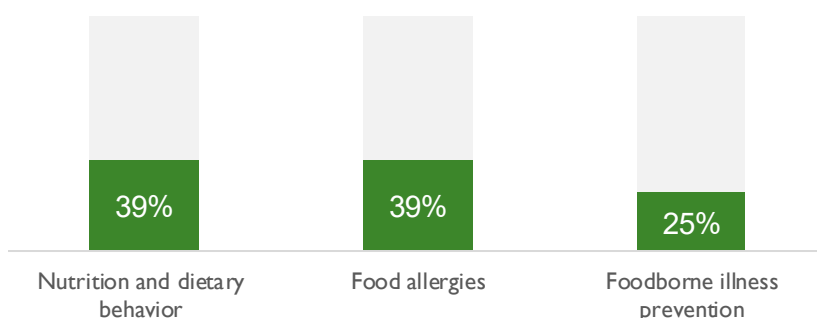
Fifty-six percent of Nebraska students played on at least one sports team, which was more common among White students (62%) than Hispanic students (42%). One in ten (10%) experienced a concussion from playing sports or being physically active in the year prior to the survey, which is a substantial decline from 17% in 2021.

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.

What lead health education teachers reported in 2024...

Less than half of health health instructors had nutrition related professional development on the following topics in the past two years

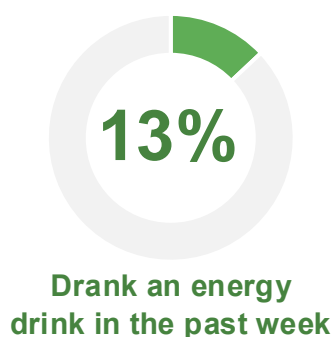


The largest increase in school coverage of topics related to nutrition and dietary behaviors was in finding valid information about nutrition (e.g., differentiating between advertising and factual information)

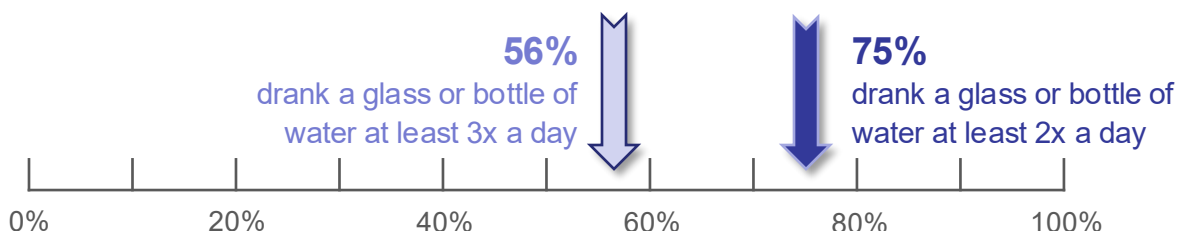
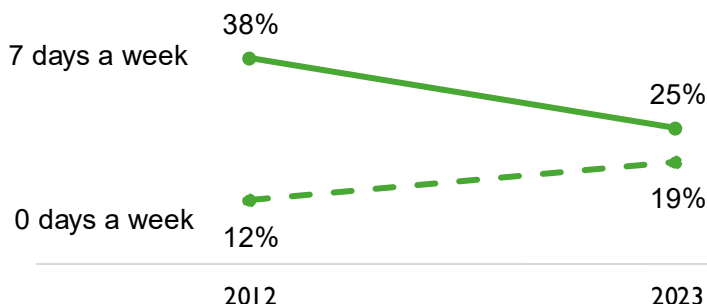


94% in 2024 vs.
88% in 2022

What students reported in 2023...



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



Nutrition Environment & Services

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.

School Practices

Table 3 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. Individual topics were taught by at least three-quarters of schools, and 68% taught all the topics in their school. The most common topics taught were the benefits of healthy eating and drinking plenty of water, and eating more fruits, vegetables, and whole grain products, covered in 98% of schools. While not a significant increase, the greatest increase in coverage between 2022 and 2024 was in finding valid information about nutrition, which increased from 88% to 94%.



Table 3: Percentage of schools in which teachers taught each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12 during the current school year.

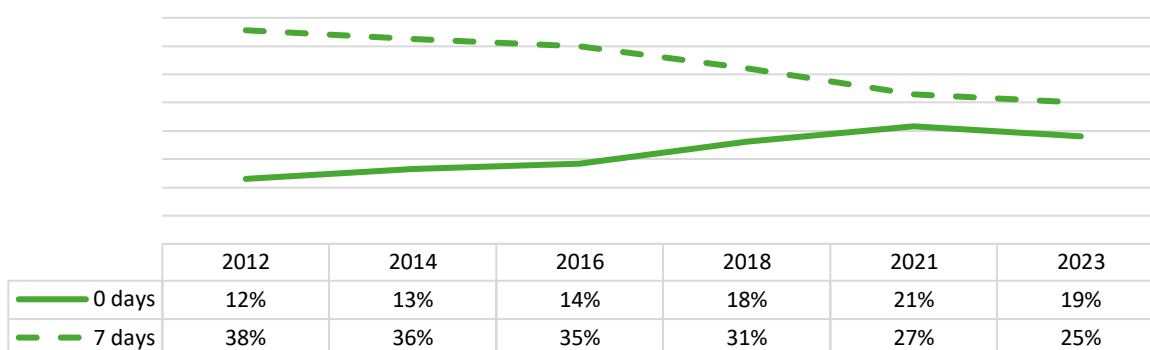
Topics	%	Topics	%
Benefits of healthy eating	98%	Choosing nutrient-dense foods and beverages that reflect personal preferences, culture, and budget	92%
Benefits of drinking plenty of water	98%	Choosing foods and snacks that are low in sodium	92%
Eating more fruits, vegetables, and whole grain products	98%	Risks of unhealthy weight control practices	91%
Benefits of eating breakfast every day	96%	Relationship between diet and chronic diseases	90%
Choosing a variety of options within each food group	96%	Eating a variety of foods that are high in calcium	90%
Balancing food intake and physical activity	95%	Accepting body size differences	88%
Differentiating between nutritious and non-nutritious beverages	94%	Preparing healthy meals and snacks	88%
Finding valid information about nutrition (e.g., differentiating between advertising and factual information)	94%	Eating a variety of foods that are high in iron	87%
Choosing foods, snacks, and beverages that are low in added sugars	94%	Food safety	87%
Using food labels	94%	Signs, symptoms, and treatment for eating disorders	85%
Choosing foods and snacks that are low in solid fat (i.e., saturated and trans-fat)	94%	Food production, including how food is grown, harvested, processed, packaged, and transported*	78%
Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate)	93%	Taught all 23 topics	68%

Less than half of lead health instructors said they received nutrition related professional development on the following topics in the prior two years: nutrition and dietary behavior (39%), food allergies (39%), and foodborne illness prevention (25%).

Student Health

Student Eating and Drinking: While the benefits of eating breakfast daily was one of most common nutrition and dietary behavior topics taught, only one in four Nebraska students (25%) reported doing so, the lowest level since YRBS data on the topic is available. One in five (19%) did not eat breakfast at all in the seven days prior to the survey, an increase from 12% in 2012. Figure 8 shows these trends over the last decade.

Figure 8: One in four Nebraska students ate breakfast every day and one in five not at all, with daily breakfast becoming less common over the last decade



Thirteen percent of Nebraska teens said they drank a can, bottle, or glass of energy drink in the past week. Three out of four Nebraska teens (75%) drank a glass or bottle of water at least twice a day, and 56% drank water at least three times a day. Nearly one in four students had eaten fast food three or more days in the past week.

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.



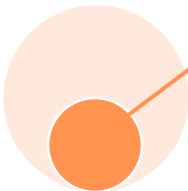
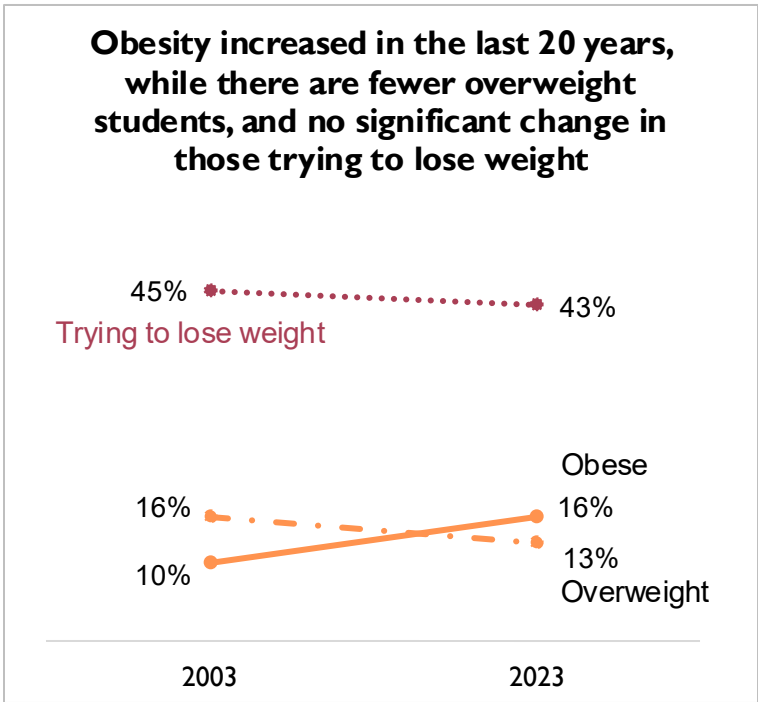
Nine out of ten lead health instructors (91%) covered chronic disease prevention (e.g. diabetes, obesity prevention) in a required course in the current school year

What lead health education teachers reported in 2024...



Had professional development on this topic in the past 2 years, while 41% want it in the future

What students reported in 2023...



3 out of 10 Nebraska teens describe themselves as overweight



Trying to lose weight was more common for girls than boys (57% vs. 31%)



Fewer boys were overweight in 2023 than in 2012 (13% vs. 16%)



More girls were obese in 2023 than in 2012 – an increase from 8% to 13%

Seeing a dentist in the last year was more common for White teens (83%) than Hispanic teens (68%)



of students had seen a dentist in the last year

Up from 71% in 2021



Data from the Nebraska 2022 and 2024 School Health Profiles Lead Health Education Teacher data (2022 n=168, 2024 n=156). Funded by the CDC cooperative agreement, "Promote Adolescent Health through the School-Based HIV/STD Prevention and School-Based Surveillance"; 2021 YRBS data. Use the QR code to view more information.



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.

School Practices

The most common professional development received over the past two years addressed epilepsy and seizure disorders, but it was the topic least covered in required courses aiming to increase student knowledge. In contrast, chronic disease prevention was commonly covered in courses, but less often received through professional development (Table 4).



Table 4: Topics of student knowledge coverage and instructor professional development history and goals

	Covered	Professional Development	
		<i>Had</i>	<i>Wanted</i>
Chronic disease prevention	91%	30%	41%
Infection disease prevention	81%	42%	27%
HIV prevention	80%	24%	37%
Asthma	60%	39%	31%
Epilepsy and seizure disorders	52%	49%	35%

Student Health

Oral Health: Over three out of four students (78%) had seen a dentist in the year prior to the survey, which was an increase from 2021 (71%). Only 1% of Nebraska students had never seen a dentist.

Obesity: Three out of ten students described themselves as overweight. Based on calculations from height and weight, 13% were categorized as overweight and 16% as obese (up from 13% in 2012 and 10% in 2003). Compared to 2012, boys in 2023 were less likely to be overweight (13% vs. 16%), and girls in 2023 were more likely to be obese (13% vs. 8%). Hispanic teen obesity increased from 21% in 2012 to 24% in 2023. Nearly three in ten students (29%) experienced teasing or name calling because of their weight, size, or physical appearance in the past year. Forty-three percent of students said they were trying to lose weight – this was more common for girls (57%) than for boys (31%; down from 41% in 2021). White boys (23%) were less likely to be trying to lose weight than both Hispanic boys (49%) and White girls (58%). For weight management, 3% of students used diet pills or similar substances for weight management without doctor’s supervision, and one in five students (19%) went without eating for 24 hours or more. Not eating was more common for girls than boys (27% vs. 12%).

Counseling, Psychological, and Social Services + Adolescent Health

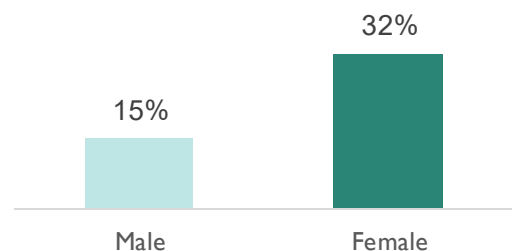
These services support behavioral, emotional, and mental health for students through on-site services, referrals to services, and school-community-family collaborations. Assessments and interventions help address psychological, academic, and social barriers to learning.

What students reported in 2023...

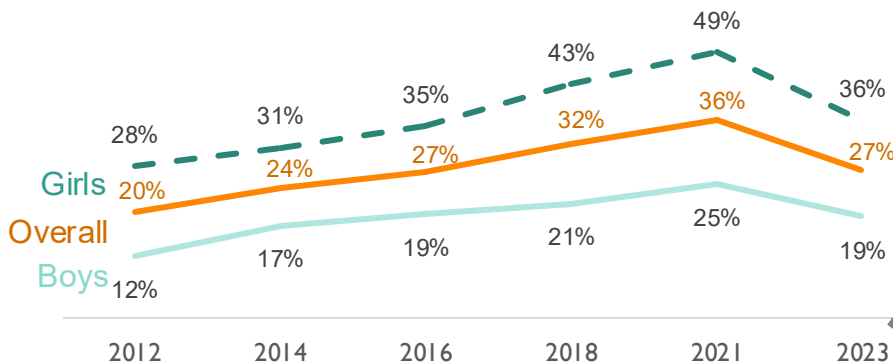


Females were significantly more likely to report that their mental health was not good most of the time or always

Nearly **one in four (23%)** students reported that their mental health was not good most of the time or always



Girls in Nebraska were twice as likely as boys to say they felt sad/hopeless, but there was a significant decrease in the past two years

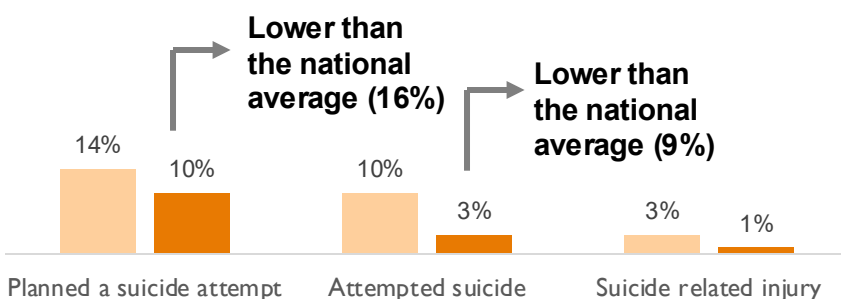


Nebraska's rates in 2023 were all lower than the national average

US Girls: 53%
US Average: 40%
US Boys: 28%

Suicide related outcomes declined from 2021 to 2023

2021 2023



14X

Students who were often sad were much more likely than less sad peers to say they had seriously considered suicide (43% vs. 3%)

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 10-19.¹

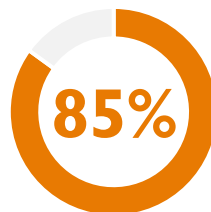
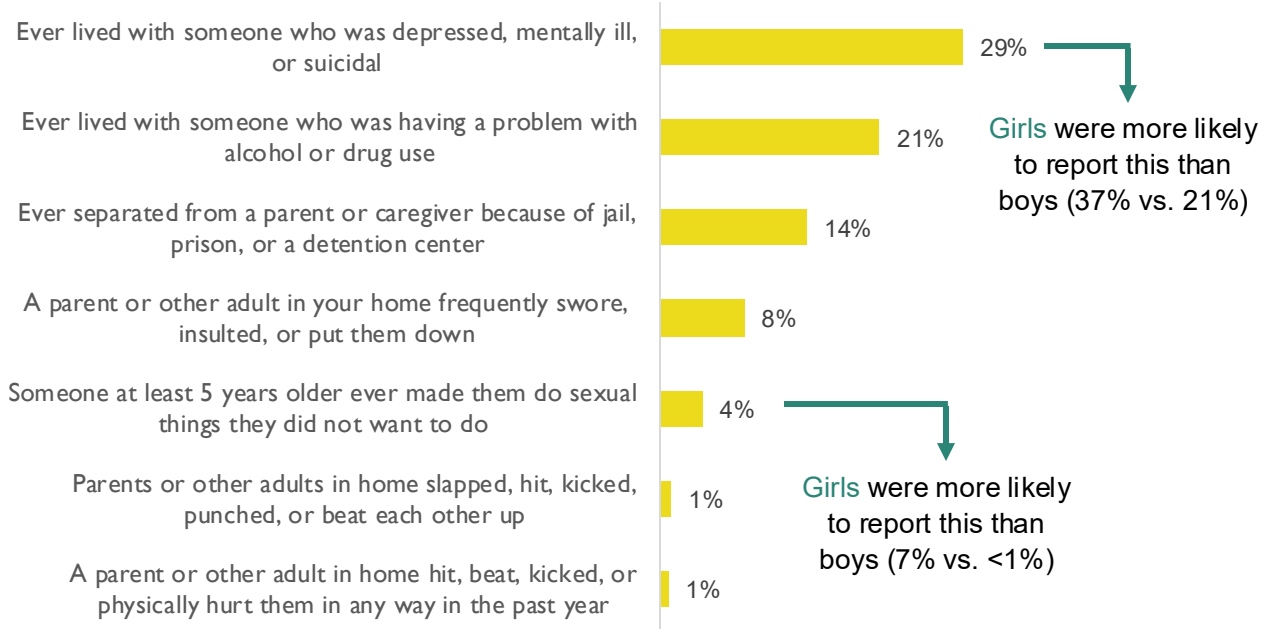
Between 2018-2023, the age adjusted suicide rate for Nebraska adolescents ages 15-19 was 13.94 per 100,000 persons.²

This was **much higher for males (20.52)** than **females (7.03)**.

Adverse Childhood Experiences (ACEs)

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.

ACEs were reported by up to 73% of teens in Nebraska, with slightly less than one-third living with someone who was depressed, mentally ill, or suicidal



of students said an adult in their household tried hard to make sure basic needs were met

¹ Data from the Nebraska Hospital Discharge Data, May 4, 2023

² Data from the CDC's Web-based Injury Statistics Query and Reporting System, June 6, 2025



Counseling, Psychological, and Social Services

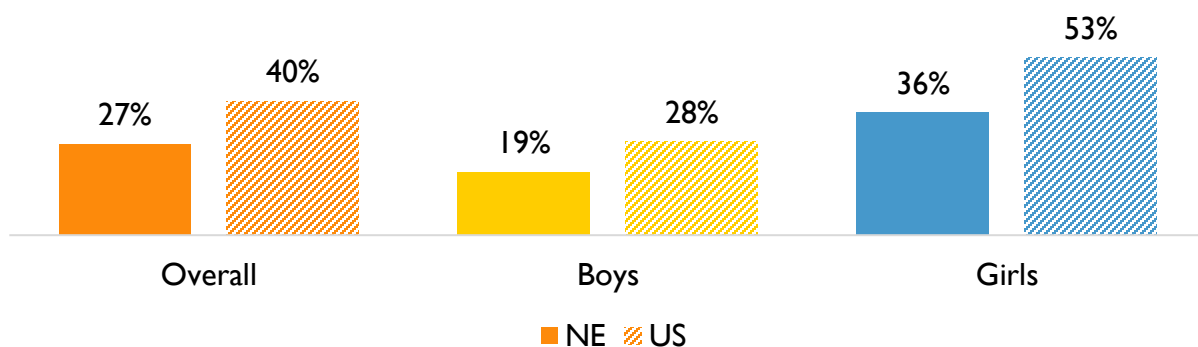
These services support behavioral, emotional, and mental health for students through on-site services, referrals to services, and school-community-family collaborations. Assessments and interventions help address psychological, academic, and social barriers to learning.



Student Health

Mental Health: More than a quarter of Nebraska students (27%) felt sad or hopeless almost every day for two weeks or more in the past year, which was an increase from 2012 (20%), but a decline from 2021 (36%). There were substantial differences between girls and boys in Nebraska, as well as compared to national numbers, overall and by sex (Figure 9). Fewer students reported that their mental health was not good most of the time or always (23%), but the sex differences remained (32% of girls and 15% of boys).

Figure 9: Teens in Nebraska were less likely than teens nationwide to feel sad and hopeless

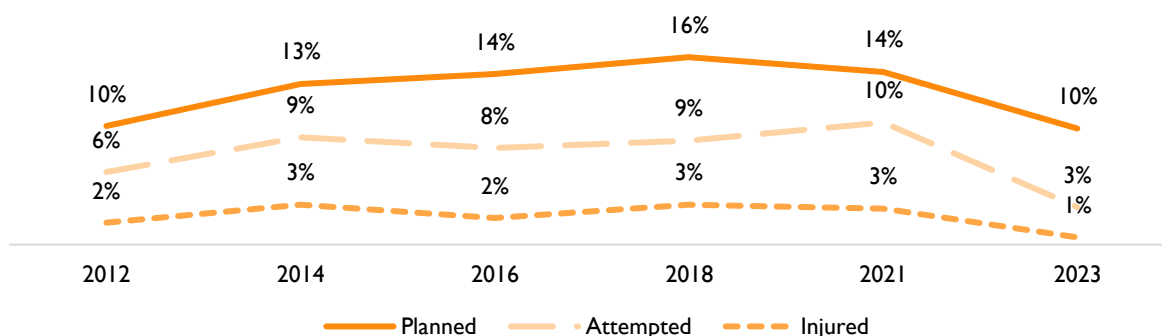


The CDC collects data on injuries and deaths for different age groups at the state level. Between 2018-2023, the age-adjusted suicide rate for Nebraska adolescents ages 15-19 was 13.94 per 100,000 persons³. This was much higher for males (20.52) than for females (7.03). The YRBS data showed one in seven Nebraska students (14%) seriously considered attempting suicide in the past year, which was lower than the national average of 20%. One in ten planned how they would attempt suicide in the last year, 3% attempted suicide, and 1% had a resulting injury – all of which were lower than in 2021 (Figure 10). Nationally, teens were more likely to make a suicide plan (16%) and girls in Nebraska were half as

³ Data from the CDC's [Web-based Injury Statistics Query and Reporting System](https://www.cdc.gov/nchs/data/2023/wisqars/), pulled June 6, 2025.

likely than girls nationally to make a suicide plan (10% vs. 21%). Suicide attempts were three times as common, nationally (9% vs. 3% in NE). Students who were often sad were more likely than less sad peers to say they had seriously considered suicide (43% vs. 3%). 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 10-19⁴.

Figure 10: Suicide related outcomes decreased between 2021 and 2023



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. Eighty-five percent of students 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 5 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 (37%) than boys (21%). Girls were also more likely to experience being made to do sexual things they did not want to do by an adult or someone at least five years older than them (7% vs. <1% of boys). Adult forced sexual activity also dropped by at least half from 2021 to 2023 for boys (from 3% to <1%), and White teens (from 6% to 3%). There was a decline in the percentage of teens who were often physically hurt by their parents, from 2% in 2021 to <1% in 2023, which declined from 3% to <1% for boys, and from 2% to <1% for White teens. The percentage of girls who were separated from parent(s) due to incarceration also changed, from 17% in 2021 to 11% in 2023.

Table 5: Adverse Childhood Experiences (ACEs)	
	%
Ever lived with someone who was depressed, mentally ill, or suicidal	29%
Ever lived with someone who was having a problem with alcohol or drug use	21%
Ever separated from a parent or guardian because of jail, prison, or a detention center	14%
A parent or other adult in your home often swore, insulted, or put them down	8%
Someone at least 5 years older ever made them do sexual things they did not want to do	4%
Parents or other adults in home slapped, hit, kicked, punched, or beat each other up	1%
A parent or other adult in home often hit, beat, kicked, or physically hurt them in any way	<1%

⁴ Data from the Nebraska Hospital Discharge Data, pulled by NE-DHHS analyst on May 4, 2023

Related indicators show that 2% of Nebraska teens reported having unstable housing in the month before the survey, and 1% said they were frequently hungry because there was not enough food at home.

Child Abuse and Neglect: In 2023, there were 36,366 reports of child abuse or neglect made to the Nebraska Department of Health and Human Services⁵. Sixty percent 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 slightly more than half of the cases, the victim was female (53%). One in five victims in this age group was Hispanic. Of racial categories, 56% were White, 10% were Black or African American, 9% were of multiple races, 6% were American Indian or Alaska Native, and 2% were Asian.

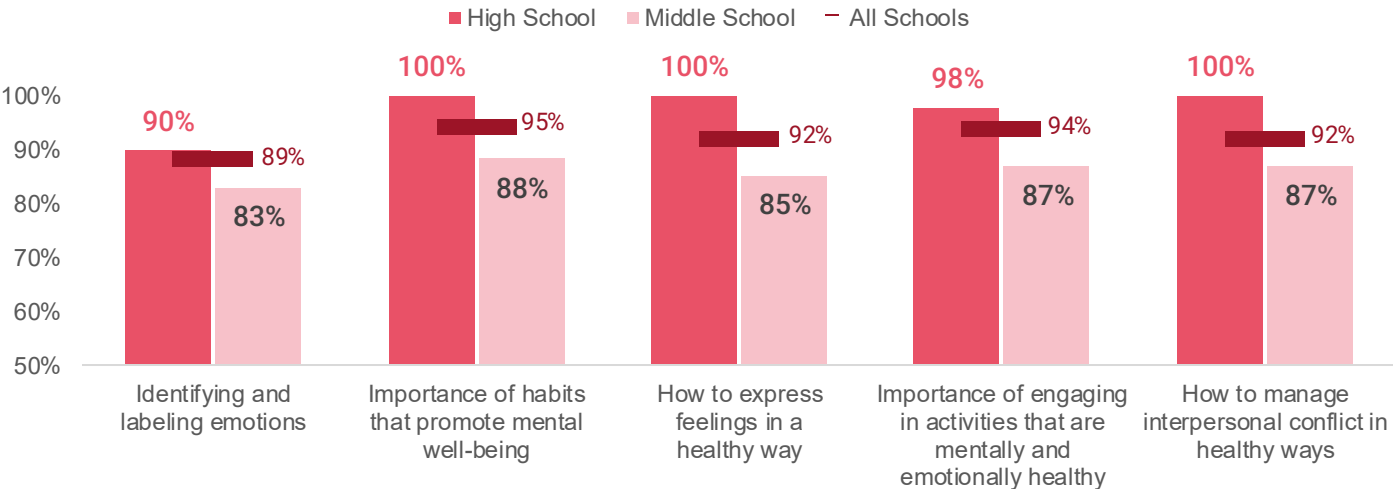
⁵ 2023 [Child Abuse and Neglect Report](#)

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.

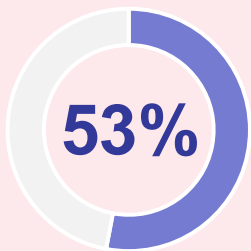
What lead health education teachers reported in 2024...

In 2024, about nine in ten schools in Nebraska taught each of the mental and emotional health topics in a required course for students grades 6 through 12, with coverage generally **higher in high schools** than **middle schools**



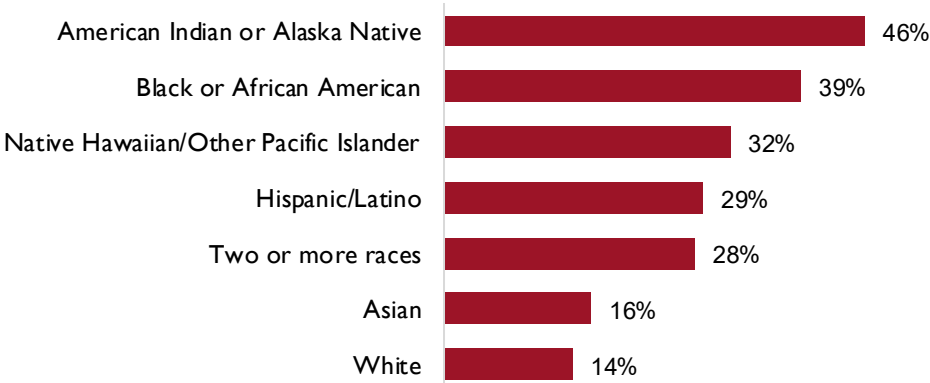
About nine in ten schools (92%) included analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors in their health curriculum

What we know about students who were chronically absent (meaning students miss about 10% of school days)

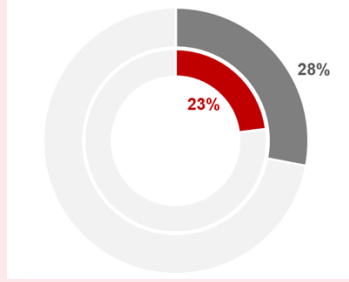


of children with disabilities were chronically absent¹

Nearly half of Native American students in Nebraska were chronically absent in the 2023-24 school year



In the 2022-23 academic year, about one in four **Nebraska students** were chronically absent. The average in the US was slightly higher.¹



High school students more likely to be chronically absent:²

- Those with poor relationships with teachers were **1.8X** more likely
- Those with low self-efficacy were **1.7X** more likely
- Those with low school climate were **1.6X** more likely

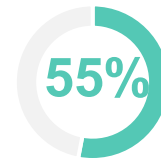
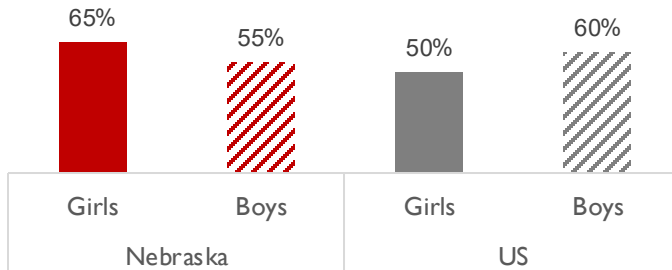
What students reported in 2023...

3 out of 5

students agreed or strongly agreed that they felt close to people at their school



It was more common for **girls in Nebraska** - compared to boys in NE and females in the US - to strongly agree or agree they feel close to people at their school



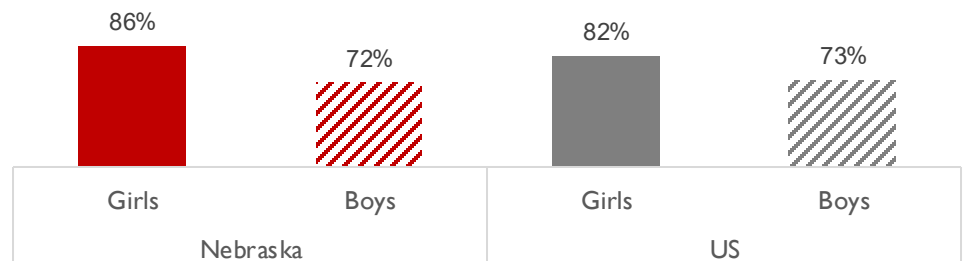
of teens felt they could often talk to a friend about their feelings

Boys were significantly less likely compared to **girls** to feel they could talk to a friend about their feelings most of the time or always



Four out of five (79%) students used social media several times a day

In Nebraska and across the US, females are significantly more likely to use social media at least several times a day compares to males



¹ Chronic Absenteeism, US Department of Education, Accessed February 23, 2025

² The State of Chronic Absenteeism, Panorama Education, Accessed February 23, 2025



Social and Emotional Climate

The interaction between society and students' thoughts and behaviors impacts development and the learning experience. A positive social and emotional climate promotes student academic performance, engagement, relationships, and feelings of safety and support.

School Practices

Assessing the ability of students to set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them occurred in a required course in two-thirds of schools (67%) for grades 9-12 and in 56% of schools for grades 6-8. This was more common in middle schools (66%) than in combined junior/senior high schools (44%) for grades 6-8. The surveyed teachers reported that most mental and emotional health topics listed in Table 6 were taught in a required course for students in grades 6-12. Eighty-four percent of responding schools taught all ten topics. The importance of habits was most commonly covered. In 2022, Nebraska teachers reported coverage at higher rates than the national average for the following topic areas: the importance of habits (NE 94% vs. US 89%), the value of individual differences (NE 91% vs. US 85%), and establishing and maintaining healthy relationships (NE 93% vs. US 88%).



Table 6: 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 well-being	95%
The importance of engaging in activities that are mentally and emotionally healthy	94%
How to establish and maintain healthy relationships	93%
How to prevent and manage emotional stress and anxiety in healthy ways	93%
How to use self-control and impulse control strategies to promote health (e.g., goal setting and tracking, breathing techniques)	93%
How to express feelings in a healthy way	92%
How to manage interpersonal conflict in healthy ways	92%
How to get help for troublesome thoughts, feelings, or actions for oneself and others	92%
Identifying and labeling emotions	89%
Value of individual differences (e.g., culture, ethnicity, ability)	89%

Several topics were covered by all reporting high schools: expressing feelings in a healthy way, managing interpersonal conflicts in healthy ways, preventing and managing emotional stress, using self-control and impulse control strategies to promote health, getting help for troublesome thoughts, and the importance of habits. Nearly all students in junior/senior high schools (98%) learned about engaging in mentally and emotionally healthy activities, compared to 87% of middle school students.

All high schools included the influence of media (as well as family, peers, culture, technology, etc.) on health behaviors in their health education curriculum – the average across school types was 92%. More than half of schools (53%) with grades 6-8 covered the impact of these factors on sexual risk behaviors, and nearly the same percentage assessed the ability of students to analyze such factors. Schools with grades 9-12 were much more likely to both cover the materials (79%) and assess students' analysis ability (73%). Two out of three schools (65%) with grades 6-12 provided students an opportunity to practice their analysis skills. Media was also covered in required courses in middle and high school related to tobacco use (86%) and alcohol and other drug use (89%).

The 2024 State of the American Teacher Survey by the RAND Corporation⁶ included questions about coverage of social and political topics in K-12 public schools, nationally. Nine out of ten teachers taught social and emotional learning (SEL), with more than half (54%) reporting addressing the topic regularly. As a topic, SEL was less common in high schools (84%) than in elementary and middle schools (both 93%). Social and political topics were most commonly covered in ELA and social studies courses.

Chronic Absenteeism

Chronic absenteeism is a barrier to learning that refers to students who have missed days of instruction in school, including excused and unexcused absences, as well as disciplinary removals. Many sources use 10% of missed school days as a metric for chronic absenteeism. In the 2022-23 academic year, the US Department of Education⁷ reported that 28% of US students were chronically absent from school, while 23% of Nebraska students were chronically absent.

In the 2023-24 academic year, out of a student population of 328,649, there were 6,692,219 total absences recorded⁸. Three out of 10 Nebraska high school students (31%) were classified as chronically absent, with grade and absenteeism increasing together: 9th – 25%, 10th – 30%, 11th – 34%, and 12th – 36%. The percentage of students within each racial/ethnic group who were chronically absent in this academic year varied widely, with nearly half of Native American students in this category, which is more than three times higher than White students (Figure 11).

Figure 11: Nearly half of Native American students in Nebraska were chronically absent in AY 2023-24

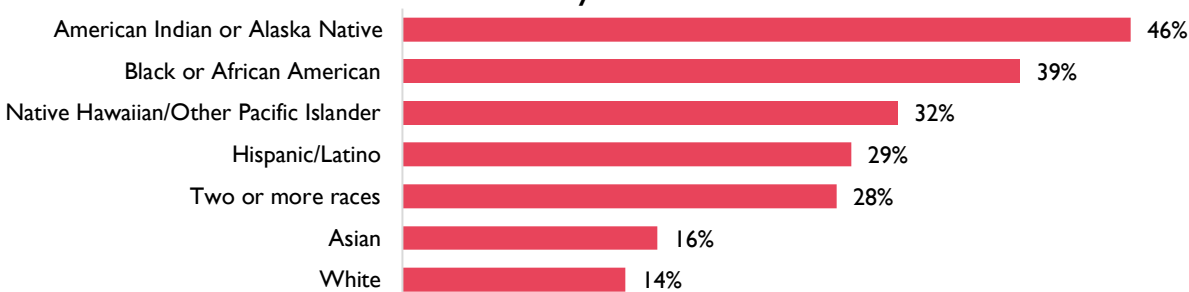


Figure 12 shows the absenteeism data from the US Department of Education (ED)⁹ and population values from the Nebraska Department of Education (NDE) for Academic Year 2022-23. Chronically absent students are not proportional to their numbers in school. Native American students are three

⁶ Report: [State of the American Teacher Survey](#), 2024

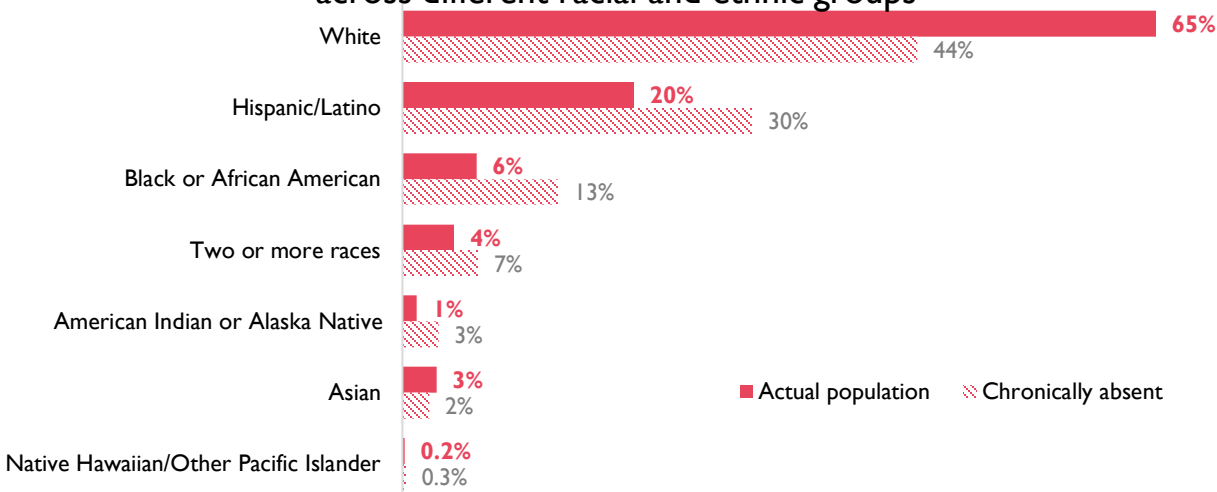
⁷ [Chronic Absenteeism](#), US Department of Education, Accessed February 23, 2025

⁸ NE Attendance Data Statistics, SY 2023-2024, Nebraska Department of Education

⁹ Nebraska Department of Education 2022/23 Membership by Grade, Race, and Gender [Data Report](#)

times as likely to be in the chronically absent group than the overall population, and Black students are twice as likely. White and Asian students are the only groups underrepresented.

Figure 12: Chronic absenteeism is not experienced the same across different racial and ethnic groups



While not specific to grade level, the most common reasons recorded for absences from school in the 2023-2024 school year were unexcused (39%), excused for illness/medical reasons (29%), and 21% were other types of excused absences outside of disciplinary actions, noninstructional activity, or transportation issues (which represented less than 3% of absences). There are many reasons for chronic absenteeism, which may be organized into three primary categories¹⁰: barriers, aversion, and disengagement. Barriers include adult responsibilities, disciplinary issues, health, housing instability, involvement in child welfare, and transportation issues (including neighborhood safety). Aversion includes low academic performance, mental health reasons, receiving special education, and school climate. Disengagement includes low connectedness, negative peer influence, and substance use. The Panorama Education study¹¹ found that after controlling for learning needs, school poverty level, and student demographics, school safety and engagement were related to as much as 22% of the likelihood of a student being chronically absent. Among high school students, Panorama found that social awareness, self-management, and supportive relationships were most strongly linked to chronic absenteeism. Specifically, those with poor relationships with teachers are 1.8 times more likely, those with low self-efficacy are 1.7 times more likely, and those with low school climate are 1.6 times more likely to be chronically absent.

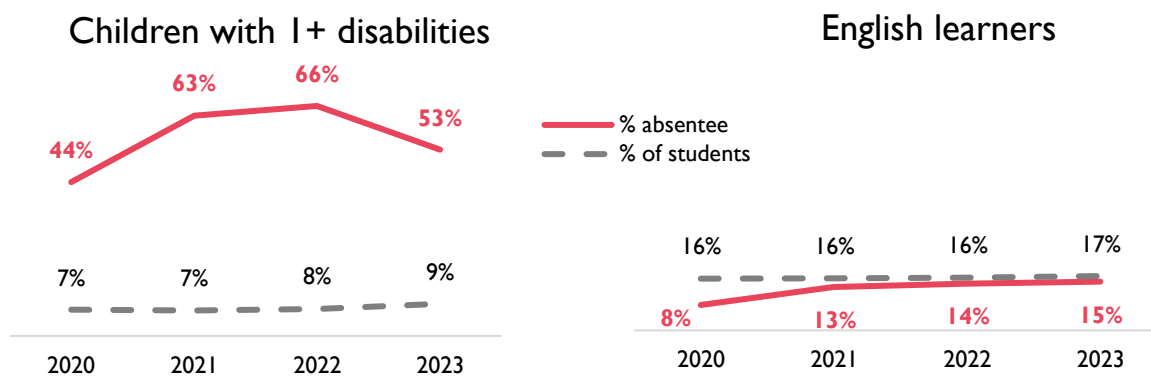
This report includes data on several relevant topics, such as the topics described earlier in this section, and the later section on Physical Environment, although they are not connected directly to absenteeism data. Some characteristics that also may help explain chronic absenteeism are in the ED datasets. For Figure 13, the raw numbers of chronically absent from the ED data were applied to overall population numbers from NDE for the two groups shown (pink line). For both children with disabilities and English learners, you can see an increase after 2020, when remote learning was more common, but no similarities otherwise. Although children with one or more disabilities make up less than 10% of the student population, they accounted for over half of chronically absent students after 2020. In contrast,

¹⁰ Center for Applied Research and Educational Improvement, [Attendance and Chronic Absenteeism](#)

¹¹ [State of Chronic Absenteeism: New Research from Panorama Education](#)

English learners saw an increase in chronic absenteeism but remain slightly underrepresented among chronically absent students relative to their overall enrollment.

Figure 13: The percentage of students who are chronically absent is much higher for some groups than others



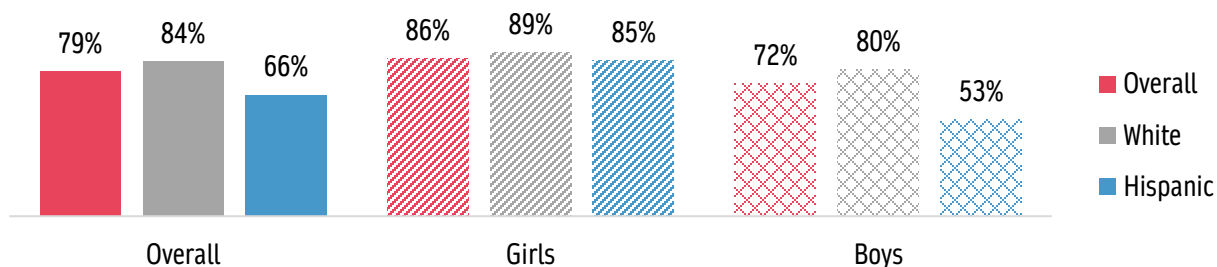
The ED data also includes raw values for homeless students and those with Section 504 disability status (both ~3% of all chronically absent on average). In 2023, they added economic disadvantaged as a characteristic, who were 78% of the chronically absent in that year.

Student Health

Student connections: Among students, 55% said they were able to talk to an adult in their family or another caring adult about their feelings. Three out of five agreed or strongly agreed that they felt close to people at their school. This was more common for girls in Nebraska compared to girls across the US (65% vs. 50%). Fifty-five percent said they felt they could often talk to a friend about their feelings, but this was more common for girls (64%) than boys (46%), with a larger difference among White teens (71% of girls vs. 47% of boys). In less positive forms of communication, 22% received a text or e-mail or saw a social media post with a revealing or provocative photo of someone in the last month. This was more common for White teens (25%) than for Hispanic teens (13%).

Social media: Four out of five students (79%) used social media several times a day – girls more than boys, and White students more than Hispanic students (Figure 14). That difference is driven mostly by differences among boys.

Figure 14: Girls and White teens were more likely to use social media several times a day than their counterparts, with the biggest differences between White and Hispanic boys

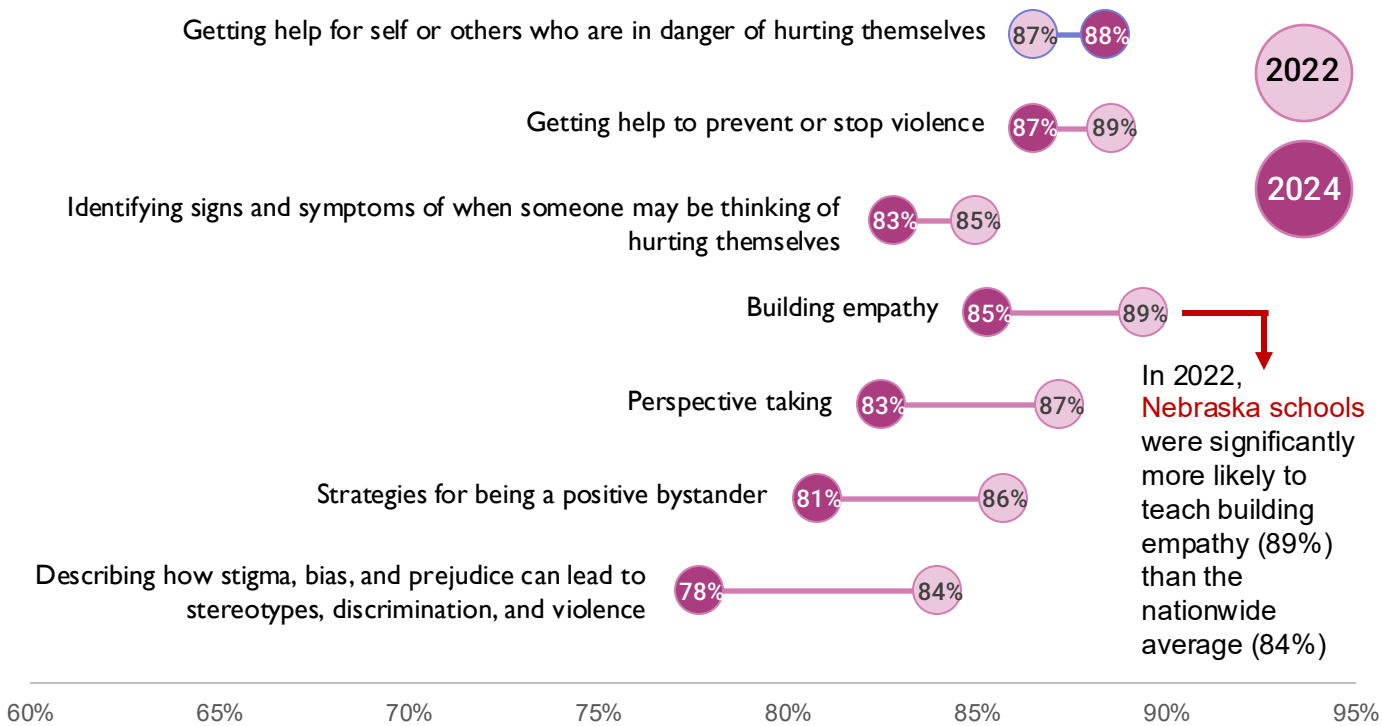


Physical Environment + Adolescent Health

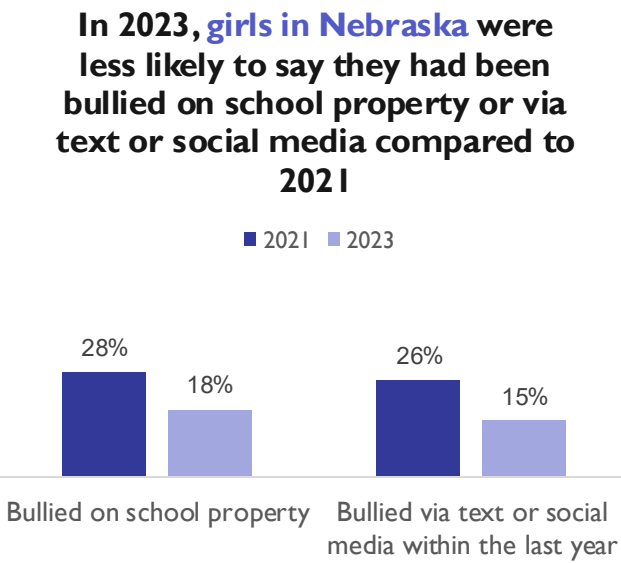
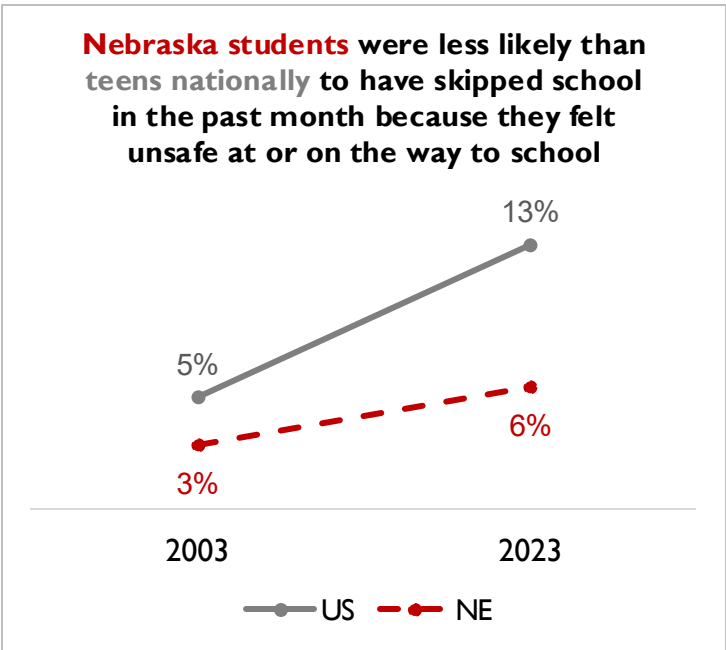
A healthy school environment includes the school building and its physical conditions, plus the surrounding area. The school should protect students and staff from physical threats to promote learning.

What lead health education teachers reported in 2024...

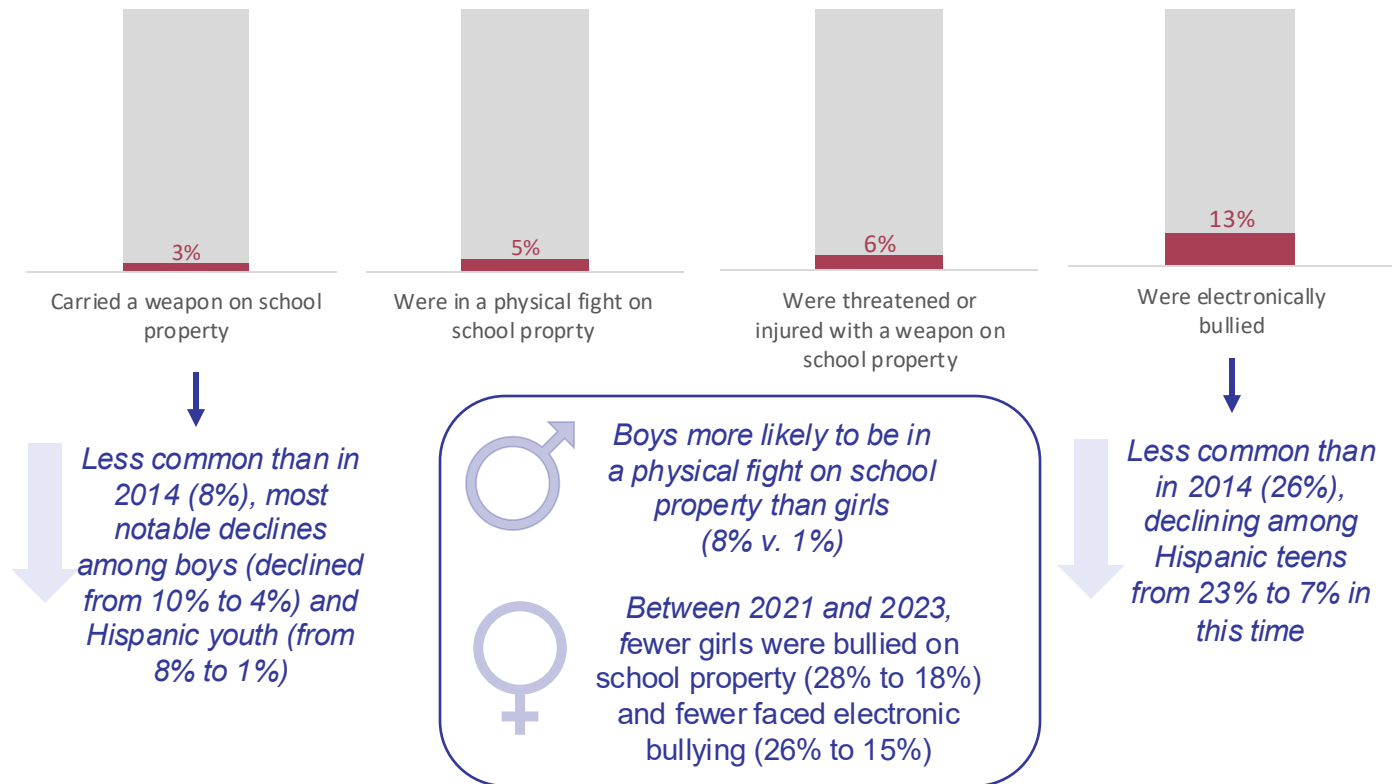
Overall trends show slightly fewer schools taught most of the following violence prevention topics in a required course for students in grades 6 through 12 in 2024 than in 2022



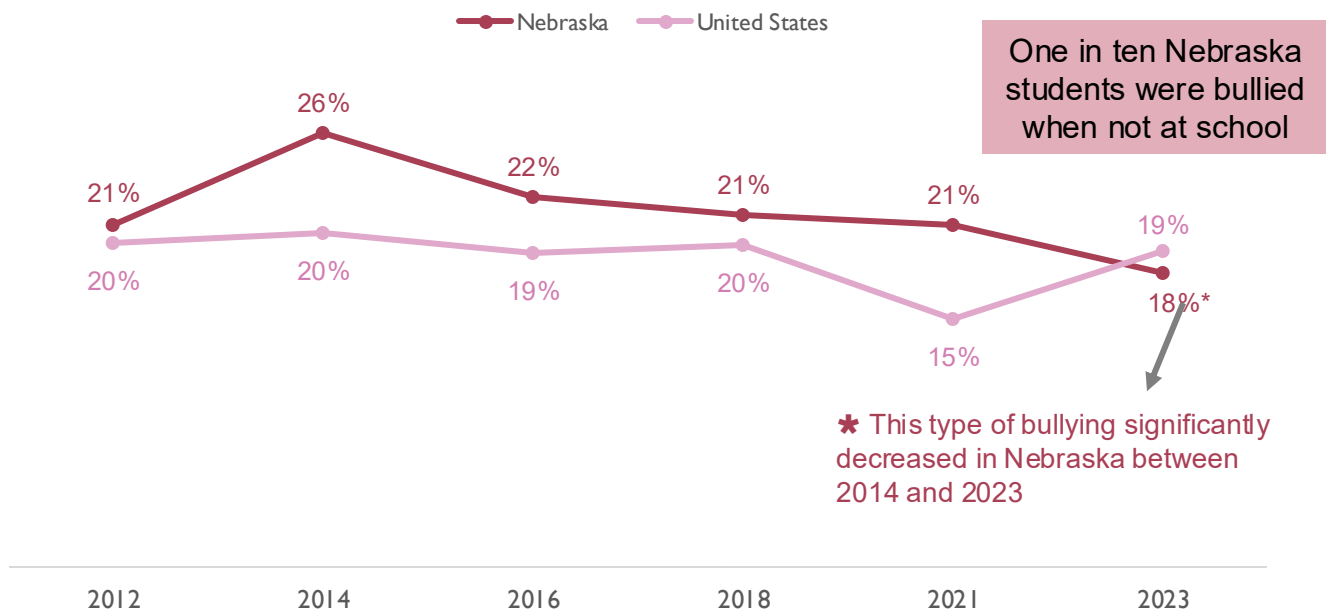
What students reported in 2023...



Among Nebraska students in 2023...



Until 2023, Nebraska had consistently higher rates of students reporting being bullied on school property compared to the US



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.

School Practices

Ninety-three percent of schools tried to increase student knowledge of violence prevention. Half of health instructors had professional development on violence prevention in the last two years (50%), with about the same proportion wanting it (51%).

Seventy-three percent of schools taught all seven of the violence prevention topics listed in Table 7 in a required course for students in any grade between 6th and 12th grades. Getting help for those who are in danger of hurting themselves was the most common topic. In 2022, Nebraska schools were more likely to teach building empathy than the national average (89% vs. 85%).



Table 7: Violence prevention topics taught in a required course	
	%
Getting help for self or others who are in danger of hurting themselves	88%
Getting help to prevent or stop violence (including inappropriate touching, harassment, abuse, bullying, hazing, fighting, and hate crimes)	87%
Building empathy (e.g., identification with and understanding of another person's feelings)	85%
Identifying the signs and symptoms of when someone may be thinking of hurting themselves	83%
Perspective taking (e.g., taking another person's point of view)	83%
Strategies for being a positive bystander (e.g., safely de-escalating, preventing, or stopping bullying and harassment)	81%
Describing how stigma, bias, and prejudice can lead to stereotypes, discrimination, and violence	78%

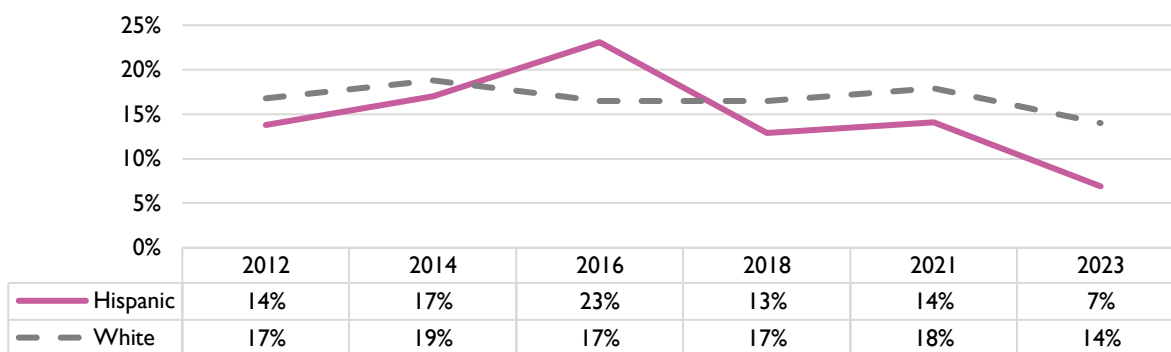
Student Health

School Safety: Six 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, which was less than the national average (13%). This was more common for White students in 2023 (5%) than in 2012 (3%). Teens carrying weapons like guns or knives in the last month was less common in 2023 (3%) than in 2014 (8%). Among boys, there was a decline from 10% to 4%, girls' carrying dropped from 5% to 2%, and Hispanic youth declined the most from 8% to 1%. Overall, 6% of teens reported being threatened or injured with a weapon on school property. This was less common for Hispanic students in 2023 than in 2012 (5% vs. 9%). Fewer students (5%) reported being in a physical fight on school property, but there were large differences by sex: 8% of

boys fought at school, compared to 1% of girls. These differences were even larger among White teens, with 11% of boys fighting vs. <1% of girls.

Eighteen percent of Nebraska teens were bullied on school property, which is a drop from 26% in 2014. Electronic bullying was reported by 13% of surveyed students. Between 2021 and 2023, fewer girls were bullied on school property (28% to 18%), and fewer faced electronic bullying as well (26% to 15%). There was a decline in electronic bullying among Hispanic teens as well, at only 7% in 2023, which was significantly lower than 2012 and 2016 (Figure 15; White students shown for comparison – not significantly different).

Figure 15: Hispanic teens' experience of electronic bullying is at its lowest in over a decade



Violence: Twelve percent of Nebraska teens saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood (the US average was almost double at 23%), and 16% were in a physical fight in the year before the survey. This was more common for boys than girls (23% vs. 9%), with larger differences between White boys and girls (27% vs. 8%). One in ten students were bullied when not at school, and 9% said they bullied someone when not at school. Four percent had carried a gun that wasn't for sport or hunting on at least one day in the past year – this was more common for White boys (9%) compared to White girls (1%).

Nine percent of students experienced sexual violence (being forced by anyone to do sexual things) in the prior year, which was more common for girls (13%) than boys (5%). Experiences of sexual dating violence (being forced by someone they were dating or going out with to do sexual things) was reported by 8% of students. This was reported by 4% of boys and 13% of girls, which was a sharp decline from 2021, when 26% of girls reported sexual dating violence. There was also a decline among White students (16% to 9%) and Hispanic students (16% to 3%). Among the 8% of Nebraska students reporting this in 2023, it was reported more often by those who reported being suicidal (30% vs. 5% who were not suicidal), students who felt unsafe going to school (27% vs. 7% of those who felt safe), and those who reported being sad/hopeless (16% vs. 5% for those who did not report being sad/hopeless). Physical dating violence (being physically hurt on purpose by someone they were dating or going out with) also dropped for girls, from 11% in 2021 to 5% in 2023. Among the 6% of Nebraska students reporting this, it was more often reported by students who felt unsafe going to school (23% vs. 5%), said they were suicidal in the past year (22% vs. 3%), and reported being sad/hopeless (12% vs. 3%). There was a decline in physical dating violence for Hispanic students between 2012 (8%) to 2023 (1%). Six percent of students were physically forced to have sex when they did not want to; this declined for girls from 2021 (17%) to 2023 (8%).

Employee Wellness + Adolescent Health

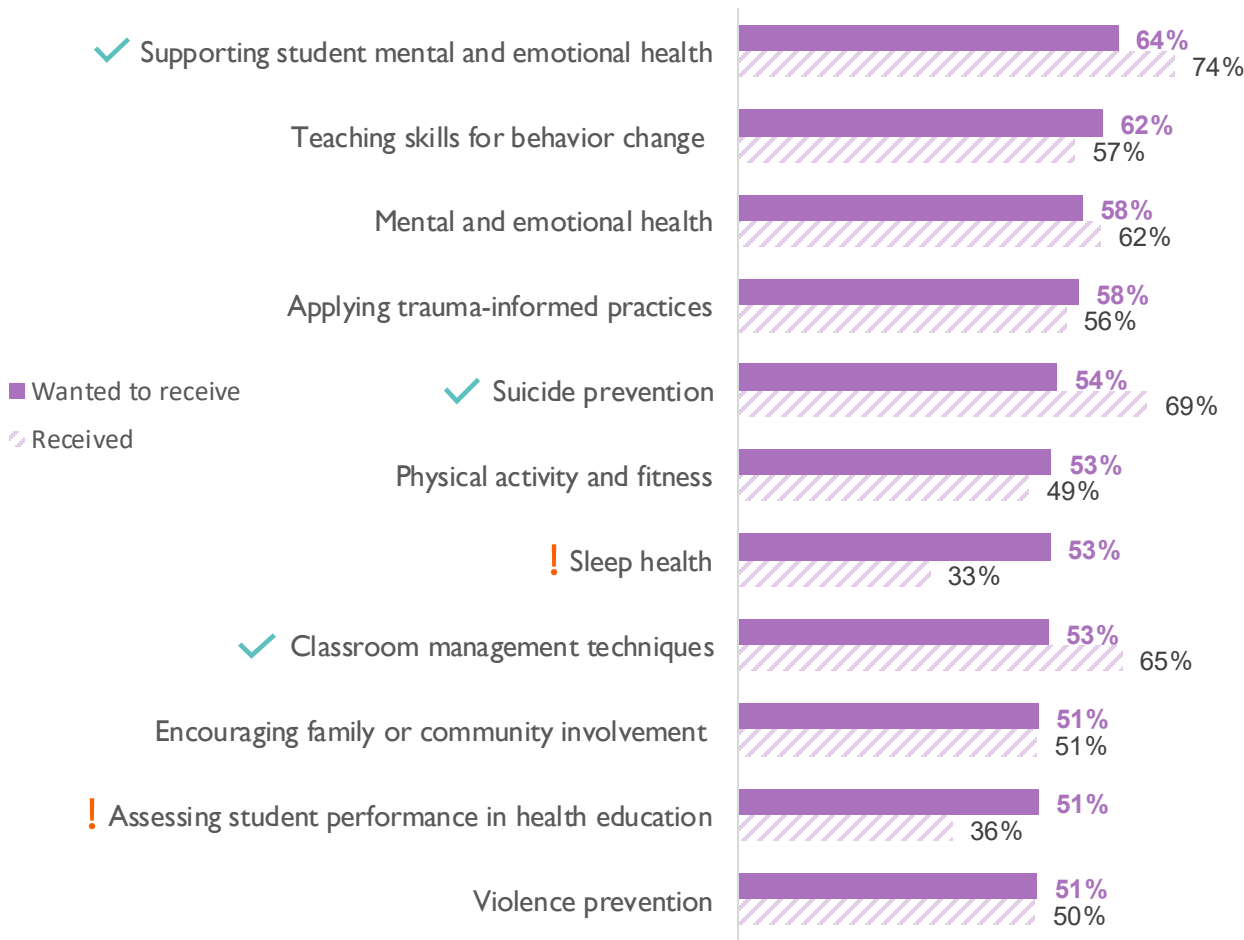
Healthy school staff support students’ wellbeing and academic success. As a worksite, schools foster employees’ physical and mental health. Staff who have appropriate training and resources are a benefit to their students and community.

What lead health education teachers reported in 2024...

✓ more people received PD in that topic than reported wanting PD

! more people reported wanting PD in that topic than receiving it

In 2024, there were 11 topics that more than half the lead health education teachers **wanted to receive** professional development around



Nationally¹

72% of teachers were glad they selected teaching as a career

76% of teachers didn't seem to have as much enthusiasm now as they did when they began teaching

¹ Report: [State of the American Teacher Survey](#), 2024.



Employee Wellness

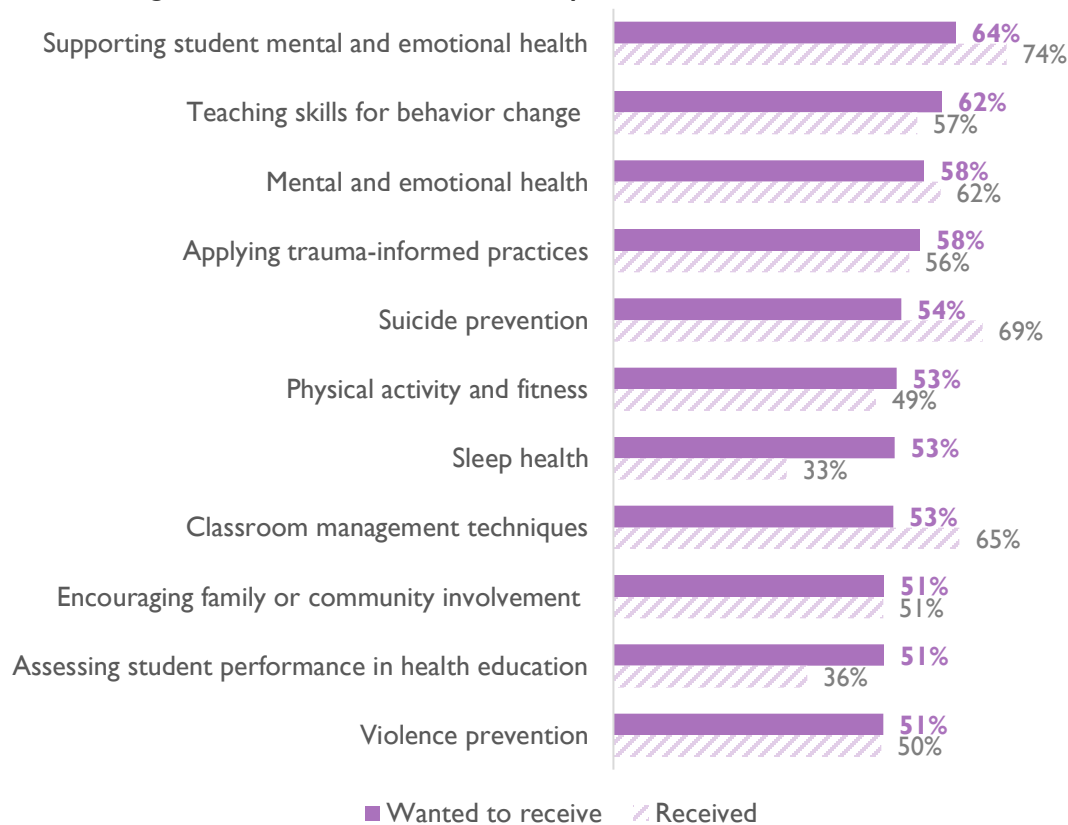
Healthy school staff support students' wellbeing and academic success. As a worksite, schools foster employees' physical and mental health. Staff who have appropriate training and resources are a benefit to their students and community.

School Practices

The majority of Nebraska lead health educators surveyed received a variety of professional development in the two years before the survey. Figure 16 shows the most frequently cited topics desired by teachers, organized from most wanted to least. Mental and emotional health was the most received and desired professional development. The largest differences between those who wanted and had training were for assessing student performance in health education, which was one of the topics least likely to be received.



Figure 16: Professional development wanted and received

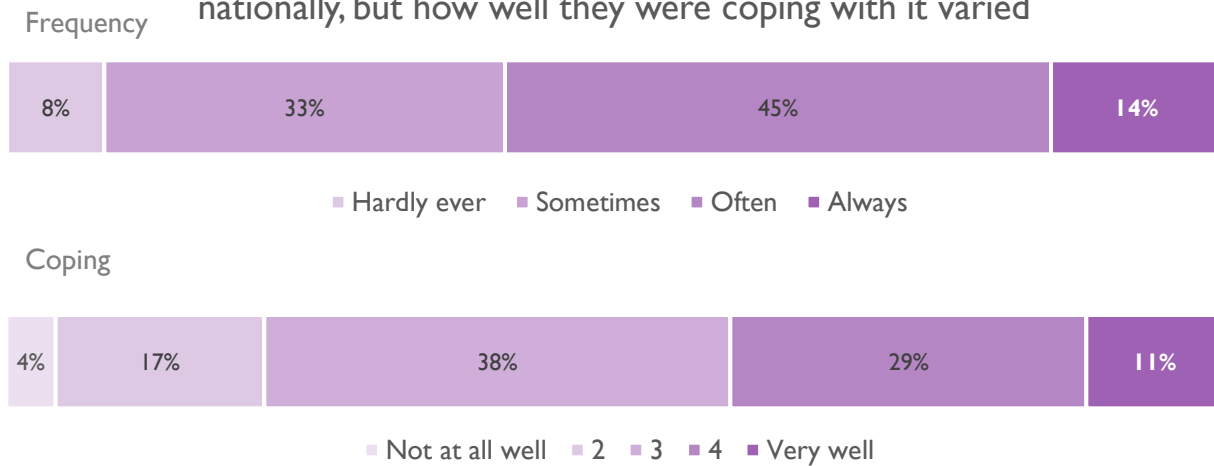


While limited data is specifically available for Nebraska, the findings from the State of the American Teacher by the RAND Corporation¹² include data on teachers at the national level. Nearly three-quarters of teachers (72%) agreed that they were glad they selected teaching as a career, but fewer looked forward to teaching in the future (57%). Seventy-six percent said they didn't have as much enthusiasm for teaching as they did when they began teaching, and 58% agreed that the stress and disappointments involved in teaching aren't really worth it.

When asked how often their work has been stressful, nearly three out of five said often or always (none said never), and the ability to cope varied (Figure 17). Among the general population, 28% reported feeling often and always stressed, none said they were coping not well at all, and 34% said very well. Top sources of stress included managing student behavior (in the top three for 45% of respondents), salary (37%), administrative work outside of teaching (33%), and spending too many hours working (26%). Fewer than 5% rated feeling physically unsafe or lacking adequate mentoring. Ninety-two percent of teachers were contracted to work 21-40 hours a week, but only 10% reported doing so.

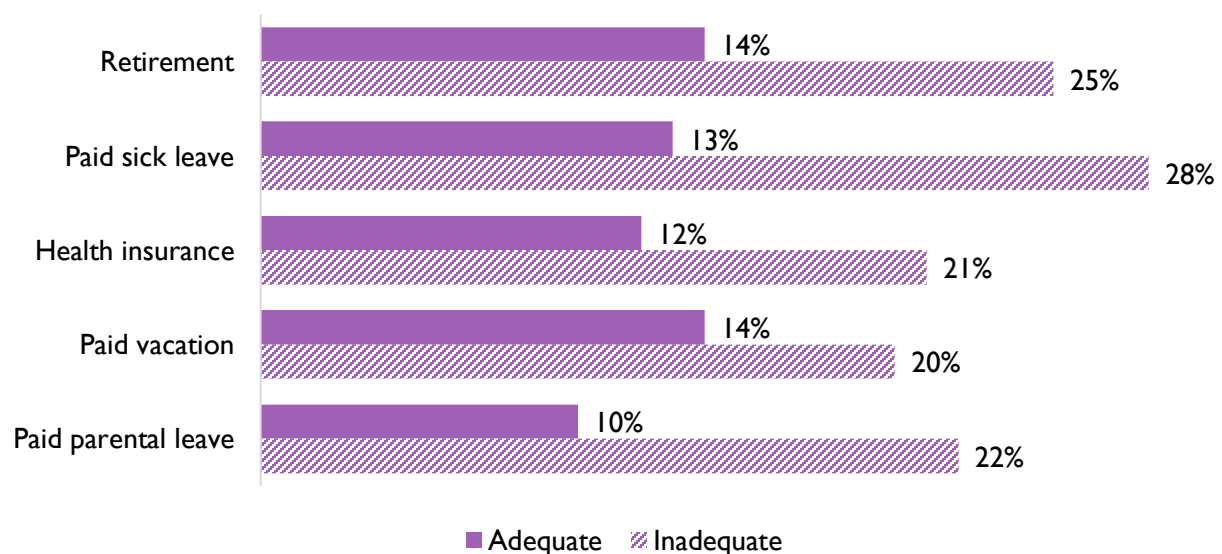
¹² Report: [State of the American Teacher Survey](#), 2024.

Figure 17: Frequent stress was common among teachers, nationally, but how well they were coping with it varied



Nationally, 17% of teachers report an intention to leave the profession at the end of the academic school year. One in five teachers who received no salary increase said they intended to leave the profession, and 24% who received an increase of less than 3% said the same. When asked about the relationship between their change in base salary and intention to leave, 74% said it had no impact, 8% said it made it more likely, and 18% said it made them less likely to leave their job. Teachers who felt their benefits were adequate were less likely to leave – Figure 18 shows the differences in intention to leave based on perceived adequacy of different benefits.

Figure 18: Teachers who think their benefits are inadequate are more likely to say they intend to leave teaching*



*Graph based on a figure from the 2024 RAND report [Larger Pay Increases and Adequate Benefits Could Improve Teacher Retention](#).

The National Educator Association (NEA) collects information on teacher pay and other financial characteristics by state in their Ranking of the States report¹³. In Nebraska, the salaries of public school teachers and instructional staff increased by 2.5% between 2022-23 to 2023-24, which was the 44th largest increase, nationally. (Unfortunately, in constant dollars, the salaries of Nebraska teachers are estimated to decline 7.8% between 2016-2025.) Student fall enrollment in Nebraska schools during that time dropped -.02%, which was less than the national average of -.21% (only 12 states had an increase). Average daily attendance dropped by 4.1% (rank of 49th). The number of teachers increased by 0.3%, and the number of instructional staff increased by 0.5%. In Nebraska, the public schools' current expenditures per student in average daily attendance increased by 8.2%, the 6th highest in the US. These statistics suggest an increase in resources that would benefit teachers.

Resource availability is another way to support employee wellness. Four out of five (81%) Nebraska schools provided health educators with goals, objectives, and expected outcomes for health education, and/or a written curriculum. Nearly three-quarters received a written health education curriculum – this was more common for high school instructors (83%) than junior/senior high school instructors (65%). Almost the same number (72%) provided plans for assessing health education performance. Written instructional competencies were provided to 70% of instructors. Sixty-three percent of schools provided a chart describing the scope and sequence of instruction for health education over the year, which was more common in high schools (72%) than junior/senior high schools (50%).

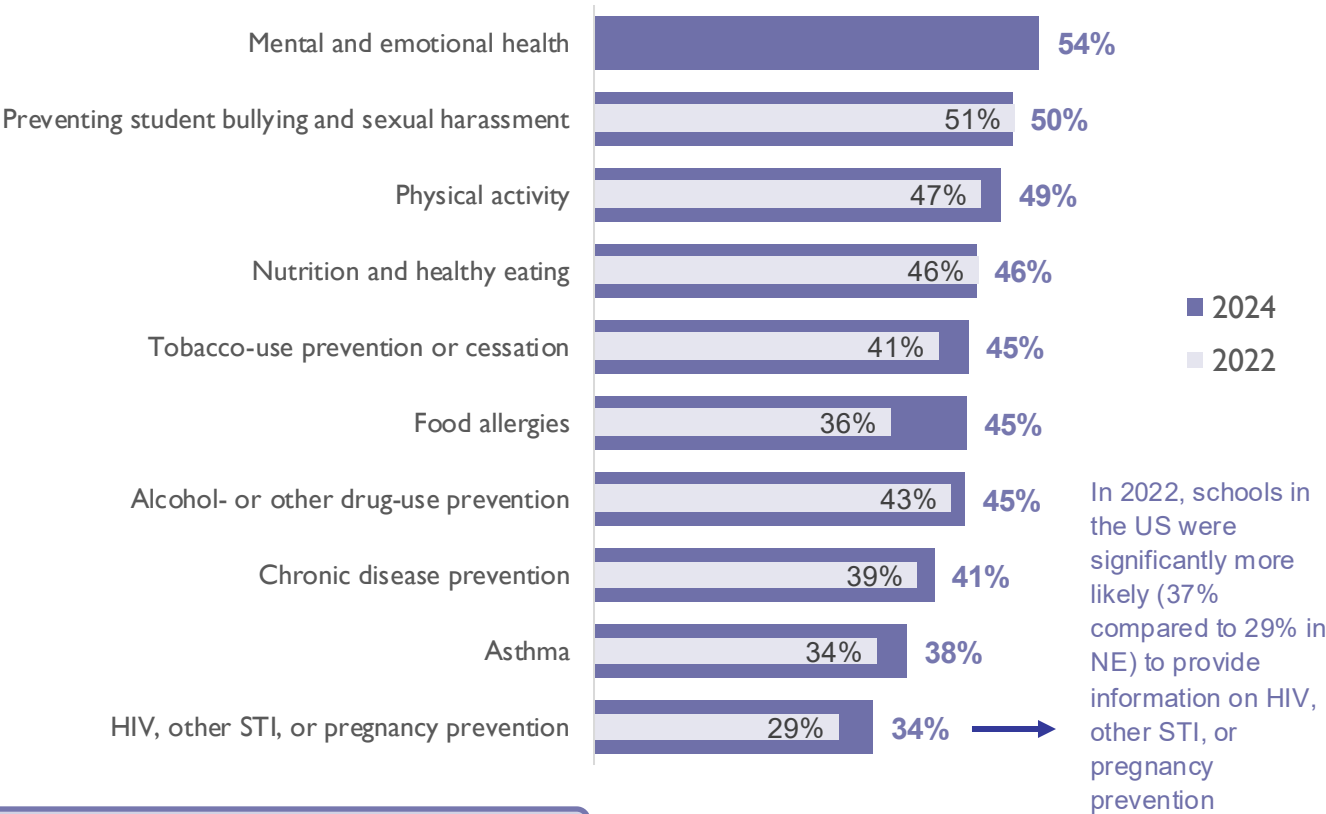
¹³ NEA [Ranking of the States 2024 and Estimates of School Statistics 2025](#) report

Family Engagement & Community Involvement + Adolescent Health

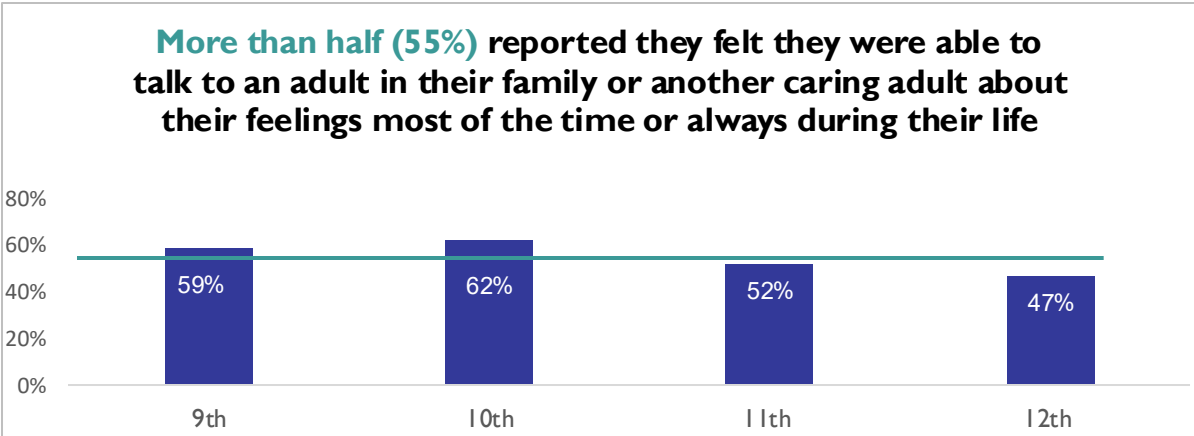
Student learning and development is supported when family and school staff work together. When families feel welcomed and engaged, with the support of school staff, student health and wellbeing is reinforced.

What lead health education teachers reported in 2024...

Overall trends show slightly more schools in Nebraska provided parents and families with health information designed to increase parent and family knowledge in 2024 than 2022



What students report in 2023...



Family Engagement & Community Involvement

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

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.



School Practices

Table 8 shows health information that was shared with parents and families during the school year. At least half of schools provided information on mental and emotional health (54%) and bullying prevention (50%). HIV, other STI, or pregnancy prevention was the least common topic in 2024, and was similarly low in 2022, when it was significantly lower than the national average (29% vs. 37%).

Table 8: 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.

	%
Mental and emotional health	54%
Preventing student bullying and sexual harassment, including electronic aggression	50%
Physical activity	49%
Nutrition and healthy eating	46%
Alcohol- or other drug-use prevention	45%
Food allergies	45%
Tobacco-use prevention	45%
Chronic disease prevention (e.g. diabetes, obesity prevention)	41%
Asthma	38%
HIV, other STI, or pregnancy prevention	34%

Eighty-eight percent of schools included advocating for personal, family, and community health in health education curriculum, a decline from 95% in 2020. This was more common in high schools (98%) than in middle schools (79%). Half of the instructors both received (in the past two years) and wanted professional development on encouraging family or community involvement.

Student Health

Among students, 55% said they were able to talk to an adult in their family or another caring adult most of the time or always about their feelings. This varied across grades (Figure 19).

Figure 19: Many teens felt they could talk to an adult in their family about their feelings, but this varied across grades

