

NEBRASKA ADOLESCENTS . . .
KEEPING THEM HEALTHY
2016-2017





TABLE OF CONTENTS

| | |
|------------------------------------|---------|
| ADOLESCENT HEALTH..... | 4 |
| NEBRASKA/US COMPARISON..... | 5 |
| SCHOOL HEALTH EDUCATION..... | 6 & 7 |
| ALCOHOL & OTHER DRUG USE..... | 8 & 9 |
| NUTRITION & BODY WEIGHT..... | 10 & 11 |
| PHYSICAL ACTIVITY..... | 12 & 13 |
| SEXUAL BEHAVIOR/STDs: PART I..... | 14 & 15 |
| SEXUAL BEHAVIOR/STDs: PART II..... | 16 & 17 |
| TOBACCO USE..... | 18 & 19 |
| TRANSPORTATION SAFETY..... | 20 & 21 |
| VIOLENCE & BULLYING..... | 22 & 23 |
| MENTAL HEALTH & SUICIDE..... | 24 & 25 |
| COORDINATED SCHOOL HEALTH..... | 26 & 27 |
| RESOURCES & ACKNOWLEDGEMENTS..... | 28 & 29 |





ADOLESCENT HEALTH

WHERE ARE WE AND WHERE DO WE GO FROM HERE?

The most common causes of disability, disease and premature death result from individual choices and behaviors. Behaviors, whether detrimental or beneficial, are learned, often at an early age. Schools and parents play an important and unique role in providing environments where youth can learn and practice positive health behaviors. The Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (NDHHS) work to support and enhance the efforts of schools and parents in order to facilitate optimal healthy outcomes for our youth.

The NDE and NDHHS monitors the prevalence of health risk behaviors among Nebraska youth and measures progress toward achieving optimal healthy outcomes. Some measurement tools used are surveys and vital statistic records. Information gathered is used to target health education, risk reduction and prevention activities. The following information reflects recent results of two surveys given separately to youth and educators throughout the state: the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (SHP).

The booklet is offered as a resource for future dialogue and action. It describes what's happening in Nebraska schools to promote the health of young people and the actual behaviors occurring among our youth. Health practices of Nebraska adolescents are compared to adolescents nationwide and a possible model for health programming is provided.

THE YOUTH RISK BEHAVIOR SURVEY

In 1990, the Centers for Disease Control and Prevention (CDC) initiated a program for a national and state survey to provide estimates of the behaviors of high school students that directly affect their health. This survey, known as the Youth Risk Behavior Survey (YRBS), has been administered in Nebraska biannually since 1991. The YRBS data for 1991, 1993, 2003, 2005, 2011, 2013 and 2015 were weighted to reflect the 9th-12th grade public school student population in Nebraska.

All Nebraska public schools are eligible to participate.

In a random sample of schools, students from a random sample of 9th-12th grade classes are asked to complete the YRBS. The survey asks about six categories of behaviors that are directly related to the principal causes of disability, disease, and death:

1. Unintentional and intentional injuries
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors
5. Dietary behaviors
6. Physical activity

Results from the most recent YRBS are available at www.education.ne.gov/CSH/Index.html or by calling (402) 463-5611 x 171 or (402) 471-2109 (Nebraska Department of Education - Health Education Section).

THE SCHOOL HEALTH PROFILES

In 1997, the Institute of Medicine (IOM) recommended that US schools require a one-semester health education course at the secondary school level. The Institute's report states that school health education could be one of the most effective means to reduce and prevent some of the nation's most serious health problems, including cardiovascular disease, cancer, motor vehicle crashes, homicide, and suicide.

Prior to the IOM Report and beginning in 1995, the CDC worked with state education authorities to develop a survey of schools enrolling students in grades 6 - 12 that described the school's health education and health promotion activities.

This survey, known as the School Health Profiles (SHP), was first conducted in 1996. The survey asks principals and lead health educators to complete two different surveys. The surveys ask about health education, physical education, asthma management, school policies related to HIV/AIDS, tobacco use prevention, intentional injuries and violence, physical activity, food service, and family and community involvement in school health programs. The SHP has been completed biannually in NE since 1996 and all have been weighted.

Results from the SHP for Nebraska are available from the NDE by contacting (402) 463-5611 x 171 or at www.education.ne.gov.

NE/US COMPARISON

Below is a comparison of the Nebraska and US health practices of adolescents using the 2016-17 National Youth Risk Behaviors Survey data.

| | Nebraska | US |
|---|----------|-----|
| <i>Alcohol and Other Drugs Use</i> | | |
| Students who have had at least one drink of alcohol during their lifetime | 54% | 60% |
| Students who have their first drink before the age of 13 | 13% | 16% |
| Students who engaged in binge drinking | 11% | 14% |
| Students who have taken a prescription drug without a doctor's prescription | 14% | 14% |
| <i>Nutrition & Body Weight</i> | | |
| Students who describe themselves as slightly or very overweight | 29% | 32% |
| Students trying to lose weight | 44% | 32% |
| Students who drank soda or pop two or more times a day | 10% | 13% |
| <i>Physical Activity</i> | | |
| Students attending PE class five days a week | 28% | 30% |
| Students who played video games or used a computer for 3 or more hours per day | 38% | 43% |
| Students who watched TV 3 or more hours per day | 19% | 21% |
| <i>Sexual Behavior</i> | | |
| Students who have ever had sexual intercourse | 29% | 40% |
| Students who had sexual intercourse for the first time before age 13 | 3% | 4% |
| Students who had sexual intercourse with four or more persons during their life | 6% | 10% |
| Students who used a condom during last intercourse | 53% | 54% |

| | Nebraska | US |
|--|----------|-----|
| <i>Tobacco Use</i> | | |
| Students who have ever smoked cigarettes | 24% | 29% |
| Students who currently use tobacco | 7% | 9% |
| Students who have ever smoked cigarettes daily | 1% | 2% |
| Students who have ever used an electronic vapor product | 36% | 42% |
| <i>Transportation Safety</i> | | |
| Students who texted or e-mailed while driving a vehicle | 48% | 39% |
| Students who rode in a vehicle driven by someone who had been drinking alcohol | 21% | 17% |
| Students who rarely or never wore a seat belt | 9% | 6% |
| <i>Violence & Bullying</i> | | |
| Students who were in a physical fight | 19% | 24% |
| Students who were bullied on school property | 22% | 19% |
| Students who were electronically bullied | 18% | 15% |
| Students who did not go to school because of safety concerns | 8% | 7% |
| Students who experienced dating violence | 8% | 7% |
| Students who were physically forced to have sexual intercourse | 8% | 7% |
| <i>Mental Health & Suicide</i> | | |
| Students who felt sad or hopeless | 27% | 30% |
| Students who seriously considered attempting suicide | 16% | 17% |
| Students who made a plan about how they would attempt suicide | 14% | 14% |

SCHOOL HEALTH EDUCATION

Every two years principals and lead health educators in a sample of public schools with grades 6-12 complete the School Health Profiles questionnaire about their school's health program. This fact sheet summarizes the status of health education programs in Nebraska schools.

HEALTH EDUCATION IN GRADE 6-12 SCHOOLS

NDE 2016 School Health Profiles

TEACHING

92% of Nebraska schools require **at least one** health education course. Of those:

- ◆ 35% require one health course
- ◆ 57% require two or more health courses
- ◆ 69% require students who failed a required health course to repeat it
- ◆ 8% do not require any health course

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

| | | | |
|------------|-----|------------|-----|
| 6th grade | 57% | 7th grade | 59% |
| 8th grade | 56% | 9th grade | 70% |
| 10th grade | 30% | 11th grade | 11% |
| | | 12th grade | 15% |

TEACHERS

Major emphasis in professional preparation of lead health educators:

- ◆ Health & PE combined 49%
- ◆ Physical education 20%
- ◆ Family and consumer science, biology or other science 14%
- ◆ Other education degree 6%
- ◆ Nursing 4%
- ◆ Health education 5%
- ◆ Other 1%

Teaching experience of lead health educators:

- ◆ One year 10%
- ◆ 2-5 years 27%
- ◆ 6-9 years 15%
- ◆ 10-14 years 18%

COURSE CONTENT

STUDENT SKILLS DEVELOPMENT

Percentage of teachers who tried to increase student skills in each of the following topics in a required health education course:

- ◆ Resisting peer pressure 94%
- ◆ Goal setting 91%
- ◆ Decision making 95%
- ◆ Health promotion 95%
- ◆ Communication 91%

STUDENT KNOWLEDGE DEVELOPMENT

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

| Area | % |
|---|-----|
| Physical activity and fitness | 99% |
| Tobacco use prevention | 95% |
| Nutrition and dietary behavior | 99% |
| Alcohol or other drug use prevention | 96% |
| HIV (human immunodeficiency virus) prevention | 80% |
| Emotional and mental health | 90% |
| Pregnancy prevention | 77% |
| Infectious disease prevention | 79% |
| Human sexuality | 73% |
| STD (sexually transmitted disease) prevention | 84% |
| Injury prevention & safety | 89% |
| Violence prevention | 93% |
| Suicide prevention | 81% |
| Asthma | 57% |
| Foodborne illness prevention | 68% |

STUDENT SKILLS DEVELOPMENT

Percentage of schools with a health education curriculum that address specific health enhancement skills:

- ◆ Concepts related to health promotion and disease prevention 95%
- ◆ The influence of family peers, culture, media, technology, and other factors 94%
- ◆ Accessing information, products, and services 85%
- ◆ Interpersonal communication skills to enhance health and reduce health risks 91%
- ◆ Using decision-making skills 95%
- ◆ Using goal-setting skills 91%
- ◆ Practicing health-enhancing behaviors to avoid or reduce risks 93%
- ◆ Advocating for personal, family and community health 91%

Teacher's Continuing Education

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

| <i>Topic</i> | <i>Received</i> | <i>Desired</i> |
|-----------------------------------|-----------------|----------------|
| Violence prevention | 52% | 66% |
| Alcohol or other drugs prevention | 20% | 55% |
| Physical activity and fitness | 43% | 53% |
| HIV prevention | 14% | 44% |
| Nutrition and dietary behavior | 26% | 59% |
| STD prevention | 16% | 55% |
| Tobacco use prevention | 16% | 47% |
| Emotional and mental health | 34% | 58% |
| Human sexuality | 17% | 53% |
| Pregnancy prevention | 16% | 52% |
| Suicide prevention | 50% | 63% |
| Infectious disease prevention | 28% | 49% |
| Asthma | 31% | 40% |
| Foodborne illness prevention | 16% | 36% |

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

| <i>Teaching Methods</i> | <i>Received</i> | <i>Desired</i> |
|---|-----------------|----------------|
| Using interactive teaching methods such as role plays or cooperative group activities | 50% | 47% |
| Teaching skills for behavior change | 43% | 59% |
| Teaching students with physical or cognitive disabilities | 44% | 54% |
| Teaching students of various cultural backgrounds | 33% | 47% |
| Encouraging family or community involvement | 33% | 57% |
| Teaching students with limited English proficiency | 21% | 40% |
| Teaching students of different sexual orientation or gender identities | 12% | 48% |

WHAT CAN WE DO?

- Encourage state and local Boards of Education to provide health education in the school curriculum.
- Increase the number of staff development opportunities on health education topics.
- Require schools to employ certified Health and Physical Education teachers.
- Encourage schools to develop a workplace wellness program for staff and students.

FOR MORE INFORMATION . . .

- NDE - Coordinated School Health
(402) 463-5611 x 171; (402) 471- 2109; (402) 471- 4352
www.education.ne.gov/HEALTH/
www.education.ne.gov/PE/
www.education.ne.gov/HIV/

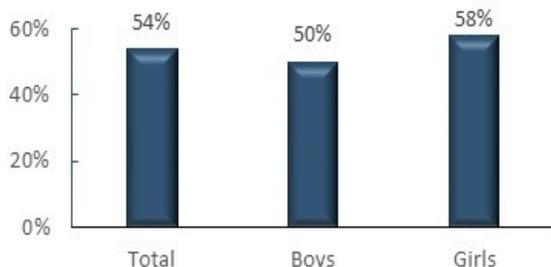
“School health education could be one of the most effective means to reduce and prevent some of the nations most serious health problems.”

ALCOHOL & OTHER DRUG USE

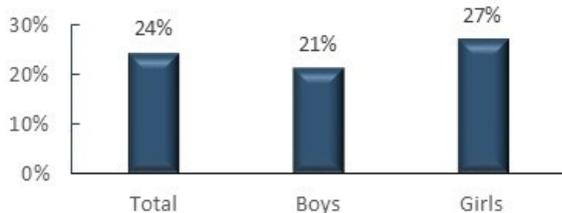
WHO IS DRINKING ALCOHOL OR USING DRUGS?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

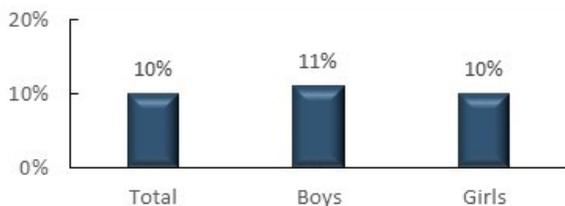
Percentage of students who have had at least one drink of alcohol during their lifetime



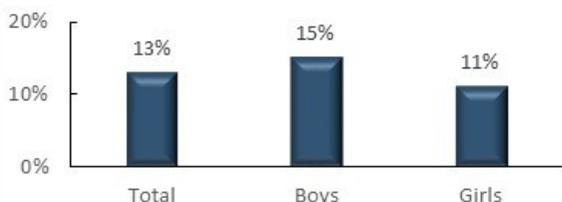
Percentage of students who had at least one drink of alcohol during the past 30 days



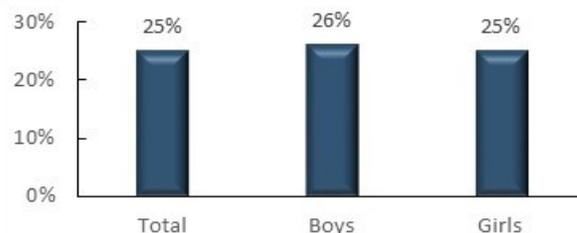
Percentage of students who engaged in binge drinking during the past 30 days (5+ drinks in a row, within a couple of hours)



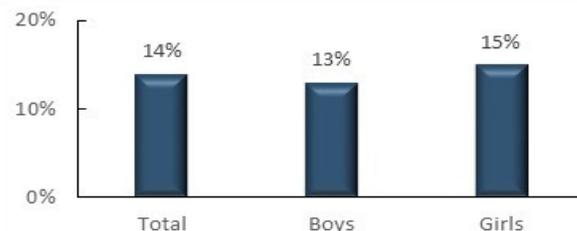
Percentage of students who had their first drink before the age of 13



Percentage of students who used marijuana one or more times during their life



Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life



IMPORTANCE OF THE ISSUE

- Alcohol use among Nebraska teens has declined considerably since the early 1990s.
- Heavy drinking is associated with an increased number of sexual partners, use of marijuana and poor academic performance.

OTHER INFORMATION

The Nebraska Risk and Protective Factor Student Survey, designed to assess adolescent substance use and many of the risk and protective factors that predict adolescent problem behaviors, was administered in 2016 to over 32,000 Nebraska students in grades 6, 8, 10 and 12. For further information, including full results of the survey, contact the Nebraska Substance Abuse Prevention Program at (402) 471-2353.

WHAT'S HAPPENING IN NEBRASKA PUBLIC SCHOOLS?

NDE Grade 6-12 2016 School Health Profiles (SHP)

Unfortunately there is little data available describing what schools are doing about alcohol use, either in their educational programs or in their policies. Despite the fact that alcohol use is a major contributing cause of death among young people, schools are much more likely to report activities related to tobacco, violence, nutrition, and asthma than alcohol. Often alcohol and other drug-related activities are combined, making it difficult to separate alcohol-related activities and policies.

TEACHING

- 96% of the schools report they try to increase student knowledge on alcohol and other drugs in a required health education course.

TEACHERS

- During the past two years, 20% of the lead health education teachers **have participated** in staff development activities about alcohol and other drugs.
- 55% of the lead health teachers **would like to participate** in staff development activities about alcohol and other drugs.

WHAT CAN WE DO?

- Encourage others to recognize that alcohol contributes to a large number of deaths among Nebraska teenagers.
- Encourage law enforcement officials to enforce the laws related to alcohol sales and possession, and driving under the influence of alcohol.
- Community leaders should ensure that alcohol promotions and sponsorships reflect community values and follow state laws.
- Families should set standards for alcohol use, including consequences for illegal use.

ALCOHOL & OTHER DRUGS USE AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Alcohol & Other Drugs Use</i> | 2010 | 2012 | 2014 | 2016 |
|---|------|------|------|------|
| Have had at least one drink of alcohol during lifetime | 61% | 52% | 52% | 54% |
| Have had at least one drink of alcohol during past 30 days | 27% | 22% | 23% | 24% |
| Had their first drink before age 13 | 17% | 13% | 14% | 13% |
| Have used marijuana one or more times during their life | 25% | 24% | 27% | 25% |
| Tried marijuana for the first time before age 13 years | 7% | 5% | 6% | 6% |
| Have taken steroids without a doctor's prescription one or more times during their life | 3% | 2% | 4% | 4% |

FOR MORE INFORMATION . . .

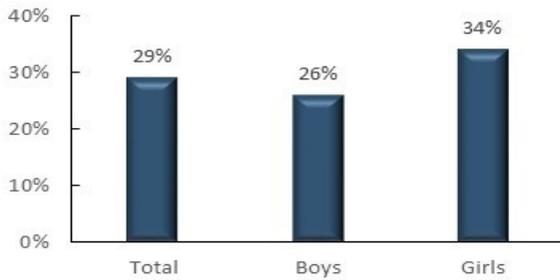
- NDE
 - Coordinated School Health
 - (402) 463-5611 x 171; (402) 471-2019;
 - (402) 471-4352
 - www.education.ne.gov/CSH/Index.html
- NDHHS
 - Substance Abuse Prevention Program
 - (402) 471-2353
 - dhhs.ne.gov/behavioral_health/Pages/sua_suaindex.aspx
- Nebraska Department of Motor Vehicles
 - Office of Highway Safety
 - (402) 471-2515
 - www.transportation.nebraska.gov/nohs/

NUTRITION & BODY WEIGHT

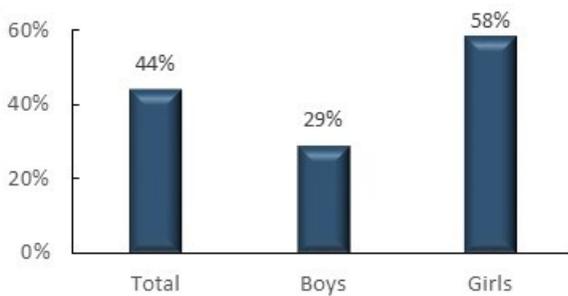
WHO'S OVERWEIGHT?

NDE GRADE 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

Percentage of students who describe themselves as slightly or very overweight



Percentage of students trying to lose weight



IMPORTANCE OF THE ISSUE

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

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

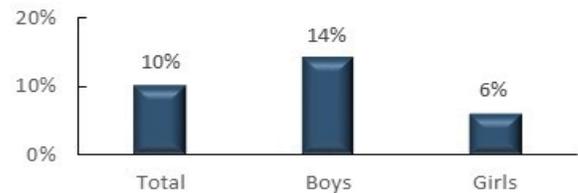


HOW STUDENTS MANAGE WEIGHT

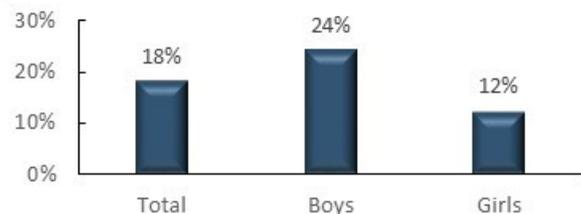
- Among the 44% of Nebraska high school students trying to lose weight, nearly 14% reported fasting, taking diet supplements, vomiting, or taking laxatives to lose weight or keep from gaining weight during the past 30 days.
- Female students were somewhat more likely than male students to report using a high risk weight loss method during the past 30 days.
- 20% of high school students reported the use of high-risk methods to lose weight or keep from gaining weight.

WHAT ARE KIDS DRINKING?

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



Percentage of students who drank at least one can, bottle, or glass of soda per day during the past 7 days



5% of students drank a can, bottle, or glass of soda or pop 3 or more times per day during the 7 days before the survey.

WHAT ARE KIDS EATING?

- 12% of students did not eat fruit or drink 100% fruit juice during the 7 days before the survey
- 17% of students did not eat vegetables during the 7 days before the survey
- 22% of students ate fruit 2 or more times per day during the 7 days before the survey
- 12% of students ate vegetables 3 or more times per day during the 7 days before the survey

NUTRITION AND BODY WEIGHT AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Body Image & Weight</i> | 2010 | 2012 | 2014 | 2016 |
|--|------|------|------|------|
| Describe themselves as slightly or very overweight | 29% | 27% | 30% | 29% |
| Trying to lose weight | 43% | 42% | 43% | 44% |
| Drank three or more glasses of milk per day during past 7 days | 16% | 13% | 13% | 10% |

NUTRITION IN SCHOOLS

NDE Grades 6-12 2016 School Health Profiles (SHP)

Teaching

Teachers taught the following in a required health education course:

- ◆ Benefits of healthy eating 95%
- ◆ Eating more fruits, vegetables, and whole grains products 94%
- ◆ The MyPlate food guidance 92%
- ◆ Choosing and preparing food with less salt 87%
- ◆ Using food labels 88%
- ◆ Keeping food safe to eat 83%

ENVIRONMENT

- Foods in schools with vending machines/canteens/snack bars:
 - ◆ Sports drinks 71%
 - ◆ 2% or whole milk 28%
 - ◆ Soda pop or not 100% fruit juice 35%
 - ◆ Frozen snacks (not low fat) 14%
 - ◆ Non-chocolate candy 26%
 - ◆ Salty snacks (not low fat) 30%
 - ◆ Chocolate candy 20%
 - ◆ Fruits (not fruit juice) 23%
 - ◆ Non-fried vegetables 13%
- 55% of schools prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.

Teachers

- During the past two years, 26% of lead health education teachers **participated** in a staff development activity about nutrition and dietary behavior.
- 59% **would like** staff development activities about nutrition and dietary behavior.

WHAT CAN WE DO?

- Improve the quality of snack foods and beverages sold to children at school during the school day including a la carte in the cafeteria, school stores, snack bars, vending machines and other venues.
- Adopt policies requiring that healthy food alternatives (such as fruits, vegetables, and whole grains) be available at school-related functions.
- Increase the number of schools with a school breakfast program.

FOR MORE INFORMATION . . .

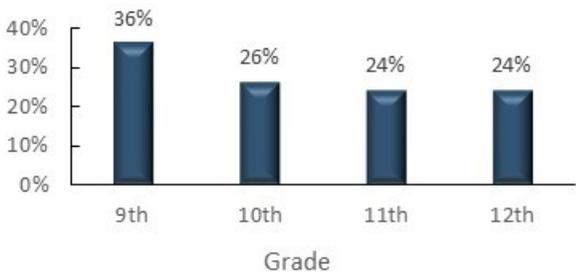
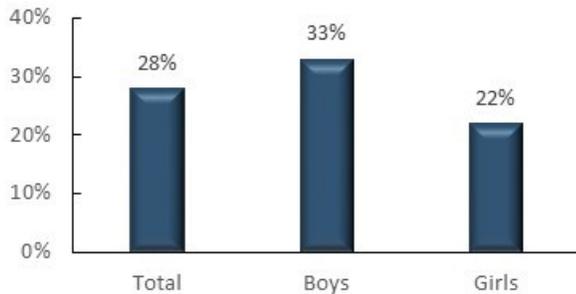
- NDE - Nutrition Services (402) 471-2488 www.education.ne.gov/NS/
- NDHHS - Nutrition and Activity for Health (402) 471-2101 www.dhhs.ne.gov/naflh
- USDA - Food and Nutrition Services, Team Nutrition www.fns.usda.gov/tn/team-nutrition

PHYSICAL ACTIVITY

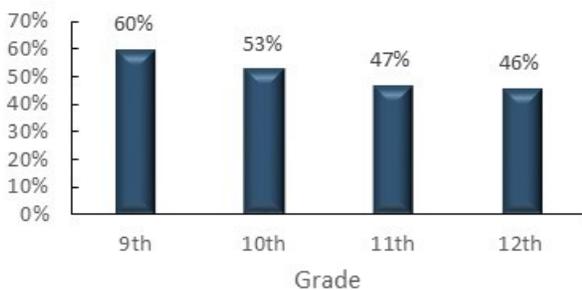
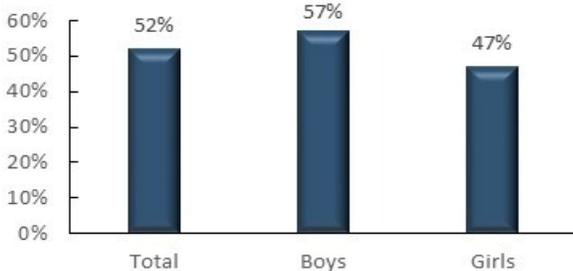
WHO'S ACTIVE IN NEBRASKA SCHOOLS?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

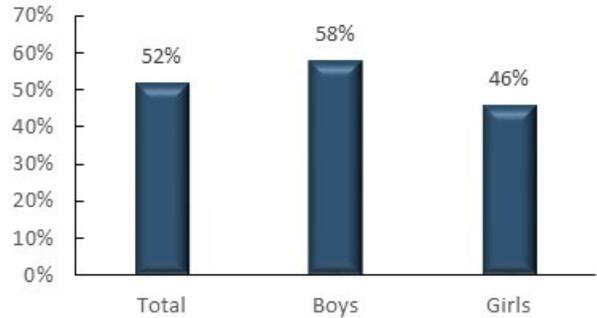
Percentage of students attending PE class five days a week



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



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



WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2016 School Health Profiles (SHP)

Teaching

91% of the participating principals in grade 6-12 schools indicate that physical education is a required course, but mostly in middle school/junior high school.

| | | | |
|------------|------|------------|-----|
| 6th grade | 100% | 7th grade | 99% |
| 8th grade | 99% | 9th grade | 92% |
| 10th grade | 42% | 11th grade | 23% |
| | | 12th grade | 24% |

46% provide opportunities for students to participate in intramural activities or physical activity clubs.

69% require students who fail physical education to repeat the course (schools that require PE for students).

Teachers

73% of participating lead health teachers are certified, licensed, or endorsed by the state to teach health education in middle or high school.

In the past two years, 43% of lead health education teachers **participated** in a staff development activity dealing with physical activity or fitness.

53% of the health education teachers **would like to participate** in staff development dealing with physical activity or fitness.

SCREEN TIME - A MAJOR BARRIER TO PHYSICAL ACTIVITY

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

- 19% of Nebraska high school students spend three or more hours during an average school day watching television.
- 38% of Nebraska high school students played video games/computer games or used a computer for non-school work for three or more hours during an average school day.

PHYSICAL ACTIVITY AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Physical Activity</i> | 2010 | 2012 | 2014 | 2016 |
|---|------|------|------|------|
| Physically active a total of at least 60 minutes per day on five or more of the past seven days | 54% | 58% | 53% | 52% |
| Watched three or more hours per day of TV on an average school day | 25% | 23% | 20% | 19% |
| Played video or computer games or used a computer for something other than school work three or more hours per day on an average school day | 21% | 28% | 32% | 38% |
| Attended physical education (PE) classes on one or more days in an average week when they were in school | 48% | 50% | 49% | 42% |

2018 Physical Activity Guidelines for Americans, 2nd Edition

Children and adolescents should participate in 60 minutes or more of physical activity per day

Most of the 60 minutes per day should be a combination of moderate and vigorous aerobic physical activity.

As part of their daily activity, adolescents should include on at least 3 days of the week:

- ◆ muscle-strengthening activities
- ◆ bone-strengthening activities

IMPORTANCE OF THE ISSUE

- Participation in regular physical education/activity has been directly linked to academic performance, specifically in math, reading and writing scores.
- Physical education/activity reduces behavior problems in class, reduces levels of anxiety and stress, thus increasing concentration and alertness and improving self-esteem.
- Physical education/activity combined with good nutrition helps to build and maintain healthy bones and muscles, controls weight, and reduces the risks of diabetes, heart disease, and some cancers.

WHAT CAN WE DO?

- Support the implementation of your school wellness policies and model a physically active lifestyle.
- Encourage school programs and address policies to provide quality daily physical education, health education, and recess that help students develop the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain physically active lifestyles.
- Create a structural environment that makes it easy and safe for young people to walk, bike, and use close-to-home physical activity facilities.

FOR MORE INFORMATION . . .

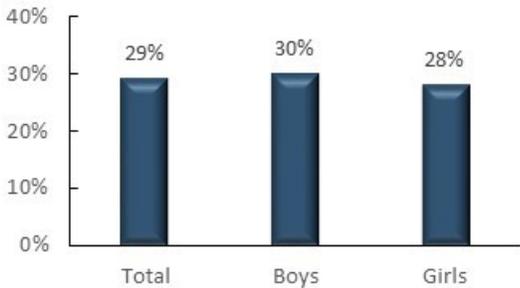
- NDE
 - Physical/Health Education (402) 471-4352
www.education.ne.gov/pe/
 - Nutrition Services (402) 471-3566
www.education.ne.gov/NS/
 - Coordinated School Health (402) 471-4352; (402) 463-5611 x 171
www.education.ne.gov/CSH/
- NDHHS
 - Nutrition and Activity for Health (402) 471-2101
www.dhhs.ne.gov/hew/hpe/nafh
www.neactionforhealthykids.org
- US Department of Health and Human Services
www.health.gov/paguidelines

SEXUAL BEHAVIOR/STDs: PART I

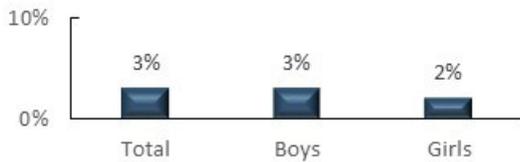
WHO'S SEXUALLY ACTIVE?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

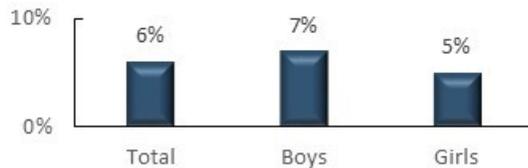
Percentage of students who have ever had sexual intercourse



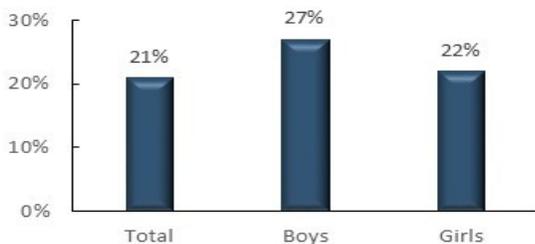
Percentage of students who had sexual intercourse for the first time before age 13 years



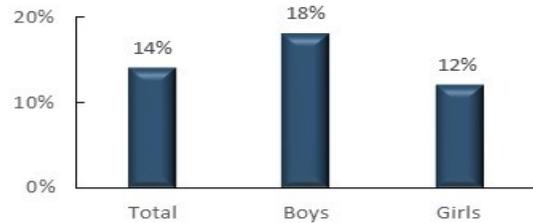
Percentage of students who had sexual intercourse with four or more people during their life



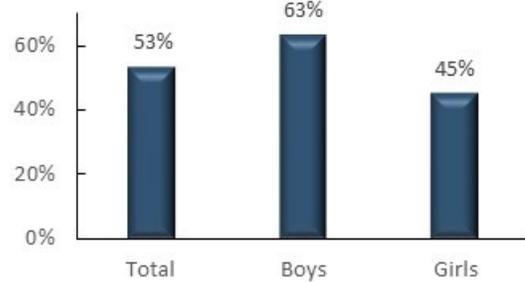
Percentage of students who have ever had sexual intercourse with more than one person in the past 3 months



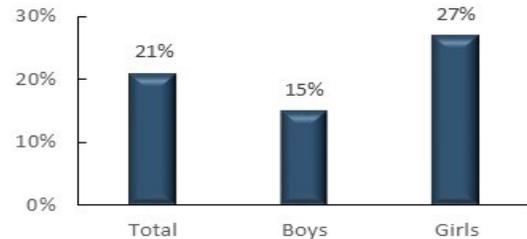
Of the students who are currently sexually active, the percentage who drank alcohol or used drugs before last sexual intercourse



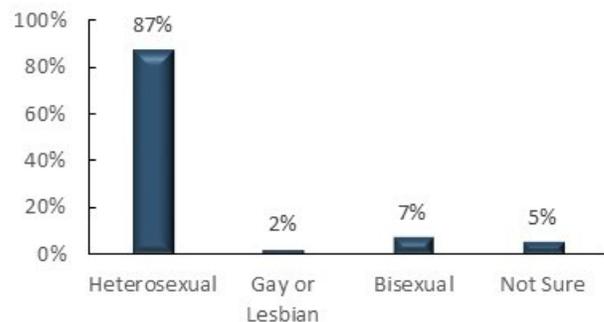
Of the students who are currently sexually active, the percentage who used a condom during last sexual intercourse



Of the students who are currently sexually active, the percentage who used birth control pills before last sexual intercourse



Sexual identity as described by students



SEXUAL BEHAVIOR AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Sexual Behavior</i> | 2010 | 2012 | 2014 | 2016 |
|--|------|------|------|------|
| Have had sexual intercourse in the past 3 months | 27% | 26% | 25% | 21% |
| Students who have had sexual intercourse, those who drank alcohol or used drugs before last sexual intercourse | 20% | 20% | 18% | 14% |
| Students who have had sexual intercourse, those who used a condom during last sexual intercourse | 62% | 65% | 57% | 53% |
| Students who were currently sexually active who have not used any method to prevent pregnancy | 14% | 12% | 18% | 7% |

WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2014 School Health Profiles (SHP)

TEACHERS

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

- ◆ HIV Prevention 18%
- ◆ STD Prevention 16%
- ◆ Human Sexuality 17%
- ◆ Pregnancy Prevention 19%

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

- ◆ HIV Prevention 44%
- ◆ STD Prevention 55%
- ◆ Pregnancy Prevention 52%
- ◆ Human Sexuality 53%

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

- ◆ HIV Prevention 80%
- ◆ Pregnancy Prevention 77%
- ◆ Human Sexuality 73%
- ◆ STD Prevention 84%

TEACHING

| <i>Curriculum content of schools having a required health course:</i> | <i>Grades 6, 7, 8 or 9</i> | <i>Grades 9, 10, 11 or 12</i> |
|---|----------------------------|-------------------------------|
| Benefits of being sexually abstinent | 47% | 64% |
| How HIV or other STDs are transmitted | 46% | 65% |
| How to prevent HIV, other STDs, and pregnancy | 45% | 61% |
| Health consequences of HIV, other STDs, and pregnancy | 48% | 64% |
| How to create & sustain healthy & respectful relationships | 51% | 65% |
| How to get valid & reliable health information, products & services | 39% | 60% |
| Condom efficacy, that is how well condoms work and do not work | 28% | 48% |
| How to correctly use a condom | 15% | 29% |

POLICY

Among the 56% of schools who have adopted a policy on students and/or staff who have HIV or AIDS, the percentage whose policy addressed each of the following issues:

- ◆ Maintaining confidentiality of HIV-infected students/staff 69%
- ◆ Worksite safety 77%
- ◆ Procedures to protect HIV-infected students/staff from discrimination 62%
- ◆ Attendance of students with HIV 58%
- ◆ Procedures for implementing the policy 56%
- ◆ Communication of the policy to students, school staff, and parents 59%
- ◆ Adequate training about HIV infection for school staff 56%
- ◆ Confidential counseling for HIV-infected students 76%

SEXUAL BEHAVIOR/STDs: PART II

PREGNANCY AMONG NEBRASKA YOUTH

NDHHS Maternal and Child Health (MCH) Planning and Support

Pregnancy rate for Nebraska females aged 15-19



The pregnancy rate is determined by adding live births, fetal deaths and abortions by age group, dividing the

- According to the U.S. Department of Health & Human Services, in 2016, there were 20.3 births for every 1,000 adolescent females ages 15-19, or 209,809 babies born to females in this age group. This is another historic low for U.S. teens. Although reasons for the declines are not clear, more teens may be delaying or reducing sexual activity, and more of the teens who are sexually active may be using birth control than in previous years.

CONDOM USE

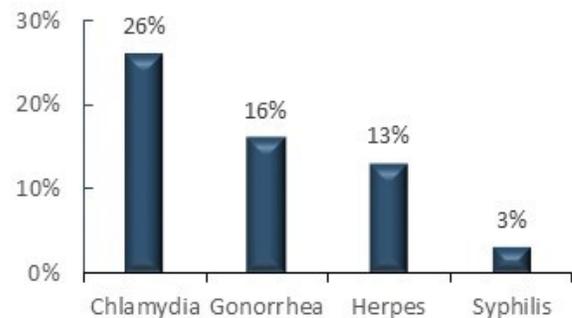
The correct and consistent use of latex condoms can reduce the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD or pregnancy. Abstinence from vaginal, anal, and oral intercourse is the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

Source: CDC Healthy Youth

SEXUALLY TRANSMITTED DISEASE AMONG NEBRASKA YOUTH

NDHHS Sexually Transmitted Disease (STD) Program

Percentage of all chlamydia, gonorrhea and genital herpes cases in Nebraska in 2017 that occurred in youth under the age of 20



- Chlamydia, gonorrhea and syphilis reported cases among Nebraska youth age 15-24 in 2017:

Chlamydia: 5,086
Gonorrhea: 821
Syphilis: 11

- Nebraska national ranking for chlamydia and gonorrhea rates in 2014

Chlamydia - 17th best (451 per 100,000)
Gonorrhea - 21st best (139 per 100,000)

- Nebraska is considered a low incidence state with 2,455 cumulative cases of HIV as of 2017, or 128 cases per 100,000 population

- In 2017, 23% of all newly diagnosed HIV and AIDS cases in Nebraska were reported in the 13-24 age group.

IMPORTANCE OF THE ISSUE

- Despite recent declines, the US has one of the highest teen pregnancy rates in the developed world.
- Age of first intercourse and the number of sexual partners is directly related to unintended pregnancy and sexually transmitted diseases.
- Nationally, gonorrhea rates are highest among persons aged 15-19.
- For young teens, the greater the age difference between partners, the more likely the relationship will include sexual intercourse.
- Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Some health effects caused by HPV can be prevented with vaccines.

WHAT CAN WE DO?

- Work to increase the number of schools that provide sexuality education.
- Set clear expectations, talk early and often, and supervise children and adolescents.
- Strongly encourage teens, especially young teens, to delay sexual activity.
- Encourage younger teens to spend time with same-age peers (both genders) in supervised settings and discourage single-couple dating, especially with partners who are three or more years older.
- Provide professional development opportunities for teachers.
- Encourage parents to obtain accurate information and develop their communication with children on sexual health issues.
- Call your local health department for STD treatment and clinic information
dhhs.ne.gov/publichealth/pages/std_index.aspx

FOR MORE INFORMATION...

- NDE
 - Sexual Health Education/HIV Prevention
www.education.ne.gov/HIV/
(402) 463-5611 x 171
 - Coordinated School Health
(402) 463-5611 x 171; (402) 471-4352
www.education.ne.gov/HEALTH/
- NDHHS
 - Infectious Disease Prevention and Care
(402) 471-9098
dhhs.ne.gov/publichealth/pages/std_index.aspx
 - Reproductive Health Program
(402) 471-3980
dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx
 - Adolescent Health Program
(402) 471-0538
dhhs.ne.gov/adolescenthealth
 - Sexually Transmitted Disease Program
(402) 471-2937
dhhs.ne.gov/publichealth/pages/std_index.aspx
- CDC
1-800-CDC-INFO (1-800-232-4636)
cdc.gov/nchstp/dstd/disease_info.htm
- Nebraska AIDS Project (NAP) www.nap.org/
 - Omaha/Southwest Iowa (402) 552-9260
 - Kearney/Central NE (308) 338-0527
 - Scottsbluff/Wyoming (308) 672-0794
 - Lincoln (402) 476-7000
 - Norfolk (402) 649-3584

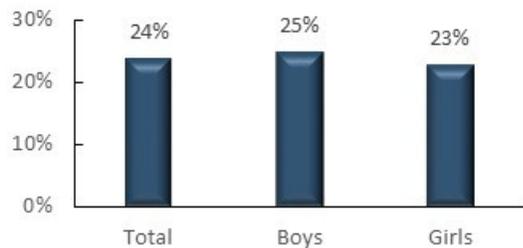


TOBACCO USE

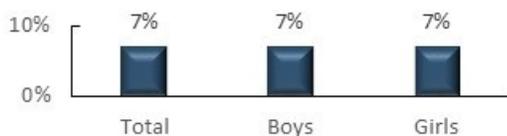
WHO IS SMOKING, VAPING AND CHEWING TOBACCO?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

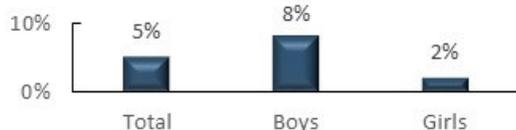
Percentage of students who have ever tried cigarette smoking



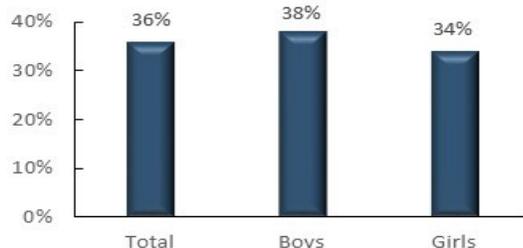
Percentage of students who smoked cigarettes on one or more of the past 30 days



Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days



Percentage of students that have ever used an electronic vapor product



CONSEQUENCES OF TOBACCO USE

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

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

TOBACCO USE AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| Tobacco | 2010 | 2012 | 2014 | 2016 |
|--|------|------|------|------|
| Have tried cigarette smoking | 39% | 32% | 30% | 24% |
| Have smoked cigarettes on one or more of the past 30 days | 15% | 11% | 13% | 7% |
| Used chewing tobacco, snuff, or dip on one or more of the past 30 days | 15% | 10% | 13% | 15% |
| Have ever used an electronic vapor product | NA | NA | 38% | 36% |

WHAT'S HAPPENING IN

NDE Grade 6-12 2016 School Health Profiles (SHP)

TEACHING

- Of the schools that have a required health class, 95% reported they tried to increase student knowledge on tobacco use prevention.

TEACHERS

- During the past two years, 28% of the lead health teachers participated in a staff development activity about tobacco use prevention.
- 47% of the lead health teachers would like a staff development experience about tobacco use prevention.
- Tobacco use is a learned behavior. During the past two years, 43% of the lead health teachers participated in a staff development activity about teaching skills for behavior change.
- 59% of the lead health teachers would like a staff development activity about teaching how to change behaviors.

TEACHING BY EXAMPLE

- 100% of participating schools prohibit tobacco use by students during school hours, but only 96% during non school hours.
- 95% of participating schools prohibit tobacco use by faculty and staff during school hours.

PLACES TOBACCO USE IS PROHIBITED

NDE Grades 6-12 2014 School Health Profiles (SHP)

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

| <i>Location</i> | <i>Students</i> | <i>Faculty/ Staff</i> | <i>Visitors</i> |
|--------------------|-----------------|---------------------------|-----------------|
| In school building | 100% | 100% | 98% |
| On school grounds | 100% | 96% | 89% |

SCHOOL POLICY

- 15% of schools provide referrals to a tobacco cessation program for faculty and staff, and 17% provide referrals for students.
- 77% of schools post signs marking tobacco-free school zones indicating where tobacco use is not allowed.

IMPORTANCE OF THE ISSUE

- ◆ There is no safe level of exposure to tobacco smoke.
- ◆ Secondhand smoke contains more than 7,000 chemicals and chemical compounds.
- ◆ At least 70 of the chemicals found in secondhand smoke are known to specifically cause cancer.
- ◆ Secondhand smoke is responsible for tens of thousands of deaths in the United States each year.

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

WHAT CAN WE DO?

- Ensure your school implements and enforces its tobacco free policies.
- Encourage parents to discourage their children from using tobacco.
- Work with your local health department to support and enforce no tobacco policies.
- Ensure that your school has a comprehensive policy that includes all tobacco products including electronic cigarettes.

STEPS TO REDUCING TOBACCO-RELATED DEATH AND DISABILITY

- Prevent the initiation of tobacco use by young people.
- Promote quitting among young people and adults.
- Eliminate exposure to secondhand smoke (SHS).
- Reduce tobacco-related health disparities.

FOR MORE INFORMATION . . .

- NDE - Coordinated School Health (402) 463-5611 x 171; (402) 471-4352; www.education.ne.gov/CSH/
- NDHHS – Tobacco Free Nebraska Program (402) 471-2101 or (800) 745-9311 dhhs.ne.gov/publichealth/pages/tfn.aspx
- US Surgeon General www.surgeongeneral.gov/initiatives/tobacco/index.html
- American Cancer Society www.Cancer.org
- Tobacco Free Nebraska Resource Directory dhhs.ne.gov/publichealth/Pages/tfn.aspx
- Campaign for Tobacco-Free Kids www.tobaccofreekids.org/
- CDC - Office on Smoking and Health www.cdc.gov/tobacco/osh/

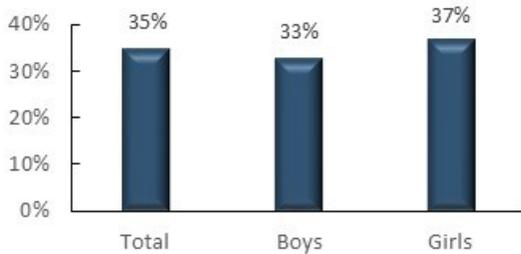


TRANSPORTATION SAFETY

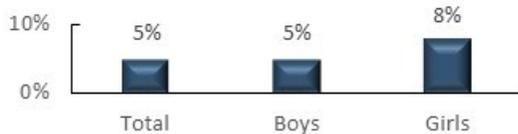
WHAT UNSAFE BEHAVIORS ARE PUTTING NEBRASKA YOUTH AT RISK ON THE ROADS?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

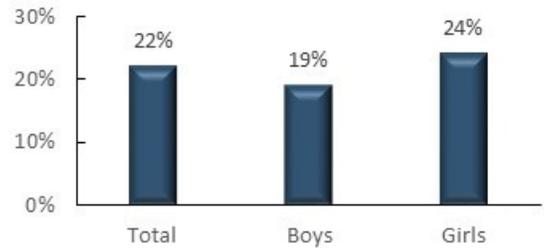
Among students who drove a car or other vehicle during the past 30 days, the percentage who texted or e-mailed while driving on one or more of the past 30 days



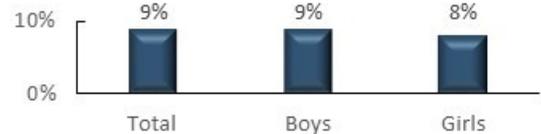
Percentage of students who drove a car or other motor vehicle after drinking alcohol during the past 30 days



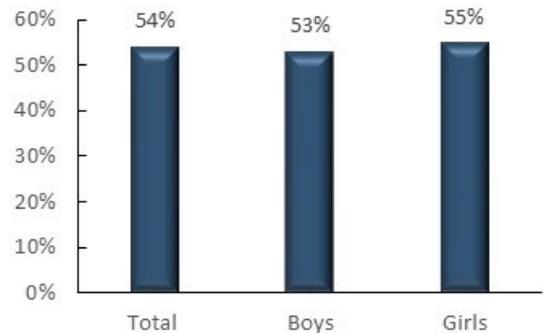
Percentage of students who rode in a car or other vehicle with someone who had been drinking alcohol during the past 30 days



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



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



TRANSPORTATION SAFETY AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Transportation Safety</i> | 2010 | 2012 | 2014 | 2016 |
|--|------|------|------|------|
| Students that never or rarely wore a helmet while riding a bicycle | 92% | 91% | 89% | 85% |
| Students who never or rarely wore a seat belt when riding in a car | 16% | 12% | 11% | 9% |
| Students who rode one or more times with someone who had been drinking | 24% | 20% | 22% | 22% |
| Students who texted or e-mailed while driving a car or other vehicle | NA | 47% | 49% | 48% |

IMPORTANCE OF THE ISSUE

- Motor vehicle crashes are the leading cause of death for Nebraska teens (ages 14-19).
- In 2015, 18 Nebraska teens were killed in motor vehicle crashes, of those killed, 72% were NOT wearing a seat belt.
- Alcohol has been involved in 30% of all fatal crashes.
- Emergency room charges for an unbelted teen are double compared to a restrained teen.
- Since the implementation of the Nebraska Graduated Licensing Laws, teen crashes resulting in injury or death have dropped by 61%.
- Sixty-four percent of teen driver crashes are due to improper driving. The top five types of improper driving include:
 - ◆ Failure to yield
 - ◆ Speeding
 - ◆ Evasive driving
 - ◆ Inattention/distraction (cell phone use)
 - ◆ Run off road/lane

WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2014 School Health Profile (SHP)

TEACHING

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

TEACHERS

- During the past two years, 41% of the lead health education teachers **have participated** in staff development activities about injury prevention and safety.
- 49% of the lead health teachers **would like to participate** in staff development activities about injury prevention and safety.

WHAT CAN WE DO?

- Support stronger traffic laws and stricter enforcement
- Educate parents about current Graduated Driving Licensing Laws
- Educate parents about the importance of being involved with their teen driver and setting driving rules/limits
- Enhance the enforcement of current underage drinking limits
- Support peer-to-peer educational traffic safety programming in schools

FOR MORE INFORMATION...

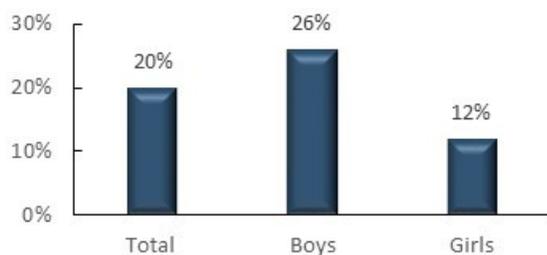
- NDE - Health Education
(402) 463-5611 x 171; (402) 471-4352
www.education.ne.gov/HEALTH/
- NDHHS - Nebraska Injury Prevention Program
(402) 471-2101
dhhs.ne.gov/publichealth/Pages/codes_traffic_safety.aspx
- The National Safety Council
www.nsc.org/pages/home.aspx

VIOLENCE & BULLYING

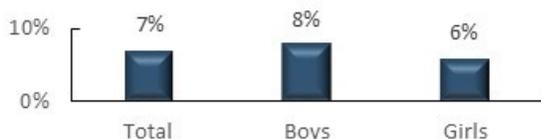
HOW ARE YOUTH AFFECTED BY VIOLENCE AND BULLYING?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

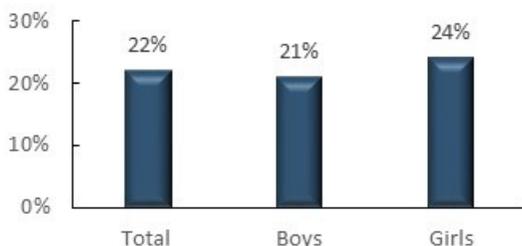
Percentage of students who were in a physical fight during the past 12 months



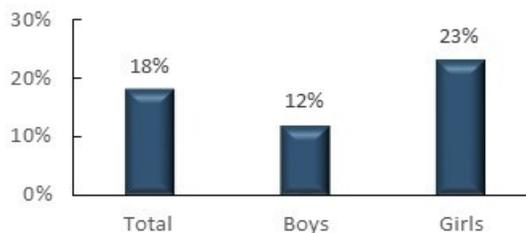
Percentage of students who had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months



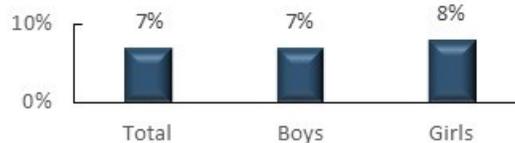
Percentage of students who had ever been bullied on school property during the past 12 months



Percentage of students who had ever been electronically bullied during the past 12 months



Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school



VIOLENCE AND BULLYING AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Violence and Bullying</i> | 2010 | 2012 | 2014 | 2016 |
|---|------|------|------|------|
| Students who did not go to school on one or more of the past 30 days because they felt unsafe there or on their way there | 4% | 4% | 6% | 8% |
| Students who had ever been bullied on school property during the past 12 months | 23% | 21% | 26% | 22% |
| Students who had been electronically bullied during the past 12 months | 16% | 16% | 19% | 18% |
| Students who had been threatened or injured with a weapon on school property one or more times during the past 12 months | 6% | 6% | 7% | 7% |
| Students who were in a physical fight on school property one or more times during the past 12 months | 7% | 6% | 6% | 6% |

LESBIAN, GAY, BI-SEXUAL, TRANSGENDER OR QUEER (LGBTQ) STUDENTS AND BULLYING

LGBTQ youth who reported high levels of school victimization during adolescents were:

- ◆ 6 times more likely to have attempted suicide
- ◆ 3 times more likely to have clinical levels of depression
- ◆ 3 times more likely to have been diagnosed with a STD
- ◆ 4 times more likely to have reported risk of HIV infection

Compared with peers who reported low levels of school victimization.

Source: Family Acceptance Project's Young Adults Survey

PERCENTAGE OF SCHOOLS CREATING SAFER & SUPPORTIVE ENVIRONMENTS FOR STUDENTS

NDE Grades 6-12 2016 School Health Profiles (SHP)

| <i>Safer Schools</i> | 2012 | 2014 | 2016 |
|---|------|------|------|
| Have a student-led club that aims to create a safe, welcome, and accepting school environment for all youth | 17% | 16% | 16% |
| Identify "safe spaces" where LGBTQ youth can receive support from administrators, teachers, or other school staff | 40% | 43% | 64% |
| Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity | 80% | 77% | 93% |
| Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity | 50% | 50% | 60% |

5 PRACTICAL WAYS TO STOP BULLYING AND INTOLERANCE

- 1) Recognize and Respond
- 2) Create a Dialogue
- 3) Encourage Bystanders to Become "Upstanders"
- 4) Foster Safety and Inclusion
- 5) Educate Your Community

Source: 5 Ways to Stop Bullying and Move into Action - Edutopic.org

WHAT'S HAPPENING IN NEBRASKA'S SCHOOLS?

NDE Grades 6-12 2016 School Health Profile (SHP)

TEACHER'S CONTINUING EDUCATION

Percentage of lead health teachers who **received** and who **desired** staff development on working with students with:

| <i>Topic</i> | <i>Received</i> | <i>Desired</i> |
|--|-----------------|----------------|
| Physical, medical, or cognitive disabilities | 44% | 54% |
| Various cultural backgrounds | 32% | 47% |
| Limited English proficiency | 21% | 40% |
| Different sexual orientations or gender identities | 12% | 48% |

IMPORTANCE OF THE ISSUE

- 3.2 million students are victims of bullying each year.
- Bullying is a social problem that negatively impacts 3 out of 4 students during their school years.
- Victims and bullying-victims (children who have bullied and been bullied by others) are more depressed and have a lower self-esteem than non-victimized youth.
- Bullying was a factor in 2/3 of the 37 school shootings reviewed by the U.S. Secret Service (i.e. shooters reported being chronically victimized).
- One out of four males bullied at age 8 had a criminal conviction by age 30.
- Often, harassment is based on gender, race, religion, sexual orientation, appearance or disability.

FOR MORE INFORMATION...

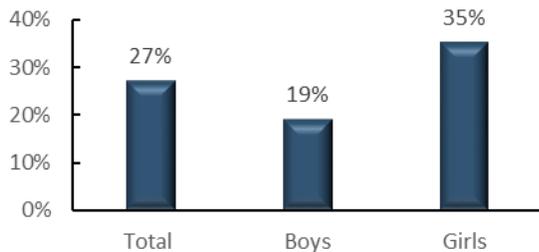
- NDE
 - Nebraska School Safety Center (402) 471-2944
www.education.ne.gov/safety/index.html
 - Coordinated School Health (402) 463-5611 x 171;
(402) 471-4357; www.education.ne.gov/CSH/Index.html
- It Gets Better www.itgetsbetter.org/
- Stop Bullying Now www.stopbullying.gov
- Family Acceptance Project www.familyproject.sfsu.edu/

MENTAL HEALTH & SUICIDE

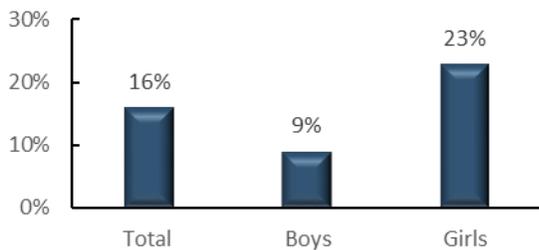
WHO IS CONSIDERING AND/OR ENGAGING IN SELF-INFLICTED INJURY?

NDE Grade 9-12 2016-17 Youth Risk Behavior Survey (YRBS)

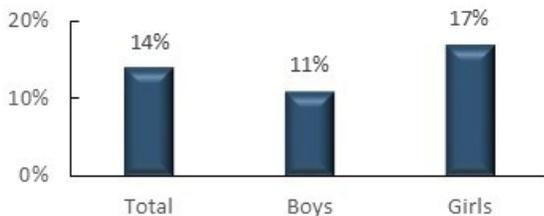
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months



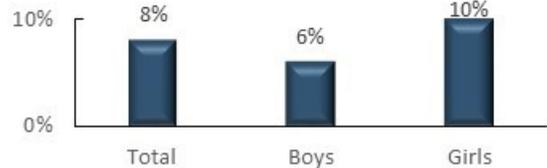
Percentage of students who seriously considered attempting suicide during the past 12 months



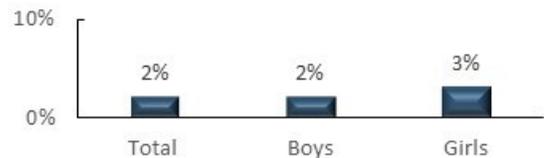
Percentage of students who made a plan about how they would attempt suicide during the past 12 months



Percentage of students who actually attempted suicide one or more times during the past 12 months



Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months



WHAT'S HAPPENING IN NEBRASKA SCHOOLS?

NDE Grades 6-12 2014 School Health Education Profiles (SHP)

TEACHING

- Teachers in 81% of participating schools tried to increase student knowledge about suicide prevention.

TEACHERS

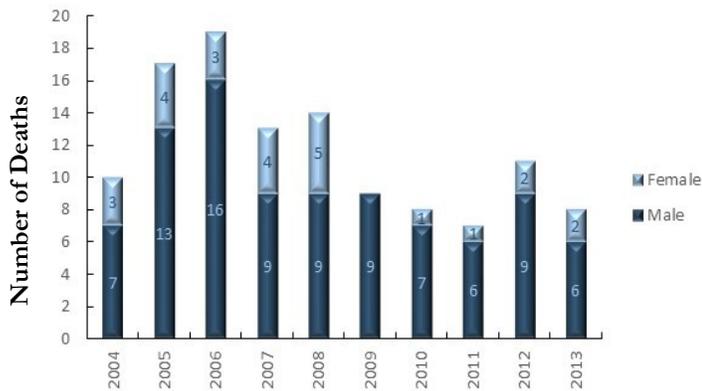
- In the past two years, 50% of health education teachers **have received** staff development on suicide prevention.
- However, 63% of health education teachers **would like to receive** staff development on suicide prevention.

*LB923 requires all public school nurses, teachers, counselors, school psychologists, administrators, and any other appropriate personnel to receive at least one hour of suicide awareness and prevention training each year beginning in the 2014-15 school year. The training must be provided within the framework of existing in-service training programs offered by NDE or as part of required professional development activities.

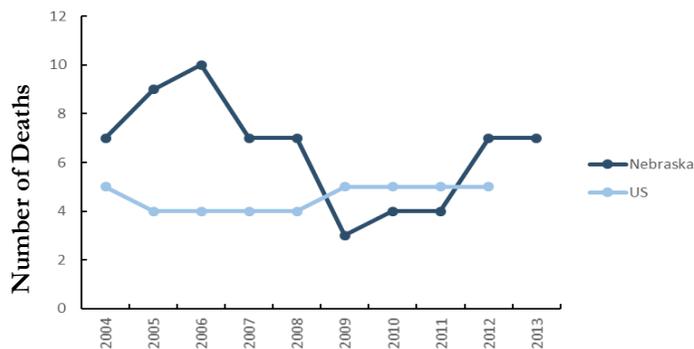
WHAT'S HAPPENING IN NEBRASKA?

NDHHS Child Death Review Team

Suicide Deaths to Children (ages 0-17) by Sex in Nebraska, 2004-2013



US and Nebraska Suicide Rates (deaths per 100,000) children ages 10-19 among Children, 2004-2013



Victims came from 13 Nebraska counties and were predominantly male; the youngest child was 10 year old.

IMPORTANCE OF THE ISSUE

- Nebraska's teen suicide rate continued to increase during 2012 and 2013. However, the national suicide rate has been gradually increasing since 2007.
- In Nebraska suicide is the 1st leading cause of death for ages 10-14 years and the 2nd leading cause of death for ages 15-24 year.
- Completed suicides of teens continue to be predominantly male.
- Firearms are the methods most commonly used in completed suicides.

SUICIDAL BEHAVIORS AMONG NEBRASKA YOUTH, FROM 2010 TO 2016 (YRBS)

| <i>Suicidal Behaviors</i> | 2010 | 2012 | 2014 | 2016 |
|--|------|------|------|------|
| Felt so sad or hopeless almost every day for two weeks or more in a row and stopped doing usual activities | 21% | 20% | 24% | 27% |
| Seriously considered attempting suicide | 14% | 12% | 15% | 16% |
| Made a plan about how they would attempt suicide | 11% | 10% | 13% | 14% |

WHAT CAN WE DO?

- ◆ Be alert to suicidal gestures and signs that indicate risk for individual youth. Encourage help-seeking actions when at-risk youth are identified and seek immediate professional attention when necessary.
- ◆ Implement an anti-bullying policy inclusive of sexual orientation and gender identity. Increase awareness of this policy and provide training.
- ◆ Provide all youth access to confidential, professional mental health services.
- ◆ Obtain funding for needed community-based, evidence-based models on adolescent suicide prevention programs.
- ◆ Develop broad-based public education efforts to draw attention to suicide as a significant and preventable cause of death for youth.
- ◆ Store unloaded firearms and ammunition in separate locked, secure box and inaccessible locations.
- ◆ Support means restriction, including firearms and prescription medication.

FOR MORE INFORMATION...

- NDE
 - Nebraska School Safety Center (402) 471-2944 www.education.ne.gov/safety/index.html
 - Coordinated School Health, (402) 463-5611 x 171; (402) 471-4352; www.education.ne.gov/CSH/
- NDHHS
 - Injury Prevention and Control Program (402) 471-2101 dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx
 - Behavioral Health (402) 471-7795 dhhs.ne.gov/behavioral_health/
- Nebraska Suicide Prevention Coalition www.youthsuicideprevention.nebraska.edu
- National Suicide Prevention Lifeline 1-800-273-TALK

WHOLE CHILD APPROACH

A MODEL FOR SUCCESS

The Whole School, Whole Community, Whole Child (WSCC) model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. Association for Supervision and Curriculum Development (ASCD) and the Centers for Disease Control (CDC) developed this new model to strengthen a unified and collaborative approach to learning and health.

The new WSCC model responds to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development.

WSCC consists of two components: structure and process. The WSCC **structure** outlines ten components schools must address to tend to student's holistic health needs: health education; physical education and activity; health services; nutrition services; counseling, psychological & social services; physical environment; social & emotional climate; employee wellness; and family and community involvement. The WSCC **process** is designed to purposefully integrate the efforts and resources of education and health to provide a full set of programs without duplication or fragmentation by emphasizing needs assessment; planning based on data; sound science; analysis of gaps and redundancies and evaluation. The WSCC process model assists in the development of coordinated, comprehensive, multifaceted programming that enhances environmental supports and the capacity of the school to ensure its academic mission.

What Contributes to Students Dropping Out?

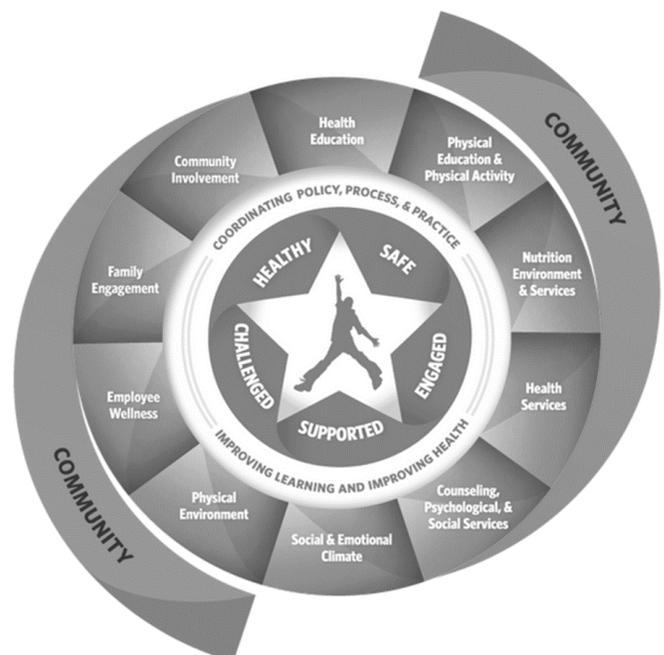
- ◆ Substance abuse
- ◆ Poor reading and math skills
- ◆ Pregnancy and parenting
- ◆ Psychological and emotional problems
- ◆ Age-related promotion
- ◆ Frequent suspensions
- ◆ Lack of engagement due to poor instruction, unwelcoming environment

WHAT THE RESEARCH SAYS

Healthy Students Perform Better Academically

- ◆ Increased scores on standardized tests
- ◆ Increased graduation rates
- ◆ Increased alertness & concentration
- ◆ Increase energy levels
- ◆ Improved self-esteem
- ◆ Improved mood levels
- ◆ Improved test scores
- ◆ Less absenteeism
- ◆ Reduced drop-out rates
- ◆ Reduction in disruptive behaviors
- ◆ Decrease in suspensions & detentions
- ◆ Reduction in expulsions from school
- ◆ Decrease in teen pregnancy rates
- ◆ Decrease in juvenile crime arrests

The components of the Whole School, Whole Community, Whole Child and their impact on students and staff is illustrated in this diagram.



Source: www.cdc.gov/HealthyYouth



HEALTH IS A PRIORITY FOR EDUCATIONAL SUCCESS

It is clearly recognized that poor health interferes with learning — it increases absenteeism and reduces the ability to concentrate in the classroom.

At the same time, it is also recognized that education is the best predictor of good health and longevity.

Therefore, it is clear that schools that value and promote education need to attend to the health promotion of their students. Research supports this conclusion.

- Schools with higher percentages of students who did not routinely engage in healthy eating and physical activity showed smaller subsequent gains in test scores than schools with a higher percentage of students who were physically active and engaged in healthy eating.
- Schools with higher percentages of students who reported alcohol use and the use of other drugs exhibited smaller gains in test scores than other schools. This conclusion was noted in both high performing and low performing schools.
- Schools that reported higher levels of theft and vandalism and lower proportions of students who felt safe at school showed smaller gains in test scores than other schools and higher drop out rates.
- Schools whose students reported their school environment reflected a caring attitude, high academic expectations, and an opportunity to be involved in meaningful activities showed greater gains in test scores than other schools and reduced dropout rates.

COORDINATION IS THE KEY

- Curriculum coordination highlighting health topics in all subject areas contributes to the effectiveness of health education.
- School policies that support and reflect the principles taught in classes increases the effectiveness of the instructional programs.
- Coordinating school health promotion activities with community health promotion activities increases their effectiveness.
- Expanding the role of the school nurse and coordinating health service activities and mental health and social services with the academic programs of the school increases the success of each.

WHAT CAN WE DO?

- Encourage schools to focus on the needs of the whole child by adopting a coordinated school health approach.
- Encourage schools to adopt NDE's Coordinated School Health Policy.
- Encourage schools to form school health advisory councils and teams.
- Encourage schools to utilize the School Health Index to assess the health practices and health barriers in their schools.

FOR MORE INFORMATION . . .

- NDE
 - Coordinated School Health/CSH Policy (402) 463-5611 x 171; (402) 471-4352
www.education.ne.gov/CSH/index.html
- NDHHS
 - Nutrition & Activity for Health (402) 471-0160
dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx
cdc.gov/HealthyYouth/CSHP

RESOURCES

ALCOHOL & OTHER DRUGS

NDHHS

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

NDE

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

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

NUTRITION & PHYSICAL ACTIVITY

NDE

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

NDHHS

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

USDA Team Nutrition

- dhhs.ne.gov/publichealth/Pages/tfn.aspx

CDC Nutrition, Physical Activity, & Obesity

- dhhs.ne.gov/publichealth/Pages/tfn.aspx

SEXUAL BEHAVIOR/STDs

NDE

- Health Education/HIV Prevention
(402) 463-5611 x 171
www.education.ne.gov/HEALTH/index.html
www.education.ne.gov/HIV/index.html

NDHHS

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

TOBACCO

NDHHS

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

NDE

- Coordinated School Health
(402) 471-4352; 402-463-5611 x 171
www.education.ne.gov/CSH/

American Cancer Society (800) 642-8116

American Lung Association (800) LUNGUSA

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

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

CDC - Office on Smoking and Health
www.cdc.gov/tobacco/osh/

TRANSPORTATION SAFETY

The National Safety Council

<http://www.nsc.org/pages/home.aspx>

NDHHS

- Nebraska Traffic Safety (402) 471-4337
dhhs.ne.gov/publichealth/Pages/codes_trafficafety.aspx

NDE

- Health Education (402) 471-4352; (402) 463-5611 x 171
www.education.ne.gov/HEALTH/index.html

VIOLENCE & BULLYING

NDE

- Nebraska School Safety Center (402) 471-2944
www.education.ne.gov/safety/index.html
- Health Education (402) 471-4352; (402) 463-5611 x 171
www.education.ne.gov/HEALTH
- HIV Prevention (402) 463-5611 x 171
www.education.ne.gov/HIV

NDHHS

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

It Gets Better www.itgetsbetter.org

Trevor Project www.thetrevorproject.org

The Bullying Project www.thebullyproject.com

Stop Bullying Now www.stopbullying.gov

GLSEN www.glsen.org

PFLAG www.pflag.org



Mental Health & Suicide

NDE

- Nebraska School Safety Center (402) 471-2944
www.education.ne.gov/safety/index.html
- Health Education (402) 463-5611 x 171; (402) 471-4352
www.education.ne.gov/HEALTH/index.html

NDHHS

- Injury Prevention and Control Program
(402) 471-2101
dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx
- Child Death Review Team (402) 471-9048
dhhs.ne.gov/publichealth/Pages/cdrteam.aspx
- Behavioral Health (402) 471-7857
dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx

National Suicide Prevention Lifeline 1-800-273-TALK

Coordinated School Health

NDE

- Coordinated School Health (402) 463-5611 x 171; (402) 471-4352
www.education.ne.gov/CSH/Index.html
- www.education.ne.gov/HEALTH/index.html
- www.education.ne.gov/PE/index.html
- www.education.ne.gov/HIV/index.html

NDHHS

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

Miscellaneous/Other

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

Acknowledgements

Numerous individuals and organizations collaborated to make this project a success. We would like to thank the following individuals for substantial support and contribution to the project.

- ◆ Jeff Armitage, Epidemiology Surveillance Coordinator, Nebraska Department of Health and Human Services, Division of Public Health.
- ◆ Debora Barnes-Josiah, Nebraska Child Death Review Team Coordinator, Nebraska Department of Health and Human Services.
- ◆ Chad Frank, HIV Community Planning Coordinator, Nebraska Department of Health and Human Services, Disease Prevention and Health Promotion.
- ◆ Brian Coyle, Nutrition and Activity for Health, Nebraska Department of Health and Human Services, Disease Prevention and Health Promotion.
- ◆ Renee Faber, Behavioral Health Services Manager, Nebraska Department of Health and Human Services, Division of Public Health
- ◆ Julane Hill, Coordinated School Health Director, Nebraska Department of Education.
- ◆ Alison Keyser-Metobo, Epidemiology Surveillance Coordinator, Nebraska Department of Health and Human Services.
- ◆ Chris Junker, HIV/Sexual Health Program Leader, Nebraska Department of Education.
- ◆ Michaela Jennings, Adolescent Health Program Manager, Nebraska Department of Health and Human Services, Adolescent Health Program.
- ◆ Tiffany Mullison, Outreach Specialist, Suicide Prevention, Nebraska Department of Health and Human Services, Division of Behavioral Health.
- ◆ Jolene Palmer, School Safety/Security Director, Nebraska Department of Education.
- ◆ Carol Tucker, Nebraska State School Nurse Consultant, Nebraska Department of Health and Human Services, School Health Program.
- ◆ Jeri Weberg-Bryce, Infectious Disease Prevention and Care, Department of Health and Human Services.
- ◆ Zainab Rida, Team Nutrition Coordinator, Schools, Nebraska Department of Education.

A special thanks goes to The Buffalo Beach Company, for the initial project concept and design.

The 2016-2017 Nebraska Adolescents...Keeping Them Healthy was developed by the Nebraska Department of Education.

For more information about this document, please visit our web site at:

<https://www.education.ne.gov/HEALTH/index.html>



It is the policy of the Nebraska Department of Education not to discriminate on the basis of sex, disability, race, color, religion, marital status, age or national origin in its education programs, admissions policies, employment or other agency programs.

Published January 2019