



SIECUS

State Profile

NEBRASKA

In Fiscal Year 2013,¹ the state of Nebraska received:

- **Division of Adolescent and School Health funds totaling \$58,910**
- **Personal Responsibility Education Program funds totaling \$292,516**
- **Title V State Abstinence Education Program funds totaling \$229,135**

SEXUALITY EDUCATION LAW AND POLICY

Nebraska law does not require sexuality education, nor does it limit or prescribe what can be taught in such classes or recommend a specific curriculum. However, in its *Nebraska Health Education Frameworks*, the Nebraska State Board of Education supports “an abstinence approach to risk behaviors associated with...sexual activity” and declares that all “state monies shall be dedicated to abstinence programs.”² The board also adopted specific abstinence-only-until-marriage (AOUM) guidelines to be used in any school unit involving family life or sexuality education. The guidelines include teaching that “abstinence from sexual activity outside marriage is the expected standard for all school-age children” and “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.”³ The guidelines also note that the best way to develop family life or sexuality education units is for parents, school boards, and teachers to work together with schools, districts, and communities “so all have a voice in the process and content.”⁴

Nebraska state law does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes; however, the board of education does recommend that school districts “inform parents of intended activities and permit parents to have their children excluded from the activities.”⁵

See Nebraska [Revised Statutes Chapter 79](#), and [Nebraska Health Education Frameworks](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

Introduced in January 2013, Legislative Bill 619 requires public schools to provide medically accurate, age-appropriate, comprehensive sex education. The bill would also teach, “the benefits of and reasons for not engaging in shared sexual behaviors that carry risks” as well as the “side effects, health benefits, effectiveness, safety, and proper use of abstinence and the consistent and correct use of all contraceptive methods approved by the Federal Food and Drug Administration (FDA).” The bill has been indefinitely postponed. A similar version of this bill was considered in preceding years.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Nebraska. The data collected represents the most current information available.

Nebraska Youth Risk Behavior Survey (YRBS) Data⁶

- In 2013, 35.4% of female high school students and 35.2% of male high school students in Nebraska reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 1.8% of female high school students and 6.3% of male high school students in Nebraska reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 25.4% of female high school students and 26% of male high school students in Nebraska reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 10% of female high school students and 5.3% of male high school students in Nebraska who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on sexual behaviors.

Nebraska Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Nebraska's teen pregnancy rate ranked 42nd in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁷ There were a total of 2,710 pregnancies among young women ages 15–19 in Nebraska.⁸
- In 2012, Nebraska's teen birth rate ranked 29th in the United States, with a rate of 26.8 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁹ In 2012, there were a total of 1,671 live births to young women ages 15–19 reported in Nebraska.¹⁰
- In 2010, Nebraska's teen abortion rate ranked 48th in the United States, with a rate of five abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹¹ There were a total of 330 abortions among young women ages 15–19 reported in Nebraska in 2010.¹²

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Nebraska was 1.2 per 100,000, compared to the national rate of 7.6 per 100,000.¹³
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Nebraska was 0 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁴
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Nebraska was 7.4 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁵

- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Nebraska was 0.8 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁶

Sexually Transmitted Diseases

- In 2012, Nebraska ranked 42nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,428.2 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 1,863 cases of chlamydia among young people ages 15–19 reported in Nebraska.¹⁷
- In 2012, Nebraska ranked 28th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 261.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 341 cases of gonorrhea among young people ages 15–19 reported in Nebraska.¹⁸
- In 2012, Nebraska joined nine other states with a primary and secondary syphilis infection rate of zero among young people ages 15-19, compared to the national rate of 4.1 cases per 100,000.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy and minimize underlying behavioral risk factors or other associated risk factors.

- There are no TPPI Tier 1 grantees in Nebraska.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Nebraska.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Nebraska.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in Nebraska funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Nebraska funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Nebraska funded to collect and report YRBS and School Health Profiles data in FY 2013, the Nebraska Department of Education (\$58,910).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Nebraska.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education.

The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Nebraska Department of Health and Human Services received \$292,516 in federal PREP funds for FY 2013.
- There are six sub-grantees for the Nebraska PREP state-grant program: the Community Action Partnership of Western Nebraska (\$24,800); Douglas County Health Department (\$49,600); Lutheran Family Services of Nebraska (\$49,600); Nebraska Children's Home Society (\$49,600); University of Nebraska–Lincoln, University Health Center (\$49,600); and West Central District Health Department (\$24,800).²⁰

The Nebraska Department of Health and Human Services, Lifespan Health Services Unit implements the state's PREP state-grant program in collaboration with six local entities, including community-based organizations, local health departments, and a university health center. Programming targets young people ages 11–19 in state custody with child and family services or juvenile services; African-Americans, Latinos, and Native Americans ages 10–14 who are at risk for sexual activity; and youth residing in any county with high teen birth and STD rates. Counties served are: Cheyenne, Dawson, Douglas, Hall, Lincoln, and Scottbluff counties. Funded programs address healthy life skills, healthy relationships, and adolescent development to meet the adulthood preparation subject requirement by using the *Teen Outreach Program (TOP)*.²¹

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. The Administration for Children and Families administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Nebraska.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates.

Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Nebraska.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2012 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Nebraska.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Nebraska Department of Health and Human Services received \$229,135 in federal Title V AOUM funding for FY 2013.
- The Nebraska Department of Health and Human Services sub-grants to three local agencies: Garfield-Loup-Wheeler Children’s Council (\$78,452); St. Elizabeth Foundation (\$56,177); and Youth for Christ Columbus (\$50,727).²²
- In Nebraska, sub-grantees will be required to meet the match through in-kind or cash cost sharing.

The Nebraska Title V AOUM program provides funding to three local entities to serve youth ages 10–14, with emphasis on African American, Hispanic, and Native American youth and/or youth in state custody. Counties served are: Colfax, Garfield, Lancaster, Loup, Madison, Platte, and Wheeler, and Columbus public schools. Programs take place in both school- and community-based settings, and currently use *WAIT (Why Am I Tempted?) Training, Aspire*, and *STARS*.²³

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Nebraska.

NEBRASKA

Nebraska TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Nebraska Department of Education	\$58,910	2013–2017
TOTAL	\$58,910	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Nebraska Department of Health and Human Services (federal grant)	\$292,516	2013
TOTAL	\$292,516	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Nebraska Department of Health and Human Services (federal grant)	\$229,135	2013
TOTAL	\$229,135	
GRAND TOTAL		
	\$580,561	2013

POINTS OF CONTACT

Adolescent Health Contact²⁴ and PREP State-Grant and Title V AOUM Coordinator

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¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² *Nebraska Health Education Frameworks* (Lincoln, NE; Nebraska Department of Education, 1998), accessed April 13, 2010, <http://www.education.ne.gov/HEALTH/PDFs/framework.pdf>, 1.

³ *Ibid.*, 16.

⁴ *Ibid.*

⁵ *Ibid.*, 1.

⁶ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁷ Kost, K. and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁸ *Ibid.*, Table 3.2.

⁹ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹⁰ Centers for Disease Control and Prevention, *VitalStats Interactive Data Tables*, Hyattsville, MD: National Center for Health Statistics, at <http://www.cdc.gov/nchs/vitalstats.htm>.

¹¹ Kost, K. and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹² *Ibid.*, Table 3.2.

¹³ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁷ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ Information provided by Michaela Meisner, adolescent health coordinator, Nebraska Department of Health and Human Services, Division of Public Health, June 13, 2014.

²¹ *Ibid.*

²² Information provided by Michaela Meisner, adolescent health coordinator, Nebraska Department of Health and Human Services, Division of Public Health, July 18, 2013.

²³ *Ibid.*

²⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.