



## NEVADA

**In Fiscal Year 2010<sup>1</sup>, the state of Nevada received:**

- **Personal Responsibility Education Program funds totaling \$419,320**

**In Fiscal Year 2010, local entities in Nevada received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$1,557,078**
- **Personal Responsibility Education Innovative Strategies funds totaling \$400,000**

### SEXUALITY EDUCATION LAW AND POLICY

Nevada mandates that each school district's board of trustees "establish a course or unit of a course of:"

- factual instruction concerning acquired immune deficiency syndrome; and
- instruction on the human reproductive system, related communicable diseases and sexual responsibility.<sup>2</sup>

Such classes cannot be a requirement for graduation.<sup>3</sup> Furthermore, each board of trustees must appoint an advisory committee consisting of five parents with children in the school district and four representatives from medicine, counseling, religion, students, or teaching. Nevada law also mandates that:

The parent or guardian of each pupil to whom a course is offered must first be furnished written notice that the course will be offered. The notice must be given in the usual manner used by the local district to transmit written material to parents, and must contain a form for the signature of the parent or guardian of the pupil consenting to his attendance. Upon receipt of the written consent of the parent or guardian, the pupil may attend the course. If the written consent of the parent or guardian is not received, he must be excused from such attendance without any penalty as to credits or academic standing.<sup>4</sup>

This is referred to as an "opt-in" policy.

See [Nevada Revised Statutes § 389.065](#).

## RECENT LEGISLATION

### *Bill to Require Comprehensive Sex Education in Schools*

Assembly Bill 314, introduced in April 2011, would have required public schools to offer human sexuality instruction that is comprehensive and medically accurate. Such instruction would have been required to teach “the importance of abstinence from sexual intercourse and the benefits of abstinence from sexual intercourse” as well as the effectiveness and safety of contraceptives in preventing pregnancy and sexually transmitted diseases (STDs). Instruction also would have provided information on HIV/AIDS and other STDs, along with the safety and effectiveness of any STD tests and treatments; preventing dating violence; and the importance of parent-child communication about sexual responsibility, among other topics. The bill also would have changed the parental consent law for sex education from an “opt-in” policy which requires written consent from parents before a student can receive sexuality education to an “opt-out” policy under which all students are enrolled unless their parent or guardian requests, in writing, that their child be removed from instruction. The bill was exempted from consideration by the legislature for budgetary reasons.

## YOUTH SEXUAL HEALTH DATA

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

### **Nevada Youth Risk Behavior Survey (YRBS) Data<sup>5</sup>**

- In 2009, 45% of female high school students and 53% of male high school students in Nevada reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 10% of male high school students in Nevada reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 20% of male high school students in Nevada reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 33% of female high school students and 33% of male high school students in Nevada reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 57% of females and 68% of males in Nevada reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 21% of females and 14% of males in Nevada reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.

## N E V A D A

- In 2009, among those high school students who reported being currently sexually active, 16% of females and 25% of males in Nevada reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 83% of high school students in Nevada reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

### *Clark County, Nevada*

- In 2009, 45% of female high school students and 50% of male high school students in Clark County, Nevada reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 10% of male high school students in Clark County, Nevada reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 10% of female high school students and 19% of male high school students in Clark County, Nevada reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 32% of female high school students and 32% of male high school students in Clark County, Nevada reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 60% of females and 66% of males in Clark County, Nevada reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 22% of females and 13% of males in Clark County, Nevada reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 17% of females and 26% of males in Clark County, Nevada reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 81% of high school students in Clark County, Nevada reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

## Nevada Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

### *Teen Pregnancy, Birth, and Abortion*

- Nevada's teen birth rate currently ranks 10<sup>th</sup> in the United States, with a rate of 53.5 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>6</sup> In 2008, there were a total of 2,011 live births reported to young women ages 15–19 in Nevada.<sup>7</sup>
- In 2005, Nevada's teen pregnancy rate ranked 3<sup>rd</sup> in the United States, with a rate of 90 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.<sup>8</sup> There were a total of 7,070 pregnancies among young women ages 15–19 in Nevada.<sup>9</sup>
- In 2005, Nevada's teen abortion rate ranked 4<sup>th</sup> in the United States, with a rate of 28 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.<sup>10</sup>

### *HIV and AIDS*

- Nevada's HIV infection rate ranks 10<sup>th</sup> in the United States, with a rate of 18.9 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.<sup>11</sup>
- Nevada ranks 19<sup>th</sup> in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 491 new cases of HIV infection diagnosed in Nevada.<sup>12</sup>
- Nevada's HIV infection rate among young people ages 13–19 ranks 26<sup>th</sup> in the United States, with a rate of 4.3 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.<sup>13</sup>
- Nevada ranks 27<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 321 new AIDS cases reported in Nevada.<sup>14</sup>
- Nevada's AIDS rate ranks 13<sup>th</sup> in the United States, with a rate of 12.4 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>15</sup>
- Nevada's AIDS rate among young people ages 13–19 ranks 13<sup>th</sup> in the United States with a rate of 1.8 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.<sup>16</sup>

### *Sexually Transmitted Diseases*

- Nevada ranks 22<sup>nd</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 19.77 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 3,221 cases of Chlamydia reported among young people ages 15–19 in Nevada.<sup>17</sup>
- Nevada ranks 25<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.59 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 585 cases of gonorrhea reported among young people ages 15–19 in Nevada.<sup>18</sup>

- Nevada ranks 12<sup>th</sup> in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.04 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 6 cases of syphilis reported among young people ages 15–19 in Nevada.<sup>19</sup>

## **FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY 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 \$110 million in discretionary funding for Fiscal Year 2010. 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. TPPI also dedicates \$4.5 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, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in Nevada received \$1,557,078 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in Nevada: University of Nevada, Las Vegas and Southern Nevada Health District.

#### The Center for Health Disparities Research at the University of Nevada Las Vegas, \$559,821 (2010–2014)

The Center for Health Disparities Research (CHDR) is a research center within the University of Nevada, Las Vegas School of Public Health. Its mission is to “conduct academic and community-based participatory research that will guide public policy, program development and data collection throughout the state in an effort to reduce, and ultimately eliminate health disparities.”<sup>20</sup>

With its Tier 1 funding, CHDR provides programming to African-American youth ages 14–18 in Clark County. The program uses *Becoming a Responsible Teen (BART)*, a culturally appropriate HIV/AIDS-prevention curriculum designed particularly for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.<sup>21</sup> *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants’ ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse; reduce the frequency

of sex and the incidence of unprotected sex; and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use<sup>22</sup>

CDHR delivers the eight-week curriculum in at least 15 participating local churches and partners with Education for Quality Living, Community Partners for Better Health, and the First African Methodist Episcopal Church in implementation. The overall goal of CHDR's program is to delay sexual initiation, reduce sexual activity, and increase the use of condoms among youth. CHDR plans for its program to reach approximately 100 youth annually.<sup>23</sup>

#### Southern Nevada Health District, \$997,257 (2010–2014)

The Southern Nevada Health District (SNHD) is located in Las Vegas, Nevada and is one of the largest local public health centers in the United States, serving more than 1.7 million residents that make up 70 percent of Nevada's total population.<sup>24</sup> It provides administrative, clinical, community, and environmental health services to residents and visitors of Clark County.

With its TPPI funding, SNHD provides programming to high-risk youth, ages 13–18, in the Clark County Juvenile Detention Center, Clark County Probation, and Division of Family Services Foster Care Program. The agency partners with other government agencies to implement programming, including the Clark County Division of Family Services, the Nevada Division of Child and Family Services, and the Clark County Family Courts. The program uses *¡Cuidate!* to serve Latino youth and *Be Proud! Be Responsible!* with African-American youth. The overall goal of the program is to reduce the teen birth rate, the teen pregnancy rate, and the STD rate among teenagers in Clark County.<sup>25</sup>

*¡Cuidate!* is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six, one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.<sup>26</sup>

*Be Proud! Be Responsible!* is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.<sup>27</sup> The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.<sup>28</sup> An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.<sup>29</sup>

In year three of the program, SNHD plans to expand implementation to community-based organizations such as Boys and Girls Clubs in order to reach youth residing in Clark County communities

with high incidences of teen birth, HIV/STDs, poverty, and high numbers of disenfranchised youth, including immigrant youth, youth who are homeless, and those involved with the juvenile justice system. SNHD plans for its program to reach approximately 1,200 youth annually.<sup>30</sup>

*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 Nevada.

*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 Nevada.

**Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 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, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

*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 sexually transmitted infections (STIs). 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.

- Nevada did not submit an application for Fiscal Year 2010 PREP funds by the grant’s regular application deadline; however, the state applied for both Fiscal Year 2010 and 2011 PREP funds during the 2011 grant application cycle and received Fiscal Year 2010 funds retroactively.
- The Nevada Department of Health and Human Services, State Health Division, received approximately \$419,320 in federal PREP funds for Fiscal Year 2010.
- At the time of publication, the state had not yet determined whether it would sub-grant the funds to local entities.

The Nevada State Health Division will partner with the Nevada Division of Child and Family Services to implement the state’s PREP grant program. Programming will be delivered in community-based settings

and will target sexually experienced adolescent females ages 13–18 in Clark and Washoe counties. At the time of publication, no further details had been determined.<sup>31</sup>

*Personal Responsibility Education Innovative Strategies (PREIS)*

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF 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 is one PREIS grantee in Nevada, Big Brothers Big Sisters of Northern Nevada, which received \$400,000 for Fiscal Year 2010.

Big Brothers Big Sisters of Northern Nevada, \$400,000 (2010–2014)

Big Brothers Big Sisters of Northern Nevada is a community-based organization located in Reno that aims to “provide children facing adversity with strong and enduring, professionally supported [one-to-one] relationships that change their lives for the better, forever.”<sup>32</sup>

With its PREIS grant the organization implements and evaluates the *Strong Girls Rock* program in both rural and suburban areas of Reno and Sparks, Nevada. The project serves an ethnically diverse group of young women, ages 13–19, who are involved in the Big Brothers Big Sisters community-based mentoring program and either are sexually active or are at elevated risk of early sexual initiation. In the *Strong Girls Rock* program, young women “view and discuss an interactive pregnancy prevention video with their adult mentors.”<sup>33</sup> The mentors receive training on teenage pregnancy prevention as well as the specific information presented in the video.

**Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program 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.

- Nevada chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

**Nevada TPPI, PREP, and Title V Abstinence-Only funding in FY 2010**

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
University of Nevada, Las Vegas	\$559,821	2010–2014
Southern Nevada Health District	\$997,257	2010–2014
<b>TOTAL</b>	<b>\$1,557,078</b>	



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Grantee	Award	Fiscal Years
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Nevada State Health Division (federal grant)	\$419,320	2010
<b>TOTAL</b>	<b>\$419,320</b>	
<i>Personal Responsibility Education Innovative Strategies</i>		
Big Brothers Big Sisters of Northern Nevada	\$400,000	2010–2014
<b>TOTAL</b>	<b>\$400,000</b>	
<b>GRAND TOTAL</b>	<b>\$2,376,398</b>	<b>2010</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

*SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Nevada public schools that provide a more comprehensive approach to sex education for young people.*

*We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Nevada public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.*

**POINTS OF CONTACT**

**Adolescent Health Contact<sup>34</sup>**

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## ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Nevada  
Las Vegas, Nevada  
Phone: (702) 366-1226  
[www.aclunv.org](http://www.aclunv.org)

Nevada Public Health Foundation  
Carson City, NV  
Phone: (775) 884-0392  
[www.nphf.org](http://www.nphf.org)

Aid for AIDS of Nevada  
Las Vegas, NV  
Phone: (702) 382-2326  
[www.afanlv.org](http://www.afanlv.org)

Nevada AIDS Project  
Las Vegas, NV  
Phone: (702) 636-1800  
[www.nevadaaidsproject.org](http://www.nevadaaidsproject.org)

GLSEN of Southern Nevada  
Las Vegas, NV  
Phone: (702) 731-3811

## ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Nevada Policy Research Institute  
Las Vegas, NV  
Phone: (702) 222-0642  
[www.npri.org](http://www.npri.org)

## MEDIA OUTLETS

### Newspapers in Nevada<sup>35</sup>

*Las Vegas City Life*  
Las Vegas, NV  
Phone: (702) 871-6780  
[www.lasvegascitylife.com](http://www.lasvegascitylife.com)

*Las Vegas Review-Journal*  
Las Vegas, NV  
Phone: (702) 383-0211  
[www.lvrj.com](http://www.lvrj.com)

*Las Vegas Sun*  
Las Vegas, NV  
Phone: (702) 385-3111  
[www.lasvegassun.com](http://www.lasvegassun.com)

*Las Vegas Tribune*  
Las Vegas, NV  
Phone: (702) 366-9310  
[www.lasvegastribune.com](http://www.lasvegastribune.com)

*Reno Gazette-Journal*  
Reno, NV  
Phone: (775) 788-6200  
[www.rgj.com](http://www.rgj.com)

### Political Blogs in Nevada

*Blue Lyon*  
[www.bluelyon.wordpress.com](http://www.bluelyon.wordpress.com)

*Desert Beacon*  
[www.desertbeacon.blogspot.com](http://www.desertbeacon.blogspot.com)

*Las Vegas Gleaner*  
[www.lasvegsgleaner.com](http://www.lasvegsgleaner.com)

*Nevada Progressive*  
[www.nvprogressive.blogspot.com](http://www.nvprogressive.blogspot.com)

<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1<sup>st</sup> and ends on September 30<sup>th</sup>. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

<sup>2</sup> Nev. Rev. Stat. § 389.065(1)(a)-(b), <<http://www.leg.state.nv.us/NRS/NRS-389.html#NRS389Sec065>>.

<sup>3</sup> Nev. Rev. Stat. § 389.065(4).

<sup>4</sup> Ibid.

<sup>5</sup> Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010,

<<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Clark County also participated in the 2009 YRBS.

<sup>6</sup> "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <[http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf)>, Table 12.

<sup>7</sup> "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <[http://www.cdc.gov/nchs/data\\_access/vitalstats/VitalStats\\_Births.htm](http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm)>.

<sup>8</sup> U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPTrends.pdf>>, Table 3.1.

<sup>9</sup> Ibid., Table 3.2.

<sup>10</sup> U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

<sup>11</sup> *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

<sup>12</sup> Ibid.

<sup>13</sup> Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

<sup>14</sup> *HIV Surveillance Report, 2008*, Table 20.

<sup>15</sup> Ibid.

<sup>16</sup> Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011,

<<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

<sup>17</sup> "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results," (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10:

"Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

<sup>18</sup> Ibid; see also Table 20: "Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, 106.

<sup>19</sup> Ibid; see also Table 33: "Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, 121.

<sup>20</sup> The Center for Health Disparities Research at the University of Nevada Las Vegas School of Public Health, accessed 2 June 2011, <<http://chdr.unlv.edu/index2.htm>>.

<sup>21</sup> "Becoming A Responsible Teen," Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>>.

<sup>22</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010,

<<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.

<sup>23</sup> "The Center for Health Disparities Research and the University of Nevada Las Vegas," Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011,

<[http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html)>.

<sup>24</sup> Southern Nevada Health District, "General Information," accessed 2 June 2011,

<<http://www.southernnevadahealthdistrict.org/general-information.php>>.

- <sup>25</sup> “Southern Nevada Health District,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <[http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html)>.
- <sup>26</sup> “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.
- <sup>27</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 56–59.
- <sup>28</sup> “Be Proud! Be Responsible!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>>; see also “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <[http://www.hhs.gov/ash/oah/prevention/research/programs/be\\_proud\\_responsible.html](http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html)>.
- <sup>29</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- <sup>30</sup> “Southern Nevada Health District,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.
- <sup>31</sup> Information provided by Beth Handler, section manager for Early Childhood and Women’s Health Programs within the Nevada State Health Division, 21 September 2011.
- <sup>32</sup> “The Big Brothers Big Sisters Mission,” Big Brothers Big Sisters of Northern Nevada, accessed 5 September 2011, <<http://www.bbbsnn.org/vision.asp>>.
- <sup>33</sup> Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, 14 October 2010, accessed 5 September 2011, <[http://www.acf.hhs.gov/programs/fysb/content/docs/prep\\_abstracts.htm](http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm)>.
- <sup>34</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- <sup>35</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.