



NEVADA

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

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$403,897**
- **Title V State Abstinence Education Program funds totaling \$403,893**

In Fiscal Year 2013, local entities in Nevada received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,557,078**
- **Personal Responsibility Education Innovative Strategies funds totaling \$336,403**

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.²

Such classes cannot be a requirement for graduation.³ 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.⁴

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

See Nevada Revised Statutes § 389.065.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Expand Sex Education Topics

Introduced in March 2013, AB 230, a sex education bill that proposed several changes to the existing state sex education policy, passed Nevada's state house in April. The legislation expands sexual health topics to include domestic violence, sexual assault, and sex trafficking.

In addition, AB 230 automatically enrolls students into sex education classes, with an opt-out option available to parents and guardians. The bill was removed from the roster of bills to be voted on and died in the Senate.

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) Data⁵

- In 2013, 40.6% of female high school students and 47.3% of male high school students in Nevada 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, 3.4% of female high school students and 6.7% of male high school students in Nevada 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, 28.6% of female high school students and 29.9% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 12.4% of female high school students and 9.1% of male high school students in Nevada 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.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Nevada's teen pregnancy rate ranked seventh in the United States, with a rate of 68 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁶ There were a total of 6,020 pregnancies among young women ages 15–19 in Nevada.⁷
- In 2012, Nevada's teen birth rate ranked 18th in the United States, with a rate of 33.4 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁸ In 2012, there were a total of 2,863 live births to young women ages 15–19 reported in Nevada.⁹
- In 2010, Nevada's teen abortion rate ranked seventh in the United States, with a rate of 20 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁰ There were a total of 1,740 abortions among young women ages 15–19 reported in Nevada in 2010.¹¹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Nevada was 11.2 per 100,000, compared to the national rate of 7.6 per 100,000.¹²
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Nevada was 1.8 per 100,000, compared to the national rate of 1.9 per 100,000.¹³
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Nevada was 37 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Nevada was 11.8 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁵

Sexually Transmitted Diseases

- In 2012, Nevada ranked 32nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,787.8 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 3,160 cases of chlamydia among young people ages 15–19 reported in Nevada.¹⁶
- In 2012, Nevada ranked 24th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 289.7 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 512 cases of gonorrhea among young people ages 15–19 reported in Nevada.¹⁷
- In 2012, Nevada ranked 30th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.7 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of three cases of syphilis among young people ages 15–19 reported in Nevada.¹⁸

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.

- Local organizations in Nevada received \$1,557,078 in TPPI Tier 1 funding for FY 2013.
- There are two TPPI Tier 1 grantees in Nevada: Southern Nevada Health District and University of Nevada, Las Vegas.

The Center for Health Disparities Research at the University of Nevada, Las Vegas, \$559,821 (FY 2013)

The Center for Health Disparities Research (CHDR) is a research center within the University of Nevada, Las Vegas, School of Community Health Sciences. Its mission is working to “create health equities from health disparities through leadership, advocacy, education, research, capacity building, collaboration, community engagement, evaluation, communication, cultural competence, and partnership.”¹⁹

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-Americans ages 14–18. CHDR delivers the eight-week curriculum in at least 15 participating local churches and partners with Community Partners for Better Health, Education for Quality Living, 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 aims for its program to reach approximately 100 youth annually.²⁰

Southern Nevada Health District, \$997,257 (FY 2013)

The Southern Nevada Health District (SNHD) is located in Las Vegas 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% of Nevada’s total population.²¹ 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 young people 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, Clark County Family Courts, and the Nevada Division of Child and Family Services. 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.²² SNHD expands implementation to community-based organizations such as Boys & 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 aims for its program to reach approximately 1,200 youth annually.²³

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.

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 Nevada 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 Nevada 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 Nevada funded to collect and report YRBS and School Health Profiles data in FY 2013, the Nevada Department of Health and Human Services (\$65,000).

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 Nevada.

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 Nevada Department of Health and Human Services received approximately \$403,897 in federal PREP funds for FY 2013.
- There are three sub-grantees for the Nevada PREP state-grant program: Huntridge Teen Clinic (\$86,487), Planned Parenthood Mar Monte (\$62,331), and Planned Parenthood of the Rocky Mountains (\$71,752).²⁴

The Nevada Division of Public and Behavioral Health implements the state's PREP grant program in collaboration with three sub-grantees. Programming takes place in community-based settings in Clark and Washoe counties and targets adolescents ages 13–18, with priority enrollment given to youth in foster care. Nevada PREP is currently using *Cuidate!* and *Promoting Health Among Teens! (PHAT)—Abstinence-Only Intervention*.²⁵

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. 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 \$336,403²⁶ for FY 2013.

Big Brothers Big Sisters of Northern Nevada, \$336,403 (FY 2013)

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.”²⁷

With its PREIS grant the organization implements and evaluates *Be Proud! Be Responsible!* in Reno, Sparks, and Sun Valley, Nevada. The project serves young people ages 13–18, specifically focusing on low-income youth who are already involved in the Big Brothers Big Sisters mentoring program. Youth are selected to participate in the program, which includes six hours of classroom-based learning with other teens plus an additional hour of teamwork learning with their mentor.²⁸

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 young people 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 Nevada.

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 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, Marshall Islands, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Nevada.

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. ACF administers the grant program. 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 Nevada Department of Health and Human Services received \$403,893 in federal Title V AOUM funding for FY 2013.
- The agency provides sub-grants to three local public and private entities: Carson City Health and Human Services (\$122,000), Family Resource Center of Northeastern Nevada—Elko (\$91,640), and Quest Counseling and Consulting—Reno (\$20,000).²⁹
- In Nevada, the match is made with in-kind funds from the Nevada Broadcasters Association.

The Nevada Division of Public and Behavioral Health administers the Title V AOUM program in collaboration with three local sub-grantees in Carson City, Douglas, Elko, Lyon, and Washoe counties. The funded programs target young people ages 9–12, with priority enrollment given to those in foster care. In addition, there is a statewide radio and TV campaign funded by the Title V AOUM program, in partnership with the Nevada Broadcasters Association, to produce TV and radio spots in English and Spanish promoting abstinence from sexual activity and encouraging parent-child communication. Community-based programming provided by the sub-grantees use the *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention* curriculum.³⁰

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 Nevada.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<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
TOTAL	\$1,557,078	
Division of Adolescent and School Health (DASH)		
Nevada Department of Health & Human Services	\$65,000	2013-2017
TOTAL	\$65,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Nevada State Health Division (federal grant)	\$403,897	2013
TOTAL	\$403,897	
<i>Personal Responsibility Education Innovative Strategies</i>		
Big Brothers Big Sisters of Northern Nevada	\$336,403	2010–2014
TOTAL	\$336,403	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Nevada State Health Division	\$403,893	2013
TOTAL	\$403,893	
GRAND TOTAL	\$2,766,271	2013

POINTS OF CONTACT

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

³ Nev. Rev. Stat. § 389.065(4).

⁴ Ibid.

⁵ 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>.

⁶ 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.

⁷ Ibid., Table 3.2.

⁸ 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.

⁹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁰ 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.

¹¹ Ibid., Table 3.2.

¹² 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>.

¹³ 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>.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ The Center for Health Disparities Research at the University of Nevada Las Vegas, School of Community Health Sciences, accessed September 16, 2014, <http://chdr-unlv.wix.com/chdr-unlv#!>.

²⁰ “Board of Regents, NSHE, obo University of Nevada Las Vegas (NV) - TPP Tier 1,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 16, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier1-nv-board.html>.

²¹ Southern Nevada Health District, “General Information,” accessed June 2, 2011, <http://www.southernnevadahealthdistrict.org/general-information.php>.

²² “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 April 24, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier1-nv-southern.html>.

²³ “Southern Nevada Health District,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.

²⁴ Information provided by Leah Thompson, Adolescent Health Program Coordinator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services, June 2, 2014.

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²⁵ Ibid.

²⁶ Approved for \$400,000, but did not draw down the full amount.

²⁷ “About,” Big Brothers Big Sisters of Northern Nevada, accessed February 15, 2014,

http://www.bbbsnn.org/site/c.aiNI5NMKeKYF/b.7529435/k.43DD/We_are_here_to_start_something.htm.

²⁸ Information provided by Karrie Craig, program manager, Big Brothers Big Sisters of Northern Nevada, July 21, 2014.

²⁹ Information provided by Sarah Demuth, abstinence education program officer, Division of Public and Behavioral Health, Nevada Department of Health and Human Services, June 2, 2014.

³⁰ Ibid.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.