

State Profiles FISCAL YEAR 2016

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In Fiscal Year 2016,¹ the state of Nebraska received:

- Division of Adolescent and School Health funds totaling \$67,500
- Personal Responsibility Education Program funds totaling \$317,533
- Title V State Abstinence Education Program funds totaling \$351,556

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Nebraska law, [Revised Statutes Chapter 79](#), does not require sexuality education, nor does it limit or prescribe what can be taught in such classes or recommend a specific curriculum.

STATE STANDARDS

In the [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 human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (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

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Nebraska. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

NEBRASKA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

Reported ever having had sexual intercourse

- In 2015, 31.7% of female high school students and 32.9% of male high school students in Nebraska reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 38.3% of Hispanic high school students and 28% of white high school students in Nebraska reported ever having had sexual intercourse, compared to 42.5% of Hispanic high school students and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.1% of female high school students and 4.5% of male high school students in Nebraska reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 5.5% of Hispanic high school students and 1.9% of white high school students in Nebraska reported having had sexual intercourse before age 13, compared to 5% of Hispanic high school students and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 26.2% of female high school students and 23.4% of male high school students in Nebraska reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 32.2% of Hispanic high school students and 21.8% of white high school students in Nebraska reported being currently sexually active, compared to 30.3% of Hispanic high school students and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 43.7% of female high school students and 41.6% of male high school students in Nebraska reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.

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- In 2015, 42.3% of white high school students in Nebraska reported not using a condom during their last sexual intercourse, compared 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 19% of female high school students and 16.3% of male high school students in Nebraska reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 14.1% of white high school students in Nebraska reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 90.2% of female high school students and 91.2% of male high school students in Nebraska reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 90.4% of Hispanic high school students and 92.4% of white high school students in Nebraska reported never having been tested for HIV, compared to 88.9% of Hispanic high school students and 92% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 11.4% of female high school students and 5.4% of male high school students in Nebraska reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 11.4% of Hispanic high school students and 7.3% of white high school students in Nebraska reported having been physically forced to have sexual intercourse, compared to 7% of Hispanic high school students and 6% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2015, 11.7% of female high school students and 3.7% of male high school students in Nebraska reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 10.6% of Hispanic high school students and 7.3% of white high school students in Nebraska reported experiencing physical dating violence in the prior year, compared to 9.7% of Hispanic high school students and 9% of white high school students nationwide.

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Reported experiencing sexual dating violence

- In 2015, 13.8% of female high school students and 3.2% of male high school students in Nebraska reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 10.4% of Hispanic high school students and 7.5% of white high school students in Nebraska reported experiencing sexual dating violence in the prior year, compared to 10.6% of Hispanic high school students and 10.1% of white high school students nationwide.

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

NEBRASKA TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Nebraska had the 41st highest teen pregnancy rate in the United States, with a rate of 39 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁷ There were a total of 2,500 pregnancies among young women ages 15–19 reported in Nebraska in 2011.⁸
- In 2015, Nebraska had the 26th highest teen birth rate in the United States, with a rate of 22 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁹ There were a total of 1,390 live births to young women ages 15–19 reported in Nebraska in 2014, the most recent year of available data.¹⁰
- In 2011, Nebraska had the 42nd highest teen abortion rate in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹¹ There were a total of 380 abortions among young women ages 15–19 reported in Nebraska in 2011.¹²

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Nebraska was 1.1 per 100,000, compared to the national rate of 5.8 per 100,000.¹³
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Nebraska was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁴
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Nebraska was 16.4 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁵
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Nebraska was 2.9 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁶

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STDs

- In 2015, Nebraska had the 37th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,539.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,967 cases of chlamydia among young people ages 15–19 reported in Nebraska.¹⁷
- In 2015, Nebraska had the 33rd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 231 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 295 cases of gonorrhea among young people ages 15–19 reported in Nebraska.¹⁸
- In 2015, Nebraska had the 48th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there was a total of 1 case of syphilis reported among young people ages 15–19 in Nebraska.¹⁹

Visit the Office of Adolescent Health’s (OAH) [Nebraska Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND AOUM PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN NEBRASKA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Nebraska Department of Education	\$67,500
TOTAL	\$67,500
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Nebraska Department of Health and Human Services (federal grant)	\$317,533
TOTAL	\$317,533
Title V AOUM Program	
Nebraska Department of Health and Human Services (federal grant)	\$351,556
TOTAL	\$351,556
GRAND TOTAL	\$736,589

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DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in Nebraska funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs 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.

- In FY 2016, there were no DASH grantees in Nebraska funded to deliver YMSM programming (1308 Strategy 4).

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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Nebraska funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Nebraska Department of Education (\$67,500).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

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Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2016, there were no TPPP grantees in Nebraska.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP 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. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. 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.

- In FY 2016, the Nebraska Department of Health and Human Services received \$317,533 in federal PREP funds.²⁰
- There are six sub-grantees for the Nebraska PREP state-grant program. The sub-grantee information is listed below.²¹

Sub-grantee	Serving	Amount
Community Action of Western Nebraska	Cheyenne County (Sidney)	\$18,382
Douglas County Health Department	Douglas County (Omaha)	\$53,117
Lutheran Family Services	Dawson County (Lexington)	\$17,075
Nebraska Children’s Home Society	Douglas County (Omaha)	\$84,010
Board of Regents of the University of Nebraska – University of Nebraska at Lincoln	Not reported	\$71,475
West Central District Health Department	Lincoln County (Wallace)	\$20,656

The Division of Public Health of the Nebraska Department of Health and Human Services 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 11-16 receiving juvenile justice services, in foster care, free/reduced lunch eligible, or at-risk for sexual activity, and African American, Hispanic, first-generation college attendees, and pregnant and parenting youth. Funded programs address healthy life skills, healthy relationships, adolescent development, and

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educational and career success to meet the adulthood preparation subject requirement by using the [Teen Outreach Program \(TOP\)](#) curriculum.²²

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.

- In FY 2016, there were no PREIS grantees in Nebraska.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of 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, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were 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. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, Nebraska received PREP state-grant funding; therefore, entities in Nebraska were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Nebraska Department of Health and Human Services received \$351,556 in federal Title V AOUM funding.²³
- The Nebraska Department of Health and Human Services sub-grants to three local agencies. The sub-grantee information is listed below.²⁴
- In Nebraska, sub-grantees meet the match through in-kind funds.

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Sub-grantee	Serving	Amount
Garfield-Loup-Wheeler Children’s Council	See narrative below	\$28,648
Community Action Partnership of Western Nebraska	See narrative below	\$41,200
Central Health Center/Hastings Family Planning – Mary Lanning Healthcare	See narrative below	\$21,018

The Nebraska Title V AOUM program provides funding to three local entities to serve young people ages 10-14, with emphasis on African American, Hispanic, and Native American youth and/or young people in state custody. Counties served are: Garden, Loup, Adams, Cheyenne, Scottsbluff, and Wheeler. Programs take place in both school- and community-based settings, and currently use the abstinence-only version of [Teen Outreach Program \(TOP\)](#).²⁵

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Nebraska.

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 2016 began on October 1, 2015, and ended on September 30, 2016.

² *Nebraska Health Education Frameworks* (Lincoln, NE; Nebraska Department of Education, 1998), <http://nlc1.nlc.state.ne.us/epubs/E2400/H047-1997.pdf>.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁷ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁸ Ibid., Table 1.2.

⁹ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

¹⁰ “Teen Births in Nebraska, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/nebraska>.

¹¹ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹² Ibid., Table 1.2.

¹³ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁴ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁵ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁶ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

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

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ “2016 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-state-prep-awards.

²¹ Information provided by Michaela Jennings, Adolescent Health Program Manager, Nebraska Department of Health and Human Services, Division of Public Health, May 2, 2017.

²² Ibid.

²³ “2016 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards.

²⁴ Information provided by Michaela Jennings, Adolescent Health Program Manager, Nebraska Department of Health and Human Services, Division of Public Health, May 2, 2017.

²⁵ Ibid.