

State Profiles FISCAL YEAR 2016

NEVADA

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

- Division of Adolescent and School Health funds totaling \$65,000
- Personal Responsibility Education Program funds totaling \$448,745
- Title V State Abstinence Education Program funds totaling \$666,706

In Fiscal Year 2016, local entities in Nevada received:

- Teen Pregnancy Prevention Program funds totaling \$1,321,586

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Nevada Revised Statutes § 389.036](#) mandates that each school district's board of trustees "shall establish a course or unit of a course of":

- a) Factual instruction concerning acquired immune deficiency syndrome (AIDS); and
- b) 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 to advise on course content and instructional materials. Advisory committees shall consist of five parents with children in the school district and four representatives from medicine, counseling, religion, students, or teaching. Nevada law also requires 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.](#)

STATE STANDARDS

The Nevada Department of Education provides [Health Education Standards](#) to help guide curriculum development. Beginning in grades 6-8, students learn to "analyze risky behaviors that may lead to the spread

of communicable disease (e.g., sexually transmitted infections (STIs)).” There is no other guidance on sexuality education in Nevada’s standards.

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 Nevada. 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.

NEVADA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

Reported ever having had sexual intercourse

- In 2015, 39.6% of female high school students and 40.7% of male high school students in Nevada 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, 47.9% of lesbian, gay, or bisexual (LGB) high school students, 45.6% of high school students who were unsure of their sexual orientation, and 39.1% of heterosexual high school students in Nevada reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 43.5% of Hispanic high school students and 40.2% of white high school students in Nevada 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% of female high school students and 4% of male high school students in Nevada 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, 5.4% of LGB high school students, 9.2% of high school students who were unsure of their sexual orientation, and 2.5% of heterosexual high school students in Nevada reported

NEVADA

having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.

- In 2015, 3.2% of Hispanic high school students and 2.6% of white high school students in Nevada 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, 27.5% of female high school students and 26.4% of male high school students in Nevada 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, 34.8% of LGB high school students, 27.5% of high school students who were unsure of their sexual orientation, and 26.1% of heterosexual high school students in Nevada reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 28.4% of Hispanic high school students and 30.2% of white high school students in Nevada 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, 50.8% of female high school students and 41.5% of male high school students in Nevada 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.
- In 2015, 64.9% of LGB high school students and 43.4% of heterosexual high school students in Nevada reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 46.6% of Hispanic high school students and 46.3% of white high school students in Nevada reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students and 43.2% of white high school students nationwide.

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

- In 2015, 13.8% of female high school students and 11% of male high school students in Nevada 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.

NEVADA

- In 2015, 33.6% of LGB high school students and 10.3% of heterosexual high school students in Nevada reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 12.5% of Hispanic high school students and 11.2% of white high school students in Nevada reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported never having been tested for human immunodeficiency virus (HIV)

- In 2015, 88.7% of female high school students and 87.8% of male high school students in Nevada 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, 82.4% of LGB high school students, 84.5% of high school students who were unsure of their sexual orientation, and 88.8% of heterosexual high school students in Nevada reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 88% of Hispanic high school students and 89.3% of white high school students in Nevada 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, 11.1% of female high school students and 5.6% of male high school students in Nevada 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, 21.4% of LGB high school students, 15.7% of high school students who were unsure of their sexual orientation, and 6.6% of heterosexual high school students in Nevada reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 8.6% of Hispanic high school students and 7.3% of white high school students in Nevada 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.

NEVADA

Reported experiencing physical dating violence

- In 2015, 10.5% of female high school students and 8.8% of male high school students in Nevada 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, 18.8% of LGB high school students, 25.7% of high school students who were unsure of their sexual orientation, and 7.8% of heterosexual high school students in Nevada reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 11.4% of Hispanic high school students and 7.5% of white high school students in Nevada 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.

Reported experiencing sexual dating violence

- In 2015, 14.4% of female high school students and 8.5% of male high school students in Nevada 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, 20.9% of LGB high school students, 20.8% of high school students who were unsure of their sexual orientation, and 10% of heterosexual high school students in Nevada reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 12.4% of Hispanic high school students and 10.2% of white high school students in Nevada 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 and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Nevada had the 8th highest teen pregnancy rate in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 5,270 pregnancies among young women ages 15–19 reported in Nevada in 2011.⁷
- In 2015, Nevada had the 13th highest teen birth rate in the United States, with a rate of 27.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There were a

NEVADA

total of 2,448 live births to young women ages 15–19 reported in Nevada in 2014, the most recent year of available data.⁹

- In 2011, Nevada had the 8th highest teen abortion rate in the United States, with a rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 1,440 abortions among young women ages 15–19 reported in Nevada in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Nevada was 4.4 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Nevada was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Nevada was 38.8 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Nevada was 8.5 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

STDs

- In 2015, Nevada had the 34th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,602.5 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 2,833 cases of chlamydia among young people ages 15–19 reported in Nevada.¹⁶
- In 2015, Nevada had the 27th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 272.1 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 481 cases of gonorrhea among young people ages 15–19 reported in Nevada.¹⁷
- In 2015, Nevada had the 7th 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 7.9 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 14 cases of syphilis reported among young people ages 15–19 in Nevada.¹⁸

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

NEVADA

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN NEVADA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Nevada Department of Health & Human Services	\$65,000
TOTAL	\$65,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
Nevada Primary Care Association	\$571,587
TOTAL	\$571,587
TPPP Tier 1B	
Southern Nevada Health District	\$749,999
TOTAL	\$749,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Nevada State Health Division (federal grant)	\$448,745
TOTAL	\$448,745
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Nevada State Health Division (federal grant)	\$666,706
TOTAL	\$666,706
GRAND TOTAL	
	\$2,502,037

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.

NEVADA

- In FY 2016, there were no DASH grantees in Nevada 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 Nevada 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 Nevada funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Nevada Department of Health and Human Services (\$65,000).

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.

- In FY 2016, there was one TPPP Tier 1A grantee in Nevada: Nevada Primary Care Association (\$571,587).

NEVADA PRIMARY CARE ASSOCIATION, \$571,587 (FY 2016)

The Nevada Primary Care Association (NVPCA) is a non-profit organization that aims to aid health centers and other community health care providers in improving service effectiveness and efficiency. The organization is based on “maximizing resources, developing a strong intersection between medical care and public health at the community level, and using sound business sense in developing capacity to serve those who do not have access to mainstream health care.”¹⁹

NVPCA will partner with community health centers in Nevada and the Nevada Division of Public and Behavioral Health to administer the TPPP Tier 1A funds. NVPCA will implement *Blueliner*, a program

NEVADA

intended to build the capacity of community health centers and provide evidence-based programs to teens in clinic and community-based settings. Programming will be available to Latino and African American youth in two urban counties and five rural counties with some of the highest teen birth rates in Nevada. NVPCA aims to serve 500 young people ages 15-19 per year over the five-year grant program²⁰.

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

- In FY 2016, there was one TPPP Tier 1B grantee in Nevada: Southern Nevada Health District (\$749,999).

SOUTHERN NEVADA HEALTH DISTRICT, \$749,999 (FY 2016)

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. It provides administrative, clinical, community, and environmental health services to residents and visitors of Clark County.²¹

With its TPPP funding, SNHD will provide programming to young people in two Clark County communities within the Cities of Las Vegas and North Las Vegas. SNHD will conduct the Southern Nevada Teen Pregnancy Prevention Replication Project by implementing the following curricula in juvenile detention, community-based programs, and out-of-home placement for young people in foster care: [Families Talking Together](#), [Be Proud! Be Responsible!](#), and [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#). SNHD aims to reach at least 800 young people per year and 3,200 young people total over the grant period.²²

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

- In FY 2016, there were no TPPP Tier 2A grantees in Nevada.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Nevada.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Nevada.

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.

NEVADA

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 Nevada Department of Health and Human Services received \$448,745 in federal PREP funds.²³
- There are five sub-grantees for the Nevada PREP state-grant program. The sub-grantee information is listed below.²⁴

Sub-grantee	Serving	Amount
Carson City Health and Human Services	Carson City, Douglas, and Lyon Counties	\$45,415
The Center	Clark County	\$29,604
Family Resource Center of Northeastern Nevada – Elko	Elko, Lander, Humboldt, and White Pine Counties	\$55,925
Planned Parenthood Mar Monte, Northern Nevada	Washoe County	\$105,681
Planned Parenthood of the Rocky Mountains, Southern Nevada	Clark and Nye Counties	\$99,875

The Nevada Division of Public and Behavioral Health implements the state’s PREP grant program in collaboration with five sub-grantees. Programming takes place in mostly community-based settings and targets young people ages 13-18, with priority enrollment given to young people in high-risk communities. Nevada PREP requires the use of evidence-based curricula. Carson City Health and Human Services currently uses [*Promoting Health Among Teens! - Abstinence Only \(PHAT-AO\)*](#) and [*Making Proud Choices!*](#); Family Resource Center of Northeastern Nevada implements [*Promoting Health Among Teens! - Abstinence Only \(PHAT-AO\)*](#); Planned Parenthood Mar Monte implements [*¡Cuidate!, Teen Success, Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#), and [*Making Proud Choices!*](#); the Center implements [*Making Proud Choices!*](#) and a [*Reducing the Risk*](#) supplement; and Planned Parenthood of the Rocky Mountains implements the [*¡Cuidate!*](#) curriculum with their PREP funding.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.

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

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

NEVADA

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 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. 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, Nevada received PREP state-grant funding; therefore, entities in Nevada were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (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 Nevada Division of Public and Behavioral Health received \$666,706 in federal Title V AOUM funding.²⁶
- The agency provides sub-grants to five local public and private entities: Carson City Health and Human Services (\$122,250), Family Resource Center of Northeastern Nevada – Elko (\$94,512), NyE Communities Coalition (\$104,874), Nevada Broadcasters Association (\$100,000), and Quest Counseling and Consulting (\$46,138).²⁷
- In Nevada, the match is made with in-kind funds from the Nevada Broadcasters Association. The association provides a \$5 return for every \$1 spent, for a total match of \$350,000.²⁸

The Nevada Division of Public and Behavioral Health administers the Title V AOUM program in collaboration with five local sub-grantees to provide community-based programming in Carson City, Douglas, Elko, Humboldt, Lander, Lyon, Washoe, and White Pine Counties. The funded programs target young people ages 9-15, 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

NEVADA

provided by the sub-grantees uses the [Promoting Health Among Teens! \(PHAT\) – Abstinence-Only Intervention](#) curriculum and are piloting [Teen Outreach Program \(TOP\)](#).²⁹

“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 Nevada.

POINTS OF CONTACT

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NEVADA

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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 Nev. Rev. Stat. § 389.036(1), <http://leg.state.nv.us/nrs/NRS-389.html#NRS389Sec036>.

³ Nev. Rev. Stat. § 389.065(4).

⁴ Ibid.

⁵ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ 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.

⁷ Ibid., Table 1.2.

⁸ “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>.

⁹ “Teen Births in Nevada, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Nevada>.

¹⁰ 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.

¹¹ Ibid., Table 1.2.

NEVADA

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- ¹² 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.
- ¹³ 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.
- ¹⁴ 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.
- ¹⁵ 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.
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- ²⁵ Ibid.
- ²⁶ “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.
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- ²⁸ Ibid.
- ²⁹ Ibid.