



NEVADA

In Fiscal Year 2011¹, the state of Nevada received:

- **Personal Responsibility Education Program funds totaling \$439,601**
- **Title V State Abstinence Education Program funds totaling \$385,546**

In Fiscal Year 2011, 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.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](#).

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Nevada.

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

Nevada did not participate in the 2011 Youth Risk Behavior Survey.

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

Teen Pregnancy, Birth, and Abortion

- Nevada's teen birth rate currently ranks 17th in the United States, with a rate of 38.6 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁶ In 2010, there were a total of 3,413 live births to young women ages 15–19 reported in Nevada.⁷
- In 2005, Nevada's teen pregnancy rate ranked second 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 1,000.⁸ There were a total of 7,070 pregnancies among young women ages 15–19 in Nevada in 2005.⁹
- In 2005, Nevada's teen abortion rate ranked third 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 1,000.¹⁰

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Nevada was 6.6 per 100,000 compared to the national rate of 7.9 per 100,000.¹¹
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Nevada was 1.4 per 100,000 compared to the national rate of 1.9 per 100,000.¹²
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Nevada was 46.0 per 100,000 compared to the national rate of 36.9 per 100,000.¹³
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Nevada was 10.5 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁴

Sexually Transmitted Diseases

- Nevada ranks 25th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 18.4 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 3,150 cases of chlamydia among young people ages 15–19 reported in Nevada.¹⁵
- Nevada ranks 27th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 2.9 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 497 cases of gonorrhea among young people ages 15–19 reported in Nevada.¹⁶
- Nevada ranks 11th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.04 cases per 1,000, compared to the

national rate of 0.05 cases per 1,000. In 2009, there were a total of 6 cases of syphilis among young people ages 15–19 reported in Nevada.¹⁷

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 \$105 million in discretionary funding for Fiscal Year (FY) 2011. 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 FY 2011.
- 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 (FY 2011)

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.”¹⁸

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.¹⁹ *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.²⁰

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.²¹

Southern Nevada Health District, \$997,257 (FY 2011)

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.²² 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.²³

¡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.²⁴

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²⁵ 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.²⁶ 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.²⁷

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.²⁸

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 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, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP 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 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.

- The Nevada Department of Health and Human Services, State Health Division, received approximately \$439,601 in federal PREP funds for FY 2011.
- There are three sub-grantees for the Nevada PREP state-grant program: Planned Parenthood Mar Monte; Planned Parenthood of the Rocky Mountains; and Huntridge Teen Clinic.²⁹

The Nevada State Health Division implements the state’s PREP grant program. Programming takes place in community-based settings and targets sexually experienced adolescent females ages 13–18 in Clark and Washoe counties, focusing mainly on, but not limited to, Latina and African American populations. Nevada PREP is currently using three approved evidence-based programs: *What Could You Do (WCYD)*, *¡Cuidate!*, and *SiHLE (Sisters Informing, Healing, Living, and Empowering)*.³⁰

WCYD is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-

on-one intervention, with each participant viewing the video individually. It aims to increase participants' knowledge of STDs along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *WCYD* can be used in a physician's office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that, at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.⁵¹

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.⁵²

SiHLE is an evidence-based HIV- and STD-prevention education program designed for African-American females ages 14–18 who are sexually active and at high risk for HIV. It is a peer-led, social skills training intervention based on social cognitive theory and the theory of gender and power.⁵³ The program consists of four four-hour sessions that are administered on consecutive Saturdays in a community-based setting. Sessions are led by an African-American female adult and two peer-facilitators, ages 18–21. The sessions are designed to reinforce ethnic and gender pride and address HIV-prevention strategies, the transmission of STDs, communication and negotiation skills, condom-use skills, self-efficacy, healthy relationships, and personal empowerment. The program incorporates group discussion, lectures, games, and role-playing. Participants also complete homework assignments that provide opportunity for reflection and skills practice. An evaluation of the program published in the *Journal of the American Medical Association* found that, at a six-month follow-up, program participants were significantly less likely to report being pregnant and significantly more likely to report having used condoms consistently in the previous six months than participants in the control group. In addition, at a 12-month follow-up, participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during last sexual intercourse than participants in the control group.⁵⁴

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 \$400,000 for FY 2011.

Big Brothers Big Sisters of Northern Nevada, \$400,000 (FY 2011)

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.”³⁵

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.”³⁶ The mentors receive training on teenage pregnancy prevention, as well as the specific information presented in the video.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Nevada.

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 FYs 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.

- The Nevada State Health Division received \$385,546 in federal Title V abstinence-only funding for FY 2011.
- There is one Title V abstinence-only funding sub-grantee in Nevada, Carson City Health and Human Services, which received \$142,620 for FY 2011.³⁷
- In Nevada, the match is made with in-kind funds from the Nevada Broadcasters Association.

The Nevada State Health Division administers the Title V Abstinence-Only Program in collaboration with Carson City Health and Human Services. The funded program targets youth ages 9–12, with priority enrollment given to youth in foster care. In addition, there is a \$70,000 statewide radio and TV campaign funded by the Title V Abstinence-Only Program, in partnership with the Nevada Broadcasters Association. Community-based programming is provided in Carson City and uses the *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)* curriculum.³⁸

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and

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build refusal and negotiation skills for practicing abstinence. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life, when they are ready to handle the potential consequences of having sex, and neither discourages nor encourages condom use.³⁹ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁴⁰ The curriculum is designed as eight one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that, at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁴¹

Nevada TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

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	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Nevada State Health Division (federal grant)	\$439,601	2011
TOTAL	\$439,601	
<i>Personal Responsibility Education Innovative Strategies</i>		
Big Brothers Big Sisters of Northern Nevada	\$400,000	2010–2014
TOTAL	\$400,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Nevada State Health Division	\$385,546	2011
TOTAL	\$385,546	
GRAND TOTAL	\$2,782,225	2011

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 State

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Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

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

Nevada AIDS Project
Las Vegas, NV
Phone: (702) 636-1800
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

MEDIA OUTLETS

Newspapers in Nevada⁴³

Las Vegas City Life
Las Vegas, NV
Phone: (702) 871-6780
www.lasvegascitylife.com

Las Vegas Review-Journal
Las Vegas, NV
Phone: (702) 383-0211
www.lvrij.com

Las Vegas Sun
Las Vegas, NV
Phone: (702) 385-3111
www.lasvegassun.com

Las Vegas Tribune
Las Vegas, NV
Phone: (702) 366-9310
www.lasvegastribune.com

Reno Gazette-Journal
Reno, NV
Phone: (775) 788-6200
www.rgj.com

Political Blogs in Nevada

Blue Lyon
bluelyon.wordpress.com

Desert Beacon
desertbeacon.blogspot.com

Las Vegas Gleaner
www.lasvegasgleaner.com

Nevada Progressive
nvprogressive.blogspot.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

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 Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Neither Nevada nor Clark County participated in the 2011 YRBS.

⁶ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

⁷ Ibid.

⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.

⁹ Ibid., Table 3.2.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹¹ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹² Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

- ¹³ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20-24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁴ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20-24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁵ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ The Center for Health Disparities Research at the University of Nevada Las Vegas, School of Public Health, accessed June 2, 2011, <http://chdr.unlv.edu/index2.htm>.
- ¹⁹ *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>.
- ²⁰ *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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–78.
- ²¹ “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 June 2, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.
- ²² Southern Nevada Health District, “General Information,” accessed June 2, 2011, <http://www.southernnevadahealthdistrict.org/general-information.php>.
- ²³ “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 June 2, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.
- ²⁴ *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ²⁵ *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 July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.
- ²⁶ *Be Proud! Be Responsible!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 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 July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf.
- ²⁷ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ²⁸ “Southern Nevada Health District,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.
- ²⁹ Sub-grantees had not yet received funding for FY 2011 at the time of publication. Information provided by Natalie Powell, State Adolescent Health Coordinator for the Nevada State Health Division, September 26, 2012.
- ³⁰ Ibid.
- ³¹ *What Could You Do?*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 25, 2011, <http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>.
- ³² *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.

³³ *Sisters Informing, Healing, Living, Empowering (SiHLE)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=567&PageTypeID=2>.

³⁴ *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 July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 98–101; see also “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/sihle.html>.

³⁵ “The Big Brothers Big Sisters Mission,” Big Brothers Big Sisters of Northern Nevada, accessed September 5, 2011, <http://www.bbbsnn.org/vision.asp>.

³⁶ 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, October 14, 2010, accessed September 5, 2011, http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm.

³⁷ Information provided by Natalie Powell, State Adolescent Health Coordinator, Nevada State Health Division, September 26, 2012.

³⁸ Ibid.

³⁹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed April 14, 2011, http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html.

⁴⁰ *Promoting Health Among Teens! Abstinence-Only*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>.

⁴¹ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/comprehensive_intervention.pdf.

⁴² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.