

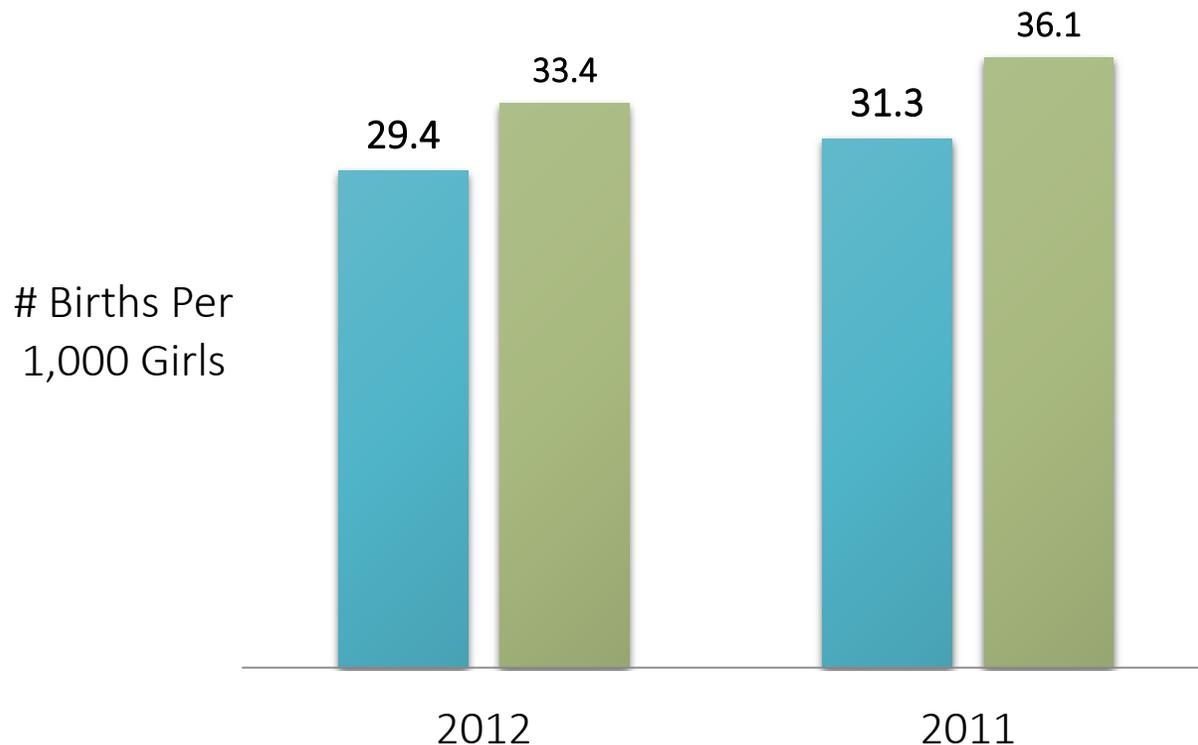
The Nevada Teen Health and Safety Coalition

Advocating for better sex education
in Nevada

Nevada Teen Health: Pregnancies and STIs

Birth Rates for Teenagers aged 15-19 United States vs. Nevada

■ US ■ Nevada



STI Statistics in Nevada

In Nevada, over 11,000 Chlamydia cases were reported in 2012. 66.5% of those cases occurred in individuals less than 25 years of age.

There were over 2,000 Gonorrhea cases reported in Nevada in 2012 and more than 50% were among individuals less than 25 years of age.

Nevada Sex Education: 1987

In 1987 Nevada passed **NRS 389.065** which states that all school districts have to teach sex education:

The board of trustees of a school district shall establish a course or unit of a course of:

- Factual instruction concerning AIDS; and
- Instruction on the human reproductive system, related communicable diseases and sexual responsibility.

Each board of trustees shall appoint a sex education advisory committee (SEAC).

Implementation has been sporadic and varies greatly from county to county.

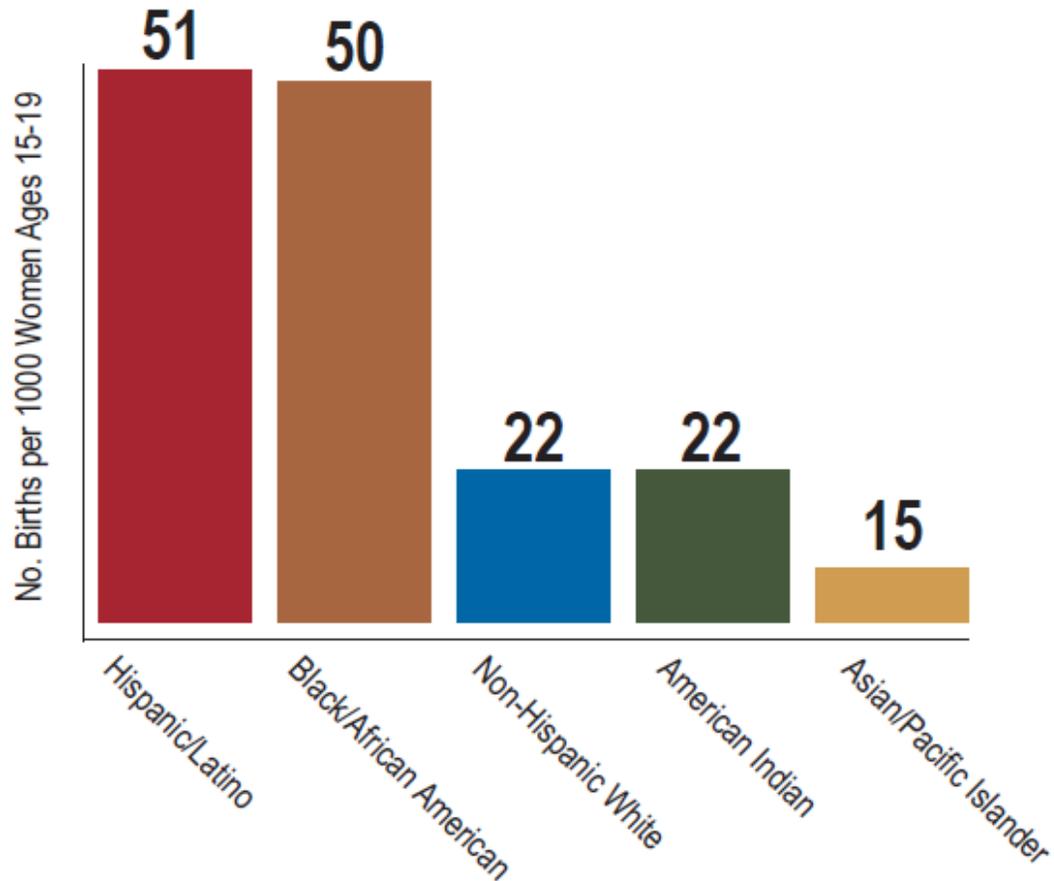
Why we need improved sex education

- Currently, each school district in Nevada has different curriculum. Some districts exclude information for LGBTQ students.
- Nevada students are getting vastly different information depending on where they live.
- Some sex ed curriculums focus on abstinence and spend little to no time on contraception.
- Medically accurate and age appropriate sex education has been shown to have positive effects on the lives of teens.

Vulnerable populations

Nevada Teen Birth Rates by Race/Ethnicity, 2011

Source: Kids Count Data Center, The Annie E. Casey Foundation



Youth in out-of-home care

- Foster care youth begin having sexual intercourse at a younger age
- Teens are 2.5x more likely to become pregnant by age 19 compared to their peers outside the system
- By the time they turn 19, nearly half of young women in foster care have become pregnant

Contributing Factors:

- History of neglect
- Physical or sexual abuse
- Limited access to reproductive health information and services
- Lack of consistent relationships with trusting adults

(National Conference of State Legislatures: Nevada Teen Pregnancy December 2013)



FAMILY AND COMMUNITY

DOMAIN RANK

44

Children in single-parent families

2012

39%

246,000 CHILDREN

WORSENERD

2005 32%

Children in families where the household head lacks a high school diploma

2012

20%

134,000 CHILDREN

IMPROVED

2005 23%

Children living in high-poverty areas

2008-12

11%

76,000 CHILDREN

WORSENERD

2000 5%

Teen births per 1,000

2012

33

2,863 BIRTHS

IMPROVED

2005 50



FAMILY AND COMMUNITY

Children in single-parent families

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24,725,000 CHILDREN

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15%

10,887,000 CHILDREN

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9,362,000 CHILDREN

WORSENERD

2000 9%

Teen births per 1,000

2012

29

305,388 BIRTHS

IMPROVED

2005 40

Medically Accurate Sex Education: It Works

Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy (2008): Among never-married heterosexual adolescents, aged 15-19 years, who participated in the National Survey of Family Growth (CDC) and reported on formal sex education received before their first sexual intercourse, researchers compared the sexual health risks of adolescents who received abstinence-only and comprehensive sex education to those of adolescents who received no formal sex education.

Key Findings:

- Teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education.
- Teaching about contraception was not associated with increased risk of adolescent sexual activity or STD

Abstinence-Only Sex Education Does Not Lead to Teens Refraining from Sex

Emerging Answers 2007, authored by Dr. Douglas Kirby, discusses what programs work in preventing teen pregnancy and sexually transmitted diseases, including HIV. He reviewed several studies that analyzed sexual education and abstinence-only programs and discussed the common trends that arose in those analyses. These studies examined programs' impact on sexual behavior, use of condoms or other contraceptives, combined measures of sexual risk, and pregnancy, birth, or STD/HIV rates. Each included program focused on teens ages 12–18 and was conducted in the United States between 1990 and 2007.

Key Findings: Abstinence-Only-Until Marriage-Programs

- No strong evidence exists that abstinence-only-until-marriage programs delay the initiation of sex, hasten the return to abstinence, or reduce the number of sexual partners.
- Strong evidence exists that abstinence-only-until-marriage programs have no effect on sexual behavior.

Cost of Teen Pregnancy in Nevada

\$84 million

The public cost of teen childbearing
in Nevada in 2008.

This includes the following costs associated with the children of teen parents:

- **\$8 million** for public health care (Medicaid and CHIP)
- **\$11 million** for child welfare
- **\$14 million** for higher rates of incarceration
- **\$30 million** in lost tax revenue due to lower earnings and spending

www.ncsl.org

Nevada Sex Education Bills

2011: sex education bill AB314

- This bill would expand topics taught in the classroom to more preventative and health measures.
- Did not make it out of committee and failed.

2013: AB230 was introduced

- Called for Board of Trustees of each district to establish sex ed curriculum that is **comprehensive, age-appropriate and medically accurate**.
- Parents may opt their children out of this coursework without penalty.
- Required the Council to Establish Academic Standards for Public Schools to establish standards as part of a course of study in health.
- The bill passed through the assembly, but was not brought to a vote in the senate.

2015: BDR676 introduced by Sen. Hammond

- No language yet. Could include provisions to require accountability and transparency.

Nevada Teen Health and Safety Coalition

We are trying to bring together diverse partners to pass a statewide bill that will set standards for medically accurate and age appropriate sex education.

- Parents
- Youth
- Teachers
- Communities of color
- Communities of faith
- Healthcare community

Providing coalition members with the tools and opportunities to advocate for improved sex education

Statewide policy and standards will level the playing field.

Who are our members?

Advocates for Youth
American Civil Liberties Union of Nevada
American Congress of Obstetricians and Gynecologists, Nevada Section
Build Our Center
Committee to Aid Abused Women
Family Resource Center of Northeastern Nevada
Gay and Lesbian Medical Association and Allies
Human Services Network
Immunize Nevada
Latino Leadership Coalition
Legal Aid Center of Southern Nevada
Medical Students for Choice
Nevada Advocates for Planned Parenthood Affiliates
Nevada Division of Public and Behavioral Health
Nevada Network Against Domestic Violence
Nevada Nurses Association
Nevada Public Health Association

Nevada State Education Association
Nevada State Medical Association
Nevada Statewide Maternal Child Health Coalition
Nevada Women's Lobby
Northern Nevada HOPES
Northern Nevada Latino Alliance
Partnership of Community Resources
PFLAG Reno/Sparks
Planned Parenthood of Southern Nevada
Planned Parenthood Mar Monte
Progressive Leadership Alliance of Nevada
ProgressNow Nevada
Safe Nest, Inc.

Sex Workers Outreach Project, Las Vegas
Silver State Voices
Southern Nevada Health District
Southern Nevada Immunization & Health Coalition (SNIHC)
Southern Nevada Maternal & Child Health Coalition
Southern Nevada Teen Pregnancy Prevention Coalition
The Embracing Project
The Rape Crisis Center
Unitarian Universalist Congregation of Las Vegas
University of Nevada School of Medicine, Pediatric Residency Program
Washoe County Health District
Washoe County School District S.H.A.R.E. Department

Health professionals can make a difference

- Sex education is a public health issue
- Health professionals can use their voice to shift the dialogue from teen sex to teen health
- Sex education has a negative stigma and there are a lot of misconceptions

Interested in getting involved?

www.nvhealthyteens.org

<https://www.facebook.com/NVTeenHealth>

<https://twitter.com/NVTeenHealth>

Gaylyn Daniels, NTHSC legislative organizer
info@nvhealthyteens.org

NEVADA: TEEN PREGNANCY

December 2013



JUST THE FACTS

Teen pregnancy and childbearing are closely linked to various economic and social issues, such as education, income and poverty, child wellbeing, and health. Adolescent childbearing also carries considerable public costs. Teen mothers are less likely to finish high school than women who delay pregnancy and parenthood. Close to half of teen mothers between the ages of 15 and 19 live below the poverty line and nearly two thirds depend on public assistance within the first year of their child's life. Children of teen mothers are more likely to suffer health and cognitive disadvantages, come in contact with the child welfare and correctional systems, live in poverty, drop out of high school and become teen parents themselves.

While states have experienced significant declines in recent years, teen pregnancy and birth rates in the United States remain among the highest in the industrialized world. Nationwide, nearly three in 10 teens will become pregnant at least once by their 20th birthday. One in five births to girls ages 15 to 19 is not the teen's first.

Disparities Exist

A closer look at births to teens in Nevada finds that the majority are to older teens (18 and 19 year olds); the rate among older teens is more than three times higher than that among younger

teens. Birth rates vary significantly by race and ethnicity, too. The birth rates for black and Hispanic teens are more than twice that for non-Hispanic white and American Indian teens. Similar disparities are reflected at the national level.

Geographic variations in Nevada teen birth rates largely appear to follow national trends. A recent study by the National Campaign to Prevent Teen and Unplanned Pregnancy found that while higher numbers of teen births occur in major urban areas, rural regions generally see higher teen birth rates—and account for a disproportionate share of all teen births. In fact, the study shows that as the level of urbanization increases, the teen birth rate decreases.

For More Information

State and local agencies and others are working to reduce teen pregnancy in Nevada. Federal funding is also available for teen pregnancy prevention activities. See NCSL's other fact sheets for additional information on how teen pregnancy relates to various issues, as well as policy options for the state to consider.

- Teen Pregnancy: Impact on Education and the Economy
- Teen Pregnancy in Nevada: Connection to Child Welfare and Juvenile Justice
- Teen Pregnancy in Nevada: State Policy Options

Resources

Teen Pregnancy Prevention, National Conference of State Legislatures; <http://www.ncsl.org/default.aspx?tabid=23141>

The National Campaign to Prevent Teen and Unplanned Pregnancy

www.thenationalcampaign.org

The 66,069 children born to Nevada teens between 1991 and 2008 **cost taxpayers approximately \$1.3 billion** over that period. During the same period, the state teen birth rate **declined nearly 30 percent, saving taxpayers an estimated \$44 million** in 2008 alone.

Source: "Counting it Up: The Public Costs of Teen Childbearing in Nevada in 2008," The National Campaign to Prevent Teen and Unplanned Pregnancy, June 2011.

\$84 million

The public cost of teen childbearing in Nevada in 2008.

This includes the following costs associated with the children of teen parents:

- **\$8 million** for public health care (Medicaid and CHIP)
- **\$11 million** for child welfare
- **\$14 million** for higher rates of incarceration
- **\$30 million** in lost tax revenue due to lower earnings and spending

In 2008, teen childbearing in Nevada cost taxpayers at least \$84 million. Forty-nine percent of these costs were paid for by Nevada's state and local governments. Nationally, the public cost was close to \$11 billion. Due to declining teen birth rates, the national cost declined to \$9.4 billion in 2010, according to an updated analysis. The majority of the costs of teen childbearing are associated with the consequences children of teen mothers suffer, including reliance on public health care and the child welfare system, higher rates of incarceration, and lost tax revenue due to lower lifetime earnings and spending. Many of the financial costs associated with teen pregnancy and childbearing are well documented and outlined above. The human costs, however, are impossible to quantify. These are discussed in greater detail in accompanying briefs.

Source: *Counting ... 2008, The National Campaign to Prevent Teen and Unplanned Pregnancy*

Teen Pregnancy

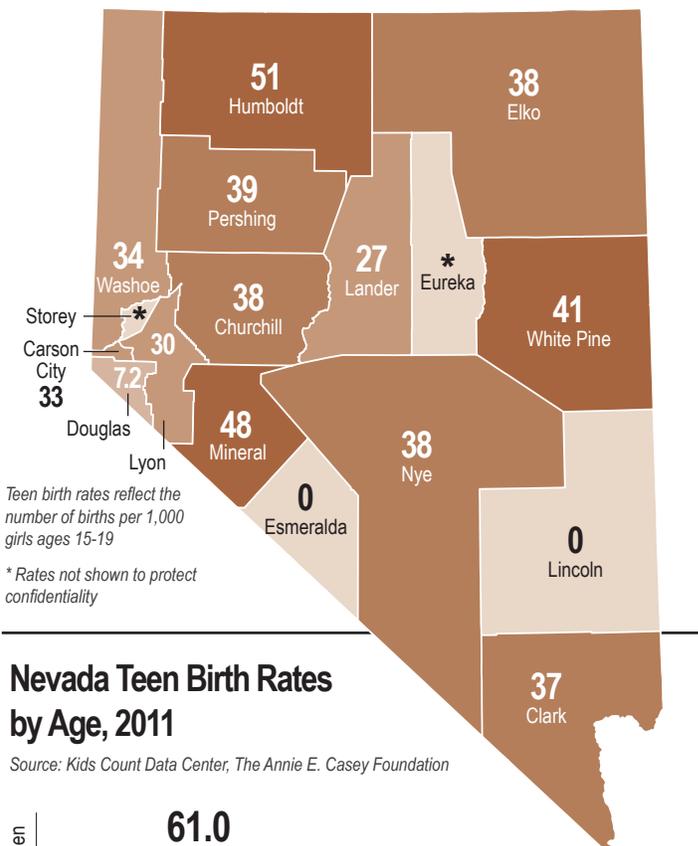
- **3,867 Nevada teens**, or approximately 45 of every 1,000 girls between the ages of 15 and 19, became pregnant in 2011.
- Although the state's teen pregnancy rate declined 41 percent between 1988 and 2008, **Nevada still had the fourth highest teen pregnancy rate in the nation in 2008**, the most recent year for which 50-state comparable data are available.

Teen Birth

- **Eight teens** give birth every day in Nevada.
- In 2011, **3,048** Nevadans between the ages of 15 and 19 gave birth.
- **621** of those births—about 20 percent of the total—were not the teen's first.
- Nevada had the **15th highest teen birth rate** in the United States in 2011.
- Between 2007 and 2011, the state's teen birth rate **declined by 30 percent**.

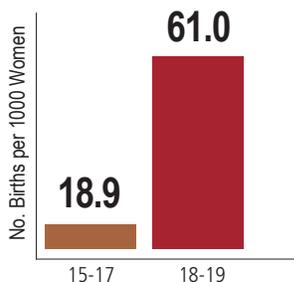
Teen Birth Rate by County, 2011

Source: Nevada Division of Public and Behavioral Health, November 2013



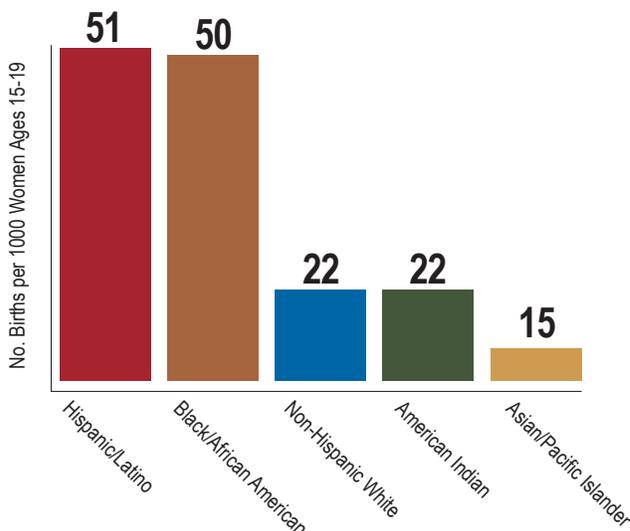
Nevada Teen Birth Rates by Age, 2011

Source: Kids Count Data Center, The Annie E. Casey Foundation



Nevada Teen Birth Rates by Race/Ethnicity, 2011

Source: Kids Count Data Center, The Annie E. Casey Foundation





ECONOMIC WELL-BEING

DOMAIN RANK

47

Children in poverty

2012

24%

157,000 CHILDREN

WORSENERD

2005 15%

Children whose parents lack secure employment

2012

34%

226,000 CHILDREN

WORSENERD

2008 26%

Children living in households with a high housing cost burden

2012

45%

296,000 CHILDREN

WORSENERD

2005 43%

Teens not in school and not working

2012

10%

14,000 TEENS

IMPROVED

2008 11%

EDUCATION

DOMAIN RANK

50

Children not attending preschool

2010-12

70%

53,000 CHILDREN

IMPROVED

2005-07 75%

Fourth graders not proficient in reading

2013

73%

N.A.

IMPROVED

2005 79%

Eighth graders not proficient in math

2013

72%

N.A.

IMPROVED

2005 79%

High school students not graduating on time

2011/12

40%

N.A.

IMPROVED

2005/06 44%

N.A. NOT AVAILABLE

HEALTH

DOMAIN RANK

47

Low-birthweight babies

2012

8.0%

2,781 BABIES

IMPROVED

2005 8.3%

Children without health insurance

2012

17%

110,000 CHILDREN

IMPROVED

2008 20%

Child and teen deaths per 100,000

2010

27

189 DEATHS

IMPROVED

2005 37

Teens who abuse alcohol or drugs

2011-12

7%

15,000 TEENS

IMPROVED

2005-06 9%

FAMILY AND COMMUNITY

DOMAIN RANK

44

Children in single-parent families

2012

39%

246,000 CHILDREN

WORSENERD

2005 32%

Children in families where the household head lacks a high school diploma

2012

20%

134,000 CHILDREN

IMPROVED

2005 23%

Children living in high-poverty areas

2008-12

11%

76,000 CHILDREN

WORSENERD

2000 5%

Teen births per 1,000

2012

33

2,863 BIRTHS

IMPROVED

2005 50




ECONOMIC WELL-BEING

Children in poverty

2012

23%

16,397,000 CHILDREN

WORSENERD

2005 **19%**

Children whose parents lack secure employment

2012

31%

23,101,000 CHILDREN

WORSENERD

2008 **27%**

Children living in households with a high housing cost burden

2012

38%

27,761,000 CHILDREN

WORSENERD

2005 **37%**

Teens not in school and not working

2012

8%

1,404,000 TEENS

UNCHANGED

2008 **8%**



EDUCATION

Children not attending preschool

2010-12

54%

4,307,000 CHILDREN

IMPROVED

2005-07 **56%**

Fourth graders not proficient in reading

2013

66%

N.A.

IMPROVED

2005 **70%**

Eighth graders not proficient in math

2013

66%

N.A.

IMPROVED

2005 **72%**

High school students not graduating on time

2011/12

19%

N.A.

IMPROVED

2005/06 **27%**

N.A. NOT AVAILABLE



HEALTH

Low-birthweight babies

2012

8.0%

315,709 BABIES

IMPROVED

2005 **8.2%**

Children without health insurance

2012

7%

5,264,000 CHILDREN

IMPROVED

2008 **10%**

Child and teen deaths per 100,000

2010

26

20,482 DEATHS

IMPROVED

2005 **32**

Teens who abuse alcohol or drugs

2011-12

6%

1,618,000 TEENS

IMPROVED

2005-06 **8%**



FAMILY AND COMMUNITY

Children in single-parent families

2012

35%

24,725,000 CHILDREN

WORSENERD

2005 **32%**

Children in families where the household head lacks a high school diploma

2012

15%

10,887,000 CHILDREN

IMPROVED

2005 **16%**

Children living in high-poverty areas

2008-12

13%

9,362,000 CHILDREN

WORSENERD

2000 **9%**

Teen births per 1,000

2012

29

305,388 BIRTHS

IMPROVED

2005 **40**



Our mission is to ensure that **Nevada is a place where resilient, smart, well-educated young people have a fair shot at growing up to be independent and healthy.**

Nevada is ranked 7th in the United States for teen pregnancy and our rates of sexually transmitted infections disproportionately affect youth. Yet Nevada students are not receiving medically accurate and age-appropriate sexual health education. But with your voice, we can improve sex education and change those statistics.

Parents have a right to know what their children are learning in schools, especially when it comes to sexual health education. Nevada needs a state law that would hold school boards accountable and require schools to teach medically accurate age-appropriate sex ed.

- The Nevada Teen Health and Safety Coalition is a broad coalition of parents, youth, medical professionals, and advocacy organizations working to move forward on medically accurate age-appropriate sex education in Nevada.
- Our immediate goal is to change state policy so that real sex education is available to youth across the state.
- We are here to provide resources, information, educational materials, strategizing guidance, and whatever is needed to community members who are moving this agenda.

Your voice is vital to this movement! Will you join us?

You can get involved in a variety of ways!

- Write a letter to the editor about why sex ed is important to your family
- Write or call your legislator and tell them Nevada teens deserve real sex ed
- Come to our lobby day in Carson City on March 3
- Talk to others about passing a sex ed bill
- Get your teens involved with our youth coalition
- Join our listserve to stay up-to-date with the coalition's work
- Share your story for our media campaign

Questions? Want to get involved? Email info@nvhealthyteens.org or visit www.nvhealthyteens.org. Find us on Facebook <https://www.facebook.com/NVTeenHealth>