STUDY ON TEENAGE PREGNANCY IN NEVADA

Bulletin No. 91-6

LEGISLATIVE COMMISSION
OF THE
LEGISLATIVE COUNSEL BUREAU
STATE OF NEVADA

SEPTEMBER 1990

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STATE OF NEVADA

SEPTEMBER 1990

TABLE OF CONTENTS

	Page
Assembly Concurrent Resolution No. 32 of the 1989 legislative session (File No. 177, Statutes of Nevada 1989, pages 2355-2356)	v
Report Of The Legislative Commission To The Members Of The 66th Session Of The Nevada Legislature	vii
Summary Of Recommendations	ix
Report To The 66th Session Of The Nevada Legislature By The Legislative Commission's Subcommittee To Study Teenage Pregnancy In Nevada	1
I. Introduction And Overview Of Study	1
II. Discussion Of Issues	5
A. Extent Of The Problem	5
1. National Statistics	5
2. Nevada Statistics	6
B. Costs Of Teen Pregnancy.....	8
1. Health Costs	8
2. Economic and Educational Costs	10
C. Problems With Current Programs And Services.....	12
D. Strategies For Intervention And Prevention.....	13
III. Findings And Recommendations	14
A. Coalitions On Adolescent Health And Teenage Pregnancy	14

B. State Coordination 15

1. Maternal and Child Health Advisory Board 15

2. Adolescent Health Coordinator..... 16

C. Health Services 17

1. Community-Based Adolescent Health Clinics..... 18

2. Community Health Nurses..... 18

3. Adolescent Nurse Specialist..... 19

4. Perinatal Care System..... 20

5. Women, Infants and Children (WIC) Program 21

D. Education 21

1. Family Life and Sexuality Education 21

2. Parenting Education 23

3. School Nurses..... 24

4. School Services for Pregnant and Parenting Teens 24

5. Office of Comprehensive Health Education 25

6. Adoption and Child Support Education 26

7. Preschool Programs 26

E. Welfare And Support Services 27

1. Welfare Division's Health Services 27

2. Welfare Division's Social Services (Support Services)..... 29

F. Other Concerns 29

1. Child Care 29

2. Homes/Shelters for Teens 30

3. Male Responsibility 30

4. Media Campaigns 30

5. Peer Counseling 30

6. Program Evaluation 31

7. School Social Workers 31

8. Volunteerism 31

IV. Selected References..... 33

V. Credits 39

VI. Appendices..... 49

Appendix A
Glossary Of Terms..... 49-A

Appendix B
Nevada Teen Pregnancy Statistics..... 53

Appendix C
Proposed Nevada Teen Pregnancy Prevention
And Improved Pregnancy Outcome Programs..... 69

Appendix D
School Nursing Services..... 157

Appendix E
Model Comprehensive School Social
Work Program Overview..... 167

Appendix F
Suggested Legislation 171

Assembly Concurrent Resolution No. 32—Assemblymen Evans, Sedway, Marvel, Price, Humke, DuBois, Swain, Kerns, Arberry, Myrna Williams, Callister, Spinello, Porter, Wendell Williams, Jeffrey, Nevin, Freeman, Bogaert, Brookman, Lambert, Adler, Dini, Sheerin, Garner, Chowning, Diamond, Regan, Wisdom, McGinness and Gibbons

FILE NUMBER...177

ASSEMBLY CONCURRENT RESOLUTION—Directing the Legislative Commission to conduct an interim study on teenage pregnancy in this state.

WHEREAS, Teenage pregnancy rates in Nevada have been found to be among the highest in the country according to a variety of surveys conducted by governmental agencies and private foundations; and

WHEREAS, Because it is estimated that in Nevada, 144 of every 1,000 teenage girls become pregnant, the economic implications directly affect every taxpayer in the state through the Aid to Families with Dependent Children payments that are necessary to support a majority of these young women; and

WHEREAS, Along with the short-term growth in welfare payments that the teenage pregnancy problem causes, the inability of teenage mothers to complete high school and find adequate paying jobs often encourages long-term welfare dependency; and

WHEREAS, Teenage fathers are also affected by premature parenthood which often casts them into the labor force before they are adequately prepared; and

WHEREAS, In order to combat the epidemic proportions of the teenage pregnancy problem, our state must look to a variety of programs, including educational, medical, institutional and legislative approaches that will impede the dramatic rise in the teenage pregnancy rate; now, therefore, be it

RESOLVED BY THE ASSEMBLY OF THE STATE OF NEVADA, THE SENATE CONCURRING, That the Legislative Commission is hereby directed to conduct an interim study to determine methods to reduce the number of unwanted teenage pregnancies in this state; and be it further

RESOLVED, That the study should include but not be limited to:

1. Determining the adequacy of the educational and social services available to teenagers at risk;

2. Recommending programs which would discourage unwanted teenage pregnancies; and

3. Identifying potential sources of revenue which could be used to finance any recommended programs,

and be it further

RESOLVED, That the Legislative Commission is directed to submit a report of its findings, with any recommended policies, programs and proposed legislation, to the 66th session of the Nevada Legislature.

19 89

REPORT OF THE LEGISLATIVE COMMISSION

TO THE MEMBERS OF THE 66TH SESSION OF THE NEVADA LEGISLATURE:

This report is submitted in compliance with Assembly Concurrent Resolution No. 32 of the 65th session of the Nevada Legislature which directs the Legislative Commission to conduct an interim study on teenage pregnancy in Nevada. As specified in the resolution, the study was to determine methods to reduce the number of unwanted teenage pregnancies in the state, including, but not limited to:

1. Determining the adequacy of the educational and social services available to teenagers at risk;

2. Recommending programs which would discourage unwanted teenage pregnancies; and

3. Identifying potential sources of revenue which could be used to finance any recommended programs.

The Legislative Commission appointed a subcommittee to conduct the study and make recommendations to the 66th session of the Nevada Legislature.

The following legislators were members of the subcommittee:

Assemblywoman Jan Evans, Chairman
Senator Virgil M. Getto, Vice Chairman
Senator Dina Titus
Senator Margaret E. O'Neill
Assemblywoman Renee L. Diamond

Legislative Counsel Bureau staff services for the subcommittee were provided by Donald O. Williams of the Research Division (principal staff), Christine L. Bailey of the Legal Division (legal counsel) and Gloria Johnson of the Research Division (subcommittee secretary).

In this report, the subcommittee has attempted to present its findings and recommendations in a concise form. The report is intended as a useful guide to legislators. A great amount of information was gathered during the course of the study, and much of it was provided in exhibits that became part of the minutes of the subcommittee. The data which relate directly to the subcommittee's recommendations are included or referenced in the report. All supporting documents and minutes are on file with the Research Library

of the Legislative Counsel Bureau and are readily available to any member of the Legislature and the public.

This report is transmitted to the members of the 66th session of the Nevada Legislature for their consideration and appropriate action.

Respectfully submitted,

Legislative Commission
Legislative Counsel Bureau
State of Nevada

Carson City, Nevada
September 1990

* *

LEGISLATIVE COMMISSION

Assemblyman John E. Jeffrey, Chairman
Assemblyman Robert M. Sader, Vice Chairman

Senator Charles W. Joerg	Assemblyman Louis W. Bergevin
Senator William R. O'Donnell	Assemblyman Joseph E. Dini, Jr.
Senator Raymond C. Shaffer	Assemblyman James W. McGaughey
Senator Randolph J. Townsend	Assemblyman Danny L. Thompson
Senator John M. Vergiels	

SUMMARY OF RECOMMENDATIONS

This summary represents the subcommittee's recommendations in response to its findings. These recommendations are based upon suggestions which were presented in public hearings and written communications to the subcommittee. They reflect the experience and research of the members of the subcommittee, staff research, and the testimony of concerned citizens, educators, health care providers, parents, social workers, teenagers and representatives of various national, state and local organizations.

The subcommittee recommends:

COALITIONS ON ADOLESCENT HEALTH AND TEENAGE PREGNANCY

1. Community Coalitions or Task Forces: That the Legislature support the creation of community coalitions or task forces on adolescent health and teenage pregnancy in each county and/or city in the state. School personnel, service agencies and communities, as a whole, need to take a more aggressive role in addressing the problems of prevention and teen pregnancy. Coalitions on a local level need to be established involving churches, schools and private and public social service agencies. The coalitions should assess the health care needs of adolescents in their communities, particularly pregnant and parenting teens and those who are at high risk of becoming a teen parent, and develop action plans to meet the needs. These groups should develop and implement a comprehensive and multidisciplinary program of identifying and serving the health care needs of the adolescents in their communities.

STATE COORDINATION

2. Maternal and Child Health Advisory Board: That the Legislature establish, by statute, and provide appropriations for, the Maternal and Child Health Advisory Board to the Health Division of Nevada's Department of Human Resources (DHR). The advisory board shall consist of 11 members, 9 of which are to be appointed by the Governor from a list of individuals suggested by the Administrator of the Health Division. The other two members must be Nevada legislators, one from the Senate and one from the Assembly, appointed by the Legislative Commission.

The purpose of the advisory board is to make decisions about the future of public maternal and child health services in Nevada, to ensure Nevadans access to quality health care at an affordable cost and to develop regionalized care systems. The duties of the board are to include developing a 10-year plan for maternal and child health care services in Nevada; evaluating policies and programs; and making policy and funding recommendations to the State Board of Health and the Administrator of the Health Division. (BDR 40-401)

3. Adolescent Health Coordinator: That the Legislature approve the necessary funding to establish, in fiscal year 1991-1992, and continuing in subsequent years, the position of Adolescent Health Coordinator in the Health Division and to provide staff and operating expenses to support the position.

   One duty of the Adolescent Health Coordinator is to assist in the establishment of local community coalitions or task forces on adolescent health and teenage pregnancy. Another duty of the Adolescent Health Coordinator is to establish a statewide coalition similar to the Healthy Mothers/Healthy Babies or Maternal/Child Coalitions to address issues of reducing unintended pregnancies and improve pregnancy outcomes in Nevada. Members of the statewide coalition should include agencies, groups, and individuals from the areas of business, church, education, government, medicine and media who are concerned with the program mission. A steering committee will represent the state with community coalitions or task forces operating at the local levels. The coalition should provide informational pamphlets and posters in public areas, and train and coordinate speakers to address church, community, parent, school and other groups.

   The Adolescent Health Coordinator should be responsible for providing technical assistance to state and local coalitions or task forces on adolescent health and teenage pregnancy, and coordinating statewide efforts to increase and improve adolescent health services in Nevada.

   The Adolescent Health Coordinator should develop and implement a long-term, high-quality, statewide, media campaign that will focus on the priority and value of early and regular prenatal care; prevention of unintended pregnancy through abstinence or effective contraception; sexually transmitted disease (STD) and

human immunodeficiency virus (HIV) prevention; male responsibility; avoidance of risk behaviors; and promotion of an information and referral hotline.

The coordinator also should be responsible for publishing and annually updating a resource directory describing adolescent, infant and pregnancy health care services. The directory should be distributed to all agencies working with the adolescent population, and the coordinator should ensure that services can easily be found listed under several headings in the state's telephone directories.

Furthermore, the Adolescent Health Coordinator should be responsible for the operation and staffing 24 hours a day of a statewide, toll-free "hotline" providing information and referral for family planning, prenatal and infant care and other adolescent health concerns.

In addition, the coordinator should develop and/or purchase educational materials (brochures, videos and posters) targeted at the adolescent population. The information should be distributed to private and public organizations throughout Nevada. (BDR 40-400)

HEALTH SERVICES

4. Community-Based Adolescent Health Clinics: That the Legislature direct, by resolution, the Health Division to work with local communities to determine potential demonstration sites for community-based adolescent health clinics and make recommendations to the Nevada Legislature's Interim Finance Committee in fiscal year 1992-1993. (BDR R-399)

5. Community Health Nurses: That the Legislature approve funding to expand the Health Division's Community Health Nursing staff to increase services by doing outreach to the adolescent population. Additional nursing staff should be provided to increase services in Carson City, and Churchill, Elko, Humboldt and Lander counties. The Community Health Nurses should expand services to include, among other things, family planning, well child care examinations, prenatal and postpartum care. Prenatal and postnatal home visits and early parenting programs should be provided. The Community Health Nurses should serve as resource staff for school nurses and family life and sexuality teachers in their respective school districts.

6. Adolescent Nurse Specialist: That the Legislature approve funding to establish the position of Adolescent Nurse Specialist at the Health Division. This position would provide technical assistance and training to Community Health Nurses, school nurses, staff of community-based adolescent health clinics and other health care providers on prevention/intervention techniques appropriate for adolescents, including contraceptive counseling and prenatal care.

7. Perinatal Care System: That the Legislature provide adequate support for a perinatal care (preconception through the first year of the infant's life) system in Nevada, and for a maternal and child surveillance system for ongoing data collection and analysis to identify the high-risk population, and to plan prevention strategies. The State Board of Health should be urged to approve standards for perinatal care facilities.

   The Health Division should develop guidelines/ standards for perinatal care which are at least on a par with national standards. In addition, the division should plan and implement regionalized perinatal care systems. It also should develop and distribute uniform risk screening tools, patient record forms, and care content checklists for perinatal care. Furthermore, the division should ensure availability of risk screening tools to all personnel who may have contact with teens at risk for unintended pregnancy.

8. Women, Infants and Children (WIC) Program: That the Legislature approve $300,000 per year in state funds to increase the number of pregnant teenagers and other pregnant women who can receive WIC benefits related to nutrition and other programs. The funds should be targeted to the areas of the state with the greatest need. Fifty-one percent of all potentially eligible persons in Nevada are not served by WIC. The Nevada WIC program is funded through a grant to the state from the United States Department of Agriculture, Food and Nutrition Service. No state funds are currently used in the program. The services provided by WIC should be accessible and coordinated with other services to pregnant and parenting teens. Outreach to the teen population should be increased, and education should be offered even if food supplement funding is unavailable. (BDR S-397)

That the Legislature urge, by resolution, the Congress of the United States to increase federal funding to the WIC program. (BDR R-398)

EDUCATION

9. Family Life and Sexuality Education: That the Legislature urge, by resolution, the State Board of Education to continue providing family life and sexuality education suggested courses of study for public school grades kindergarten through 12 (K-12), and that the board move toward incorporating sexuality education and related topics under the broader subject of family life education.

Family life education may be defined as instruction to develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of interpersonal relationships; the psychological and cultural foundations of human development, sexuality, and reproduction, at various stages of growth; the opportunity for pupils to acquire knowledge which will support the development of responsible personal behavior, strengthen their own family life now, and aid in establishing strong family life for themselves in the future, thereby contributing to the enrichment of the community.

That the Legislature declare its intent that family life and sexuality education should be provided to all pupils enrolled in each grade (K-12) in Nevada public schools, and that these subjects may be taught only by teachers or other school personnel who are specially trained in family life and sexuality education.

Each school district should have in place age appropriate curricula that includes modules on abstinence; male responsibility; pregnancy, childbirth, and parenting; pregnancy prevention; safe sex; self-esteem, decisionmaking and communication relevant to family life and sexuality; sexually transmitted diseases and human immunodeficiency virus; and substance use/abuse.

The State Department of Education and the school districts are directed to report to the 1993 Legislature on the current family life and sexuality education programs in place in each school district and each district's plans to fully implement comprehensive programs within 10 years. In addition, the report to the 1993 Legislature should include information on

proposed guidelines for the necessary training and instructional materials for the teachers and other school personnel who teach these subjects. (BDR R-396)

The Legislature should consider providing funding to assist the State Department of Education and the local school districts in curriculum development, personnel and operational costs, particularly at the local level. If necessary, additional funding should be provided to allow each district to provide family life and sexuality education to English as a Second Language (ESL) classes, adult education classes, alternative classes and special education classes.

The school districts should report to the 1991 Legislature on their cost estimates to provide family life and sexuality education to the aforementioned special pupil populations and all pupils.

10. Parenting Education: That the Legislature direct the State Department of Education to work with other state agencies, educational professions, social service agencies and community organizations to encourage and provide parenting education, particularly programs that teach parents and adolescents how to communicate about sexuality, pregnancy and contraception. The department should study the feasibility of developing a program that provides economic/monetary rewards to parents who participate in parenting classes. (BDR R-395)

11. School Nurses: That the Legislature declare that its goal is to make certain that school nursing hours and services are adequately increased in each grade (K-12) in all public schools. The school nurse should be recognized and appropriately supported as the first line health care provider for pupils.

    That the Legislature direct the State Department of Education to develop and submit a plan to the 1991 Legislature on state and local priorities and related criteria to increase school nursing services in Nevada's public schools.

12. School Services for Pregnant and Parenting Teens: That the Legislature direct the State Board of Education and the local school districts to examine their current policies and programs that serve to prevent pregnant and parenting teenagers from dropping out of school and that attempt to attract such pupils back to school to finish their education. The board and the districts

should report to the 1993 Legislature on their current policies and programs, and plans to implement or expand such programs within 10 years.

The board and the school districts should be encouraged to develop, implement and expand alternative programs such as those offered for pregnant and parenting teens at Sunset High School in Las Vegas and at Washoe High School's Cyesis Program in Reno. The schools and their Parent Teacher Associations (PTAs) should work with local community organizations in providing these pupils with health care and adequate support services, such as child care, family counseling, transportation and employment counseling, training and placement. The State Department of Education should work to increase federal funding for occupational education programs to expand opportunities for early work experience, career planning and enhancing life options. (BDR R-394)

13. Office of Comprehensive Health Education: That the Legislature make provision for the continuance of the Office of Comprehensive Health Education in the State Department of Education. The office is currently funded only with federal funds from the Center for Disease Control, but these funds may not be available after 1991.

14. Adoption and Child Support Education: That the Legislature urge the State Board of Education and the local school districts to provide pupils with information on adoption as an alternative to parenting, adoption services available in Nevada, financial responsibilities of raising a child (including a father's responsibility), and the services offered by the Child Support Enforcement Program of Nevada's Welfare Division. The State Department of Education and/or the districts should provide teachers with information and training on these topics. (BDR R-393)

15. Preschool Programs: That the Legislature urge the State Board of Education and the local school districts to work with state and local social service agencies in implementing or expanding preschool programs such as the Early Prevention of School Failure (EPSF) Program, Arkansas' Home Instruction Program for Preschool Youngsters (HIPPY) and Missouri's Parents as Teachers Program. The Legislature recognizes the need to reach at-risk children with early prevention and education programs that focus on parental involvement and responsibility in the educational process.

WELFARE AND SUPPORT SERVICES

16. Welfare Division's Health Services:

a. That the Legislature consider expanding the Nevada Medicaid Program by providing that:

(1) Medicaid track teen pregnancy outcomes by the month the prenatal care started, number of prenatal visits, maternal risk factor identified at time of delivery, and child's Apgar score (assessment of a newborn infant's health).

(2) Medicaid explore reimbursing for health education, nutritional counseling and case management service as they relate to the Maternal Obstetrical Management Services (MOMS) program.

(3) Medicaid reimburse transportation costs to non-Medicaid covered medically necessary services, that is, Women, Infants and Children (WIC) and outpatient drug counseling appointments.

(4) Medicaid expand obstetric care providers by monitoring reimbursement rates and keeping the rates competitive. (BDR R-392)

(5) The MOMS program be expanded to additional areas in the state to serve pregnant teens and improve pregnancy outcomes. Identification of medical, social, educational and/or other services as appropriate should be arranged and coordinated.

(6) Medicaid prepay obstetric providers at time of initial service, preventing a break in prenatal or postnatal care should a pregnant mother lose Medicaid eligibility prior to birth. This ensures that mother and child receive proper medical care throughout the pregnancy.

(7) Medicaid develop and provide multimedia outreach programs designed to inform the public of Medicaid benefits.

b. The Legislature should establish a 100 percent, state-funded, pregnancy health care program for adolescents. The State Welfare Board shall establish income guidelines and eligibility criteria to assist financially needy, pregnant adolescents deemed ineligible for Medicaid services and unable to receive proper prenatal care.

The Legislature should provide state appropriations for this program, not to exceed $100,000 per year. The Welfare Division is directed to include this program in its biennial budget. (BDR 38-402)

c. In addition, the Legislature should consider providing additional funding to expand the Child Health Assurance Program (CHAP) to 185 percent of poverty from the current level of 133 percent of poverty.

d. Furthermore, the Legislature should consider:

(1) Implementing an expedited eligibility program for pregnant women; and

(2) Expanding eligibility to include a medically needy program which would assist pregnant women who have income beyond Aid to Dependent Children (ADC) limits with prenatal and postnatal care expenses.

17. Welfare Division's Social Services (Support Services): That the Legislature direct the Welfare Division's Social Services Program to work with other agencies to provide programs for pregnant and/or parenting teens who are in the welfare system and to provide transportation to medical sites or other necessary services. Federal Title XX money should be used as a funding source for day care services to help students complete high school and for emancipation homes.

The Welfare Division's Social Services Program should work with the Department of Human Resources' Committee for the Protection of Children to encourage the committee to award money from the Children's Trust Account to fund more programs dealing with adolescent pregnancy and teen parenting.

OTHER CONCERNS

18. Child Care: That the Legislature support private and public programs to provide school-based or near-school child care programs as part of school dropout reduction efforts for pregnant teenagers. Furthermore, school districts should be required to establish specific outreach programs to provide on-site or near-site child care for children of pupils completing their high school education.

19. Homes/Shelters for Teens: That the Legislature encourage state and local agencies to establish shelters for pregnant and parenting teenagers.

20. Male Responsibility: That the Legislature urge community organizations, schools, social service agencies, and community coalitions or task forces on adolescent health and teenage pregnancy to create programs that are specifically aimed at adolescent males and teenage fathers. Furthermore, all private and public programs dealing with adolescent health or teenage pregnancy should include a component on male responsibility. (BDR R-403)

21. Media Campaigns: That the Legislature support statewide and local multimedia programs concerning teenage pregnancy prevention. The programs should be aimed at both adolescents and their parents. The programs should emphasize the prevention of unintended pregnancy through abstinence or effective contraception; sexually transmitted disease and human immunodeficiency virus prevention; male responsibility; and avoidance of risk behaviors.

22. Peer Counseling: That the Legislature urge community organizations, schools, social service agencies and community coalitions or task forces on adolescent health and teenage pregnancy to encourage the use of other teenagers as peers to provide information and counseling in adolescent health and teenage pregnancy programs, particularly in family life and sexuality education.

23. Program Evaluation: That the Legislature encourage all private and public agencies providing adolescent health care or teenage pregnancy services to develop program evaluations to determine the success of their programs. The evaluations should provide information on program effectiveness, accomplishment of objectives, problems and solutions, cost and implications for future

activities. The results of the evaluations should be available to the public and should be distributed to statewide and community coalitions or task forces on adolescent health and teenage pregnancy.

24. School Social Workers: That the Legislature urge school districts to employ school social workers to provide casework or coordination of educational, health and social services to pregnant and parenting teenagers and other pupils who have, or are at high risk of, adolescent health problems. The school social workers should provide services to all levels of education in grades K-12, particularly in schools with a high percentage of pupils from low socioeconomic families.

25. Volunteerism: That the Legislature urge all Nevadans to volunteer to provide mentor or peer counseling, tutoring, transportation and support for established private and public programs that assist pregnant and parenting teenagers. The community coalitions or task forces on adolescent health and teenage pregnancy should work with local groups, such as the Junior League and the Parent Teachers Association, in recruiting volunteers to participate in providing services to needy adolescents.

REPORT TO THE 66TH SESSION OF THE NEVADA LEGISLATURE BY THE LEGISLATIVE COMMISSION'S SUBCOMMITTEE TO STUDY TEENAGE PREGNANCY IN NEVADA

I. INTRODUCTION AND OVERVIEW OF STUDY

The 1989 Nevada Legislature adopted Assembly Concurrent Resolution No. 32 (File No. 177, Statutes of Nevada 1989, pages 2355-2356) which directed the Legislative Commission to conduct an interim study to determine methods to reduce the number of unwanted teenage pregnancies in Nevada. The resolution provides that the study should include, but not be limited to, the following:

1. Determining the adequacy of educational and social services available to teenagers at risk;

2. Recommending programs which would discourage unwanted teenage pregnancies; and

3. Identifying potential sources of revenue which could be used to finance any recommended programs.

The Legislative Commission appointed a subcommittee composed of five legislators to conduct the study and submit a report of its findings and recommendations to the 66th session of the Nevada Legislature which convenes in 1991.

At the beginning of the study, the subcommittee established a goal of presenting the 1991 Legislature with a report of findings and proposed legislation with solutions that will actually work to lower Nevada's high adolescent pregnancy rate and to assist those most affected--pregnant and parenting teenagers and their children.

The subcommittee held five meetings in carrying out the study. Two meetings were in Carson City; another two were in Las Vegas and one was in Reno, Nevada.

First Meeting

The first meeting of the subcommittee took place in Carson City on October 26, 1989. After receiving a staff presentation concerning other states' public policies and strategies to prevent adolescent pregnancies, the subcommittee heard testimony from various citizens and representatives of state and local agencies.

At the initial meeting, Nevada's Maternal and Child Health Manager in the Health Division, Department of Human Resources (DHR), presented national and state statistics on adolescent pregnancy. She also discussed current services available at the local level to pregnant and parenting teenagers and the Health Division's role and responsibilities in addressing the problem.

The Chief of Social Services of the Welfare Division testified at the first meeting regarding current federal and state programs available to pregnant and parenting teenagers. In addition, the Superintendent of Public Instruction, State Department of Education, presented the subcommittee with teen pregnancy statistics and recommendations from a school perspective.

The subcommittee's first meeting also included testimony from representatives of teenage pregnancy programs operated by the Carson City School District and the University of Nevada Cooperative Extension. Other witnesses represented Nevada Families Eagle Forum, the Nevada Parent Teachers Association (PTA) and Planned Parenthood of Northern Nevada. Furthermore, a high school pupil in Douglas County, Nevada, described her experiences as a teenage mother and presented the subcommittee with suggestions to assist other teenagers in her situation.

Second Meeting

The second public hearing was held in Las Vegas on November 30, 1989. The subcommittee received presentations from, among others, representatives of the Clark County School District, Clark County Social Services, the National Conference of State Legislatures (NCSL), Nevada's Health and Welfare Divisions of DHR, the Nevada PTA, the University of Nevada School of Medicine and various Las Vegas community organizations. The presenters included business persons, educators, health care professionals and social service providers. Testimony was also received from concerned parents and teenagers.

A professor of obstetrics and gynecology at the University of Nevada School of Medicine, Las Vegas, testified concerning teen pregnancy problems relating to obstetrical care, particularly the disproportionate number of low birth rate infants who are born to teenagers. Officials from the Clark County School District described their current school services for pregnant and parenting teens. Recommendations for alleviating some of the problems facing teen mothers were received from a school nurse and some of her pupils who are teenage mothers.

The Senior Manager of the NCSL Teenage Pregnancy Project discussed what other states are doing in response to the teenage pregnancy problem and what programs appear to be working. The chairman of the Private Industry Council of southern Nevada presented his concerns and suggestions for keeping teen parents in school.

The public testimony at the second meeting included considerable discussion of the role of the public schools in providing sex education or family planning services to pupils. Several witnesses expressed strong opposition to any proposal that would allow schools to provide contraceptive devices or birth control counseling to students.

Third Meeting

The subcommittee convened in Reno on January 19, 1990, for its third meeting. The legislators received testimony from representatives of the school districts in Humboldt and Washoe counties, the University of Nevada Medical School and the Washoe County Health Department. Additional presentations were made by various providers of health care or social services in northern Nevada. The subcommittee also heard from concerned citizens, interest groups and religious organizations.

The Coordinator of the Sexuality, Health and Responsibility Education (S.H.A.R.E.) Program at the Washoe County School District reviewed her activities to reduce teenage pregnancy and suggested ways to expand and improve the program. In addition, Washoe County School District's Supervisor of Health Services discussed the role and staffing of school nurses. Later in the meeting, a representative of the school district's Cyesis Program for pregnant teenagers presented the subcommittee with recommendations from her students.

The Director of Adolescent Health Medicine at the University of Nevada School of Medicine, Las Vegas, testified concerning the costs of teen pregnancy and outlined his proposal for a pilot program of comprehensive sex education in representative schools statewide. Information regarding prenatal and obstetric care for teenagers in Washoe County and surrounding rural areas was presented by health care providers from the Washoe Pregnancy Center in Reno.

The Chief of Obstetrics-Gynecology and Pediatrics at the Churchill Regional Medical Center, Fallon, Nevada, provided publications regarding programs to prevent teenage pregnancy. This physician and several other witnesses,

including parents and teenagers, emphasized their support for teaching adolescents sexual abstinence before marriage.

Fourth Meeting

On April 18, 1990, the interim study group returned to Las Vegas for its fourth meeting. The subcommittee received comments on existing and proposed health services for teenagers from staff members of the Health Division, the University of Nevada School of Medicine and the University Medical Center in Las Vegas.

Sex education programs were discussed by several witnesses, including concerned citizens and representatives of the State Department of Education and the school districts in Clark and Washoe counties. In addition, the subcommittee received testimony on the topics of early childhood education, male responsibility programs, school-based health clinics and social services available to pregnant or parenting teenagers.

A physician with the University Medical Center, who is a member of the Governor's Perinatal Task Force, presented the subcommittee with recommendations for preventing teen pregnancy and providing perinatal care services, including the establishment of a teen outreach clinic in Las Vegas. Furthermore, the Chief of Community Health Nursing, Health Division, discussed the need for expanding community health services to adolescents in Nevada's rural counties.

The public testimony at this meeting included, among other things, remarks from several persons who recommended abstinence-based sex education programs for adolescents and increased parental involvement.

Fifth Meeting (Work Session)

The subcommittee convened in Carson City on June 8, 1990, for its final meeting, a work session on proposed recommendations. In addition to Legislative Counsel Bureau staff, resource witnesses testifying at the meeting included representatives of the State Department of Education and the Health and Welfare Divisions.

The subcommittee considered various proposals and their cost estimates in about 30 issue areas relating to adolescent health or teenage pregnancy. It adopted recommendations on 25 separate topics including: (1) community-based health clinics for adolescents; (2) community coalitions on adolescent health and pregnancy; (3) family life and sexuality education; (4) male responsibility programs;

(5) parenting education; (6) school services for pregnant and parenting teens; (7) state coordination through an adolescent health coordinator and a maternal and child health advisory board; (8) state funding for a pregnancy health care program for adolescents; and, (9) welfare, nutrition and support services for children and pregnant teenagers.

II. DISCUSSION OF ISSUES

A. EXTENT OF THE PROBLEM

1. National Statistics

The United States has one of the highest teenage birth rates among the developed nations. Every 3 minutes, an adolescent girl, aged 10 through 17 years, gives birth in the United States. During 1985, there were 178,000 births to adolescents of ages 10 through 17. (Southern Regional Project on Infant Mortality, pages 7 to 8)

There is a continuing nationwide concern regarding the high incidence of adolescent/teenage/school-aged pregnancy. The terms adolescent pregnancy, teenage pregnancy, and school-aged pregnancy all are used to note pregnancy at an age that is considered premature or inappropriate. The term "teen pregnancy" is applied to the period of psychosocial development from childhood to adulthood that corresponds to the chronological ages between 12 and 19 years (concentrating on 15 to 19 years of age). (Health Division, October 26, 1989, page 1)

In referring to "adolescent pregnancy," some sources use the ages of 10 to 19 years while others use 10 through 17 years. For most purposes in this report, the terms "adolescent" and "teenage" will be used interchangeably to refer to the 10 to 19 age group.

Each day in the United States, 488 babies are born to young women under age 18 years. More than 1 million teens (1 in 10) become pregnant each year. Over 30,000 of these are under the age of 15 years. The pregnancy rate among American teens is twice as high as the rates found in Britain, Canada and France; three times as high as that in Sweden; and seven times as high as in the Netherlands.

The characteristic pregnant teenager is white (58 percent), although black and Hispanic teens have disproportionately higher rates of teen pregnancy. Minority teens account for 27 percent of the adolescent population, but they represent

about 40 percent of the adolescent births and 57 percent of births to unwed teenagers. The typical pregnant teen is young, lives in an urban center, is poor, has parents with limited education, lives with only one parent, has low self-esteem and poor academic skills.

Sexually active teenagers aged 15 to 19 years have the highest overall rates of sexually transmitted disease and may be at increasingly high risk of becoming infected with the human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS).

Forty percent of pregnant teens ages 15 to 19 years obtain abortions. Nearly 500,000 teenagers have abortions every year. Of the teens giving birth, 94 to 96 percent keep the child. (Health Division, pages 2 to 3)

2. Nevada Statistics

Nevada consistently ranks among the 10 states with the highest rates of teenage pregnancy. The state ranked seventh in 1985 with a pregnancy rate of 125 per 1,000 teenagers aged 15 to 19 years; the U.S average pregnancy rate was 110 per 1,000 teenagers. (The Alan Guttmacher Institute, page 27)

The Office of Vital Records, located within Nevada's Health Division, reported 3,797 teenage pregnancies resulting in 1,978 births and 1,382 abortions in 1987. Total pregnancies are estimated by combining live births and abortions and adding a 13 percent estimate for miscarriages. Teens had 11.6 percent of the babies in Nevada in 1987, and 12.5 percent of all infants in 1988.

In 1988, low birth weight (LBW) babies made up 10.3 percent of all births to teenagers. Low birth weight means less than 2,500 grams or 5 pounds. The average of LBW babies in the general population is 7.6 percent. Furthermore, the infant mortality rate for teens was 14 per 1,000 in 1988; the average Nevada infant mortality rate was 8.6 per 1,000.

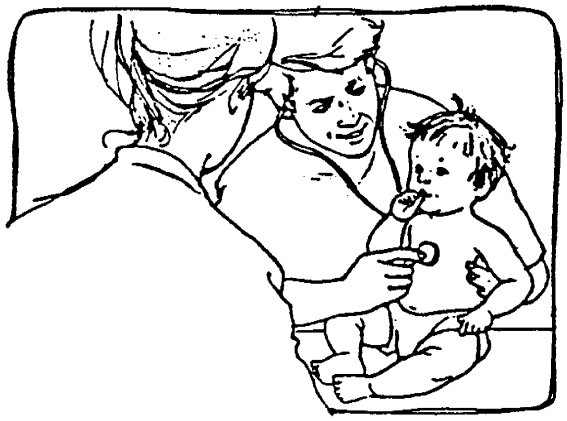
More detailed statistics concerning teen pregnancy in Nevada can be found in the charts and tables in Appendix B of this report.

FIGURE NO. 1

CONSEQUENCES

Young mothers run a greater risk of:

inadequate prenatal care (less than 5 visits).
having low birth weight babies.
having their babies die within the first year of life.
having to cope with a child with disabilities.



Source: Maternal and Child Health Services, Health Divison, 1989

B. COSTS OF TEEN PREGNANCY

The public costs of births to teenagers are very high. National estimates are that at any point in time, over 50 percent of the caseload on Aid to Families with Dependent Children (AFDC) consists of families begun by a teen birth. (Southern Regional Project on Infant Mortality, page 9) The single year cost attributable to teenage childbearing for AFDC, Food Stamps and Medicaid was estimated to be $21.55 billion in 1989. (Center for Population Options, page 4) See Table 1 on the next page for 1989 cost information.

In Nevada, the Welfare Division estimates that potential costs related to teenage pregnancy total almost $13 million per year for Aid to Dependent Children (ADC), Food Stamps and Medicaid. (Welfare Division)

The consequences of adolescent pregnancy for the child and the parents include economic deprivation, educational disadvantages, family instability and health risks. These personal problems also carry costs for society.

1. Health Costs

All teenage pregnancies are categorized as high risk for medical complications. The death rate for babies born to mothers under the age of 15 years is more than twice the mortality rate for babies born to women aged 20 to 34 years. Birth defects, epilepsy and mental retardation occur more often among children born to mothers under age 20 than to those aged 20 to 34. The maternal death rate for complications from pregnancy, birth and delivery, is 60 percent higher for females under 15 years than for women in their early twenties.

The average cost of a normal delivery in Nevada's hospitals is $2,000. A cesarean birth costs $5,000. The estimated cost for newborn intensive care services is over $19,000 for each baby. The total cost for treating high risk babies in neonatal care units in the U.S. is $1.5 billion.

The Children's Defense Fund estimates the average cost for the first birth to an unmarried teen is over $13,000. The average annual cost of caring for a baby with minimal health problems is $2,000. (Health Division, pages 3 to 4)

Teenagers contribute disproportionately to the number of very low birth weight infants who are born. Such infants are at risk for developmental problems, disorders and infections. (Harrison H. Sheld, M.D.)

1989 Single Year Cost

TABLE I

Single Year Public Cost for All Families Started by a Teen Birth and Potential Savings Associated with Delaying These Births

United States

Estimate for 1989

(in billions)

Funding Source	Total Outlay for AFDC Recipients[a]	Outlay Attributable To Teenage Childbearing[b]	Potential Savings[c]
Aid to Families with Dependent Children (AFDC)	$19.68	$10.43	$ 4.17
Food Stamps	$ 5.79	$ 3.44	$1.38
Medicaid	$14.17	$7.68	$3.07
TOTAL		$21.55	$8.62

[a]Includes administrative costs.

[b]Based on the assumption that families begun by a teen birth consume 53 percent of these funding sources.

[c]Calculated at 40 percent of full cost.

Source: Center for Population Options, 1990

In 1989, it was estimated that there were 200 high risk births with severe medical complications to Nevada teenagers. At an average of $19,000 per birth, the estimated cost to the state was $3.8 million. Medicaid pays for about 30 percent of all teen births each year in the United States. Births to teens and assistance to teen parents cost the U.S. public billions of dollars each year. (Health Division, page 4)

2. Economic and Educational Costs

The reason most often listed for dropping out of high school is teen pregnancy. The U.S. Department of Education reports that the cost for each teen who drops out of school and does not return is over $200,000 in unemployment compensation and lost earnings. One study of women aged 20 to 29 years found that 68 percent of mothers who had their first birth before age 15, and 51 percent of mothers who had their first birth between ages 15 and 17, had not completed high school. (Southern Regional Project on Infant Mortality, page 9)

The 95 percent of young mothers who keep their babies experience the highest unemployment rate. Barriers to employment include lack of education, training, child care and family support. The lifetime earnings of a teenage mother are about half of the income of a mother who first gave birth in her twenties. Of welfare (AFDC) mothers in the U.S. younger than 30 years of age, 80 percent had their first child in their teens. (Southern Regional Project on Infant Mortality)

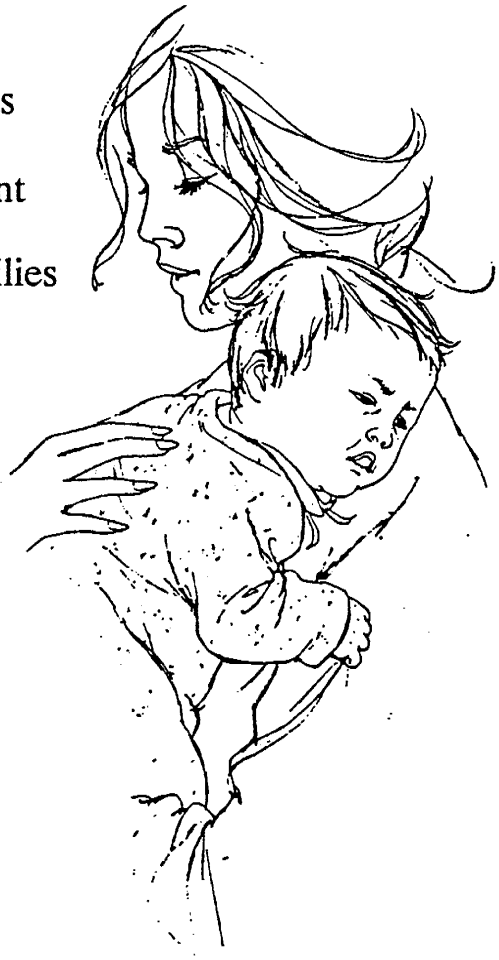
Many households in Nevada receiving welfare are headed by mothers less than 18 years of age. Poverty affects many social aspects of life and is related to poor educational achievement, child abuse, disease and malnutrition. Three-quarters of teen mothers who were single when they gave birth receive AFDC at some time within 4 years after the birth. Of all births to adolescents in Nevada, approximately 50 percent are to unmarried mothers. (Health Division, pages 4 to 5)

Teenage males who father children are also placed at an educational and economic disadvantage. These young fathers are more likely to drop out of school, to earn less income and to have more children than men who delay parenthood until their twenties.

FIGURE NO. 2

COSTS TO SOCIETY

Medical Costs
Education
Unemployment
Poverty
Fatherless Families



Source: Maternal and Child Health Services, Health Division, 1989

C. PROBLEMS WITH CURRENT PROGRAMS AND SERVICES

Existing programs and services in Nevada are considered inadequate to address the problem of teenage pregnancy. The programs are provided by both private and public agencies, but such services are limited in funding and often occur after the fact. Services are not well coordinated or integrated among providers, state agencies and within the community.

Some of the major barriers to preventing teenage pregnancy include the lack of public acceptance that a problem exists and the reluctance by most sectors of the community to make teen pregnancy prevention a priority. Within each community, there most often is a lack of cooperation and agreement on solutions to the problem. Reaching and serving families and adolescents at high risk is often difficult and complex. (Health Division, page 7)

Some of the most frequently mentioned reasons for the failure of programs to assist pregnant teens are:

1. Teenagers may not be prepared emotionally to acknowledge their need for the service.

2. Teens, or their parents, may not be aware of the agencies or organizations and the services they provide.

3. Agency locations may not be reached by public transportation.

4. Procedures and policies for qualifying for the services may actually discourage teenagers from taking advantage of them.

5. The agencies fail to coordinate their services with other providers in the community.

6. Agency hours are inconvenient.

7. Staff members are not adequately trained to provide for the unique needs of a teenager.

8. Agency programs fail to include teenage males.

(Margaret Wilgar, R.N.)

D. STRATEGIES FOR INTERVENTION AND PREVENTION

According to the National Conference of State Legislatures, there is no one strategy that is going to prevent teenage pregnancy; however, the best strategies are those that deal with the educational, health and social service issues. School-based strategies are the most popular in other states, both for preventing teenager pregnancy and for providing services to young families. The most effective strategies are those which gain the support of not only the schools but also the communities and other groups. (Heather F. Maggard)

One strategy for states to consider in developing adolescent pregnancy policies is establishing a statewide organization with a broad-based board of directors reflecting the private (business and religious) and public sector providers. In addition, states can assist in providing better services to pregnant and parenting teens through the creation and support of state and local coordinating councils.

A comprehensive strategy recommended for states to prevent or assist in preventing first-time pregnancies of adolescents includes the following:

1. Promoting the development of education and life skills at the earliest possible age.

2. Encouraging children and adolescents to achieve their maximum potential and complete their education.

3. Enhancing the employment prospects of adolescents and their ability to obtain and retain jobs.

4. Encouraging children and adolescents to become involved in their communities through service and recreation.

5. Helping parents to enhance their parenting skills.

6. Providing comprehensive health care opportunities for children.

7. Improving the coordination and planning at the federal, state and local levels for all programs that help to prevent adolescent pregnancy.

8. Implementing adolescent pregnancy prevention initiatives which affect the behavior of males.

(Southern Regional Project on Infant Mortality, page 5)

III. FINDINGS AND RECOMMENDATIONS

The subcommittee finds that Nevada has a high rate of teenage pregnancy that results in significant costs to the affected adolescents, their families and society as a whole. According to one state official who contributed to the study, there are numerous reasons for the high incidence of adolescent pregnancy--ignorance, lack of access to the means of avoiding pregnancy, and not wanting, or not wanting enough, to avoid pregnancy. "The most fundamental reason for the high rates of pregnancy...is that too many teens reach adolescence without hopes or plans for a future that seem compelling enough to deter them from early parenthood." (Thom Reilly, M.S.W.)

In determining the adequacy of educational, health and social services available to teenagers at risk of pregnancy, the subcommittee finds those services to be inadequate and often inaccessible. The same holds true for both private and public programs to assist parenting teenagers and their children.

In recommending programs which would discourage unwanted teenage pregnancies, the subcommittee received many suggestions from the expert and public testimony presented at its meetings. Comprehensive program recommendations to be implemented over the next 5 years were submitted in a document prepared jointly by the Health Division of DHR, State Department of Education, State Job Training Office, University of Nevada Cooperative Extension and Welfare Division of DHR. The state agencies' proposals are contained in Appendix C of this report.

In identifying potential sources of revenue which could be used to finance any recommended programs, the subcommittee recognizes that the extent of the teenage pregnancy problem requires a combination of private and public funding. The subcommittee calls on increased support for federally funded programs, recommends additional state appropriations and encourages citizens to contribute money and/or services to local programs in their communities.

The following sections of this report represent the subcommittee's recommendations concerning teenage pregnancy in Nevada. The legislative proposals cover the topics of community coalitions, state coordination, health services, education, welfare and support services, and other concerns.

A. COALITIONS ON ADOLESCENT HEALTH AND TEENAGE PREGNANCY

The subcommittee finds a need for communities as a whole to take a more aggressive role in addressing the problems of adolescent health and teenage pregnancy. Because the teenage pregnancy problem cannot be solved by one group or agency

alone, coalitions need to be established involving service providers and members of the community.

The subcommittee, therefore, recommends:

That the Legislature support the creation of community coalitions or task forces on adolescent health and teenage pregnancy in each county and/or city in the state. School personnel, service agencies and communities, as a whole, need to take a more aggressive role in addressing the problems of prevention and teen pregnancy. Coalitions on a local level need to be established involving churches, schools and private and public social service agencies. The coalitions should assess the health care needs of adolescents in their communities, particularly pregnant and parenting teens and those who are at high risk of becoming a teen parent, and develop action plans to meet the needs. These groups should develop and implement a comprehensive and multidisciplinary program of identifying and serving the health care needs of the adolescents in their communities.

B. STATE COORDINATION

1. Maternal and Child Health Advisory Board

The subcommittee finds that there is a need for the state to focus attention on the problems of adolescent health and teenage pregnancy and to develop a plan for providing the necessary services. Pursuant to an Executive Order of the Governor, the Maternal and Child Health Advisory Board was created in December of 1989 to oversee all services to mothers and children in Nevada. The subcommittee recognizes, however, that the advisory board should be established by statute to give it more permanent status and allow it to continue under subsequent administrations.

The subcommittee, therefore, recommends:

That the Legislature establish, by statute, and provide appropriations for, the Maternal and Child Health Advisory Board to the Health Division of Nevada's Department of Human Resources. The advisory board shall consist of 11 members, 9 of which are to be appointed by the Governor from a list of individuals suggested by the Administrator of the Health Division. The other two members must be Nevada legislators, one from the Senate and one from the Assembly, appointed by the Legislative Commission.

The purpose of the advisory board is to make decisions about the future of public maternal and child health services in Nevada, to ensure Nevadans access to quality health care at an affordable cost and to develop regionalized care systems. The duties of the board are to include developing a 10-year plan for maternal and child health care services in Nevada; evaluating policies and programs; and making policy and funding recommendations to the State Board of Health and the Administrator of the Health Division. (BDR 40-401)

2. Adolescent Health Coordinator

The subcommittee finds that the State of Nevada needs to take an active role in coordinating state and local health services to pregnant teenagers and other adolescents. In addition, the state should develop and carry out a public awareness campaign concerning teen pregnancy issues and available adolescent health services.

The subcommittee, therefore, recommends:

That the Legislature approve the necessary funding to establish, in fiscal year 1991-1992, and continuing in subsequent years, the position of Adolescent Health Coordinator in the Health Division and to provide staff and operating expenses to support the position.

One duty of the Adolescent Health Coordinator is to assist in the establishment of local community coalitions or task forces on adolescent health and teenage pregnancy. Another duty of the Adolescent Health Coordinator is to establish a statewide coalition similar to the Healthy Mothers/Healthy Babies or Maternal/Child Coalitions to address issues of reducing unintended pregnancies and improve pregnancy outcomes in Nevada. Members of the statewide coalition should include agencies, groups, and individuals from the areas of business, church, education, government, medicine and media who are concerned with the program mission. A steering committee will represent the state with community coalitions or task forces operating at the local levels. The coalition should provide informational pamphlets and posters in public areas, and train and coordinate speakers to address church, community, parent, school and other groups.

The Adolescent Health Coordinator should be responsible for providing technical assistance to state and local coalitions or task forces on adolescent health and teenage pregnancy, and coordinating statewide efforts to

increase and improve adolescent health services in Nevada.

The Adolescent Health Coordinator should develop and implement a long-term, high-quality, statewide, media campaign that will focus on the priority and value of early and regular prenatal care; prevention of unintended pregnancy through abstinence or effective contraception; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention; male responsibility; avoidance of risk behaviors; and promotion of an information and referral hotline.

The coordinator also should be responsible for publishing and annually updating a resource directory describing adolescent, infant and pregnancy health care services. The directory should be distributed to all agencies working with the adolescent population, and the coordinator should ensure that services can easily be found listed under several headings in the state's telephone directories.

Furthermore, the Adolescent Health Coordinator should be responsible for the operation and staffing 24 hours a day of a statewide, toll-free "hotline" providing information and referral for family planning, prenatal and infant care and other adolescent health concerns.

In addition, the coordinator should develop and/or purchase educational materials (brochures, videos and posters) targeted at the adolescent population. The information should be distributed to private and public organizations throughout Nevada. (BDR 40-400)

Part of the estimated costs related to this position are for the salaries and fringe benefits for the Adolescent Health Coordinator and a Management Assistant I. This estimated annual cost in fiscal year 1992 is $64,514. The remaining costs related to equipment, operations, training and travel are presented in the budget section of the Health Division's program description in Appendix C of this report.

C. HEALTH SERVICES

According to the Health Division's Maternal and Child Health program, a multidisciplinary, community-based adolescent health care program could reduce the number of teenage pregnancies in Nevada by at least 15 percent over 5 years. This would result in at least 900 less births in the 5-year period. With an average delivery costing $2,500, there is a potential savings of $2.25 million in delivery costs alone.

Furthermore, the number of LBW babies born in Nevada could be reduced by assuring intervention and early prenatal care to teenagers. The Health Division projects that the number of LBW babies could be reduced by at least 10 babies each year of a 5-year period, resulting in 150 less LBW babies. At an average of $19,000 per LBW birth, there is a potential savings of $2.85 million to the state.

By providing a comprehensive 5-year teen pregnancy prevention/intervention program in the Health Division at a cost of approximately $3.04 million (including the aforementioned costs for the Adolescent Health Coordinator and other costs for health services), it is projected that the state could save over $2 million. See the Health Division's budget proposal as presented in Appendix C of this report.

1. Community-Based Adolescent Health Clinics

In reviewing the expert testimony and research presented during the course of the study, the subcommittee finds that one of the best methods of serving pregnant teenagers and all children at risk of health problems is to establish comprehensive community-based clinics. Confidential primary and preventive health services might include, among others: (1) alcohol and drug abuse counseling; (2) family counseling; (3) family planning; (4) immunizations; (5) mental health services; (6) nutrition and weight management counseling; (7) physical examinations; (8) pregnancy testing; (9) prenatal and postpartum care; (9) testing for sexually transmitted diseases; (10) well child care and immunizations for children of teenagers; and, (11) referrals to health and social services. Local communities should develop proposals for establishing and funding such clinics as demonstration projects, and the state should assist in providing some of the necessary funds.

The subcommittee, therefore, recommends:

That the Legislature direct, by resolution, the Health Division to work with local communities to determine potential demonstration sites for community-based adolescent health clinics and make recommendations to the Nevada Legislature's Interim Finance Committee in fiscal year 1992-1993. (BDR R-399)

2. Community Health Nurses

The Health Division's Community Health Nursing program provides preventive health care services, including immunizations, family planning, well child clinics,

hypertension screening, adult health and flu vaccine clinics for senior citizens, and clinics for treatment of sexually transmitted diseases. These services are provided in the rural counties by 20 full-time nurses in 42 clinic and satellite sites. Currently, teenagers comprise 30 percent of the family planning clientele.

The subcommittee finds that the Community Health Nursing program is understaffed in several locations. There is a need for additional nurses to: (1) provide pregnancy information to adolescents; (2) staff child health clinics and teach teenage parents; (3) support school nursing services; (4) staff additional sexually transmitted disease clinics; and, (5) provide prenatal care in the rural counties.

The subcommittee, therefore, recommends:

That the Legislature approve funding to expand the Health Division's Community Health Nursing staff to increase services by doing outreach to the adolescent population. Additional nursing staff should be provided to increase services in Carson City, and Churchill, Elko, Humboldt and Lander counties. The Community Health Nurses should expand services to include, among other things, family planning, well child care examinations, prenatal and postpartum care. Prenatal and postnatal home visits and early parenting programs should be provided. The Community Health Nurses should serve as resource staff for school nurses and family life and sexuality teachers in their respective school districts.

The estimated annual cost for the salaries and benefits for an additional five nurse practitioners in fiscal year 1992 is $216,658. See Appendix C for details of the Health Division's budget proposal for these positions.

3. Adolescent Nurse Specialist

A nursing consultant position at the Health Division is needed to provide technical training to local service providers and the Community Health Nurses on pregnancy intervention and prevention techniques appropriate for adolescents, including contraceptive counseling and prenatal care. The nursing consultant should serve as an information resource for school nurses and family life and sexuality teachers in the school districts.

The subcommittee, therefore, recommends:

That the Legislature approve funding to establish the position of Adolescent Nurse Specialist at the Health Division. This position would provide technical assistance and training to Community Health Nurses, school nurses, staff of community-based adolescent health clinics and other health care providers on prevention/intervention techniques appropriate for adolescents, including contraceptive counseling and prenatal care.

The estimated annual cost of salary and fringe benefits for the Adolescent Nursing Specialist position is $45,298 in fiscal year 1992. See the Health Division's budget proposal in Appendix C.

4. Perinatal Care System

Nevada currently does not have a regionalized perinatal care system to provide care to mothers and children regardless of their ability to pay. The results of not having such a system include high medical costs, inaccessible or unavailable care, no maternal and neonatal transport system, no outreach to the public on the importance of care and available resources, lack of medical professionals in certain areas and costs to the state for the treatment of medical conditions that could have been prevented. (Health Division, March 1990, pages iii to iv)

The subcommittee, therefore, recommends:

That the Legislature provide adequate support for a perinatal care (preconception through the first year of the infant's life) system in Nevada, and for a maternal and child surveillance system for ongoing data collection and analysis to identify the high-risk population, and to plan prevention strategies. The State Board of Health should be urged to approve standards for perinatal care facilities.

The Health Division should develop guidelines/ standards for perinatal care which are at least on a par with national standards. In addition, the division should plan and implement regionalized perinatal care systems. It also should develop and distribute uniform risk screening tools, patient record forms, and care content checklists for perinatal care. Furthermore, the division should ensure availability of risk screening tools to all personnel who may have contact with teens at risk for unintended pregnancy.

5. Women, Infants and Children (WIC) Program

The Health Division's WIC program provides supplemental foods and nutrition education to pregnant, postpartum and breast-feeding women, infants, and young children from low-income families who are at special risk with respect to mental and physical health by reason of inadequate nutrition or health care. In all WIC clinics, 20 to 25 percent of the pregnant clients are teenagers.

In 1989-1990, the WIC program was serving 15,700 persons with a waiting list of approximately 500. Due to reduced revenue from infant formula rebates and higher costs because of the inflation in the price of food, it is likely that the WIC program will be forced to reduce services and decrease the number of persons receiving benefits to approximately 13,000. There is a need for additional funding support from the U.S. Congress and the State of Nevada.

The subcommittee, therefore, recommends:

That the Legislature approve $300,000 per year in state funds to increase the number of pregnant teenagers and other pregnant women who can receive WIC benefits related to nutrition and other programs. The funds should be targeted to the areas of the state with the greatest need. Fifty-one percent of all potentially eligible persons in Nevada are not served by WIC. The Nevada WIC program is funded through a grant to the state from the United States Department of Agriculture, Food and Nutrition Service. No state funds are currently used in the program. The services provided by WIC should be accessible and coordinated with other services to pregnant and parenting teens. Outreach to the teen population should be increased, and education should be offered even if food supplement funding is unavailable. (BDR S-397)

That the Legislature urge, by resolution, the Congress of the United States to increase federal funding to the WIC program. (BDR R-398)

D. EDUCATION

1. Family Life and Sexuality Education

Family life education is a more comprehensive type of education than the traditional sex education program. While many health and sex education programs look basically at the biological facts, sexually transmitted diseases and perhaps family planning, family life education encompasses decision-making and goal setting. It also addresses communication

skills, interpersonal relationships, life skills, suicide prevention, stress management and substance abuse issues. The topic of sexual abstinence is a key part of many of the programs. The basic goal of the family life program is to encourage responsible behavior. The best programs begin in kindergarten and offer age-appropriate instruction in each grade through high school.

After reviewing the State of New Jersey's Family Life Education Program and Washoe County School District's Sexuality, Health and Responsibility Program, the subcommittee recognizes the need for all school districts in the state to develop age-appropriate family life and sexuality education programs to be available to pupils in each grade, from kindergarten through high school.

The subcommittee, therefore, recommends:

That the Legislature urge, by resolution, the State Board of Education to continue providing family life and sexuality education suggested courses of study for public school grades kindergarten through 12 (K-12), and that the board move toward incorporating sexuality education and related topics under the broader subject of family life education.

Family life education may be defined as instruction to develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of interpersonal relationships; the psychological and cultural foundations of human development, sexuality, and reproduction, at various stages of growth; the opportunity for pupils to acquire knowledge which will support the development of responsible personal behavior, strengthen their own family life now, and aid in establishing strong family life for themselves in the future, thereby contributing to the enrichment of the community.

That the Legislature declare its intent that family life and sexuality education should be provided to all pupils enrolled in each grade (K-12) in Nevada public schools, and that these subjects may be taught only by teachers or other school personnel who are specially trained in family life and sexuality education.

Each school district should have in place age-appropriate curricula that includes modules on abstinence; male responsibility; pregnancy, childbirth, and parenting; pregnancy prevention; safe sex; self-esteem, decisionmaking and communication relevant to

family life and sexuality; sexually transmitted diseases and human immunodeficiency virus; and substance use/abuse.

The State Department of Education and the school districts are directed to report to the 1993 Legislature on the current family life and sexuality education programs in place in each school district and each district's plans to fully implement comprehensive programs within 10 years. In addition, the report to the 1993 Legislature should include information on proposed guidelines for the necessary training and instructional materials for the teachers and other school personnel who teach these subjects. (BDR R-396)

The Legislature should consider providing funding to assist the State Department of Education and the local school districts in curriculum development, personnel and operational costs, particularly at the local level. If necessary, additional funding should be provided to allow each district to provide family life and sexuality education to English as a Second Language (ESL) classes, adult education classes, alternative classes and special education classes.

The school districts should report to the 1991 Legislature on their cost estimates to provide family life and sexuality education to the aforementioned special pupil populations and all pupils.

2. Parenting Education

Parents have the primary responsibility to communicate information about sexuality to their children. They can make certain that teens understand the risks and consequences of early sexual activity. In addition, parents can communicate family and religious values on such issues as contraception, pregnancy and sexual abstinence.

The subcommittee, therefore, recommends:

That the Legislature direct the State Department of Education to work with other state agencies, educational professions, social service agencies and community organizations to encourage and provide parenting education, particularly programs that teach parents and adolescents how to communicate about sexuality, pregnancy and contraception. The department should study the feasibility of developing a program that provides economic/monetary rewards to parents who participate in parenting classes. (BDR R-395)

3. School Nurses

The subcommittee recognizes that school nurses are professionally prepared to meet the needs of the adolescent population in the areas of identifying health problems, providing behavioral and health counseling, teaching special health education classes and making appropriate referrals for pupils and their families.

Although school nurses can have a significant role in addressing adolescent health problems and preventing teenage pregnancy, their current numbers do not allow them to adequately serve the needs of students. For example, the Washoe County School District employed 21 school nurses in 1989 with each assigned to two to five schools with an average nurse/pupil ratio of 1 to 1,900. See Appendix D for descriptions and statistics on school nursing services in Nevada.

The subcommittee, therefore, recommends:

That the Legislature declare that its goal is to make certain that school nursing hours and services are adequately increased in each grade (K-12) in all public schools. The school nurse should be recognized and appropriately supported as the first line health care provider for pupils.

That the Legislature direct the State Department of Education to develop and submit a plan to the 1991 Legislature on state and local priorities and related criteria to increase school nursing services in Nevada's public schools.

4. School Services for Pregnant and Parenting Teens

Many adolescents who become pregnant or who are at high risk of pregnancy lose interest in school and drop out. According to the NCSL, there is a two-pronged approach to dropout prevention. The first is to attempt to reach youth who are identified as being at risk of dropping out of school. These programs stress the importance of receiving an education and having future goals, and they help youths to feel successful. The second prong to dropout prevention is keeping the pregnant students in school or helping them to complete high school in an alternative setting. (Heather F. Maggard)

The subcommittee finds that Nevada's schools need to take a more active role in preventing teenage pregnancy and keeping pregnant pupils in school. Schools should establish

programs to identify and serve potential dropouts and to communicate the consequences of dropping out to teens who become pregnant. Moreover, schools should recognize the needs of pupils who are parents by providing child care, health care services and other support for teen parents.

The subcommittee, therefore, recommends:

That the Legislature direct the State Board of Education and the local school districts to examine their current policies and programs that serve to prevent pregnant and parenting teenagers from dropping out of school and that attempt to attract such pupils back to school to finish their education. The board and the districts should report to the 1993 Legislature on their current policies and programs, and plans to implement or expand such programs within 10 years.

The board and the school districts should be encouraged to develop, implement and expand alternative programs such as those offered for pregnant and parenting teens at Sunset High School in Las Vegas and at Washoe High School's Cyesis Program in Reno. The schools and their Parent Teacher Associations (PTAs) should work with local community organizations in providing these pupils with health care and adequate support services, such as child care, family counseling, transportation and employment counseling, training and placement. The State Department of Education should work to increase federal funding for occupational education programs to expand opportunities for early work experience, career planning and enhancing life options. (BDR R-394)

5. Office of Comprehensive Health Education

The State Department of Education's Office of Comprehensive Health Education includes two consultants and one secretary paid with federal funds from the Centers for Disease Control (CDC). The CDC funds must be used for HIV/AIDS prevention education programs.

The Office of Comprehensive Health Education is responsible for documenting the number of schools and agencies providing effective HIV/AIDS prevention education and the number of youth who receive such instruction. In addition, the office provides technical assistance to all 17 school districts for the implementation of Nevada Revised Statutes 389.065, "Instruction on acquired immune deficiency syndrome, human reproductive system, related communicable diseases and sexual responsibility."

The subcommittee, therefore, recommends:

That the Legislature make provision for the continuance of the Office of Comprehensive Health Education in the State Department of Education. The office is currently funded only with federal funds from the Center for Disease Control, but these funds may not be available after 1991.

The estimated annual cost of the Office of Comprehensive Health Education is $271,130 in fiscal year 1992. See the State Department of Education's budget proposal in Appendix C.

6. Adoption and Child Support Education

The subcommittee finds that most teenagers in Nevada are not aware of either adoption programs or child support laws.

The subcommittee, therefore, recommends:

That the Legislature urge the State Board of Education and the local school districts to provide pupils with information on adoption as an alternative to parenting, adoption services available in Nevada, financial responsibilities of raising a child (including a father's responsibility), and the services offered by the Child Support Enforcement Program of Nevada's Welfare Division. The State Department of Education and/or the districts should provide teachers with information and training on these topics. (BDR R-393)

7. Preschool Programs

The development of education and life skills should begin at the earliest age. Early childhood education programs can have a significant impact on preventing the incidence of adolescence pregnancy because they offer an environment for developing a child's academic and social skills. During the study, the subcommittee had the opportunity to review such preschool programs as the Early Prevention of School Failure (EPSF) Program used in the Clark County School District, Arkansas' Home Instruction Program for Preschool Youngsters (HIPPY) and Missouri's Parents as Teachers Program.

The subcommittee, therefore, recommends:

That the Legislature urge the State Board of Education and the local school districts to work with state and local social service agencies in implementing or expanding preschool programs such as the Early

Prevention of School Failure Program, Arkansas' Home Instruction Program for Preschool Youngsters and Missouri's Parents as Teachers Program. The Legislature recognizes the need to reach at-risk children with early prevention and education programs that focus on parental involvement and responsibility in the educational process.

E. WELFARE AND SUPPORT SERVICES

The Welfare Division administers programs for public assistance, medical, social services, child support enforcement, employment and training, and food stamps for eligible Nevada residents. A summary of the various Welfare Division services to pregnant and parenting women and their children is contained in its proposal under Appendix C of this report.

1. Welfare Division's Health Services

The subcommittee finds that the Medicaid program needs to be expanded to provide additional services to more mothers and their children, particularly pregnant and parenting teens.

The subcommittee, therefore, recommends:

a. That the Legislature consider expanding the Nevada Medicaid Program by providing that:

(1) Medicaid track teen pregnancy outcomes by the month the prenatal care started, number of prenatal visits, maternal risk factor identified at time of delivery, and child's Apgar score (assessment of a newborn infant's health).

(2) Medicaid explore reimbursing for health education, nutritional counseling and case management service as they relate to the Maternal Obstetrical Management Services (MOMS) program.

(3) Medicaid reimburse transportation costs to non-Medicaid covered medically necessary services, that is, Women, Infants and Children (WIC) and outpatient drug counseling appointments.

(4) Medicaid expand obstetric care providers by monitoring reimbursement rates and keeping the rates competitive. (BDR R-392)

(5) The MOMS program be expanded to additional areas in the state to serve pregnant teens and improve pregnancy outcomes. Identification of medical, social, educational and/or other services as appropriate should be arranged and coordinated.

(6) Medicaid prepay obstetric providers at time of initial service, preventing a break in prenatal or postnatal care should a pregnant mother lose Medicaid eligibility prior to birth. This ensures that mother and child receive proper medical care throughout the pregnancy.

(7) Medicaid develop and provide multimedia outreach programs designed to inform the public of Medicaid benefits.

b. The Legislature should establish a 100 percent, state-funded, pregnancy health care program for adolescents. The State Welfare Board shall establish income guidelines and eligibility criteria to assist financially needy, pregnant adolescents deemed ineligible for Medicaid services and unable to receive proper prenatal care.

The Legislature should provide state appropriations for this program, not to exceed $100,000 per year. The Welfare Division is directed to include this program in its biennial budget. (BDR 38-402)

c. In addition, the Legislature should consider providing additional funding to expand the Child Health Assurance Program (CHAP) to 185 percent of poverty from the current level of 133 percent of poverty.

d. Furthermore, the Legislature should consider:

(1) Implementing an expedited eligibility program for pregnant women; and

(2) Expanding eligibility to include a medically needy program which would assist pregnant women who have income beyond Aid to Dependent Children (ADC) limits with prenatal and postnatal care expenses.

2. Welfare Division's Social Services (Support Services)

The subcommittee has determined that the Welfare Division's Social Services component should work with other state and local agencies to provide additional support services to pregnant and parenting teenagers.

The subcommittee, therefore, recommends:

That the Legislature direct the Welfare Division's Social Services Program to work with other agencies to provide programs for pregnant and/or parenting teens who are in the welfare system and to provide transportation to medical sites or other necessary services. Federal Title XX money should be used as a funding source for day care services to help students complete high school and for emancipation homes.

The Welfare Division's Social Services Program should work with the Department of Human Resources' Committee for the Protection of Children to encourage the committee to award money from the Children's Trust Account to fund more programs dealing with adolescent pregnancy and teen parenting.

F. OTHER CONCERNS

The other major concerns raised during the course of the study and addressed in recommendations by the subcommittee are child care, homes/shelters for teens, male responsibility, media campaigns, peer counseling, program evaluation, school social workers and volunteerism.

In particular, the subjects of male responsibility and peer counseling were mentioned by many witnesses at the subcommittee's public hearings. The subcommittee finds a serious need for teenage pregnancy prevention programs that make use of peer counseling and include components on male responsibility.

1. Child Care

The subcommittee recommends:

That the Legislature support private and public programs to provide school-based or near-school child care programs as part of school dropout reduction efforts for pregnant teenagers. Furthermore, school districts should be required to establish specific outreach programs to provide on-site or near-site child care for children of pupils completing their high school education.

2. Homes/Shelters for Teens

The subcommittee recommends:

That the Legislature encourage state and local agencies to establish shelters for pregnant and parenting teenagers.

3. Male Responsibility

The subcommittee recommends:

That the Legislature urge community organizations, schools, social service agencies, and community coalitions or task forces on adolescent health and teenage pregnancy to create programs that are specifically aimed at adolescent males and teenage fathers. Furthermore, all private and public programs dealing with adolescent health or teenage pregnancy should include a component on male responsibility. (BDR R-403)

4. Media Campaigns

The subcommittee recommends:

That the Legislature support statewide and local multimedia programs concerning teenage pregnancy prevention. The programs should be aimed at both adolescents and their parents. The programs should emphasize the prevention of unintended pregnancy through abstinence or effective contraception; sexually transmitted disease and human immunodeficiency virus prevention; male responsibility; and avoidance of risk behaviors.

5. Peer Counseling

The subcommittee recommends:

That the Legislature urge community organizations, schools, social service agencies and community coalitions or task forces on adolescent health and teenage pregnancy to encourage the use of other teenagers as peers to provide information and counseling in adolescent health and teenage pregnancy programs, particularly in family life and sexuality education.

6. Program Evaluation

The subcommittee recommends:

That the Legislature encourage all private and public agencies providing adolescent health care or teenage pregnancy services to develop program evaluations to determine the success of their programs. The evaluations should provide information on program effectiveness, accomplishment of objectives, problems and solutions, cost and implications for future activities. The results of the evaluations should be available to the public and should be distributed to statewide and community coalitions or task forces on adolescent health and teenage pregnancy.

7. School Social Workers

The subcommittee recommends:

That the Legislature urge school districts to employ school social workers to provide casework or coordination of educational, health and social services to pregnant and parenting teenagers and other pupils who have, or are at high risk of, adolescent health problems. The school social workers should provide services to all levels of education in grades K-12, particularly in schools with a high percentage of pupils from low socioeconomic families.

See Appendix E for a description of a possible model for a school social work program in Nevada.

8. Volunteerism

The subcommittee recommends:

That the Legislature urge all Nevadans to volunteer to provide mentor or peer counseling, tutoring, transportation and support for established private and public programs that assist pregnant and parenting teenagers. The community coalitions or task forces on adolescent health and teenage pregnancy should work with local groups, such as the Junior League and the Parent Teachers Association, in recruiting volunteers to participate in providing services to needy adolescents.

IV. SELECTED REFERENCES

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VI. APPENDICES

	Page
Appendix A Glossary of Terms	49-A
Appendix B Nevada Teen Pregnancy Statistics.....	53
Appendix C Proposed Nevada Teen Pregnancy Prevention And Improved Pregnancy Outcome Programs.....	69
Appendix D School Nursing Services.....	157
Appendix E Model Comprehensive School Social Work Program Overview.....	167
Appendix F Suggested Legislation.....	171

APPENDIX A

Glossary Of Terms

GLOSSARY OF TERMS

ABORTION: The termination of a human pregnancy with an intention other than to produce a live birth or to remove a dead fetus. (NRS 442.240)

EMBRYO: The developing organism from two weeks after fertilization to the end of the seventh or eighth week.

FETUS: An unborn vertebrate after the major structures have been outlined, in humans from seven or eight weeks after fertilization until birth.

INFANT DEATH: The death of an infant under one year of age including neonatal deaths.

LIVE BIRTH: A birth in which the child shows evidence of life after complete birth. A birth is complete when the child is entrirely outside the mother, even if the cord is uncut and the placenta still attached. "Evidence of life" includes heart action, breathing, or coordinated movement of voluntary muscle. (NRS 440.030)

LOW BIRTH WEIGHT: A birth wherein the birth weight is equivalent to 2500 grams or less. (Approximately 5 lbs. 8 oz.)

MISCARRIAGE: To give birth prematurely and especially before the fetus is capable of living on its own or independently.

NEONATAL DEATH: A death occurring in the first 27 days of life.

PREGNANCY: The condition of having a developing embryo or fetus in the body, after union of an ovum and spermatozoon.

PRENATAL CARE: Medical supervision, diagnosis and treatment of a pregnant woman from conception to birth of the baby. Assessment of high risk factors guides more complex treatment. Complete prenatal care consists of at least 5 visits to the doctor during pregnancy.

POVERTY: A lack of money and material possessions. Standards of poverty income (dollars earned) are set by the federal government. 100% of poverty for one person is currently $5,980 per year, adding $2,040 for each additional family member.

Source: Maternal and Child Health Services, Health Division, 1989.

APPENDIX B

Nevada Teen Pregnancy Statistics

NEVADA 1987

3,797 Teenage Pregnancies (0-19 years)

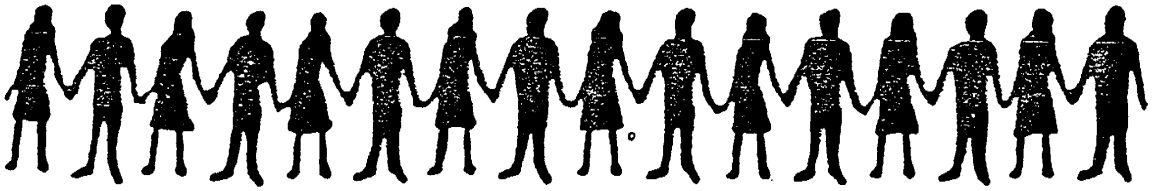
*1,978 Live Births (11.6% of all births)

**1,382 Abortions (20% of all abortions)
36% of teen pregnancies= abortions

95% opt to keep and raise their baby

*27 girls under 15 years of age
**39 girls under 15 years of age

In Nevada, 10 teenage girls between the ages of 10 and 19 got pregnant every day in 1987.



Of the 10...

2 will be having their 2nd pregnancy. (21%)
4 will end their pregnancy. (36%)
0-1 will place the baby up for adoption. (5%)
5-6 will keep their babies. (95%)

1987 TEEN BIRTHS BY RACE
BY LOW BIRTH WEIGHT PERCENTAGES
BY INFANT DEATH RATES
BY ABORTION PERCENTAGES

	WHITE	BLACK	INDIAN	OTHER	TOTAL
# BIRTHS	1,479	407	64	28	1978
% TOTAL RACE	10%	25%	15%	4%	11.6%
# LBW	130	53	5	2	190
% LBW IN RACE	8.7%	13%	7.8%	7.1%	9.6%
# INFANT DEATHS	13	7	3	0	23
RATES IN RACE	8.8	17.2	46.9	0	11.6
# ABORTIONS	1,214	150	4	14	1,382
% OF TOTAL ABORTIONS	20%	24%	36%	7%	20%

Source: Vital Statistics, Nevada State Health Division

1987 PREVIOUS BIRTH EXPERIENCE

# of Children	0-14 Years Old	15-19 Years Old
0	26	1,529
1	1	344
2	0	64
3	0	14

Source: Vital Statistics, Nevada State Health Division

1987 LOW BIRTH WEIGHT PERCENTAGES

OF TOTAL NUMBER OF BIRTHS

United States All Ages	6.8%	
Nevada All Ages	7.6%	8.2% (1988)
Nevada Teens	9.6%	10.3% (1988)

1987 INFANT DEATH RATES PER 1000

United States All Ages	10.6	
Nevada All Ages	9.8	8.6 (1988)
Nevada Teens	11.1	14.0 (1988)

1988 SUMMARY OF TEENAGE STATISTICS
BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	TOTAL NUMBER OF BIRTHS	TOTAL NUMBER OF TEEN BIRTHS	PERCENT OF TOTAL BIRTHS THAT WERE TO TEENS	NUMBER OF INFANT DEATHS TO TEENS	RATE	NUMBER OF LBW BABIES TO TEENS	PERCENT OF TEEN LBW BABIES
Carson City	574	67	11.7	0	0	7	10.4
Churchill	310	44	14.2	0	0	1	2.3
Clark	10,984	1,481	13.5	26	17.6	151	10.2
Douglas	360	30	8.3	0	0	4	13.3
Elko	469	48	10.2	0	0	7	14.6
Esmeralda	15	3	20.0	0	0	0	0
Eureka	22	2	9.1	0	0	0	0
Humboldt	194	25	12.9	1	40.0	2	8.0
Lander	126	12	9.5	0	0	2	16.7
Lincoln	55	2	3.6	0	0	0	0
Lyon	276	32	11.6	0	0	2	6.3
Mineral	114	17	14.9	0	0	2	11.8
Nye	210	24	11.4	0	0	3	12.5
Pershing	74	10	13.5	0	0	1	10.0
Storey	24	2	8.3	0	0	0	0
Washoe	4,008	425	10.6	5	11.8	45	10.6
White Pine	127	20	15.7	0	0	2	10.0
Out of State	473	49	10.4	0	0	8	16.3
T O T A L	18,415	2,293	12.5	32	14.0	237	10.3

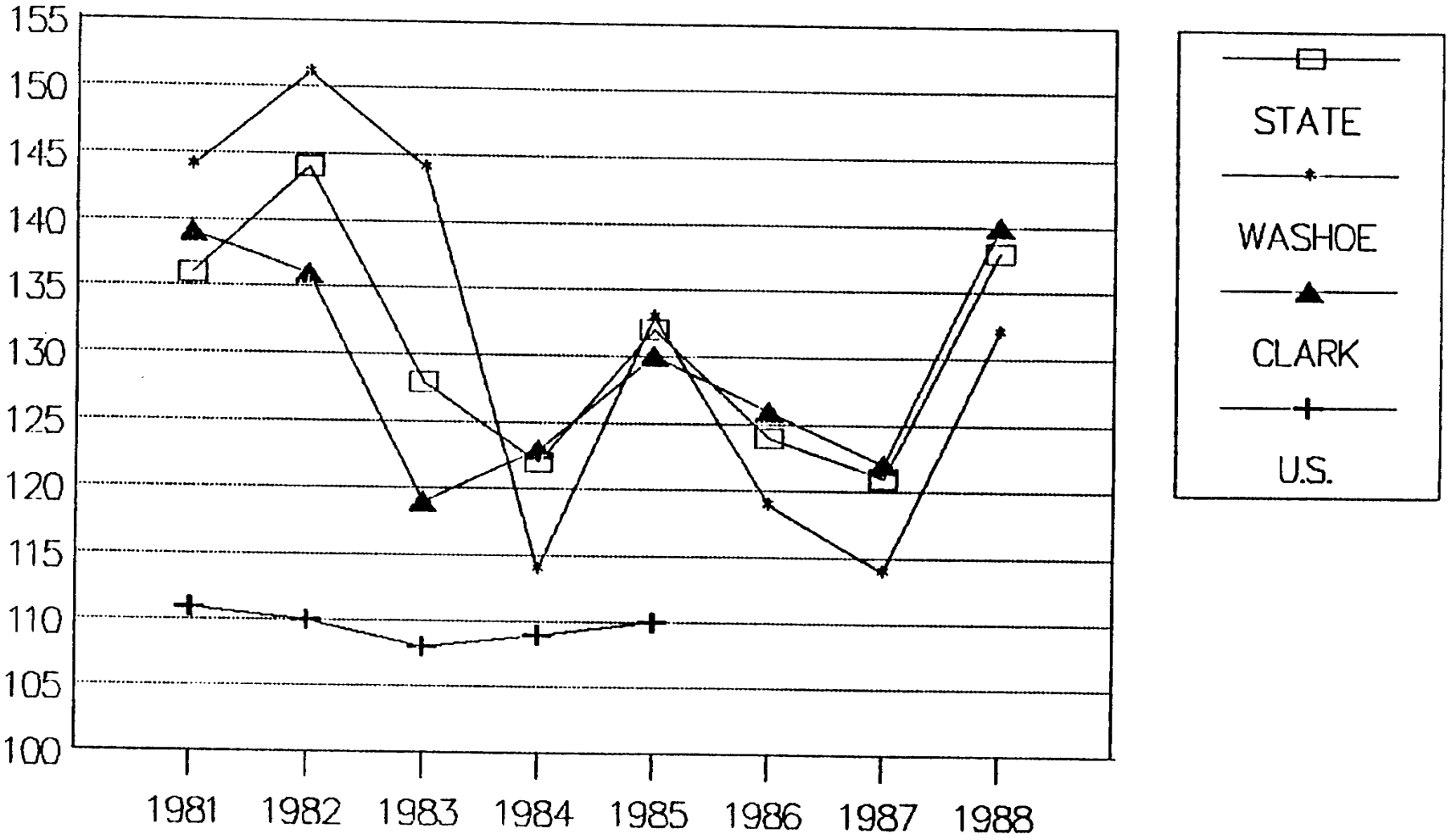
1988 Teen Births
By Age By Race

	13	14	15	16	17	18	19	Total
White	1	17	63	166	332	473	691	1743
Black	3	11	42	62	100	97	127	442
Indian	0	0	3	5	15	11	27	61
Other	0	0	1	5	5	15	20	46
Unknown	0	0	0	0	1	0	0	1
Total	4	28	109	238	453	596	865	2293
<2500 gm.	3	2	12	23	48	70	79	237
% LBW	75%	7%	11%	10%	11%	12%	9%	10%

Source: Vital Statistics, Nevada State Health Division

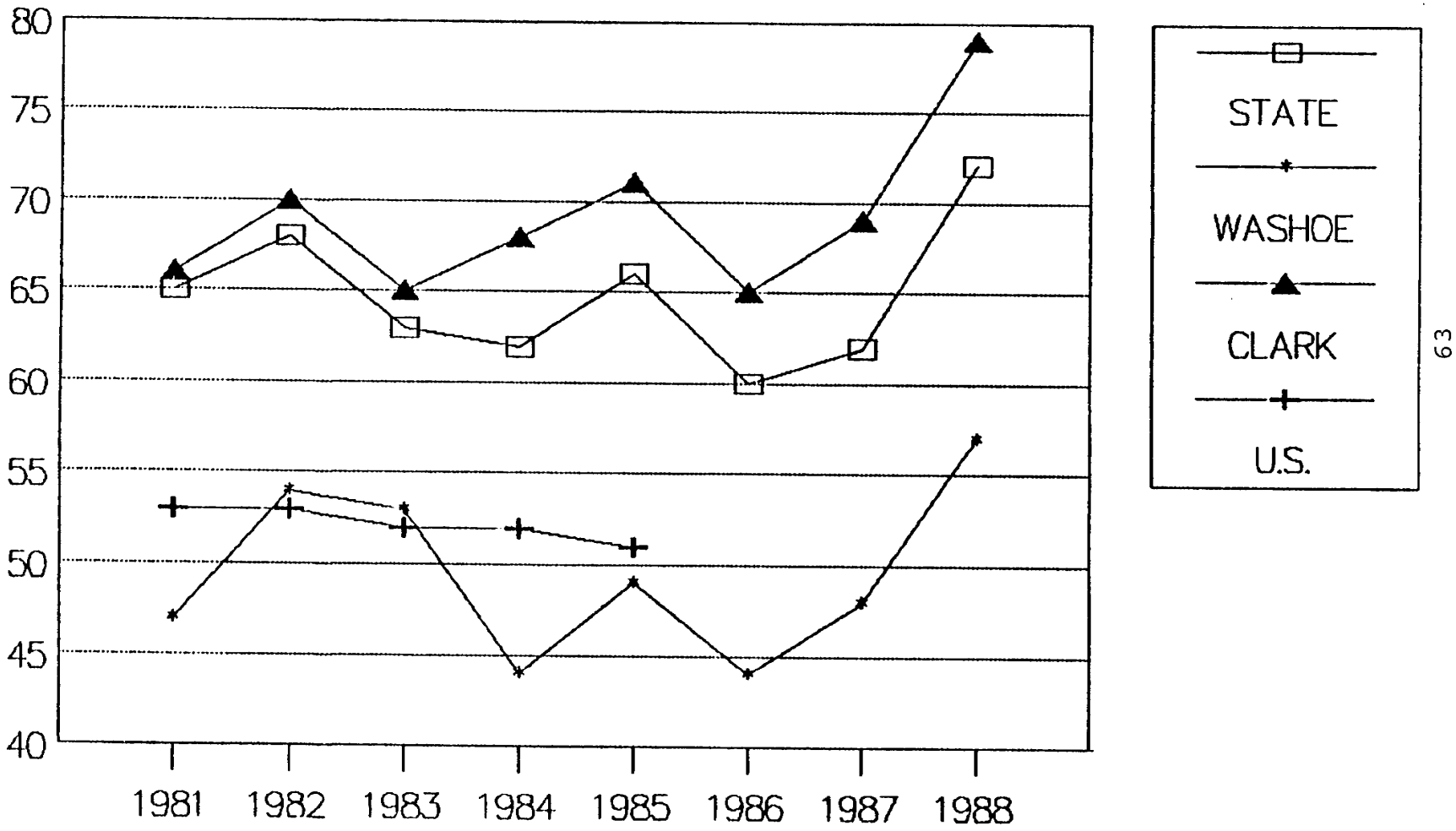
NEVADA TEEN PREGNANCY RATES

RATES PER 1000 FEMALES 15–19 YEARS



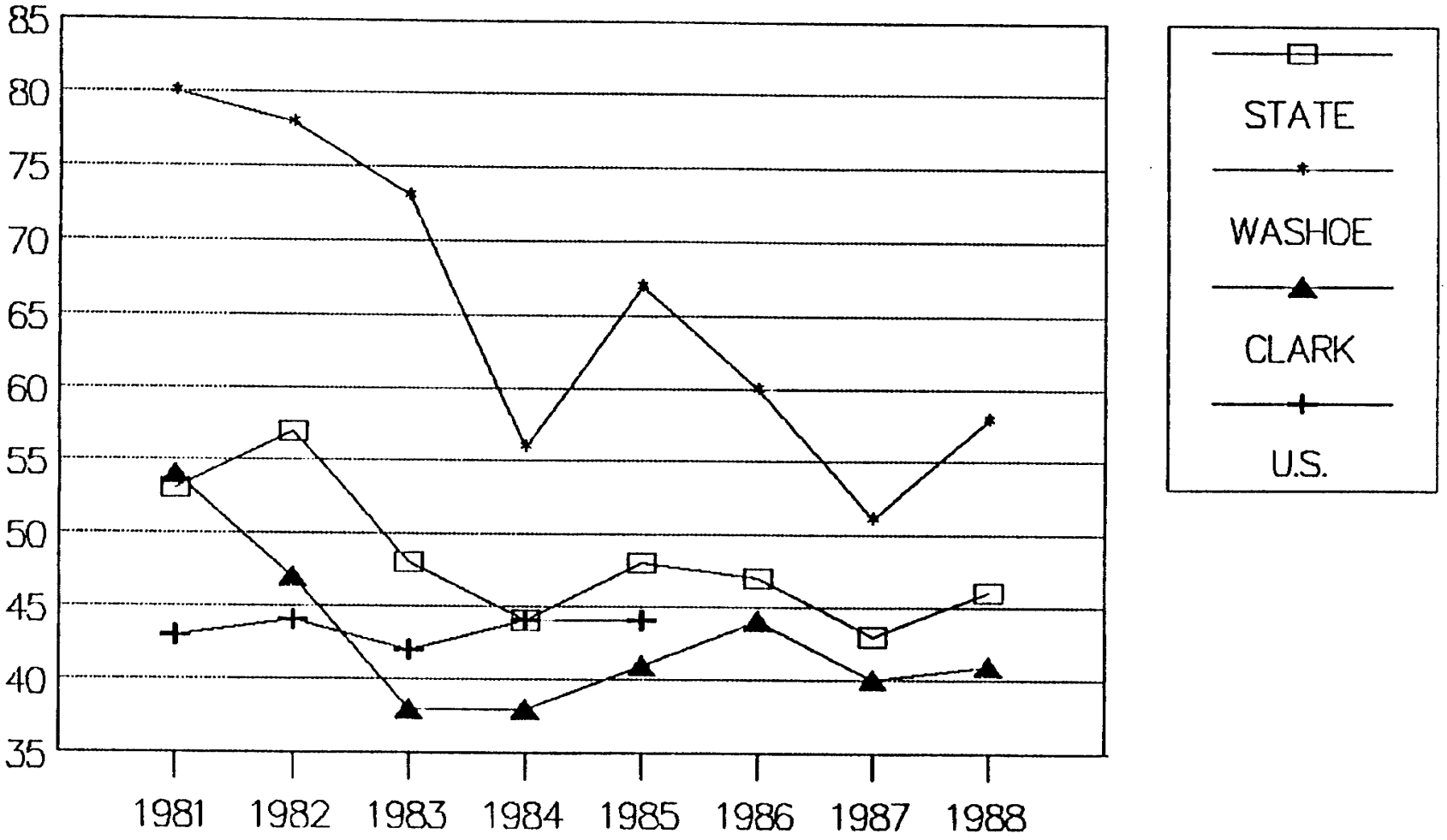
NEVADA TEEN BIRTH RATES

RATES PER 1000 FEMALES 15-19 YEARS



NEVADA TEEN ABORTION RATE

RATES PER 1000 FEMALES 15-19 YEARS



Comparison between 1985 Alan Guttmacher Institute
and 1988 Nevada Vital Statistics

Age Groups	Births		Abortions		Pregnancies	
<15	34	32	60	39	110	83
15-17	609	800	780	550	1,590	1,580
18-19	1,215	1,461	1,180	889	2,750	2,750
15-19	1,824	2,261	1,960	1,439	4,340	4,329
10-19	1,858	2,293	2,020	1,478	4,450	4,412
Year	1985 AGI	1988 NVS	1985 AGI	1988 NVS	1985 AGI	1988 NVS

17 percent stillbirth and miscarriage rate used in pregnancy data.

Source: "Teenage Pregnancy in the United States". The Alan Guttmacher Institute. 1989.

Vital Statistics, Nevada State Health Division. 1989.

FIVE YEAR TABLES OF PREGNANCIES, ABORTIONS, AND BIRTHS TO 12 TO 15 YEAR OLD FEMALES IN NEVADA

Pregnancies

	12	13	14	15	Total
1984	2	17	76	192	287 (46%)*
1985	5	16	69	191	281 (41%)*
1986	1	14	62	231	308 (45%)*
1987	8	16	51	200	275 (45%)*
1988	1	10	69	195	275 (37%)*

Abortions

	12	13	14	15	Total
1984	2	8	36	87	133
1985	3	8	33	82	126
1986	0	8	31	100	139
1987	6	4	29	85	124
1988	1	5	33	64	103

Births

	12	13	14	15	Total
1984	0	7	31	83	121
1985	1	6	28	87	122
1986	1	4	24	104	133
1987	1	10	16	92	119
1988	0	4	28	109	141

*percentage of pregnancies terminated

Source: Nevada Vital Statistics.

1988 Teen Births By Prenatal Care

	0-17	%	18-19	%	0-19	%
No PNC	14	1.7	25	1.7	39	1.7
1st Trimester	358	43.0	773	53.0	1,131	49.0
2nd Trimester	293	35.0	443	30.0	736	32.0
3rd Trimester	110	13.0	139	9.5	249	11.0
Unknown	57	6.9	81	5.5	138	6.0
Total	832		1,461		2,293	

Overall, 51 percent of teenagers began prenatal care after the first trimester.

Source: Vital Statistics, Nevada State Health Division.

APPENDIX C

Proposed Nevada Teen Pregnancy Prevention And Improved Pregnancy Outcome Programs

PROPOSED NEVADA TEEN PREGNANCY PREVENTION AND IMPROVED PREGNANCY OUTCOME PROGRAMS

STATE AGENCIES' PROPOSALS SUBMITTED TO THE LEGISLATIVE COMMISSION'S SUBCOMMITTEE TO STUDY TEENAGE PREGNANCY IN NEVADA (A.C.R. 32)

Compiled by

Health Division
Nevada's Department of Human Resources

May 1990

INTRODUCTION/SUMMARY

Proposed Nevada Teen Pregnancy Prevention and Improved Pregnancy Outcome Programs

The proposal of Nevada Teen Pregnancy Prevention and Improved Pregnancy Outcome Programs is designed to reduce the incidence of unintended teen pregnancy and improve pregnancy outcomes among childbearing teens through a comprehensive, multifaceted, coordinated approach addressing medical, educational, and psychosocial needs of adolescents. Program proposals written by involved agencies followed an outline starting with the description of the agency. Goals and objectives for the proposal were written keeping the National Year 2000 Health Objectives in mind. The agencies described current, expanded, and possible activities for prevention and/or intervention. Prevention and intervention strategies were presented under the following four components:

1. Education/Awareness: To delay initiation of early sexual activity, reduce unintended teen pregnancy, and promote healthy pregnancy and parenting;
2. Health services: To improve availability and use of comprehensive adolescent health care services;
3. Support services: To remove barriers and provide opportunities that encourage teens to achieve their maximum potential and complete their education; and
4. Legislative: To ensure the provision of comprehensive educational, clinical, and support services.

A five year time line for activities demonstrates program implementation strategy with an evaluation component built in. Agencies submitted five year budgets for proposed programs.

The following agencies submitted a program proposal: Nevada State Welfare Division, Department of Education, State Job Training Office, University of Nevada Cooperative Extension, and the Nevada State Health Division. These proposals are summarized below. The complete proposals are attached.

NEVADA STATE WELFARE DIVISION

The Welfare Division develops, implements and administers programs for public assistance, medical, social services, child support enforcement, employment and training, and food stamps for eligible Nevada residents. Programs are designed to promote immediate and long-term self-sufficiency and self-respect, to prevent or remedy the abuse, neglect or exploitation of children and adults, and to preserve, rehabilitate or reunify families.

The programs offered by Welfare/Medicaid include:

Aid to Dependant Children (ADC): financial and medical assistance to help in caring for dependant children in their homes.

Food Stamps: designed to raise the nutritional level among low income households.

*Maternal Obstetrical Medical Services (MOMS): assists at-risk and high-risk pregnant women without ongoing prenatal care who are Medicaid eligible with access to medical, social, and educational services.

*Child Day Care: child care assistance for families with financial, social, and/or emotional difficulties.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT): provides services targeted to age-specific, at-risk infants, children and youth. Health, dental, vision, and hearing screenings and care is provide. Can be used to provide pre-pregnant risk education for children and teens, and prenatal care for pregnant teens.

*Child Health Assurance Program (CHAP): provides Medicaid coverage and services to poor children including unborns not otherwise eligible under any other welfare program. Income must not exceed 75% of poverty.

Single Parent Program (SPP): provides medical care and/or maintenance for unmarried mothers planning relinquishment for adoption and ineligible for ADC. Services include: pre and post medical care for birth, mother and her child, financial assistance, counseling and adoption arrangements.

*Adoption services: for people wanting to adopt a child or wanting to give a child up for adoption.

Child Protective Services: provides protective service for children.

Teen Mothers in Custody of Welfare: locates and develops community resources specifically targeted for teen mothers, counseling for self-esteem and goal planning, vocational counseling, casework services, and parenting education in Las Vegas.

*Child Support Enforcement Program: identifies and locates absent parents. Establishes parentage, parent locator services, support obligations, and enforcing child support collections.

*Children's Trust Account: revenues derived from a $2 fee from the Nevada Birth and Death certificates if used to fund programs and services to prevent abuse and neglect of children.

Other Welfare programs may not be listed here.

*These programs are addressed in proposed/expanded activities.

PROPOSED ACTIVITIES: (Expanded)

Education/awareness component:

In-school programs could be offered on adoption services, financial responsibilities of raising a child, and the services offered by the Child Support Enforcement Program. Possibly train teachers to present information.

Multi-media outreach on Medicaid benefits available to private and public entities could be provided.

Health Services eomponent:

The Medicaid program could be expanded by tracking teen pregnancy outcomes, reimbursing for health education, nutritional counseling, case management services, transportation costs to medically necessary services, reimbursing obstetric care providers at a competitive rate, adding additional sites in the state for the MOMS program, and prepaying obstetric provider at time of initial service to ensure care throughout pregnancy.

Support Services component:

Social services could work with other agencies to provide programs for pregnancy and/or parenting teens who are in the Welfare system and to provide transportation to medical sites or other necessary services. Title XX could be a funding source for day care services to help students complete high school and for emancipation homes. A resource directory could be developed for pregnant and/or parenting teens. Coordination with the Children's Trust Fund could encourage them to fund more programs dealing with teen pregnancy and high-risk teen parents.

Legal/Administrative Component:

The Welfare Division would need authority and appropriation to:
1. Implement a presumptive eligibility program for pregnant women.
2. Expand eligibility to include a medically needy program.
3. Establish a 100% state-funded pregnancy health care program for teens.
4. Expand the CHAPS program to 185% of poverty.
5. Expand the MOMS program to additional areas of the state, improve provider reimbursement of obstetric services, and increase case management services to at risk or high risk teens.

The State Board of Education could mandate education on child support services and adoption as an alternative to parenting. Include the topic of a father's responsibility.

BUDGET PROPOSAL:

	FY 91	FY 92	FY 93	FY 94	FY 95
CHAPS to 185% for teens (Medicaid/Welfare costs)	$534,612	574,609	647,043	701,042	776,206
State Only T.P. Prog.	19,909	20,904	21,937	29,008	30,444
Presumptive Elig.					
Medically Needy program					
Expansion of MOMS					

DEPARTMENT OF EDUCATION

The Office of Comprehensive Health Education includes two Comprehensive Health Education/AIDS Consultants in the Basic Education Branch of the Department of Education. The Director of Basic Education and the Deputy Superintendent of Instructional, Research and Evaluative Services are involved with the Comprehensive Health Education Program. NRS 389.065 requires establishment within each local education district a course or unit of a course of instruction in human sexuality and AIDS Education. It charges each school district board of trustees to appoint an advisory committee with specific membership to advise the district, concerning the content of and materials to be used in the course of instruction. Staff provide technical assistance to all seventeen districts for implementation of the mandate and comprehensive health education program needs. Each district implements the curriculum differently using a variety of methods. Workshops and conferences are scheduled to train teachers to implement health education curriculum. Surveys are conducted to gather statistical information. The Office of Comprehensive Health is responsible for documentation of increases in the number of Nevada schools and other out-of-school youth agencies that provide effective education to prevent the spread of HIV among youth; and the number of Nevada youth who receive education about HIV and AIDS and other related health problems. All funding for this program is from the Centers for Disease Control.

PROPOSED ACTIVITIES: (Continuation of activities after federal funds run out)

Education/Awareness Component:

Family life and sexuality education should be provided to all students (K-12) enrolled in Nevada public schools. Age appropriate curricula should be developed that includes modules on STDs and HIV; substance use/abuse; pregnancy, childbirth, and parenting; abstinence; safe sex; male responsibility; pregnancy prevention; and self-esteem, decision-making, communication skills relevant to family life and sexuality. Curriculum possiblity mandated by each district to adopt. Updated resource materials could be identified. Teacher training for effective health education would be ongoing. Community awareness efforts regarding the impact of teen pregnancy on society should be expanded and available in all communities.

Health Services Component:

none

Support Services Component:

The Department of Education should work with educational professions with strategies to assist students in avoiding early sexual activity and to provide parenting education. Districts should be encouraged to develop public/private partnerships for providing education and employment opportunities for at-risk teens, and child care services for teen parents. Work to increase federal funding for occupational education programs to expand opportunities for early work experience, career planning and enhancing life options.

Legislative/Administrative Component:

Authority and support would be needed to:

1. Continue providing family life and sexuality education suggested courses of study for public schools grades K-12. (State Board of Education)
2. Provide adequate funding for curriculum development, staff and operational costs at the local level. The legislature should provide for the continuance of the Office of Comprehensive Health Education in the Department of Education after 1991, when federal funds from CDC may no longer be available. (Nevada State Legislature)

BUDGET PROPOSED:

	FY 92	FY 93	FY 94	FY 95	FY 96
Comprehensive Health State Program	$271,130	$287,448	$311,075	$330,068	$350,325

School Districts

STATE JOB TRAINING OFFICE

The State Job Training Office (SJTO) establishes programs to prepare economically disadvantaged youth and adults for entry into the labor force. SJTO employment and training programs provide basic skills training, life skills, pre-employment and labor market orientation training, occupational skills training, work experience and on-the-job training, and job placement assistance. Support services, such as the purchase of books and work equipment, child care and transportation, are also provided during the period of participation. SJTO programs are operated by Job Opportunities In Nevada (JOIN) in the thirteen northern Nevada counties and by Nevada Business Services (NBS) in the four southern Nevada counties.

Program examples include:

Nevada Business Services Job Incentives for Nevada Graduates (JING): a program for youth who do not meet established levels of academic achievement and who plan to enter the labor market upon leaving school.

Job Opportunities in Nevada Student Training and Education Program (STEP): Washoe County 14 and 15 year olds at least two years below grade level in reading participate in a 15 month program covering two summers and a school year.

You're On Your Own: a statewide program with the Welfare Department and Cooperative Extension for foster youth nearing the age of emancipation to move them from dependence to independence.

Tutoring programs: tutoring available. Remedial education and opportunity to earn necessary credits for graduation is available through the summer program.

Nevada Business Services Youth Corps (NEBCORP): for youth aged 17-21 without a high school diploma. The Adult Education Program provides academics and work experience.

Nevada Business Services Teen Parent Program: for single parents who have high school diplomas or GEDs, dependent children, and are between the ages of 18 and 21. Counseling, a Survival Skills Workshop, classroom training and work experience is provided.

No proposed or expanded activities submitted.

No budget submitted.

Program currently costs approximately $1500 per youth participant.

UNIVERSITY OF NEVADA COOPERATIVE EXTENSION

The Nevada Cooperative Extension is the outreach arm of the University of Nevada. Extension takes research and translates it into practical applications for the citizens of Nevada. Its mission is to help people improve their lives through an educational process. "Youth At Risk" has been identified at both a national and statewide level as Extension's focus. To address this population at risk, four distinct programs have been developed and implemented by Cooperative Extension faculty.

WINGS: a volunteer mentor program assisting pregnant and parenting teens in Reno and Carson City. Parents as Partners: a program using a paid home visitor to teach education lessons in the home in Las Vegas. (Expanding to Laughlin and Pahrump.)

Little Lives and other Extension Parent Education Programs: educational materials for parents.

A Child In Your Life: a program for teens and other new, young parents. Materials cover topics on child development, stress, discipline, play, and nutrition.

Feelin' Fit During Pregnancy: funded through the Expanded Food and Nutrition Education Program (EFNEP) through USDA. EFNEP teaches healthy food habits to low income families. This program within EFNEP focuses on prenatal nutrition education for low income women and specifically pregnant teens.

No proposed or expanded activities submitted.

No budget submitted.

A grant was submitted by Clark County Cooperative Extension for $200,000 to the Public Health Services for Adolescent Family Life funds. The program would target Welfare mothers who have young children. The goal would be to break the cycle of teen pregnancy and being on Welfare.

NEVADA STATE HEALTH DIVISION

The agency manages eighteen programs in public health regulation, public health education, and direct services. The services pertaining to adolescents are mainly under the programs of Maternal and Child Health, Community Health Nursing, and WIC. Maternal and Child Health Services encompass Maternal and Infant Care Services; the Newborn Screening program; Dental Services; Health Education; Statewide Genetic Services; Children's Special Health Care Services, including evaluations and medical payments; and Primary Care. Other networking programs include: Special Children's Clinic, Immunization Program, Communicable Disease Control, and Nevada AIDS program.

Current activities include:

Health education is provided to the public and private sectors through multi-media methods. Funding for printing and purchasing materials is limited. Public awareness of issues is given through newspaper articles, press releases, and public speaking.

Health services is provided by screening newborns for heritable diseases and evaluating/treating children with special health care needs. Testing of pregnant women at risk for problems is reimbursed. Community Health Nursing offices provide family planning and infant care to the adolescent population. WIC provides nutritional education and recommendations to pregnant and parenting teenagers, along with food supplements. Prenatal services and case management of pregnant women are provided through contracts with EOB in Las Vegas (low-risk pregnant women only and newborn follow-up) and with Washoe County District Health Department in Reno.

PROPOSED ACTIVITIES: (Expanded)

Education/Awareness Component:

Development of a statewide coalition similar to Healthy Mothers/Healthy Babies to address issues of reducing unintended pregnancies and improving pregnancy outcomes in Nevada. Development of a long term, high quality media campaign in the state; a resource directory describing teen, pregnancy, and infant care services; a statewide, toll-free "hotline" for 24 hour referral; and educational materials made available in quantity to public and private agencies. Increase outreach into schools by the Community Health Nurses.

Health Services Component:

Implementation of community-based health clinics beginning with pilot projects in high-risk areas of prevalence and pregnancy outcomes. First proposed areas to include: Clark County (North Las Vegas), Carson City, Lander, Elko, Humboldt, and Churchill. In Clark County, staff would include a nurse practitioner or certified nurse midwife, a social worker, management assistant, and contracts with an ObGyn and other designated services, if needed. In the rural counties, the Community Health Nursing staff could be expanded to increase services by doing outreach to the teen population. Services would include family planning, well-child exams, prenatal care, and post-partum care. Workshops and educational materials should be used as methods to reach clientele. Transportation should be provided for adolescents as needed.

Guidelines for other health care providers could be developed on clinic flow, scheduling, and overall efficiency of clinics to increase accessibility and availability of services. Follow-up of all missed prenatal, infant care, and family planning appointments should be done by CHNs and other clinic staff. Counseling on hazards and benefits of certain behaviors during pregnancy and lactation should be included in protocols. Development of perinatal care guidelines, a perinatal care system, risk screening tools, patient record forms, and care content checklists for perinatal care should be made and implemented statewide.

Support Services Component:

Increase accessibility and coordination of WIC with other services for pregnant and parenting teens.

Legislative/Administrative Component:

1. The Nevada Medical Association and State Legislature could pursue tort reform, liability premium subsidies for obstetric care providers, and support the use of mid-level care providers (NPs and CNMs).

2. The State Legislature could initiate universal health insurance to subsidize uninsured or underinsured individuals, and require all health insurance policies to cover perinatal-related care.

3. The State Legislature could provide adequate support for a perinatal care system in Nevada and for a maternal and child surveillance system for ongoing data collection and analysis to identify high risk population and to plan prevention strategies.

4. The Board of Health could approve standards for perinatal care facilities.

5. The State Legislature could provide funding for implementation of community-based health care clinics. Funding would be needed for additional staff in the Community Health Nursing Clinics, pilot project in Clark County, Adolescent Nurse Specialist and Adolescent Health Coordinator at Health Division, clerical support, educational materials and statewide mass media campaign.

<u>BUDGET PROPOSAL:</u>

	FY 92	FY 93	FY 94	FY 95	FY 96
Cost of project	*$453,020	$599,119	$630,036	$662,582	$696,864

*Starting on Oct. 1

SUMMARY OF BUDGETS SUBMITTED

	FY 92	FY 93	FY 94	FY 95	FY96
*WELFARE	$554,521	$595,513	$668,980	$730,050	$806,650
EDUCATION	$271,130	$287,448	$311,075	$330,068	$350,325
HEALTH	$453,020	$599,119	$630,036	$662,582	$696,864
TOTAL	$1,278,671	$1,482,080	$1,610,091	$1,722,700	$1,853,839

*Submitted FY 91-95

WELFARE DIVISION

BOB MILLER
Governor

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
WELFARE DIVISION
2527 North Carson Street
Carson City, Nevada 89710
(702) 687-4770

JERRY GRIEPENTROG
Director

LINDA A. RYAN
Administrator

May 3, 1990

Yvonne Wimett, MCH Manager
Health Division
505 E. King Street, Room 205
Carson City, NV 89710

Dear Yvonne:

Enclosed please find the Welfare Division's goals, proposed model program information, and budget as it relates to teenage pregnancy.

It is important to note the budget projections are soft numbers as it is difficult to project the actual numbers of clients the Welfare Division will serve if the Assistance Payments and Medicaid budgets are augmented to handle the new proposed population. Additionally, there could be forthcoming federal changes which could have an impact on the budget. Both the projected population figures and costs are for discussion purposes only for the Subcommittee on Teen Pregnancy. Unless informed otherwise, the projected costs of the Teen Pregnancy Program will not show on the Welfare Division's proposed budget for the 1991 Legislature.

The attached budget expanding the Child Health Assurance Program (CHAP) to 185% of poverty reflects the costs for only the projected teen population. It must be noted the actual cost would be much higher as the Welfare Division is required to offer the program to <u>all</u> eligible individuals and not just teens. The same is true for presumptive eligibility, the medically needy program, and medical coverage through the pregnancy program. The projections on the latter programs will be sent to you under separate cover letter by the middle of May as it is taking us longer to do population projections and costs than anticipated. If this poses a problem for you, please let me know right away.

I look forward to the continued work with the Health Division and the Subcommittee. If you have any questions, please call me 687-4766 or Rota Rosaschi, Social Service Specialist, at 687-3023.

Sincerely,

Thom Reilly
Chief, Social Services

cc: Rota Rosaschi, Social Service Specialist

NEVADA STATE WELFARE DIVISION

I. Program Description

The Welfare Division develops, implements and administers programs for public assistance, medical, social services, child support enforcement, employment and training, and food stamps for eligible Nevada residents. Programs are designed to promote immediate and long-term self-sufficiency and self-respect, to prevent or remedy the abuse, neglect or exploitation of children and adults, and to preserve, rehabilitate or reunify families.

II. Goals and Objectives

A. Increase social services to pregnant and/or parenting teens.

1. Explore Title XX funding for emancipation homes and day care for parenting teens.

2. Develop an in-school program regarding adoption as an option for pregnant teens.

3. Increase/improve information and referral services to reach teens regarding resources, providers of pre- and post-natal services, counseling, etc.

4. Develop transportation resources to assist pregnant/parenting teens in obtaining pre- and post-natal care, and related services.

5. Coordinate with the Children's Trust Fund in developing prevention programs for child abuse and neglect, including prevention of repeat pregnancies, education or high risk factors for teen parents, and nurse/social worker case managers for high-risk teen parents.

B. Explore the expansion of income maintenance programs to serve more pregnant and/or parenting teens.

1. Explore creating a presumptive eligibility program for pregnant women. (See budget impact to follow.)*

2. Explore the continuation of Medicaid assistance to pregnant women no longer eligible for an income maintenance program. (See budget impact to follow.)*

3. Explore a state funded medical program to serve pregnant teens whose income is above 185% of poverty and who cannot afford insurance. (See budget impact below).*

4. Explore the expansion of eligibility to include a medically needy individual/family. (See budget impact below).*

5. Explore expanding the Child Health Assurance Program (CHAP) to 185% of poverty for pregnant women and infants under age one. (See budget impact below).**

C. Expand medical services to better educate and serve pregnant and parenting teens.

1. Explore expanding the Maternal Obstetrical Management Services (MOMS) Program to additional Welfare Division district offices to augment provider service and case management to teen clients as soon into the pregnancy as possible thereby improving pregnancy outcomes.

2. Monitor provider reimbursement to assure that the reimbursement is competitive to keep Medicaid providers.

3. Develop outreach programs designed to inform the public of Medicaid benefits.

4. Explore the creation of new health education programs using Medicaid family planning funding.

5. Expand Medicaid providers available to serve pregnant teens.

6. Explore prepayment of obstetric care and delivery costs for Medicaid eligible women.

D. Develop an education program for teens on services offered by Child Support.

1. Develop an in-school program on the financial responsibility of raising a child.

2. Develop an in-school program explaining the services offered by the Child Support Enforcement Program and how to access the services needed.

III. <u>Proposed Model Program</u>

A. Education/Awareness Component

Appropriate units within the Welfare Division could develop:

1. An in-school program on the adoption services offered by child placing agencies. The program could be available to all intermediate and secondary schools and be provided by regional Welfare Division adoption social workers.

2. An outreach education program on Medicaid benefits through posters, newspaper articles, public speaking and service announcements. The materials could be made available to schools, health clinics, public/private agencies, etc.

3. An in-school program on the financial responsibilities of raising a child. This could include pre- and post-natal costs, education, clothing, food, medical/dental costs, day care, and social/recreation activities for a child.

4. An in-school program explaining the services offered by the Child Support Enforcement Program. The program could include how paternity for a child is established, locating an absent parent, and how to start child support collection.

B. Health Services Component

1. Medicaid could track teen pregnancy outcomes by month the prenatal care started, number of prenatal visits, maternal risk factor identified at time of delivery, and child's apgar scores.

2. Medicaid could explore reimbursing for health education, nutritional counseling and case management services as they relate to the MOMS program.

3. Medicaid could reimburse transportation costs to non-Medicaid covered medically necessary services, i.e., Women, Infant and Children (WIC) and outpatient drug counseling appointments.

4. Medicaid could expand obstetric care providers by monitoring reimbursement rates and keeping the rates competitive.

5. The MOMS program could be expanded to additional areas in the state to teen risk factors to improve pregnancy outcomes. Identification of medical, social, educational and/or other services as appropriate can be arranged and coordinated.

6. Medicaid could prepay obstetric providers at time of initial service preventing a break in pre- or post-natal care should a pregnant mother lose Medicaid eligibility prior to birth. This ensures mother and child receives proper medical care throughout the pregnancy.

C. Support Services Component

1. Social Services could request proposals from agencies to develop programs for pregnant and/or parenting teens to include emancipation homes from Title XX funding. The programs could include building of self-help skills and programs which encourage teen fathers' participation.

2. Title XX could be explored as a funding source for day care services to parenting teens enabling them to complete high school.

3. Social Services could be responsible for creating a resource directory including providers of pre- and post-natal services, counseling, etc. for pregnant and/or parenting teens to increase and improve information and referral services.

4. Social Services could coordinate with public and private agencies/organizations to develop transportation resources to assist pregnant and/or parenting teens in obtaining pre- and post-natal care and related services.

5. Social Services could coordinate with the Children's Trust Fund to develop/support programs dealing with teen pregnancy. Funding encouragement could include prevention of repeat pregnancies, developing a nurse/social worker case manager team approach for high-risk teen parents, and education on appropriate preventing skills.

D. Legislative/Administrative Component

1. The Welfare Division would need legislative authority and appropriation to:

   a. Implement a presumptive eligibility program for pregnant women (includes all women of child bearing age). Presumptive eligibility allows pregnant women to receive prenatal care before they formally apply for Medicaid. A "qualified" Medicaid provider makes a presumptive eligibility determination based on preliminary family income information. The pregnant woman has 14 calendar days from the date of presumptive eligibility determination to apply for Medicaid. "Qualified" Medicaid providers would need to be trained on appropriate eligibility criteria.

   b. Expand eligibility to include a medically needy program. This program could assist pregnant women who have income beyond Aid to Dependent Children (ADC) limits with pre- and post-natal care expenses.

c. Establish a 100% state-funded pregnancy program for teens. The program could ensure all financially needy pregnant teens would not go without proper pre- and post-natal care.

d. Expand the CHAPS program to 185% of poverty.

e. Expand the MOMS program to additional areas of the state, improve provider reimbursement of obstetric services, and increase case management services to at risk or high risk teens.

2. The State Board of Education should mandate education on child support services and adoption as an alternative to parenting.

IV. Time Lines

1. By 1995, the Welfare Division will have increased services to pregnant and parenting teens. Emancipation homes will be available as an alternative living arrangement. Adoption education will be available to all schools requesting it. Coordination efforts with Children's Trust Fund will have developed new prevention programs. More day care will be available to teens.

2. By 1995, the Welfare Division will have expanded eligibility criteria to serve more pregnant and/or parenting teens. No teen with little or no financial resources and in need of pre-natal care will be denied medical care.

3. By 1995, there will be adequate Medicaid providers to provide obstetric and pediatric care.

4. By 1995, the MOMS Program will be available to any at risk or high risk pregnant and/or parenting teen eligible for Medicaid. Services offered will be comprehensive. The incidences of child abuse and neglect inflicted on children of teen parents will be diminished.

5. By 1995, the number of children eligible for child support but not receiving it, will be reduced.

V. Evaluation

The Welfare Division will utilize existing reporting systems to measure the number of social services provided pregnant and parenting teens. Impact on income maintenance programs will be measured by the number of clients served. It is hoped the teen population can be identified from the total income maintenance population. The MOMS Program plans to develop a computer program to track clients being served. Numbers of clients and services provided will be available.

The Welfare Division might use the University of Nevada to help develop an evaluation method to measure accomplishments of the objectives, problems and solutions, costs and future program activities.

Program evaluation results will be shared with the Health Division and other entities as necessary.

VI. Budget

See attached.

VII. Additional References

1. Projection of teen births through 1995.

2. Projection of money income for teen females 15-19 years old.

* These projections are soft numbers. It is difficult to project the actual number of clients the Welfare Division might serve if the Assistance Payments and Medicaid budgets were augmented to handle the new population. It is also impossible to know if there will be federal changes which could have an impact on the budget.

** The attached CHAP budget reflects the potential teen population and costs only. The actual cost to implement the program would be higher as the Welfare Division would have to offer the program to all individuals eligible and not just

TEENAGE PREGNANCY AT 185% PROVERTY
SUMMARY

	FY 91	FY 92	FY 93	FY 94	FY 95
At 100% Eligibility					
Welfare Admin. Costs:	$100,694	$ 98,090	$125,078	$129,945	$157,520
Medicaid	433,918	476,519	521,965	571,097	618,686
Total Cost:	534,612	574,609	647,043	701,042	776,206

The above figures assume every birth to a 14-19 year old within an income level of 185% of poverty will be eligible and will apply for assistance under the program. No costs were calculated for ADC or Employment and Training since ADC eligibility is remote for this group, gives income levels, and E&T participation is predicited on ADC eligibility.

Should eligibles actually come in at approximately 50% of the total identified population, staff requirements and costs would be exactly half. Correspondingly, any percentage of the total population who apply and become eligible will result in staff and costs of equal proportions. Conversely, should the total identified population be understated, costs and staffing needs will be propartionately higher.

Also note, both costs and staffing represent the <u>difference</u> between eligibility at 133% of poverty and 185% of poverty. Amount <u>do not</u> cover the cost of the program up to 133% of poverty.

TEENAGE PREGNANCY AT 185% POVERTY CASELOADS
Assuming 100% of identified population is eligible

	FY 91	FY 92	FY 93	FY 94	FY 95
Source: 4/23/90 R & S Study Projection [1]					
185% of Poverty					
Totals Elig. population (Cases)	2,831	2,962	3,086	3,207	3,322
Assuming 100% of pop. will be eligible & will apply:					
Intake # applicants-mo. avg.	236	247	257	267	277
Staffing standards	35	35	35	35	35
ECS Justified	6.7	7.0	7.3	7.6	7.9
% Ongoing to Applicants [2]	116%	116%	116%	116%	116%
Total Ongoing:	274	287	298	310	321
Staffing standards:	190	190	190	190	190
ECS Justified	1.4	1.5	1.6	1.6	1.7
Total ECS Justified:	8.1	8.5	8.9	9.2	9.6
Supvrs, 1:8:	1.0	1.0	1.1	1.2	1.2
Clerical, 1:4:	2.3	2.4	2.5	2.6	2.7
133% of Poverty					
2,831 elig pop.= x = 185 133 2,035					
total Elig. popluation:	2,035	2,129	2,219	2,306	2,388
Intake # of appl.-mo avg	170	177	185	192	199
Staffing standards	35	35	35	35	35
ECS Justified	4.9	5.0	5.3	5.5	5.7
% of Ongoing to Applicants [2]	116%	116%	116%	116%	116%
Total Ongoing	197	205	215	223	231
Staffing standards	190	190	190	190	190
ECS Justified	1.0	1.1	1.1	1.2	1.2
Total ECS Justified	5.9	6.1	6.4	6.7	6.9
Supvrs: 1:8	.7	.8	.8	.8	.9
Clerical 1:4	1.6	1.7	1.8	1.9	1.9
Difference:					
Total ECS	2.2 = 2	2.4 = 2	2.5	2.5	2.7= 3
Supvrs:	0	0	0	0	0
Clerical	.7 = 1	.7 = 1	.7 = 1	.7 = 1	.8= 1
Annual Cases difference	796	833	867	901	934
Avg. Monthly difference(cases)	66	69	72	75	78
Avg. Annual recipients (1.61)	1,282	1,341	1,396	1,451	1,504
Avg. Monthly recipients:	107	112	116	121	125

Notes:
1) See attached study
2) % taken from actuals through March, 1990

TEENAGE PREGNANCY AT 185% OF POVERTY
COSTS TO WELFARE ADMINISTRATION

	FY 91	FY 92	FY 93	FY 94	FY 95
taffing:					
.lig Cert Spec 22,161	46,538[2]	48,865[2]	64,135[2.5]	67,342[2.5]	84,851[3]
Mgmt Asst I (1) 16,070[1]	16,874	17,717	18,603	19,533	20,510
	63,412	66,582	82,738	86,875	105,361
Grp. Ins. [3]	6,975	7,673	9,846	10,831	13,616
Ret. [2]	11,141	12,364	15,364	17,001	20,619
Indus. Ins. [4]	1,699	1,871	2,325	2,563	3,108
Pers. Assess. [4]	514	566	703	773	938
Payl. Assess. [4]	197	213	265	295	358
Unempl. Comp [4]	70	80	99	113	137
Ret. Grp. Ins. [4]	349	386	480	530	643
Medical [4]	919	1,012	1,258	1,390	1,686
Total Salaries	85,276	90,747	113,078	120,371	146,466
I/S Travel: [5]	420	441	579	608	766
Operating: [5]					
Supplies	1,146	1,203	1,474	1,548	1,858
Printg/Copying	356	373	458	480	576
Ins. Expense	156	164	201	211	253
Postage	1,911	2,007	2,459	2,582	3,098
Telephone:			(4 lines)		
3 lines @ 35.36/mo ea[91]	1,273	1,337	1,872	1,965	2,064
Trunks:1:5=1@41.80/mo[91]	502	527	553	581	610
Telephone Tolls	490	515	631	662	795
Certifications	75	78	96	101	121
Total Operating (does not include rent)	5,909	6,204	7,744	8,130	9,375
Equipment					
Proj. 2 @ 2,463	4,926		2,463		
1 @ 2,177	2,177				
3 telephone inst@ 450	1,350		450		
	8,453		2,913		
Data Processing 9.63/recip.[91] (annual recip. cost) +5%/year	636	698	764	836	913
Grand Total:	100,694	98,090	125,078	129,945	157,520

1) Salaries eff. 7-1-89; each year assumes a 5% increase.
2) Assumes an additional 1% per biennium.
3) Assumes a 10% increase per year.
4) Assumes a 5% increase per biennium.
5) Assumes a 5% increase per year.

TEENAGE PREGNANCY AT 185% OF POVERTY
COSTS TO MEDICAID

	FY 91	FY 92	FY 93	FY 94	FY 95
.onthly recipients	107	112	116	121	12
Staffing: 0					
Medical Payments					
Cost/Elig.-FY 91 4/11/90 MPP = $328 mo.	$421,152	462,874	503,375	551,326	598,02
Assume 5%/yr increase in Cost/Svc./yr.	(328)	(344.40)	(361.62)	(379.70)	(398.60)
Extended Med.					
2.2% of recipients	2	2	3	3	
@ cost/elig.	$ 7,872	8,266	13,018	13,669	14,35
Total Medical Payments	$429,024	471,140	516,393	564,995	612,38
Fiscal Agent					
OPLI - FY 91 = 1.75 [1]					
Utils. = 1.504 (cost per recip. per mo)	$ 3,379	3,714	3,847	4,213	4,35
Utilization Review					
14.16 in FY 91 [1] cost per recip-annually	1,515	1,665	1,725	1,889	1,95
Total Cost:	$433,918	$476,519	$521,965	$571,097	$618,68

1) OPLI/UR cost increase @ 5% per biennium.

TEENAGE PREGNANCY AT 185% OF POVERTY
COSTS TO CHILD SUPPORT ENFORCEMENT

	FY 91	FY 92	FY 93	FY 94	FY 95
verage Monthly Cases:	66	69	72	75	78
X Absent parent factor	1.25	1.25	1.25	1.25	1.25
+ Total Recovery Cases	95%	95%	95%	95%	95%
=	83	86	90	94	98
	74	78	81	84	88
Total:	157	164	171	178	186
Staffing Standards:					
Support Enf. Spec.	650	650	650	650	650
Support Enf. Asst.	2,250	2,250	2,250	2,250	2,250
Staffing:	0	0	0	0	0

Note: Average family size of 2.9 not used in calculation since average monthly recipient counts represent all mothers giving birth.

STATE ONLY TEEN PREGNANCY PROGRAM

	FY 91	FY 92	FY 93	FY 94	FY 95
ssuming a recepient count of 5 per mo. + 4.2%/yr. pop. growth (Pop. = pregnant teens with income above 185% of poverty)					
Monthly recipients	5	5	5	5	5
Medical Payments* Cost/Elig.-FY 91 4/11/90 MPP $328 mo. Assume 5% per yr. increase in cost/svc.	$ 19,680	$ 20,664	$ 21,697	$ 28,705	$ 30,141
Fiscal Agent FY 91 OPLI's = 1.750 Utiliz = 1.504 Assumes 5%/biennium in OPLI's	$ 158	166	166	209	209
Utilization Review FY 91 = 14.16 annual cost/ recip. Assume 5%/biennium inc.	71	74	74	94	94
otal Cost:	$ 19,909	$20,904	$ 21,937	$ 29,008	$ 30,444

* Does not include any extended medical benefits.

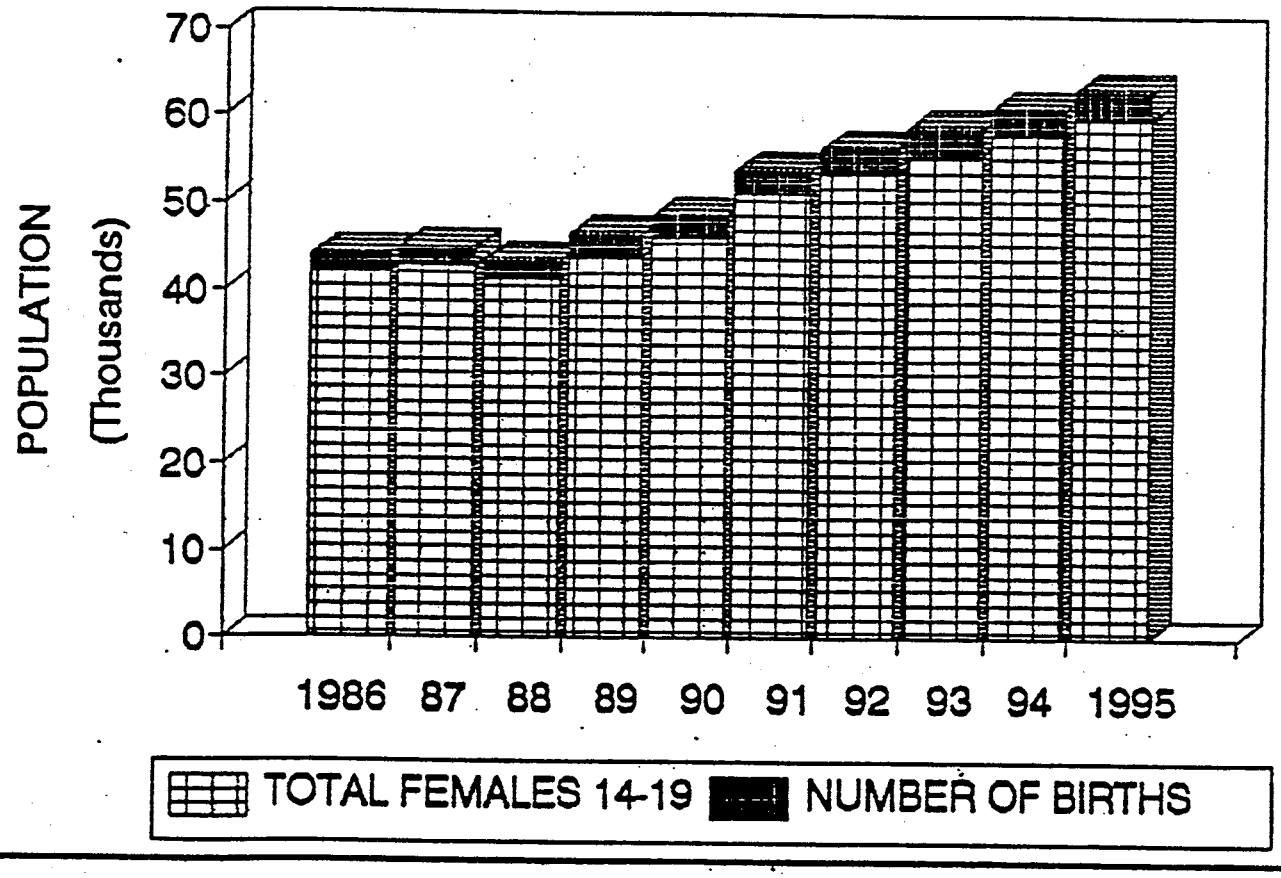
EXPLANATION OF DATA AND ANALYSIS

The information on females aged 14-19 years was obtained from the Nevada Annual Planning Statistics for federal years 1986-1991. This information is compiled by the Nevada Employment Security Research Section of the Employment Security Department. Population figures are projections for the specific federal year and are not actual numbers for a given year. However this information is utilized for planning purposes specifically for the JTPA Program. For the years 1992-1995, the number of females aged 14-19 years was based on the same percentage increase for the statewide population for the same period (1992-1995) as noted in the Nevada Population Estimates (1986-1989) And Preliminary Forecasts (1990-1995) prepared by Maud Naroll and C.S. Vaidanathan, Office of the State Demographer, 3-8-90, Bureau of Business and Economic Research, University of Nevada, Reno.

The information on the number of births for mothers aged 14-19 years was obtained from the Nevada Department of Human Resources, Health Division, Section of Vital Statistics," Births in Nevada by Age 1984-1988." From this table, the number of births for age of mother in the 0-14 year-old group was added together to the 15-19 year-old group inorder to obtain figures for the number of births for mothers aged 14-19 years. Actual figures were avaliable for 1986, 1987, and 1988. For the number of births 1989-1995, the following method was utilized. Actual numbers for 1986, 1987, 1988 were divided by the total number of females aged 14-19 years for 1986, 1987, and 1988 respectively. The resulting percentage of 0.05565534 for 1988 was used to multiply the female population 14-19 years 1989-1995 to obtain the number of births for the same years.

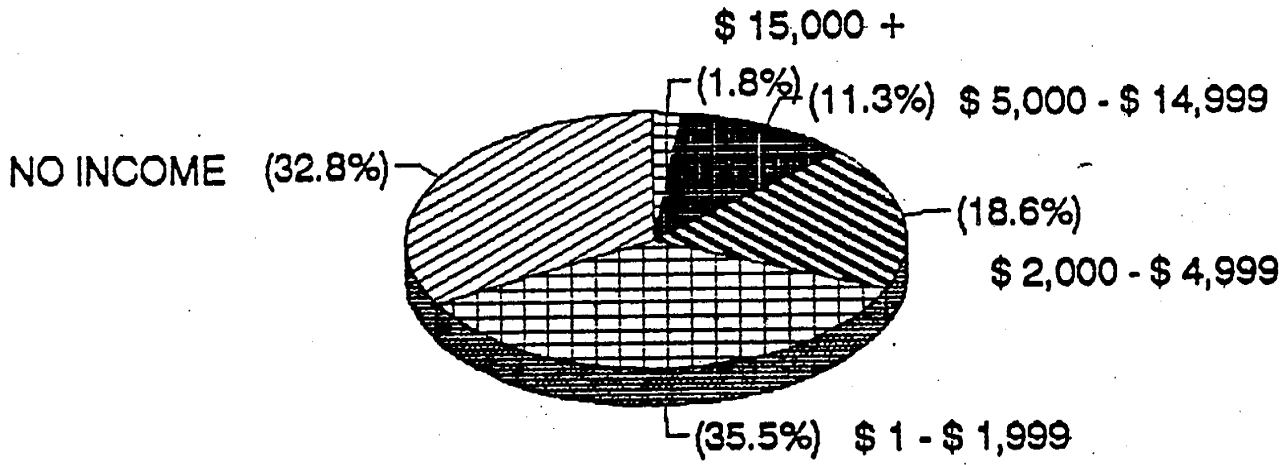
Inorder to obtain information on annual income for females in Nevada aged 14-19 years, national information on total money income as of March 1988 for females aged 15-19 years was examined. Since 98% have money income less than $15,000 and 99% have money income less than $17,500 per year, it is approriate to assume for Nevada that females aged 14-19 years will have a similar money income structure. Furthermore, if an eligibilty income level of 185% of poverty level (poverty level 1990 for a family of two is $ 8,420) or $15,577 is utilized, then virtually the entire female population aged 15-19 would be potentially eligible.
U.S. Bureau of the Census, Current Population Reports, Series P-60, No. 161, Money Income and Poverty Status in the United States:1987 (Advance data from the March 1988 Current Population Survey) U.S. Government Printing Office, Washington D.C., 1988.

FEMALES AGED 14-15 YEARS
& BIRTHS OF MOTHERS 14-19 YRS.



YEAR	FEMALES AGED 14-19 YEARS	BIRTHS OF MOTHERS AGED 14-19 YEARS
1986	42230	1933
1987	42800	1978
1988	41200	2293
1989	44070	2453
1990	46110	2566
1991	51210	2850
1992	53555	2981
1993	55815	3106
1994	57992	3228
1995	60038	3344

MONEY INCOME
FEMALES 15-19 YEARS



MONEY INCOME OF FEMALES AGED 15-19 YEARS

INCOME LEVELS		FREQUENCY	% TOTAL	CUM. FREQUENCY	% TOTAL
20000 PLUS		40	0.0045	8907	1.0000
17500	19999	18	0.0020	8867	0.9955
15000	17499	51	0.0057	8849	0.9935
12500	14999	50	0.0056	8798	0.9878
10000	12499	152	0.0171	8748	0.9821
8500	9999	101	0.0113	8596	0.9651
7000	8499	216	0.0243	8495	0.9537
6000	6999	217	0.0244	8279	0.9295
5000	5999	273	0.0307	8062	0.9051
4000	4999	869	0.0976	7789	0.8745
3000	3999	518	0.0582	7420	0.8331
2000	2999	782	0.0878	6902	0.7749
1	1999	3179	0.3569	6120	0.6871
0		2941	0.3302	2941	0.3302
TOTAL		8907	1.0000		

THOUSANDS

STATE DEPARTMENT OF EDUCATION

EUGENE T. PASLOV
erintendent of Public Instruction

400 W. King Street
Capitol Complex
Carson City, Nevada 89710

STATE OF NEVADA

SOUTHERN NEVADA OFFICE
1850 E. Sahara, Suite 200
State Mailroom Complex
Las Vegas, Nevada 89158

DEPARTMENT OF EDUCATION

May 1, 1990

MEMORANDUM

TO: Yvonne Wimmett, Manager
Maternal and Child Health

FROM: Marcia R. Bandera, Deputy Superintendent (MRB)
Instructional, Research and Evaluative Services

SUBJECT: REQUESTED RESPONSES TO THE PROPOSAL REGARDING POSSIBLE ACTIVITIES TO ADDRESS PREVENTION OF TEEN PREGNANCY IN NEVADA

As a follow up to the March 29, 1990 meeting, representatives from the Department of Education, local school districts (urban and rural) and the Nevada Association of School Boards met on April 25, 1990 to prepare responses to the draft proposal.

Attached are our suggested revisions. You will note that we concentrated primarily on the education/awareness component, with some additions and revisions suggested for the support component and the legislative/administrative component.

I have sent the attached information back out to the education work group members, and will send any additional revisions to you as soon as possible.

I have also asked each of the local school districts to identify the amount of money they have spent in implementing NRS 389.065.

MRB:maj
Attachment
copy: Robbie Bacon
Paul Billings
Pat Boyd
Judy Counter
Henry Etchemendy
Jan Evans
Bob McCord
Eugene T. Paslov
Don Williams

An Equal Opportunity Agency

DRAFT

Nevada Department of Education Response to
"PROPOSED MODELS FOR NEVADA TEEN PREGNANCY PREVENTION
AND IMPROVED PREGNANCY OUTCOME PROGRAM"
Prepared by Department of Human Resources
State Health Division, Bureau of Maternal and Child Health

I. AGENCY DESCRIPTION - Department of Education

The Nevada Department of Education's current proposed involvement with the Nevada Teen Pregnancy Outcome Program includes activities designed to reduce the incidence of unintended teen pregnancy for persons in early to middle adolescence, or the period of psychosocial development from childhood to adulthood that corresponds to the chronological ages between 12 and 19. Proposed program strategies include continuation of the Office of Comprehensive Health Education and facilitation of age-appropriate curricula activities by teaching staff to delay students initiation of early adolescent sexual activity and promote healthy planned future pregnancies and parenting skills. The Department of Education will continue to provide technical assistance to local districts in family life and sexuality education curricula development and maintain its present teacher training efforts.

The Office of Comprehensive Health Education includes two Comprehensive Health Education/AIDS Consultants and one full time secretarial support staff member in the Basic Education Branch of the Department of Education. The Director of Basic Education and the Deputy Superintendent of Instructional, Research and Evaluative Services have been actively involved with the Comprehensive Health Education Program. Technical assistance has been provided for survey activities by the Planning, Research and Evaluation Branch of the Department of Education.

Currently there is no state funding of any kind to the Department of Education for Comprehensive Health Education programs in Nevada public schools. As part of the terms and conditions for the receipt of federal funding available from the Centers for Disease Control (CDC), the Department's current funding must address the human immunodeficiency virus (HIV) prevention education programs and any related programming to help prevent the spread of HIV infection among youth. The Office of Comprehensive Health is presently responsible for: 1) documentation of increases in the number of Nevada schools and other out-of-school youth agencies that provide effective education to prevent the spread of HIV among youth; and, 2) the number of Nevada youth who receive education about HIV and AIDS and other related health problems.

In 1987 the Nevada State Legislature passed NRS 389.065, a law mandating instruction in acquired immune deficiency syndrome (AIDS), human reproduction systems, related sexually transmitted diseases (STDs), and sexual responsibility in Nevada public schools. This law requires establishment within each local education district a course or unit of a course of instruction in human sexuality and AIDS Education. In addition, it charges each school district board of trustees to appoint an advisory committee with specific membership to advise the district,

concerning the content of and materials to be used in the course of instruction. Under the law, the content of this family life education is to be locally determined, consistent with district community values and needs. Instruction can be taught only by a licensed teacher or school nurse whose qualifications have been previously approved by the board of trustees. Also for a student to receive instruction, written notice must be received from the parent or guardian consenting to the student's attendance. All instructional materials are to be available for inspection by parents or guardians and written notice of their availability must be furnished to all parents and guardians. Each local advisory task force is to review educational materials appropriate for classroom implementation.

The Comprehensive Health Education Consultants and Department of Education staff currently provide technical assistance to all seventeen districts for implementation of the NRS 389.065 mandate, and comprehensive health education program needs.

All local school districts have responded, based upon their individual district needs, to the requirements of NRS 389.065.

Overall, a high percentage of students within each grade targeted for instruction, received instruction. All districts currently are giving AIDS instruction at least beginning in the sixth grade. Districts teaching AIDS education in grades kindergarten through three are most frequently teaching it in health or in a regular class. Grades four through six and grades seven and eight receive AIDS instruction in a wide variety of classes, including science, biology, health, physical education, family life, human development, sex education or in a separate class or workshop on AIDS. Although over one-half of the districts are teaching AIDS instruction to some of their high school students in health classes, grades nine through twelve are receiving this instruction in a wide variety of classes throughout the various school districts.

Most districts had training from professional teacher trainers in the field of health, medicine or education.

II. GOALS AND OBJECTIVES: While supportive of need for percent reductions, we have concerns about the baseline data against which the percent of reduction will be calculated.

GOAL 1: No change. To delay initiation of early sexual activity.

OBJECTIVES:

1.1 Change to read. By 2000, self-reported sexual activity among Nevada teens age 12 through 14 will be reduced to 10 percent.

1.2 Change to read. By 2000, self-reported sexual activity among unmarried Nevada teens aged 15 through 19 will be reduced to 35 percent.

GOAL 2: No change. To reduce unintended teen pregnancy.

O JECTIVES:

2.4 Eliminate. Nevada State Board of Education has taken no position on school-based health clinics or "community-based health clinics." Department prefers the language of "community-based health clinics."

2.6 Change to read. By 1995 ____ percent of self-reporting sexually active Nevada teens surveyed will report using effective contraception at the time of first intercourse.

2.7 By 1995 ____ percent of self-reporting sexually active Nevada teens surveyed will report continuation of contraception after initial use.

GOAL 3: Health Department, MCH, Primary Agency -- no comment from education group.

OBJECTIVES:

GOAL 4: No change. To improve the health of infants born to teens.

OBJECTIVES: Add 4.5. By 2000, 90 percent of high school students will receive information on child birth techniques, effective parenting skills, human sexuality and family planning.

GOAL 5: No change. To increase completion of high school among pregnant and parenting teens.

5.1 Insert percent. By 2000, the number of pregnant and parenting teens completing high school or high school equivalency will be increased by 10 percent.

5.2 Change to read. By 2000, 25 percent of public high schools, GED programs, community colleges and universities will have quality day care services available and accessible.

III. PROPOSED MODEL PROGRAM - Activities currently existing in the Department and local school districts were described in the Agency Description.

A. Education/Awareness Component - Under this option, family life and sexuality education should be provided to all students (K-12) enrolled in Nevada public schools. (This is currently in process by all 17 districts with regard to NRS 389.065 implementation) Age appropriate curricula should be developed that includes modules on Sexually Transmitted Diseases (STDs) and HIV; Substance use/abuse; pregnancy, childbirth, and parenting; abstinence; safe sex; pregnancy prevention; and self-esteem, decision-making, communication skills relevant to family life and sexuality. Community awareness efforts regarding the impact of teen pregnancy on society should be expanded and be available in all communities.

Participating agencies/groups: Nevada Department of Education, Local School Districts, Nevada Teen Pregnancy Coalition (may be a subcommittee of a Healthy Mothers/Healthy Babies or Maternal Child Health (MCH) Coalition), Nevada Department of Human Resources, Nursing, Nevada Hospital Association, University Colleges of Medicine and Health Science.

I. Potential Project Activities - Prevention Education

1. Change to read. In cooperation with local school districts, the Nevada State Department of Education will revise the Human Sexuality/AIDS suggested course of study and deliver to all seventeen school districts.

2. Change to read. Updated resource materials, including audiovisuals related to family life and sexuality education will be identified.

3. Change to read. Training for designated K-12 public school teachers to conduct effective comprehensive school health education that establishes a foundation for understanding the relationships between personal behaviors and health will be ongoing to deliver family life and sexuality education.

4. Change to read. All public schools should implement district approved family life and sexuality education programs with trained teachers in K-12.

5. Change to read. The Office of Comprehensive Health Education at the Department of Education will continue to provide assistance to local school districts and schools by assessing the availability and adequacy of health education programs.

6. Change to read. The Department of Education supports the formation of a statewide coalition based on the Healthy Mothers/Healthy Babies or Maternal/Child Health Coalitions to address issues of reducing unintended pregnancies and improve pregnancy outcomes in Nevada.

   Coalition members could include agencies, groups, and individuals from the areas of medicine, education, government, church, business and media who are concerned with the program mission. A steering committee could represent the state with satellite coalitions operating at local levels.

7. Change to read. The Department of Education would work cooperatively with coalitions to provide informational posters and pamphlets in public areas, coordinate speakers to address community, parent, school, church, and other groups, and provide requested training as needed.

8. Change to read. A state funded long term, high quality media campaign should be in place statewide to focus on the priority and value of early and regular prenatal care, prevention of unintended pregnancy through abstinence, male responsibility,

information concerning contraception, STD/HIV prevention, avoidance of risk behaviors, and promotion of the "hotline."

9. Change to read. The Department of Education supports a statewide health coalition resource directory which describes teen pregnancy and infant care services. This directory should be published and updated annually.

10. Change to read. Services should be easy to find in the telephone directory and should be listed under several headings.

11. No change. A state funded statewide, toll-free "hotline" could operate 24 hours a day providing information and referral for family planning, prenatal and infant care and other teen concerns.

B. HEALTH SERVICES COMPONENT - (Not "Clinical Component")

The State Board of Education has not taken a position on school based health clinics at this time; therefore, the Department has no response to this section, but prefers references be made to "community-based health clinics" in future dialogue. Series of activities need to be reworked if "community-based health clinic" terminology is used rather than "school-based clinics."

C. SUPPORT COMPONENT -

Consideration for support services should be in place to help reduce adverse pregnancy and parenting outcomes, to encourage the achievement of maximum potential among teens and children of teens, to ensure completion of education and enhance employment prospects for teens, to help parents of teens and teen parents enhance their parenting and communication skills.

Public/private partnerships should be formed to ensure parenting education, child care, and employment and occupational counseling, and referral services are available to all teens. Social support systems should be expanded and maintained in all communities to encourage initiation and continuation of contraception among sexually active teens, early and continued prenatal care, and smooth transition to adoption or parenthood for pregnant teens.

Participating Agencies/Groups: Nevada Department of Education, Local School Districts, Nevada State Welfare Medicaid and Social Services Programs, Nevada State Health Division, Cooperative Extension Services, Women, Infants and Children Program (WIC), adoption agencies, community service organizations, churches, business and industry, University Colleges of Medicine, Nursing, Health Sciences and Education and others.

1. Potential Project Activities - Prevention Emphasis

1. Change to read. The Department of Education should identify and disseminate contemporary strategies to educational professionals to use to assist students to avoid early sexual activity.

2. Change to read. Districts should be encouraged to develop public/private partnerships for providing education and employment opportunities for at risk teens, and child care services for teen parents.

3. Change to read. Work to increase federal funding for Job Training and Partnership Act (JTPA) and Occupational Education programs in order to expand opportunities for early work experience, career planning and enhancing "life options."

4-19. Other agencies responsible -- No comment from Education.

4-20. Add. The statewide coalition should develop processes for making parenting education available to the public.

D. LEGISLATIVE/ADMINISTRATIVE COMPONENT -

Legislative initiatives, Board of Health, Board of Education and other governmental body regulations may be needed to provide authority and support for recommended activities.

Participating agencies/groups: Nevada State Legislature, State Board of Health, State Board of Education, Local School Districts' Boards of Trustees, Nevada Medical Association and others.

POTENTIAL PROJECT ACTIVITIES:

- 1-4. No change. Education supports potential project activities

- 5. Change to read. The State Board of Education should continue to provide family life and sexuality education suggested courses of study for public schools grades K-12.

- 6 and 7. No change. Education supports potential project activities.

- 8. Add. The Nevada State Legislature should provide adequate funding for curriculum development, staff and operational costs at the local level. The Legislature should provide for the continuance of the Office of Comprehensive Health Education in the Department of Education after 1991, when federal funds from CDC may no longer be available.

IV. TIME LINE - Annual time lines for five-year period.

Turnover in teaching staff will require on-going training and development for all seventeen school districts. Needs assessments for curricula development will be determined based upon information on student knowledge, attitudes and beliefs which is collected bi-annually. The survey is given to a random sample of student responses and is gathered in an anonymous manner. Potential activities will be completed annually as identified in each of the above components.

V. EVALUATION

The Department of Education through the Office of Comprehensive Health will measure student knowledge, attitudes, and behaviors in public schools bi-annually. The survey is a random sample of students and results are gathered in an anonymous fashion. Monitoring the extent to which comprehensive health education is available and adequate in schools will be done annually. The effectiveness of training teachers and other school personnel to implement comprehensive school health education that includes education about behaviors associated with HIV infection, other sexually transmitted diseases, unintended pregnancy; unintentional and intentional injuries; tobacco use; drug and alcohol use; health related physical activity; and dietary behaviors will be determined through formulative evaluation survey instruments. Data will be annually obtained to measure progress toward program objectives. (See attached student survey sample.)

VI. BUDGET - 5-YEAR TEEN PREGNANCY / PRELIMINARY BUDGET PROJECTION DEPARTMENT OF EDUCATION

	1992	1993	1994	1995	1996
01 Personnel	114,803.00 (10%)	122,839.00 (7%)	135,123.00 (10%)	144,582.00 (7%)	154,703.00 (7%)
Fringe (33%)	37,885.00	40,537.00	44,591.00	47,712.00	51,052.00
01 TOTAL	152,688.00	163,376.00	179,714.00	192,294.00	205,755.00
02 Travel (2%) Out of State	6,800.00	6,936.00	7,075.00	7,217.00	7,361.00
03 Travel In State	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00
04 Operating Expenses (5%)	40,500.00	42,525.00	44,652.00	46,885.00	49,230.00
05 Equipment	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00
TOTAL DIRECT COST	213,488.00	226,337.00	244,941.00	259,896.00	275,846.00
Indirect Cost 22%	57,642.00	61,111.00	66,134.00	70,172.00	74,479.00
GRAND TOTAL	**271,130.00**	**287,448.00**	**311,075.00**	**330,068.00**	**350,325.00**

This budget includes maintaining the Office of Comprehensive Health Education in the Nevada Department of Education with state funding from the Nevada State Legislature. Activities planned and implemented in this budget period above should allow the Department of Education to maintain effective preventative health education, to include two health education coordinators and support staff position to manage the program and coordinate program activities with local education agencies and schools. Federal funding from Center for Disease Control may not be available after fiscal year 1991.

VII. COSTS TO SCHOOL DISTRICTS FOR IMPLEMENTATION OF NRS 389.065.

The Department is in the process of collecting information regarding school district expenditures for implementation of NRS 389.065. No funds were allocated by the Legislature for this purpose.

This information, when collected, will be useful when considering further implementations of courses of study on project activities.

EUGENE T. PASLOV
Superintendent of Public Instruction

400 W. King Street
Capitol Complex
Carson City, Nevada 89710

STATE OF NEVADA

SOUTHERN NEVADA OFFI
1850 E. Sahara, Suite 20
State Mailroom Complex
Las Vegas, Nevada 8915

DEPARTMENT OF EDUCATION

AIDS SURVEY FOR STUDENTS

Sponsored By:
Office of School Health and Special Projects
Division of Health Education
Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia

AIDS is a very serious health problem in our Nation. Health officials are trying to find the best ways to teach people about AIDS and the human immunodeficiency virus (HIV), that causes AIDS. This survey has been developed so you can tell us what you know and how you feel about AIDS/HIV. The information you give will be used to develop better AIDS/HIV education programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really know, feel, or do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class.

The questions in Part 1 that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Place all your answers on this sheet. Circle only one answer per numbered question. Make sure to answer every question with only one response. When you are finished, follow the instructions of the person giving you the survey, and place your questionnaire in the envelope provided for you.

You need to understand two related words used in this survey: **AIDS** and **HIV**.

- **AIDS** stands for acquired immunodeficiency syndrome.
- AIDS is caused by the virus, HIV.
- HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS.

THANK YOU VERY MUCH FOR YOUR HELP.

PART 1

Read each question carefully. Circle only one letter answer per numbered question. Make sure to answer every question with only one response.

1. What grade are you in?

   a. 9TH b. 10TH c. 11TH d. 12TH e. UNGRADED OR OTHER

2. What is your sex?

   a. FEMALE b. MALE

3. How old are you?

   a. 12 YEARS OLD OR YOUNGER
   b. 13-14 YEARS OLD
   c. 15-16 YEARS OLD
   d. 17-18 YEARS OLD
   e. 19 YEARS OLD OR OLDER

4. Are you Hispanic or Latino?

   a. YES b. NO

5. What is your race?

   a. BLACK
   b. WHITE
   c. NATIVE AMERICAN OR ALASKAN NATIVE
   d. ASIAN OR PACIFIC ISLANDER
   e. OTHER

PART 2

Read each question carefully. Circle only one letter answer per numbered question. Make sure to answer every question with only one response.

6. Should students your age be taught about AIDS/HIV infection in school?

   a. YES b. NO c. NOT SURE

7. Have you been taught about AIDS/HIV infection in school?

   a. YES b. NO c. NOT SURE

8. Should a student with AIDS/HIV infection be allowed to go to your school?

a. YES b. NO c. NOT SURE

9. Would you be willing to be in the same class with a student with AIDS/HIV infection?

a. YES b. NO c. NOT SURE

10. Do you know where to get good information about AIDS/HIV infection?

a. YES b. NO c. NOT SURE

11. Do you know where to get tested to see if you are infected with the AIDS virus (HIV)?

a. YES b. NO c. NOT SURE

12. Do you know how to keep from getting the AIDS virus (HIV)?

a. YES b. NO c. NOT SURE

13. Have you ever talked about AIDS/HIV infection with a friend?

a. YES b. NO

14. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?

a. YES b. NO

---

15. Can a person get AIDS/HIV infection from holding hands with someone?

a. YES b. NO c. NOT SURE

16. Can a person get AIDS/HIV infection from sharing needles used to inject (shoot up) drugs?

a. YES b. NO c. NOT SURE

17. Can a person get AIDS/HIV infection from being bitten by mosquitos or other insects?

a. YES b. NO c. NOT SURE

18. Can a person get AIDS/HIV infection from donating blood?

a. YES b. NO c. NOT SURE

19. Can a person get AIDS/HIV infection from having a blood test?

a. YES b. NO c. NOT SURE

20. Can a person get AIDS/HIV infection from using public toilets?

a. YES b. NO c. NOT SURE

21. Can a person get AIDS/HIV infection from having sexual intercourse without a condom (rubber)?

a. YES b. NO c. NOT SURE

22. Can a person get AIDS/HIV infection from being in the same class with a student who has AIDS/HIV infection?

a. YES b. NO c. NOT SURE

---

23. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?

a. YES b. NO c. NOT SURE

24. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?

a. YES b. NO c. NOT SURE

25. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?

a. YES b. NO c. NOT SURE

26. Is there is a cure for AIDS/HIV infection?

a. YES b. NO c. NOT SURE

27. Is it true that only homosexual (gay) men can get AIDS/HIV infection?.

a. YES b. NO c. NOT SURE

---

28. Can people reduce their chances of becoming infected with the AIDS virus (HIV) by not having any kind of sexual intercourse (being abstinent)?

a. YES b. NO c. NOT SURE

29. Can people reduce their chances of becoming infected with the AIDS virus (HIV) by using condoms (rubbers) during sexual intercourse?

a. YES b. NO c. NOT SURE

30. Can people reduce their chances of becoming infected with the AIDS virus (HIV) by not having any kind of sexual intercourse with a person who has injected (shot up) drugs?

a. YES b. NO c. NOT SURE

31. Can people reduce their chances of becoming infected with the AIDS virus (HIV) by taking birth control pills?

a. YES b. NO c. NOT SURE

PART 3

Read each question carefully. Circle only one letter answer per numbered question. Make sure to answer every question with only one response.

32. Have you ever injected (shot up) cocaine, heroin, or other illegal drugs into your body?

a. YES b. NO

33. In the last year, have you injected (shot up) cocaine, heroin, or other illegal drugs into your body?

a. YES b. NO

34. Have you ever shared needles used to inject (shoot up) any drugs?

a. YES b. NO

35. In the last year, have you shared needles used to inject (shoot up) any drugs?

a. YES b. NO

---

36. With how many people have you had any kind of sexual intercourse in your life?

a. 0 b. 1 c. 2 d. 3 e. 4 OR MORE

37. With how many people have you had any kind of sexual intercourse in the last year?

a. 0 b. 1 c. 2 d. 3 e. 4 OR MORE

38. How old were you the first time you had any kind of sexual intercourse?

a. I HAVE NEVER HAD ANY KIND OF SEXUAL INTERCOURSE
b. 12 YEARS OLD OR YOUNGER
c. 13-14 YEARS OLD
d. 15-16 YEARS OLD
e. 17-18 YEARS OLD

39. When you have any kind of sexual intercourse, how often is a condom (rubber) used?

a. I HAVE NEVER HAD ANY KIND OF SEXUAL INTERCOURSE
b. ALWAYS
c. SOMETIMES
d. RARELY
e. NEVER

THANK YOU VERY MUCH FOR YOUR TIME AND HELP.

JOB TRAINING OFFICE

STATE OF NEVADA
JOB TRAINING OFFICE

BOB MILLER
Acting Governor

BARBARA B. WEINBERG
Executive Director

Capitol Complex
Carson City, Nevada 89710
Telephone (702) 885-4310

RECEIVED
APR 26 1990
MCH & CCS

April 24, 1990

MEMORANDUM

TO: Yvonne Wimett, MCH Manager
Department of Human Resources
Health Division

FROM: Barbara Weinberg, Director

SUBJECT: Teenage Pregnancy
Prevention and Intervention Programs

I. Agency Description

The State Job Training Office (SJTO) establishes programs to prepare economically disadvantaged youth and adults for entry into the labor force.

Youth, ages 14 through 21, who are at risk of not completing school or who have dropped out of school are a target population for our programs. Teen parenthood is a significant characteristic of drop outs and potential drop outs.

SJTO employment and training programs provide basic skills training, life skills, pre-employment and labor market orientation training, occupational skills training, work experience and on-the-job training, and job placement assistance. Support services, such as purchase of books and work equipment, child care and transportation, are also provided during the period of participation.

SJTO programs are operated by Job Opportunities In Nevada (JOIN) in the thirteen northern Nevada counties, and by Nevada Business Services (NBS) in the four southern Nevada counties.

II. Goals and Objectives

Goal A. To increase completion of high school among pregnant and parenting teens.

Objective A.1. By participating in the development and implementation of alternative (non-traditional) education.

A.2. By providing summer education and work experience programs to decrease summer learning loss, and offer credits toward graduation.

A.3. By providing job experience and income through work experience programs.

Goal B. To enhance employment prospects for teens.

Objective B.1. By providing assessment and occupational counseling.

B.2. By providing basic and occupation specific training.

B.3. By providing job placement assistance.

B.4. By providing pre-employment and labor market orientation training.

Goal C. To assure job skills that will provide adequate earnings and financial self sufficiency.

Objective C.1. By increasing basic skill level.

C.2. By providing occupational skill training.

III. Proposed model program - Support services component

Preventive

A major thrust of SJTO youth programming is to

assist youngsters to succeed in school on the theory that school success is both a deterrent to adolescent pregnancy and essential to labor force success.

SJTO program operators are required to establish Youth Employment Competency Systems which are measurable programs. Youth Employment Competency Systems include three components: Pre-employment/work maturity skills; basic education skills; and job specific skill training. Training in these areas is provided to participants with pre and post tests used to measure gain and report outcome.

Presentation style may be individual or classroom and varies depending on the subject matter and location. To complement the study programs, participants may be enrolled in a work experience program both to experience a real work setting and to earn money.

Specific program examples are:

Nevada Business Services JING (Job Incentives for Nevada Graduates) - A program for youngsters who do not meet established levels of academic achievement and who plan to enter the labor market upon leaving school. Up to 200 hours of instruction in pre-employment skills are provided in the course which may include:

Assessment, testing and counseling: occupational career and vocational exploration; job search assistance; job holding and survival skills training; basic life skills training; remedial education; labor market information; and job seeking skills training.

Job Opportunities in Nevada STEP (Student Training and Education Program) - Washoe County 14-15 year olds at least two years below grade level in reading will participate in a 15 month program covering two summers and a school year. The goals of the program are to decrease summer learning loss and to reduce pregnancy.

The curriculum includes practical academics, life skills and opportunities, computer aided instruction, silent sustained reading, work experience and a school year support component.

You're on Your Own - A statewide program in cooperation with the Welfare Department and Cooperative Extension for foster youth nearing the age of emancipation. The curriculum includes life skills and employability training to assist foster youth to move from dependence to independence.

Tutoring programs, in-house or in cooperation with educational institutions, are available at most branch offices. Remedial education and the opportunity to earn necessary credits for graduation is available through our summer program.

Nevada Business Services Youth Corps (NEBCORP) - A program for youth ages 17 to 21 without a high school diploma. The curriculum includes academics through the Adult Education Program, basic computer orientation, physical education and work experience. NEBCORP will be operated on a "Project Center" concept. In coordination with the City of Las Vegas and Clark County, sites will be selected for improvement with Park Improvement Tax Funds. A full program including work experience will be offered at each site.

Intervention

In addition to the employment and training services available to all program participants, a specific program for teen parents is available in Clark County.

Nevada Business Services Teen Parent Program - Eligible participants are single parents who have high school diplomas or GEDs, are between the ages of 18 and 21, and have dependent children. Included in the program are counseling, a Survival Skills Workshop, classroom training, and work experience.

V. Evaluation

JTPA programs are evaluated based on measures of performance established by the Department of Labor. Numerical values for each measure are modified based on the demographics of the population actually served and other factors. The performance measures are outcome oriented. The following measures would relate to the teen parent participants:

Youth Employability Enhancement Rate

Remained in School
- Youth at risk of dropping out of school
- 120 days in school
- Satisfactory progress
- Attained competency in preemployment/work maturity, basic education or job specific skills

Returned to school
- Youth not attending school
- Retained 120 days in school
- Satisfactory progress
- Attained competency in basic education or job specific skill

Completed major level of education
- Enrolled 90 days or 200 hours
- Received diploma, GED, or certificate

These evaluation factors are calculated quarterly for participants leaving the program.

VI. Budget

State Job training Office programs are federally funded. An expenditure of approximately $1500 per youth participant is projected.

COOPERATIVE EXTENSION

Nevada Teen Pregnancy Prevention and Improved Pregnancy Outcome Program

University of Nevada Cooperative Extension Component

May 2, 1990

Program (Agency) Description

Nevada Cooperative Extension is the outreach arm of the University of Nevada. It is the link between on-campus researchers and the citizens of Nevada. Extension takes research and translates it into practical applications for the citizens of Nevada. Its mission is to help people improve their lives through an educational process that uses scientific knowledge focused on issues and needs.

In an effort to focus on issues and needs, Nevada Cooperative Extension has examined and refocused its educational network on a few initiatives of societal importance. Nevada as well as the entire United States faces a crisis in the growing numbers of youth that are becoming separated from the mainstream of American life and are unprepared to be responsible and productive adults. To address this concern, "Youth at Risk" has been identified at both a national and statewide level. Adolescent parenthood has been called a syndrome of failure. Parenting teens are at particularly high risk for health, emotional, financial and educational problems. Early parenthood often results in a failure to stay in school, to control family size, to enter the work force and to create a good home for the children.

To address this population at risk, four distinct but interrelated programs have been developed and implemented by Cooperative Extension faculty. A description of each program is found on the following pages. Expansion of any of these programs must be assessed on an individual basis.

Submitted by Dan Weigel, Sally Martin, Fran Bass, and Glenna Gaudy, University of Nevada Cooperative Extension.

WINGS: A Volunteer Mentor Program Assisting Pregnant and Parenting Teens (Reno, Carson City)

Parents as Partners (Las Vegas)

Program Description

The WINGS Program uses a community-based, volunteer and home visitor approach to provide support to expectant and adolescent parents. In Reno and Carson City, the program matches at-risk teens one-on-one with well-trained volunteer mentors for one year to provide education, support and community linkage. In Las Vegas the Parents as Partners program uses a paid home visitor to teach educational lessons twice a month in the home. We are currently reaching about 50 young women and expect to reach approximately 100 by the end of this year.

Goals and Objectives

It is expected that after one year, 75% of those school-age parents graduating from the WINGS and Parents as Partners programs will:

* increase knowledge of parenting, family nutrition, money and home management
* demonstrate skills in parenting, family nutrition, money and home management
* increase feelings of self-efficacy
* successfully complete 75% of the specific goals they set

After three years, 50% of participants will have:

* reduced incidence of child abuse and inappropriate repeat pregnancy
* completed, or working toward completing, high school, GED, or vocational school
* be employed (assuming that education has been completed)

Proposed Model Program

Support Services Component

The volunteers and outreach workers provide intervention and support to help reduce the adverse pregnancy and parenting outcomes by teaching parenting, nutrition, money management, and home management skills. Mentors also offer emotional support and linkages to community resources.

Evaluation

While no evaluation results are available yet, both extensive one year and three year evaluation procedures are in place for current programs. Specific components of the evaluation model include:

1. Pre-post knowledge test (parenting, nutrition, money and home management)
2. Pre-post attitude test (parenting, nutrition, money and home management)
3. Pre-post self-efficacy test
4. Completion of individually established teen goals
5. Pre-post test of volunteer self-efficacy
6. Volunteer and teen exit interviews
7. Tracking of incidence of repeat pregnancy, school completion, employment status, and child abuse reports

Additional References

Brooks-Gunn, J., & Furstenberg, F. F., Jr. (1986). The children of adolescent mothers: physical, academic, and psychological outcomes. Developmental Review, 6, 224-251.

Colletta, N. D., & Gregg, C. H. (1981). Adolescent mothers' vulnerability to stress. Journal of Nervous and Mental Disorders, 169, 50-54.

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Hirsch, B. J. (1980). Natural support systems and coping with major life changes. American Journal of Community Psychology, 8, 159-172.

Lamb, M. E., & Easterbrooks, A. (1981). Individual differences in parental sensitivity: origins, components and consequences. In M. E. Lamb & L. R. Sherrod (eds.), Infant social cognition: empirical and theoretical considerations. Hillsdale, NJ: Erlbaum.

Lewis, M., & Feiring, C. (1981). Direct and indirect interactions in social relationships. In L. Lipsitt (ed.), Advances in infancy research (Vol. 1). New York: Ablex.

Turner, R. J., & Noh, S. (1981). Class and psychological vulnerability among women: the significance of social support and personal control. Paper presented at the meeting of the Society for the Study of Social Problems, Toronto, Ontario.

Little Lives and other Extension Parent Education Programs

Program Description

Little Lives is an age-paced newsletter mailed to parents monthly during their child's first year and bimonthly from 13 to 36 months. It contains age-specific developmental information telling parents what to expect in terms of cognitive, emotional, social, language, small muscle and large muscle development. It has special features on activities for growth, stress reduction for parents, handling guidance and discipline, nutrition, safety, and special messages about the roles of parents and partners.

A main goal of Little Lives is to provide primary prevention of child abuse and neglect. In addition, the newsletter is designed to enhance children's development and ease parents into the parenting role. Little Lives is mailed directly to the home from names gathered from local agencies, health providers, and public education. While the newsletter is available for all new parents, special efforts have been made to recruit teen and low resource parents.

In addition, the University of Nevada Cooperative Extension has a number of other parenting publications and resources available for young parents. Publications are distributed directly to the public and through other agencies and organizations. Programs are offered by Extension personnel, professionals in other organizations, or volunteers.

Goals and Objectives

Help parents:

1) Provide activities and a family environment which promotes the child's intellectual, social, emotional, language, and physical development as well as self-esteem
2) Use effective, non-punitive guidance and discipline
3) Respond to the child's emotional and social needs
4) Maintain and promote the child's health, nutrition, and safety
5) Reduce their own stress levels, enhance a sense of competence as parents, and model desirable behaviors for their children
6) Use community resources as needed to further child and family well-being

Proposed Model Program

Health Services Component

Little Lives helps young parents by providing easy to read, research-based parenting information appropriate for the exact ages of their children. Little Lives, plus additional parenting publications and resources, can augment materials to be developed by the Health Division.

Evaluation

A one-year evaluation was competed on Little Lives in 1989. The vast majority rated the developmental information as very (80%) or somewhat (19%) helpful. Special topics were also rated highly (from 62% to 80% rated as very helpful). Parents also reported that Little Lives caused them to provide more sensory experiences for their babies (74%) and more activities for growth (71%), and to talk more with their babies (62%). Ninety-four percent indicated that Little Lives help them to feel more self-confidant. All respondents rated the newsletter as either very useful (68%) or moderately useful (32%) overall. An additional, multi-state evaluation is underway in cooperation with National Head Start.

Additional References

Frodi, A.M., & Lamb, M.E. (1980). Child abusers' responses to infant smiles and cries. Child Development, 51, 238 -241.

Gelles, R. J. (1978). Violence toward children in the United States. American Journal of Orthopsychiatry, 48, 58-592.

Kaplan, F. (Ed.) (1978). The first twelve months of life: Your baby's growth month by month. New York: The Princeton Center for Infancy and Early Childhood, Bantam Books.

Kinard, E.M. (1982). Experiencing child abuse: Effects on emotional adjustment. American Journal of Orthopsychiatry, 52, 82-91.

Webster-Stratton. (1985). Comparison of abusive and non-abusive families with conduct disordered children. American Journal of Orthopsychiatry, 55, 59-69.

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A Child In Your Life

Program Description

A Child In Your Life is a program for teen and other new, young parents. It includes a series of videotapes, handouts, and leader's guides on the following six topics: " Help Me Make It Through The Day (stress);" "With A Little Help From My Friends (formal and informal support groups);" "My How You've Grown (development in early childhood);" "Why Won't You Behave (discipline and guidance);" "Come Play With Me (infant stimulation and play);" "Time To Eat (nutrition)." Real teen parents are featured in the videos which focus on both mothers and fathers, single and married parents, and individuals from different ethnic backgrounds.

The program may be offered by Extension personnel, loaned to professionals in other organizations, or offered by volunteers. The program could be used to encourage a series of support group meetings for teen parents. It would be a good supplement for Little Lives. At present, there are four complete sets of videotapes and materials (for reproduction) in Extension offices around the state.

Goals and Objectives

Help parents:

1) Gain knowledge about child development, discipline, play activities which stimulate development, and nutrition.
2) Gain a greater understanding of stress and how to deal with it in a positive manner as well as of the value of social support.
3) Identify with normal problems of young parents and how to cope in an effective manner.

Proposed Model Program

Education/Awareness Component

1. A Child In Your Life successfully combines recent research with the very real challenges facing teen parents.

2. It can be used for intervention education to improve pregnancy outcomes for parents and for children and is a good supplement for Little Lives as well as Health Services programs and others.

Evaluation

A program evaluation to be completed by participants and leaders is included with each of the six programs. No evaluation data are available at present.

Feelin' Fit During Pregnancy

Program Description

Feelin' Fit During Pregnancy is funded through the Expanded Food and Nutrition Education Program (EFNEP) through USDA. EFNEP is designed specifically to teach healthy food habits to low income families. This program within EFNEP focuses on prenatal nutrition education for low income women. A particularly strong aspect has been education for pregnant teens.

The teen is visited by an EFNEP aide twice monthly until the infant's birth. Two follow-up sessions are conducted at 3 months and 6 months after the birth of the baby. During these visits, a series of 10 comprehensive nutrition modules, including a pre-assessment inventory, is administered to each teen. Some of the modules are presented in small group meetings.

Goals and Objectives

The objectives of the program focus upon adequate weight gain of the teen and avoidance of low birth weights.

* Each teen participating in the program will gain the weight identified as appropriate for age and initial body weight.
* Babies born to participating teens will weigh five pounds, eight ounces or greater.
* Participating teens will increase their knowledge of prenatal and infant nutrition by a minimum of 25%.

Proposed Model Program

Education/Awareness Component.

This is intervention education in that the teens are already pregnant when they participate in the program.

Health Services Component

This program is preventive health related education.

Evaluation

Records are kept on all teens who successfully complete the program. Diet recalls are recorded and calculated three times during the program and compared to the individual's pregnancy needs. Teen weights are recorded during each visit by the program aide to determine if weight gain trends closely follow prescribed guidelines. Birth weights are recorded to determine if the weights are greater than or equal to 5 pounds, eight ounces. The percentage of teens who breast feed is recorded. Statistical analysis is performed on all data and compared to national and Nevada standards, when available for population norms.

HEALTH DIVISION

I. NEVADA STATE HEALTH DIVISION PROGRAM DESCRIPTION

The mission of the State Health Division is to promote and protect the health of Nevadans and visitors to our state. The agency manages eighteen programs in public health regulation, public health education, or direct services. The services pertaining to adolescents are mainly under the programs of Maternal and Child Health, Community Health Nursing, and WIC.

Maternal and Child Health Services encompass Maternal and Infant Care Services; the Newborn Screening program; Dental Services; Health Education; Statewide Genetic Services; Children's Special Health Care Services, including evaluations and medical payments; and Primary Care. The Maternal and Child Health goal is to provide maternal and child health services to assure access to quality care, to reduce mortality and morbidity, to promote the health of mothers and children by providing preventive and primary care services, and to provide rehabilitation services for disabled and handicapped children. Maternal and Infant Care Services provides case management for high risk pregnant women and well child care for infants up to 1 year of life. Children's Special Health Care Services provides prevention, diagnostic treatment and case management services to eligible children. The Newborn Screening Program provides screening and follow-up for treatment of potentially lethal herritable diseases. The Dental Service provides funding for free care to qualifying families. Health Education services disseminates educational materials statewide in the form of brochures, fact sheets, videos, articles, public service announcements, and formal presentations. Statewide Genetic Services provides education and counseling to families needing information.

The Community Health Nursing program provides preventive health care services, including immunizations, family planning, well child clinics, hypertension screening, adult health and flu vaccine clinics for seniors, and clinics for treatment of sexually transmitted diseases. These services are provided in the rural counties by 20 full time nurses in 42 clinic and satellite sites. Currently, 30 percent of the family planning clientele is teenagers.

The WIC program provides supplemental foods and nutrition education to pregnant, post partum and breast feeding women, infants, and young children from low income families who are at special risk with respect to physical and mental health by reason of inadequate nutrition or health care. In all WIC clinics, 20-25% of pregnant women on WIC are teenagers. 25% of the teen population on WIC is black, with 23.5% white.

Other networking programs in the Health Division that affect the health of adolescents or their children is the Special Children's Clinic, Immunization Program, Communicable Disease Control, and Nevada AIDS program. The Special Children's Clinics in Las Vegas and Reno provide diagnostic and treatment services to children with known or suspected developmental delays. These clinics provide follow-up evaluation for all babies discharged from neonatal intensive care units in the state. The Immunization Program is responsible for the control, reduction and eventual eradication of vaccine preventable diseases in children, older adolescents and adults. The Community Health Nurses administer immunizations in the clinics, schools, and senior centers. The Communicable Disease Control and Nevada AIDS program coordinate and operate testing, counseling, and education. The Vital Statistics program provides the state with data extracted from records of all births, deaths, adoptions, abortions, marriages, and divorces.

II. GOALS AND OBJECTIVES:

GOAL 1: To delay initiation of early sexual activity.

OBJECTIVES:

*1.1 By 1995, reported sexual activity among teens age 14 and younger will be reduced to 10%. No Nevada baseline data.

*1.2 By 1995, reported sexual activity among unmarried teens aged 15 through 19 will be reduced to 35%. No Nevada baseline data.

GOAL 2: To reduce unintended teen pregnancy.

OBJECTIVES:

*2.1 By 1995, the pregnancy rate among females age 14 and under will be reduced to 3.5/1000. Nevada Vital Statistics: 1988, 4.3/1000.

*2.2 By 1995, the pregnancy rate among females age 15 through 17 will be reduced to 66/1000. Nevada Vital Statistics: 1988, 78/1000.

*2.3 By 1995, the pregnancy rate among females age 18 and 19 will be reduced to 160/1000. Nevada Vital Statistics: 1988, 210/1000.

2.4 By 1995, the percentage of live births to teenagers will be reduced to 10% of all live births in Nevada. Nevada Vital Statistics: 1988, 12.5%.

2.4a The percentage of live births to black teenagers will be reduced to 16% of all black live births in Nevada. NVS: 1988, 24%.

*2.5 By 1995, repeat pregnancies among women under 19 will be reduced to no more than 6/1000 women, as measured by repeat births. NVS: 1987, 8/1000.

2.6 By 1995, all Nevada communities will have community-based clinics available on at least a weekly basis to provide confidential reproductive services to adolescents including pregnancy testing; family planning exams, education, counseling, and referral; prenatal exams; and prenatal, childbirth, and parenting education, counseling, and referral. No NV data.

2.7 By 1995, all Nevada communities will have confidential family planning clinic services available on a sliding fee scale within a 30 minute travel distance. No NV data.

*2.8 By 1995, 75% of sexually active teens will report using effective contraception at the time of first intercourse. No NV data.

*2.9 By 1995, 90% of sexually active teens will report continuation of contraception 6 months after initiation of use. No NV data.

GOAL 3: To improve pregnancy outcome among teens.

OBJECTIVES:

*3.1 By 1995, the infant mortality rate among teen pregnancies will be reduced to 11/1000. NVS: 1988, 14.8/1000

3.1a Black infant mortality to 23/1000. NVS: 1988, 36.2/1000.

*3.2 By 1995, the incidence of low birth weight (LBW) among teen pregnancies will be reduced to 7.5% of live births. NVS: 1988, 10.3%.

3.2a Black low birth weight to 11.5%. NVS: 1988, 13.6%.

*3.3 By 1995, 70% of pregnant teens will receive prenatal care in the first trimester. NVS: 1988, 49%.

3.4 By 1995, 90% of pregnant teens will receive at least 5 prenatal visits. No NV data.

*3.5 By 1995, 80% of pregnant teens and their infants will receive risk-appropriate care (as measured by the percentage of VLBW infants born in facilities staffed by a neonatologist 24 hours a day). No NV data.

GOAL 4: To improve the health of infants born to teens.

OBJECTIVES:

*4.1 By 1995, 80% of infants born to teens will receive primary care services through the first year of life as recommended in the Guidelines for Health Supervision by the American Academy of Pediatrics. No NV data.

*4.2 By 1995, 40% of teen mothers will report breast feeding their infants up to 5-6 months of age. WIC: 1989, 34% of general population initiated breast feeding at birth. No data for teens or for continuation of breast feeding.

*Objectives for 1995 were set using a halfway measure between Nevada statistics and the Year 2000 Objectives for the nation.

III. PROPOSED MODEL PROGRAM

PREVENTION/INTERVENTION EDUCATION/AWARENESS COMPONENT:

The Health Division currently provides education to public and private sectors through a brochure, video, and film library. A fact sheet series was designed on topics in family planning, communicable disease, and well-baby. Materials on puberty, sexual behavior choices, male responsibility, and teen concerns (peer pressure, date rape, etc.) are topics kept at the library. The materials are distributed statewide for free. The Community Health Nursing clinics use the materials continually. Funding for printing and purchasing materials is limited. Many brochures are obtained from free sources but in limited quantities.

Public awareness efforts of teen pregnancy issues is currently limited. Articles are written monthly for rural newspapers and small urban newspapers to print on prenatal care, general infant mortality rates, and teen pregnancy outcomes and consequences. Formal presentations are given to requesting organizations on teen pregnancy statistics of incidence and outcome. Community awareness efforts regarding the impact of teen pregnancy on society need to be expanded and be available in all communities.

Expansion and/or Addition of activities:

1. A statewide coalition could be formed based on the Healthy Mothers/Healthy Babies or Maternal/Child Coalitions to address issues of reducing unintended pregnancies and improve pregnancy outcomes in Nevada. Coalition members will include agencies, groups, and individuals from the areas of medicine, education, government, church, business, and media who are concerned with

the program mission. A steering committee will represent the state with satellite coalitions operating at local levels. The Health Division would need a State Adolescent Health Coordinator to facilitate the coalition.

The Coalition could provide informational posters and pamphlets in public areas, and train and coordinate speakers to address community, parent, school, church, and other groups.

2. A long term, high quality media campaign should be in place statewide that will focus on the priority and value of early and regular prenatal care, prevention of unintended pregnancy through abstinence or effective contraception, STD/HIV prevention, male responsibility, avoidance of risk behaviors, and promotion of an informational and referral hotline.

3. A resource directory describing teen, pregnancy, and infant care services should be published and updated annually. Distribution would include all agencies working with the teen population. The Health Division would ensure that services could be easily found in the phone directory listed under several headings.

4. A statewide, toll-free "hotline" should operate 24 hours a day providing information and referral for family planning, prenatal and infant care, and other teen concerns. Staffing of the hotline could be part responsibility of the Adolescent Health Coordinator's job and part of a Nursing Consultant's job.

5. Educational materials (brochures, videos, and posters) targeted at the teen population (male and female) should be developed, purchased, and distributed to public and private organizations.

6. The Community Health Nurses could increase outreach into schools increasing contacts of teenagers providing education on family planning issues, overall health, and resources available.

PREVENTION/INTERVENTION HEALTH SERVICES COMPONENT:

The Health Division currently provides screening of newborns for heritable diseases and evaluation/treatment of children with special health care needs. Testing of pregnant women identified at risk for problems is encouraged and reimbursement for services provided. Prenatal services and case management of pregnant women are provided through contracts with EOB in Las Vegas (low risk pregnant women only and newborn follow-up) and with Washoe County District Health Department in Reno. The Community Health Nursing offices provide family planning and infant care to the adolescent population. WIC provides nutritional education and recommendations to pregnant and parenting teenagers.

Expansion and Addition of activities:

1. Adolescent health services could be provided through community-based clinics to appropriate grade levels on at least a weekly basis. All clinics could

provide the following confidential teen health-related services:
School, sports, camp, college entrance physical exams;
Immunizations;
Treatment of minor acute illnesses;
Pregnancy testing, counseling, and referral;
Family planning services;
Prenatal and postnatal care;
Weight management/eating disorder counseling, referral;
Skin care, referral;
STD/HIV testing, counseling, referral;
Substance use/abuse prevention, counseling, referral;
Family violence counseling, referral;
Emotional problems counseling, referral;
Well child care and immunizations for children of students;
Ongoing support through any treatment services required; and
Referral and follow-up on all services the clinic is unable to provide directly.

a. The Health Division could pilot a community-based health clinic project in Clark County and several rural counties, such as Lander, Carson City, Elko, Humboldt, and Churchill. The projects would be directed toward identified "at risk" populations. Minority, low-income teenagers who are medically underserved will be the focus of all pilot projects.

b. The Health Division could provide and train the community-based clinic personnel in Clark County. Staff could include a nurse practitioner (NP) or certified nurse midwife (CNM) and social worker (SW), and contracted providers for medical, nutrition, psychological, dental, and other designated services for Clark County. In the rural counties, the Community Health Nursing staff could be expanded to increase services and depending on geography and population cover more than one school. The Community Health Nurses could expand services to not only include family planning and well child exams, but to offer prenatal care and post-partum care. Prenatal and postnatal home visits and early parenting programs could be provided. A Nursing Consultant at the Health Division could provide technical training to these providers and the Community Health Nurses on prevention/intervention techniques appropriate for adolescents, including contraceptive counseling and prenatal care. All staff should work with school nurse. (School nurse may provide expanded services, also.)

c. Community-based Clinic staff, the Nursing Consultant, and the Community Health Nurses should serve as resources to family life and sexuality teachers in their respective school districts.

d. Computerized confidential teen health assessments should be developed and used in each clinic.

e. All clinic records should be confidential and accessible only by written consent of the client.

f. Client evaluation of services should be incorporated as part of clinic quality assurance procedures.

g. Clinics should encourage clients to consult with their parents about services, and should inform parents of services, providing a form for parents to refuse the services for their child, if so desired.

h. Clinics should have uniform policies/procedures and protocols with built-in flexibility to adapt to the needs and resources of the community it serves.

i. Clinic locations and scheduling should ensure privacy and accessibility. Clark County's pilot project could be located in North Las Vegas to reach high risk population of increased chance of becoming pregnant and of having poor outcomes in pregnancy.

2. Workshops, literature, and personal support to teen fathers should be instituted to encourage participation in all aspects of prenatal and parenting education and care. Male responsibility in sexual relationships should also be encouraged. As needed, separate programs will be made available to teen boys or fathers addressing their specific needs.

3. Clinics could provide health education materials, including brochures, videos, posters, workshops, etc. on all health issues. Prevention of pregnancy, care in pregnancy, and parenting skills should be main topics of education.

4. Transportation should be provided for adolescents as needed. Other barriers to accessibility of services should be considered as they arise and resolved.

Other providers:

1. Guidelines could be developed for health care providers on clinic flow, scheduling, and overall efficiency of clinics.

a. Clients should be able to secure appointments within two weeks of contact with a provider within a reasonable traveling distance to the client.

b. Provider staff should be described by client evaluation forms as friendly, courteous, respectful, and sensitive.

c. Waiting room time should be no more than 30 minutes whenever possible. Explanations and apologies for longer waits will be routinely offered.

d. Appointments for various services should be coordinated for efficiency and convenience.

2. There should be rigorous follow-up of all missed prenatal, infant care, and family planning appointments. The Community Health Nurses should be available to help assist in follow-up.

3. Providers should routinely inform clients about the hazards and benefits of certain behaviors (e.g nutrition, smoking, alcohol and drug use) prior to and during pregnancy and lactation.

4. The Health Division could serve as a clearinghouse, distributing preconceptual, prenatal, and parenting materials to all care providers. Development and publication of materials would be coordinated between agencies.

5. The Health Division should develop guidelines/standards for perinatal care (preconception through the first year of the infant's life) which are at least on par with national standards.

6. The Health Division should plan and implement regionalized perinatal care systems.

8. The Health Division should develop and distribute uniform risk screening tools, patient record forms, and care content checklists for perinatal care.

9. The Health Division should ensure availability of risk screening tools to all personnel who may have contact with teens at risk for unintended pregnancy.

INTERVENTION SUPPORT COMPONENT:

WIC currently educates pregnant women on nutritional needs of pregnancy and for infants and provides food supplement vouchers to enhance their current diet. Outreach is done on a limited basis being a limited number of women can actually be served on the WIC program. WIC targets high-risk populations, being teens, minorities, and low-income.

Expansion and Addition of activities:

1. WIC services should be accessible and coordinated with other services to pregnant and parenting teens. Outreach to the teen population should be increased. Education can be offered even if food supplement funding is unavailable.

PREVENTION/INTERVENTION LEGISLATIVE COMPONENT:

1. The Nevada Medical Association (NMA) and State Legislature could pursue tort reform, liability premium subsidies for obstetric care providers, and support the expanded use of mid-level care providers (NPs and CNMs) to improve the capacity to meet perinatal care needs.

2. The State Legislature could initiate universal health insurance to subsidize uninsured or underinsured individuals, and require all health insurance

policies to cover perinatal-related care (preconceptual through the first year of the infant's life).

3. The State Legislature could provide adequate support for regionalized perinatal care systems in Nevada.

4. The State Legislature could provide adequate support for maternal and child surveillance activities including ongoing collection, tabulation, analysis, and timely dissemination of data to increase the ability to identify high risk populations, plan interventions, and evaluate prevention strategies.

5. The Board of Health could approve standards for perinatal care facilities.

6. The State Legislature could provide funding for implementation of community-based health care clinics. Funding would be needed for additional staff in Community Health Nursing Clinics, pilot project in Clark County, Nursing Consultant and Adolescent Health Coordinator at Health Division, clerical support, educational material support, and statewide public relations support.

IV. TIME LINE

1990- Continue distribution of educational materials and provision of presentations to increase public awareness of the teen pregnancy issues in Nevada. Encourage Community Health Nurses and WIC offices to do outreach to teen populations, providing education. Complete perinatal standards for approval and develop a proposal for a perinatal care system.

1991- Establish pilot projects in Clark County and 5 rural sites through the expansion of the Community Health Nursing offices. Hire additional staff. Begin media campaign, material development, and formation of Healthy Mothers/Healthy Babies Coalition.

1992- Evaluate community-based clinics and generate report for 1993 legislature. Adjust and/or continue activities started in 1991.

1993- Expand sites of community-based clinics. Adjust and/or continue activities initiated in 1991.

1994- Evaluate community-based clinics (all sites) and generage report for 1995 legislature. Adjust and/or continue activities started in 1991.

V. EVALUATION

From the program's measurable goals and objectives, data collection tools, service delivery guidelines, and program evaluations will be developed for determining success. The evaluation process will answer the questions of program effectiveness; accomplishment of objectives; problems and solutions; cost; and implications for future activities.

VI. BUDGET

POSITIONS	*FY92	FY93	FY94	FY95	FY96
TOTAL SALARIES/BENEFITS	$324,175	$453,845	$476,537	$500,364	$525,382
TRAVEL					
In-state travel	$6,000	$8,400	$8,820	$9,261	$9,724
Out-of-state travel	$1,875	2,625	2,756	2,894	3,039
TOTAL TRAVEL	$7,875	11,025	11,576	12,155	12,763
OPERATING					
Operating supplies.	$3,600	$4,725	$4,961	$5,209	$5,496
Contractual services.	$34,650	48,510	50,935	53,482	56,156
Printing.	$4,000	5,250	5,512	5,788	6,077
Advertising.	$8,000	10,500	11,024	11,576	12,155
Postage.	$2,400	3,150	3,307	3,472	3,646
Telephone.	$8,600	8,400	8,820	9,261	9,724
Rent.	$10,875	15,225	15,986	16,785	17,624
Instructional Material.	$4,000	5,250	5,512	5,788	6,077
Medical Supplies.	$23,844	32,189	34,764	37,545	40,549
TOTAL OPERATING	$99,969	133,199	140,821	148,906	157,504
EQUIPMENT					
Computer stations.	$9,375	0	0	0	0
Office furniture.	$8,356	0	0	0	0
Audio-visual.	$1,600	0	0	0	0
Subtotal of equipment	$19,331	0	0	0	0
Admin. cost at 4.5%	$870	0	0	0	0
TOTAL EQUIPMENT	$20,201	0	0	0	0
TRAINING					
TOTAL TRAINING	$800	$1,050	$1,102	$1,157	$1,215
TOTAL COST OF PROJECT	**$453,020**	**$599,119**	**$630,036**	**$662,582**	**$696,864**

*The FY 92 budget was based upon 9 months instead of 12. Salaries, travel, rental, and contracts were estimated at 75% of a full year. Supplies, etc. were set at 80% and equipment at 100%. The FY 93 budget was based on 12 months of operation.

EXPANSION OF BUDGET FY 92: (Based on a full year)			
POSITIONS			
STATE CENTRAL OFFICE	STATE/RURAL	CLARK CO.	TOTAL
Adolescent Health Coordinator 36.01	$27,381		
Adolescent Nursing Specialist 37.10	34,845		
Management Assistant I 23.10	16,070		
Subtotal Salaries	78,296		
Fringe Benefits (30%)	23,488		
Subtotal Central Office	$101,784		$101,784
RURAL COMM. HEALTH NURSING CLINICS			
5 Nurse Practitioners 36.01	$166,660		
Subtotal Salaries	166,660		
Fringe Benefits (30%)	49,998		
Subtotal Rural Clinics	$216,658		$216,658
CLARK COUNTY PILOT PROJECT			
Nurse Practitioner 37.10		$34,845	
Social Worker 35.05		28,582	
1.5 Management Assistant I 23.10		24,105	
Subtotal Salaries		87,532	
Fringe Benefits (30%)		26,260	
Subtotal Clark County		$113,792	$113,792
TOTAL SALARIES/BENEFITS	$318,442	$113,792	$432.234
TRAVEL			
IN-STATE TRAVEL			
Travel for State Central Office staff to allow for consultaion with field staff, provide for technical assistance, program evaluation, meeting with advocacy groups.	$5,000		$5,000
Travel for rural staff to training.	$1,000		$1,000
Travel of Las Vegas staff within the city for outreach, education, meetings with advocacy groups. Travel to state trainings.		$1,000	$1,000
Transportation for teens to health care site.		$1,000	$1,000

OUT-OF-STATE TRAVEL			
Authorization for professional staff to attend meetings of regional and national significance to meet program objectives.	$2,500		$2,500
TOTAL TRAVEL	$8,500	$2,000	$10,500
OPERATING			
Operating supplies, costs to include paper, envelopes, insurance (property).	$3,000	$1,500	$4,500
Contractual services. Allowance for contracts with ObGyn physicians in Las Vegas. Projected costs are based on $75.00 per hour for 8 hours per week for 52 weeks each year. Allowance for contracts with research agencies to evaluate program. Allowance for contracts with media agencies to develop local public service announcements.	$15,000	$31,200	$46,200
Printing. Brochures, flyers, posters, educational pamphlets that can be reproduced locally. Resource Directory of teen services in the state.	$5,000		$5,000
Advertising. Local advertisement to inform the community target population of program's existence and location. Media campaign costs include billboards, ads in newspapers and magazines, radio and television spots. Advertisment of "hotline."	$10,000		$10,000
Postage.	$2,000	$1,000	$3,000
Telephone. Operating costs associated with telephone operating. First year reflects installation charges of $2000. Hotline set-up and maintenance. ($1000)	$8,000	$2,000	$10,000
Rent. Allowance for space for Central Office. 500 square feet at state cost of 7.812 SF/Year. Allowance for space in Las Vegas. 1000 square feet in Las Vegas at $1.05 SF/ Year.	$4,000	$10,500	$14,500
Instructional Materials. Consists of preprinted information to include brochures, posters, videos, and workbooks.	$5,000		$5,000
Medical Supplies. a. Consists of disposal material such as gloves, kleenex, cotton balls, etc.	$2,500	$5,000	$7,500

b. Allowance for vaccines such as MMR and Td. MMR is $14.71 per dose; Td is $.16 per dose. Projected on client load of 1,000 in Las Vegas and 500 in rural areas.	$7,435	$14,870	$22,305
TOTAL OPERATING	$61,935	$66,070	$128,005
EQUIPMENT			
Computers to develop educational materials, screening tools, evaluations, flow charts, etc.			
IBM system to include work station:			
-IBM System, Mod 50Z, software, Display	$4,720	$2,360	$7,080
-Work Stations	400	200	600
-Printers	1,130	565	1,695
Two stations at Central office and one in Las Vegas.			
Office furniture.			
-4 desks, professional	$1,142	$1,142	$2,284
-2 desks, clerical	571	571	1,142
-4 chairs, professional	684	684	1,368
-2 chairs, clerical	171	171	342
-10 chairs, side (client)	0	1,750	1,750
-6 file cabinets, 4 drawer	585	585	1,170
-2 shelves with 4 shelves each	0	300	300
Audio-visual.			
-Slide Projector		$300	$300
-Overhead		400	400
-TV/VCR unit		900	900
Subtotal of Equipment	$9,403	$9,928	$19,331
Administrative cost at 4.5%	423	447	870
TOTAL EQUIPMENT	$9,826	$10,375	$20,201
TRAINING			
Authorization for state employees to attend workshops significant to program goals and objectives. Workshops and programs provided by nurse practitioners, Adolescent Health Coordinator, Adolescent Nursing Specialist, Social Worker. Conference/workshop costs.	$1,000		$1,000
TOTAL TRAINING	$1,000		$1,000
TOTAL COST OF PROJECT	$399,703	$192,237	$591,940

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APPENDIX D

School Nursing Services

JUNE 8, 1990
ACR 32 -- LEGISLATIVE COMMISSION'S
SUBCOMMITTEE TO STUDY TEEN PREGNANCY

SCHOOL NURSING SERVICES

From Information Provided By Ms. Carolyn Fricke, Supervisor
Health Services, Washoe County School District
Distributed By
Marcia R. Bandera, Deputy Superintendent
Instructional, Research and Evaluative Services
Nevada Department of Education

PURPOSE: The purpose of school nursing services is to enhance the process of education for students by removing or modifying health related barriers to learning, and promoting optimum wellness through the provision of nursing services, health education and the promotion of a healthful environment.

KNOWLEDGE AND QUALIFICATIONS: School nurses who are registered nurses generally have specialized training in:

Physical-Neurological Assessment,

Counseling (relative to physical and mental health),

Sexuality Education,

Communicable Diseases,

Child Abuse Assessment,

Suicide,

Special Needs Children,

Substance Abuse.

GOALS FOR NURSING SERVICES:

- To identify, assess and evaluate health related concerns of students and establish a procedure which will allow students to remain in school without being hindered because of a health issue;

- To counsel students, as well as parents and staff, and develop a plan of action for minimizing or accepting any health concern that relates to student learning--this includes helping students and parents to access appropriate resource materials and agencies;

- To interpret the health and developmental status of students for school personnel, parents and most importantly, the student himself, including the interpretation of medical findings;

- To serve as health consultant and liaison between the parent, school and community agency.

If there is to be an increase in school nursing services, the high school level services could be enhanced in the following areas:

HEALTH APPRAISAL AND ASSESSMENT:

The identification of at risk students. The nurse is often the first line health care support professional that many students and families meet. School nurses are able to develop plans which emphasize disease prevention, health promotion and health protection.

COUNSELING:

A critical service to help students, parents and staff understand the nature and significance of their behavior and health status. The school nurse should be the liaison between the home, school and community resources which can provide additional services to teens and families.

HEALTH EDUCATION:

The nurse, in consultation with other health professionals, is professionally prepared to provide special classes to teens, parents and staff including but not limited to the following:

Risk Factors During Pregnancy,

Parenting,

Early Childhood Development,

Smoking,

Substance Abuse,

Communicable Diseases,

Nutrition,

Prenatal Care.

High schools could serve as satellite schools to the Cyesis programs, and perhaps increase the opportunity for including the sexually active male, and adolescent fathers into programs designed specifically for them.

HOME VISITATION:

Meeting with families on their own turf is often less threatening and gives the nurse an opportunity to assess potential needs and make appropriate referrals.

FOLLOW UP AND EVALUATION:

Follow up and evaluation determines the effectiveness of counseling, teaching and referral efforts and is critical to the school health program. Because of current limitations on nursing staff time, these efforts are often severely curtailed.

SUMMARY:

1. The educational role of the school has been forced to expand because of the complex problems in our society that affect our children. Rather than create new systems or departments to deal with these complex issues, it seems more prudent to utilize existing staff that are presently trained and working in the area.

2. School nurses are professionally prepared to meet the needs of the adolescent population. The school nurse can: a) identify health concerns; b) analyze the impact of health problems on student learning; c) write health protocols that allow for education to continue in the school setting and as appropriate, d) counsel, refer and provide follow up.

3. School nurses can assume more responsibility in the training and continuing education of students, as well as first line administrators, teachers and others who are involved with adolescents.

SCHOOL NURSES AS REPORTED BY DISTRICTS 10/89 (CODE 806)

CARSON	5
CHURCHILL	2
CLARK	44
DOUGLAS	2
ELKO	0
ESMERALDA	0
EUREKA	0
HUMBOLDT	2
LANDER	1
LINCOLN	0
LYON	2
MINERAL	1
NYE	0
PERSHING	0
STOREY	0
WASHOE	21
WHITE PINE	0
TOTAL	80

prepared 5/29, ljs

SCHOOL NURSES. ESTIMATED COSTS FOR PROVIDING A MINIMUM OF ONE SCHOOL NURSE AT EACH HIGH SCHOOL*

DISTRICT	FY90 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY91 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY92 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY93 AVERAGE SALARIES	PLUS BENEFITS 24.72%	NUMBER OF HIGH SCHOOLS (1989-90)	CURRENT HIGH SCHOOL NURSES	NUMBER NURSES REQUIRED	--EST. COST SALARIES & BENEFITS-- FY91	FY92	FY93
CARSON	$24,954	$31,123	$26,202	$32,679	$27,512	$34,313	$28,888	$36,029	1	1	0	$0	$0	$0
CHURCHILL	$25,714	$32,071	$27,000	$33,674	$28,350	$35,358	$29,768	$37,127	1	1	0	$0	$0	$0
CLARK	$29,631	$36,956	$31,113	$38,804	$32,669	$40,745	$34,302	$42,781	16	4	12	$465,648	$488,940	$513,372
DOUGLAS	$21,837	$27,235	$22,929	$28,597	$24,075	$30,026	$25,279	$31,528	2	1	1	$28,597	$30,026	$31,528
ELKO	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	5	0	5	$180,275	$189,290	$198,755
ESMERALDA	$0	$0	$0	$0	$0	$0	$0	$0	0	0	0	$0	$0	$0
EUREKA	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	0	1	$36,055	$37,858	$39,751
HUMBOLDT	$29,006	$36,176	$30,456	$37,985	$31,979	$39,884	$33,578	$41,878	2	0	2	$75,970	$79,768	$83,756
LANDER	$31,736	$39,581	$33,323	$41,560	$34,989	$43,638	$36,738	$45,820	2	0	2	$83,120	$87,276	$91,640
LINCOLN	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	2	0	2	$72,110	$75,716	$79,502
LYON	$24,701	$30,807	$25,936	$32,347	$27,233	$33,965	$28,595	$35,664	4	0	4	$129,388	$135,860	$142,656
MINERAL	$20,984	$26,171	$22,033	$27,480	$23,135	$28,854	$24,292	$30,297	1	0	1	$27,480	$28,854	$30,297
NYE	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	4	0	4	$144,220	$151,432	$159,004
PERSHING	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	0	1	$36,055	$37,858	$39,751
STOREY	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	0	1	$36,055	$37,858	$39,751
WASHOE	$24,704	$30,811	$25,939	$32,351	$27,236	$33,969	$28,598	$35,667	10	0	10	$323,510	$339,690	$356,670
WHITE PINE	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	2	0	2	$72,110	$75,716	$79,502
									55	7	48	$1,710,593	$1,796,142	$1,885,935

*CARSON AND CHURCHILL HAVE FULL-TIME HIGH SCHOOL NURSES; CLARK HAS FOUR FULL-TIME HIGH SCHOOL NURSES; DOUGLAS HAS ONE FULL-TIME HIGH SCHOOL NURSE

NOTE: BASE SALARIES ARE ACTUAL AVERAGE SALARIES (NURSES), BY DISTRICT, FOR DISTRICTS THAT CURRENTLY HAVE NURSES; FOR DISTRICTS NOT CURRENTLY REPORTING NURSES, THE STATEWIDE AVERAGE NURSES SALARY OF $27,532 WAS USED FOR BASE SALARY.

FY 91, FY 92, FY 93 SALARIES INCREASED BY 5% EACH YEAR

SCHOOL NURSES, ESTIMATED COSTS FOR PROVIDING ONE NEW OR ADDITIONAL SCHOOL NURSE AT EACH HIGH SCHOOL ,55 NEW NURSES)

DISTRICT	FY90 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY91 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY92 AVERAGE SALARIES	PLUS BENEFITS 24.72%	EST. FY93 AVERAGE SALARIES	PLUS BENEFITS 24.72%	NUMBER OF HIGH SCHOOLS (1989-90)	--EST. COST SALARIES & BENEFITS-- FY91	FY92	FY93
CARSON	$24,954	$31,123	$26,202	$32,679	$27,512	$34,313	$28,888	$36,029	1	$32,679	$34,313	$36,029
CHURCHILL	$25,714	$32,071	$27,000	$33,674	$28,350	$35,358	$29,768	$37,127	1	$33,674	$35,358	$37,127
CLARK	$29,631	$36,956	$31,113	$38,804	$32,669	$40,745	$34,302	$42,781	16	$620,864	$651,920	$684,496
DOUGLAS	$21,837	$27,235	$22,929	$28,597	$24,075	$30,026	$25,279	$31,528	2	$57,194	$60,052	$63,056
ELKO	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	5	$180,275	$189,290	$198,755
ESMERALDA	$0	$0	$0	$0	$0	$0	$0	$0	0	$0	$0	$0
EUREKA	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	$36,055	$37,858	$39,751
HUMBOLDT	$29,006	$36,176	$30,456	$37,985	$31,979	$39,884	$33,578	$41,878	2	$75,970	$79,768	$83,756
LANDER	$31,736	$39,581	$33,323	$41,560	$34,989	$43,638	$36,738	$45,820	2	$83,120	$87,276	$91,640
LINCOLN	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	2	$72,110	$75,716	$79,502
LYON	$24,701	$30,807	$25,936	$32,347	$27,233	$33,965	$28,595	$35,664	4	$129,388	$135,860	$142,656
MINERAL	$20,984	$26,171	$22,033	$27,480	$23,135	$28,854	$24,292	$30,297	1	$27,480	$28,854	$30,297
NYE	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	4	$144,220	$151,432	$159,004
PERSHING	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	$36,055	$37,858	$39,751
STOREY	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	1	$36,055	$37,858	$39,751
WASHOE	$24,704	$30,811	$25,939	$32,351	$27,236	$33,969	$28,598	$35,667	10	$323,510	$339,690	$356,870
WHITE PINE	$27,532	$34,338	$28,909	$36,055	$30,354	$37,858	$31,872	$39,751	2	$72,110	$75,716	$79,502
									55	$1,960,759	$2,058,819	$2,161,743

NOTE: BASE SALARIES ARE ACTUAL AVERAGE SALARIES (NURSES), BY DISTRICT, FOR DISTRICTS THAT CURRENTLY HAVE NURSES; FOR DISTRICTS NOT CURRENTLY REPORTING NURSES, THE STATEWIDE AVERAGE NURSES SALARY OF $27,532 WAS USED FOR BASE SALARY.

FY 91, FY 92, FY 93 SALARIES INCREASED BY 5% EACH YEAR

FILE NAME: NURSES
PREPARED 6/7/90, LJS

APPENDIX E

Model Comprehensive School Social Work Program Overview

DRAFT

Model Comprehensive School Social Work Program
Overview

Program Focus

School social workers' primary area of professional service is the at-risk and special needs student. School social workers work within the context of existing school services and integrate and coordinate their services with existing school programs. Social workers are a component to the pupil personnel services team which consist of school counselors, social workers, nurses, psychologists, and hearing and speech specialists. **The central role of the school social worker is to provide and/or facilitate therapeutic and case management services *not* provided (through job description or availability of time) by existing educational personnel.** The social worker's primary professional interest is to assist extremely high risk, disadvantaged, handicapped or special needs students by helping them access needed educational and social services which are considered essential to educational achievement and social development.

School Social Work Program Design

Because school populations vary in their need for social work services, the number of social work staff would vary from district to district according to need. Need could be determined by the exposure of educational, social and cultural problems experienced by the school. High frequency of violent acts, low educational achievement of students, increasing numbers of teen pregnancy, family health and safety concerns, child abuse and neglect, gangs and criminal investigations warrant the allocation of additional school social work personnel.

How School Social Workers Function in Schools

Social workers would receive referrals and requests for services from almost any source which would include school personnel, family members, and community agencies. Social work staff would then begin to provide casework (identifying and coordinated services) in accordance with the identified problem or need. Social work staff would meet with teachers, counselors, family members, and agency personnel to gather information for a formal assessment and recommendation. The social worker would then call an interdisciplinary team meeting to review the findings and recommendations with other members of the pupil personnel services team and other relevant individuals and agencies. The team would comment on the problem or concern, make further recommendations and devise a plan of action which the social worker would be responsible for coordinating. The school social worker would then be responsible to see that the plan was implemented.

In this situation, the social worker may be responsible for providing direct or indirect services, organizing and facilitating educational services or services provided by outside agencies, but would always retain the function as case manager. This allows educational personnel, who are helping the student and /or family, to focus on their field of expertise. Social workers would routinely involve the professional services and perspective of teachers, secondary and elementary counselors, principals, and other school personnel. The contacts with these personnel may involve classroom observation or individual and joint consultation. (Example: a counselor and social worker may jointly observe a student in a classroom. The counselor may help to provide educational resources and counseling, while the social worker organizes community resources such as a health or social service agency, and link them to the educational programs developed by the team.)

Where School Social Workers Will Be Located

Although the social worker could be physically located in any educational facility (as their service area would encompass many schools), they should be located as close as possible to their service area and with other members of the pupil personnel services team who provide service to multiple facilities. School social work is adaptive to urban or rural schools and especially effective in low socio-economic areas. The school social worker(s) would provide services to all levels of education in grades K-12, and, as such, would move from facility to facility.

Budget

Staffing	Estimate Cost Salary/Benefits	
School Social Worker	$45,000	
Classified	25,000	
Total	$70,000	
Equipment		
Two desks	$1,500	
Two Computer/Printers (Apple)	5,000	
Total	$6,500	
Operating		
Office Space	$ 500	
Postage	1,500	
Telephone	1,000	
Travel (in district)	1,000	
General Supplies/software	2,500	
Total	$6,500	
Programming		
Inservice Workshops Accessing Social Work Services (4)	$2,000	
Community Workshops on Accessing Social Work Services (2)	2,000	
Total	$4,000	
GRAND TOTAL		$87,000

Source: Marcia R. Bandera, Deputy Superintendent
State Department of Education, June 1990

APPENDIX F

Suggested Legislation

		Page
BDR 38-402	Directs Welfare Division of Department of Human Resources to establish program to provide prenatal care to pregnant teenagers who need financial assistance.....	173
BDR 40-400	Creates position of Adolescent Health Coordinator in Department of Human Resources.....	177
BDR 40-401	Establishes Advisory Board for Maternal and Child Health.....	185
BDR R-392	Urges Welfare Division of Department of Human Resources to increase providers of obstetric care for pregnant women and teenagers who are medically indigent.....	193
BDR R-393	Urges Department of Education and county school districts to provide information to pupils about adoption and financial responsibilities of raising children.....	195
BDR R-394	Directs State Board of Education and boards of trustees of county school districts to study policies and programs for teenagers who are pregnant or parents.....	197
BDR R-395	Urges Department of Education to cooperate in providing education concerning parenting.....	201
BDR R-396	Urges State Board of Education to continue to provide suggested course of study relating to family life and human sexuality.....	203

BDR R-398	Urges Congress to increase funding of federal program of nutrition.....	207
BDR R-399	Directs Health Division of Department of Human Resources to determine potential demonstration sites for health clinics for teenagers.....	209
BDR R-403	Urges community agencies to create programs for teenage males and fathers concerning responsible sexual behavior.....	211
BDR S-397	Makes appropriation for program of nutrition.....	213

SUMMARY--Directs welfare division of department of human resources to establish program to provide prenatal care to pregnant teenagers who need financial assistance. (BDR 38-402)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Contains Appropriation.

AN ACT relating to programs of public assistance; directing the welfare division of the department of human resources to establish a program to provide prenatal care to pregnant teenagers who need financial assistance; requiring the division to adopt regulations; making an appropriation; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. As part of the health and welfare programs of this state, the welfare division shall establish a program to provide prenatal care to pregnant women under the age of 21 years who need financial assistance.

2. The welfare division shall provide to:

(a) Each person licensed to engage in social work pursuant to chapter 641B of NRS;

(b) Each applicant for assistance; and

(c) Any other interested person,

information concerning the prenatal care available pursuant to this section.

3. The welfare division shall adopt regulations setting forth criteria of eligibility and rates of payment for prenatal care provided pursuant to this section, and such other provisions relating to the development and administration of the program as the administrator and the board deem necessary.

Sec. 2. 1. There is hereby appropriated from the state general fund to the welfare division of the department of human resources for the program for prenatal care of women under the age of 21 years who need financial assistance:

For the fiscal year 1991-92 ..... $100,000

For the fiscal year 1992-93 ..... $100,000

2. Any remaining balance of the sum appropriated by subsection 1 for the fiscal year 1991-92 must be transferred and added to the money appropriated for the fiscal year 1992-93 and may be expended as that money is expended.

3. Any remaining balance of the appropriation made by subsection 1 for the fiscal year 1992-93, including any money added thereto pursuant to the provisions of subsection 2, must not be committed for expenditure after June 30, 1993, and reverts to the state general fund as soon as all payments of money committed have been made.

Sec. 3. The welfare division of the department of human resources shall include the program for prenatal care of women under the age of 21 years in its budget for fiscal years 1993-94 and 1994-95.

Sec. 4. This act becomes effective on July 1, 1991.

SUMMARY--Creates position of adolescent health coordinator in department of human resources. (BDR 40-400)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to adolescent health; creating the position of adolescent health coordinator in the department of human resources; prescribing the qualifications for and duties of the position; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 442 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this act.

Sec. 2. *The position of adolescent health coordinator is hereby created within the health division.*

Sec. 3. *The adolescent health coordinator:*

1. Is appointed by and is responsible to the administrator of the health division;

2. Must be selected with special reference to his training, experience and knowledge in the various areas of adolescent health; and

3. Is in the classified service of the state.

Sec. 4. *The adolescent health coordinator may:*

1. Employ the staff necessary to carry out his duties in accordance with the personnel practices and procedures established within the health division;

2. Purchase necessary equipment; and

3. Perform such other functions and make such other arrangements as are necessary to carry out his duties.

Sec. 5. *The adolescent health coordinator shall:*

1. Provide assistance to state and local agencies and groups concerned with the health of adolescents;

2. Coordinate efforts within the state to increase and improve the health services available to adolescents;

3. Publish and revise annually a directory that describes the health care services available in this state for adolescents, infants and pregnant women; and

4. Provide educational materials for adolescents for distribution to private and public organizations.

Sec. 6. *1. The adolescent health coordinator shall establish a coalition of persons who:*

(a) Are concerned with the problem of pregnancy among adolescents in Nevada; and

(b) Represent the fields of business, religion, education, government, health care and the media from various urban and rural communities in the state.

2. Members of the coalition shall:

(a) Represent the state at meetings with local community agencies, coalitions or task forces;

(b) Provide educational materials for distribution; and

(c) Train and provide speakers to address community groups.

Sec. 7. *1. The adolescent health coordinator shall establish a system to provide information by telephone concerning the health issues of adolescents.*

2. The system must:

(a) Be free of charge and available statewide 24 hours each day; and

(b) Provide information concerning the health issues of adolescents and referrals for health services for adolescents and infants, prenatal care and family planning.

Sec. 8. *1. The adolescent health coordinator shall develop and put into effect a statewide campaign using various media to provide information about adolescent health.*

2. The campaign must provide information concerning:

(a) Prenatal care;

(b) Prevention of pregnancy by abstinence and contraception;

(c) Sexually transmitted diseases, including acquired immune deficiency syndrome;

(d) The responsibility of a male in family life and sexual behavior;

(e) Self respect and esteem; and

(f) The system of information established pursuant to section 7 of this act.

Sec. 9. NRS 442.140 is hereby amended to read as follows:

442.140 1. The department may:

(a) Formulate, adopt and administer, through the state board of health and the health division, a detailed plan [or plans] for the purposes specified in NRS 442.130.

(b) Adopt, through the state board of health, regulations necessary for the administration of the plan [or plans] and the administration of NRS 442.130 to 442.170, inclusive [.] *, and sections 2 to 8, inclusive, of this act.*

2. In developing and revising the plan , [or plans,] the department shall consider [, among other things, the] *:*

(a) The amount of money available from the Federal Government for services relating to maternal and child health [and the] *;*

(b) The conditions attached to the acceptance of [such money, and the] *money from the Federal Government; and*

(c) The limitations of legislative appropriations for services relating to maternal and child health.

Sec. 10. NRS 442.150 is hereby amended to read as follows:

442.150 [Such plan or plans shall in any event include therein] *A plan formulated in accordance with NRS 442.140 must include* provisions for:

1. Financial participation by this state.

2. Administration of [such plan or plans] *the plan* by the department, through the health division, and supervision by the department, through the health division, of the administration of [such services] *any service* included in the plan [or plans which are] *that is* not administered directly by the health division.

3. Such methods of administration as are necessary for efficient operation of [such plan or plans.] *the plan.*

4. Maintenance of records and preparation, submission and filing of reports of services rendered.

5. Cooperation with *local* medical, health, nursing and welfare groups and organizations for the purpose of extending and improving [local] maternal and child health.

6. Receiving and expending in the manner provided in NRS 442.130 to 442.170, inclusive, *and sections 2 to 8, inclusive, of this act, and* in accordance with [such plan or plans, all funds] *the plan, any money* made available to the department by the Federal Government, the state or its political subdivisions, or from any other source . [for such purposes.]

7. Cooperating with the Federal Government, through its appropriate agency or instrumentality [, in] *:*

(a) In developing, extending and improving [such services, and in] *services;*

(b) In the administration of [such plan or plans, and development of] *the plan; and*

(c) In developing demonstration services in needy areas among groups in special need.

8. Carrying out the purposes specified in NRS 442.130.

Sec. 11. NRS 442.160 is hereby amended to read as follows:

442.160 1. The administrator of the health division is the administrative officer of the health division with respect to the administration and enforcement of [the] *:*

(a) The provisions of NRS 442.130 to 442.170, inclusive, and [of the plan or plans] *sections 2 to 8, inclusive, of this act;*

(b) The plan formulated and adopted for the purposes of NRS 442.130 to 442.170, inclusive, and [all] *sections 2 to 8, inclusive, of this act; and*

(c) All regulations necessary thereto and adopted by the state board of health.

2. The administrator shall administer and enforce all regulations adopted by the state board of health for the efficient [operations] *operation* of the plan [or plans] formulated by the state board of health and the health division for the purposes of NRS 442.130 to 442.170, inclusive [.] *, and sections 2 to 8, inclusive, of this act.*

3. The administrator shall [maintain] *:*

(a) Maintain his office in Carson City, Nevada, or elsewhere in the state as directed by the director . [, and keep therein]

(b) Keep in his office all records, reports, papers, books and documents pertaining to the subjects of NRS 442.130 to 442.170, inclusive, and [, when directed so to do] *sections 2 to 8, inclusive, of this act.*

(c) If directed by the terms of the plan [or plans perfected,] or by the director, [he shall provide in such places within the state] *provide* such medical, surgical or other [agency or agencies as may be] *services as are* necessary to carry out the provisions of [such plan or plans] *the plan* and of NRS 442.130 to 442.170, inclusive [.] *, and sections 2 to 8, inclusive, of this act.*

4. The administrator , with the assistance of the state health officer , shall [, from time to time as directed by the Secretary of Health and Human Services,]

make such reports, in such form and containing such information concerning the subjects of NRS 442.130 to 442.170, inclusive, *and sections 2 to 8, inclusive, of this act* as *required by* the Secretary of Health and Human Services . [requires.]

5. The administrator shall [from time to time, pursuant to] , *in accordance with* the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the state treasurer all money allotted to this state by the Federal Government for the purposes of NRS 442.130 to 442.170, inclusive, and [the] *sections 2 to 8, inclusive, of this act. The* administrator shall cause to be paid out of the state treasury the money [therein] deposited for the purposes of NRS 442.130 to 442.170, inclusive [.] , *and sections 2 to 8, inclusive, of this act.*

Sec. 12. NRS 442.170 is hereby amended to read as follows:

442.170 1. The state treasurer is custodian of all money appropriated by this state, allotted to this state by the Federal Government, or received by this state from other sources, for the purposes of NRS 442.130 to 442.170, inclusive [.] , *and sections 2 to 8, inclusive, of this act.*

2. The division shall deposit the money in the state treasury for credit to the account for maternal and child health services.

3. All claims and demands against the account must be paid only upon the administrator's certifying the claims and demands in proper vouchers to the state controller who shall thereupon draw his warrant or warrants therefor, and the state treasurer shall pay them.

SUMMARY--Establishes advisory board for maternal and child health. (BDR 40-401)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Yes.

AN ACT relating to maternal health; establishing the advisory board for maternal and child health; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 442 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this act.

Sec. 2. *1. The advisory board on maternal and child health is hereby created.*

2. The advisory board consists of:

(a) Nine members to be appointed by the governor from a list of persons provided by the administrator of the health division;

(b) One member of the senate appointed by the legislative commission; and

(c) One member of the assembly appointed by the legislative commission.

3. The members who are:

(a) Appointed by the governor serve terms of 2 years.

(b) Legislators serve terms that begin on the third Monday in January of odd-numbered years and end the third Monday in January of the next odd-numbered year.

Any member of the advisory board may be reappointed.

4. Except during a regular or special session of the legislature, each legislator who is a member of the advisory board is entitled to receive the compensation provided for a majority of the members of the legislature during the first 60 days of the preceding regular session for each day or portion of a day during which he attends a meeting of the advisory board or is otherwise engaged in the work of the advisory board and the per diem allowance and travel expenses provided for state officers and employees generally. The salaries, per diem and travel expenses of the legislative members must be paid from the legislative fund. Each nonlegislative member of the advisory board serves without compensation but is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid from the account for maternal and child health services.

Sec. 3. *1. The advisory board shall meet at least quarterly and at the times and places specified by the call of the chairman.*

2. The members of the advisory board shall elect a chairman and a vice chairman from among their membership.

3. The chairman may appoint a subcommittee of the board to study and make recommendations regarding a specific issue as requested by the

administrator or a board member. The composition of the subcommittee must be approved by a majority vote of the board.

Sec. 4. *The advisory board shall provide advice to the administrator of the health division concerning maternal and child health to help ensure access to quality health care at an affordable cost for the residents of Nevada.*

Sec. 5. *1. The administrator of the health division, with the advice of the advisory board, shall:*

(a) Develop a plan for maternal and child health care which ensures that all mothers and children in Nevada have access to quality health care services; and

(b) Provide recommendations for policies and funding to the director.

2. In developing the plan, the administrator shall consider:

(a) A system of regionalized services; and

(b) Primary health care services,

for all mothers and children in Nevada.

Sec. 6. NRS 442.003 is hereby amended to read as follows:

442.003 As used in this chapter, unless the context requires otherwise:

1. *"Advisory board" means the advisory board on maternal and child health.*

2. "Department" means the department of human resources.

[2.**]** *3.* "Director" means the director of the department of human resources.

[3.**]** *4.* "Health division" means the health division of the department of human resources.

Sec. 7. NRS 442.140 is hereby amended to read as follows:

442.140 1. The department may:

(a) Formulate, adopt and administer, through the state board of health and the health division, a detailed plan [or plans] for the purposes specified in NRS 442.130.

(b) Adopt, through the state board of health, regulations necessary for the administration of the plan [or plans] and the administration of NRS 442.130 to 442.170, inclusive [.] , *and sections 2 to 5, inclusive, of this act.*

2. In developing and revising the plan , [or plans,] the department shall consider [, among other things, the] :

(a) The amount of money available from the Federal Government for services relating to maternal and child health [and the] ;

(b) The conditions attached to the acceptance of [such money, and the] *money from the Federal Government; and*

(c) The limitations of legislative appropriations for services relating to maternal and child health.

Sec. 8. NRS 442.150 is hereby amended to read as follows:

442.150 [Such plan or plans shall in any event include therein] *A plan formulated in accordance with NRS 442.140 must include* provisions for:

1. Financial participation by this state.

2. Administration of [such plan or plans] *the plan* by the department, through the health division, and supervision by the department, through the health division, of the administration of [such services] *any service* included in the plan [or plans which are] *that is* not administered directly by the health division.

3. Such methods of administration as are necessary for efficient operation of [such plan or plans.] *the plan.*

4. Maintenance of records and preparation, submission and filing of reports of services rendered.

5. Cooperation with *local* medical, health, nursing and welfare groups and organizations for the purpose of extending and improving [local] maternal and child health.

6. Receiving and expending in the manner provided in NRS 442.130 to 442.170, inclusive, *and sections 2 to 5, inclusive, of this act, and* in accordance with [such plan or plans, all funds] *the plan, any money* made available to the department by the Federal Government, the state or its political subdivisions, or from any other source . [for such purposes.]

7. Cooperating with the Federal Government, through its appropriate agency or instrumentality [, in] *:*

(a) In developing, extending and improving [such services, and in] *services;*

(b) In the administration of [such plan or plans, and development of] *the plan; and*

(c) In developing demonstration services in needy areas among groups in special need.

8. Carrying out the purposes specified in NRS 442.130.

Sec. 9. NRS 442.160 is hereby amended to read as follows:

442.160 1. The administrator of the health division is the administrative officer of the health division with respect to the administration and enforcement of [the] *:*

(a) The provisions of NRS 442.130 to 442.170, inclusive, and [of the plan or plans] *sections 2 to 5, inclusive, of this act;*

(b) The plan formulated and adopted for the purposes of NRS 442.130 to 442.170, inclusive, and [all] *sections 2 to 5, inclusive, of this act; and*

(c) All regulations necessary thereto and adopted by the state board of health.

2. The administrator shall administer and enforce all regulations adopted by the state board of health for the efficient [operations] *operation* of the plan [or plans] formulated by the state board of health and the health division for the purposes of NRS 442.130 to 442.170, inclusive [.] *, and sections 2 to 5, inclusive, of this act.*

3. The administrator shall [maintain] *:*

(a) Maintain his office in Carson City, Nevada, or elsewhere in the state as directed by the director . [, and keep therein]

(b) Keep in his office all records, reports, papers, books and documents pertaining to the subjects of NRS 442.130 to 442.170, inclusive, and [, when directed so to do] *sections 2 to 5, inclusive, of this act.*

(c) If directed by the terms of the plan [or plans perfected,] or by the director, [he shall provide in such places within the state] *provide* such medical, surgical or other [agency or agencies as may be] *services as are* necessary to carry out the provisions of [such plan or plans] *the plan* and of NRS 442.130 to 442.170, inclusive [.] *, and sections 2 to 5, inclusive, of this act.*

4. The administrator , with the assistance of the state health officer , shall [, from time to time as directed by the Secretary of Health and Human Services,]

make such reports, in such form and containing such information concerning the subjects of NRS 442.130 to 442.170, inclusive, *and sections 2 to 5, inclusive, of this act* as *required by* the Secretary of Health and Human Services . [requires.]

5. The administrator shall [from time to time, pursuant to] , *in accordance with* the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the state treasurer all money allotted to this state by the Federal Government for the purposes of NRS 442.130 to 442.170, inclusive, and [the] *sections 2 to 5, inclusive, of this act. The* administrator shall cause to be paid out of the state treasury the money [therein] deposited for the purposes of NRS 442.130 to 442.170, inclusive [.] , *and sections 2 to 5, inclusive, of this act.*

Sec. 10. NRS 442.170 is hereby amended to read as follows:

442.170 1. The state treasurer is custodian of all money appropriated by this state, allotted to this state by the Federal Government, or received by this state from other sources, for the purposes of NRS 442.130 to 442.170, inclusive [.] , *and sections 2 to 5, inclusive, of this act.*

2. The division shall deposit the money in the state treasury for credit to the account for maternal and child health services.

3. All claims and demands against the account must be paid only upon the administrator's certifying the claims and demands in proper vouchers to the state controller who shall thereupon draw his warrant or warrants therefor, and the state treasurer shall pay them.

SUMMARY--Urges Welfare Division of Department of Human Resources to increase providers of obstetric care for pregnant women and teenagers who are medically indigent. (BDR R-392)

CONCURRENT RESOLUTION--Urging the Welfare Division of the Department of Human Resources to increase the number of providers of obstetric care for pregnant women and teenagers who are medically indigent.

WHEREAS, Pregnant teenagers are three times more likely than other pregnant women to receive no prenatal care; and

WHEREAS, The younger the mother, the more likely she is to suffer complications from pregnancy, including anemia, toxemia and miscarriage and the more likely her baby will have low weight at birth, suffer from birth defects and mental retardation and die within the first year of life; and

WHEREAS, During the past 10 years, teenagers in Nevada have averaged 2,000 births each year, 10 percent of which are high-risk deliveries with severe complications and another 10 percent of which are babies with low weight at birth; and

WHEREAS, One baby who has a low weight at birth costs the state an average of $19,000 during the first year of his life; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE

CONCURRING, That the members of the Legislature urge the Welfare Division of the Department of Human Resources to increase the number of

providers of obstetric care available to care for pregnant women and teenagers through assistance to the medically indigent by monitoring the rates of reimbursement and keeping the rates competitive; and be it further

RESOLVED, That the of the transmit a copy of this resolution to the State Welfare Administrator of the Welfare Division of the Department of Human Resources.

SUMMARY--Urges Department of Education and county school districts to provide information to pupils about adoption and financial responsibilities of raising children. (BDR R-393)

CONCURRENT RESOLUTION--Urging the Department of Education and the county school districts to provide information to pupils about adoption and the financial responsibilities of raising children.

WHEREAS, There are significant educational losses to teenagers because of early pregnancy and childbearing and, while research indicates that some young mothers make educational progress later, these mothers do not catch up completely and teenage fathers are more likely to drop out of school; and

WHEREAS, Forty percent of the fathers of babies born to teenage girls are not teenagers and need to be held responsible for their actions as well as their children; and

WHEREAS, In its report, "Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing," the National Research Council recommended strengthening adoption services, improving decision-making counseling for pregnant teenagers and developing effective models for providing comprehensive care to young women who choose adoption; and

WHEREAS, The National Research Council also noted in its report that efforts to enforce child support obligations have the double advantage of providing financial assistance to the teenage mother and increasing the young man's parental responsibility; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE

CONCURRING, That the members of the Legislature urge the Department of Education and the county school districts to provide pupils with information about:

1. Adoption as an alternative to parenting;

2. The adoption services available in Nevada;

3. The financial responsibilities of raising a child, including the responsibility of the father; and

4. The services offered by the Program for the Enforcement of Child Support of the Welfare Division of the Department of Human Resources;

and be it further

RESOLVED, That the Department of Education and the county school districts provide teachers with information and training on these topics; and be it further

RESOLVED, That the of the transmit copies of this resolution to the Superintendent of Public Instruction of the Department of Education and the boards of trustees of the county school districts in Nevada.

SUMMARY--Directs State Board of Education and boards of trustees of county school districts to study policies and programs for teenagers who are pregnant or parents. (BDR R-394)

CONCURRENT RESOLUTION--Directing the State Board of Education and the boards of trustees of all county school districts to conduct a study of the policies and programs available for teenagers who are pregnant or parents.

WHEREAS, Teenage mothers and fathers are more likely to drop out of school and are less likely to go to college than those who delay childbearing until their twenties; and

WHEREAS, Educational attainment is one of the most accurate predictors of eventual employment and self-sufficiency and is also associated with the development of effective parenting skills; and

WHEREAS, More than half of the county school districts in Nevada do not provide programs that are available throughout the district for teenagers who are pregnant or parents; and

WHEREAS, Only two county school districts, Clark County and Washoe County, offer child care for a teenage mother who is attending classes; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE

CONCURRING, That the State Board of Education and the boards of trustees of all county school districts are urged to develop or expand

educational programs for teenagers who are pregnant or parents; and be it further

RESOLVED, That the county school districts are urged to work with the parent-teacher associations or any similar bodies and with community organizations to provide health care, child care, counseling, transportation, occupational training and placement in jobs to teenagers who are pregnant or parents; and be it further

RESOLVED, That the State Board of Education is urged:

1. To seek federal money for occupational education; and

2. To expand the opportunities for career planning and employment for teenagers;

and be it further

RESOLVED, That the State Board of Education and the boards of trustees of all county school districts are hereby directed to conduct a study of the policies concerning and the programs for teenagers who are pregnant or parents; and be it further

RESOLVED, That the study should include a description of:

1. Current programs for teenagers who are pregnant or parents;

2. Plans to begin or expand such programs within 10 years;

3. Cooperative efforts by schools and local community organizations to provide services to teenagers who are pregnant or parents; and

4. Any use of federal money for occupational education;

and be it further

RESOLVED, That the State Board of Education and the boards of trustees of county school districts are directed to submit a report of their findings, with any recommended policies, programs and proposed legislation, to the 67th session of the Nevada Legislature; and be it further

RESOLVED, That copies of this resolution be transmitted by the of the to the Superintendent of Public Instruction of the Department of Education and to the boards of trustees of all county school districts in Nevada.

SUMMARY--Urges Department of Education to cooperate in providing education concerning parenting. (BDR R-395)

CONCURRENT RESOLUTION--Urging the Department of Education to cooperate with other agencies in providing education concerning parenting.

WHEREAS, Teenage pregnancy rates in Nevada are among the highest in the country according to a variety of surveys conducted by governmental agencies and private foundations; and

WHEREAS, Pregnant teenagers from the Cyesis Program at Washoe High School offered testimony to the Legislative Commission's Subcommittee to Study Teenage Pregnancy in Nevada (A.C.R. 32) that programs to prevent teenage pregnancy must include classes to help parents learn positive ways to talk to their children about sexuality; and

WHEREAS, Attitudes, values, religious beliefs and communication within the family are important predictors of teenage sexual involvement; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE

CONCURRING, That the members of the Legislature urge the Department of Education:

1. To work with state agencies, social service agencies and community organizations to provide education to parents, including classes and programs

that teach parents and teenagers how to communicate about sexuality, pregnancy and contraception; and

2. To study the feasibility of developing a program that provides monetary or other incentives to parents who participate in the classes or programs; and be it further

RESOLVED, That copies of this resolution be transmitted by the of the to the Superintendent of Public Instruction of the Department of Education and to the boards of trustees of all county school districts in Nevada.

SUMMARY--Urges State Board of Education to continue to provide suggested course of study relating to family life and human sexuality. (BDR R-396)

CONCURRENT RESOLUTION--Urging the State Board of Education to continue to provide a suggested course of study relating to family life and human sexuality and directing the Department of Education and the boards of trustees of county school districts to report to the Legislature concerning programs of instruction in these subjects.

WHEREAS, Recent statistics indicate that teenagers are increasingly engaging in behaviors that place them in jeopardy, including running away from home, engaging in unprotected sex, abusing alcohol and drugs and becoming involved in criminal and gang activities; and

WHEREAS, Teenagers who engage in these behaviors often have backgrounds that include poverty, learning disabilities, academic failure and families made dysfunctional by drug and alcohol abuse, have feelings of low self-esteem, loneliness and hopelessness about their futures and have low educational aspirations; and

WHEREAS, Teenagers who are motivated and successful in school are more likely to postpone sexual involvement, while youngsters who have poor academic skills, low self-esteem and are lacking in communication and other basic skills are five times as likely to become parents before the age of 16 as those with average basic skills; and

WHEREAS, The report published in June 1989 by the National Conference of State Legislatures and entitled, "Teen-age Pregnancy Legislation in the States: 1988" indicates that legislators in many states are developing strategies to prevent pregnancy among teenagers, such as classes about family life in all grades, in order to better reach pupils before they begin to engage in behaviors that place them in jeopardy; and

WHEREAS, Education about family life is a comprehensive approach to teaching human sexuality that provides:

1. Classes in human development, reproduction, interpersonal relations and decision-making skills;

2. Positive role-models; and

3. The opportunity for pupils to acquire knowledge which will support the development of responsible personal behavior, strengthen their own family life and aid in establishing a strong family life for themselves in the future,

thereby contributing to the enrichment of the community; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE

CONCURRING, That the Legislature hereby declares its intention that classes about family life:

1. Be provided to all pupils enrolled in each grade in Nevada public schools; and

2. Be taught by teachers or school personnel who are trained in family life and sexuality education;

and be it further

RESOLVED, That each county school district have curricula for classes in family life that are appropriate for the age of the pupils, including:

1. Abstinence;

2. Male responsibility;

3. Pregnancy and childbirth;

4. Parenting;

5. The prevention of pregnancy;

6. Safe sex;

7. Self-esteem;

8. Decision-making and communication;

9. Sexually transmitted diseases, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS); and

10. Substance use and abuse;

and be it further

RESOLVED, That the Department of Education and the board of trustees of each county school district are directed to submit a report of the programs concerning family life and human sexuality in each district; and be it further

RESOLVED, That the report should include:

1. The classes currently offered about family life and human sexuality;

2. Plans to begin or expand classes about family life within 10 years; and

3. Proposed guidelines for the instructional material and the training of teachers or other school personnel who teach the subjects;

and be it further

RESOLVED, That the Department of Education and the board of trustees of each county school district are directed to submit a report of their findings, with any recommended policies, programs and proposed legislation, to the 67th session of the Nevada Legislature; and be it further

RESOLVED, That copies of this resolution be transmitted by the of the to the Superintendent of Public Instruction of the Department of Education and to the board of trustees of each county school district in Nevada.

SUMMARY--Urges Congress to increase funding of federal program of nutrition. (BDR R-398)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: No.

JOINT RESOLUTION--Urging Congress to increase funding to the Special Supplemental Food Program for Women, Infants and Children.

WHEREAS, Each day in the United States, 488 babies are born to young women under age 18 and each year more than 1,000,000 teenagers become pregnant; and

WHEREAS, Statistics show these young mothers run a greater risk of receiving inadequate prenatal care and that their babies suffer higher rates of low birth weight, disability and infant mortality; and

WHEREAS, The Federal Government funds the Special Supplemental Food Program for Women, Infants and Children, commonly known as the WIC program, that provides nutritious supplemental foods such as fruit juice, milk, eggs, cheese, formula for infants and cereal for babies, education about nutrition and referrals to other community agencies for eligible participants; and

WHEREAS, Research shows that women who participate in the WIC program have fewer babies with low birth weight, fewer premature babies and fewer sick babies; and

WHEREAS, Studies show that the WIC program saves $3 for every dollar of benefits provided to pregnant women; now, therefore, be it

RESOLVED BY THE AND OF THE STATE OF NEVADA, JOINTLY, That the Legislature of the State of Nevada urges Congress to enact legislation to increase federal funding of the WIC program; and be it further

RESOLVED, That copies of this resolution be transmitted by the of the to the Vice President of the United States as presiding officer of the Senate, the Speaker of the House of Representatives and each member of the Nevada Congressional Delegation; and be it further

RESOLVED, That this resolution becomes effective upon passage and approval.

SUMMARY--Directs Health Division of Department of Human Resources to determine potential demonstration sites for health clinics for teenagers. (BDR R-399)

CONCURRENT RESOLUTION--Directing the Health Division of the Department of Human Resources to work with local communities to determine potential demonstration sites for health clinics for teenagers.

WHEREAS, One out of 10 youths between the ages of 12 and 18 has no regular source of health care; and

WHEREAS, Teenagers have the lowest rate of visits to physicians of any age group of Americans; and

WHEREAS, Among children who depend on programs that finance public health, teenagers are the least likely to have full coverage; and

WHEREAS, Many teenagers, especially poor teenagers, do not receive the health care they need; and

WHEREAS, The following statistics demonstrate the urgent need for health care for teenagers:

1. The death rate for girls who are younger than 16 years of age from complications of pregnancy and birth is 2.5 times the rate among women in their early twenties;

2. Sexually active teenagers between the ages of 15 and 19 have the highest overall rates of sexually transmitted disease;

3. Approximately 21 percent of all persons with acquired immune deficiency syndrome (AIDS) are between 20 and 29 years old, which indicates that many of these young adults were first infected as teenagers; and

4. In the past 30 years the rate of suicide among teenagers has tripled; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE CONCURRING, That the Administrator of the Health Division of the Department of Human Resources is directed to work with local communities to determine potential demonstration sites for health clinics for teenagers; and be it further

RESOLVED, That the Administrator report the results of the study and any recommendations to the Interim Finance Committee during fiscal year 1992-1993; and be it further

RESOLVED, That a copy of this resolution be transmitted by the of the to the Administrator.

SUMMARY--Urges community agencies to create programs for teenage males and fathers concerning responsible sexual behavior. (BDR R-403)

CONCURRENT RESOLUTION--Urging community agencies to create programs for teenage males and fathers concerning responsible sexual behavior.

WHEREAS, The State Registrar of Vital Statistics reported 3,797 teenage pregnancies in Nevada in 1987 and the numbers continue to rise each year; and

WHEREAS, Teenage fathers are more likely to drop out of school, have lower incomes, have less education and have more children than young men who delay parenthood until their twenties; and

WHEREAS, Although the public cost associated with births to teenagers can be estimated, it is not possible to put a price tag on the personal and economic loss of wages, income and education that occurs when teenagers and their children do not recover from the setback of an early pregnancy; and

WHEREAS, Research indicates that teenage fathers are forgotten or isolated when agencies address problems related to teenage pregnancy and parenting; and

WHEREAS, In its report, "Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing," the National Research Council emphasized the need for programs concerned with teenage pregnancy to reach out to young

men and help them to share the responsibility for the prevention of pregnancy, the birth of their child and subsequent child development; and

WHEREAS, Educators, nurses, doctors, health planners, community workers, volunteers, leaders in private business and religious leaders all have a role to play in providing comprehensive health care, a sound education, enhanced employment prospects, access to community activities and other opportunities to help teenagers build successful futures; now, therefore, be it

RESOLVED BY THE OF THE STATE OF NEVADA, THE CONCURRING, That the members of the Nevada Legislature urge community organizations, schools, social service agencies and providers of health care to create programs for teenage boys and teenage fathers; and be it further

RESOLVED, That all public and private programs concerned with the health of teenagers include a component on the responsibility of the male in family life and sexuality; and be it further

RESOLVED, That copies of this resolution be prepared and distributed forthwith by the of the to the board of trustees of each county school district, Planned Parenthood of Northern Nevada and Southern Nevada, University of Nevada Cooperative Extension, the directors of each county social services department, the state and county health officers, and any other person requesting a copy of this resolution.

SUMMARY--Makes appropriation for program of nutrition. (BDR S-397)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State or on Industrial Insurance: Contains Appropriation.

AN ACT making an appropriation to the health division of the department of human resources for the Special Supplemental Food Program for Women, Infants and Children; and providing other matters properly relating thereto.

WHEREAS, The Federal Government funds the Special Supplemental Food Program for Women, Infants and Children, commonly known as the WIC program, that is administered by the Department of Agriculture; and

WHEREAS, The WIC program provides nutritious supplemental foods such as fruit juice, milk, eggs, cheese, infant formula and baby cereal to eligible participants; and

WHEREAS, Fifty-one percent of all potentially eligible women and children in Nevada are not served by the WIC program; and

WHEREAS, No state money is currently available to the program; now, therefore,

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. 1. There is hereby appropriated from the state general fund to the health division of the department of human resources for the special supplemental food program for women, infants and children commonly known as the WIC program:

For the fiscal year 1991-92.....$300,000

For the fiscal year 1992-93.....$300,000

2. Any balance of the sum appropriated by subsection 1 for the fiscal year 1991-92 must be transferred and added to the money appropriated for the fiscal year 1992-93 and may be expended as that money is expended.

3. Any remaining balance of the appropriation made by subsection 1 for the fiscal year 1992-93, including any money added thereto pursuant to the provisions of subsection 2, must not be committed for expenditure after June 30, 1993, and reverts to the state general fund as soon as all payments of money committed have been made.

Sec 2. This act becomes effective on July 1, 1991.