



## NEW MEXICO PROFILE of HIV, STD, AND TEEN PREGNANCY

Healthy kids make better students. A number of avoidable behaviors put the health of young people at risk. Addressing adolescent health determinants, especially behaviors that put young people at risk for HIV, other STDs, and teen pregnancy remains a challenge. People aged 13 to 24 accounted for 13 percent of HIV cases reported in areas with confidential HIV reporting. Each year approximately 3 million cases of STDs occur among teenagers and approximately 870,000 teenagers become pregnant. HIV, other STDs, and teen pregnancy can impact students' capacity to excel at school and can be a contributing factor in decreasing high school graduation rates. The nation has seen a drop in teen pregnancy rates; however, rates of HIV and other STD infections have not declined.

The purpose of the CCSSO state profile is to provide information on HIV, STD, and teen pregnancy including data, policies, and school-based programs.

The state profile contains the following:

1. **School Demographics:** Number of students; ethnic breakdown of the students; and the number of school buildings, teachers, districts, building and district staff, dropouts, and high school completers
2. **Income Demographics:** Per capita income, unemployment, and poverty rates
3. **Health Behaviors and Risks:** Statistics for sexual history, drug use, and contraception
4. **Teen Pregnancy:** State rates of teen pregnancy by age and ethnic group if available
5. **HIV/AIDS:** State rates of HIV/AIDS by age
6. **STDs:** National rates of STDs by age and ethnic group if available. Not all STDs could be listed due to current monitoring/data collection procedures. The STDs that are reported are chlamydia, gonorrhea, HIV/AIDS, and syphilis
7. **Policies:** Information about school policies on HIV, STD, and teen pregnancy knowledge topics, and skill building and services that schools provide related to HIV, STD, and teen pregnancy prevention
8. **Resources:** Links to provide additional information on HIV, teen pregnancy, and STDs
9. **References:** Data sources and notes

National and state profiles are available for public view and use at [www.ccsso.org/projects/School Health Project/](http://www.ccsso.org/projects/School_Health_Project/)

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# 1) NEW MEXICO SCHOOL STATISTICS<sup>1,2,3</sup>

National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing U.S. education data. All NCES data and reports are publicly available and easily accessible. The most recent public school data available are for the school year 2001-2002, and the most recent private school data that provide state level data are for the school year 1999-2000.

PUBLIC			
DATA CATEGORY	ELEMENTARY <sup>†</sup>	SECONDARY <sup>∅</sup>	UNGRADED <sup>Ⓜ</sup>
Total Students	168,416 <sup>1</sup>	145,639 <sup>1</sup>	0 <sup>1</sup>
<i>American Indian/Alaskan Native</i>	15,878 (9.4%) <sup>1</sup>	17,113 (11.8%) <sup>1</sup>	0 (0%) <sup>1</sup>
<i>Asian/Pacific Islander</i>	1,771 (1.1%) <sup>1</sup>	1,613 (1.1%) <sup>1</sup>	0 (0%) <sup>1</sup>
<i>Black, Non-Hispanic</i>	4,205 (2.5%) <sup>1</sup>	3,259 (2.2%) <sup>1</sup>	0 (0%) <sup>1</sup>
<i>Hispanic</i>	90,797 (53.9%) <sup>1</sup>	70,757 (48.6%) <sup>1</sup>	0 (0%) <sup>1</sup>
<i>White, Non-Hispanic</i>	55,765 (33.1%) <sup>1</sup>	52,897 (36.3%) <sup>1</sup>	0 (0%) <sup>1</sup>
<i>Teachers</i>	12,341 <sup>1</sup>	4,837 <sup>1</sup>	4,359 <sup>1</sup>

**Total Number of Students in Public Schools:** 314,055<sup>1</sup>

**Number of Public School Districts:** 89<sup>2</sup>

**Number of Public School Building Staff<sup>‡</sup>:** 20,196<sup>1</sup>

**Number of Public School District Staff<sup>β</sup>:** 2,922<sup>1</sup>

<sup>†</sup> "Elementary" numbers were calculated by adding grades kindergarten to 6<sup>th</sup> data sets.

<sup>∅</sup> "Secondary" numbers were calculated by adding grades 7<sup>th</sup> to 12<sup>th</sup> data sets.

<sup>Ⓜ</sup> "Ungraded" are students who are assigned to programs or classes without a standard grade designation. States are requested to report teachers of "ungraded" classes even if all students are assigned a grade level.

<sup>‡</sup> "Building staff" are instructional aids, instructional coordinators and supervisors, elementary and secondary guidance counselors/directors, librarians, library staff, school administrative support staff, student support services, and all support services related jobs.

<sup>β</sup> "District staff" are LEA administrators and administrative support staff.

PRIVATE			
DATA CATEGORY	ELEMENTARY <sup>†</sup>	SECONDARY <sup>∅</sup>	COMBINED <sup>μ</sup>
Total Students	9,602 <sup>3</sup>	3,117 <sup>3</sup>	10,335 <sup>3</sup>
<i>American Indian/Alaskan Native</i>	1,053 (11.0%) <sup>3</sup>	178 (5.7%) <sup>3</sup>	790 (7.6%) <sup>3</sup>
<i>Asian/Pacific Islander</i>	147 (1.5%) <sup>3</sup>	90 (2.9%) <sup>3</sup>	301 (2.9%) <sup>3</sup>
<i>Black, Non-Hispanic</i>	117 (1.2%) <sup>3</sup>	61 (2.0%) <sup>3</sup>	313 (3%) <sup>3</sup>
<i>Hispanic</i>	3,866 (40.3%) <sup>3</sup>	1,161 (37.2%) <sup>3</sup>	2,643 (25.6%) <sup>3</sup>
<i>White, Non-Hispanic</i>	4,419 (46.0%) <sup>3</sup>	1,627 (52.2%) <sup>3</sup>	6,288 (60.9%) <sup>3</sup>
<i>Teachers</i>	793 <sup>3</sup>	242 <sup>3</sup>	957 <sup>3</sup>

**Total Number of Students in Private Schools: 23,054<sup>3</sup>**

<sup>†</sup> "Elementary" numbers were calculated by adding grades kindergarten to 6<sup>th</sup> data sets.

<sup>∅</sup> "Secondary" numbers were calculated by adding grades 7<sup>th</sup> to 12<sup>th</sup> data sets.

<sup>μ</sup> "Combined" is a school that may include kindergarten to 6<sup>th</sup> grade and one or more grades from 9<sup>th</sup> to 12<sup>th</sup>.

## NEW MEXICO DROP OUT RATES<sup>4</sup>

As previously stated, NCES is the primary federal entity for collecting, analyzing, and reporting U.S. education data. In 2000-01 (the most recent data available), 45 states reported dropouts using the NCES definition <sup>A</sup>. The dropout rate in reporting states ranged from 2.2 percent to 10.9 percent. For the majority of reporting states (26/45), the dropout rates ranged from 4.0 percent to 7.0 percent.

### Dropout Rate: 5.3%

RACE	American Indian/ American Native	Asian/ Pacific Islander	Black	Hispanic	White
Dropout Rates <sup>†</sup>	5.9%	2.4%	5.3%	6.7%	3.6%

<sup>†</sup> Rates by ethnicity and gender were not available for both dropout and completion rates. The rate reported is an annual event rate. This rate is calculated every year, and a student's dropout status is determined by their classification on October 1<sup>st</sup>.

### Completion Rate: 74.4%

RACE	American Indian/ American Native	Asian/ Pacific Islander	Black	Hispanic	White
Completion Rates <sup>ø</sup>	73.9%	73.2%	75.8%	68.5%	81.8%

<sup>ø</sup> Rates by ethnicity and gender were not available for both dropout and completion rates. The rate reported is an estimation of the cohort from the 9<sup>th</sup> to 12<sup>th</sup> grade. The rate represents the proportion of students who have left school as high school completers in a four-year period.

## 2) NEW MEXICO INCOME DEMOGRAPHICS<sup>5,6,7</sup>

The U.S. Census Bureau collects basic demographic information such as income, poverty, and health insurance on a yearly basis. The U.S. Department of Labor, Bureau of Labor Statistics collects data such as unemployment rates, inflation, and consumer spending. The most recent data from the U.S. Census Bureau, and Department of Labor are for 2003.

DATA CATEGORY	NEW MEXICO	NATIONAL
Per capita income <sup>5</sup>	\$35,265	\$43,527
Unemployment Rate <sup>6</sup> (Percent of persons who are unemployed)	6.4%	6.0%
Poverty Rate <sup>7,†</sup> (Percent of persons living in poverty)	18.1%	12.5%
Poverty Rate for children under 18 <sup>7</sup> (Percent of children under 18 living in poverty)	26.9%	17.6%

<sup>†</sup> In 2003, the "poverty" threshold for a family of four (two adults and two children) was set at \$18,660 or below and for a family of three (one adult and two children) set at \$18,725 or below.

### 3) NEW MEXICO HEALTH BEHAVIOR AND RISKS<sup>8</sup>

The Youth Risk Behavior Surveillance (YRBS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults (9<sup>th</sup> to 12<sup>th</sup> grade) in the U.S. The survey is administered every two years with the most current results published for 2003. Thirty-two states including the District of Columbia participated in the 2003 YRBS.

DATA CATEGORY	NM Female	National Female	NM Male	National Male
<i>Ever had sexual intercourse</i> <sup>†</sup>	44.9% <sup>∅</sup>	<b>42.9%</b>	50.9% <sup>∅</sup>	<b>48.5%</b>
<i>Had sexual intercourse during the past three months</i> <sup>†</sup>	31.7% <sup>∅</sup>	<b>33.4%</b>	32.6% <sup>∅</sup>	<b>33.4%</b>
<i>Ever had four or more sex partners</i> <sup>†</sup>	11.0% <sup>∅</sup>	<b>11.4%</b>	16.5% <sup>∅</sup>	<b>17.2%</b>
<i>Used a condom during last sexual intercourse</i> <sup>†</sup>	48.3% <sup>∅</sup>	<b>51.3%</b>	59.3% <sup>∅</sup>	<b>65.1%</b>
<i>Took birth control pills during last sexual intercourse</i> <sup>†</sup>	18.9% <sup>∅</sup>	<b>21.1%</b>	16.0% <sup>∅</sup>	<b>14.9%</b>
<i>Alcohol or drug use at last sexual intercourse</i> <sup>†</sup>	26.4% <sup>∅</sup>	<b>20.7%</b>	30.4% <sup>∅</sup>	<b>30.9%</b>

<sup>†</sup> No data available for rates reflecting both ethnicity and gender in each of the data categories (i.e., no information available for the percentage of black females who ever had sexual intercourse).

<sup>∅</sup> State did not participate in the 2003 YRBS. The data is from the 2003 New Mexico Youth Risk and Resiliency Survey developed and administered by the New Mexico Department of Health and New Mexico Public Education Department.

DATA CATEGORY	NM Black	NM Hispanic	NM White	NM American Indian	NM Other <sup>Ø</sup>
Ever had sexual intercourse <sup>†</sup>	67.8% <sup>µ</sup>	52.9% <sup>µ</sup>	35.2% <sup>µ</sup>	45.7% <sup>µ</sup>	64.6% <sup>µ</sup>
Had sexual intercourse during the past three months <sup>†</sup>	54.8% <sup>µ</sup>	36.0% <sup>µ</sup>	23.1% <sup>µ</sup>	28.2% <sup>µ</sup>	46.1% <sup>µ</sup>
Ever had four or more sex partners <sup>†</sup>	17.4 % <sup>µ</sup>	15.5% <sup>µ</sup>	8.8 % <sup>µ</sup>	11.3% <sup>µ</sup>	28.0% <sup>µ</sup>
Used a condom during last sexual intercourse <sup>†</sup>	37.8% <sup>µ</sup>	56.2% <sup>µ</sup>	54.3% <sup>µ</sup>	56.4% <sup>µ</sup>	44.9% <sup>µ</sup>
Took birth control pills during last sexual intercourse <sup>†</sup>	10.7% <sup>µ</sup>	18.3% <sup>µ</sup>	23.4% <sup>µ</sup>	9.7% <sup>µ</sup>	9.7% <sup>µ</sup>
Alcohol or drug use at last sexual intercourse <sup>†</sup>	31.0% <sup>µ</sup>	28.4% <sup>µ</sup>	30.3% <sup>µ</sup>	37.2% <sup>µ</sup>	56.3% <sup>µ</sup>

<sup>†</sup> No data available for rates reflecting both ethnicity and gender in each of the data categories.

<sup>Ø</sup> Other category includes Asian/Pacific Islander, Native Hawaiian or other Pacific Islander, as well as students who selected more than one ethnic category in the survey tool.

<sup>µ</sup> State did not participate in the 2003 YRBS. The data is from the 2003 New Mexico Youth Risk and Resiliency Survey developed and administered by the New Mexico Department of Health and New Mexico Public Education Department.

## 4) NEW MEXICO TEEN PREGNANCY<sup>9,10</sup>

Birth rates have declined significantly for teenagers 15-19 years of age from 1991 to 2002; the birth rate has declined by 30 percent in the U.S. Rates are per 1,000.

NEW MEXICO	1991 rates <sup>9</sup>	2002 rates <sup>10</sup>	2002 National rates <sup>10</sup>
15-17 years	50.0 per 1,000	37.8 per 1,000	23.2 per 1,000
18-19 years	124.4 per 1,000	99.5 per 1,000	72.8 per 1,000
15-19 years	79.8 per 1,000	62.4 per 1,000	43.0 per 1,000

The most recent data available on birth rates by ethnic origin were reported in 2002. Only national rates were available by ethnicity. Rates are per 1,000 women.

RACE	American Indian/ American Native <sup>10</sup>	Asian/ Pacific Islander <sup>10</sup>	Black <sup>10</sup>	Hispanic <sup>10</sup>	White <sup>10</sup>
15-19 years	53.8 per 1,000	18.3 per 1,000	66.6 per 1,000	83.4 per 1,000	28.5 per 1,000

## 5) NEW MEXICO HIV/AIDS<sup>11</sup>

### HIV<sup>B</sup>

The Centers for Disease Control and Prevention (CDC) used confidential HIV infection reporting in their latest HIV/AIDS surveillance report. Thirty-two states currently implement confidential HIV reporting. The prevalence rate for children living with HIV infection ranged from 0.4 per 100,000 in Idaho to 19.0 per 100,000 in New Jersey. Rates are reported from 2002.

	NM	NATIONAL
< 13 years (children)	0 per 100,000	5.6 per 100,000
Adolescents and adults (13 and over)	53.8 per 100,000	127.8 per 100,000

### AIDS<sup>C</sup>

The prevalence rate for children living with AIDS ranged from 0.6 per 100,000 in Oklahoma to 74.5 per 100,000 in the District of Columbia. Rates are reported from 2002.

	NM	NATIONAL
< 13 years (children)	1.1 per 100,000	3.7 per 100,000
Adolescents and adults (13 and over)	77.6 per 100,000	167.3 per 100,000

For additional information on your state: <http://www.aidsinfonet.org/nmepi2003/index.php>

## 6) STDs<sup>12</sup>

Case reporting data for genital herpes simplex, genital warts, human papillomavirus, non-gonococcal urethritis, and trichomoniasis are not available. Current data does not provide the actual number of STD cases in the U.S. Ongoing trend data are based on estimates from office visits in physician practices provided to the National Disease and Therapeutic Index. All rates reported are from 2003 surveillance reports. Currently there is no state level data available to the public; consequently, only national level data were reported.

### CHLAMYDIA (RATES per 100,000 POPULATION)<sup>12</sup>

Chlamydia is the most commonly reported sexually transmitted disease in the United States. For both men and women, the highest age-specific reported rates occurred among those 15 to 19 years old and 20 to 24 years old (2003). The overall reported rate among women in the U.S. was approximately three times higher than the reported rate of men. Rates are reported per 100,000 by age, sex, and race/ethnicity.

RACE	White		Black		Hispanic		Asian/ Pacific Islander		American Indian/ American Native	
	M	F	M	F	M	F	M	F	M	F
<i>TOTAL</i>	52.9	217.9	584.2	1,633.1	177.5	721.3	61.7	224.5	246.7	1,098.3
<i>Age 10-14</i>	1.8	52.6	44.3	481.6	9.7	124.8	1.6	35.7	15.9	250.5
<i>Age 15-19</i>	137.4	1,393.8	1,731.5	8,523.2	468.7	2,851.7	108.2	914.1	719.3	4,328.3

### GONORRHEA (RATES per 100,000 POPULATION)<sup>12</sup>

Gonorrhea is the second most commonly reported sexually transmitted disease in the U.S. Among females in 2003, 15 to 19 and 20 to 24 year olds had the highest rates and among males, 20 to 24 year olds had the highest rates. Rates are reported per 100,000 by age, sex, and race/ethnicity.

RACE	White		Black		Hispanic		Asian/ Pacific Islander		American Indian/ American Native	
	M	F	M	F	M	F	M	F	M	F
<i>TOTAL</i>	26.0	39.1	699.6	616.1	64.6	79.2	19.6	25.8	69.5	136.6
<i>Age 10-14</i>	.7	11.5	35.0	186.0	3.9	18.5	.6	6.9	5.6	42.3
<i>Age 15-19</i>	37.7	204.8	1,464.1	2,947.8	125.3	321.3	26.7	99.6	141.1	484.6

### SYPHILIS (RATES per 100,000 POPULATION)<sup>12</sup>

The overall rates of syphilis are at their lowest since reporting began in 1941. But, rates in the South and in some urban cities are still high. The highest age specific rates among women occurred among 20 to 24 years old and among men 35 to 39 years old. Rates are reported per 100,000 by age, sex, and race/ethnicity.

RACE	White		Black		Hispanic		Asian/ Pacific Islander		American Indian/ American Native	
	M	F	M	F	M	F	M	F	M	F
<i>TOTAL</i>	2.9	.2	11.7	4.2	5.0	.8	2.0	.1	4.2	1.5
<i>Age 10-14</i>	0	0	.1	.2	0	.3	0	0	0	.9
<i>Age 15-19</i>	.4	.4	6.0	7.5	1.7	2.3	1.2	.2	0	0

### OTHER STDs<sup>12</sup>

Case reporting for genital herpes simplex virus, genital warts, human papillomavirus, non-gonococcal urethritis, and trichomoniasis is not available.

### STD DIRECTORS

For more information on STD rates in your state, please contact your STD director at:

**Name:** Bruce Trigg  
**Address:** PO Box 25846  
 Albuquerque, NM 87125  
**Phone number:** (505) 841-4112  
**E-mail address:** brucet@doh.state.nm.us  
**Fax number:** (505) 841-4153

## 7) NEW MEXICO POLICIES AND LEGISLATION<sup>13</sup>

The School Health Policies and Programs Study (SHPPS) 2000 is the most comprehensive study of school health policies and programs ever conducted. SHPPS 2000 assessed the characteristics of school health policies and programs at the classroom, district, school, and state levels nationwide.<sup>D</sup>

This table indicates how many states require schools to teach these health topics.

KNOWLEDGE TOPIC	Elementary	Middle School	High School
<i>HIV Prevention</i>	No	No	No
<i>Pregnancy Prevention</i>	No	No	No
<i>STD Prevention</i>	No	No	No
<i>Human Sexuality</i>	Yes	No	No

The following tables describe the percentage of schools (national) at each level teaching topics and skills related to pregnancy prevention, HIV prevention, and other STD prevention in at least one required class or course, by skills, as reported by the SHPPS 2000.

SHPPS data are separated into two tables. The first table focuses on relationship and risk factors, transmission of HIV and STDs, and contraception topics being taught in schools. The second table describes skill building topics being taught and how to find resources in the community for HIV and STD services for high school students.

### RISK FACTORS, TRANSMISSION OF HIV AND STDs, and CONTRACEPTION<sup>†</sup>

TOPIC	All Schools	Elementary Schools	Middle High Schools	Senior High Schools
<b>DATA</b>				
<i>How many students are sexually active</i>	42.2%	10.9%	55.5%	79.0%
<i>Number of students pregnancies</i>	48.6%	14.3%	66.7%	82.8%
<i>Number of students who get an STD or HIV</i>	54.4%	25.3%	67.0%	88.2%
<b>RELATIONSHIP AND RISK FACTORS</b>				
<i>Dating and relationships</i>	63.7%	34.9%	82.5%	86.2%
<i>Risk associated with having multiple sexual partners</i>	91.9%	68.7%	92.5%	98.5%
<i>Risk associated with teen pregnancy</i>	85.1%	N/A <sup>Ø</sup>	81.9%	80.5%
<b>TRANSMISSION OF DISEASE</b>				
<i>How HIV is transmitted</i>	93.5%	85.4%	97.3%	99.2%
<i>How an STD, other than HIV, is transmitted</i>	94.8%	76.1%	97.8%	98.6%
<i>Signs and symptoms of STD</i>	85.9%	42.9%	90.0%	98.3%
<i>Compassion for persons living with HIV or AIDS</i>	81.3%	78.5%	82.7%	83.2%

<i>Abstinence is the most effective method to avoid pregnancy, HIV, or other STD</i>	71.7%	40.8%	91.5%	96.1%
<b>CONTRACEPTION</b>				
<i>Methods of contraception</i>	67.9%	32.8%	61.8%	87.0%
<i>How to correctly use a condom</i>	33.6%	N/A <sup>o</sup>	20.8%	55.1%
<i>Condom efficacy</i>	64.8%	N/A <sup>o</sup>	54.1%	82.9%

<sup>†</sup> This is a sample of schools that participated in the SHPPS. No state-level data are available. Currently, no state level data are available from the SHPPS 2000 to determine if pregnancy, HIV, or other STD prevention topics or classes are taught or required. National data are provided.

<sup>o</sup> The question was not asked to participants who teach in elementary schools.

## SKILL BUILDING TOPICS AND AVAILABLE HIV AND STD SERVICES<sup>†</sup>

SKILLS	All Schools	Elementary Schools	Middle High Schools	Senior High Schools
<b>SKILL BUILDING</b>				
<i>Communication skills related to sexual behaviors</i>	57.9%	24.5%	78.0%	87.0%
<i>Decision-making skills related to sexual behaviors</i>	59.3%	33.4%	74.0%	83.7%
<i>How students can influence or support others to make healthy decisions related to sexual behavior</i>	62.3%	37.5%	76.7%	84.8%
<i>Resisting peer pressure to engage in sexual behavior</i>	68.4%	40.4%	86.8%	90.5%
<b>HOW TO FIND SERVICES</b>				
<i>How to find valid information or services related to HIV or HIV testing</i>	61.3%	33.4%	72.7%	83.8%
<i>How to find valid information or services related to pregnancy or pregnancy testing</i>	79.6%	47.9%	79.2%	90.4%
<i>How to find valid information or services related to STD or STD testing</i>	77.0%	48.7%	77.4%	88.6%

<sup>†</sup> This is a sample of schools that participated in the SHPPS. No state-level data are available. Currently, no state level data are available from the SHPPS 2000 to determine if pregnancy, HIV, or other STD prevention topics or classes are taught or required. National data are provided.

## 8) NATIONAL RESOURCES

### HIV/AIDS

#### **The Centers for Disease Control/Division of Adolescent Health (CDC/DASH)**

<http://www.cdc.gov/HealthyYouth/>

The website has surveillance data and publications available on HIV and STDs.

#### **National Minority AIDS Council (NMAC)**

[www.nmac.org](http://www.nmac.org)

The website has resources and publications on HIV/AIDS and information tailored for minorities.

### TEEN PREGNANCY

#### **The National Campaign to Prevent Teen Pregnancy**

[www.teenpregnancy.org](http://www.teenpregnancy.org)

The website contains research, resources, and information on teen pregnancy. The organization also lists publications related to teen pregnancy prevention.

### STDs

#### **The American Social Health Association**

[www.ashastd.org](http://www.ashastd.org)

The website contains an STD glossary, introduction to STDs, and basic facts and statistics about STDs.

#### **National Coalition of STD Directors (NCSD)**

[www.NCSDDC.org](http://www.NCSDDC.org)

The website contains additional publications, resources, and a list of STD programs and directors. The site can also link SEA staff to their state health department's STD directors.

### POLICY

#### **National Association of State Boards of Education (NASBE)**

[www.nasbe.org/HealthySchools/States/State\\_Policy.html](http://www.nasbe.org/HealthySchools/States/State_Policy.html)

NASBE's complementary effort to SHPPS was designed to gather actual written policies in key areas of school health policy. <sup>D</sup>

#### **National Conference of State Legislatures (NCSL)**

<http://www.ncsl.org/public/leglinks.cfm>

The website has a database that contains information collected from the websites of the 50 state legislatures, the District of Columbia, and the U.S. territories. Find specific content materials (such as, bills, press rooms, statutes) for each state, District of Columbia, and the territories.

<http://www.ncsl.org/programs/health/adoles.htm>

This is the direct link to NCSL's Adolescent & School Health website and select information on teenage birth rates, asthma rates, and sexual risk behaviors, are among the health topics the website covers.

## 9) REFERENCES

1. Young, B.A. (2004). *Public school student, staff, and graduate count by state: School year 2001-2002* (NCES 2003-358R). Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved on January 11, 2005 from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2003358>
2. Hoffman, L.M. (2003). *Overview of public elementary and secondary schools and districts: School year 2001-2002* (NCES 2003-411). Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved on January 11, 2005 from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2003411>
3. Broughman, S.P., & Colaciello, L.A. (2001). *Private school universe survey, 1999-2000* (NCES 2001-330). Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved on January 11, 2005 from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2001330>
4. Young, B.A. (2003). *Public high school dropouts and completers from the common core of data: School year 2000-01* (NCES 2004-310). Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved on January 11, 2005 from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2004310>
5. United States Census Bureau. *Three-year-average median household income by state: 2001-2003*. Retrieved on January 11, 2005 from <http://www.census.gov/hhes/income/income03/statemhi.html>
6. United States Census Bureau. *Current Population Survey, Annual Demographic Survey*. Retrieved on January 11, 2005 from [http://ferret.bls.census.gov/macro/032004/pov/new46\\_100125\\_01.htm](http://ferret.bls.census.gov/macro/032004/pov/new46_100125_01.htm) and [http://ferret.bls.census.gov/macro/032004/pov/new46\\_100125\\_03.htm](http://ferret.bls.census.gov/macro/032004/pov/new46_100125_03.htm)
7. United States Department of Labor, Bureau of Labor Statistics. *Unemployment rates for states annual average rankings year: 2003*. Retrieved on January 11, 2005 from <http://stats.bls.gov/lau/lastrk03.htm>
8. Grunbaum, J.A., J.A., Kann, L., Kinchen, S.A., Ross, J., Hawkins, J., Harris, W.A., McManus, T., Chyen, D., & Collins, J. *Youth risk behavior surveillance—United States, 2003*, Surveillance Summaries, May 21, 2004. *MMWR*, 53 (No. SS-2),1-96. Retrieved on January 11, 2005 from <http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf>
9. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., & Munson, M.L. (2003). *Births, final data 2000*. National Vital Statistics Reports, Vol. 52, No. 10. Hyattsville, MD: National Center for Health Statistics. Retrieved on January 11, 2005 from [http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_10.pdf)
10. The Alan Guttmacher Institute. (2004). U.S. teenage pregnancy statistics: Overall trends, trends by race and ethnicity and state-by-state information. New York: Alan Guttmacher Institute. Retrieved on January 11, 2005 from [http://www.guttmacher.org/pubs/state\\_pregnancy\\_trends.pdf](http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf)
11. The Centers for Disease Control and Prevention. (2004). *HIV/AIDS surveillance report 2003*. Atlanta: Department of Health and Human Services. Retrieved on January 11, 2005 from <http://www.cdc.gov/hiv/stats/hasrlink.htm>
12. The Centers for Disease Control and Prevention. (2004). *Sexually transmitted disease surveillance, 2003*. Atlanta: U.S. Department of Health and Human Services. Retrieved on January 11, 2005 from <http://www.cdc.gov/std/stats/toc2003.htm>
13. The Centers for Disease Control and Prevention, Division of Adolescent and School Health. (2001). School health policies and programs study (SHPPS) 2000: A summary report. *Journal of School Health*, 71(7). Retrieved on January 11, 2005 from <http://www.cdc.gov/HealthyYouth/shpps/factsheets/pdf/overview.pdf>

## NOTES

- A. Dropout rate (this is an annual event dropout rate) is calculated by the number of dropouts for a school year divided by the number of students enrolled at the beginning of that school year. In 2000-01, dropout rates for four states (California, Colorado, Indiana, and Michigan) and the District of Columbia were not reported by NCES because these states did not report dropouts that were consistent with NCES definition.
- B. HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact. Infected pregnant women can pass HIV to their babies during pregnancy or delivery, and breast feeding.
- C. AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is caused by an HIV infection. HIV attacks CD4+ T cells, known as helper cells. The helper cells fight off infections and diseases in the body. When the helper cells numbers are below 200, a person is then diagnosed by their physician as having AIDS. Physicians will diagnose a patient with AIDS even if the “helper cell” count is over 200. This only applies if a person has HIV and certain diseases such as tuberculosis or Pneumocystis carinii pneumonia (PCP).
- D. Both the Centers for Disease Control and Prevention (CDC), through its School Health Policies and Programs Study (SHPPS), and the National Association of State Boards of Education (NASBE), through its State-Level School Health Policy Database, collect information on state policies. Information from these two systems and other similar sources of data do not always match. For example, CDC’s [SHPPS 2000](#) reports that 35 states allowed students to use their own asthma inhalers, while NASBE’s Database reports that 30 states allowed student self-medication as of April 2004. These and other differences may be attributed to differences of methodology, timeframe, interpretation, or the ambiguities inherent to any discussion of policy and practice.

The SHPPS 2000 state-level data were collected by self-administered mail questionnaires completed by designated respondents in state education agencies. In those questionnaires, “policy” was defined as “any mandate issued by the state school board, state legislature, or other state agency”. NASBE collects written policies directly from states and then summarizes the information contained in those policies. Subjective interpretation is unavoidable both when persons are responding to questions about the policies under which they work and when others are analyzing written policies that vary in content, depth, and completeness. Across states, awareness, dissemination, interpretation, and enforcement of policies also vary tremendously. As a result, policy measurement and policy analysis — like policy making — remain both an art and a science.