

Joe Lombardo
Governor



Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

MATERNAL AND CHILD HEALTH ADVISORY BOARD

**Meeting Agenda
December 19, 2025
2:00 PM until adjournment**

This meeting is a virtual meeting and there is no physical location. The public is invited to attend.

VIRTUAL INFORMATION

Join on your computer, mobile app or room device

[Microsoft TEAMS](#)

Meeting ID: 223 375 123 882 22

Passcode: yi9xy7AN

Join by Phone
+1 775-321-6111, United States, Reno
Phone conference ID: 675 098 845#

NOTICE:

1. Agenda items may be taken out of order;
2. Two or more items may be combined; and
3. Items may be removed from agenda or delayed at any time

1. CALL TO ORDER/ROLL CALL

2. **PUBLIC COMMENT:** No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment using the Microsoft Teams application, an individual may raise their hand by clicking the "Raise Your Hand" button (signified by a hand graphic) on the bottom tool bar of the application. To provide public comments telephonically, dial 775-321-6111. When prompted to provide the meeting ID, enter 675 098 845#. Due to time considerations, comments will be limited to five (5) minutes a person. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.
3. **FOR POSSIBLE ACTION:** Discussion and possible action to approve meeting minutes from the February 7, 2025, Maternal and Child Health Advisory Board (MCHAB) meeting
4. **FOR INFORMATION ONLY:** Presentation of the Perinatal Health Initiative (PHI) and the EMPOWERED Program

5. **FOR INFORMATION ONLY:** Presentation of Critical Congenital Heart Disease (CCHD) Reports and Updates
6. **FOR INFORMATION ONLY:** Updates on Maternal and Child Health (MCH) Programs and Alliance for Innovation on Maternal Health (AIM)/Maternal Mortality Review Committee (MMRC) Updates
7. **FOR INFORMATION ONLY:** Coordinated Intake Referral System (CIRS) Executive Summary
8. **FOR INFORMATION ONLY:** Presentations on the University of Nevada, Reno (UNR) Extension and University of Nevada, Las Vegas (UNLV) Early Responsive Nurturing Care for Food Security Programs
9. **FOR POSSIBLE ACTION:** Discussion and possible action on recommendations for future agenda items
10. **FOR POSSIBLE ACTION:** Discussion and possible action for approved future meeting dates:
 - February 6, 2026, at 9:00 a.m.
 - May 1, 2026, at 9:00 a.m.
 - August 7, 2026, at 9:00 a.m.
 - November 6, 2026, at 9:00 a.m.
11. **PUBLIC COMMENT:** No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment using the Microsoft Teams application, an individual may raise their hand by clicking the "Raise Your Hand" button (signified by a hand graphic) on the bottom tool bar of the application. To provide public comment telephonically, dial 775-321-6111. When prompted to provide the meeting ID, enter 675 098 845#. Due to time considerations, comments will be limited to five (5) minutes a person. Members of the public utilizing the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.
12. **ADJOURNMENT**

NOTICES OF THIS MEETING WERE POSTED AT THE FOLLOWING LOCATIONS:

PHYSICAL POSTING LOCATIONS

- The Nevada Division of Public and Behavioral Health – 4150 Technology Way, Carson City, NV 89706

INTERNET POSTING

- The Nevada Division of Public and Behavioral Health website at https://dpbh.nv.gov/Boards/MCAB/Meetings/2025/Maternal_and_Child_Health_Advisory_Board/
- The Department of Administration's website at <https://notice.nv.gov>.

This body will provide at least two (2) public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the MCHAB to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the Chair to the orderly conduct of the meeting. Written comments in excess of one (1) typed page on any agenda items which require a vote are respectfully requested to be submitted to the MCHAB at the below address 30 calendar days prior to the meeting to ensure that adequate consideration is given to the material.

This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, pursuant to NRS 241. By Participating, you consent to recording of your participation

in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.

We are pleased to provide reasonable accommodation for members of the public who are living with a disability and wish to attend the meeting. If special arrangements are necessary, please notify Barbara Bessol in writing by email (bbessol@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4235 before the meeting date. Anyone who would like to be on the MCHAB mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above. To join the MCHAB listserv, please follow the directions below to subscribe/unsubscribe to all emails.

[Click here to send an email for the MCHAB listserv.](#)

- Include only "subscribe MCHAB" in the body of the email; or
- Include only "unsubscribe MCHAB" in the body of the email.
- Do not include any text in the subject line.

If you need supporting documents for this meeting, please notify Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at

https://dpbh.nv.gov/Boards/MCAB/Maternal_and_Child_Health_Advisory_Board_home/ and on the Department of Administration's website at <https://notice.nv.gov/>.

If at any time during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, including on the agenda is unable to participate because of technical difficulties, please contact Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov and note at what time the difficulty started to that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from the Maternal and Child Health Advisory Board, please do not hesitate to contact Barbara Bessol, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-4235 or by email at bbessol@health.nv.gov. Please refrain from commenting in the chat area of the meeting, unless requested to, because minutes are required to be taken of the meeting.

Use of obscenities or other behavior which disrupts the meeting to the extent that orderly conduct is made impractical may result in the forfeiture of the opportunity to provide public comment or removal from the meeting.

MCHAB, DPBH, Attn: Barbara
Bessol 4150 Technology Way,
Suite 210 Carson City, Nevada,
89706

Agenda Item 2

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)

DATE: February 7, 2025; TIME: 9:10 AM

This meeting is a virtual meeting and there is no physical location. The public is invited to attend.

MEETING LOCATION

VIDEO CONFERENCE LINK

Join on your computer, mobile app or room device

[Microsoft Teams](#)

Meeting ID: 279 814 506 051

Passcode: My9vB9qc

Dial in by phone

+1 775-321-6111

[Find a local number](#)

Phone conference ID: 112 611 80#

ATTENDANCE:

Members Present:

- Keith Brill, MD
- Roshanda Clemons, MD, FAAP
- Elika Nematian, MPH
- Lora Redmon, BSN, RN, RNC-DB, C-FMC

Members Absent:

- Marsha Matsunaga Kirgin, MD
- Melinda Hoskins, Ms
- Fatima Taylor, M.Ed., CPM
- Mario Gaspar de Alba, MD
- Senator Rochelle Nguyen (non-voting)
- Assemblywoman Tracy Brown May (non-voting)

Staff Present:

- Vickie Ives, MA, Bureau Chief, Child, Family, and Community Wellness (CFCW)
- Tami Conn, MPH, Deputy Bureau Chief, CFCW
- Karissa Machado, MPH, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
- Barbara Bessol, Administrative Assistant III, MCAH
- Alyssa DiBona, Administrative Assistant II, MCAH
- Rachel Marchetti, MBA, Nevada Home Visiting Program Manager, MCAH
- Dina Phippen, Adolescent Health Coordinator, MCAH
- Chayna Corpuz, MPH, Health Program Specialist, MCAH
- Jazmin Stafford, Health Program Specialist, MCAH
- Ryan Spencer, Program Officer I, MCAH
- Karla Rodriguez, MPH, Account for Family Planning Coordinator, MCAH

- Cortnee Smith, MSW, Social Services Program Specialist, MCAH
- Thomas Fletcher, Management Analyst II, MCAH
- Teresa Jarrett, Grants & Programs Analyst, MCAH
- Desiree Wenzel, Program Officer I, MCAH
- Jordan Lancaster, Applied Epidemiology Fellow, MCAH

Guests Present:

- Amanda Lattin, RN, University of Nevada Reno

Agenda Item 1

Call to Order and Introduction

The meeting was called to order at 9:10 am by the Chair, Dr. Keith Brill.

Agenda Item 2

First Public Comment Period

No public comments were made during this period.

Agenda Item 3

FOR POSSIBLE ACTION: Approval of draft minutes from the Maternal and Child Health Advisory Board (MCHAB) meeting on December 6, 2024 – Keith Brill, MD - Chair

Chair Brill motioned for the approval of the meeting minutes from December 6, 2024.

Elika Nematian seconded the motion.

The motion passes unanimously.

Agenda Item 4

FOR POSSIBLE ACTION: Discussion and possible action to send the Craniofacial Clinic support letter to the administrator of the Division of Public and Behavioral Health – Roshonda Clemons, MD – Subcommittee Chair

Karissa Machado shared the letter on the screen.

Dr. Roshonda Clemons gave an overview of the February 7, 2025, MCHAB Subcommittee meeting and reasons why the Board should submit this letter of support. She also briefly summarized the history of the craniofacial clinic.

Dr. Brill elected for all present to read the draft letter displayed silently.

Dr. Brill motioned to approve the letter as written to be sent to the Administrator of the Division of Public and Behavioral Health (DPBH).

Dr. Clemons requested the founding year of the craniofacial clinic be added to the letter to bring awareness to the longevity of the clinic before it lost funding.

Dr. Brill agreed and suggested the second paragraph on the second line as the placement for the foundation date.

Ms. Machado made the edit in real time.

Dr. Brill motioned for the letter to be approved as corrected and sent to the DPBH Administrator.

Lora Redmon seconded the motion.

The motion passed unanimously.

Dr. Brill asked staff what the next steps are for sending the letter.

Tami Conn stated after the letter is finalized, it will be sent to the MCHAB listserv and to Administrator Phinney.

Agenda Item 5

FOR POSSIBLE ACTION: Updates and possible recommendations regarding the Alliance for Innovation on Maternal Health and the Maternal Mortality Review Committee– Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

Ms. Conn updated the Board on the Alliance for Innovation in Maternity Health (AIM). She stated there are no major updates, and efforts continue to be made to implement the hypertension and hemorrhage bundles with several hospitals. There are approximately ten (10) hospitals currently participating.

Ms. Conn updated the Board on the Maternal Mortality Review Committee (MMRC) required biannual legislative report which was submitted at the end of December 2024 to the Legislative Counsel Bureau. The report is posted on the Department of Health and Human Services Office of Analytics reports home page and the DBPH Maternal, Child and Adolescent Health website.

Vickie Ives brought up the issue of a private perinatal quality improvement entity which has created difficulty recruiting hospitals into AIM participation. She also highlighted Senate Bill (SB) 78 in the current Nevada Legislative Session which deals with restructuring around boards and open meeting law committees. She deferred further comment/information to the second public comment period.

Ms. Conn expanded on the MMRC Data Report and briefly summarized its contents and highlighted the recommendations for how to prevent future maternal death. She noted the report continues to call out the need for a Perinatal Quality Collaborative (PQC) in Nevada and recommends the state focus on mental health and substance use.

Dr. Brill asked if there was a recommendation the Board could make regarding the creation of a PQC in Nevada.

Ms. Ives elects to discuss the topic further during the second public comment period.

Ms. Conn continued discussing AIM. She informed members the American College of Obstetricians and Gynecologists (ACOG) creates the evidence-based patient safety bundles

for AIM which are intended to be implemented by hospitals to improve specific maternal health outcomes in the clinical setting. There is no fee to participate but there is a data collection component. In many other states, AIM coordination and data collection is facilitated by a PQC. She stated Nevada is one of the few states that do not have a PQC, so the work is facilitated by DPBH staff.

Ms. Conn noted there is a private perinatal quality improvement company called Premier Perinatal that is working with some hospitals in Southern Nevada to implement patient safety bundles they developed (which are not developed/endorsed by ACOG and therefore are not evidence-based). This has caused those facilities to discontinue implementing the AIM's evidence-based patient safety bundles due to duplication of efforts.

Ms. Conn invited questions from the Board.

Dr. Clemons asked to clarify if Premier Perinatal is separate from the state PQC that is included in the upcoming biennium's budget request.

Ms. Conn confirmed Premier Perinatal is a separate entity from the state. Premier Perinatal is a national corporation working with hospitals nationwide.

Dr. Clemons asked if hospitals had signed contracts to work with Premier Perinatal.

Ms. Conn could not confirm if contracts had been signed only that the hospital declined to participate in AIM due to its partnership with this company.

Ms. Ives observed there is no data sharing between Premier Perinatal and state agencies; hospitals working with Premier Perinatal operate in a closed-loop system. Premier Perinatal does not use the data gathered to improve maternal health outcomes statewide and therefore does not function as a true PQC.

There are no other questions.

Agenda Item 6

INFORMATIONAL: Presentation on Maternal and Child Health (MCH) Reports and MCH Updates, Title V Block Grant Site Visit Review – Tami Conn, MPH, Deputy Bureau Chief, CFCW, DPBH

Ms. Conn provides an overview of Title V programs and the Title V site visit. All referenced slides are included and may be referenced in the meeting packet.

Dr. Brill asked if there was any impact to Nevada's Title V funding based on changes at the federal level.

Ms. Conn responded currently there has been no funding impact and no communication from federal partners regarding changes to funding or activities.

Dr. Brill asked if the Title V team can access health-related information/data needed from federal websites due to recent website changes/outages.

Ms. Ives informed the Board there have been impacts to the Pregnancy Risk Assessment Monitoring System (PRAMS) perinatal surveys. The impacts have made it so the program

cannot follow Institutional Review Board (IRB) protocols for survey implementation. Ms. Ives said all changes are important to note for awareness when items are taken down and made available again. She explained states enter data into federal systems, so when changes do happen, DPBH retains all the original data at the state level.

There are no other questions.

Agenda Item 7

FOR POSSIBLE ACTION: Make recommendations for future agenda items – Keith Brill, MD – Chair

Dr. Brill requested suggestions for future agenda items. He also asked if the Board would like to track legislative bills in an official capacity.

Ms. Ives commented that past MCHAB members elected to meet more frequently or establish subcommittees to track legislative items but doing so is at the will of current membership. She reminded the Board its capacity is limited to making recommendations to the DPBH Administrator.

Dr. Brill gauged interest among the Board for tracking legislative items with the understanding that the Board's capacity is limited to making recommendations and meetings only happen quarterly.

There are no further comments regarding tracking legislative items.

Elika Nematian asked for clarification on the procedure for the submission of future agenda items.

Ms. Conn explained any items could be suggested during the current agenda item, as well as future agenda items can be submitted via email (or mail) to DPBH staff up to 30 days prior to the next scheduled Board meeting.

Ms. Ives referenced Nevada Revised Statute (NRS) chapter 442 for the list of topics under the purview of this Board for reference when submitting agenda item topics for consideration.

Agenda Item 8

Second Public Comment Period

Ms. Ives shared a snapshot of the Governor's recommended budget which includes within the Maternal, Child, and Adolescent Health Section (Budget Account 3222) a request to support the creation of a statewide PQC. She encourages members to track the budget account throughout the Legislative Session if they are interested in the outcome of this budget request.

Ms. Ives also briefly summarized and brought the Board's awareness to SB78 which proposes to revise provisions and statewide structures relating to many boards, commissions, councils, and similar regulatory/advisory bodies.

Dr. Clemons asked in reference to the PQC if and how the collaborative was represented within the Governor's recommended budget.

Ms. Ives responded because of the need for certain types of subject matter expertise (SME) on a PQC, the funding, if approved through the Legislature, would likely move forward as a formal Request for Proposals (RFP) for an external entity to oversee the PQC activities. The budget request includes elements for a small PQC that could host trainings/webinars, manage/administer data systems, the basic staffing for a program coordinator, funds to pay for clinical SMEs from both the neonatal and obstetric maternal fetal medicine specialties, and other related budgetary components. The Governor's proposed budget only reflects a grand total and is not broken down into expense categories.

Dr. Clemons asked in reference to SB78 if it is related to the reorganization of the DHHS [Nevada Department of Health and Human Services].

Ms. Ives responded that in her perspective this bill is distinct and independent from the proposed reorganization of DHHS.

Dr. Brill requested a list of hospitals that participate in the AIM program.

Ms. Conn agreed to make the list available to the Board.

Dr. Brill asked if the primary reason for non-participation [in AIM] was the collaboration with private entities.

Ms. Conn responded it is a mix of reasons/barriers for each hospital. Some hospitals are participating with these private entities, but others are just not staffed sufficiently to accommodate the data reporting and normal coordination requirements. She noted again how many AIM initiatives are operated by PQCs in other states. Since PQCs are staffed by clinical experts, rather than non-clinical public health staff, they are more successful at encouraging and maintaining hospital participation.

Dr. Brill called for other public comment. None is made.

Agenda Item 9

FOR POSSIBLE ACTION: Discuss and possible action for future meeting dates: May 2, 2025, at 9:00 a.m., August 1, 2025, at 9 a.m., and November 7, 2025, at 9:00 a.m.

Dr. Brill asked if the times shown were previously approved.

Ms. Conn stated they were previously approved.

Agenda Item 10

Adjournment

The meeting was adjourned at 10:08 a.m.

Minutes were prepared by Barbara Bessol, Administrative Assistant III, Maternal, Child, and Adolescent Health Section, Bureau of Child, Family and Community Wellness, Nevada Division of Public and Behavioral Health.

Agenda Item 4



An Introduction to the EMPOWERED Program

Problem/Associated Effect

Problem

- Drug-induced deaths are the leading cause of death for reproductive-age women in the U.S.
 - Surpasses motor vehicle accidents, gun violence & homicide



Associated effect

- NAS = Neonatal Abstinence Syndrome
 - Results from the sudden discontinuation of fetal exposure to substances that were used or abused during pregnancy

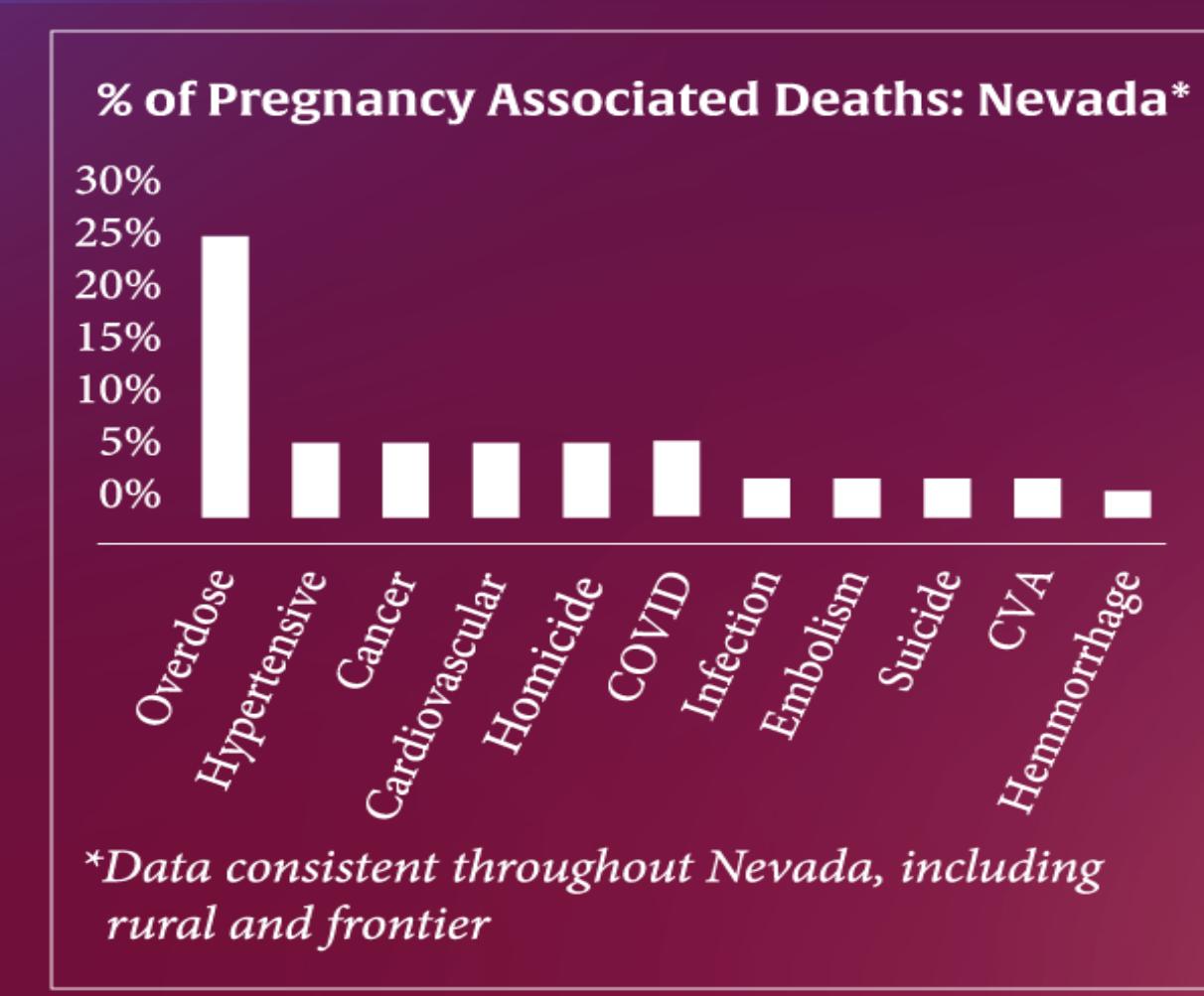
Centers for Disease Control and Prevention. Annual surveillance report of drug-related risks and outcomes—United States, 2017. In: Vol surveillance special report 1. Atlanta (GA): Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017. 18.

Smid MC, Stone NM, Baksh L, et al. Pregnancy-Associated Death in Utah. *Obstetrics & Gynecology*. 2019;133(6):1131–1140.
doi: 10.1097/AOG.0000000000003279. 1

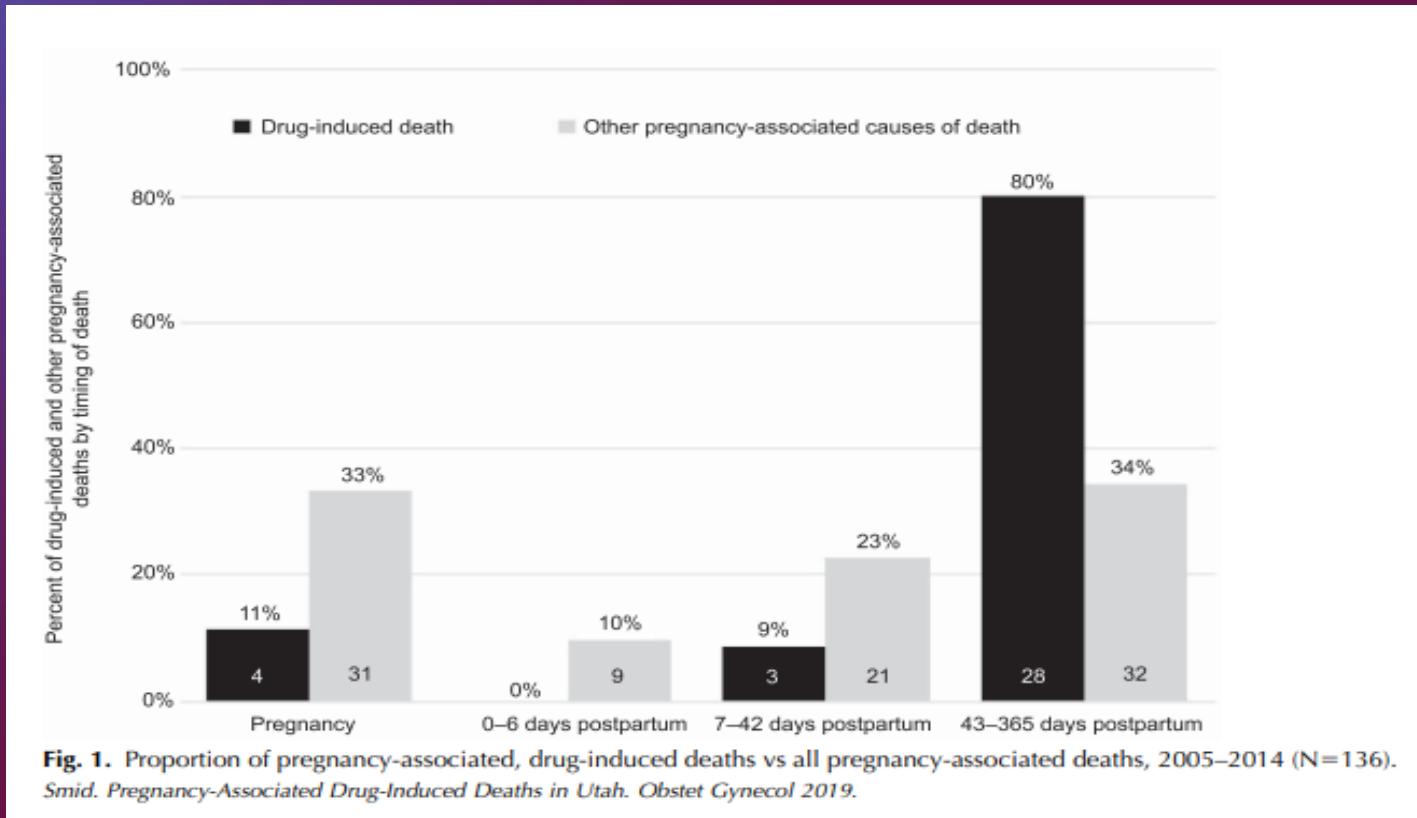
ASTHO Experts, States consider neonatal abstinence syndrome prevention and treatment. February 4, 2020



Nevada Trends in Women of Childbearing Age



Maternal Mortality & Overdose Rates



How can we mitigate the
effects of maternal
substance use disorders
and NAS?



Solution: EMPOWERED

Mission

EMPOWERED supports pregnant & postpartum individuals who use or have a history of using opioids and/or stimulants for any reason with a tailored, person-centered approach designed to empower individuals to be prepared for the birth of their infants & to thrive as a caregiver.



EMPOWERED: Core Services

Core Service	Intervention
Personalized Care Plans	Addresses the client's most urgent need & develops a personalized care plan which connects them to community resources to address the social determinants of health
Counseling Services	Individual and group therapy offered
Peer Support	Provides support from someone who has knowledge of substance use disorder from their own lived experience
Health Education & Community-Building Activities	Promotes overall wellness which helps prevent against relapse

Serving the following locations: Southern Nevada, Washoe County, Carson City, Storey County, Churchill County & Lyon County



EMPOWERED GO

Carson City- Lyon County- Churchill County

Mental Health Support

Screening

Access to medication

Crisis Support

Care Coordination Navigation

Collaboration with local hospitals, clinics, and community organizations to navigate community resources

Medication for an Opioid Use Disorder (MOUD)

Evaluation & diagnosis of opioid use disorder

Medication for OUD (MOUD), including buprenorphine

Linkage to inpatient and outpatient treatment programs





Questions...



Nevada Perinatal Health Initiative

Abigail Hatifi, Program Coordinator | Substance Use
Prevention, Treatment and Recovery Services

November 7, 2025



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PHI History and Current Functioning

The PHI is a project within DPBH and has been ongoing since November 2018.

This Initiative aims to **improve outreach, identification, engagement, treatment, recovery, and support for pregnant/postpartum people and their infants, affected by substance use or mental health challenges, using evidence-based interventions.**



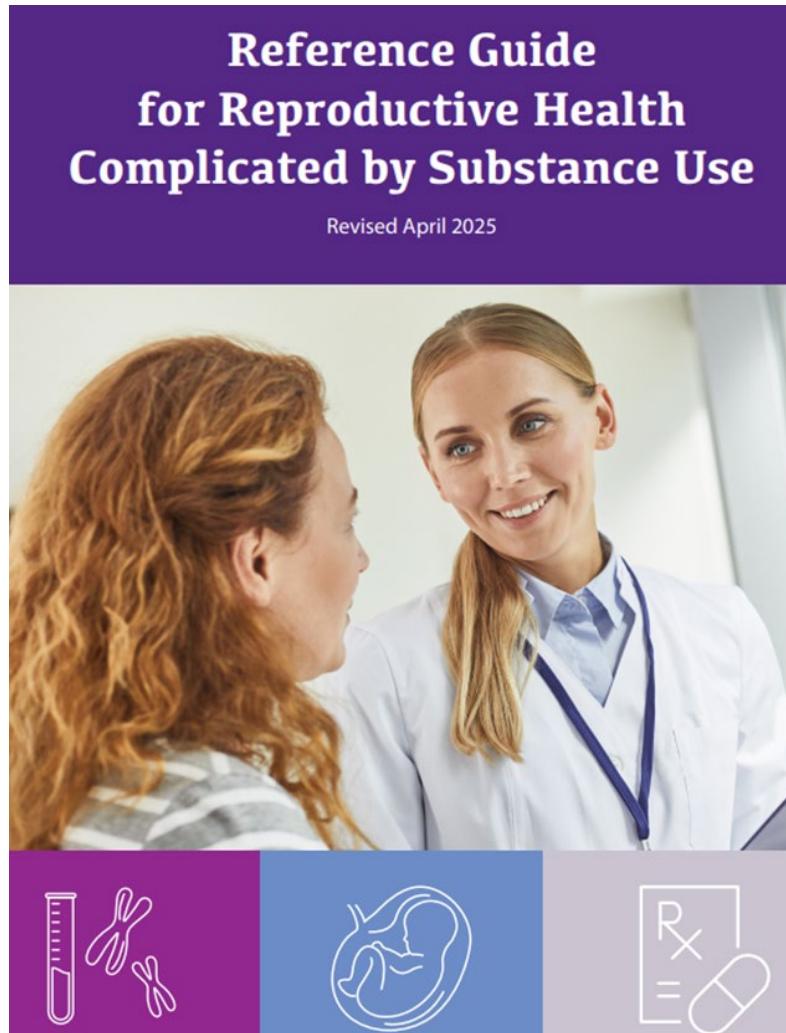
PHI Resources

Comprehensive Addiction and Recovery Act (CARA) Training:

- [CARA Plan of Care Overview](#)
- [Roundtable Discussion](#)
- [Navigating Resources](#)

Additional resources and materials on the [DPBH website](#), including:

- CARA Implementation Summary
- Reference Guides
- Community resources



Strategic Plan Initiatives



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Increase the adoption of universal screening utilizing SBIRT for pregnant persons with problematic substance use



Improve care coordination for pregnant persons with problematic substance use



Decrease gaps in the continuum of care for pregnant persons with problematic substance use



Improve implementation of CARA Plans of Care



Enhance infrastructure and operations to support successful implementation of Perinatal Health Initiative

PHI Transition Plan

Social Entrepreneurs, Inc. (SEI) has been contracted to provide project coordination and support for the PHI from 2018-2026.

Throughout 2026, DPBH and SEI will work to identify champions to sustain the PHI as SEI will be transitioning out of this support role. SEI will work with partners to implement priority strategies and will provide DPBH with a comprehensive plan to sustain the PHI.



QUESTIONS?



NEVADA DIVISION of PUBLIC
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CONTACT INFORMATION



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Agenda Item 5



Critical Congenital Heart Disease in Nevada, 2022

Tami Conn
Deputy Bureau Chief, Bureau of Child, Family and
Community Health

May 2, 2025



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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



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CCHD Law in Nevada



EXAMINATION OF INFANTS FOR CRITICAL CONGENITAL HEART DISEASE

NRS 442.680 Examination required; confirmation of results; exception to requirement; regulations.

1. Except as otherwise provided in subsection 3, any physician, midwife or nurse attending or assisting in any way any infant at childbirth at a freestanding birthing center or a hospital which regularly offers obstetric services in the normal course of business and not only on an emergency basis shall make or cause to be made an examination of the infant, to determine whether the infant may suffer from critical congenital heart disease, including, without limitation, conducting pulse oximetry screening. If the physician, midwife or nurse who conducts the examination is not the attending physician of the infant, the physician, midwife or nurse shall submit the results of the examination to the attending physician of the infant.
2. If the examination reveals that an infant may suffer from critical congenital heart disease, the attending physician of the infant shall conduct an examination to confirm whether the infant does suffer from critical congenital heart disease. If the attending physician determines that the infant suffers from critical congenital heart disease, the attending physician must:
 - (a) Report the condition to the Chief Medical Officer or a representative of the Chief Medical Officer; and
 - (b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.
3. An examination of an infant is not required pursuant to this section if either parent files a written objection with the person responsible for conducting the examination or with the freestanding birthing center or hospital at which the infant is born.
4. The State Board of Health may adopt such regulations as necessary to carry out the provisions of this section.

(Added to NRS by [2013, 2115](#))

CCHD Background



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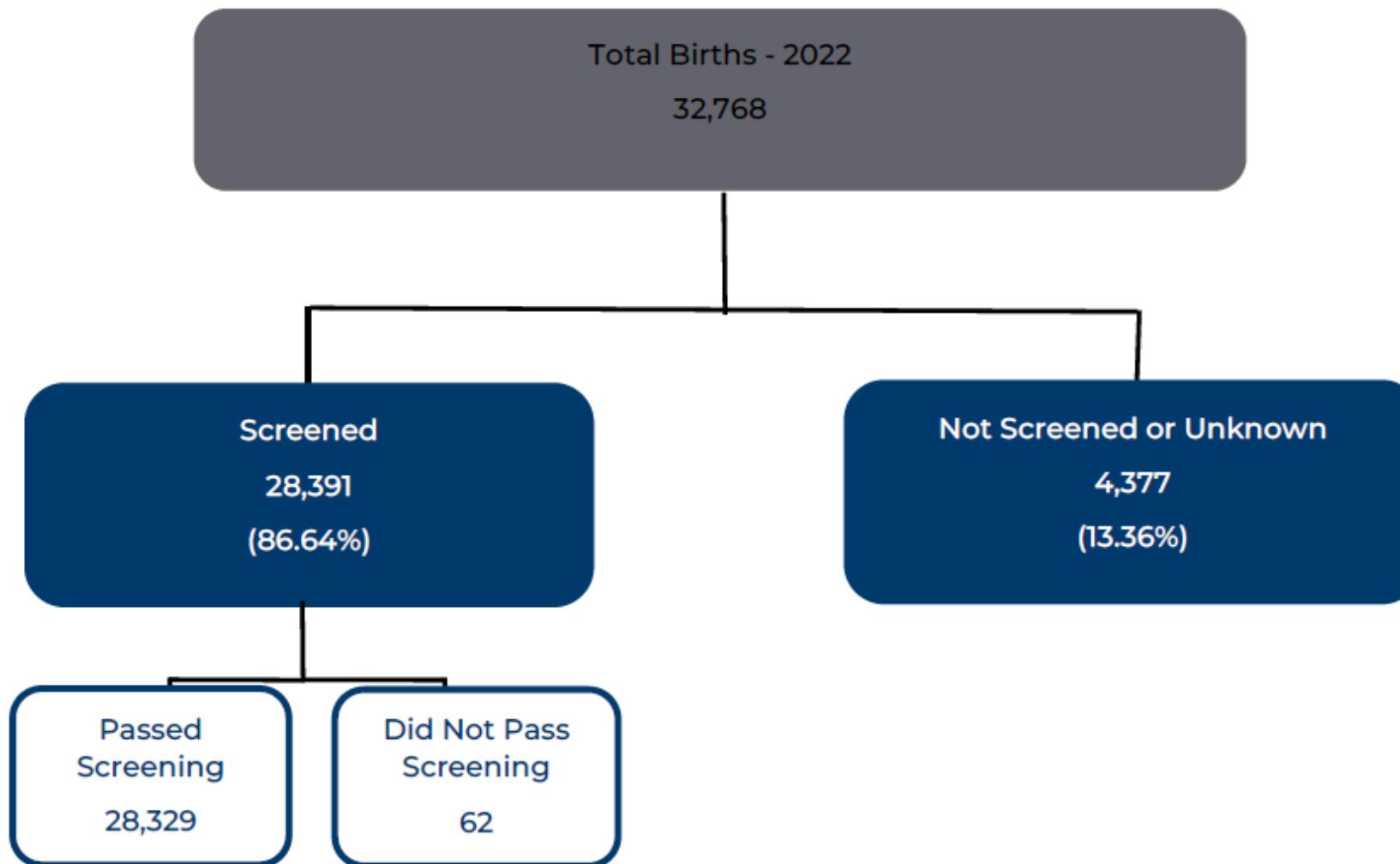
- To implement the reporting law, Nevada DPBH administers a CCHD Registry.
- The purpose of the Nevada CCHD Registry is to ensure all children are screened for CCHD at birth and those identified with CCHD receive timely and appropriate medical intervention.
- The 2022 CCHD Report represents the seventh full year of data collection with all eighteen (18) birthing facilities reporting. The 2023 CCHD Report is in the final draft and leadership routing phase and will be published in Summer 2025.
- The Nevada CCHD Registry used the standards outlined in the 2011 AAP guidelines for the duration of the 2022 reporting year which advised 2 retests (3 total) before an infant is considered to have a failed screen.
 - AAP guidelines for CCHD changed in 2025 and Nevada CCHD processes will now follow the updated guidance and protocols.

AAP Guideline Updates - 2025



- In December 2024, the AAP updated guidelines for CCHD screening to improve the accuracy and efficiency of detecting the condition in newborns.
- The updated recommendations include a simplified algorithm **with a single retest** and a requirement for passing oxygen saturation in both pre- and post-ductal measurements.
- The AAP continues to emphasize the importance of uniform data collection and education for health care professionals about the limitations of CCHD screening, including the possibility of CCHD in newborns who pass the screen and the potential for other conditions causing low oxygen saturation.

**Chart 1 – Flow Diagram of the Infant Screening Distribution and Results,
2022 Nevada Critical Congenital Heart Disease (CCHD) Registry**





Tables

Table 1 – Distribution of Failed CCHD Screenings, Nevada

Details of Failed Screenings*	Count
Total Failed Screens	62
Failed First Screen	10
Failed First Screen, Passed Second Screen	10
Failed First and Second Screenings	21
Failed Three Screenings	10
Passed First Screen, Failed Second Screen†	3
Unknown	8

* Infants may have been screened more than once, and included in multiple screening counts.

† For various reasons, such as ordering repeat screenings by mistake, some infants initially had a positive screening and subsequently received a failed screening result

Table 2 – Distribution of Potential Reasons Why An Infant May Have Not Been Screened

Potential Reason	Count
Admitted to the NICU *	3,473
Received an echocardiogram *	1,765
Infant Died	212
Transfers	185
Parental Objection	10
Missing Screenings / Unknown	68

* Some infants may have been counted multiple times

Challenges and Opportunities



- Challenges remain with data collection and follow-up
 - Homebirth providers are not reporting CCHD screening data
 - Lack of details reported on follow-up care needed for infants who failed one or more screenings or those receiving higher levels of care (e.g., NICU)
- MCAH staff will continue to focus on increasing the efficacy of reporting methods and training new employees within partnering hospitals.
 - Multidisciplinary staff in DPBH are actively exploring automation/technical solutions to simplify and improve the CCHD reporting process for hospitals

2022 Report Recommendations



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- Issue the updated 2025 Oster guidance to all reporting facilities with new guidelines on screening protocol and the determination of a passing/failing screen.
- Begin collecting a recommended minimum uniform dataset to aid in surveillance and monitoring of newborn CCHD screenings.
- Educate stakeholders on the limitations of pulse oximetry screenings the significance of non-CCHD screenings, and the importance of protocol adherence.
- Disseminate the final 2022 CCHD Report to partners statewide, including AHA, NHA, University of Nevada, Reno Newborn Screening Program, Heart Disease and Stroke Program of the Chronic Disease Prevention and Health Promotion Section, Nevada Early Hearing Detection and Intervention Program, Nevada Early Intervention Services, Nevada Interagency Coordinating Council, Family Navigation Network, and health care providers.
- Establish data linkages between CCHD Registry and in-patient hospitalization data to address CCHD diagnosis in infants moved to higher levels of care before pulse oximetry screen can be performed.
- Develop standardized processes to identify all infants diagnosed after hospital discharge or home birth.
- Finalize and implement an updated digital CCHD data management system and provide appropriate training for key staff at participating hospitals on the new data uploading process.



QUESTIONS?



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and BEHAVIORAL HEALTH

CONTACT INFORMATION



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ACRONYMS

AAP – American Academy of Pediatrics

AHA – American Hospital Association

CCHD – Critical Congenital Heart
Disease

CYSHCN – Children and Youth with
Special Health Care Needs

MCAH – Maternal, Child and Adolescent
Health

NHA – Nevada Hospital Association

NICU – Neonatal Intensive Care Unit



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Congenital Heart Disease (CCHD) Program Highlights 2025

Vickie Ives, MA, and Cassius Adams, MS
Child, Family and Community Wellness
Division of Public and Behavioral Health



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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

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A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

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ALL IN GOOD HEALTH.

AGENDA

1. Current CCHD Guidance
2. Birthweight and Gestation Group
3. 2023 Screening Data
4. Demographics
5. Data System Opportunities
6. Family Resource

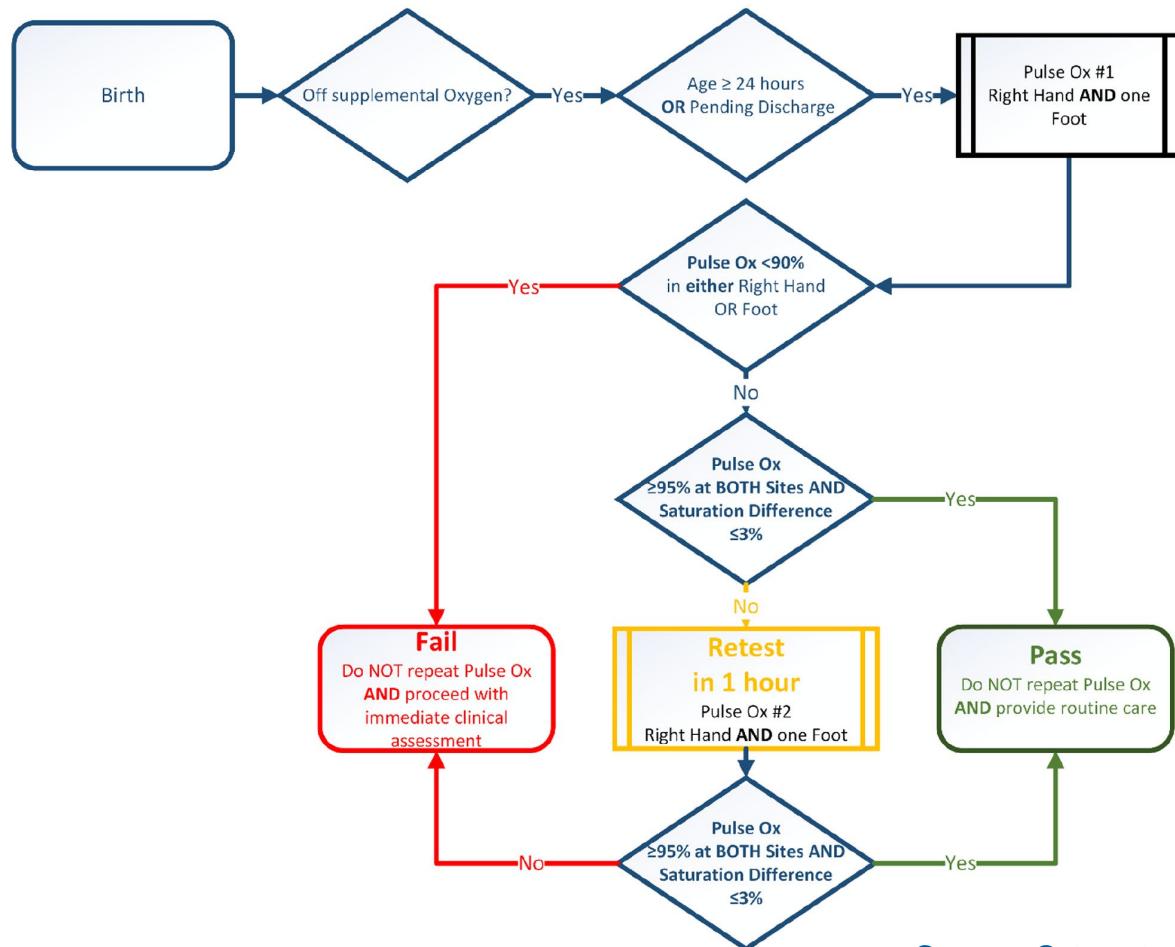
Current CCHD Guidance

Critical Congenital Heart Disease screening was added to the US Recommended Uniform Screening Panel in 2011 and adopted by all states and territories by 2018.

Updated American Academy of Pediatrics 2025 guidance:

- A new screening algorithm
- Recommendation to collect a uniform minimum dataset to aid in surveillance and monitoring
- Recommendation to educate stakeholders on the limitations of screening, the significance of non-CCHD conditions, and the importance of protocol adherence

Current CCHD Guidance (cont'd)



Screening Algorithm Changes:

- Passing oxygen saturation threshold of less than or equal to 95% in both pre and post ductal measurements
- One retest as opposed to two after an infant fails a screen



Birthweight and Gestation Group

2022

Critical Congenital Heart Disease (CCHD) by Demographics for Infants (Under 1 Year of Age)

Nevada Residents, 1/1/2022-12/31/2022

Gestation Group	Count
Preterm (20 to 36 weeks)	7
Term (37+ weeks)	27
Unknown/Missing	5
Total	39

Critical Congenital Heart Disease (CCHD) by Demographics for Infants (Under 1 Year of Age)

Nevada Residents, 1/1/2022-12/31/2022

Birthweight Group	Count
Very Low Birth Weight (<1,500g)	1
Low Birth Weight (>=1,500g, <2,500g)	12
Normal Birth Weight (>=2,500g, <=8,000g)	21
Unknown/Missing	5
Total	39

Total Number of Births: 33,550(2022)

33.3% increase in CCHD rates from 2022 to 2023

Term gestation and normal birthweight are predominant groups across both years

2023

Critical Congenital Heart Disease (CCHD) by Demographics for Infants (Under 1 Year of Age)

Nevada Residents, 1/1/2023-12/31/2023

Gestation Group	Count
Preterm (20 to 36 weeks)	9
Term (37+ weeks)	36
Unknown/Missing	7
Total	52

Critical Congenital Heart Disease (CCHD) by Demographics for Infants (Under 1 Year of Age)

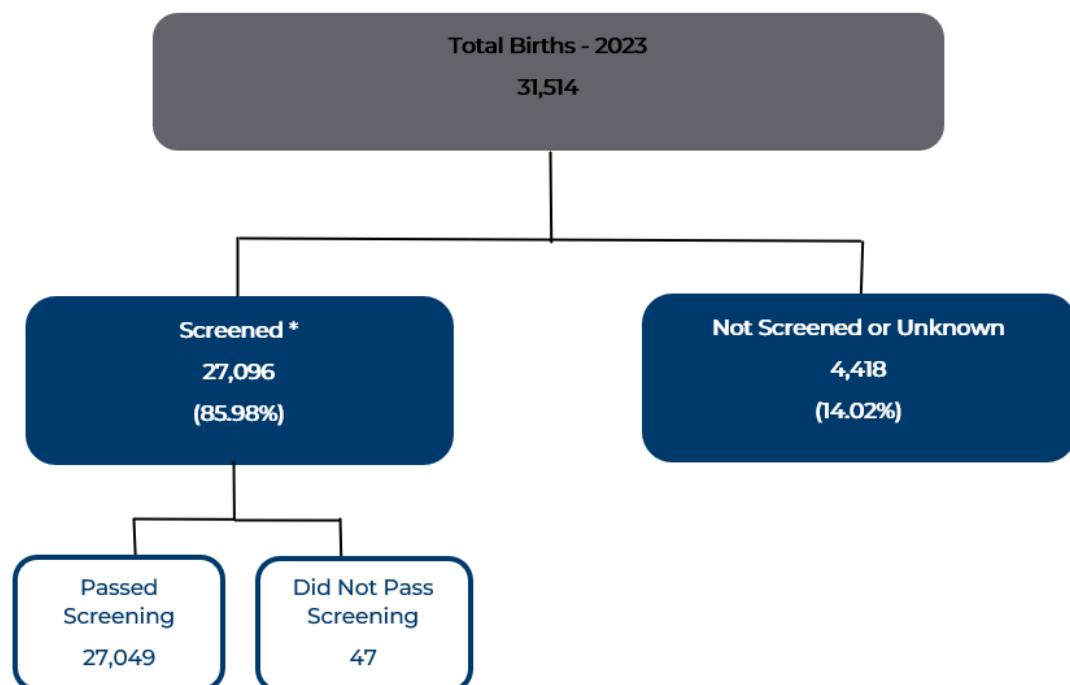
Nevada Residents, 1/1/2023-12/31/2023

Birthweight Group	Count
Very Low Birth Weight (<1,500g)	2
Low Birth Weight (>=1,500g, <2,500g)	9
Normal Birth Weight (>=2,500g, <=8,000g)	34
Unknown/Missing	7
Total	52

Total Number of Births: 31,022 (2023)

2023 Screening Data

Chart 1 – Nevada Critical Congenital Heart Disease (CCHD) Registry
Statistical Flowchart



2023 CCHD data overview

- 27,096 screens out of 31,514 annual births
- 27,049 passing screens
- 47 failed screens
- 4,418 not screened, or unknown
- (reasons on Slide 9)



2023 Screening Data (continued)

Table 1 – Distribution of Failed CCHD Screenings, Nevada

Details of Failed Screenings*	Count
Total Failed Screens	47
Failed First Screen	8
Failed First Screen, Passed Second Screen	3
Failed First and Second Screenings	20
Failed Three Screenings	8
Passed First Screen, Failed Second Screen†	0
Unknown	8

* Infants may have been screened more than once and included in multiple screening counts

† For various reasons, such as ordering repeat screenings by mistake, some infants initially had a positive screening and subsequently received a failed screening result



2023 Screening Data (continued)

Table 2 – Distribution of Potential Reasons Why an Infant May Have Not Been Screened

Potential Reason	Count
Admitted to the NICU *	3,849
Received an echocardiogram *	1,659
Infant Died	226
Transfers	173
Parental Objection	25
Missing Screenings / Unknown	25

* Some infants may have been counted multiple times



Demographics

Births in Nevada, 2023





Demographics (continued)

Critical Congenital Heart Disease (CCHD) by Demographics for Infants (Under 1 Year of Age)

Nevada Residents, 1/1/2023-12/31/2023

Maternal Race/Ethnicity	Count
AIAN, non-Hispanic	0
API, non-Hispanic	3
Black, non-Hispanic	12
Hispanic	13
White, non-Hispanic	17
Other/Unknown/Missing	7
Total	52



Data System Opportunities

CCHD and DPBH Office of State Epidemiology
(OSE) Possible Partnership

EpiTrax is the OSE comprehensive surveillance and outbreak management application used for managing public health in Nevada. EpiTrax allows local and state agencies to identify, investigate, and mitigate communicable diseases, environmental hazards, and bioterrorism incidents.

- 8 out of 18 CCHD reporting facilities are already contributing data to EpiTrax

Data System Opportunities (continued)



Current CCHD Conditions Monitored within EpiTrax:

- Pulmonary Valve Atresia
- Tetralogy of Fallot (TOF)
- Hypoplastic Left Heart Syndrome
- Total Anomalous Pulmonary Venous Connection (TAPVC)
- Congenital Tricuspid Stenosis

Family Navigation Network (FNN)

- FNN is located within the Nevada Center for Excellence in Disabilities (NCED)
 - Nevada's designated Family to Family Health Information and Education Center.
 - Provides culturally informed support and information to Children and Youth with Special Health Needs (CYSHCN) and their families, funded by the Nevada DPBH Title V Maternal and Child Health award.
 - A bilingual CYSHCN toll-free hotline and provides support to families, while promoting family-centered care and family/professional partnerships.
 - <https://www.unr.edu/nced/projects/family-navigation-network>

Family Navigation Network

By Phone (833) 427-1673
or online intake form

Family Navigation Network

[ABOUT](#)[RESOURCES](#)[INTAKE FORMS](#)[EMOTIONAL SUPPORT](#)[YOUTH TRANSITION](#)[NEVADA CENTER FOR EXCELLENCE IN DISABILITIES](#)

Intake Forms

At the heart of what we do, we are committed to supporting families like yours as you navigate the complexities of healthcare. We know that caring for a loved one can be overwhelming, and we're here to help guide you through it. Our mission is to connect you with local resources that can offer the assistance you need.

Beyond practical support, we also offer a compassionate network through Parent to Parent of Nevada. We recognize that emotional support is just as important, and our community is here to listen, share experiences, and offer comfort. You don't have to face this journey alone—we're here with you every step of the way.

What are you looking for?

[RESOURCES \(ENGLISH\)](#)[RECURSOS \(ESPAÑOL\)](#)[EMOTIONAL SUPPORT \(ENGLISH/ESPAÑOL\)](#)



QUESTIONS?



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and BEHAVIORAL HEALTH

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Care Needs Program Coordinator

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1. Oster, M. E., Pinto, N. M., Pramanik, A. K., Markowsky, A., Schwartz, B. N., Kemper, A. R., Hom, L. A., Martin, G. R., Section on Cardiology and Cardiac Surgery, Section on Hospital Medicine, & Committee on Fetus and Newborn. (2023). *Newborn screening for critical congenital heart disease: A new algorithm and other updated recommendations: Clinical report*. Pediatrics, 152(6), e2023063915. <https://doi.org/10.1542/peds.2023-063915>
2. Nevada Office of Analytics. (2025). *Critical Congenital Heart Disease Analytics*. Nevada Department of Health and Human Services.

Thank you!



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Agenda Item 6

Nevada Title V Maternal and Child Health (MCH) Site Visit

Tami Conn, MPH - Deputy Bureau Chief, Bureau of Child, Family and Community Wellness

Colleen Barrett, MPH- State Systems Development Initiative Manager

October 1, 2025



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AGENDA

1. Organization
2. Title V MCH Program Highlights
3. Medicaid –MCH Partnership
4. HRSA-requested Areas of Interest
5. NPMs and Priority Areas: Needs Assessment
6. Nevada Data Trends

Department of Human Services

Division of Public and Behavioral
Health (DPBH)

Bureau of Child, Family and
Community Wellness (BCFCW)

Maternal, Child, and Adolescent
Health Section (MCAH)

Maternal, Child, and Adolescent Health Section

Title V Maternal Child Health (MCH) Program

Pregnancy Risk Assessment Monitoring System (PRAMS)

Teen Pregnancy Prevention

- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)

Early Hearing Detection and Intervention (EHDI)

Nevada Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

Rape Prevention and Education (RPE) Program

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)

Account for Family Planning (AFP)

Alliance for Innovation on Maternal Health (AIM)

Title V MCH Program

Maternal and
Infant Program
(MIP)

Children with
Special Health
Care Needs
(CSHCN)

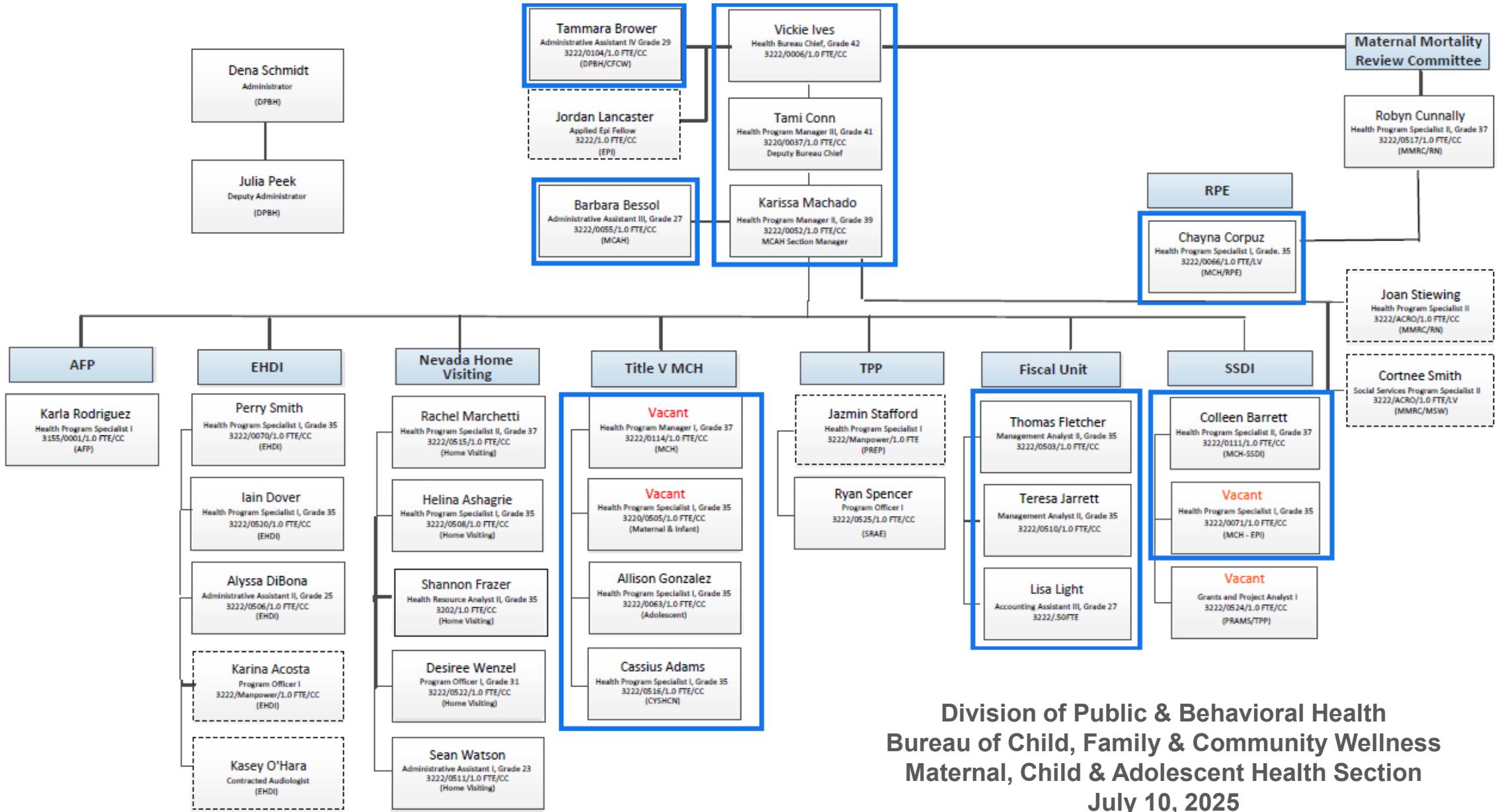
Adolescent
Health and
Wellness
Program (AHWP)

Rape Prevention
and Education
(RPE) Program

MCH
Epidemiology

Fiscal Staff

State Systems
Development
Initiative (SSDI)



Division of Public & Behavioral Health
Bureau of Child, Family & Community Wellness
Maternal, Child & Adolescent Health Section
July 10, 2025



Title V MCH Program Highlights



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Maternal and Infant Program



Cribs for Kids distributed 483 Safe Sleep Survival Kits and provided associated education.

Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) reviewed 42 cases in FFY2024.



The Statewide MCH Coalition, funded by Title V MCH, distributed 1,303 "New Mama Care Kits" in Southern Nevada and distributed resources for Title V MCH priorities.

Adolescent Health and Wellness Program



DPBH Community Health Services provided wellness screenings and education to 83 adolescents.

Yoga Haven reached a total of 2,158 pupils through their 518 Trauma- Informed Yoga classes held at 10 school sites.



Nevada 211 call specialists responded to 81,562 inquiries with 2.4% being from someone pregnant or who was residing in the household with someone who was pregnant. Of those callers, 59% were pregnant, with 34.4% in the first trimester, 34.1% in the second trimester, and 31.4% in the third trimester.

Carson City Health and Human Services provided wellness screenings and education to 83 adolescents and used Spark Training content provided by the Adolescent Health Initiative on Nevada Confidentiality Laws to deepen provider understanding of minor consent laws through a youth-friendly lens.



CSHCN Program

Family Navigation Network processed 226 family and 15 professional initiated cases through the bilingual toll-free hotline.



The Children's Cabinet Nevada Pyramid Model Partnership completed 615 Ages and Stages Social-Emotional Questionnaires developmental screenings in participating school district classrooms.

The Nevada Coalition to End Domestic and Sexual Violence provided cross-training workshops for the prevention of relationship abuse in young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.



Medicaid-MCH Partnerships



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- Asked to use Nevada's Medicaid Interagency Agreement (IAA) scope of work as an example to support other states
- Staff in a workgroup on reducing Medicaid denials (FELSC) focused on durable medical equipment and genetic testing access
- Quarterly Medicaid meetings with CFCW Bureau includes MCH
- Supporting Medicaid recipients in accessing breastfeeding resources and translation and cross-promotion of available services

Medicaid-MCH Partnerships (Cont.)



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- MCH Director in Medicaid efforts such as School Based Services (SBS) implementation workgroup; National Association of State Health Policy severe behavioral health and developmental disability policy group; workgroup on CSHCN multi-agency priorities; National Governors Association perinatal policy academy, and Medicaid Managed Care Organization quality improvement group (perinatal outcomes)
- Long-term, successful partnership between Title V MCH and Medicaid facilitates alignment, data and information sharing, and policy development
- Growth area is the addition of more conditions to SBS and earlier integration into contract feedback before made public

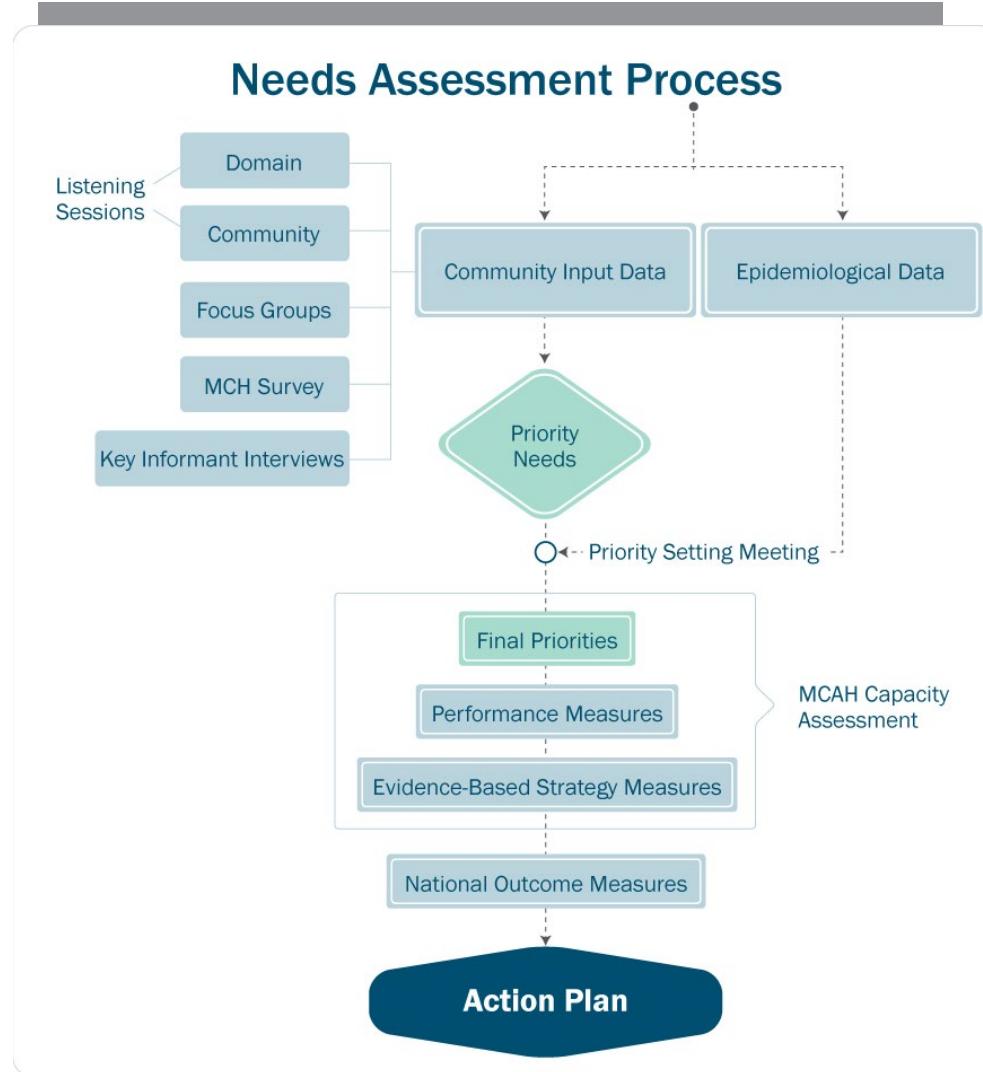
HRSA-requested Efforts of Interest



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- **Disease Prevention:** MCH efforts are focused on disease prevention; infant and maternal mortality prevention activities are just two
- **Expanding Access to Primary Health Care:** Promotion of health education and patient referrals by health district and public health nurse funded efforts and well-child screenings,
- **Tribal Services:** Tribal focused car seat and safe sleep efforts and information sharing with DPBH Tribal Liaison
- **Mental/Behavioral Health and Developmental Disability:** NASHP Policy Academy, RPE efforts with Coalition, trauma informed yoga, sexual assault prevention for those with developmental disabilities
- **Value-based Care:** Patient Protection Commission MCH subcommittee and Medicaid MCO Quality participation
- **Nutrition/Chronic Disease (CD):** Identifying food insufficiency with Hunger Vital Signs screening tool implementation, MCH Director on NV Council on Food Security, AMCHP Food and Housing effort participation, connecting families to nutrition resources (SNAP, WIC, food pantries), and Severe Maternal Mortality and Maternal Mortality CD reporting and hypertension cross cutting promotion (MCH and CD) efforts,

Needs Assessment



- Domain Listening Sessions: 28 participants
- Community Listening Sessions: 70 participants
- Focus Groups: 24 participants
- Key Informant Interviews: 18 MCH Leaders
- MCH Survey: 226 respondents



New Priority Measures

2020-2025 Priority Topics

- Improve preconception and interconception health among women of childbearing age
- Reduce substance use during pregnancy
- Increase breastfeeding rates among mothers
- Increase safe sleep practices
- Increase referrals and appropriate care for adolescents
- Increase developmental screening
- Improve care coordination
- Promote a Medical Home
- Increase transition of care for adolescents and Children with Special Health Care Needs (CSHCN)

2025-2030 Priority Topics

- Improve access to prenatal care and maternal health services
- Increase the number of women that receive recommended clinical care components at the postpartum visit and appropriate referrals
- Increase breastfeeding rates among mothers
- Increase safe sleep practices
- Reduce substance use during and after pregnancy
- Increase access to affordable nutritious foods among school aged children
- Increase physical activity among school age children
- Promote a Medical Home
- Increase referrals and appropriate care for adolescents
- Improve access to resources and services around sexual health and reproductive health

Red = Discontinued priority
Blue= New priority

Priority Areas Based on Needs Assessment

Improve access to prenatal and maternal health services – SM Early Prenatal Care

Increase women that receive recommended clinical care components at the postpartum visit and appropriate referrals –NPM Postpartum Visit

Reduce substance use during and after pregnancy –SPM

Breastfeeding promotion –NPM
Breastfeeding

Promote Safe Sleep – NPM Safe Sleep

Priority Areas Based on Needs Assessment

Increase physical activity
among school aged children
- NPM Physical Activity

Improve access to resources
and services around sexual
health and reproductive
health - SPM

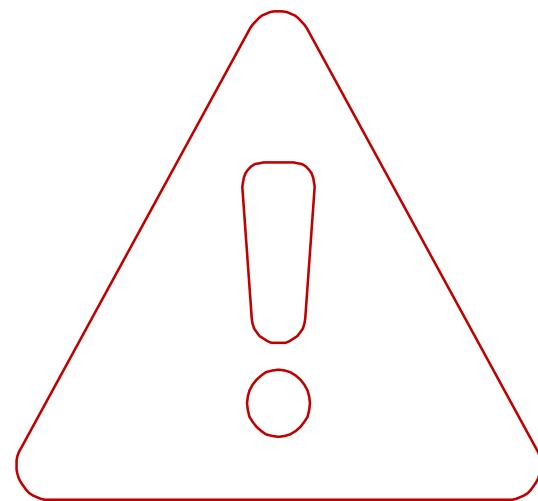
Improve mental health
among adolescents – NPM
Adolescent Well Visit

Promote a Medical Home –
NPM Medical Home

Nevada FAD Data Trends



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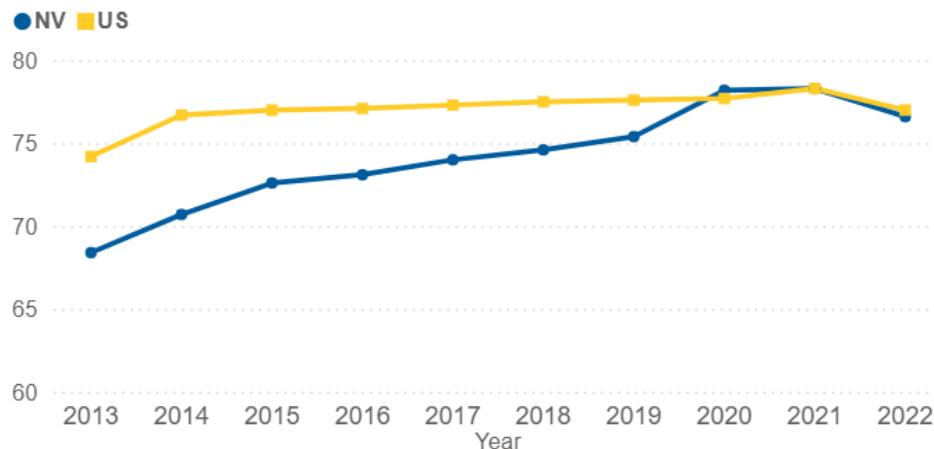
Data Dashboard



Need Assistance? Click Here [i](#)

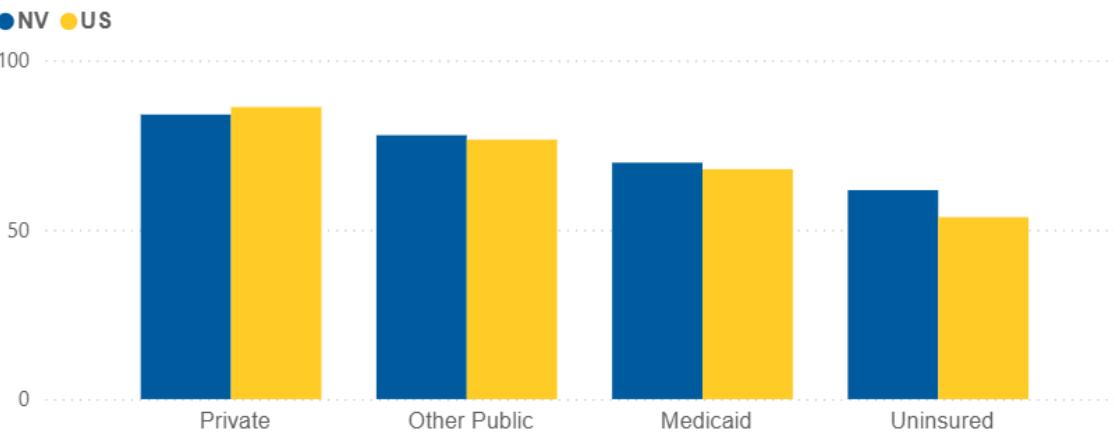
Maternal Health	Infant/Perinatal Health	Child Health	Children & Youth with Special Health Care Needs	Adolescent Health	Cross Cutting Measures
Maternal Health Overview	Prenatal Care	Morbidity and Mortality	Teen Birth Rate	Smoking During Pregnancy	Cesarean Deliveries

Percent of pregnant people who received prenatal care beginning in the first trimester



Nevada Percent Change from 2013 to 2022
3.7%

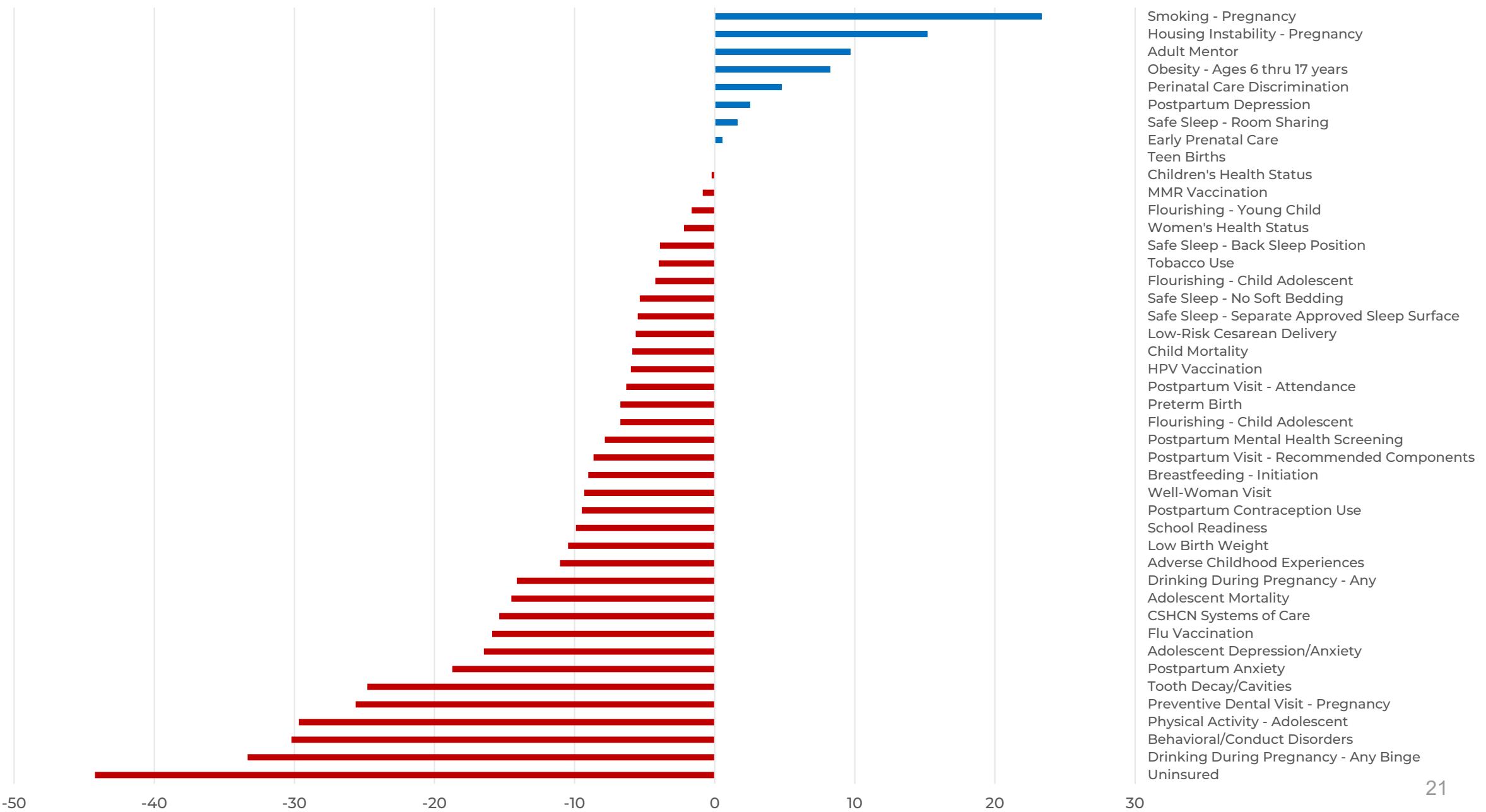
2022 Percent of pregnant people who received prenatal care beginning in the first trimester by characteristics



Breakdowns

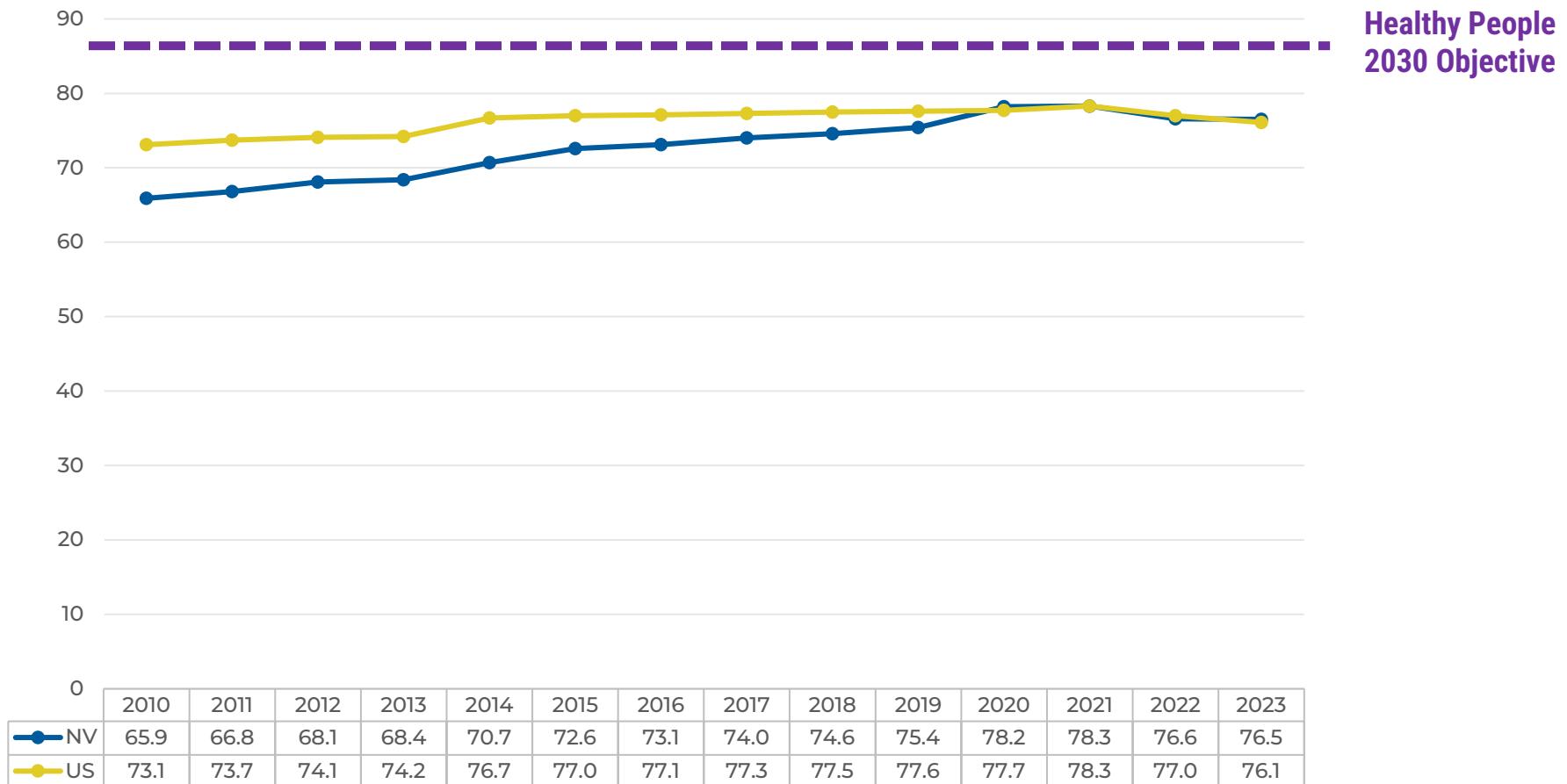
Educational Attainment	Marital Status	Nativity	Race/Ethnicity
Health Insurance	Maternal Age	Plurality	Urban-Rural Residence

2023 Nevada Maternal and Child Health Indicators



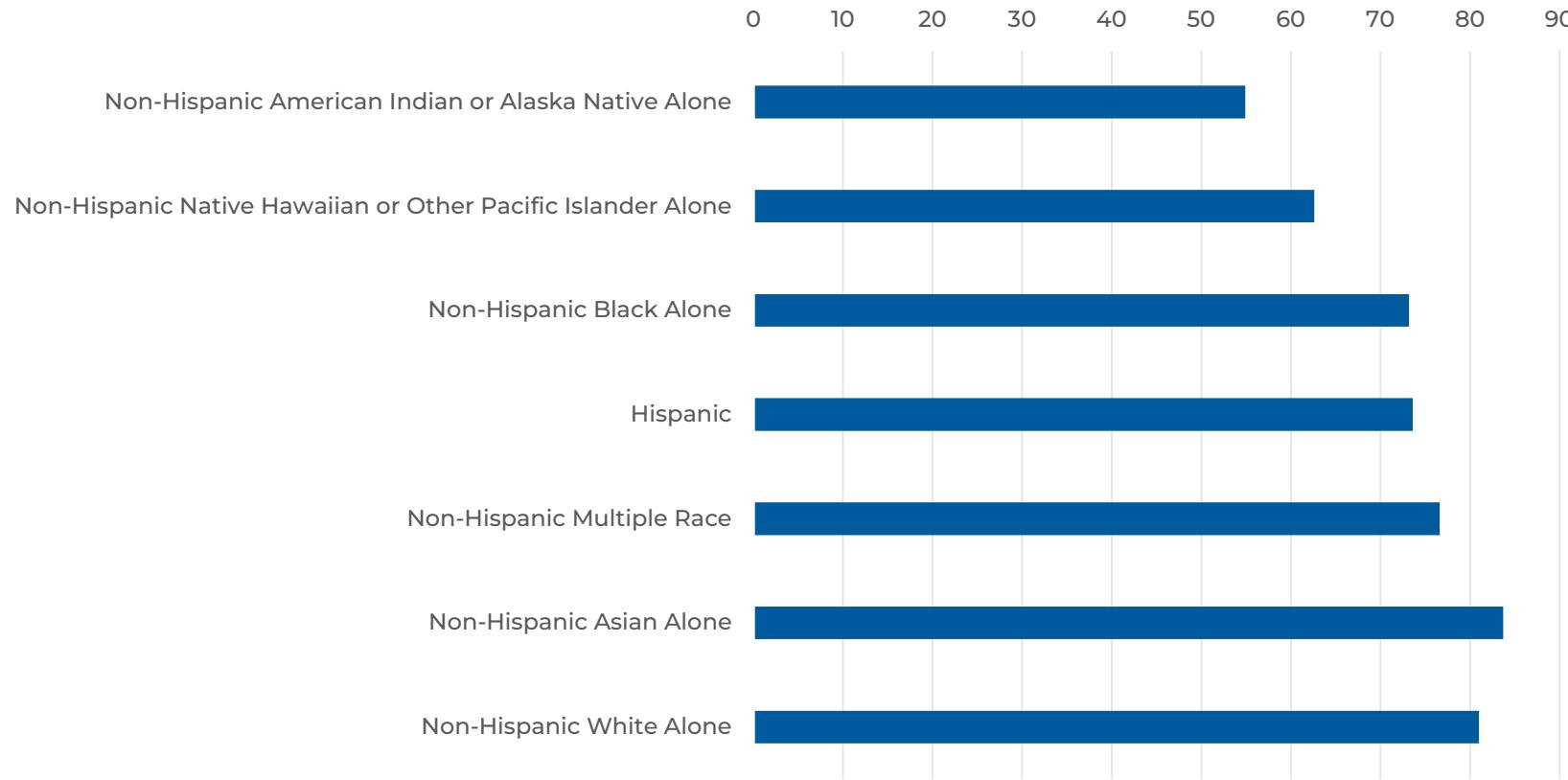


Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester





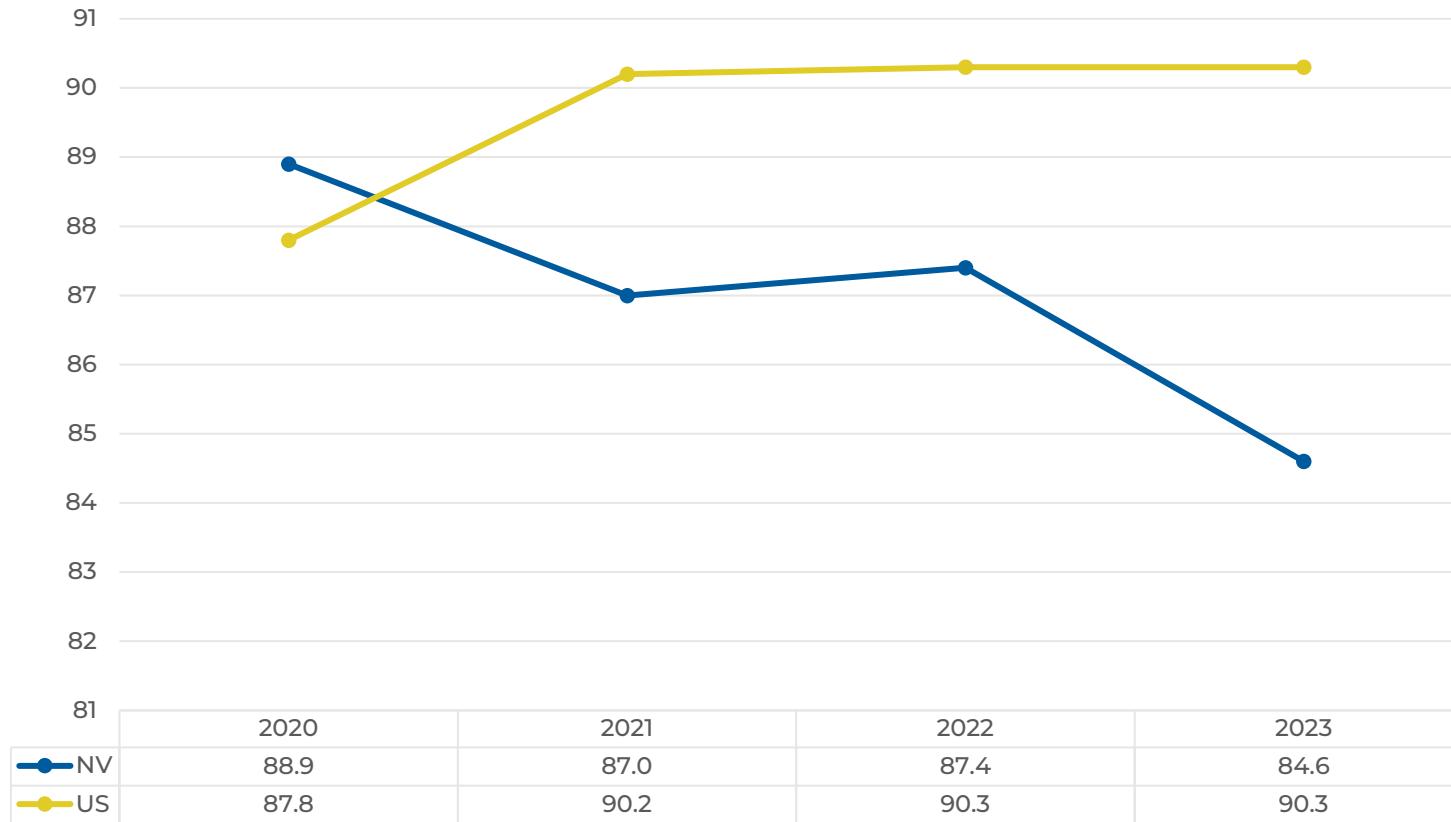
Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester By Race/Ethnicity, Nevada 2023



Percent of Women Who Attended a Postpartum Checkup within 12 Weeks After Giving Birth



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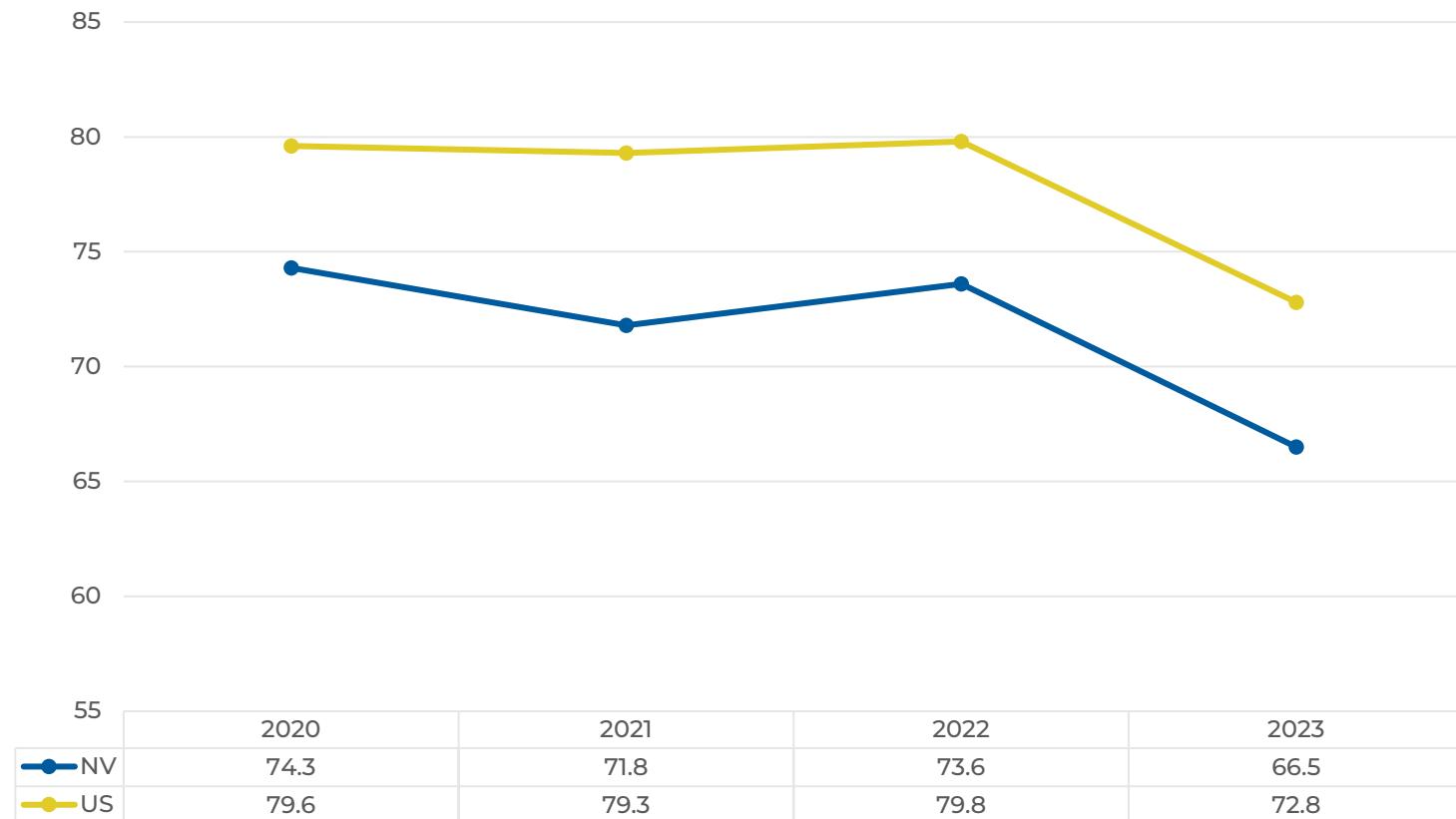


Data Source: Pregnancy Risk Assessment Monitoring System.

** The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution.*



Percent of Women Who Attended a Postpartum Checkup and Received Recommended Care Components

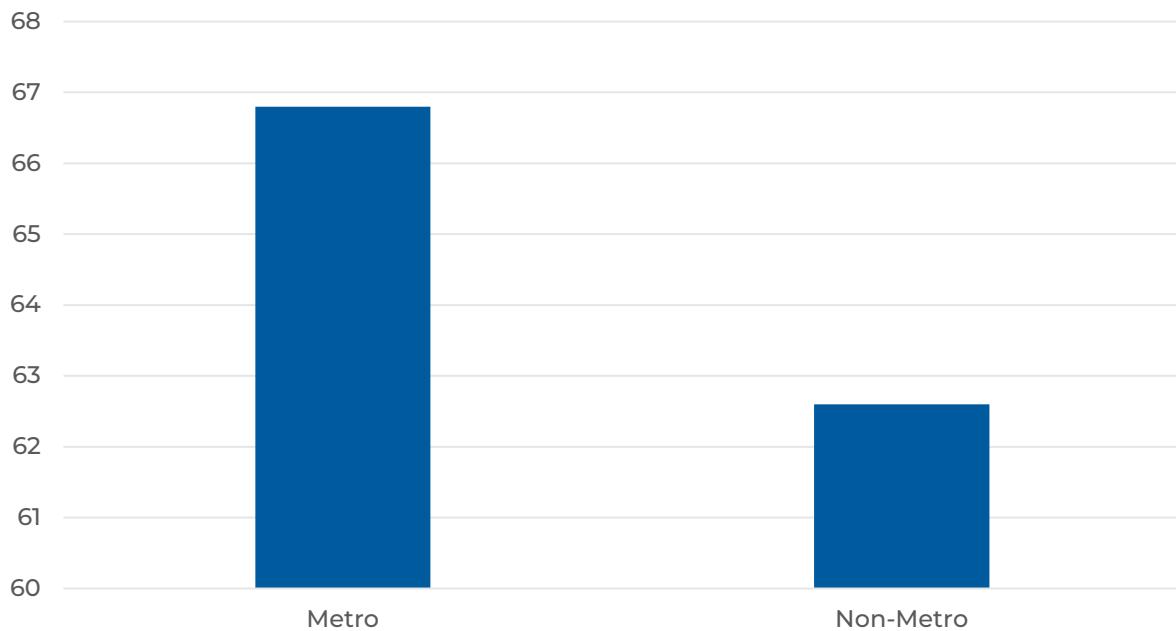


Data Source: Pregnancy Risk Assessment Monitoring System.

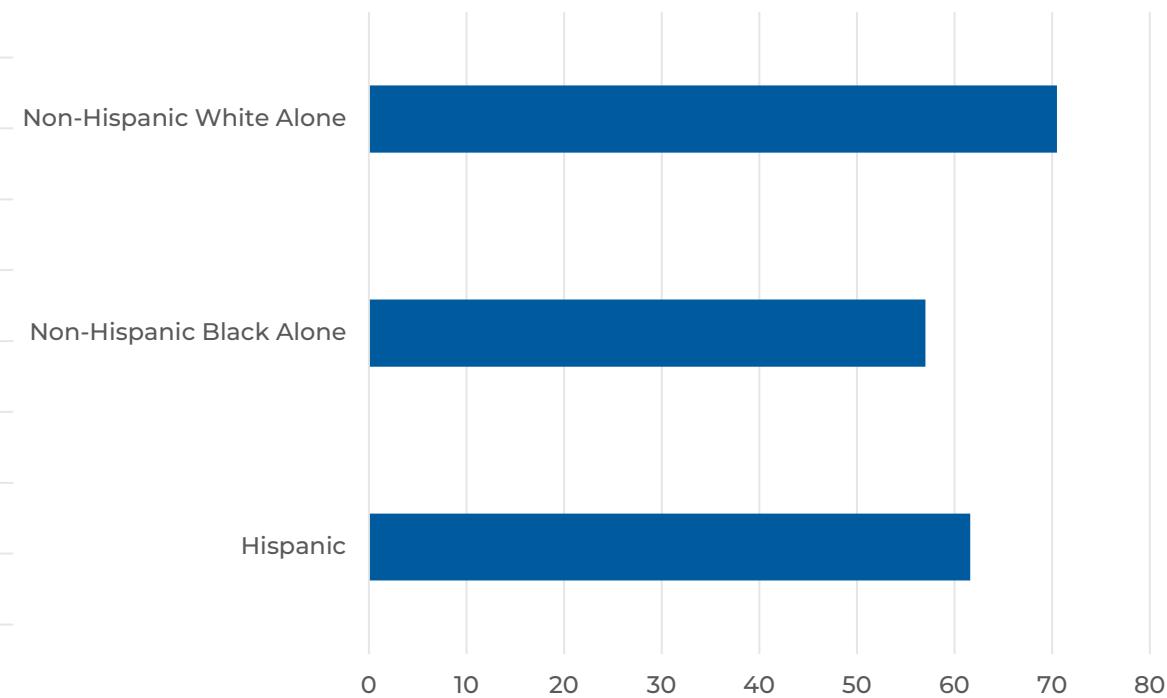
*The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution.



Percent of Women Who Attended a Postpartum
Checkup and Received Recommended Care
Components, By Urban-Rural Residence, Nevada
2023



Percent of Women Who Attended a Postpartum
Checkup and Received Recommended Care
Components By Race/Ethnicity, Nevada 2023

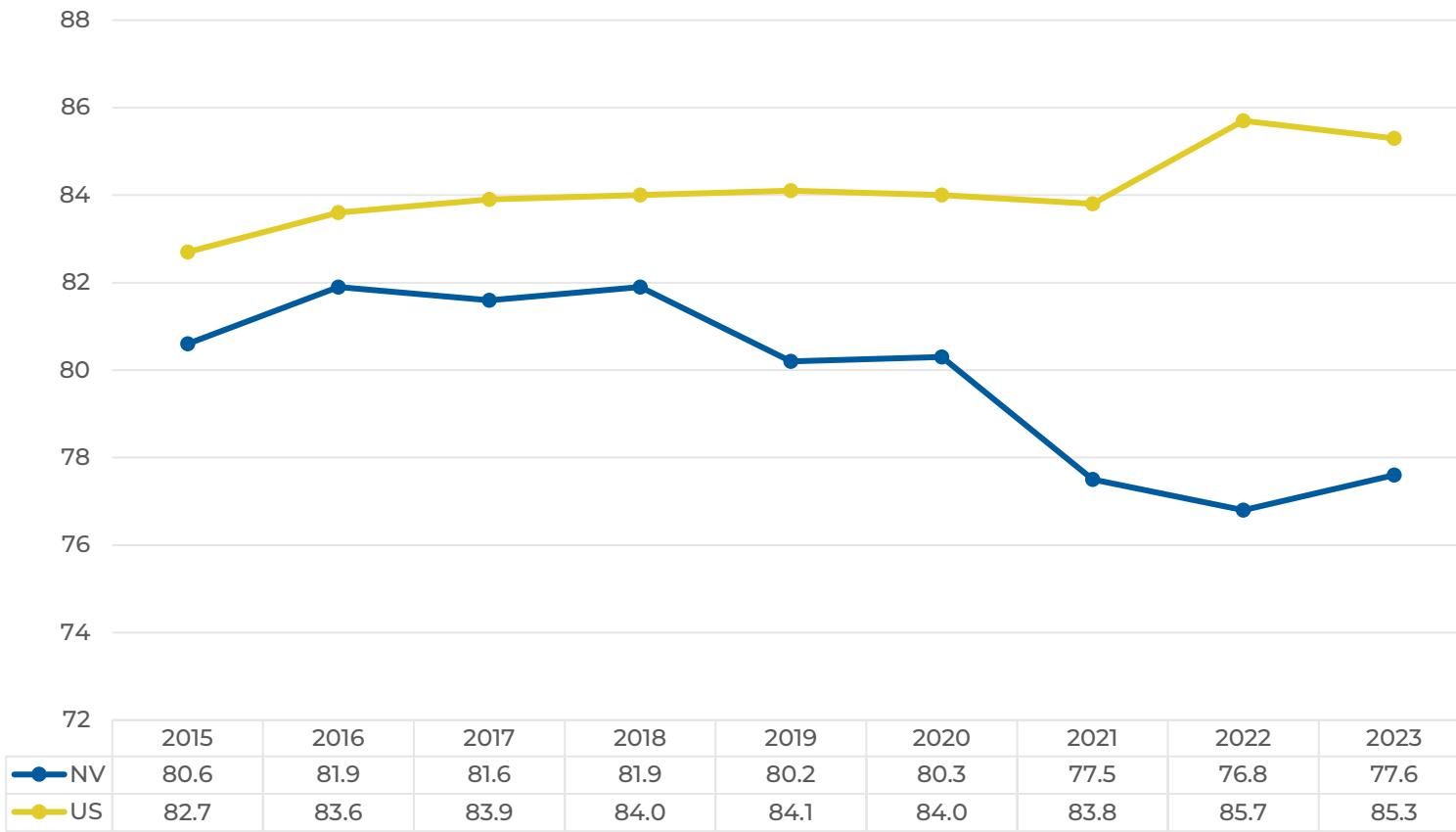


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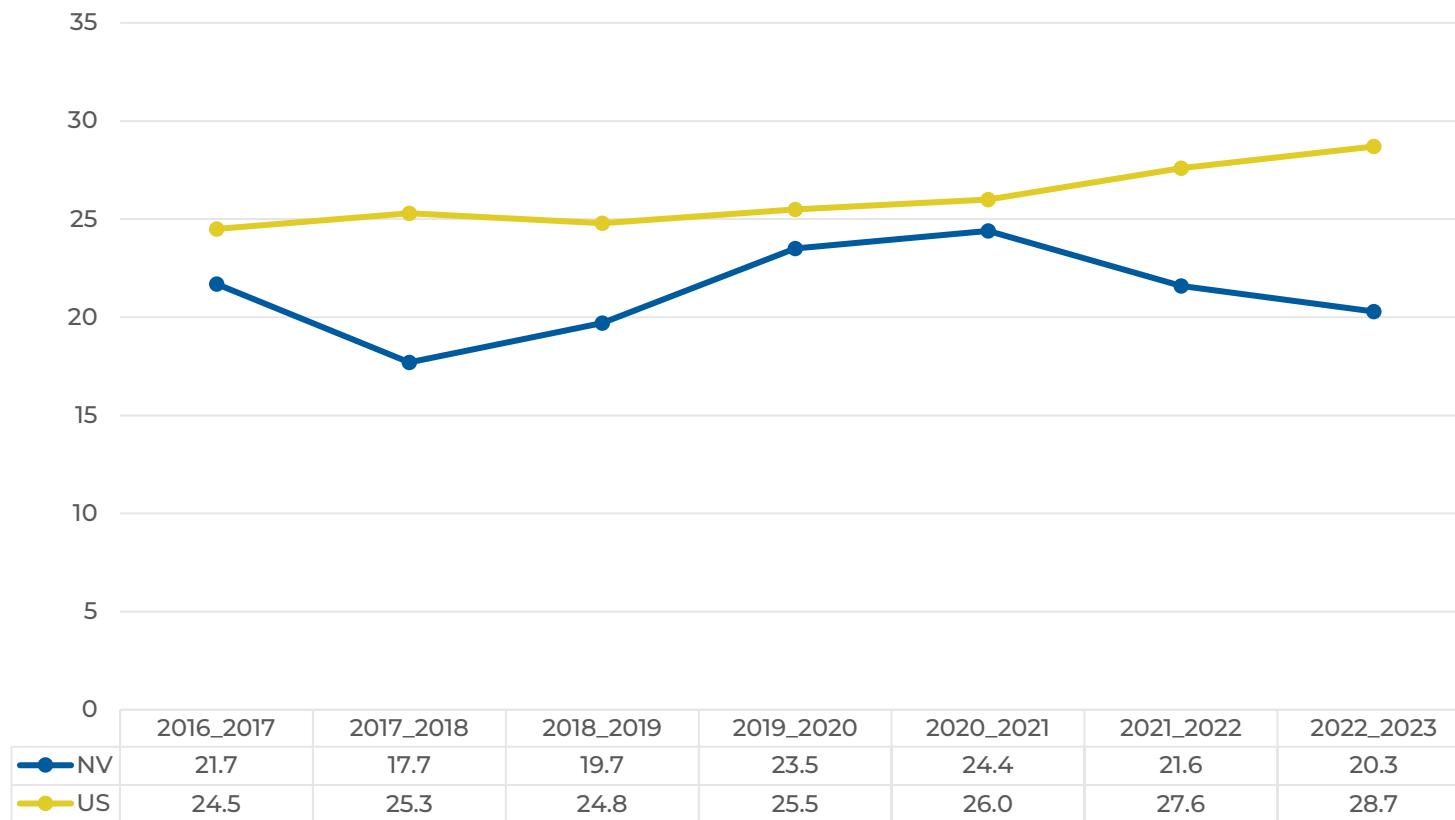


Percent of Infants Who Are Ever Breastfed

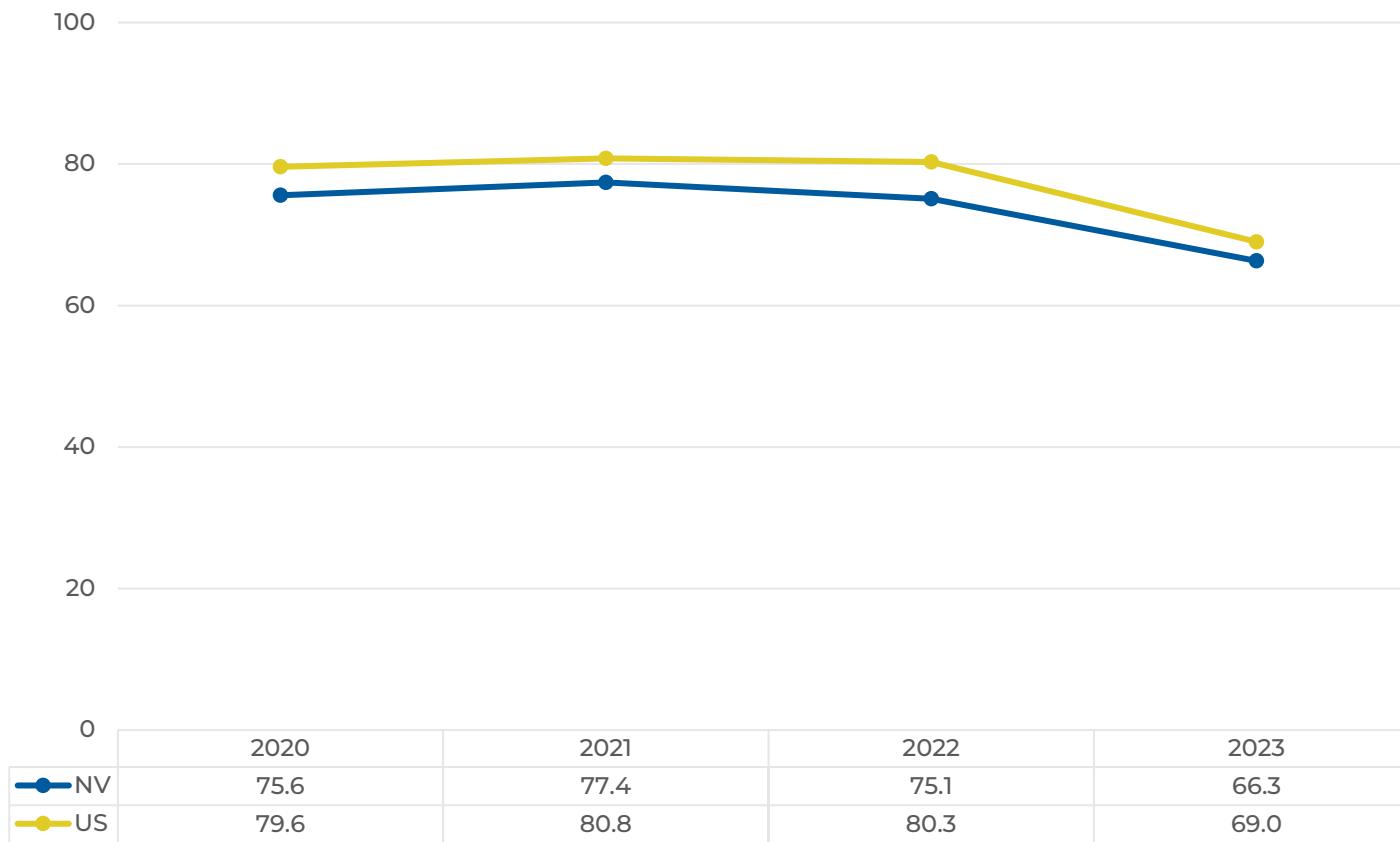




Percent of Children, Ages 6 Months Through 2 Years, Who Were Breastfed Exclusively for 6 Months



Percent of Infants Placed to Sleep on Their Backs

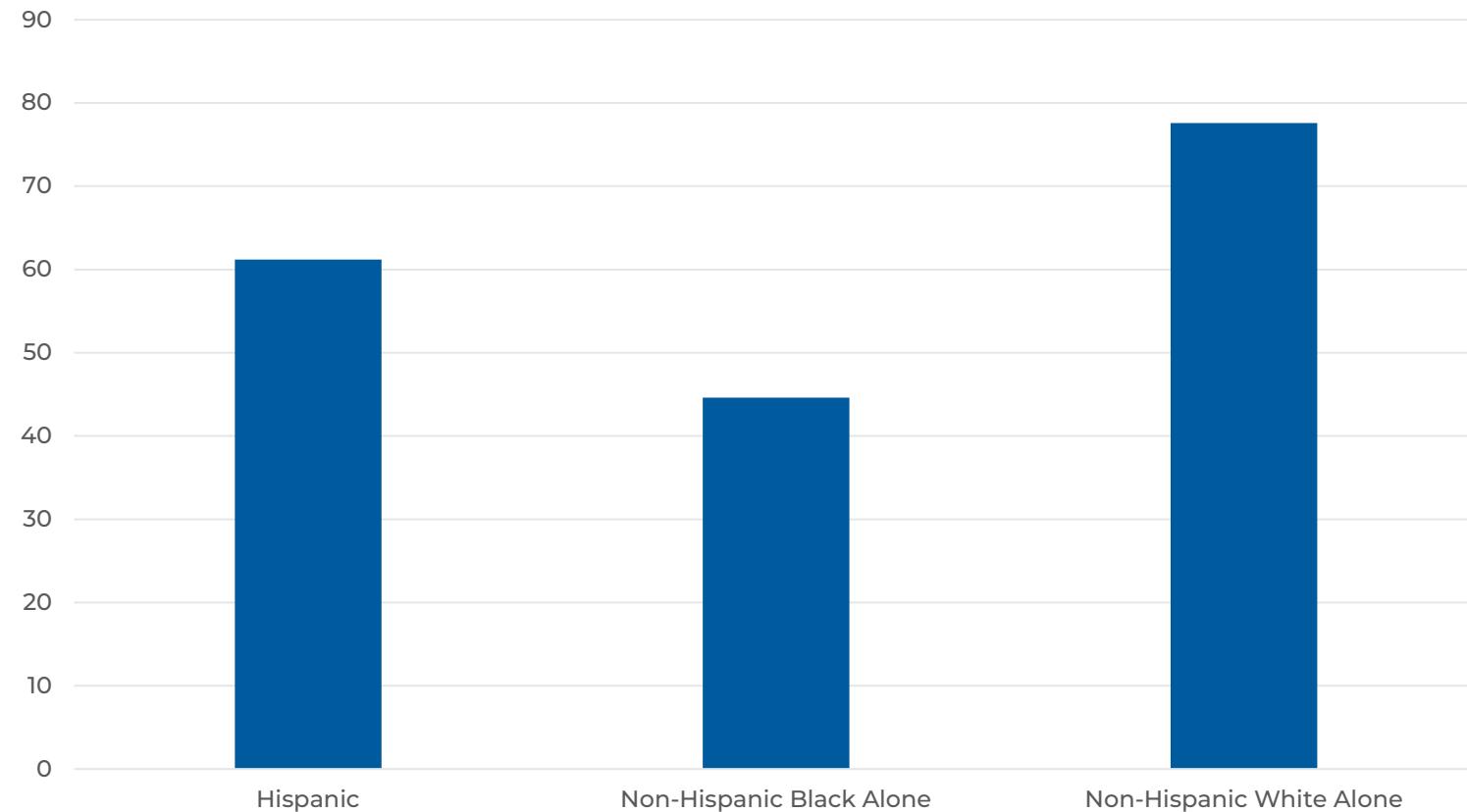


Data Source: Pregnancy Risk Assessment Monitoring System.

* The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution.



Percent of Infants Placed to Sleep on Their Backs By Race/Ethnicity, Nevada 2023



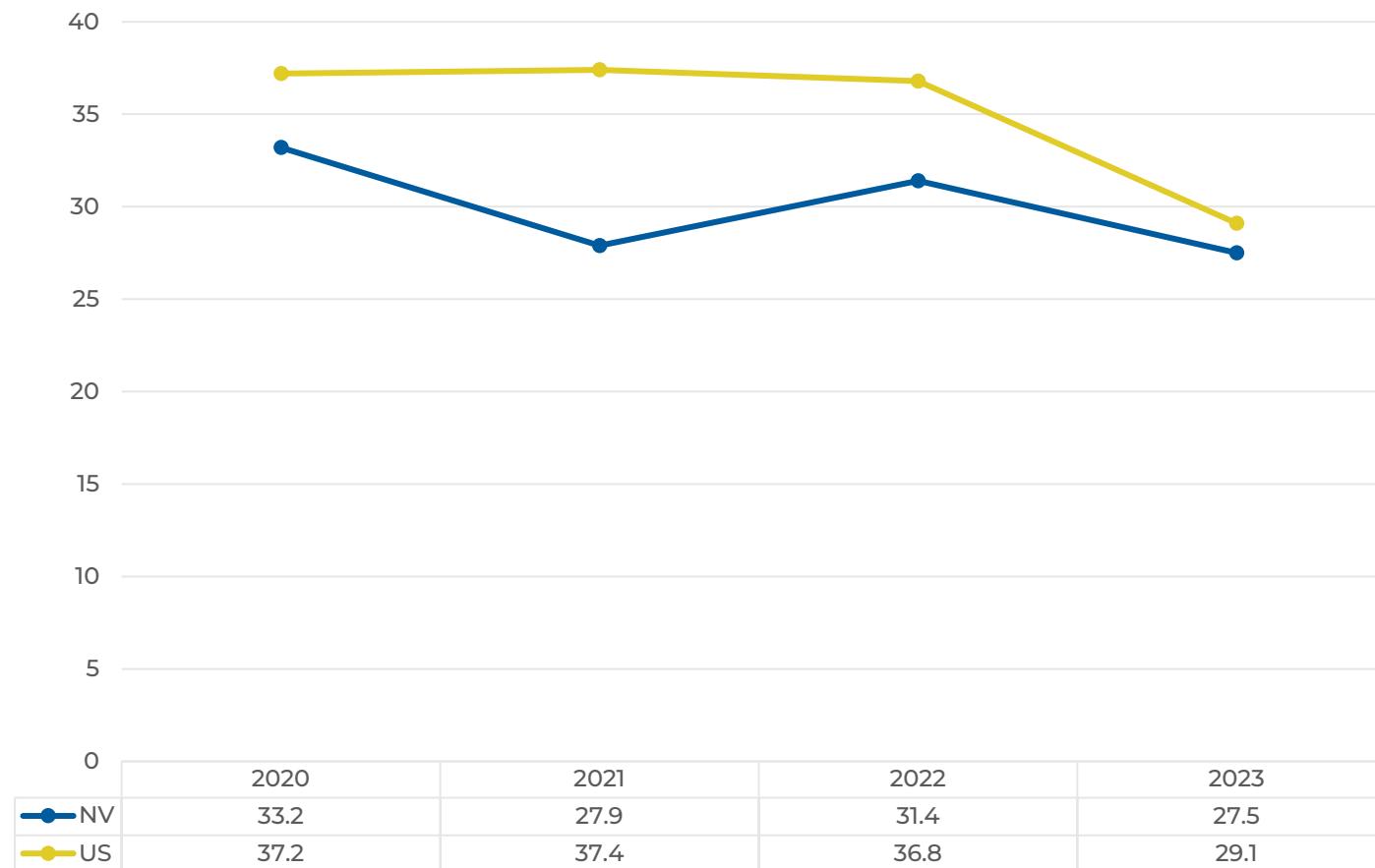
Data Source: Pregnancy Risk Assessment Monitoring System.

**The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution. Due to suppression, PRAMS data is limited to Hispanic, black, and white race and ethnicity categories.*

Percent of Infants Placed to Sleep on a Separate Approved Sleep Surface



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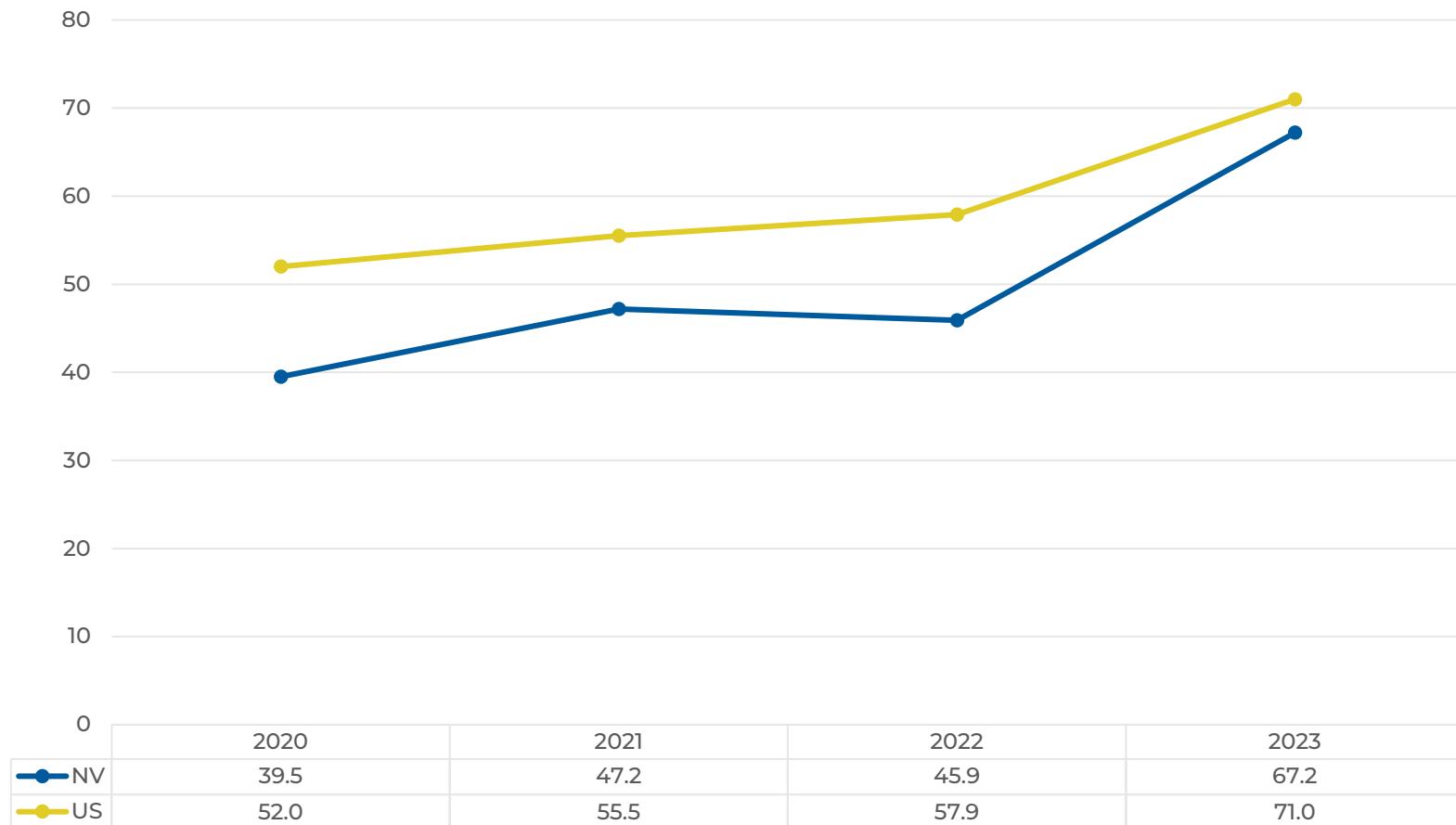


Data Source: Pregnancy Risk Assessment Monitoring System.

** The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023.. Data should be interpreted with caution.*



Percent of Infants Placed to Sleep Without Soft Objects or Loose Bedding

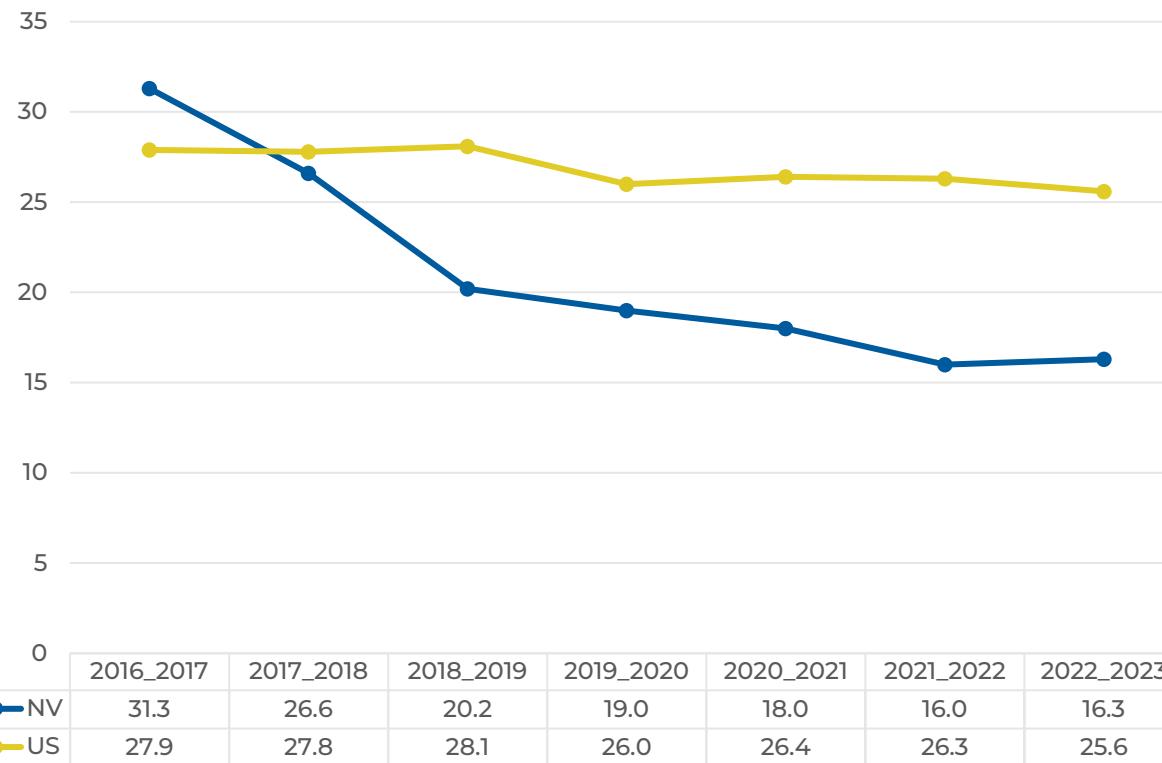


Data Source: Pregnancy Risk Assessment Monitoring System.

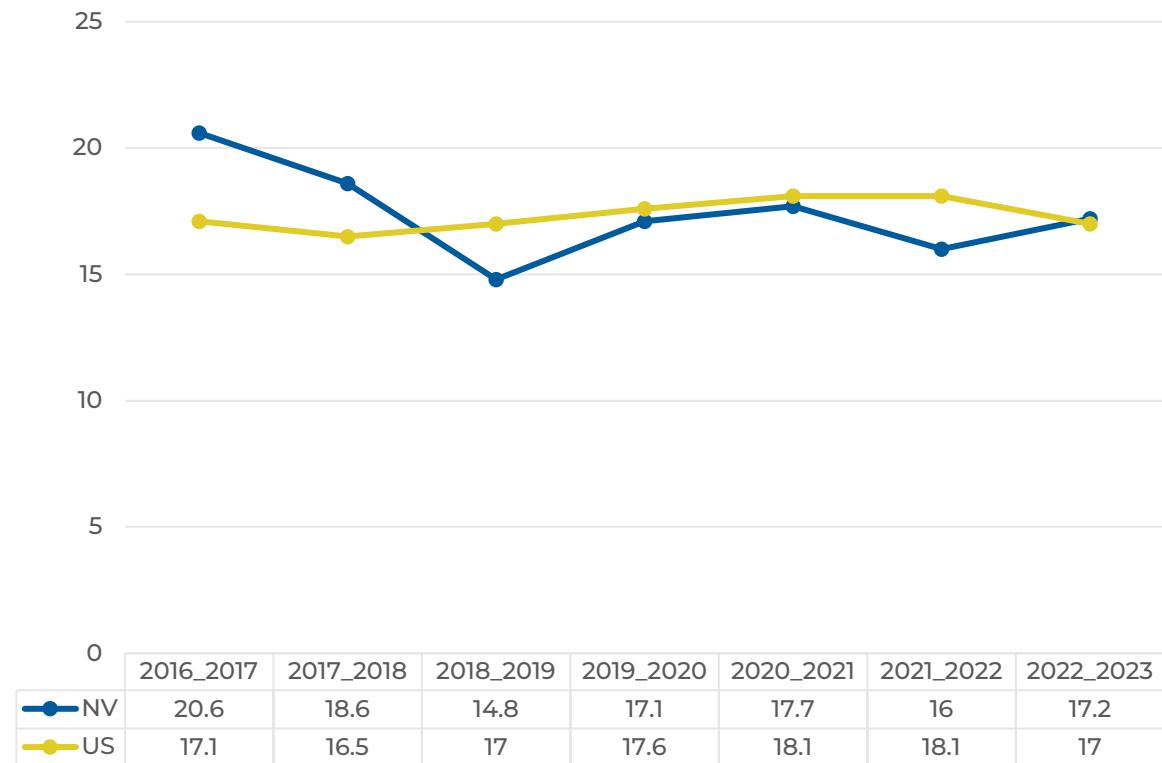
* The CDC eliminated the response rate threshold requirement for data release; however, Nevada PRAMS had a weighted response rate of 40.5% for 2023. Data should be interpreted with caution.



Percent of Children, Ages 6 through 11, Who Are Physically Active At Least 60 Minutes per Day

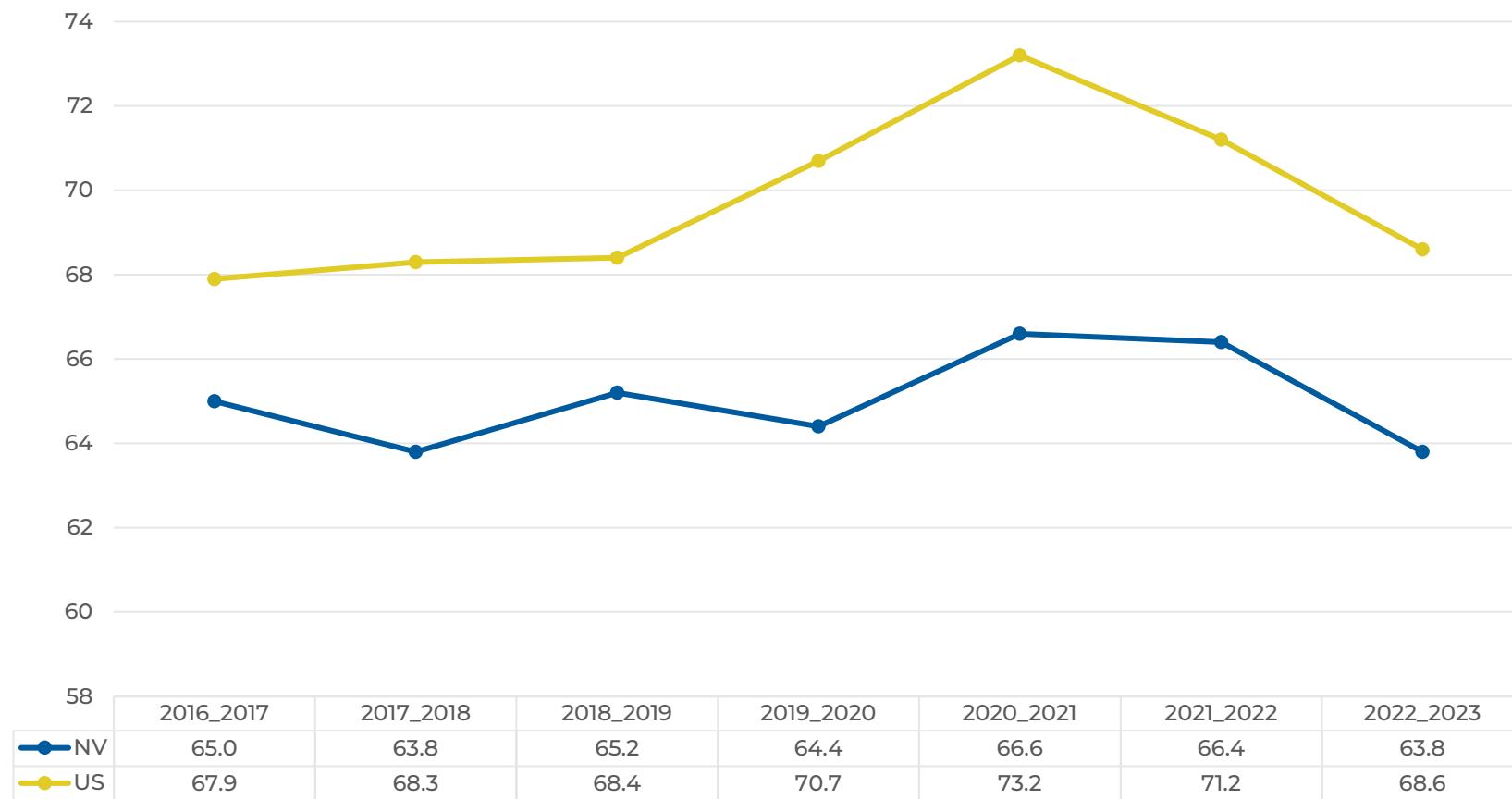


Percent of Children, Ages 6 through 17, Who Are Obese (BMI at or Above the 95th Percentile)



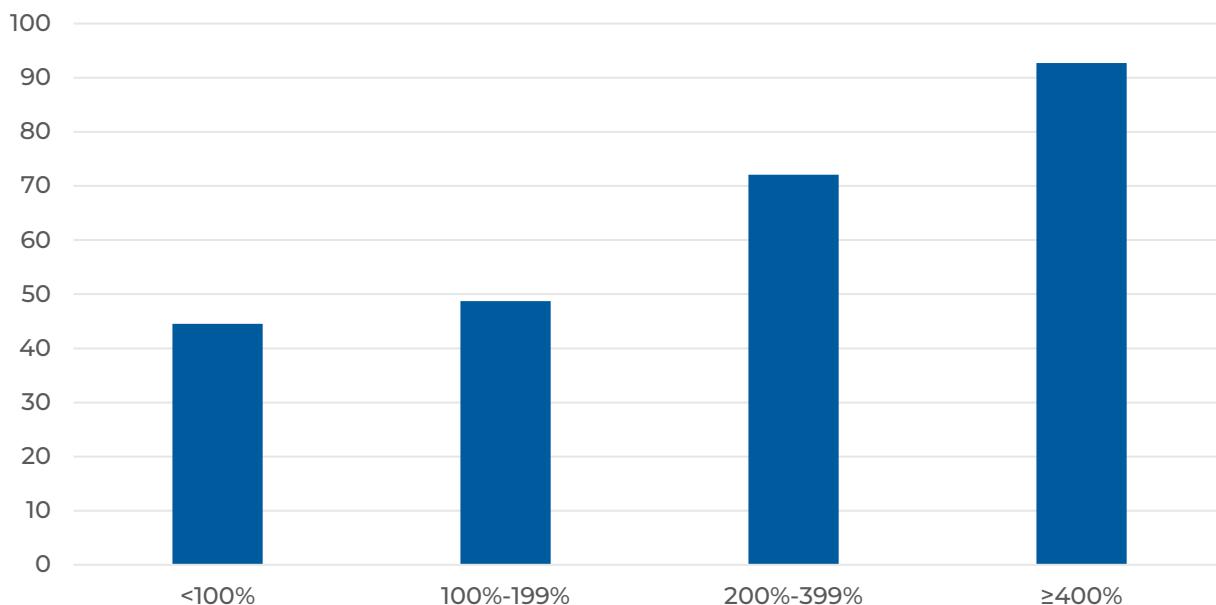


Percent of Children, Ages 0 Through 11, Whose Households Were Food Sufficient in the Past Year

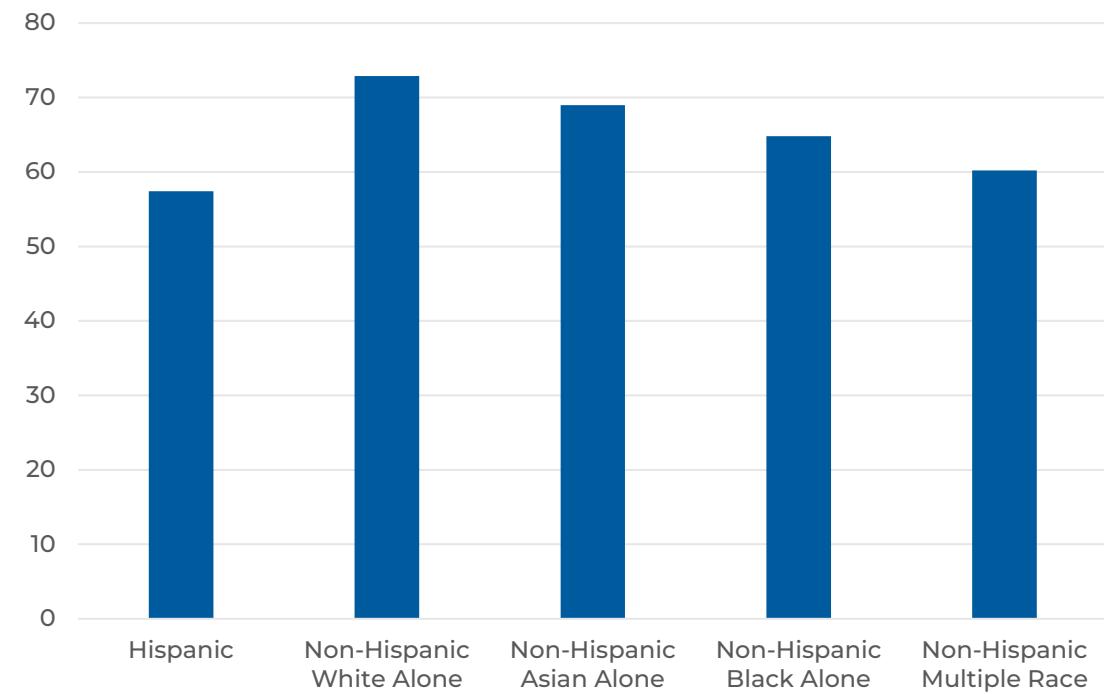




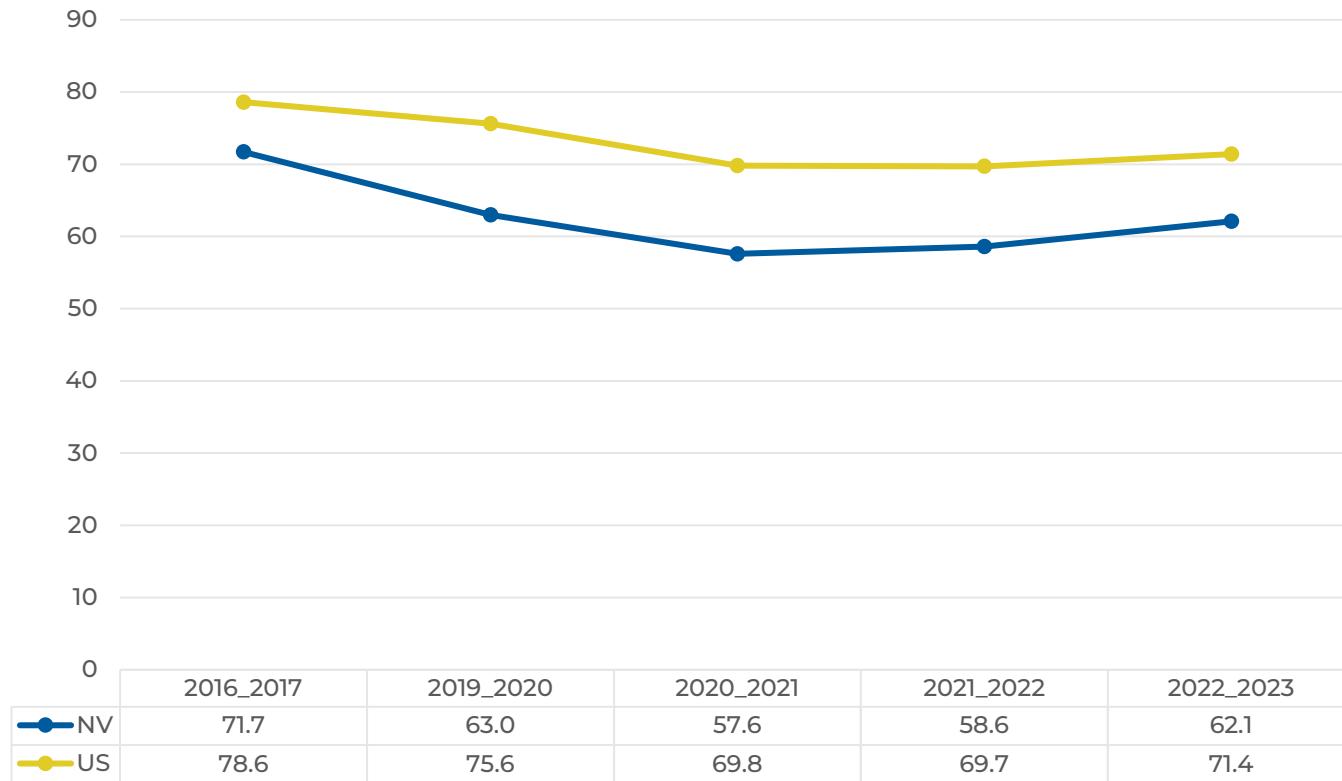
Percent of Children, Ages 0 Through 11, Whose Households Were Food Sufficient in the Past Year By Household Income-Poverty Ratio, Nevada 2022-2023



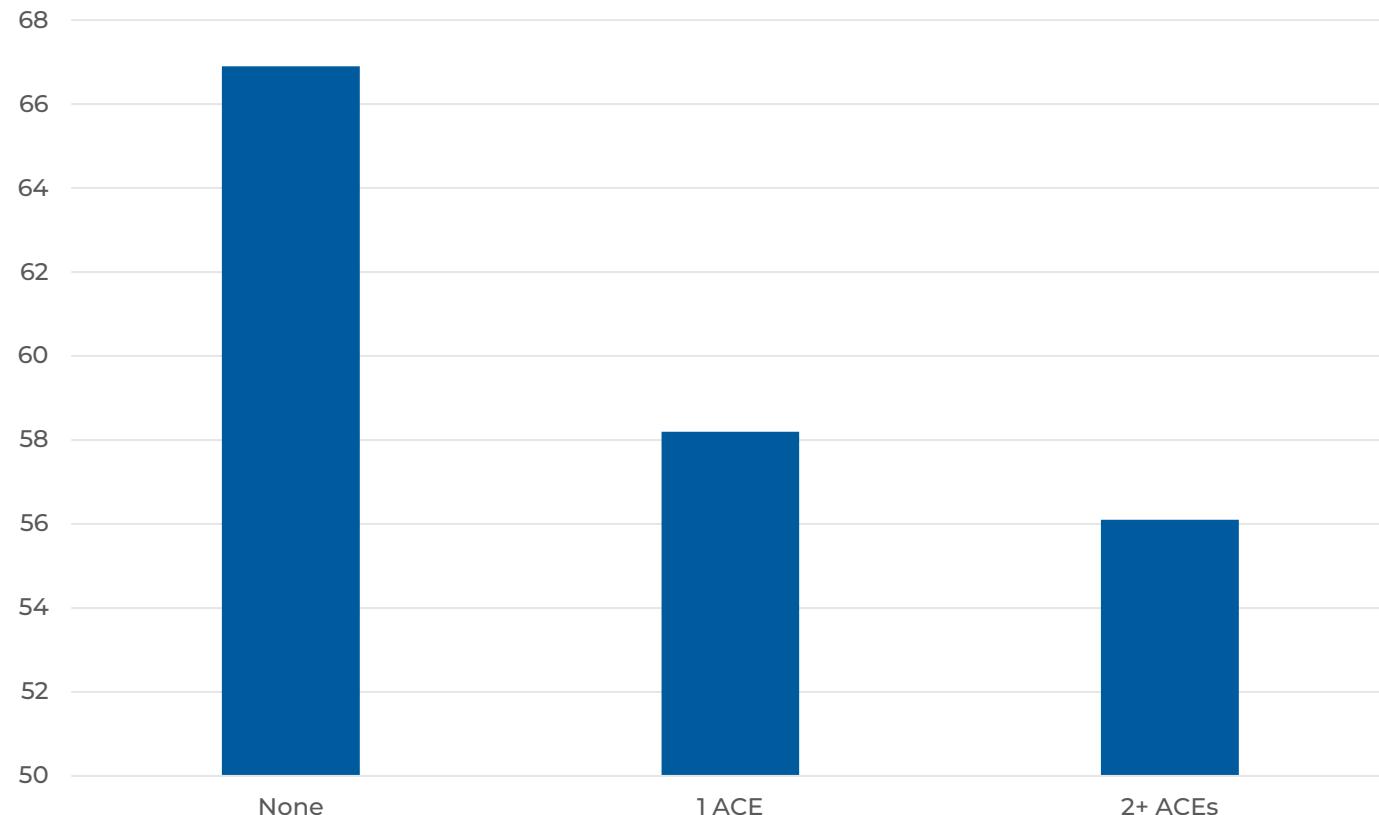
Percent of Children, Ages 0 Through 11, Whose Households Were Food Sufficient in the Past Year By Race/Ethnicity, Nevada 2022-2023



Percent of Adolescents, Ages 12 through 17, With a Preventive Medical Visit in the Past Year

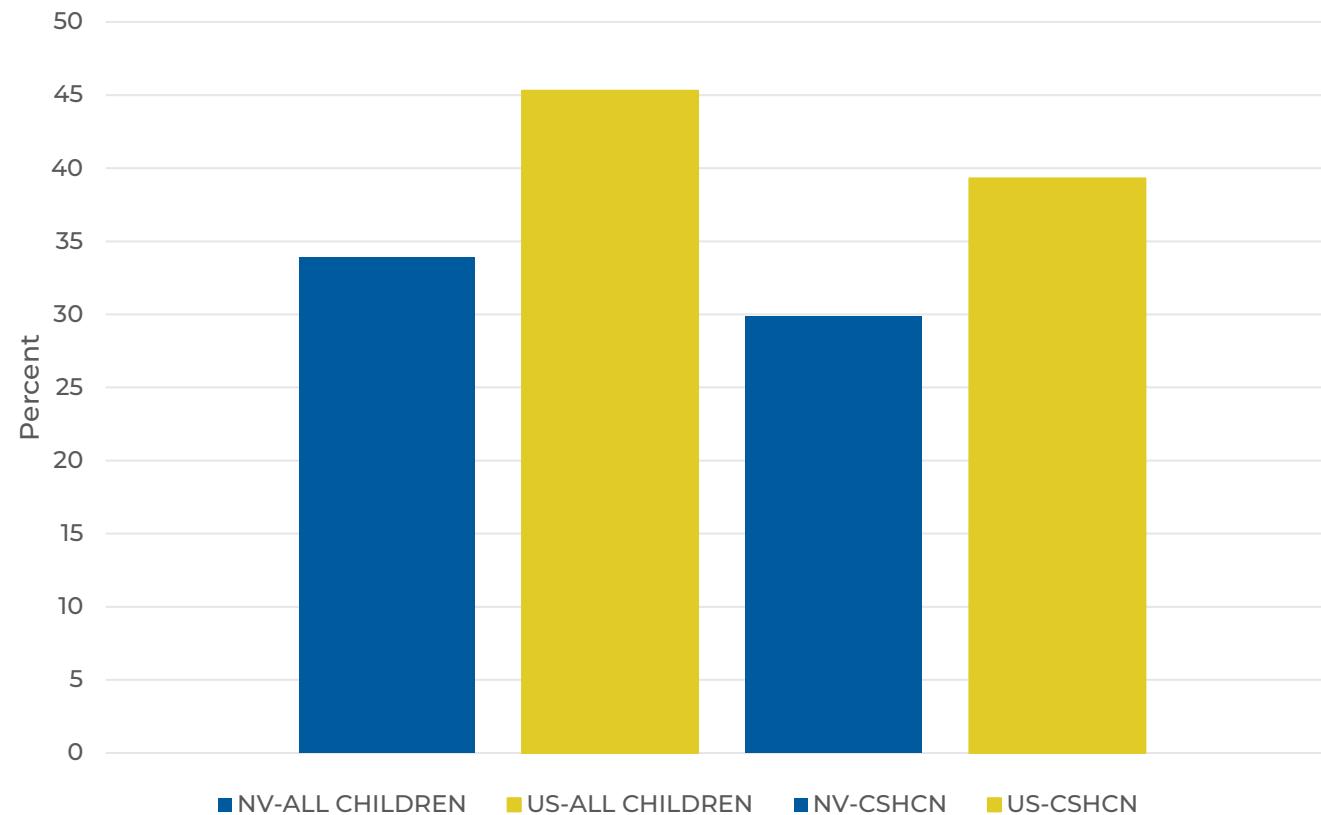


Percent of Adolescents, Ages 12 through 17, With a Preventive Medical Visit in the Past Year By Adverse Childhood Experiences (ACEs), Nevada 2022-2023

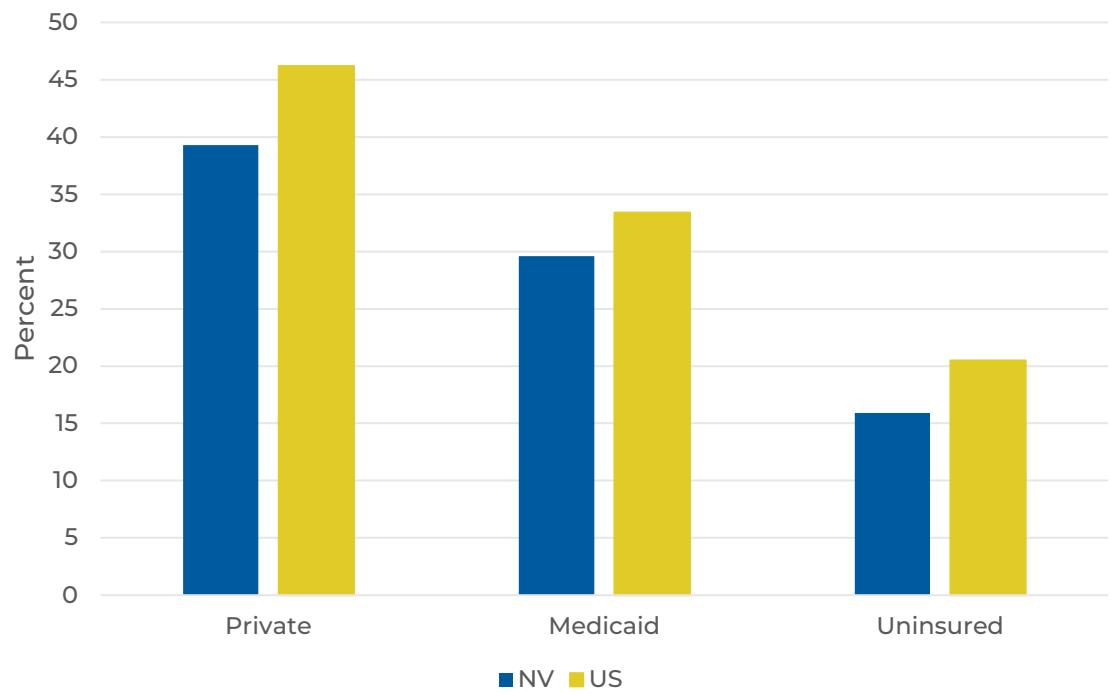


Data Source: National Survey on Children's Health (NSCH)

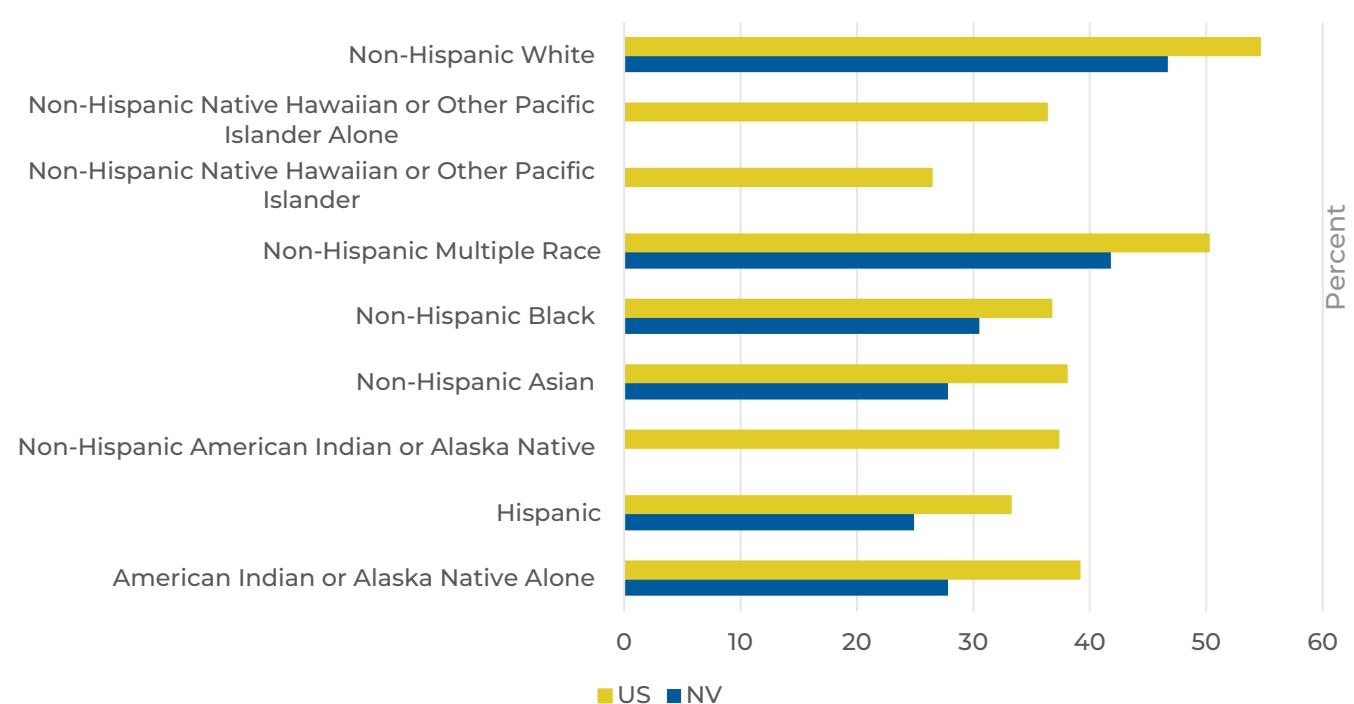
Percent of Children With and Without Special Health Care Needs, Ages 0 through 17, Who Have a Medical Home, 2022-2023



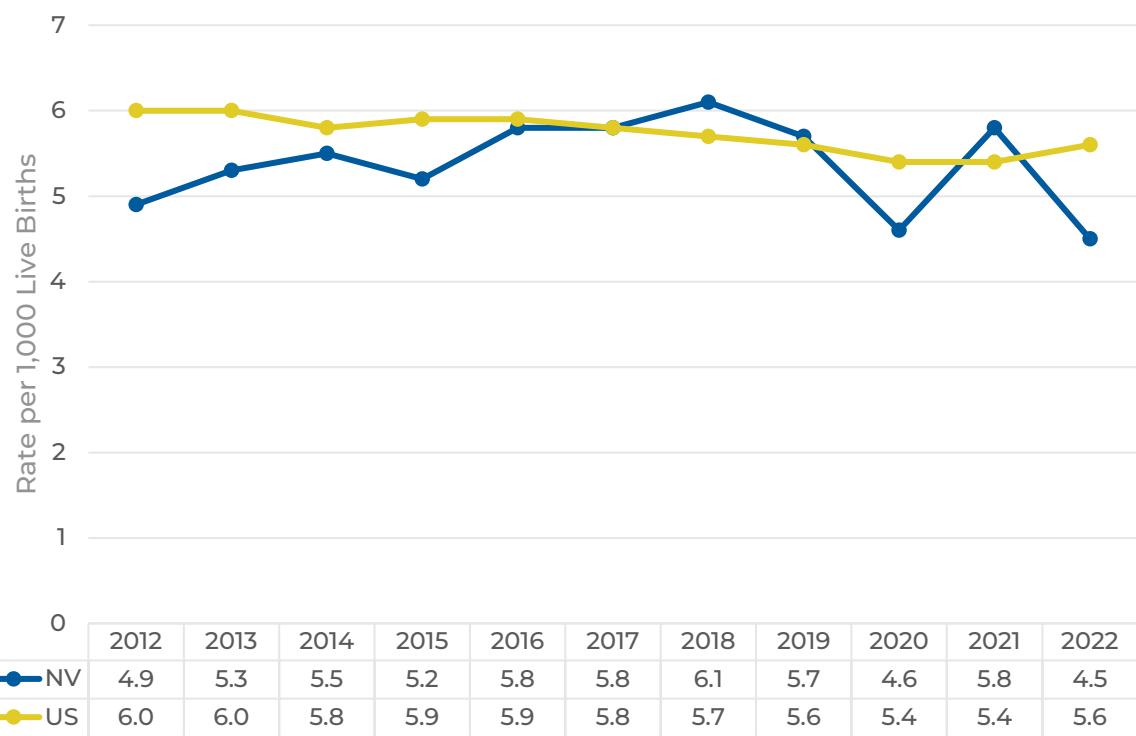
Percent of Children With and Without Special Health Care Needs, Ages 0 through 17, Who Have a Medical Home By Health Insurance



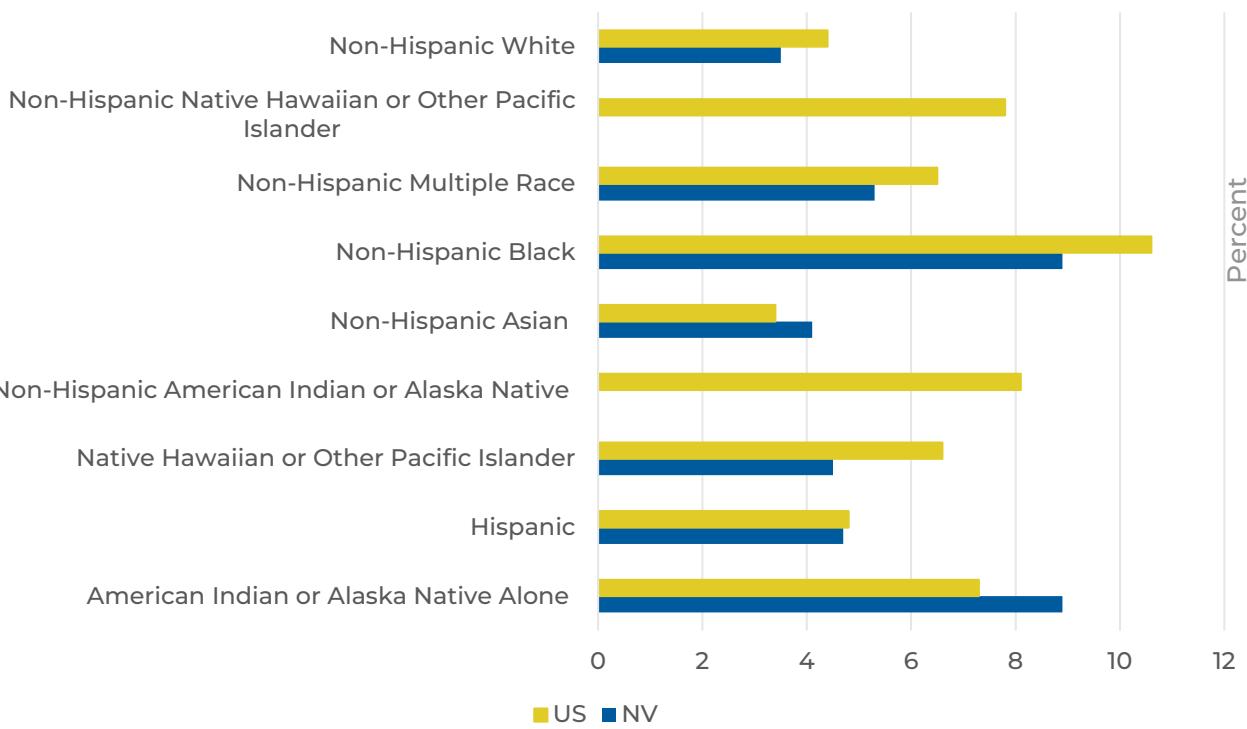
Percent of Children With and Without Special Health Care Needs, Ages 0 through 17, Who Have a Medical Home By Race and Ethnicity,



Infant Mortality Rate per 1,000 Live Births



Infant mortality rate per 1,000 live births, 2020-2023

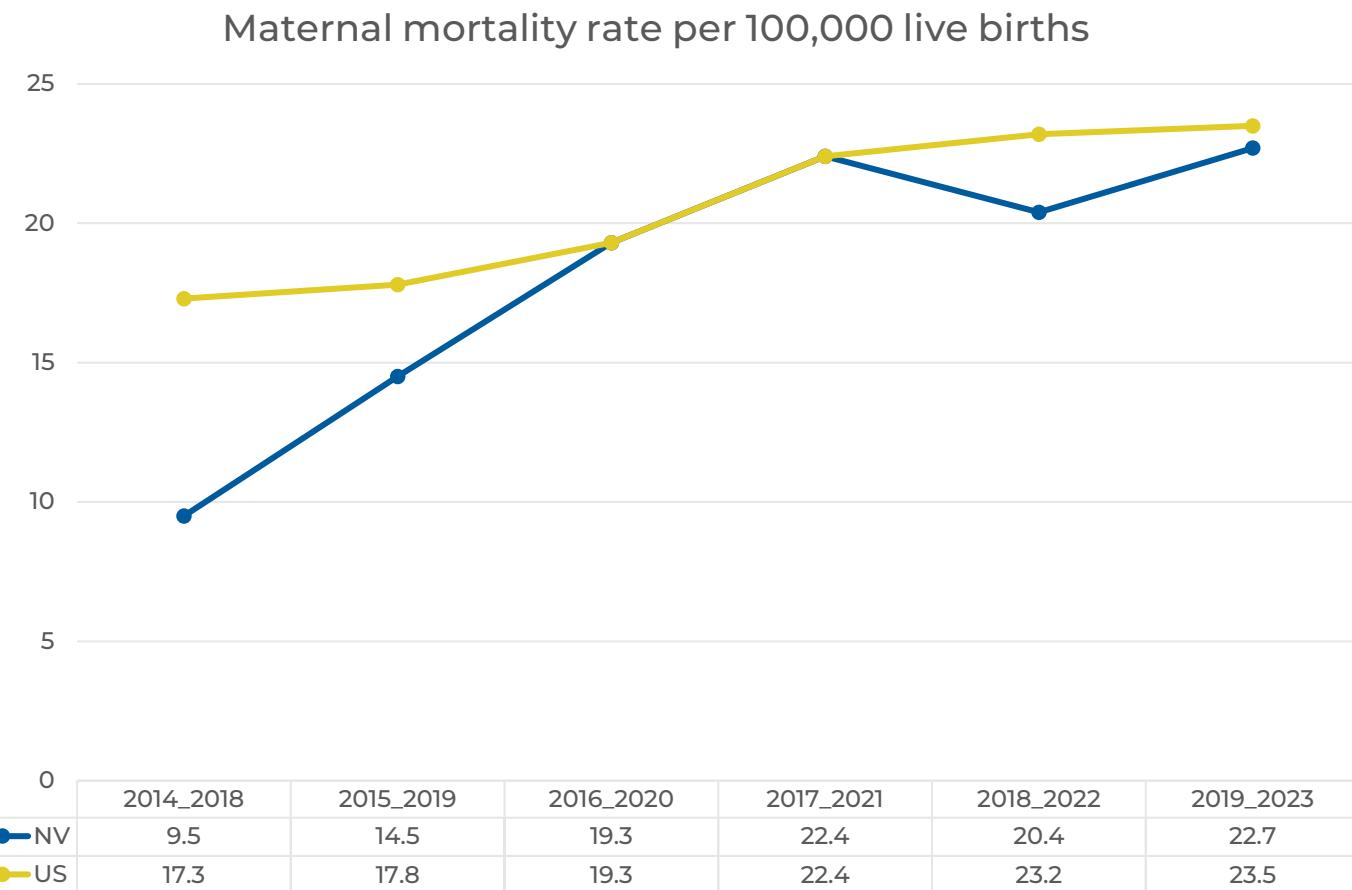


Data Source: National Vital Statistics System (NVSS)

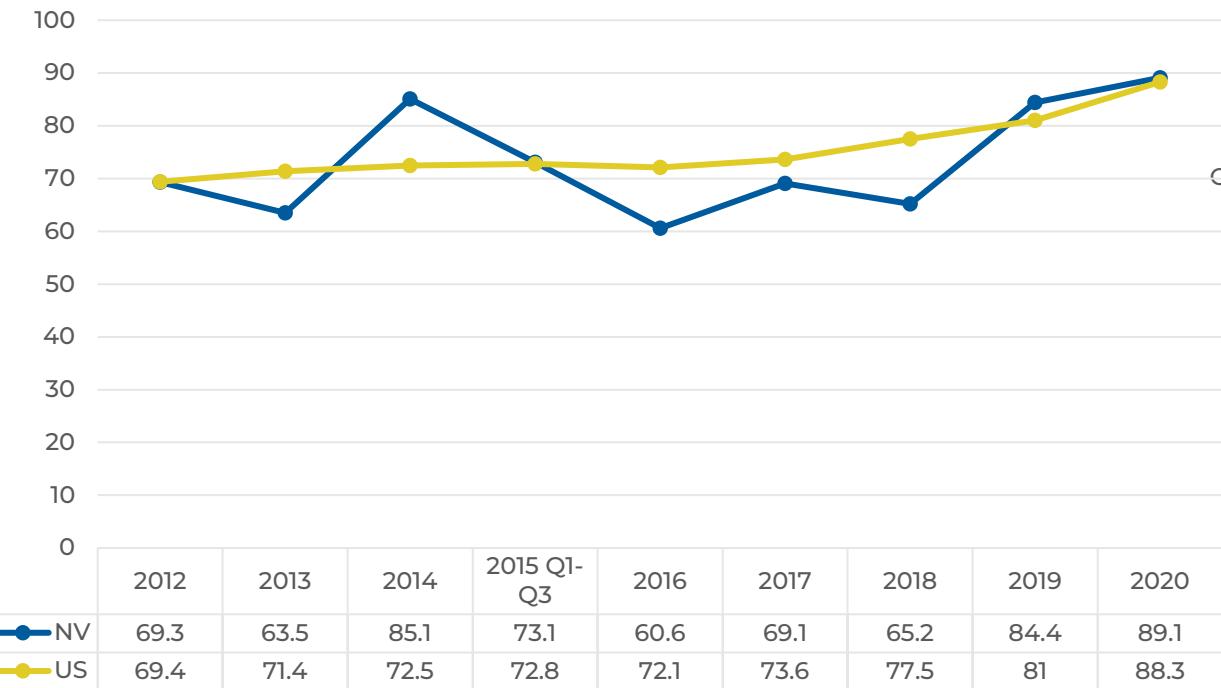
*Data was not available for Non-Hispanic Native American/Other Pacific Islander for Nevada



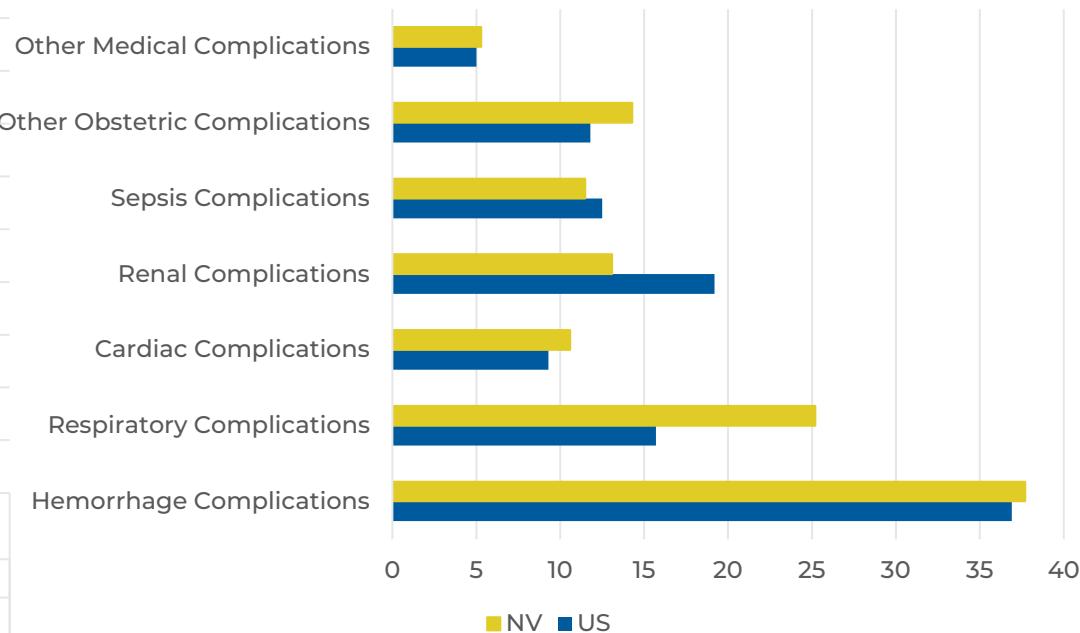
Maternal mortality rate per 100,000 live births



Rate of Severe Maternal Morbidity per 10,000 Delivery Hospitalizations



Rate of Severe Maternal morbidity per 10,000 Delivery Hospitalizations, By Complications



Data Source: National Vital Statistics System (NVSS)

*Data is not available for years 2021-2023 for NV because their HCUP partnership is paused.

Acronyms



CD Chronic Disease

CFCW Child, Family and Community Wellness

DPBH Department of Public and Behavioral Health

FELSC Family Engagement and Leadership in Systems of Care

NASHP National Association of State Health Policy

RPE Rape Prevention and Education

SNAP Supplemental Nutrition Assistance Program

WIC Women Infants and Children



QUESTIONS?



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

CONTACT INFORMATION



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Colleen Barrett, MPH
State Systems Development Initiative
Program Manager
c.barrett@health.nv.gov



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Nevada Maternal and Child Health (MCH) Quarterly Updates

Tami Conn, MPH, Deputy Bureau Chief
Bureau of Child, Family, and Community Wellness

May 2, 2025



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Organization
2. Title V MCH Program Highlights
3. MMRC and AIM Program Highlights
4. Maternal Health and Medicaid Highlights
5. NPMs and Priority Areas: Needs Assessment
6. Nevada Data Trends
7. 2025 Nevada Legislative Session – Bills MCAH is Tracking

Department of Health and Human Services

Division of Public and Behavioral Health (DPBH)

Bureau of Child, Family and Community Wellness (CFCW)

Maternal, Child, and Adolescent Health Section (MCAH)

Maternal, Child and Adolescent Health Section

Title V Maternal Child Health (MCH) Program

Pregnancy Risk Assessment Monitoring System (PRAMS)

Teen Pregnancy Prevention

- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)

Early Hearing Detection and Intervention (EHDI)

Nevada Maternal Infant and Early Childhood Home Visiting (MIECHV) Program

Rape Prevention and Education (RPE) Program

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)

Account for Family Planning (AFP)

Alliance for Innovation on Maternal Health (AIM)

Title V MCH Program

Maternal and
Infant Program
(MIP)

Children and Youth
with Special Health
Care Needs
(CYSHCN)

Adolescent Health
and Wellness
Program (AHWP)

Rape Prevention
and Education
(RPE) Program

MCH Epidemiology

Fiscal Staff

State Systems
Development
Initiative (SSDI)



Title V MCH Program Highlights – Quarter 2



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Priority Areas Based on Needs Assessment

- Improve preconception and interconception health among women of childbearing age – NPM 1
- Breastfeeding promotion - NPM 4
- Promote Safe Sleep - NPM 5
- Increase developmental screening - NPM 6

Priority Areas Based on Needs Assessment

Improve care coordination - NPM 10

Promote a Medical Home - NPM 11

Increase transition of care for adolescents and
Children and Youth with Special Health Care Needs
(CYSHCN) - NPM 12

Reduce substance use during pregnancy –
NPM 14

Maternal and Infant Program

Cribs for Kids distributed 465 Safe Sleep Survival Kits and provided associated education.



Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) reviewed 12 cases.

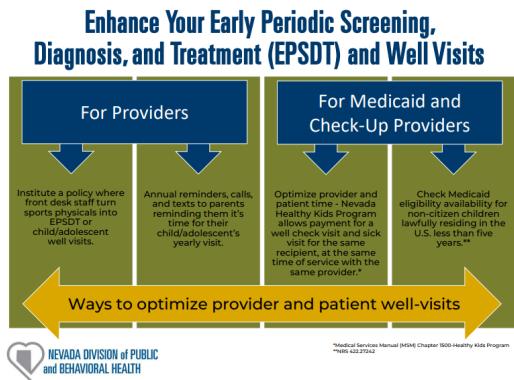
The Statewide MCH Coalition, funded by Title V MCH, distributed 302 "New Mama Care Kits" in Southern Nevada and distributed resources for Title V priorities.



Adolescent Health and Wellness Program



Yoga Haven reached 154 adolescents through their Trauma- Informed Yoga for Youth work.



Title V MCH, in collaboration with the Nevada DHHS, Office of Analytics formed an infographic with the goal of increasing Medicaid reimbursed EPSDT and child well-visits. The document will encourage providers to change practices, including but not limited to, implement annual reminder systems, and engage callers during appointment making to turn sports physicals into EPSDT/well-visits.

Carson City Health and Human Services provided wellness screenings and education to 124 adolescents.



Adolescent Health and Wellness Program



Community Health Services provided wellness screenings and education to 1562 adolescents.

Nevada 211 call specialists responded to 81,562 inquiries related to Text4Baby, Pregnancy Risk Assessment Monitoring System, Cribs for Kids, Nevada Tobacco Quitline, Sober Moms, Healthy Babies, and Perinatal Mental Health Disorders.



CYSHCN Program

Family Navigation Network helped 154 families of children and youth with special healthcare needs navigate the healthcare system.



The Children's Cabinet Nevada Pyramid Model Partnership completed 283 Ages and Stages Questionnaires developmental screenings in participating school district classrooms.

The Nevada Coalition to End Domestic and Sexual Violence provided cross-training workshops for the prevention of relationship abuse in young adults with developmental disabilities and developed infographics to increase awareness of local community-based organizations offering resources.





QUESTIONS?



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and BEHAVIORAL HEALTH

CONTACT INFORMATION



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Vickie Ives, MA

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NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Agenda Item 7

AGENDA ITEM 7

CIRS Placeholder

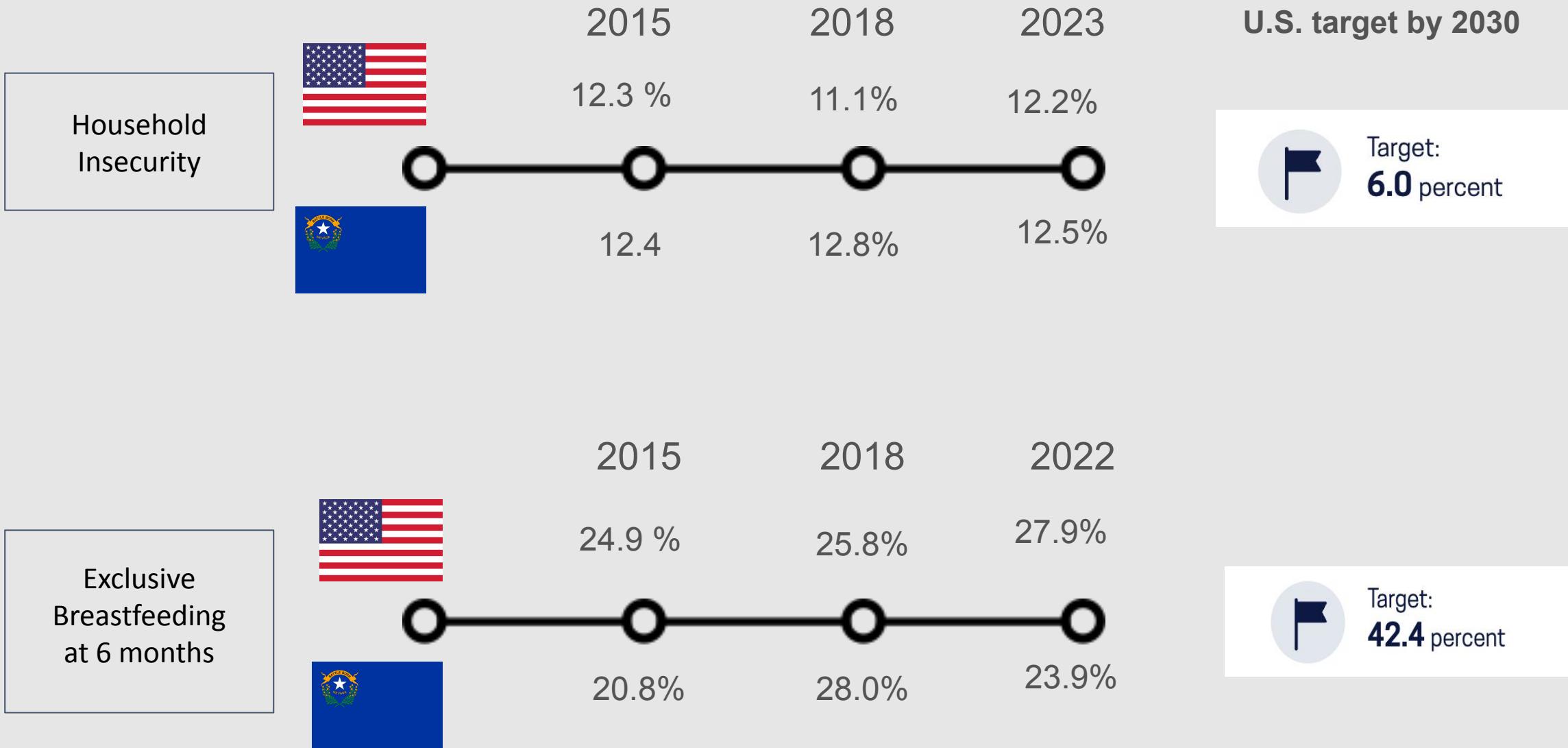
Agenda Item 8

Interventions to Address Maternal-Child Food Insecurity

Dr. Gabriela Buccini, PhD, MSc., IBCLC
Assistant Professor, Department of Social and Behavioral Health
University of Nevada, Las Vegas
gabriela.buccini@unlv.edu
www.buccinilab.com

Maternal and Child Health Advisory Board Meeting
November 7th 2025

Maternal-Child Food Insecurity





EARN-FS is a system-level intervention to intentionally coordinate health and nutrition resources to decrease food insecurity levels among pregnant and mothers with children under 3 years of age living in zip codes with high needs of food insecurity.

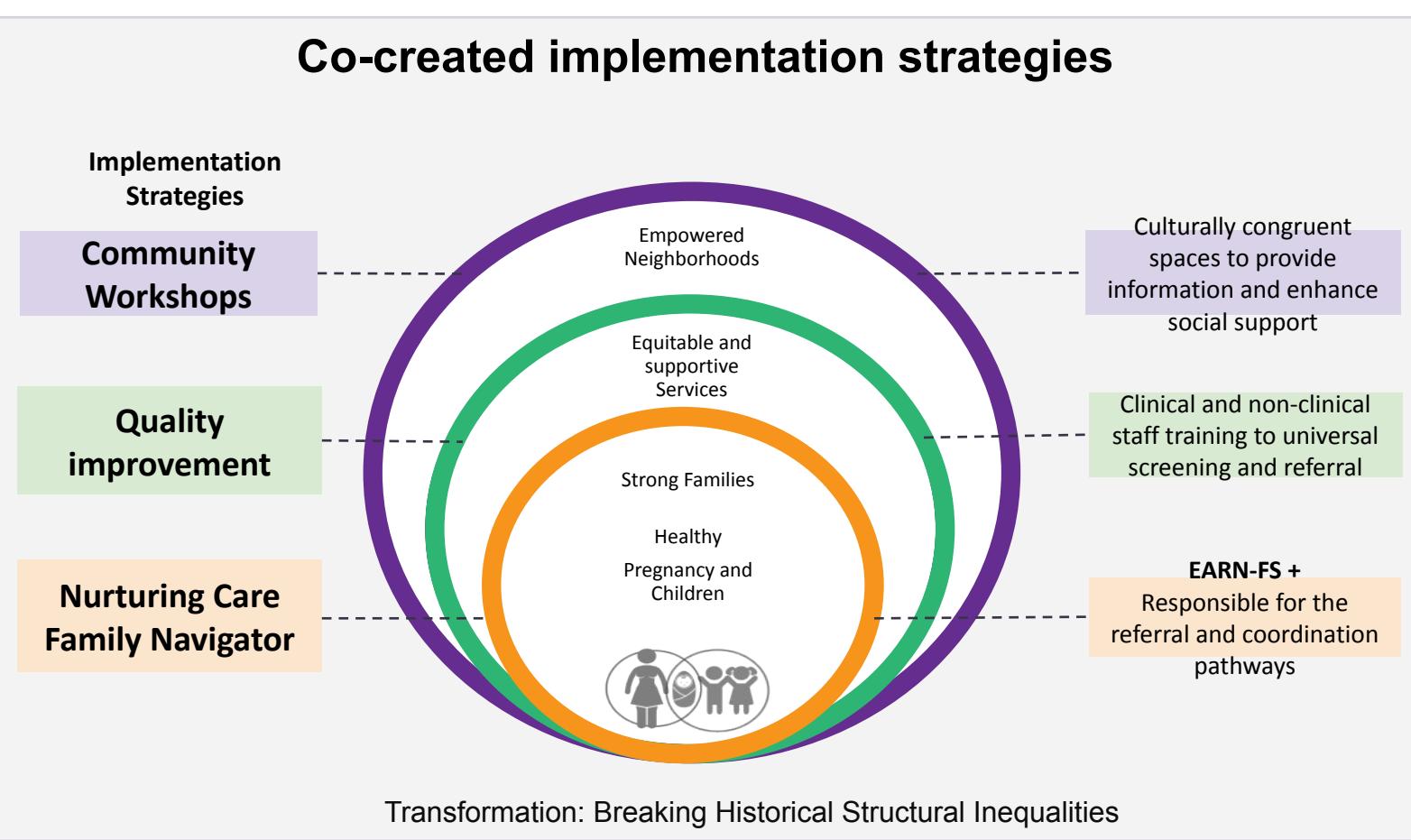
Intervention: Early Responsive Nurturing Care for Food Security (EARN-FS)



1. Universal food insecurity risk screening

2. Referral pathways to coordinate existing health & nutrition nurturing care

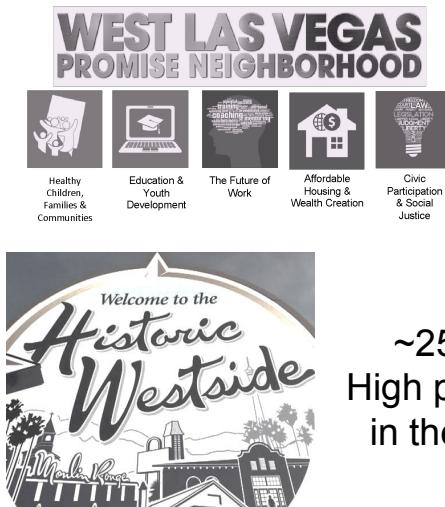
Co-created implementation strategies



Priority Population:

Pregnant and mothers with children under 3 years of age residing in one of the five zip codes of the West Las Vegas Promise Neighborhood and consent in participating in the study.

Our community: The other side of the “Las Vegas trip”



5 zip codes
~256,114 inhabitants
High poverty census tracts
in the City of Las Vegas



High levels of food
insecurity among
household with children
under 3 years old
(19.3% vs. 14.5% in the US)

COVID-19

Amplified structural
racism

Research team – EARN-FS



National Institutes
of Health



Clinician team



UNLV Health Pediatric Clinic

UNLV Health Women's Health Center



Lacks a maternal-child component

Funding: Office of the Director, U01OD033239/ NICHD, U01HD115256



Research-to-Practice

Data Collection



IMPLEMENTATION

Sustainability

2021-2022

Community engagement and needs
assessment & co-creation



2024-2025

Implementation of EARN-FS across
multiple levels

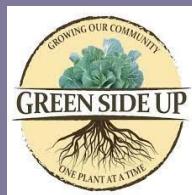
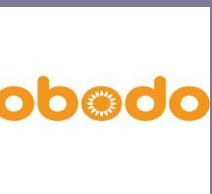


2026 ...

Piloting community workshops to address social needs linked to food and nutrition security

Status: Completed

Community Hosts



Methodology

Co-development of the workshops



Freire's Pedagogy Training for hosts



Dissemination to the target population



Implementation: Fidelity checklist
Rapid-cycle feedback via a data report card



Feasibility evaluation following the RE-AIM framework

Achievements

2025

13 Community Workshops with 150 participants

2024

14 Community Workshops with 126 participants

- 46% were at risk for food insecurity
- 58% ($p<0.001$) reported increased knowledge before to after the workshop

Herlosky et al. *BMC Public Health* (2025) 25:3405
<https://doi.org/10.1186/s12889-025-24714-9>

BMC Public Health

RESEARCH

Open Access



Barriers and facilitators of implementing a community workshop series to mitigate maternal-child food insecurity: a mixed-methods RE-AIM evaluation

Kristen Herlosky¹, Amanda Leverett¹, R'Asia Philbert¹, Cristina Hernandez¹, Megan McDonough¹, Elika Nematian², Kaleigh Mancha³, Rikki Jenkins³, Jollina Simpson⁴, Cheyenne Kyle⁵, Tameka Henry⁵, Victor Ross⁶, Dodds Simangan⁷, Ana Poblacion⁸, Ana Baumann⁹ and Gabriela Buccini^{1*}

Piloting Quality Improvement (QI) to Establish a Food Insecurity Screening Program

Status: Completed

QI leadership



UNLV Health Pediatric Clinic.

UNLV Health Women's Health Center

More than 9,000 families screened for food insecurity risk and referred to resources

Methodology

Exploration, Preparation, Implementation, Sustainment (EPIS) framework

Step 1. Exploration/Needs Assessment:

Clinic Observations



Step 2. Preparation:

Implementation tools (e.g. flyers, workflow, referral sheet, training)
Community and Clinic Staff feedback surveys



Step 3. Pilot Implementation:

Rapid Cycle Feedback & Implementation Strategies

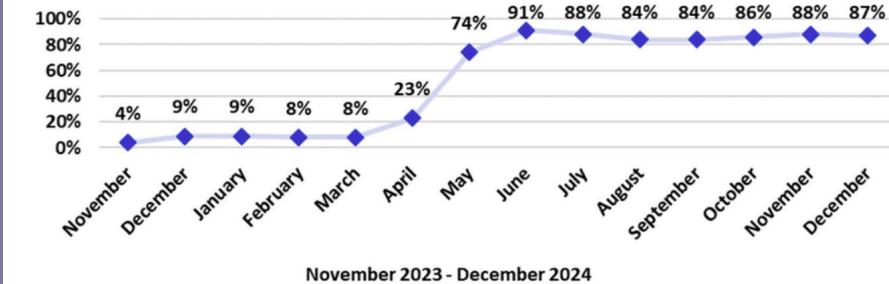


Step 4. Sustainment:

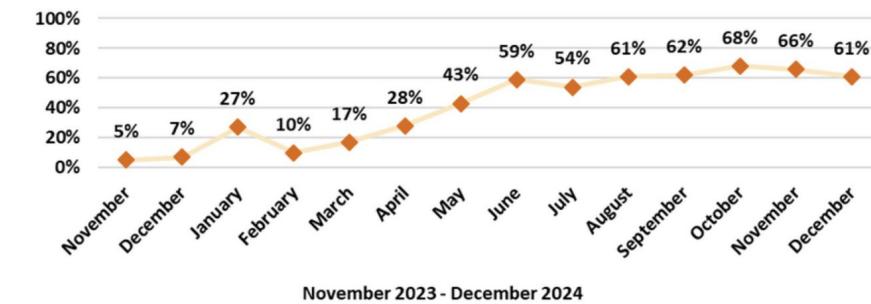
Evaluate outcomes

Achievements

UNLV Pediatrics



UNLV Women's Health Center



Piloting the Nurturing Care Family Navigator

ClinicalTrials.gov ID NCT06859372

Status: Recruiting

Nurturing Care Navigators

UNLV

Nurturing Care
Navigators
Screening
Referral
Education
Follow up

Expansion to all zip
codes in Clark
County

As of October
2025, 42 recruited
out of 72.

Methodology

Needs Assessment
CFIR

Intervention Mapping

Socio-cognitive
theory

Evaluation plan
RE-AIM

Study Design

Hybrid type 2

Intervention
Group

- 1:1 Navigation sessions
- Tailored navigation based on needs
- Educational package including: workbook, resources, text messages, workshop schedule
- Evaluation

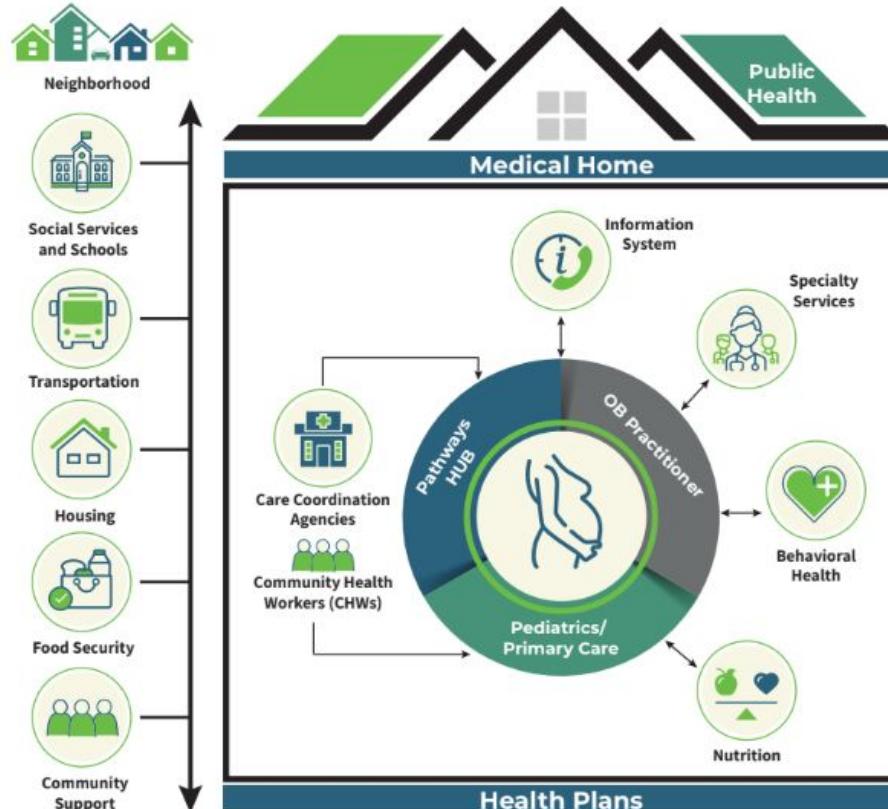
Control
Group

- No navigation included
- Non-tailored
- Educational package including: workbook, resources, and workshop schedule
- Evaluation

Effectiveness:

- Decrease levels of food insecurity

Integrated Maternal Health Services (IMHS): Integrate a Maternity Medical Home (MMH) model with the Southern Nevada Pathways Community HUB (SNV HUB) to provide a comprehensive and culturally responsive program that addresses the gaps and care silos that currently exist.



Comagine
Health

KIRK KERKORIAN
SCHOOL OF MEDICINE | UNLV | UNLV SCHOOL OF
PUBLIC HEALTH

SOUTHERN NEVADA
PATHWAYS
COMMUNITY HUB

Priority Population: Pregnant women in Southern Nevada

Summary of the IMHS model:

1. Establish risk assessment for social determinants of health
2. Referrals for clinical and social needs
3. Follow up on social needs with a community CWH
4. Monitor prenatal outcomes before and after pilot implementation

Pilot from April to October 2025:

- 326 risk assessment were completed
- 93 referrals due to social needs

Scale up phase begin in 2026

Funding:

HRSA
Health Resources & Services Administration



The scholarship program will increase and diversify the next generation of the lactation workforce in Nevada over the next two years. The lactation training scholarships will be provided in 5 cycles of scholarships over 2024-2026.

Scholarship Levels

- **Level 1: Peer Support**
- **Level 2: Mid-Level Lactation Support**
- **Level 3: IBCLC Pathway 3 Track**

As of October 2025:

51 of 70 level 1 & 2 lactation support scholarships awarded

**4 of 10 level 3 scholarships awarded.
All have begun their clinical hours**

The Nevada Lactation Hub will double the number of existing lactation supporters in Nevada

Community Partner



Clinical Partners

Southern Nevada



Northern Nevada



Funding:



NEVADA DIVISION OF PUBLIC
and BEHAVIORAL HEALTH



EXPANDED ACCESS TO LACTATION SUPPORT IN SOUTHERN NEVADA

Outpatient Latch Clinic UNLV Health

Free Breastfeeding Support Latch Clinic
Tuesday's (English) & Thursday's (English & Spanish)
9-2pm UNLV Pediatric Clinic-Room 10
FREE to all current patients

Get assistance with

- Milk supply concerns
- Pain with latch
- General feeding questions
- Breast/nipple pain
- Pumping questions
- Baby's weight concerns

Schedule your appointment via email with the Project Coordinator Rikki Jenkins rikkijenkins@unlv.edu

Walk-ins welcome upon availability

This project is being supported by federal allocation number SLFR034 awarded to the State of Nevada by the U.S. Department of the Treasury through a contract to the University of Nevada, Las Vegas (UNLV) (2018-2019). PI: Jenkins

Support Group (SPN) Anthem Community Center

Gratuito
Grupo de Apoyo para la Lactancia Materna

Todos los viernes de 12 1pm

Guiado por una Consultora Internacional Certificada en Lactancia Materna (IBCLC) y una Consejera Certificada.

Anthem Wellness Center
2348 E. Bonanza Rd. Las Vegas, NV 89101

Confirme su asistencia aquí Se ofrecerán refrigerios ligeros

UNLV SCHOOL OF PUBLIC HEALTH **bws** NEVADA DIVISION OF PUBLIC and BEHAVIORAL HEALTH **Anthem**

Support Group (ENG) UMC - Healthy Living Institute



THE HEALTHY LIVING INSTITUTE AT UMC IS PROUD TO OFFER COMPLIMENTARY RESOURCES TO EDUCATE AND SUPPORT NEW PARENTS. THIS INCLUDES LACTATION & FEEDING CONSULTATIONS, CLASSES ON BREASTFEEDING PREPARATION, AND OUR GROUP.

VEGAS MILK LOUNGE

JOIN OUR PEER-TO-PEER PERINATAL SUPPORT GROUP FACILITATED BY THE SOUTHERN NEVADA BREASTFEEDING COALITION AT THE HEALTHY LIVING INSTITUTE. WE WELCOME NEW AND EXPECTANT PARENTS WHO ARE INTERESTED IN AND/OR HAVE QUESTIONS ABOUT FEEDING THEIR BABIES.

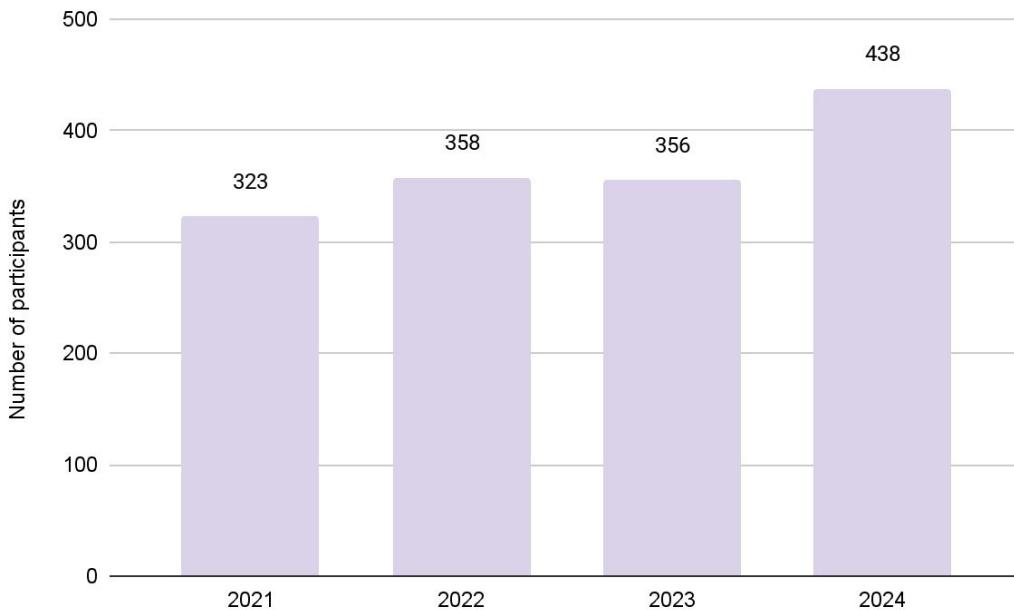
901 RANCHO LANE, SUITE 180
WEDNESDAYS, 11 A.M. - NOON
RESERVED PARKING AVAILABLE





ANNUAL MATERNAL-CHILD HEALTH NUTRITION (MCHN) SURVEY to monitor the socioecological factors that influence parenting practices related to breastfeeding, infant feeding, soothing, sleeping, and early childhood development.

A total of 1475 participants over the years



Key practices monitored 2023 & 2024

- Exclusive breastfeeding: 32%
- Food insecurity: 58.7%
 - Low Food Security: 23.73
 - Very Low Food Security: 35.02
- WIC participation: 47.6%

Priority population: The MCHN survey annually recruits caregivers and mothers of children under the age of 35 months who reside in Clark County, Nevada (including the City of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City).

Thank you - Questions?



gabriela.buccini@unlv.edu

www.buccinilab.com

UNLV
SCHOOL OF
PUBLIC
HEALTH

University of Nevada Reno Extension Clark County Health and Nutrition Early Childhood

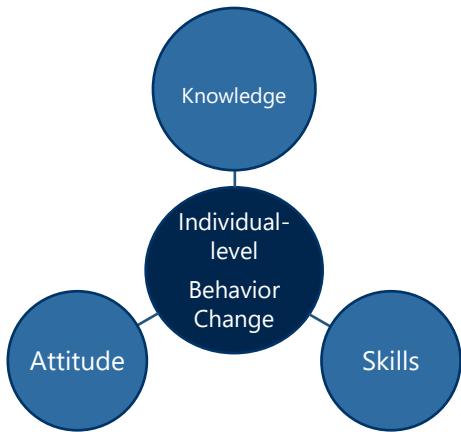
Nevada Maternal and Child Health Advisory Board Meeting

Elika Nematian, MPH
Faculty, Extension Educator

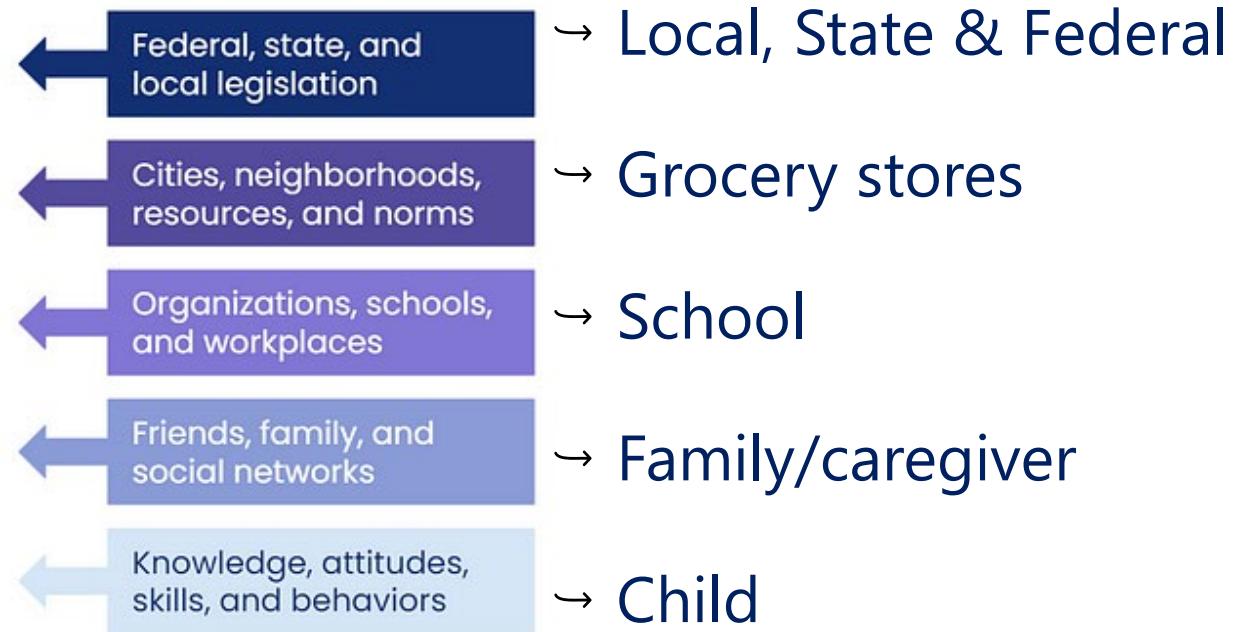
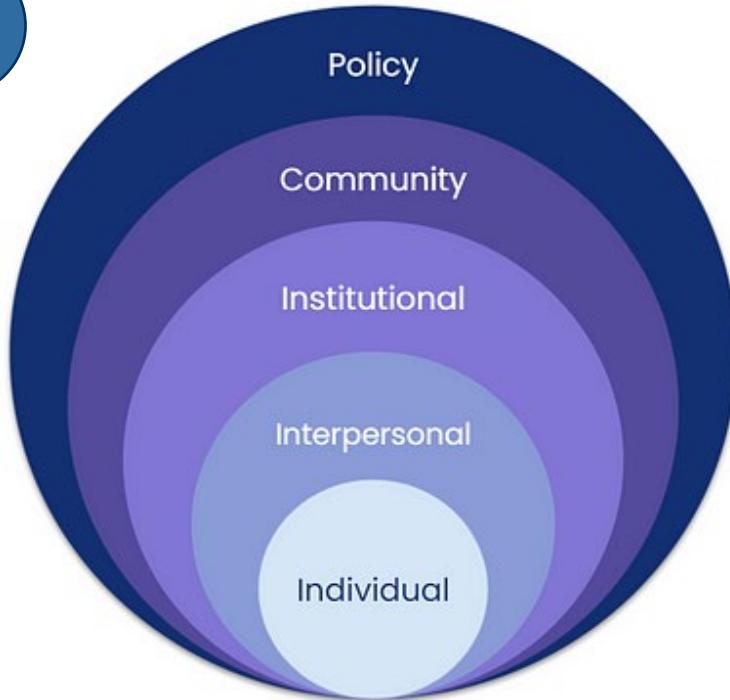
UNR Extension Clark County Office
8050 Paradise Rd Suite 100, Las Vegas, NV 89123
Enematian@unr.edu [Healthy Kids, Early Start](#)



University of Nevada, Reno
Extension
College of Agriculture,
Biotechnology & Natural Resources



Public Health Approach



Social Ecological Model



University of Nevada, Reno
Extension
 College of Agriculture,
 Biotechnology & Natural Resources

Early Childhood Implementation Partners & Advisory Boards

**Early
childcare
facilities,
centers,
homes &
community
sites**

**Clark County
School District**

**Southern
Nevada Early
Childhood
Advisory
Council
(SNECAC)**

**UNLV EARN-
FS Advisory
Board**

**Nevada Early
Childhood
Healthy
Lifestyles
(NECHL)
Workgroup**

**NV Maternal
& Child
Health
Advisory
Board**

**Pre-K
(Elementary
Schools)**

**Early
Childhood
Family
Engagement**

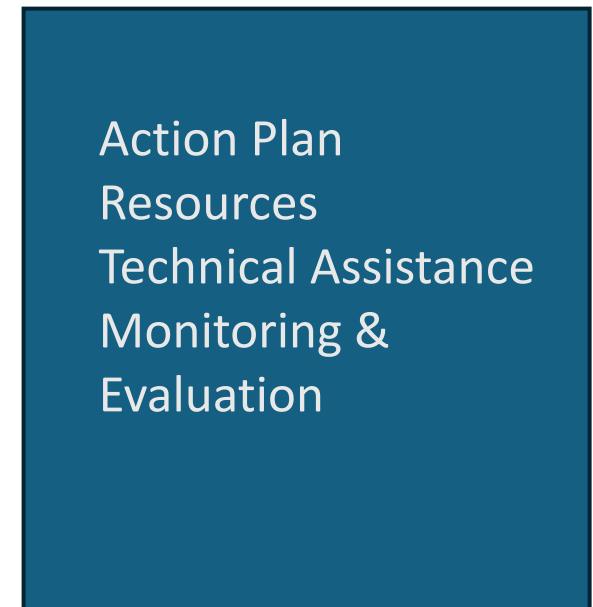
**Community
Workshops**

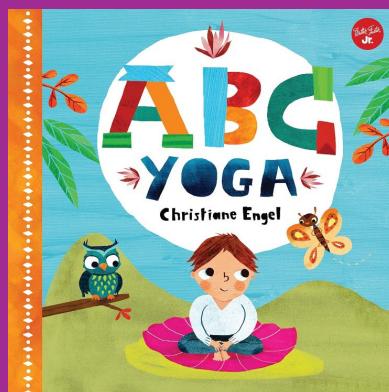
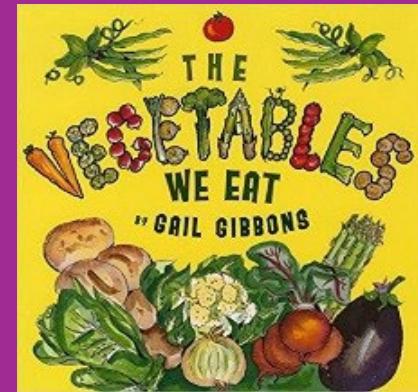
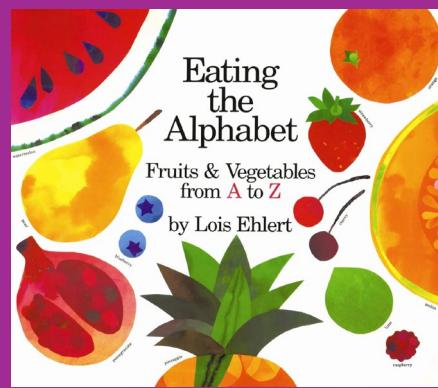


ECE Approach At-A-Glance

Goal Setting	School	Child & Family	Teachers	Community
Assessment Tools & Surveys	Physical environment of site	Curriculum & Family Parent Engagement	Training & Licensing Requirements	Nevada Healthy Lifestyles State Childhood Obesity Plan 2021-2026 & Social Determinants of Health







Healthy Libraries

Promote literacy and introduce children to a collection of age appropriate literature on a range of important health related topics

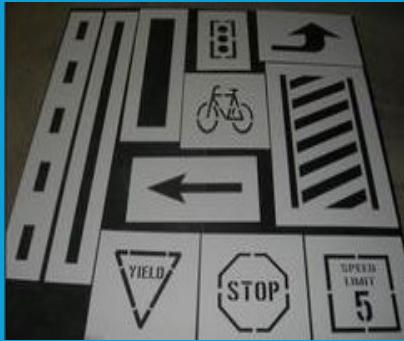


Produce Market
Shopping &
Learning
Experience

Playground Stencils



Alphabet tree



Bike road Signage



Daisy hopscotch



University of Nevada, Reno
Extension
College of Agriculture,
Biotechnology & Natural Resources



I Am A Seed Curriculum

A garden-based curriculum that centers on nutrition, the garden to table experience, and encourages activity by teaching yoga-like movements.



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College of Agriculture,
Biotechnology & Natural Resources

NV Registry Trainings

Wellness Requirement

1. Basic
2. Intermediate
3. Advance

Tiny Moves, Tasty Bites: Cultivating Healthy Habits in the Early Years

This training prepares early childcare providers with foundational knowledge in child nutrition, physical activity, and obesity prevention. Participants will explore best practices for creating healthy environments, promoting movement, and supporting wellness in young children.

Question	Responses (n=23)
The information presented during the training was relevant to my work as an early childcare provider	Agreed = 13% Strongly Agreed = 82.6% Cumulatively 95.6% Agreed or Strongly Agreed
I gained new knowledge and skills related to the "wellness" requirements of childcare licensing	Agreed = 21.7% Strongly Agreed = 73.9% Cumulatively 95.6% Agreed or Strongly Agreed
How likely are you to provide "wellness" activities in your classroom/center after attending this training?	Likely = 21.7% Very Likely = 73.9% Cumulatively 100% Agreed or Strongly Agreed





University of Nevada, Reno
EXTENSION
College of Agriculture,
Biotechnology & Natural Resources

Maternal & Child Health

University of Nevada, Reno Extension Health and Nutrition team partners with organizations to build healthy communities through nutrition education, physical activity and public health initiatives.

In Clark County, we partner with University of Nevada, Las Vegas (UNLV) Early Responsive Nurturing Care for Food Security (EARN-FS) to reduce food insecurity among pregnant individuals and caregivers of children under three in the West Las Vegas Promise Neighborhood.

EARN-FS 2025 Community Workshop series: Plan, Shop, Save

Let us help you make nutritious choices while sticking to a budget! This session will cover meal planning strategies, grocery shopping tips, price comparison techniques, and how to read nutrition labels to make informed food choices. Whether you're feeding a family or shopping for yourself, you'll learn practical skills to stretch your food dollars without compromising on quality or nutrition.

**JUNE 10
@ 1 P.M.**

University of Nevada, Reno
Extension
2280 N. McDaniel St.

Scan to register! It's free!



Kylie Ansorge
kansorge@unr.edu

Elika Nematian
Enematian@unr.edu



An EEO/AA institution

EARN-FS Community Workshop Series: Plan, Shop, Save

UNLV EARN-FS

The mission of the Early Responsive Nurturing Care for Food Security (EARN-FS) team is to identify pathways to increase access to existing health and nutrition services to reduce food insecurity levels. Housed in the School of Public Health at the University of Nevada, Las Vegas.

UNR Extension Workshop

Join us for an interactive workshop designed to help you make nutritious choices while sticking to a budget! This session will cover **meal planning strategies, smart grocery shopping tips, price comparison techniques, and how to read nutrition labels** to make informed food choices. Whether you're feeding a family or shopping for yourself, you'll learn practical skills to stretch your food dollars without compromising on quality or nutrition.

Target zip codes: 89101, 89106, 89030, 89031, 89032



Expanded Food and Nutrition Education Program

- Delivered nationwide through Cooperative Extension in all 50 states and 6 U.S. territories.
- In Nevada, EFNEP is offered through the University of Nevada, Reno Extension
- Provides free, evidence-based nutrition education to help individuals and families make healthier food and lifestyle choices
- **Focuses on parents, caregivers, and people who are pregnant, supporting maternal and family health**
- Group classes are available virtually and in person, in English and Spanish, to reach diverse communities



FREE SUPPLIES

Upon completion* of the course, you will receive the following items:

- ✓ Cutting board
- ✓ Water bottle
- ✓ Grocery list
- ✓ Produce brush
- ✓ Cook-safe magnet
- ✓ Food & refrigerator thermometer
- ✓ Workout DVD
- ✓ Measuring spoons and cups
- ✓ Cookbook

Feeding Your Baby Solid Foods

Eating Smart and Being Active During Pregnancy

How Will I Feed My Baby?

Healthy Kids, Early Start

Early Childhood Health & Nutrition Programs

The University of Nevada, Reno Extension Health and Nutrition team partners with many community organizations to build healthy communities through nutrition education, promotion of physical activity, and public health initiatives. A person's relationship with food and physical activity begins in infancy and is molded during childhood.

Maternal and Child Health

Our team in Clark County partners with the University of Nevada Las Vegas (UNLV) [Early Responsive Nurturing Care for Food Security \(EARN-FS\)](#) team to support efforts that reduce food insecurity levels among pregnant and caregivers with children under three years of age residing in the West Las Vegas Promise Neighborhood community.

Plan, Shop, Save Workshop

Join us for an interactive workshop designed to help you make nutritious choices while sticking to a budget! This session will cover meal planning strategies, grocery shopping tips, price comparison techniques, and how to read nutrition labels to make informed food choices. Whether you're feeding a family or shopping for yourself, you'll learn practical skills to stretch your food dollars without compromising on quality or nutrition. Adapted from evidence-based Eating Smart, Being Active Curriculum. Register [here](#).

Early Childhood

The UNR Extension team's Whole Child approach includes site-base goal setting and resources, teaching trainings, family engagement and evidence-based curriculum.



Healthy Kids Early Start

Healthy Kids Resource Center



Healthy Kids Resource Center



Thank you!
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University of Nevada, Reno
Extension
College of Agriculture,
Biotechnology & Natural Resources