

Nevada Maternal & Child Health Block Grant

5-Year Needs Assessment
Executive Summary

June 2025



Executive Summary

Overview

Nevada's Maternal Child and Adolescent Health (MCAH) department contracted with Altarum, a non-profit public health consulting and research organization, to assist with Nevada's 2026–2030 Title V Maternal Child Health Block Grant needs assessment. The goal of the needs assessment is to help states determine the current priority needs of their maternal and child populations through both epidemiological (quantitative) and community input (qualitative) data. Based on the needs assessment findings, Nevada identified priority areas, performance measures, evidence-based strategies, and outcomes to guide its work for the next 5 years. Title V supports state efforts to address priority needs across five domains: *Women and Maternal Health*; *Perinatal and Infant Health*; *Child Health*; *Adolescent Health*; and *Children and Youth with Special Health Care Needs (CYSCHN)*.

The needs assessment process (**Exhibit ES.1**) includes:



1. **Data Collection and Analysis:** The needs assessment team gathered data through epidemiological sources and community input opportunities to establish the current state of Nevadans' health and well-being and to identify the top priority needs for Nevada's maternal and child populations.

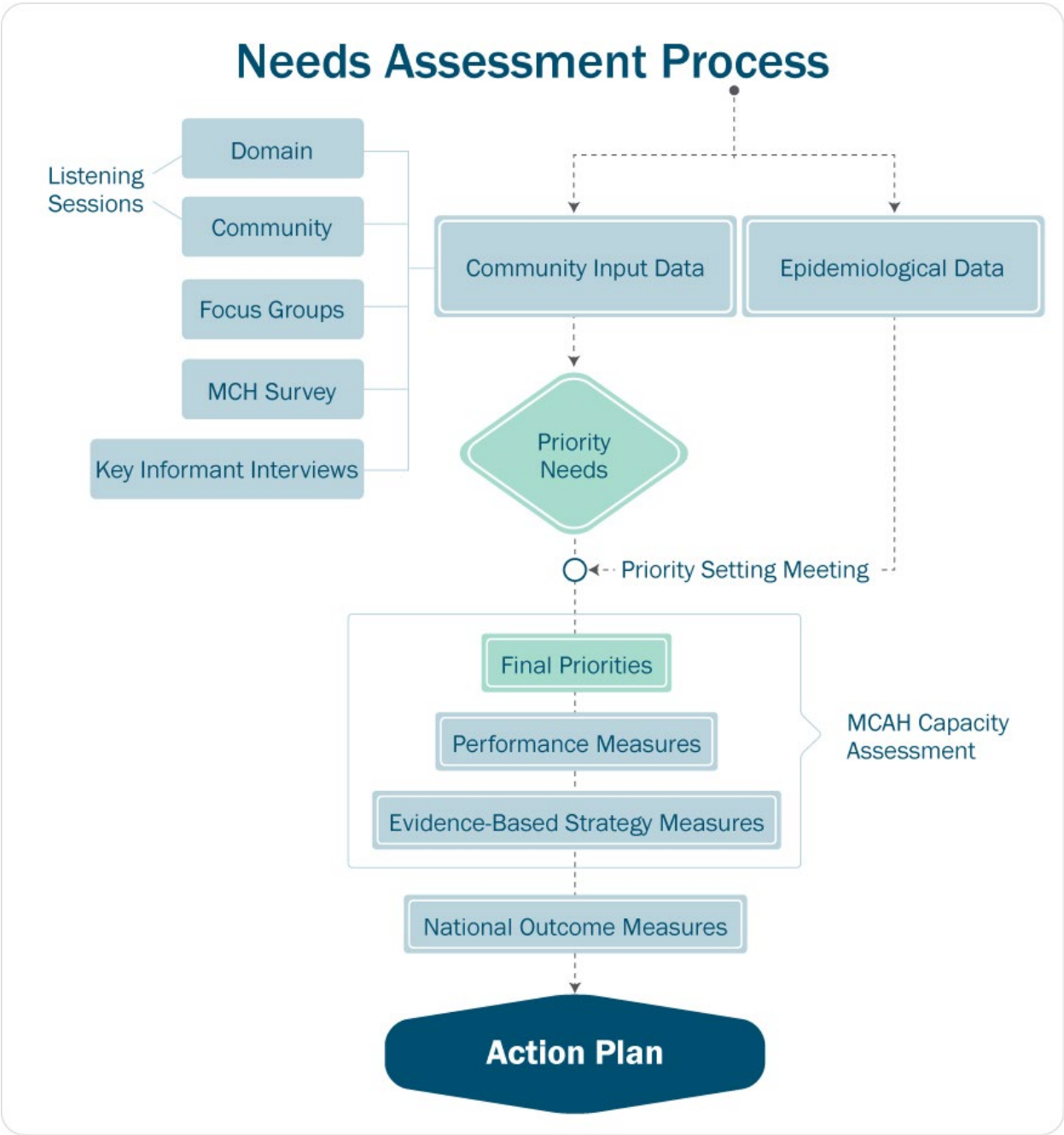


2. **Priority Setting:** Priority setting for Nevada's Title V 2026–2030 program occurred through two steps. The process began with obtaining input from the community on current needs and their perspectives on the priorities. The second part of the process involved sharing the needs identified by the community and with meeting participants comprised of MCH policymakers, program administrators, service providers, and community members, who ranked these needs to identify the highest priority in each domain. Nevada MCAH reviewed the final highest ranked priorities to determine final priorities to include in their 5-year Title V action plan.



3. **Action Plan Development:** Using needs assessment data and the final priority rankings, Nevada MCAH established one to two priorities per domain. The State then chose national and/or state performance measures, evidence-based strategy measures, and outcomes as part of their 5-Year Action Plan to assess their progress towards meeting selected priority needs.

Exhibit 1. Needs Assessment Process





Needs Assessment Process: Data Collection and Analysis

The needs assessment team used state and national epidemiological data to understand the health and well-being of Nevada's MCH populations. To better understand the underlying drivers of observed numbers in the epidemiological data, the needs assessment team engaged Nevadans impacted by and developing MCH programs to share their experiences and expertise. The epidemiological and community data were used to help MCAH make data-informed and community-informed decisions on the key priorities that will direct its Title V activities over the next 5 years.

Data Collection and Analysis

- ***Epidemiological Data Review*** the needs assessment team compiled secondary data pertaining to each Title V domain to assess current prevalence, incidence, and trends over time. Data sources included vital records, Pregnancy Risk Assessment Monitoring System (PRAMS), the National Survey of Children's Health, and the Behavioral Risk Factor Surveillance System (BRFSS). The needs assessment team conducted a review of grey literature and peer-reviewed articles to gather additional maternal and child health data available through other research studies. The team found 49 sources meeting inclusion criteria based on timeliness, Nevada-specificity, domain specificity, and overall relevance.
- ***Nevada Maternal Child Health (MCH) Survey*** the team conducted a survey with a purposeful sample of people across the state. The survey captured the maternal and child health issues of most concern among respondents. The online survey was available in four languages (English, Spanish, Chinese, Tagalog) and had 226 respondents.
- ***Domain Listening Session:*** The team held a virtual listening session on February 28, 2025 with professionals involved in the state public health and social services systems. Participants contributed their perspectives on the priority needs across domains and identified potential and current strategies that address them. The 28 participants represented staff from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), state and county health departments, state epidemiologists, state agencies, as well as CYSHCN parent liaisons.
- ***Key Informant Interviews:*** The needs assessment team interviewed 18 MCH leaders, policy makers, physicians, program directors and staff, and health care administrators to discuss their perspectives and expertise on issues facing the MCH population in Nevada.

- **Community Listening Sessions:** Nevadan MCH professionals and people impacted by MCH programs participated in one of four community listening sessions held virtually on March 23, March 25, April 2, and April 3, 2025. Nearly 70 people attended one of the sessions. Participants shared their expertise and experiences as community members and/or as service providers, advocates, OBGYNs, doulas, midwives, and other roles in the MCH system. Participants identified and brainstormed key issues impacting Nevadans across the five domains.
- **Focus Groups:** The needs assessment team also conducted focus groups to capture insights from specific populations. Within the month time period available, the team was able to recruit for and conduct two focus groups with Spanish-speaking WIC participants on April 8 and 10, 2025.

Analysis

Analysis of data gathered from the above activities provided information about observed MCH outcomes as well as experiential insights about the key issues impacting Nevada’s MCH populations (**Exhibit ES.2**). In some cases, the information gathered during the different needs assessment activities mirrored each other—for example, epidemiological data or reports from the environmental scan indicated low breastfeeding rates; similarly, community members emphasized breastfeeding as a key MCH issue. In other cases, epidemiological data highlighted health and well-being issues, such as sudden unexplained infant death (SUID), that community members rarely brought up in discussion.

Participants across all community input activities provided insights into the drivers of observed MCH outcomes. For instance, they highlighted the difficulties in accessing care (particularly for people living in rural areas), the lack of knowledge about available services, the need for more supports for parents, the unique challenges of addressing adolescent health needs, and that all these challenges and needs are exacerbated when a family has a child with special health care needs.

Exhibit 2. Epidemiological Highlights & Community Input Cumulative Top Priorities in Nevada

Domain	Epidemiological Finding	Community Input Cumulative Top Priorities ¹
Women and Maternal Health	<ul style="list-style-type: none"> Higher than national rates of mentally unhealthy days among women of reproductive age (46% vs 40% for aged 18–24, 40% vs 35% for aged 25–44)^a (<i>BRFSS, 2022</i>). Decrease in postpartum depression (18% in 2020 to 15% in 2022) (<i>BRFSS, 2022</i>). 	<ul style="list-style-type: none"> Knowledge of available resources in the community Mental health services/Substance use Access to more prenatal and maternal health services Community health factors Access to preventive health services
Perinatal and Infant Health	<ul style="list-style-type: none"> Top reasons women reported for stopping breastfeeding included they thought they were not producing enough milk (29%), their baby had difficulty latching or nursing (16.9%), breast milk alone did not satisfy their baby (11.8%), they had too many household duties (11.2%), and they felt it was the right time to stop breastfeeding (10.3%) (<i>Nevada PRAMS 2022</i>). 	<ul style="list-style-type: none"> Need for affordable childcare Knowledge of available resources in the community Maternal substance use during and after pregnancy Need for mental health services Breastfeeding support
Child Health	<ul style="list-style-type: none"> Increase in rates of overweight and obese children (32% in 2020 to 35% in 2023) (<i>NSCH 2023</i>). Decrease in rates of physical activity^b among children (15% in 2020 to 13% in 2023) (<i>NSCH 2023</i>). 	<ul style="list-style-type: none"> Physical health/physical activity Social media, technology, and screen time Community health factors Access to safe and healthy food options After school and childcare options
Adolescent Health	<ul style="list-style-type: none"> Higher percentage of Nevadan adolescents reported feeling sad or hopeless compared to national estimates (42.4% vs 28.5%) (<i>YRBS 2023</i>). Only 10.4% of adolescents with mental health disorders in Nevada received treatment (<i>YRBS 2023</i>). 	<ul style="list-style-type: none"> Need for services and resources around sexual and reproductive health Adverse childhood experiences (ACEs) Mental health services Access to educational opportunities and resources Social media and cyber bullying
CYSHCN	<ul style="list-style-type: none"> Decrease in CYSHCN that have adequate and continuous insurance coverage (56.5% in 2020 to 50% in 2023, U.S. estimate in 2023 was 61%) (<i>NSCH 2023</i>). Decrease in the percent of CYSHCN that report having a medical home (38% in 2020 to 26% in 2023, 2023 U.S. estimate was 40%) (<i>NSCH 2023</i>). 	<ul style="list-style-type: none"> Access to appropriate services including specialists and early screening and interventions Need for caregiver support/navigation Need to increase workforce Need for affordable health insurance Mental health services

^a 46% of women aged 18–24 and 40% of women aged 25–44 reported 1–13 mentally unhealthy days in the past 30 days compared to 40% and 36% nationally based on 2022 BRFSS data.

^b Physical activity defined as physically active at least 60 minutes every day

¹ The key priority needs listed reflect the verbatim priorities that emerged from the qualitative analysis and were presented in this way to priority setting participants for voting.



Needs Assessment Process: Priority Setting

The top cumulative priorities that emerged from the community input activities (as listed above), alongside epidemiological data, were given to participants at a *Priority Setting Meeting* held on April 17, 2025. The hybrid virtual and in-person meeting brought together nearly 60 people representing MCH programs, multiple state departments, Nevada communities, social service organizations, and parents. A needs assessment team facilitator guided the group through a process of ranking each priority need against 9 criteria, which could receive a score of 0–5 with 5 indicating a high priority and a possible highest priority score of 45. The needs assessment team tallied and averaged the scores across participants. **Exhibit 3** presents the top priorities based on average scores.

Exhibit 3. Final Top Priorities by Domain

Women and Maternal Health	Perinatal and Infant Health	Child Health	Adolescent Health	CYSCHN
<ul style="list-style-type: none">• Mental health services/ Substance use (score: 36.3)• Access to more prenatal and maternal health services (score: 35.6)	<ul style="list-style-type: none">• Need for mental health services (score: 38.6)• Maternal substance use during and after pregnancy (score: 38.3)	<ul style="list-style-type: none">• After school and childcare options (score: 38.3)• Community factors that impact health (score: 35.9)	<ul style="list-style-type: none">• ACEs (score: 37.1)• Need for services and resources around sexual and reproductive health (score: 37.0)	<ul style="list-style-type: none">• Need for affordable health insurance (tied score: 37.3)• Need to increase workforce (tied score: 37.3)• Access to appropriate services including specialists and early screening interventions (tied score: 37.3)

Note: The highest possible score is 45.



Needs Assessment Process: Action Plan Development

After the priority setting meeting, Nevada’s MCAH Title V team reviewed the collected data, discussed the top priority needs identified during the priority setting meeting, and determined their final priorities per domain. MCAH then developed a 5-year action plan to address the needs identified. For each priority, the state selected a national or state performance measure, an evidence-based strategy measure, and developed activities the state will implement to address these priorities during the next 5 years (**Exhibit 4**).

Exhibit 4. Performance Measures and Evidence-Based Strategies

Domain: Women and Maternal Health

Final MCAH Selected Priority Needs	Performance Measures
<ul style="list-style-type: none">Incorporating mental health and substance use screening and referrals into prenatal careImproving access to prenatal and maternal health services	<ul style="list-style-type: none">Universal National Performance Measure Postpartum Visit: Percent of women who attended a postpartum checkup within 12 weeks of giving birth; Percent of women who attended a postpartum checkup and received recommended care componentsState Performance Measure Early Prenatal Care: percent of pregnant women who receive prenatal care beginning in the first trimester
Evidence-Based Strategy Measures <ul style="list-style-type: none">Percent of WIC and home visiting enrolled families during pregnancy who received at least one postpartum visit.Percent of pregnant women enrolled in MIECHV-funded home visiting and WIC programs prenatally who enrolled in prenatal care.	

Domain: Perinatal and Infant Health

Final MCAH Selected Priority Needs	Performance Measures
<ul style="list-style-type: none">Increasing access to breastfeeding supportAddressing maternal substance use during and after pregnancyReducing infant mortality through safe sleep practices	<ul style="list-style-type: none">National Performance Measure Breastfeeding: percent of infants who are ever breastfed; percent of children, aged 6 months–2 years, who were breastfed exclusively for 6 monthsState Performance Measure Substance Use: percent of women who used substances during pregnancyNational Performance Measure Safe Sleep: percent of infants placed to sleep on their backs; percent of infants placed to sleep on a separate approved sleep surface; percent of infants placed to sleep without soft objects or loose bedding; percent of infants room-sharing with an adult

Evidence-Based Strategy Measures

- Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends
- Percent of PRAMS respondents who report they were asked by a provider during their prenatal care visits if they smoked cigarettes or used e-cigarettes, if they were drinking, using illegal drugs, or using marijuana.
- Percent of PRAMS respondents who report their infants (under age 1) were laid to sleep in a high-risk sleep position and/or environment

Domain: Child Health

Final MCAH Selected Priority Needs	Performance Measures
<ul style="list-style-type: none"> • Increasing access to safe and healthy food options • Increasing physical activity 	<ul style="list-style-type: none"> • National Performance Measure Food Sufficiency: percent of children, aged 0–11, whose households were food sufficient in the past year • National Performance Measure Physical Activity: percent of children, aged 6–11, who are physically active at least 60 minutes per day

Evidence-Based Strategy Measures

- Percent of MIECHV Home Visitors who received training on nutrition and exhibited increased knowledge on food sufficiency and strategies on how to discuss nutrition with families.
- Percent of respondents of the Kindergarten Health Survey (KHS) who report their child exercises for at least 60 minutes per day at least 4–5 times a week .

Domain: Adolescent Health

Final MCAH Selected Priority Needs	Performance Measures
<ul style="list-style-type: none"> • Increasing screening for ACEs during adolescent well visits • Increasing access to sexual and reproductive health care via adolescent well visits 	<ul style="list-style-type: none"> • National Performance Measure Adolescent Well-Visit: percent of adolescents, aged 12–17, with a preventive medical visit in the past year • State Performance Measure: rate of Sexually Transmitted Infections in adolescents aged 12–17 • State Performance Measure Teen Pregnancy

Evidence-Based Strategy Measures

- Percent of Medicaid EPSDT eligible adolescents, aged 12–17, who received at least one initial or periodic screen
- Percent of adolescents aged 12–17 who have a well visit through funded partners that provide integrated health services, including being screened for Reproductive Life Planning and provided with client specific education and resources based on individual goals.

Domain: CYSHCN

Final MCAH Selected Priority Needs	Performance Measures
<ul style="list-style-type: none">Increasing access to care via a Medical Home, including addressing health insurance coverage for CYSHCN services	<ul style="list-style-type: none">Universal National Performance Measure Medical Home Overall: percent of children with special health care needs, aged 0–17, with a medical home
<p>Evidence-Based Strategy Measure</p> <ul style="list-style-type: none">Percent of Northern and rural families who report the family-to-family support in navigation received by a Family Navigator through Family Navigation Network reported met their needs for transition from pediatric to adult health care.	

Conclusion

Information gathered during the needs assessment indicates that where residents live in Nevada (e.g., rural vs. urban settings) impacts their ability to access and receive appropriate and timely services. While Nevada’s health and well-being outcomes have improved, work remains to ensure all women, mothers, babies, children, adolescents, CYSHCN, and families reach their full health potential. Focusing MCAH efforts during the next 5 years on issues such as family navigation, medical home, partnerships and collaboration to encourage prenatal care (including addressing substance use and mental health care), breastfeeding support, access to healthy foods, opportunities for physical activity, and adolescent-appropriate health care will help address the underlying factors contributing to Nevadans achieving lifelong health.