NORTHERN NEVADA Public Health | Community & Clinical Health Services

Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: October 23, 2025

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TO: District Board of Health

FROM: Christina Sheppard, APRN
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SUBJECT: Community and Clinical Health Services – Divisional Update – Fetal Infant Mortality Review; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

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1. Divisional Update

a. Fetal Infant Mortality Review

September was Infant Mortality Awareness Month, and October is Pregnancy and Infant Loss Awareness Month, two observances that highlight the importance of addressing and preventing fetal and infant deaths. "Each year in the United States, about 23,000 babies who are born alive do not survive to their first birthday and a similar number are stillborn." While national rates have improved, disparities persist particularly affecting African Americans, Latinos and Native American communities. (https://ncfrp.org/fimr)

Fetal and Infant Mortality Review (FIMR) is a community based, action-oriented process aimed at improving services, systems, and resources for women, infants, and families. It brings a multidisciplinary community team together to examine confidential, de-identified cases of fetal and infant deaths. Review of individual cases helps teams understand families' experiences, including racism, and how those experiences may have impacted maternal and child outcomes.

Northern Nevada Public Health (NNPH), formerly the Washoe County Health District, has operated the only FIMR program in Nevada since 2014. Originally launched with a NACCHO grant in 2012 and approved by the Nevada Division of Public and Behavioral Health (DPBH) in 2013, the program was implemented in Washoe

County due to having the highest fetal death rates in the state. For over a decade, the NNPH FIMR team has worked to identify and address the factors contributing to preventable fetal and infant deaths.

FIMR is a method to increase the understanding of factors that may contribute to preventable fetal and infant deaths. FIMR nurses collect and analyze data from local hospitals, medical providers, the Medical Examiner's Office, and WIC. The data is reviewed to identify medical, social, environmental, and systemic factors that impact outcomes during pregnancy (fetal death: >20 weeks gestation), the neonatal period (birth–28 days), and the post-neonatal period (29 days–1 year). All data is entered into the National Fatality Review–Case Reporting System (NFR-CRS), and a multi-year summary report is pending with finalized 2022–2023 data from DPBH.

Annual Fetal and Infant Death Data- **Preliminary**

Year	Fetal Deaths (≥ 20 weeks' gestation)	Infant Deaths	Total Fetal & Infant Deaths
2020 (1/1/20 - 12/31/20)	39	31	70
2021 (1/1/21 - 12/31/21)	47	33	80
2022 (1/1/22 – 12/31/22)	29	19	48
2023 (1/1/23 – 12/31/23)	31	20	49
2024 (1/1/24 – 12/31/24)	56	20	77

Community collaboration and a multidisciplinary approach are essential to the success of the FIMR program. The Northern Nevada Public Health FIMR Case Review Team (CRT) brings together a diverse group of professionals meeting approximately 10 times annually, reviewing 3–5 cases at each session. The team includes OB/GYNs, perinatologists, nurses, community health workers, hospital staff, Medicaid representatives, and other healthcare insurance representatives. Additional members include representatives from the State of Nevada, a midwife and assistant, a doula, a Human Services Agency (HSA) case worker, an assistant professor from the University of Nevada Reno (UNR) School of Medicine, and staff from the Community Health Alliance Women, Infants, and Children (WIC) program and the Inter-Tribal Council of Nevada WIC. The team also includes representatives from Federally Qualified Health Centers (FQHCs), local and state Child Death Review panels, a substance use treatment program social worker, NNPH Equity Team representative, REMSA, and other key community partners.

The FIMR team works closely with partners including the Washoe County Medical Examiner's office, the NNPH Biostatistician, the State of Nevada DBPH, and Human Services Agency. Staff participate in the Child Death Review Team meetings and maintain active engagement with key groups such as the Northern Nevada Maternal Child Health Coalition (NNMCHC), Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) and the National Center for Fatality Review and Prevention (NCFRP).

NNMCHC serves as the Community Action Team (CAT) implementing recommendations from the FIMR CRT. Two NNPH staff currently serve as co-chairs and a third staff member is the treasurer on the coalition. Throughout the year, monthly meetings featured guest presentations from key partners, including Northern Nevada Restorative Health, the Nevada Primary Care Association (on their Teen Pregnancy Prevention Program), the Children's Cabinet (on the Nevada Pyramid Model for early childhood development), the Family Navigation Network, a representative from Senator Jacky Rosen's office, (shared how the Senator's office can support coalition efforts), and United Health Care, (with an overview of the contributions the Medicaid Managed Care Organization has made to Northern Nevada). The Nevada Statewide Maternal and Child Health Coalition's annual Fall Symposium was held in Reno at Renown Professional Building on September 4, 2025, and three FIMR staff attended.

One major initiative this year was the continued expansion of the New Mama Care Kit project. In response to a CRT-identified need, NNMCH assembled and distributed approximately 600 kits and 150 Menstrual Flow Kits to childbearing parents through community partners. The kits support childbearing parents in need of basic postpartum hygiene care and include a backpack diaper bag, wipes, breastfeeding kits, electric breast pumps, and essential supplies such as maxi-pads, disposable underwear, nipple cream, breast pads, witch hazel pads, hand sanitizer, and diapers. Each kit also contains information about local resources and support services. This vital initiative was made possible in part by a generous donation from both United HealthCare Health Plan of Nevada and Renown Health.

Recent FIMR accomplishments include:

- **Count the Kicks Initiative**: In fall 2024, United Healthcare Health Plan of Nevada invested $15,000 to expand the Count the Kicks initiative in Northern Nevada and support FIMR case entry efforts. In partnership with Healthy Birth Day, Inc., NNPH FIMR staff delivered a CEU-accredited webinar titled "Advancing Maternal Care: Fetal Movement Monitoring & Best Practices" to local healthcare professionals. Count the Kicks is an evidence-based program that educates expectant parents on monitoring fetal movements to detect early warning signs. Modeled after Iowa's success in reducing stillbirths by 32%, the initiative has the potential to save up to 80 lives annually in Nevada. Project components included baseline surveys, a provider webinar, clinic-level implementation support, follow-up surveys, and free educational materials for clinics and patients. In September 2025, UnitedHealthcare provided an additional $9,568 for follow-up training and part-time nursing support for data entry. This collaboration continues to strengthen efforts to reduce preventable stillbirths and improve maternal and infant health outcomes in Northern Nevada.

- **Policy Advocacy and Systems Change:** In FY2024 the CRT identified a key goal: to improve prenatal lab testing, particularly syphilis screening, when pregnant individuals present to a provider at an emergency room. To support this effort, FIMR staff actively participated in the statewide Congenital Syphilis Taskforce and the Nevada Congenital Syphilis Review Board (CSRB), both of which provides a statewide insight into case trends and areas for system level improvement. Informed by the work of

these groups and other community partners Assemblywoman Health Goulding introduced AB360 which was signed into law in May 2025. This bill builds off legislation passed in 2021 to increase testing in primary care, OB/GYN, midwives, and emergency departments, as well as enhanced testing guidelines for pregnancy. The bill, AB360, requires emergency departments to provide rapid syphilis testing for pregnant people who present to be seen and have not received prenatal care, as well as the requirement to start treatment for syphilis with a positive result. This legislation intends to address patterns seen in FIMR and the CSRB that demonstrated individuals with little or no prenatal care often seek treatment at emergency settings for healthcare rather than establishing with a primary care provider or OBGYN. The bill also expands the providers authorized to conduct syphilis testing to include physician assistants and advanced practice registered nurses. Additionally, non-hospital settings are now required to adopt syphilis screening policies that align with American College of Obstetricians and Gynecologists (ACOG) prenatal care guidelines.

- **Grief and Bereavement Outreach:** In March 2025, FIMR trained a Community Health Worker (CHW) to provide direct outreach to grieving families, offering resources, support, and the option to participate in a follow-up interview with a FIMR nurse. Families contacted expressed appreciation, particularly for the handwritten sympathy cards, which made them feel seen and supported. The CHW updates Grief/Bereavement and other local resource lists annually to share with patients, OB, family medicine and pediatrician offices. FIMR staff also remain actively involved with the Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS), which offers monthly grief support groups and organizes the Annual Time for Remembrance event for families who have experienced a loss. The 15th Annual "A Time for Remembrance" will be held on October 12, 2025, from1-3pm at Idlewild Park.

- **Community Engagement and Diversity:** FIMR staff worked to increase diversity and representation on the FIMR CRT and CAT. The teams now include members from multiple FQHCs, OB offices, a new perinatologist, local substance use treatment center, Intertribal Council of Nevada WIC, National Associations for the Advancement of Colored People (NAACP), and NNPH Health Equity Team.

- **Education and Clinical Engagement**: FIMR staff continue to promote provider education and collaboration to improve maternal and infant health outcomes. In May 2025, staff presented to the Local Emergency Department Consortium, and in September delivered a presentation at UNR. In October 2024, the Case Review Team (CRT) hosted an in-service with Washoe County Medical Examiner Dr. Laura Knight to review updates to infant death classification guidelines. In September 2025, FIMR staff also received training on the dangers of vaping and nicotine pouches to better support community education efforts. Two staff attended the Renown Conference "Supporting Nevada's Children: A discussion on the impacts of gestational exposure to substances" on October 30, 2024.

  The CRT has set a long-term goal to work with perinatologists to develop "standing order" recommendations for fetal demise laboratory testing (including placental analysis) and

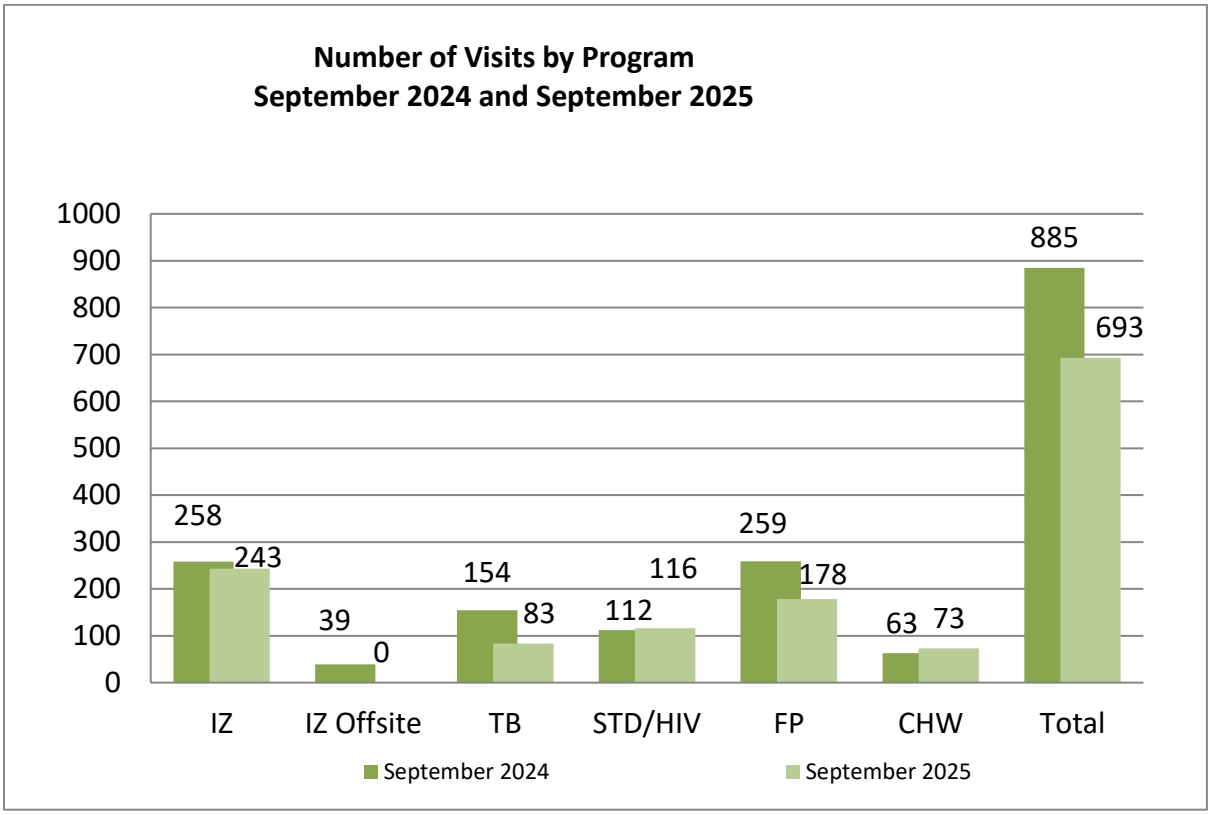
preconception evaluations for individuals with a history of pregnancy loss. Additionally, three planning meetings have been held for a statewide stillbirth conference, led by CRT member Dr. David Jackson, to help standardize provider education and care across Nevada.

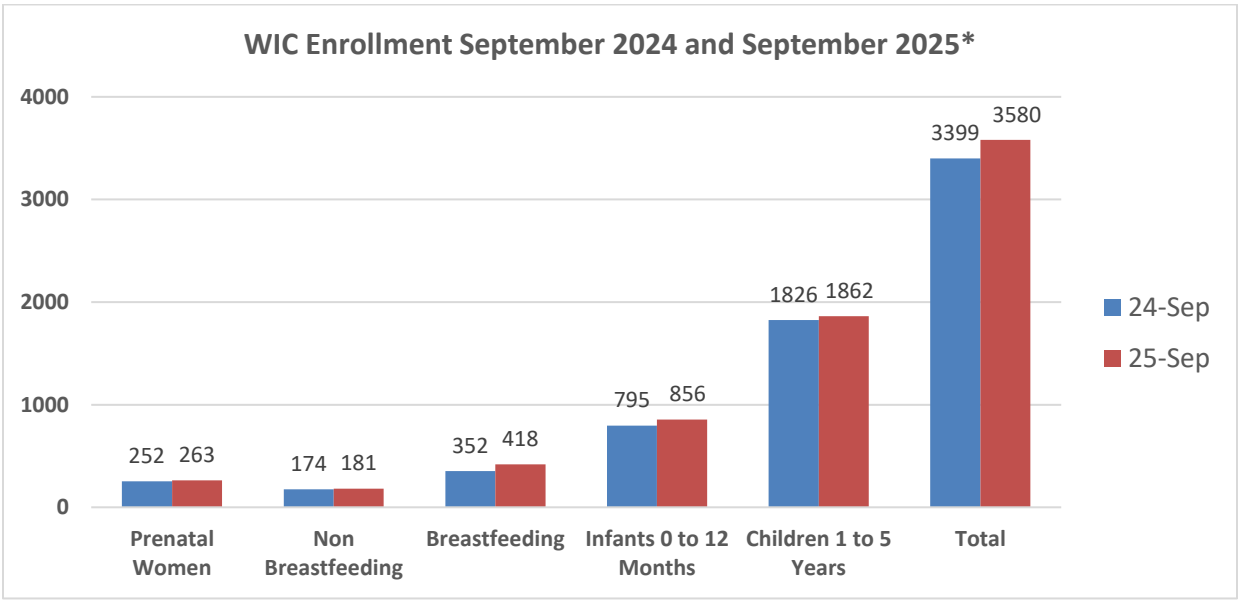
To support early connection to care, clients in the NNPH Family Planning and Sexual Health Program who test positive for pregnancy are referred directly to a Community Health Worker (CHW) for personalized needs assessments and resource referrals.

- **Cribs for Kids and Tobacco Cessation:** NNPH Community Health Workers (CHWs) continue to provide essential "Cribs for Kids" safe sleep training to clients identified through internal referrals (including WIC, Immunizations, and other programs) as well as community outreach efforts. Upon completion of the training, participants receive a free Pack 'N Play portable crib, a local resource packet, and the opportunity to connect with a CHW for additional support with community resources. In September, the program received a generous $5,000 grant from Anthem to support the purchase of cribs for the Cribs for Kids classes held at the Anthem Community Wellness Center on Moana Lane. This funding ensures continued access to safe sleep education and resources for families in need.

  In addition to safe sleep training, the CHWs also serve as facilitators for the "Baby and Me - Tobacco Free" program. This initiative offers incentives to childbearing parents (CBPs) to remain tobacco-free during pregnancy and for up to six months postpartum, promoting healthier pregnancies and tobacco-free environments for babies.

b. **Data/Metrics**





*Changes in data can be attributed to several factors including fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables

WIC Participation Numbers in the Past Year		
Month	Enrollment	Participation w/ Benefits
Sept 2024	3399	3139
Oct 2024	3389	3124
Nov 2024	3373	3061
Dec 2024	3380	3088
January 2025	3411	3114
Feb 2025	3428	3107
March 2025	3454	3101
April 2025	3461	3144
May 2025	3461	3150
June 2025	3466	3125
July 2025	3543	3172
Aug 2025	3546	3181
Sept 2025	3580	3218
Monthly avg	3453	3133
% change Sept 2024 / Sept 2025	5.33%	2.52%

WIC participation numbers

Enrollment: All those enrolled in WIC: (women who are pregnant, breastfeeding, or post-partum; infants; and children up through age 5)

Participation with Benefits: All enrolled WIC participants receive food benefits except
- Infants that are exclusively breastfed
- Breastfeeding mothers whose infants receive more than 4 cans of formula per month

2. Program Reports – Outcomes and Activities

a. **Immunizations** – NNPH Immunization (IZ) Program provides services to individuals of all ages throughout the community. In both clinic and outreach settings, the program primarily serves children who are eligible for the Vaccines for Children (VFC) program, as well as adults who are uninsured or underinsured. The IZ Program also sees a significant number of insured individuals, both adults and children.

The focus of clinic services is on those who may not have access to vaccines elsewhere or who face barriers to receiving immunizations through other providers. Because NNPH is not contracted with Medicare, the IZ Program does not carry vaccines specifically recommended for older adults—such as Shingles, adult RSV, or high-dose flu vaccines. These vaccines are typically available through primary care providers or most local pharmacies.

Pharmacies in our area often have minimum age requirements for vaccination, typically set at either 3- or 5-year-old, depending on the organization's policy. This is where the NNPH IZ Program stands out—the program has no lower age limit and are uniquely positioned to provide immunizations for infants, including infant RSV, as well as all recommended and required childhood vaccines.

The IZ Program also anticipates offering seasonal COVID-19 and flu vaccines for individuals aged 6 months and older, particularly for those who cannot access them through their primary care provider or who fall below the age limits set by pharmacies.

Walk-ins are accepted daily in the IZ onsite clinic in addition to scheduled appointments. In September, clinical staff facilitated 23 walk-in appointments. Staff vaccinated a total of 241 clients with 529 vaccination doses, to include members of the public and NNPH employees.

The program began providing seasonal 25-26 influenza at the end of September with the first of two planned Employee Flu clinics. The Advisory Committee on Immunization Practices (ACIP) met Sept 18th and 19th to discuss the updated 25-26 COVID-19 vaccine recommendations. Program staff are currently waiting for the CDC to approve seasonal COVID-19 recommendations, which will then allow federal and state programs to acquire COVID-19 vaccines in the Vaccines for Children (VFC) as well as potentially the Adult 317 programs. The program intends to carry Moderna's Spikevax products for ages 6 months through 11 years old for the upcoming year in the VFC and Private Pay funding sources as well as Pfizer's Comirnaty for individuals 12 years and older.

The immunization team has added a new funding source from the State into vaccine inventory and began implementation mid-September. The new funding source is called State Opioid Response (SOR) and is like the vaccines received in our 317 funding. It is geared to help provide vaccines for uninsured and underinsured adults. The IZ Program received its first shipment of SOR vaccines at the end of July and opted to wait to implement until after our Back-to-school season was complete. Staff anticipates this additional vaccine will help the community by providing more variety of free vaccines for those who are uninsured or underinsured.

In addition to clinic vaccine administration, staff continue to headline limited community outreach events. In September, staff participated in the first Renown Urban Roots community event, as well as hosted the first of two Employee Flu clinics. The team is planning additional influenza-focused outreach activities to include partnerships with NNPH Human Resources, NNPH Population Health (POD), Food Bank of Northern Nevada's Mobile Harvest, and Children's Cabinet.

The IZ Program received its main annual VFC grant to continue compliance visits with VFC providers in the county with a 5% reduction to its budget. The program reduced Intermittent Hourly staff to pre-pandemic levels, and continues to assess community outreach events, as the program cannot support community outreach events in the same capacity as they have in previous years. Program staff are continuously asked to attend events and have begun to track events that they are having to turn down. Program staff refer these requests to other community partners that may be able to facilitate. An additional success for the community, is discussing and encouraging REMSA to purchase and provide Influenza vaccines.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 7 cases currently under management. Staff continue to uphold the NSIP- required VFC Compliance, Annual Training, and follow-up visits with area practices, and have initiated the 25-26 VFC program plan for Washoe County. The team has facilitated recent VFC vaccine transfers of over 2,000 vaccine doses to accommodate provider orders and to supplement delays in receipt of VFC influenza in the community.

b. **Tuberculosis Prevention and Control Program** – The Tuberculosis Prevention and Control Program (TBPCP) continues to operate in alignment with state and federal requirements, with a mission to prevent and control tuberculosis (TB) in Washoe County by reducing morbidity, disability, and premature death due to TB.

Active TB Disease Activities - The TBPCP is managing four active TB cases, two pulmonary, one pulmonary/miliary, and one extrapulmonary. All active cases are managed in close consultation with the program's designated medical consultant to ensure adherence to evidence-based treatment protocols and to support clinical decision-making for complex cases. Directly Observed Therapy (DOT) is provided for all active TB cases. In September 2025, 80 DOT sessions were conducted.

Latent TB Infection (LTBI) Activities - The TB program prioritizes high-risk populations for LTBI screening and treatment, including recent contacts of active TB cases, individuals with immunosuppression, and those from high TB-endemic countries. The TBPCP is currently managing and/or evaluating approximately 20 clients for latent TB infection (LTBI). In September of 2025, two LTBI evaluations were completed, and one client initiated LTBI treatment.

Program Coordinator Activities – The program maintains a robust system for documentation and reporting, utilizing the CDC's Report of Verified Case of Tuberculosis (RVCT) and the state's EPITRAX system, with all new cases reported within two weeks of notification. And, over the last year, the TB Program Coordinator role has expanded to include a greater focus on LTBI data collection and analysis. One hundred and sixteen positive lab reports were reported in the month of September.

c. **Reproductive and Sexual Health Services** —The Family Planning Sexual Health Program (FPSHP) continues to deliver high-quality, accessible reproductive and sexual health care to the community.

In the last month the clinic experienced the departures of two team members. Janeth Jordan, Clinic Assistant accepted a new position with Human Services Agency effective September 15, 2025. Nafisha Sheldon, Public Health Nurse submitted her resignation; her last day in the clinic will be October 3, 2025. The departure of the Public Health Nurse leaves the clinic with the equivalent of one full-time nurse as both nurses assigned to the program also work part time in other CCHS programs.

Title X released the remaining funding for FY 2026, with the program receiving approximately 90% of the anticipated allocation. However, the lack of prior guidance on funding levels proposes challenges for budget planning. The program is currently re-evaluating all grants and will be submitting revised budgets and amendments to ensure effective use of available funds.

On September 10, 2025, staff attended Community and Clinical Health Services Training Day. Topics included HIPPA compliance, legislative updates and the risks of vaping and smokeless tobacco products. Additionally, Dr. Hendrickson gave a presentation on "The Effects of Air Quality on Children's Health".

d. **Maternal, Child and Adolescent Health (MCAH) –**The Maternal, Child, and Adolescent Health (MCAH) activities encompass several key initiatives, including Lead Screening, Newborn Screening, Cribs for Kids, and the Fetal and Infant Mortality Review (FIMR).

The NNPH Lead team is currently managing 37 open cases involving children under the age of six. These activities are funded through a grant from the CDC, administered by the University of Nevada, Las Vegas. This grant ended September 30,2025. The program is unsure of future funding at this point in time.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to follow up and provide coordination, education, and resources to those referred from the Nevada Newborn Screening Program to ensure all infants receive the second newborn screening as required.

In September, NNPH Community Health Workers assisted four individuals through the Cribs for Kids program. Two classes were held in Spanish and two in English. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding the months of June and December. Each meeting typically includes the review of an average of four cases. In September 2025, the team met and reviewed three cases. During this meeting, members also received a presentation on the "NNPH FIMR Evaluation," conducted by Jordan Lancaster, MPH, CPH, a CSTE Applied Epidemiology Fellow with the Maternal Child and Adolescent Health Section of the Nevada Division of Public and Behavioral Health.

Nafisha Sheldon, Co-Coordinator of the FIMR program, submitted her resignation, which became effective on October 3, 2025. The program is currently working to fill this vacancy, considering both current NNPH staff and experienced per diem personnel as potential candidates.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths when requested. These meetings are held every other month, with the most recent one taking place on October 3, 2025.

e. **Women, Infants and Children (WIC)** – WIC completed the federal fiscal year (FFY) at the end of September with all full-time positions filled and all staff fully trained. Because of this, and the dedicated team, the program saw about 1,000 more participants this FFY than last year.

The WIC program will be having a change in food packages that participants receive. The change will be in March 2026, but staff began to receive training on the new food packages in September. The changes include more flexibility for participants to receive healthy foods that their family prefers. For example, more flexibility on the milk products they receive (i.e. milk, yogurt or cheese). WIC staff will continue to train and prepare for the upcoming changes.

f. **Community Health Workers (CHWs)**

Client Navigation Services - In September, CHWs assisted 73 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

Key Outreach Events – September 2025

- **Incline Middle School (9/11):**
  Reached 27 low-income families, promoting NNPH and CCHS programs and distributing informational brochures.
- **Wooster High School (9/16):**
  Engaged 10 newly relocated families, providing details on NNPH-CCHS services and handing out brochures.

g. **Eddy House (9/30):**
Delivered free STI testing and birth control counseling to 4 youth in transition, emphasizing sexual health and resource navigation.