

**Community and Clinical Health Services  
Division Director Staff Report  
Board Meeting Date: June 25, 2026**

**DATE:** June 5, 2026

**TO:** District Board of Health

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**SUBJECT:** Community and Clinical Health Services – Divisional Update – WIC Food Package Updates; 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**

**WIC Food Package Updates**

Nevada WIC launched a major food package update on March 1, 2026, bringing more choice, nutritional balance, and dietary flexibility to families across the state. These changes align with the USDA's federal "Final Food Rule" and represent the most significant update to the program in years. The last updates to the food packages were in 2014, which was the first complete revision to the program's offerings since 1980.

**Understanding the difference between WIC and SNAP**

WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) and SNAP (Supplemental Nutrition Assistance Program) are both federal food assistance programs funded by the USDA, but they serve different purposes, audiences, and shopping needs.

SNAP provides an income-based grocery budget for most food items, while WIC is a specialized nutrition and health program with specific pre-approved food packages aimed to target nutrients of concern for the maternal and child population. The table below summarizes key differences.

Qualifying for SNAP automatically makes a family financially eligible for WIC (known as adjunct eligibility). Families frequently combine both programs to maximize their monthly food budget. Other programs that make families adjunctly eligible for WIC are Medicaid and TANF (Temporary Assistance for Needy Families).

	WIC	SNAP
<b>Who Qualifies</b>	Limited to pregnant, postpartum, and breastfeeding women, infants, and children up to age 5	Low-income individuals, families, seniors, and disabled people.
<b>What Can Be Purchased</b>	Provides an allocation of exact quantities of specific foods (e.g. 1 gallon of low-fat milk, 16 oz of whole grains, \$24 for produce). Recipients can buy only brands and sizes explicitly listed in the state food guide that have met strict standards for percent daily value nutrient content, amount of added sugars, fiber, etc. Uses a debit-like EBT card for purchases.	Works like a regular debit card (EBT). Provides a monthly dollar balance, which can be used to buy almost any grocery food item, including meat, snacks, seafood, and bakery items.
<b>Beyond the Grocery Store</b>	Is a health, wellness, and nutrition education program. It requires in-person or virtual clinic visits for health screenings, height/weight checks, blood iron tests, and mandatory nutrition counseling. Provides breastfeeding support and counseling as well as connections to additional care and support services.	Provides financial food assistance only.
<b>Income Limits &amp; Eligibility</b>	Has a higher income ceiling, allowing families making up to <b>185%</b> of the Federal Poverty Level to qualify.	Generally, requires a gross monthly income at or below <b>130%</b> of the Federal Poverty Level.

### Standard WIC food packages

The WIC food packages are established by the USDA to address specific nutrients of concern for maternal and child health populations. Foods contained in the WIC food packages aim to promote improved dietary intake of iron, calcium, folic acid, fiber, a variety of different vitamins and minerals including B vitamins, potassium, zinc and magnesium as well as omega-3 fatty acids and protein. The USDA breaks down WIC food packages into categories based on who is receiving them:

#### Infants

- 0–5 months: Exclusively provides infant formula for non-breastfed babies.
- 6–11 months: Introduces jarred baby meats (for breastfed infants), jarred baby fruits and vegetables, and infant cereal.

#### Children

- 1-2 years: Whole-fat dairy (milk and either or both yogurt and cheese per client preferences), eggs, whole grains, breakfast cereal, legumes (peanut butter or beans), canned fish, a CVB for fresh, frozen or canned fruits & vegetables and juice.
- 2-5 years: The same foods and quantities as the 1–2-year-old package, but due to decreased need for dietary fat, whole-fat dairy is replaced with low-fat dairy products.

### Women

- Pregnancy: Same types of foods, including low-fat dairy, as the 2–5-year-old food package. Quantities and amounts of items vary slightly (ex: 5.5 gallons milk/month versus 4 gallons, 2 dozen eggs versus 1 dozen).
- Post-partum
  - Fully Breastfeeding: The largest and most abundant package. It includes everything in the standard women & children package but in slightly larger quantities/amounts.
  - Mostly Breastfeeding: A slightly smaller package in the amount of the same food categories as the fully breastfeeding food package. Available up to one year postpartum.
  - Some/Non-Breastfeeding: The smallest of the postpartum food packages in the amounts of the same food categories and available up to 6 months postpartum.

### **New Nevada WIC Food Packages**

The Nevada WIC program's new approved food packages strive to make the shopping experience more flexible, culturally diverse, and customized to individual dietary needs. Highlights of the most noticeable change in the food packages for Nevada WIC recipients include the following.

Produce equivalents were boosted:

- Monthly cash-value benefits (CVB) for fruits and vegetables are set at \$24 for children, \$43 for pregnant and postpartum participants, and \$47 for breastfeeding participants.
- Produce dollars can now be used to buy fresh cooking herbs like cilantro, parsley, basil, and rosemary.
- To prioritize fresh options over high-sugar drinks, default juice amounts were reduced, and families can choose to replace juice entirely for an extra \$3 in fruit and vegetable dollars.
- Parents can replace either half or all the pureed fruit and vegetables for a fruit and vegetable CVB amount instead, starting at 6 months of age.

Additional custom dairy and protein substitutions to better address allergies, special diets, lifestyles, and dietary preferences:

- Options for lactose-free milk in all milk-fat percentages continue to be available.
- More yogurt varieties are available while lowering the approved threshold for total added sugars.
- Options to choose to receive nut & seed butters such as almond butter or sun butter instead of peanut butter

Whole grain accommodations were made for multicultural diets and wheat allergies

- New items now available for purchase include whole wheat bagels, English muffins, pita bread, whole grain cornmeal, and corn masa flour.

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- Alternative gluten-free grain choices like quinoa, wild rice, teff, and millet are now fully approved.

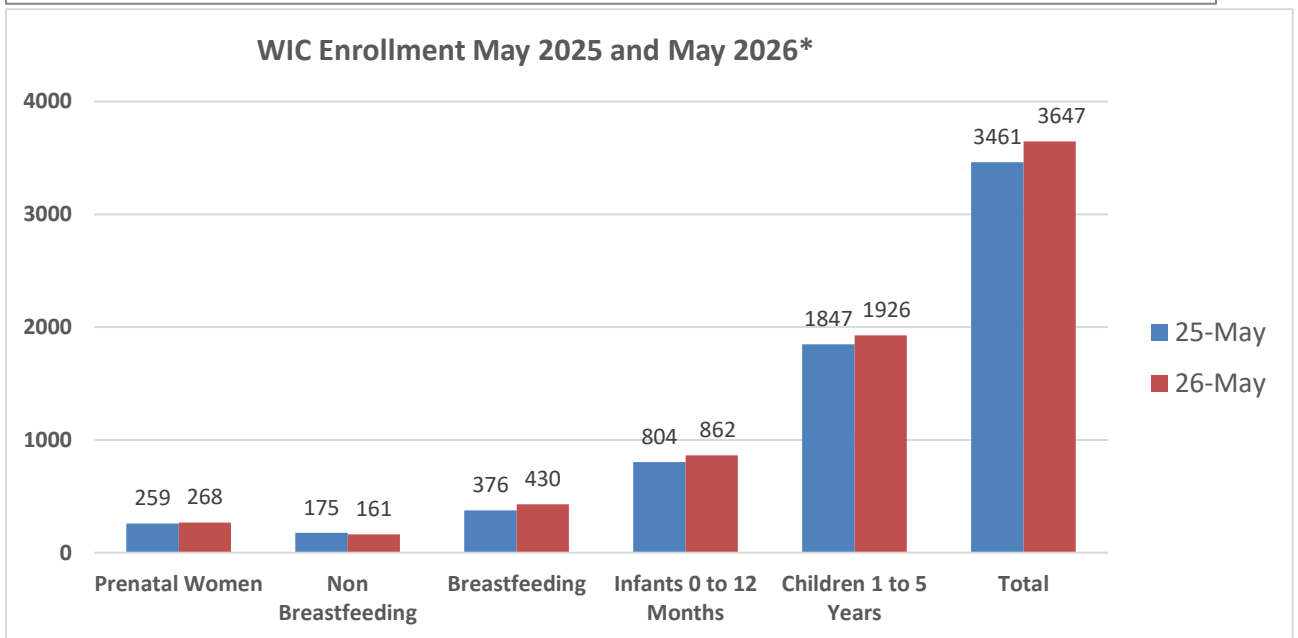
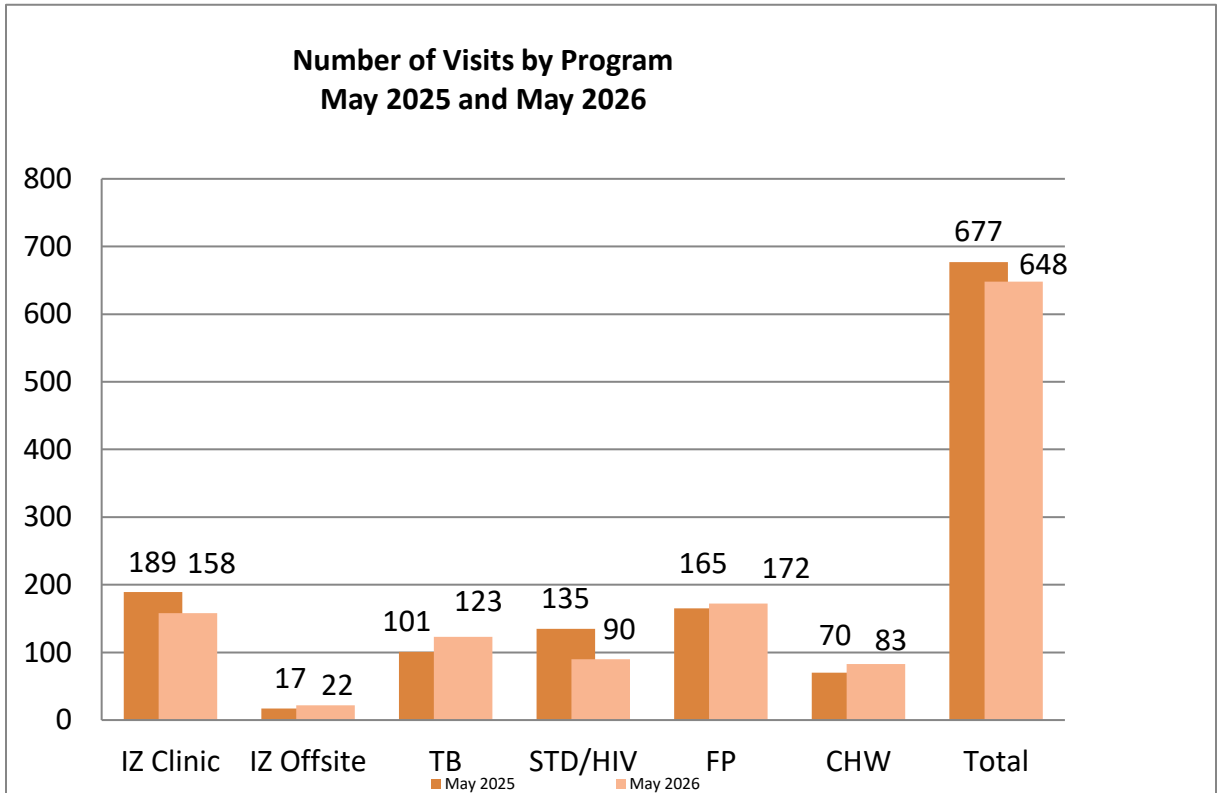
Canned fish, valued for healthy omega-3 fatty acids and as a quality protein source, is no longer reserved exclusively for fully breastfeeding mothers

- Children (ages 1–4) now get 6 ounces of canned options like light tuna, salmon, sardines, and Atlantic mackerel.
- Pregnant, postpartum, and partially breastfeeding mothers have canned fish options in their monthly food packages.

Since the launch of the new food packages in March, NNPH WIC staff have been guiding participants through the new options available to them. Staff report that WIC participants are loving the option to replace the juice with more CVB, the option for whole foods for their infants, and the fish.

Online tools available for participants to understand food packages include the [Nevada WIC Program Benefits Resource Page](#) and the WICShopper App. The “Shopper App” is available to all participants, and helps them see their assigned food benefits and real-time balance, the list of WIC approved food, and provides a scanning tool that helps determine if a food is WIC approved and if the participant is eligible to purchase the food with the benefits they have available to them.

a. **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
May 2025	3461	3150
June 2025	3466	3125
July 2025	3543	3172
Aug 2025	3546	3181
Sept 2025	3580	3218
Oct 2025	3606	3265
Nov 2025	3551	3172
Dec 2025	3570	3170
January 2026	3554	3178
Feb 2026	3512	3145
March 2026	3618	3248
April 2026	3697	3317
May 2026	3647	3285
Monthly avg	3565	3202
% change May 2025 / May 2026	5.37%	4.29%

**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** – The NNPH Immunization (IZ) Program provides services to individuals of all ages across the community. In both clinic and outreach settings, the IZ Program primarily serves children eligible for the Vaccines for Children (VFC) program, as well as adults who are uninsured or underinsured. The program also serves a significant number of insured adults and children. The team continues to stay current with federal and state vaccine update.

**In the news:**

On May 28, an FDA advisory panel recommended updating the 2026–2027 COVID-19 vaccines to target the currently dominant XFG variant. Eight of nine panel members supported the recommendation, despite concerns from some members about limited real-time data on circulating strains due to reduced national surveillance capacity and low sequencing submissions.

The recommendation aligns with recent WHO guidance encouraging manufacturers to target LP.8.1 or other actively circulating variants such as XFG and NB.1.8.1. For the 2025–2026 season, the FDA had previously recommended targeting LP.8.1, a JN.1 subvariant.

Panel members emphasized the need to strengthen real-time surveillance and suggested holding meetings more than once per year. Current CDC data updates are limited; the most recent month-old data show XFG strains accounting for more than half of U.S. cases in the four weeks ending April 11.

Recent CDC advisory panel actions - such as the (temporarily stayed) vote to drop recommendations for certain childhood vaccines, including COVID - have also influenced vaccine utilization.

All four manufacturers with authorized U.S. COVID vaccines (Moderna, Pfizer-BioNTech, and Novavax-Sanofi) report they can update their products in time for the 2026–2027 season.

*Reference [FDA advisers recommend COVID vaccines be updated to target current dominant variant / Reuters](#)*

NNPH continues to follow evidence-based, state-directed vaccination practices aligned with the restored schedule and remains current on federal and state guidance.

Walk-ins and same-day appointments are accepted daily in the onsite clinic, in addition to scheduled visits. In May, clinical staff vaccinated 155 clients and administered a total of 409 doses.

Demand for COVID-19 and influenza vaccination remains, as few local providers offer the vaccine - particularly for young children and individuals without primary care access. NNPH continues to fill this gap. NNPH continues to provide Moderna's Spikevax for children ages 6 months through 11 years (through both VFC and Private Pay funding) and Pfizer's Comirnaty for individuals 12 years and older. Limited state-funded adult 317 COVID-19 supply restricted availability. In May, NNPH administered 8 COVID-19 and 21 influenza doses to clients. The team also implemented a new vaccine product this month, combination Penmenvy (MenABCWY), to reduce the number of injections for older adolescents eligible for both school-required MCV4 and the recommended Men B vaccines.

Beyond clinic services, staff conduct community outreach, including school-based events, with NNPH completing two events in May as part of its early "back-to-school" initiative to reduce the usual August surge and support student compliance with state immunization requirements. Staff immunized 72 individuals for a total of 175 doses administered, including an additional 15 doses of COVID and 27 additional influenza vaccines.

Program staff continue to conduct case management for the Perinatal Hepatitis B Prevention Program (PHBPP) with 4 active cases under surveillance.

NNPH maintains VFC compliance internally and ensures that approximately 50 VFC enrolled providers across Washoe County meet program requirements through site visits, monitoring, and ongoing training to ensure continued access to this critical vaccine program. The team is concluding the 2025–2026 VFC Program Plan for Washoe County, which included 27 compliance visits, 13 IQIP (quality improvement) visits with prominent multi-site providers, and numerous follow-up visits. Reviewers are diligently reconciling outstanding needs and training items with VFC practices as year-end approaches. NNPH nurses have coordinated local vaccine transfers, totaling more than 4,700 doses, ensuring proper stewardship of publicly funded vaccines.

Staff are developing the 2026-2027 VFC grant plan, in conjunction with the NSIP, and are planning to conduct 25 VFC compliance visits and 14 IQIP projects, including onboarding newly enrolled sites and ensuring continued access to valuable disease prevention in existing neighborhoods.

Ongoing budget review is in process as we finish up FY 26 and begin to look at FY27. Staff are currently reviewing the new State Opioid Response (SOR) Agreement to Participate (ATP) and working on implementing new rules within the clinic. Discussion is moving forward about expanding use of SOR funding vaccines into our Family Planning Sexual Health Clinic.

- 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 4 active TB cases, two pulmonary, one extra pulmonary and one pulmonary/disseminated. 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 May 2026, 172 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 26 clients for latent TB infection (LTBI). In May of 2026, one LTBI evaluation was completed, and three clients 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. Seventy-four positive lab reports were reported in the month of May.

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

The American Cancer Society has approved self-collected HPV testing as an accurate alternative to traditional Pap smears for clients over age 30 who have had regular screenings with no history of abnormal Pap or HPV test results, CIN2+, AIS, cervical cancer, or immunocompromising conditions. The clinic will begin offering this option on June 1, 2026.

The nation is once again facing Bicillin shortages. The clinic is prioritizing Bicillin treatments for pregnant individuals and has alternatively purchased Lentocillin for clients who are unable to take doxycycline.

Clinic room upgrades have been completed utilizing approximately \$65,000 in ARPA funding for materials and contracted labor. These improvements represent a significant enhancement for both clients and staff. Upgrades included new paint, sinks, touchless faucets, cabinets, and privacy curtains. The renovations also added much-needed storage to each clinic room, allowing supplies to be stored in cabinets rather than left exposed.

The work was coordinated by the Washoe County Community Services Department, with in-house labor completing demolition, painting, baseboards, and other miscellaneous improvements. The facilities team was highly coordinated, and there was no disruption to clinic operations during the project.



**Maternal, Child and Adolescent Health (MCAH)** – 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) program.

The NNPH Childhood Lead Poisoning Prevention team is currently managing 22 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.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to provide follow-up, care coordination, education, and resources to families referred through the Nevada Newborn Screening Program, ensuring that all infants receive the required second newborn screening.

In May, NNPH CHWs assisted three Spanish-speaking families through the Cribs for Kids program at the Anthem Wellness Center on Moana Lane. CHWs also continue to promote FIMR-related initiatives, including the Pregnancy Risk Assessment Monitoring System (PRAMS), Nevada 211, and WIC. The most recent outreach presentation was conducted at the Dean of Future Scholars Family Resource Fair on May 21, 2026.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding June and December, and typically reviews an average of four cases per meeting. The team most recently met on May 14, 2026, and reviewed four cases. The program is currently awaiting final state approval of the 2022–2023 multiyear summary report.

NNPH staff continue to attend Northern Nevada Maternal and Child Health (NNMCH) Coalition meetings on a regular basis, with the most recent meeting held on May 7, 2026. The April meeting featured Rebecka Acosta, BCPA, CHW Director of Act4Kids Nevada, who presented “Empowering and Engaging Parents in Pediatric Healthcare,” sharing both professional and personal perspectives as a patient advocate, community health worker, and parent of a child with complex medical needs. Family-focused resources from Act4Kids Nevada support children and families by advocating comprehensive pediatric healthcare throughout Nevada.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths as requested. The team attended the most recent meeting on June 3, 2026.

- d. **Women, Infants and Children (WIC)** – Outreach efforts continue and data on reach for the initial weeks of the media campaign is available. The primary focus has been on promoting NNPH WIC with the goal of getting new clients to apply to maintain participation rates. Initial results:
- There have been 83,000 views of the English ad, resulting in 612 click throughs to our landing page (webpage where people can get more info and apply)
  - There have been 61,000 views of the Spanish ad resulting in 437 views of our landing page
  - Staff indicate that they notice an increase in applications

Soni Monga, the RD supervisor of the Moana WIC location announced her retirement after 30 years of dedicated service. Her last workday is Friday June 5, 2026. Throughout her time at NNPH, Soni has exemplified professionalism, integrity, and commitment in every aspect of her work. She has been an excellent representative of NNPH, earning the respect of colleagues, partners, and the State WIC team. Her knowledge, experience, and steady leadership have made her an invaluable member of the WIC team and the CCHS division. Soni's contributions have helped shape the WIC program, and her influence will continue to be felt for years to come.

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

**Client Navigation Services** - In May 2026, CHWs assisted 83 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 - May 2026**

In May 2026, Community Health Workers participated in multiple outreach events serving high-need populations. They supported the Mobile Harvest at NNPH by distributing fresh produce to 59 low-income families. At the DFS Family Resource Fair, they reached about 140 immigrant families with information on CCHS programs, including WIC, C4K, PrEP, and STD education. They also provided resource information and free STI testing, including rapid HIV screening, to 33 unhoused and LGBTQIA+ individuals at the Harvey Milk Day Resource Fair. To conclude the month, CHWs visited the Eddy House, offering STI testing, birth control consultations, and CCHS service information to four youth in transition.