Nevada State Action Plan Table 2027 Application/2025 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Increase women that receive recommended clinical care components at the post partum visit and appropriate referrals	90% of women who attended a postpartum checkup within 12 weeks of giving birth; 70% of women who attended a postpartum checkup and received recommended care components	Increase the number of women who had a postpartum checkup after delivery Enhance/expand postpartum infrastructure	ESM PPV.1 - Percent of WIC- and home visiting-enrolled families during pregnancy who received at least one postpartum visit	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Improve access to prenatal and maternal health services	80% of pregnant women in Nevada will receive their prenatal care beginning in the first trimester Healthy People 2030 Goal (MICH-08): 80.5%	Collaborate with public and private partners to reduce barriers to accessing early and adequate prenatal care Improve health literacy, including health promotion campaigns and dissemination of health information (including translation/interpretation) Collaborate with partners to reduce congenital syphilis rates in Nevada	SPM ESM 1.1 - Percent of women with insurance who had late or no prenatal care	SPM 1: Percent of mothers who reported late or no prenatal care	**Linked NOMs:** Maternal Mortality Low Birth Weight Stillbirth Women's Health Status
Perinatal/Infant Health					
Increase breastfeeding rates among mothers.	83% of infants will be ever breastfed by 2030; 25% of infants were breastfed exclusively for 6 months	Increase community awareness and access to education materials that promote evidence-based breastfeeding information and policies. Increase the number or percentage of breastfeeding friendly businesses Increase awareness of and access to breastfeeding services, lactation resources, and evidence-based education for pregnant and postpartum individuals.	***Inactive -*** *ESM BF.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends* ESM BF.2 - Percent of Nevada PRAMS respondents who	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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			stopped breastfeeding because their spouse or partner didn't support breastfeeding, they thought they were not producing enough milk, milk did not satisfy their baby alone, or their baby had difficulty latching		
Reduce substance use during and after pregnancy	Reduce the percent of women who report using tobacco, alcohol, or illicit substances, during pregnancy to 3.6%.	Support the implementation of evidence-based perinatal quality improvement initiatives focused on maternal behavioral health and substance use, including, but not limited to, the establishment of a Statewide Perinatal Quality Collaborative. Increase partnerships with state and local agencies to address substance use during pregnancy	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of women who used substances during pregnancy	**Linked NOMs:** Severe Maternal Morbidity Maternal Mortality Low Birth Weight Stillbirth Infant Mortality Postneonatal Mortality Preterm Birth Perinatal Mortality Neonatal Mortality Preterm-Related Mortality
Increase safe sleep practices	A) Back sleep position: 68.3%; B) Approved sleep surface: 29.5%; C) No soft objects/loose bedding: 69.2%; D) Room-sharing: 83.2%	Increase access to safe sleep education, resources, and supportive services for families and caregivers. Partner with Cribs for Kids (C4K) to support providing educational resources to parents and caregivers on the importance of safe sleep behaviors. Promote media campaigns around safe sleep by partnering with public and private partners	ESM SS.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and/or environment ***Inactive -*** *ESM SS.2 - Percent of Nevada PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk*	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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			sleep position and/or environment		
Child Health					
Increase access to affordable nutritious foods among school aged children	67% of children in Nevada will live in households where food was sufficient in the past year.	Increase the number of eligible participants enrolled in WIC and SNAP Increase data sharing and capacity with internal and external partners Strengthen systems and partnerships that improve access to nutrition assistance programs and food resources for children and families.	***Inactive -*** *ESM FS.1 - Percent of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Home Visitors who received training on nutrition and exhibited increased knowledge on food sufficiency and strategies on how to discuss nutrition with families* ESM FS.2 - Percent of respondents from the KHS who reported that in the last 12 months they often or sometimes bought food that didn't last and they did not have enough money to get more	NPM - Food Sufficiency	**Linked NOMs:** School Readiness Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences
Increase physical activity among school aged children	By 2030, 20% of children, ages 6 though 11, will be physically active for at least 60 minutes per day in Nevada.	Increase physical activity for children ages 6 to 11 Actively collect and monitor changes in physical activity habits for children in Nevada Promote physical activity for Nevada children ages 6 to 11	ESM PA-Child.1 - Percent of respondents from the Kindergarten Health Survey (KHS) who report their child exercises for at least 60 minutes per day at least 4-5 times a week	NPM - Physical Activity - Child	**Linked NOMs:** Children's Health Status Child Obesity
Promote a	35% of children with and without	Increase awareness of the importance and benefits of a medical home and	***Inactive -*** *ESM MH.1*	NPM - Medical Home	**Linked NOMs:**

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Medical Home	special health care needs, ages 0-17, will have a medical home	adequate insurance coverage. Increase care coordination, adequate insurance coverage, and access to a medical home amongst children ages 0-17 statewide.	*- Percent of Nevada Medical Home Portal users who utilize the Services Directory feature to obtain information on providers and community resources.* ESM MH.2 - Implement and analyze data from a survey tracking the percent of respondents who reported receiving help with finding a health care provider and that they strongly agreed or agreed that the information they received was useful ESM MH.3 - Implement and analyze data from a survey tracking the percent of respondents who were connected to medical home services and reported the connection being helpful.		Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Health					
Increase referrals and appropriate care for	67% of adolescents, ages 12 through 17, will have had a preventive medical visit in the past year Healthy People 2030 Goal	Increase the awareness of the benefits of preventive medical visits and adequate insurance coverage among Nevada adolescents. Strengthen provider awareness to American Academy of Pediatrics (AAP)	ESM AWV.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17,	NPM - Adolescent Well-Visit	**Linked NOMs:** Teen Births Adolescent Mortality Adolescent Motor Vehicle Death

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adolescents.	(AH-01): 82.6%	guidelines for adolescent screenings, including identification and response to adverse childhood experiences (ACEs).	who received at least one initial or periodic screen		Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Improve access to resources and services around sexual health and reproductive health	500 per 100,000 ages 12-17 years	Reduce barriers to accessing reproductive health services for adolescents ages 12-17 Reduce rates of STIs among adolescents by increasing access to prevention services, testing, and treatment.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Rate of STI Infections ages 12-17 years	**Linked NOMs:** Teen Births
Children with Special Health Care Needs					
Promote a Medical Home	35% of children with special health care needs, ages 0-17, will have a medical home	Increase awareness of the importance and benefits of a medical home and adequate insurance coverage. Implement Blueprint for Change Increase care coordination, adequate insurance coverage, and access to a medical home amongst CSHCN Statewide.	***Inactive -*** *ESM MH.1 - Percent of Nevada Medical Home Portal users who utilize the Services Directory feature to obtain information on providers and community resources.* ESM MH.2 - Implement and analyze data from a survey tracking the percent of respondents who reported receiving help with finding a	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			health care provider and that they strongly agreed or agreed that the information they received was useful ESM MH.3 - Implement and analyze data from a survey tracking the percent of respondents who were connected to medical home services and reported the connection being helpful.		