



NEVADA

QUICK FACTS

2024



Children's
Advocacy
ALLIANCE

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LETTER FROM OUR EXECUTIVE DIRECTOR

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Dear Advocates, Partners, and Community Members,

Welcome to the Children's Advocacy Alliance Quick Facts Book. This book is a reference guide for data in critical areas affecting the lives of children and families in Nevada, covering education, family and community dynamics, and health. Our goal is to provide you with a comprehensive overview of the current landscape, highlighting areas of success as well as those requiring focused attention and intervention.

Our data sheds light on various educational disparities and achievements in Nevada—from early childhood through higher education—revealing trends that can guide our collective advocacy efforts. Beyond the classroom, we explore the dynamics of family life, examining the trends in foster care, family composition, and economic stability, which are fundamental to the well-being and development of our children.

Additionally, we address statistics regarding pressing health issues, including nutrition, prenatal care, and infant mortality rates, to underline the importance of healthcare in shaping the lives of our youngest citizens.

Together, with the insights garnered from this Quick Facts Book, we can better understand the challenges and opportunities facing our community. We invite you to use this knowledge to join us in our ongoing efforts to advocate for policies and programs that will significantly improve the quality of life for all children and families in Nevada.

Thank you for your commitment to the well-being of our children and for your continued partnership in driving meaningful change.

Sincerely,

Holly Welborn



Executive Director

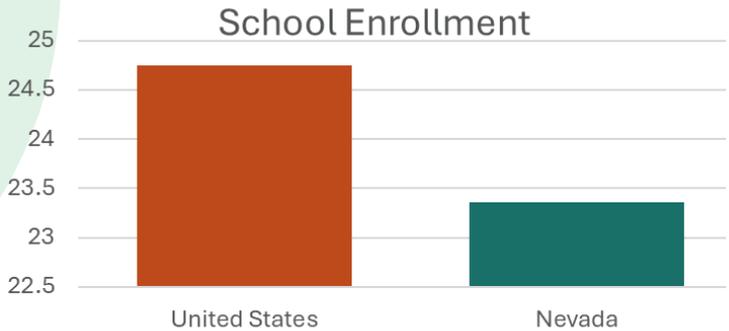


EDUCATION

SCHOOL ENROLLMENT

Overall School Enrollment

- Nevada's **overall school enrollment** as a **percentage** of the total population is approximately **23.36%**, which is slightly lower than the **national average** of **24.75%**.¹



Nevada's **overall** school enrollment percentage for those below the poverty line is 28.50%, which is lower than the national average of 32.08%.²

Early Childhood Education

- Nevada's enrollment percentage for early childhood education programs stands at 0.84%, which is below the national¹ average of 1.28%. This suggests a potential area of focus for early childhood education in Nevada.
- Nevada's enrollment percentage for nursery school and preschool among those below the poverty line stands at 0.44%, which is significantly below the national average of 1.41%.²

- Racial groups such as "ASIAN ALONE" and "TWO OR MORE RACES" demonstrate strong enrollment in early childhood education, whereas "BLACK OR AFRICAN AMERICAN ALONE" and "WHITE ALONE" lag behind.¹

Kindergarten Enrollment

- Enrollment in kindergarten in Nevada is approximately 1.16%, slightly below the national average of 1.25%.¹

Elementary School Enrollment

- The enrollment rate for grades 1 to 4 in Nevada is 4.87%, which is almost at par with the national average of 4.91%.¹

EDUCATION

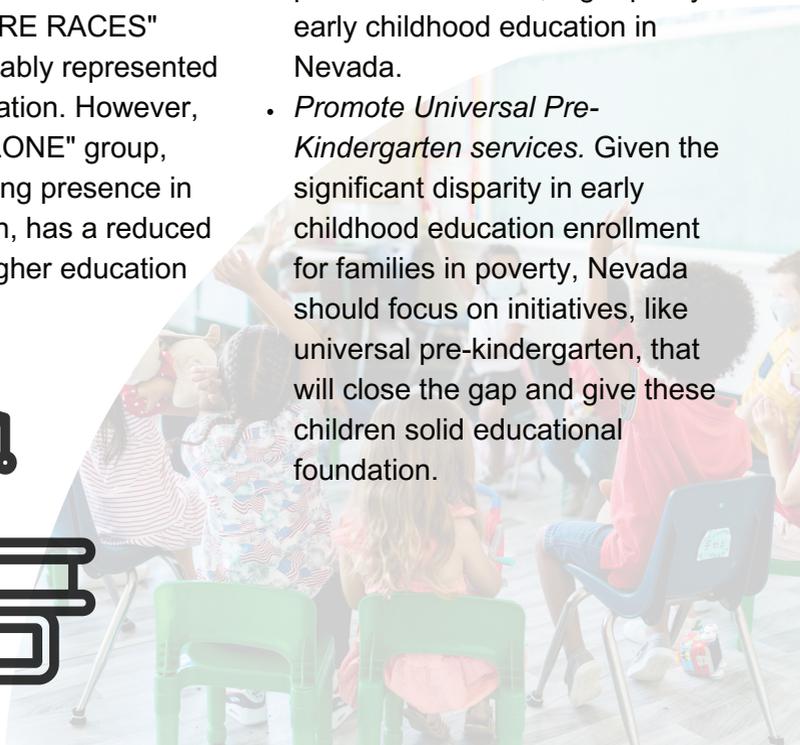
SCHOOL ENROLLMENT CONT.

Higher Education

- Notably, Nevada outperforms the national average in categories related to higher education. This includes "Enrolled in college, undergraduate years" and "Enrolled in graduate or professional school."¹
- Nevada demonstrates strength in higher education enrollment for individuals above the poverty line, surpassing the national average.²
- The "BLACK OR AFRICAN AMERICAN ALONE" and "TWO OR MORE RACES" groups are notably represented in higher education. However, the "ASIAN ALONE" group, despite its strong presence in early education, has a reduced presence in higher education categories.¹

Recommendations

- *Better understand enrollment:* Enrollment across all levels has is below expectation. Data should be collected to better understand barriers and challenges. This would promote understanding of the factors contributing to the overall lower school enrollment in Nevada and lead to strategic interventions to address them.
- *Prioritize Early Childhood Education.* Given the lower enrollment in early childhood, investments should be made to promote affordable, high quality early childhood education in Nevada.
- *Promote Universal Pre-Kindergarten services.* Given the significant disparity in early childhood education enrollment for families in poverty, Nevada should focus on initiatives, like universal pre-kindergarten, that will close the gap and give these children solid educational foundation.



EDUCATION

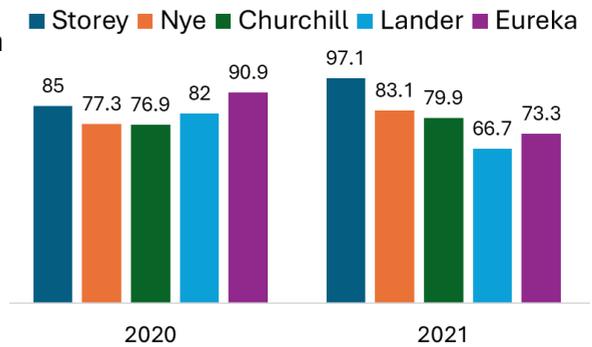
GRADUATION RATES

City/County Graduation Rates Compared to State Median

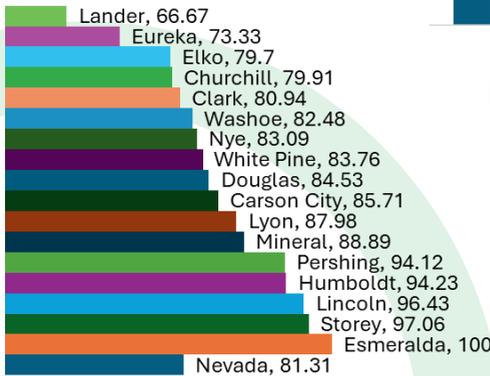
- Lincoln (96.4%), Humboldt (94.23), and Pershing (94.1%) consistently have graduation rates above the median (81.3%).³
- Churchill (79.9%), Clark (80.9%), & Lander (66.7%) consistently have graduation rates below the median, suggesting areas that might need more support or intervention.³

Significant Changes in Graduation Rates (Figure below)

- Storey, Nye, and Churchill have shown notable improvements between 2020 and 2021. Lander and Eureka have experienced significant declines.³



Graduation Rates, as a %



Recommendations

- Replicate what works.** Investigate the best practices in counties like Lincoln, Humboldt, and Pershing, to provide models for improving graduation rates in other regions.
- Engage in strategic data collection in rural areas.** Dive deeper into the challenges faced by schools with consistently lower rates or significant declines, like Churchill, Lander, and Eureka.
- Promote healing-centered school practices.** Schools that support healing and belonging have better outcomes for student academic performance and graduation.

Graduation Rate vs. Class Size

- Clark has the largest class size (20,792), and has a graduation rate slightly below the median.³
- There's no clear linear relationship between class size and graduation rate. Smaller class sizes still see a broad range of graduation rates.

FAMILY AND COMMUNITY



High Rental Cost Burden

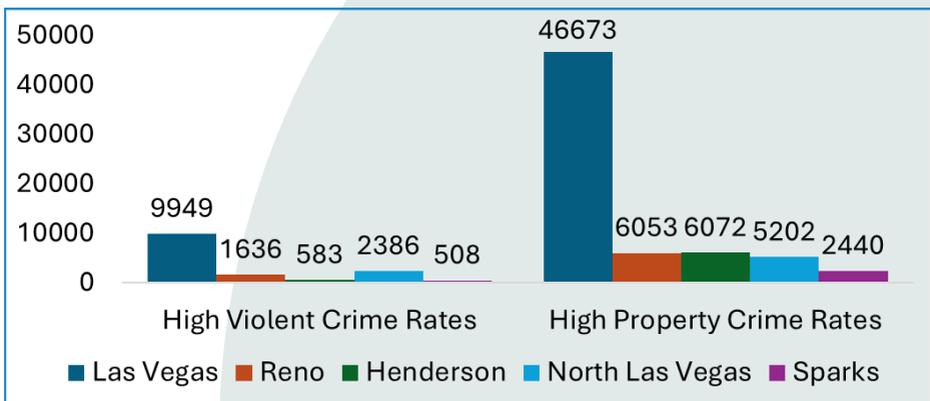
- Nevada has a higher percentage of renter-occupied housing units in several income categories, notably "Less than \$5,000" (7.20%) and "\$35,000 to \$49,999" (15.10%). This is concerning as it indicates a larger proportion of households in these income brackets in Nevada potentially facing rental burdens compared to the national average.⁸
- In the income categories "\$5,000-\$9,999" and "\$10,000-\$14,999," Nevada's percentage of renter-occupied housing units is slightly below the national average. This suggests that, in these categories, fewer households in Nevada face rental burdens compared to the average across the U.S.⁸

Recommendations

- *Eliminate summary eviction practices.* A disproportionate number of children and infants are impacted negatively by current summary eviction practices.
- *Improve access to strategic housing programs.* Develop targeted policies or programs to promote homeownership low- and middle-income Nevadans.

Neighborhood Safety

- Nevada median violent crime rate: 95 incidents per 100,000 inhabitants.⁹
- Nevada median property crime rate: 443 incidents per 100,000 inhabitants.⁹
- Las Vegas requires significant attention due to its extremely high violent crime rate.



FAMILY AND COMMUNITY

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Families with Low-Incomes

Nevada (14.1%) has a 1.3% higher poverty rate compared to the United States (US) average (12.8%)¹⁰

Under 18 years:

US: 16.9%
Nevada: 18.8%
Difference (Nevada - US):
+1.9%¹⁰

Under 5 years:

US: 18.3%
Nevada: 20.5%
Difference (Nevada - US):
+2.2%¹⁰

5 to 17 years:

US: 16.5%
Nevada: 18.2%
Difference (Nevada - US):
+1.7%¹⁰

Related children of householder under 18 years:

US: 16.6%
Nevada: 18.4%
Difference (Nevada - US):
+1.8%¹⁰

Nevada has a slightly higher poverty rate compared to the U.S. average, especially among children and young adults

Recommendations

- **Provide financial support for families with children.** Implement a Child Tax Credit to reduce the financial burden on families. Other support could include child support, universal school meals, or rent/mortgage support.
- **Enhance opportunities for parents in the work force.** Implement workforce development programs that are coupled with affordable and subsidized childcare options to promote job opportunities with higher wages for parents.
- **Work to better understand the causes and implications of child poverty in Nevada.** Engage in more comprehensive data collection to better understand influences and disparities in poverty to improve equity.

HEALTH

Breastfeeding Initiation Rates

- The median breastfeeding initiation rate across Nevada counties is 87.75%.¹¹



Cities/counties with high rates and a significant number of infants reflect a positive impact at scale (rates above 90%)¹¹

- Douglas: 96.6%
- Lyon: 92.3%
- Washoe: 92.3%
- Carson City: 94.1%

Recommendations

- Recognize and potentially investigate best practices in counties like Douglas, Lyon, Washoe, and Carson City.
- Prioritize resource allocation and supportive measures in counties like Clark County, which has a significant number of infants and a below-average initiation rate.

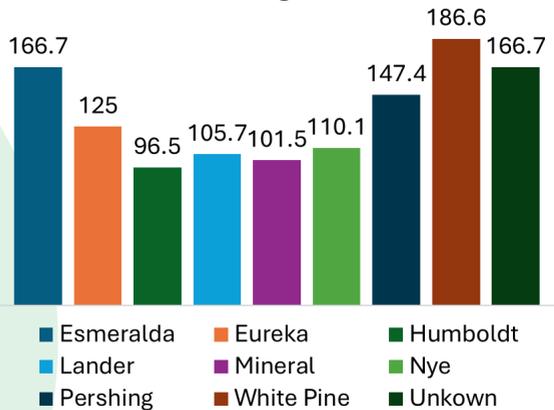
Cities/Counties with lower rates and a high number of infants indicate priority areas for intervention (rates below 85%)

- Clark: 77.7%
- Lincoln: 83%
- Mineral: 81.3%
- Nye: 80.0%
- White Pine: 79.7%

Maternal Smoking Status

- The median rate of tobacco use during pregnancy across the counties in Nevada is 95.4 per 1,000 live births.¹²
- Counties with rates below the median are performing well, while counties with rates above the median need more attention.

Tobacco Use Rates -
Counties needing more attention



Recommendations

Partner with community agencies to create information campaigns. Public health campaign efforts should be directed towards counties with high rates of tobacco use during pregnancy to ensure the well-being of both mothers and newborns. Using trusted community partners can ensure messaging is consumable by the community.

Maternal Mortality

- In 2021, there were 36 pregnancy-associated deaths¹³
- The top causes of pregnancy-associated maternal death were non-transport accidents (30.6%) and pregnancy, childbirth, and the puerperium (25%)¹³
- All non-transport accidental deaths were due to unintentional drug overdose¹³

Recommendations

- *Improve comprehensive care and education options for pregnant Nevadans.* Focused efforts on comprehensive maternal care, pre-natal and post-natal education, and access to healthcare could make a difference.
- *Partner with community agencies for information campaigns.* Enhanced safety measures, awareness campaigns, and community education might help in reducing accidents
- *Increase culturally responsive medical practice.* Implore the medical community to engage in training and practices to improve the treatment and experiences of communities of color.

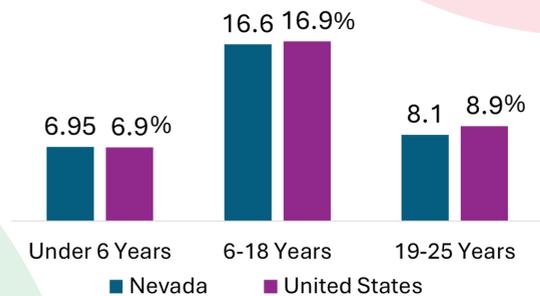
Teen Birth Rate

- Nevada's median teen birth rate is 13.15 per 1,000 females 15-19 years old¹⁴
- Elko has the highest teen birth rate in Nevada at 24 per 1,000 females 15-19 years old¹⁴

Families on Medicaid

- 10.5% of Nevada families have Medicaid coverage, which is just below the national average of 10.98% for the U.S.¹⁵

Nevada Youth with Medicaid Coverage by Age, 2021



Recommendations

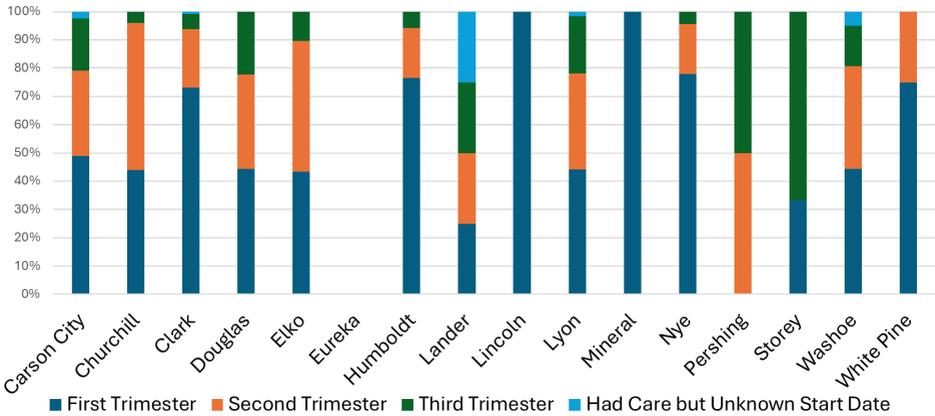
While Nevada's Medicaid/means-tested public coverage rates are close to the national averages, there's room for improvement, especially among the 19 to 25 years age group. Focused interventions and policy changes targeting this age group could help bridge the gap.

HEALTH

Prenatal Care- Ages 15-19

- Douglas, Eureka, Lander, Lincoln, Mineral, Pershing, Storey, and White Pine are NV counties below the median for first-trimester prenatal care.¹⁶

Beginning of Trimester Prenatal Care, Ages 15-19 by City/County in NV, 2021-22

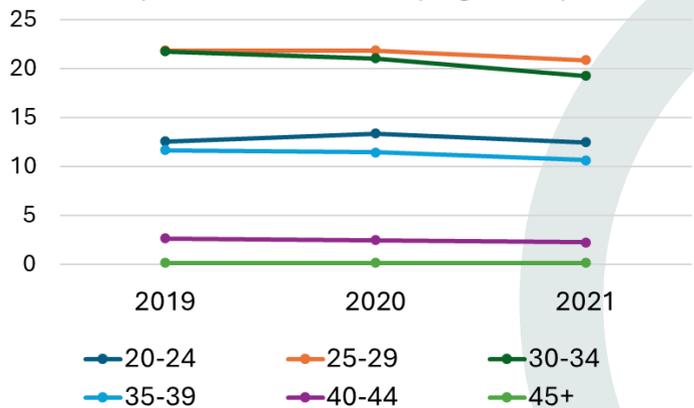


- The disparities in the initiation of prenatal care across counties emphasize the need for tailored interventions
- Rural counties may need support to encourage earlier prenatal care, while larger counties like Clark and Washoe might require multifaceted strategies addressing both early prenatal care promotion and improved data collection.

Prenatal Care- Ages 20+

Age groups 20-24, 25-29, and 30-34 consistently show higher percentages of annual births with early and adequate prenatal care. These age groups are above the median percentage and represent the areas where Nevada is doing well.¹⁶

Percentage of Annual Births with Early and Adequate Prenatal Care by Age Group, NV



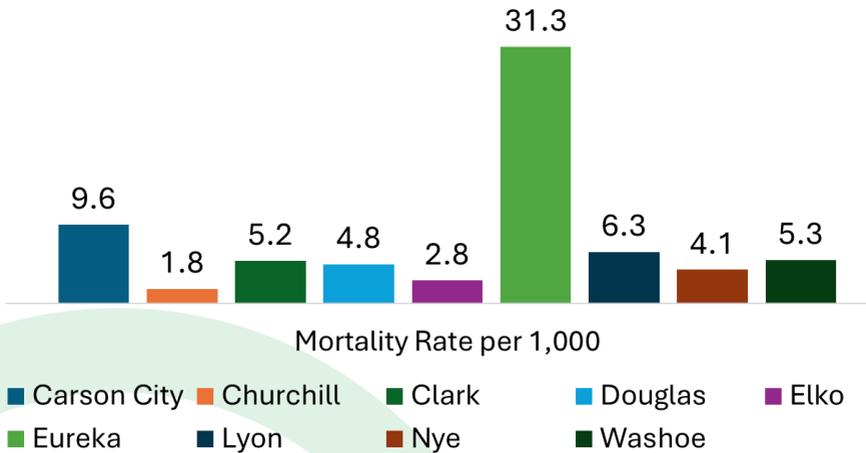
Recommendations

Policies and initiatives should prioritize older age groups (35+ years) to ensure they receive early and adequate prenatal care. This could involve targeted outreach, educational programs, or increased access to care.

Infant Mortality

- From 2021-2022, the median infant mortality rate across all counties in Nevada is **1.8 deaths per 1,000 live births**¹⁷
- Several counties had an infant mortality rate of 0: Esmeralda, Humboldt, Lander, Lincoln, Mineral, Pershing, Storey, and White Pine¹⁷
- The chart below shows the infant mortality rates for the remaining Nevada cities/counties:

Infant Mortality Rates in NV by City/County, 2021-2022



Recommendations

- Counties with high mortality rates, especially Eureka, should receive focused health interventions to understand and mitigate the causes of high infant mortality.
- Rural counties have less access to healthcare which may contribute to higher rates of infant and maternal mortality. Improved access to care is essential.
- More support is necessary for parents overusing drugs through education and cessation programs during pregnancy.

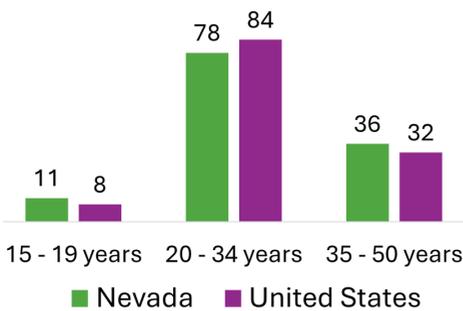


HEALTH

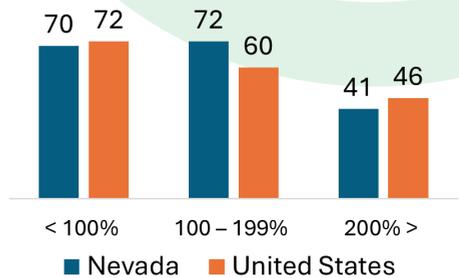
Live Births

- A comparison of live birth rates per 1,000 for Nevada and the United States from 2021. Three tables depict live birth rates by age, race and poverty status.¹⁸

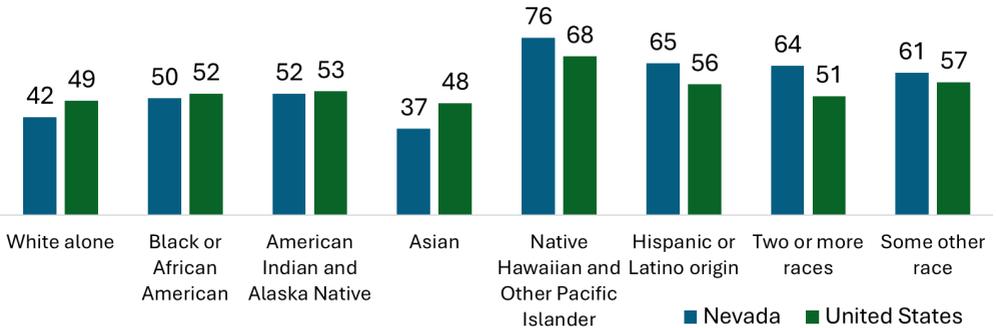
Nevada vs United States Live Births per 1,000 by Age, 2021



Nevada vs United States Live Births per 1,000 by Poverty Status, 2021



Nevada vs United States Live Births per 1,000 by Race, 2021



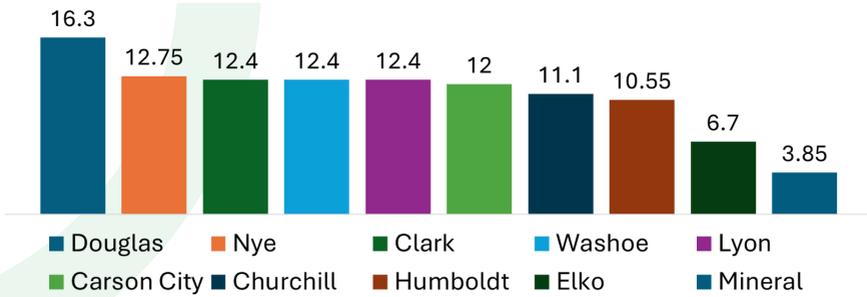
Recommendations

- Develop and strengthen support systems for women, especially those aged 15 to 19 years, to address challenges associated with being a young mother.
- Investigate socio-cultural and economic factors affecting Asian women and American Indian and Alaska Native women in Nevada.
- Enhance assistance mechanisms for women below the poverty level to address the challenges faced by people in this economic bracket.

Preterm Births

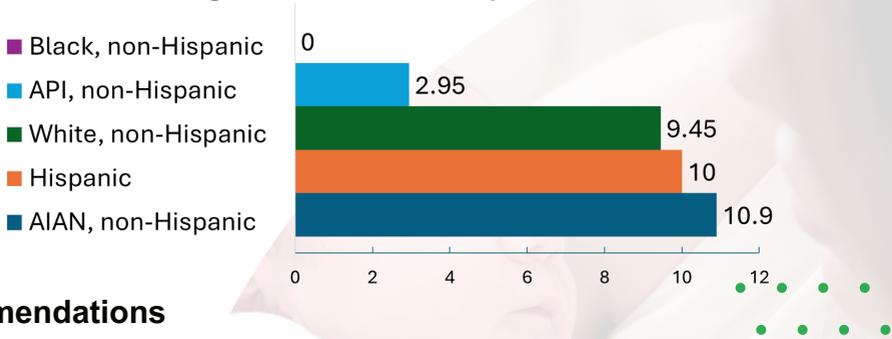
- The median percentage of preterm births across all counties and races/ethnicities in Nevada for the years 2021-2022 is 9.2%¹⁹
- Storey, Lincoln, and Pershing counties had zero preterm births, suggesting no recorded preterm births or very small sample sizes¹⁹

Percentage of Preterm Births by NV City/County, 2021-2022



- Black, non-Hispanic and Other/Unknown has a median of 0.00%, which may indicate low sample sizes or missing data for these groups in some counties²⁰

Nevada Percentage of Preterm Births by Race, 2021-2022



Recommendations

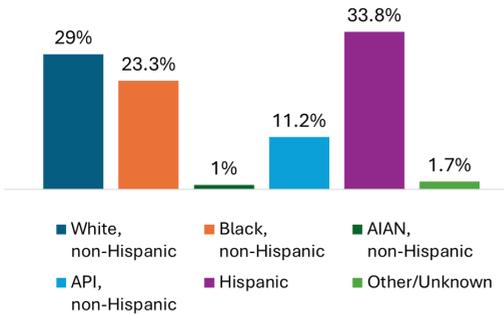
- Targeted interventions might be beneficial for racial and ethnic groups such as AIAN non-Hispanic and Hispanic, who exhibit higher rates of preterm births.
- Counties like Douglas and Nye stand out with higher rates of preterm births, suggesting areas that might benefit from targeted interventions.
- A more in-depth review of the data, especially for groups and counties with exceptionally low or high percentages, is recommended to ascertain the accuracy of the findings.

HEALTH

Low Birth Weight

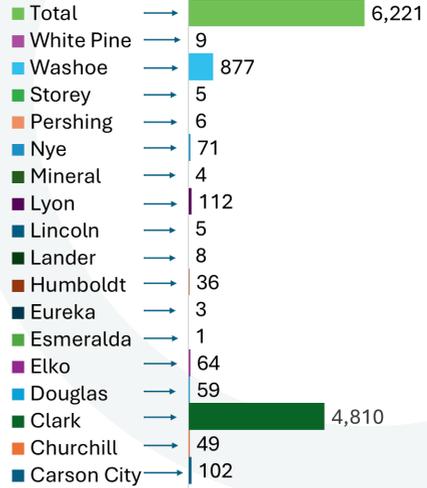
- The median low birth weight count in rural counties is 8²¹
- The median low birth weight count in non-rural counties is 112²¹
- The Hispanic group has a significant contribution in some counties, like Pershing (50%) and Storey (40%)²²
- The contributions from the Black, non-Hispanic group are notably higher in Clark (28.7%) county compared to others²²
- The data below provides information on birth percentages for mothers by low birthweight, categorized by the mother's race/ethnicity for various counties in Nevada for the years 2021-2022

Percentage of low birth weights by mother's race/ethnicity, for Nevada, 2021-2022



- The graph above shows the percentages of low birth weight based on mother's race/ethnicity for Nevada as a whole. Hispanic mothers have the highest percentage at 33.8%.²²

Counts of Low Birth Weight by City/County, 2021-22



Recommendations

- *Improve data collection to better understand low birthweight.* Data should be collected and disaggregated across racial/ethnic groups and geography to better understand the cause of low birth weight across the state.
- *Targeted interventions to mitigate causes of low birth weight should be used.* Clark and Washoe counties, with their elevated counts, should be areas of focus. Strategic initiatives, health programs, and potential policy reviews might be instrumental in these regions
- *Engage the community.* Broader community-based approaches, specifically those that include partnerships with community-led organizations, might be required in counties where multiple groups are impacted.

2025 Legislative Priorities



The Children's Advocacy Alliance is an independent voice for Nevada's children and families, dedicated to achieving public policy wins in the areas of child welfare, early childhood education, and children's health. Through this work, we have identified the following priorities for the 2025 Nevada Legislative Session:



Health

Increase Access to Children's Mental Health Resources:

Bring reimbursement rates to the national average, streamline licensure processes for clinicians OR reduce reimbursement barriers for providers who support Medicaid clients, and invest in innovative bachelor's level educational programs to increase access to prevention, early detection, and early intervention.

Increase Access to Prenatal Health:

Expand Medicaid to all pregnant Nevadans regardless of immigration status.

Increase Access to Infant Screenings:

Update language in the NRS for FASD and other behavioral conditions to align with ASD standards of care.



Child Welfare

Transitional Living:

Expand transitional living supports to rural foster youth.

Transition Funds:

Increase the amount of foster youth transition funds to keep up with inflation and cost of living.

Protect Foster Youth Federal Benefits:

Prevent the state and counties from accessing foster youth social security and other federal benefits.



Early Childhood

Universal Pre-Kindergarten:

Fund investments in pre-K infrastructure to support expansion of pre-K seats.

Office of Early Childhood Systems:

Elevate the importance of early childhood education, health, and economic well-being. A streamlined governance structure will enhance program delivery, data collection, and data sharing to ensure Nevada's children have a strong start in life.

State Investment in the Child Care Development Fund:

Expand access to quality, affordable childcare with state general fund investments.

Child Care Provider Business License Waiver:

Waive business license fees for new childcare providers for up to five years.

Expand Home-Based Child Care Providers:

Limit HOA's ability to restrict home-based child care services.

At CAA, we build coalitions of Nevadans so leverage their collective impact to move the needle on our policy priorities. We use existing datasets to guide our work identifying systemic challenges and evidence-based solutions. We also use data to determine the effectiveness of existing solutions. To learn more, receive updates, and/or partner in our coalition work, you can join our mailing list here:

www.caanv.org

REFERENCES

1. U.S. Census Bureau. (2021). SCHOOL ENROLLMENT. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1401*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.S1401?q=nevada&t=Education&g=010XX00US&moe=false>.
2. U.S. Census Bureau. (2021). SCHOOL ENROLLMENT BY LEVEL OF SCHOOL FOR THE POPULATION 3 YEARS AND OVER. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B14001*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.B14001?q=nevada&t=SchoolEnrollment&g=010XX00US&moe=false>.
3. Nevada Department of Education. (n.d.). *Four Year Adjusted Cohort Graduation Rates for the Class of 2020-2021*. Retrieved from <http://nevadareportcard.nv.gov/DI/MoreDownload?filename=4%20Year%20Graduation%20Rates%20for%20the%20Class%20of%202020-21.pdf>
4. Division of Child and Family Services. (2023). *Division of Child and Family Services Data Book as of April 30, 2023*. Retrieved from https://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Programs/Data/DCFS_Data_Book_ADA_for_April_2023.pdf
5. U.S. Census Bureau. (2022). Households and Families. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1101*. Retrieved from <https://data.census.gov/table/ACSST1Y2022.S1101?q=nevada&t=Families and Household Characteristics&g=010XX00US&moe=false>.
6. Department of Health and Human Services. (2022). Number of Children (0-18 Years Old) on TANF, by County.
7. Department of Health and Human Services. (2022). Number of Children (0-18 Years Old) on SNAP, by County.
8. U.S. Census Bureau. (2021). FINANCIAL CHARACTERISTICS. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2503*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.S2503?q=nevada&t=Families and Household Characteristics&g=010XX00US&moe=false>.
9. Kolmar, C. (2024). The 10 safest cities in Nevada for 2024. HomeSnacks. Retrieved from https://www.homesnacks.com/cities/safest-places-in-nevada/#google_vignette.
10. U.S. Census Bureau. (2021). POVERTY STATUS IN THE PAST 12 MONTHS. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.S1701?q=s1701 united states and nevada>.
11. CDC. (2021). Breastfeeding Initiation Rates by County or County Equivalent in Nevada. Retrieved from <https://www.cdc.gov/breastfeeding/data/county/2018-2019/nevada.html>
12. Department of Health and Human Services. (2023). Self Reported Tobacco Use During Pregnancy Rate Per 1,000 Live Birth by County, Nevada Residents, 2021-2022
13. Office of Analytics & Department of Health and Human Services. (2022). Maternal Mortality and Severe Maternal Morbidity Nevada, 2021-2022. [https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Maternal Mortality and Severe Maternal Morbidity Report 2021\(1\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Maternal_Mortality_and_Severe_Maternal_Morbidity_Report_2021(1).pdf)
14. Department of Health and Human Services. (2023). *Teen Birth Rate per 1,000 Females Ages 15-19 by Resident County, Nevada Residents, 2021-2022*
15. U.S. Census Bureau. (2021). HEALTH INSURANCE COVERAGE STATUS AND TYPE BY RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS BY AGE. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B27016*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.B27016?q=nevada&t=Health Insurance&g=010XX00US>.
16. Office of Analytics. (n.d.). Maternal and Child Health in Nevada. Retrieved from <https://app.powerbigov.us/view?r=eyJrIjoiaWZgXNGI2MjItMWZkNC00Y2Y4LTgzYjItZWU1Y2Y1OGI2NjgxliwidCI6ImU0YTM0MGU2LWl4OWUtNGU2OC04ZWFlLTE1NDRkMjcwMzk4MjCJ9>.
17. Department of Health and Human Services. (2023). *Infant Mortality Rate per 1,000 Live Births by Resident County, Nevada Residents, 2021-2022*
18. U.S. Census Bureau. (2021). FERTILITY. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1301*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.S1301?q=nevada&t=Fertility&g=010XX00US>.
19. Department of Health and Human Services. (2023). *Percentage of Preterm Birth by County and Mom's Race/Ethnicity, Nevada Residents, 2021-2022*
20. Department of Health and Human Services. (2023). *Percentage of Preterm Birth by County and Mom's Age Group, Nevada Residents, 2021-2022*
21. Department of Health and Human Services. (2023). *Count of Low Birth Weight Babies (<2,500g) by Resident County, Nevada Residents, 2021-2022*
22. Department of Health and Human Services. (2023). *Birth Percent for Mothers by Low Birthweight and Mom's Race/Ethnicity, Nevada Residents, 2021-2022*

WHO WE ARE



Children's Advocacy Alliance is the convener for organizations, educators, parents and everyone dedicated to the safety, health, education and economic well-being of our state's children and families. We hire policy experts in these fields to ensure the best results for Nevada's most vulnerable population and our future.

Holly Welborn Executive Director

Holly is a licensed Nevada attorney, civil rights advocate, and policy professional. Child advocacy has always been a focal point of her career. During law school she studied youth law and had the opportunity to represent children in delinquency and dependency matters, DACA and Special Immigrant Juvenile proceedings, and school expulsion cases. She has been at the forefront of efforts to reform Nevada's youth sentencing laws and fighting for the humane treatment of youth in the juvenile justice system.



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Dr. Tara C. Raines Deputy Director/Director of Kids Count Initiatives

Dr. Tara C. Raines is a licensed psychologist with a history of research promoting equity and access in the areas of education and mental health. She has spent the last decade implementing and supporting a number of grants to improve outcomes for youth at highest risk for mental health disorders. She believes in the value of using data to identify and implement supports for Nevada's most vulnerable youth.



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Jamelle Nance Director of Strong Start Initiative

Jamelle brings vast experiences in the field of Human Services, Education, and Organizational Leadership. Jamelle earned a bachelor's degree in Behavioral Science with a concentration in Child Advocacy Studies and a master's degree in Administration of Human Services. She wholeheartedly believes that a strong start provides children and families with a solid foundation to build a strong and promising future.



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Annette Dawson Owens Community Engagement Manager

Annette is a lifelong education advocate who believes in equity and access to an excellent education for all students. She has worked in both district and charter schools and has studied high performing schools and leaders across the country. She has seen first hand, quality outcomes that are possible with effective school design.



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Carissa Pearce Health Policy Manager

Carissa Pearce joined the CAA team in Health Policy after graduating with her Bachelor's degree in Public Health. She is currently pursuing her MPH at the University of Nevada Reno, in Epidemiology. Her passion for health policy comes from her strong beliefs that everyone deserves to be taken care of and have adequate access to resources, especially those who are being disproportionately underserved in Nevada.



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Ben Douglas Director of Finance

With over a decade of experience with non-profits as a board member, Ben comes with a great deal of experience from for-profit business serving as the executive in charge of finance, operations and administration. Douglas has spent the last 15 years facilitating accounting and management classes at the university. Douglas graduated with his MBA in 2003 and then obtained his Masters of Science in Accountancy in 2010.



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Jake Mathews Government Affairs Manager

Jake Mathews is a dynamic relationship builder with an extensive background in Nevada politics. Jake's experience extends across diverse sectors, from grassroots advocacy to high-stakes lobbying.



Jake earned his degree in International Relations and Political Science from UC San Diego. He also spent several years living in Thailand teaching English and working with Burmese refugee children where he developed a strong passion for education and youth advocacy.

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April St. James Children's Welfare Policy Manager

April St. James brings over 8 years of public service experience to her roles in government and community advocacy. April has her Bachelor of Arts in Political Science from the University of California, San Diego, and an Associate of Arts in Speech Communications and Psychology from San Diego Mesa College. April has personal experience with children's welfare matters which drives her passion for children's issues.



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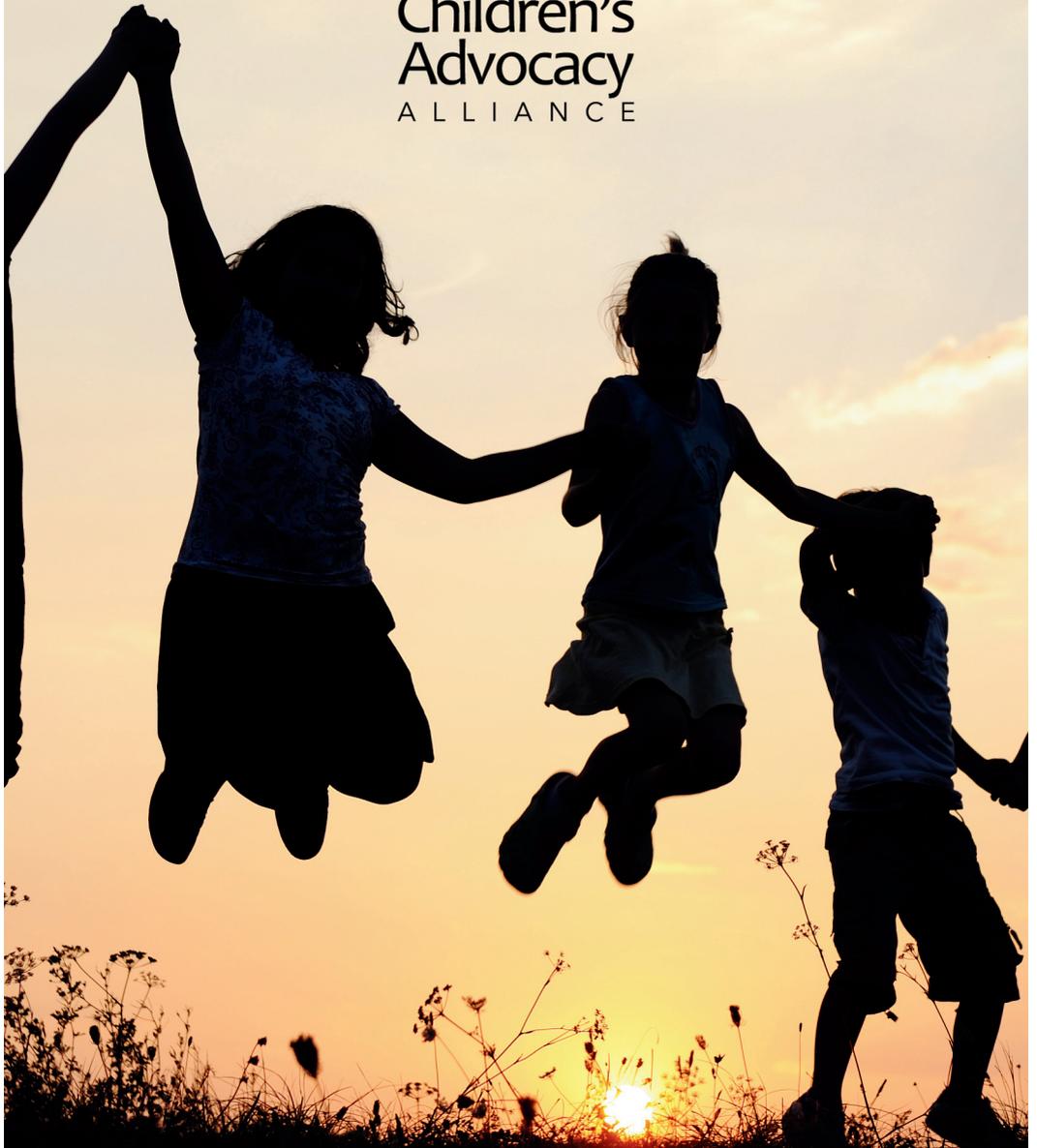
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