

# NEVADA FAITH-BASED INTERVENTION PLAN

HIV and Beyond



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NEVADA OFFICE OF HIV AND AIDS  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

# TABLE OF CONTENTS

INTRODUCTION..... 1

ASSESSMENT OF FAITH-BASED ORGANIZATIONS ..... 2

IDENTIFICATION OF HIGH-NEED AREAS ..... 11

SURVEY OF FAITH-BASED HIV PROGRAMS ..... 17

INTERVENTION PLAN ..... 18

IMPLEMENTATION PLAN ..... 22

CONCLUSION ..... 26

# INTRODUCTION

In the last three years, 1,480 Nevadans have contracted HIV/AIDS and 302 have died with it<sup>1</sup>. While this disease affects all people, those in the African-American and Latino community have borne the brunt of this epidemic by margins greater than 62%<sup>2</sup>. This disparity in infections has translated into other disparities in care and mortality rates, among other things.

In seeking to address this health concern and various others, the Division of Public and Behavioral Health has sought to explore the concept of partnering with faith-based organizations (FBOs). Nevada, in contrast to popular opinion, has a high number of churches with 1,651 congregations (953 in the Las Vegas area alone). This translates into 1 congregation for every 1,816 people.

The potential to partner with FBOs grows exponentially when we consider both the high rate of monthly attendance among African-American and Latino populations (76% / 74%)<sup>3</sup> and capacity of FBOs in terms of resources and goodwill. There are arguably few greater untapped resources in addressing HIV/AIDS and other health issues than FBOs in Nevada.

But there are many challenges to partnering with FBOs to address HIV. Many congregations have not been affected and do not see a need to get involved with other issues pressing for their time. Others struggle with historical stigma that keeps subjects such as sex taboo. Still others are siloed, which diminishes their capacity to work together to address bigger health needs. This is not to mention the overall busyness of leaders and volunteers in their current ministries.

None of these challenges, however, diminish the high potential FBOs possess nor the goodwill of their congregants to help fellow residents. These challenges simply require a plan to intervene and create inroads into faith-based organizations and, in turn, the communities they serve.

**The mission of the *Nevada Faith-Based Intervention Plan* is to build a roadmap to partner with congregations in addressing HIV/AIDS and other high-need issues that cause disparity.** We will look at what FBOs are currently doing in Nevada, where the high-need areas are, what are some potential faith-based programs that can be used and finally how we will implement them.

We will do this with a focus of addressing minority communities most impacted by the HIV/AIDS epidemic, namely African-American and Latino men and women. Reducing disparities in these populations will help achieve both social equity and greater health outcomes for those affected by this disease, in turn promoting the health and well-being of our residents.

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<sup>1</sup> Office of Analytics, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

<sup>2</sup> Total NV African-American/Latino HIV cases in 2015 (270) vs demographically reflective total if equitable (166)

<sup>3</sup> Religious Landscape Studies for “Blacks” and “Latinos” for 2015, Pew Research Center

# ASSESSMENT OF FAITH-BASED ORGANIZATIONS

## Summary of Faith-Based Organizations

Nevada is home to 1,651 known faith-based organizations of many backgrounds, with 66% of Nevadans (1,940,483 people) attending a house of worship every month<sup>4</sup>. These FBOs account for over \$403,000,000 of services donated<sup>5</sup> and an estimated \$983,500,000 of money donated<sup>6</sup> in Nevada.

Along with size and economic impact, FBOs in Nevada are highly diverse with 26% (429) part of the African-American and Latino communities. While other congregations maintain influence in minority communities, much of the focus will be on these FBOs due to the impact of disparities.

Faith-based organizations in Nevada are also geographically diverse. The Las Vegas area has 953 FBOs, Reno area has 250, Carson City area has 81, Pahrump area has 40 and Elko area has 36. Nevada’s other cities retain many congregations as well, and all Nevada towns have at least one FBO.

Lastly, Nevada congregations have many affiliations and denominations connecting them (see Figure 1). More than 68% identify with a larger group while 32% (523) are non-affiliated.

**Figure 1: Nevada Faith-Based Affiliations**

Affiliation	FBOs	Minority
Southern Baptist Convention	201	L*
Church of Jesus Christ of Latter-day Saints	145	
Roman Catholic	79	L*
Assemblies of God	51	
Church of God in Christ	38	AA*
Episcopal	34	
Gospel Coalition	33	
United Methodist Church	30	
Foursquare Gospel	29	
Jehovah's Witness	25	
Seventh-day Adventist	24	
Calvary Chapel	23	
Presbyterian Church (USA)	21	
Churches of Christ	21	
Lutheran Church-Missouri Synod	20	
Evangelical Lutheran Church in America	17	
Missionary Baptist	14	AA*
Church of the Nazarene	12	
Christian Fellowship Ministries	12	
Full Gospel Baptist Church International	11	AA*
Church of God	11	
Apostolic Assembly of the Faith in Christ Jesus	10	L*
United Pentecostal Church International	9	L*
Wisconsin Evangelical Lutheran Synod	9	
Acts 29	8	
American Baptist	8	
United Church of Christ	7	
Salvation Army	6	
Chabad of Southern Nevada	6	
Christian Reformed Church in North America	6	
Christian and Missionary Alliance	5	
Victory Outreach International	5	
Evangelical Free Church of America	5	
Pentecostal Church of God Intl Movement	4	L*
African Methodist Episcopal Church (AME)	4	AA*
Baptist Bible Fellowship International	4	
Christian Science	4	

\* High Influence Among African-American (AA) or Latino (L) Populations

<sup>4</sup> Religious Landscape Study for Nevada Adults, Pew Research Center  
<sup>5</sup> Nevada Summary for 2015, Corporation for National and Community Service (\$1,300,000,000 hours donated X 31% for Nevada Religious Organizations)  
<sup>6</sup> Assumes weekly attenders (911,418) and 50% of monthly attenders (514,510) give 2.5% of income on average (Pew Research Center, Nonprofit Source, U.S. Census Bureau)

## Concerns of Faith-Based Organizations

Like all congregations, Nevada FBOs have many concerns inside their congregations and communities. These concerns are in various areas, including health and human services. Survey results from over 100 Nevada FBOs revealed the top health concerns of congregations (see Figure 2)<sup>7</sup>. This information is supplemented by two additional questions regarding the impact of HIV/AIDS and Drug Addiction (see Figure 3).

**Figure 3: Survey Responses Regarding HIV and Drug Addiction**

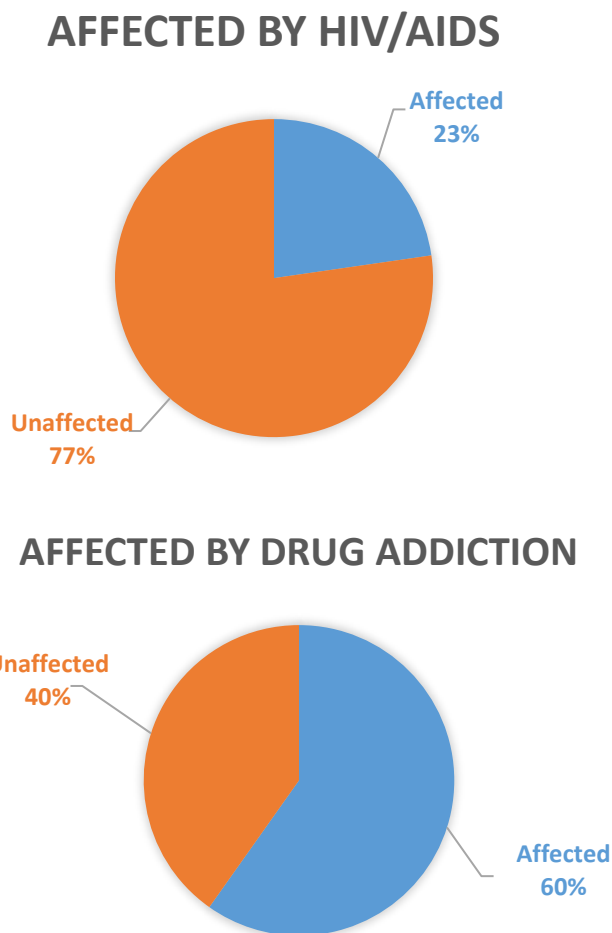


Figure 2: Nevada FBO Health Concerns	
Rank	Health Concern
1	Addiction
2	Health Insurance
3	Income
4	Mental Health
5	Food Needs
6	Heart Issues
7	Disease and Infection
8	Elderly Health
9	Homelessness
10	Diabetes
11	Medication Costs
12	General Malaise
13	Family Issues
14	Obesity
15	Education / Youth Programs
16	Medical Help for Uninsured
17	Cancer
18	Organ Failure
19	Housing Rates
20	Specialized Medical Care
21	Employment
22	Relational Health
23	Loneliness
24	Transportation Issues
25	Community Activities
26	Alzheimer's Disease
27	Fitness
28	Nutrition

It is worthwhile noting that of the seven preset answer choices provided for “*most important health issues and needs facing your congregation or community*”, the greatest was “Addiction” and least was “Disease and Infection”. This communicates both the awareness of Nevada’s addiction epidemic and the unfamiliarity of Nevada’s infectious disease epidemic.

<sup>7</sup> Nevada Church Health Partnership Survey, March 2018

## Programs Offered by Faith-Based Organizations

When assessing programs offered by Nevada faith-based organizations, it is useful to first understand FBOs are almost always willing to help congregants and community members in whatever area of need they have. For example, although a congregation may not have a specific addiction program or ministry, most would provide pastoral care and connection to services for anyone who needs it.

This makes assessing the scope and impact of programs offered by FBOs difficult. Added to this, while some congregations offer their own programs, they also support organizations that address various health needs. Another consideration is programs offered by larger denominations (such as the Roman Catholic Church). These programs are well established and offered through many churches and need to be assessed differently.

**Figure 4: Nevada FBO Health Programs**

Program	% of FBOs
Food Assistance	12%
Counseling	8%
Addiction	7%
Material Assistance	7%
Education	6%
Nutrition	5%
Homeless Assistance	5%
Clinics/Screening	4%
Exercise	3%
School Outreach	2%
Blood Drive	2%
Transport	2%
LGBTQ Support	1%
Shut-in Ministry	1%
Veterans	1%
Community	1%
Health Outreach	1%
Crisis Response	1%

While there are some faith-based organizations in Nevada actively involved in HIV/AIDS awareness, prevention and care, most are focused on other health issues in their community. This would include Food Assistance, Health Clinics, Income Assistance, Homeless Outreach, Mental Health Support, Addiction Outreach and Counseling (see Figure 4 for more details)<sup>8</sup>. We will assess a few faith-based programs below that are focused on HIV/AIDS or other issues.

### ACCEPT

ACCEPT (Access for Community and Cultural Education Programs and Training) began as a ministry of Greater Light Christian Center in Reno, Nevada. Impacted by the unknown passing of two congregants from HIV/AIDS, Pastor Glenn Taylor and his wife Gwen Taylor founded ACCEPT to ensure those living with the disease are cared for and supported.

ACCEPT currently offers nine programs for HIV/AIDS, substance abuse, youth intervention and minority education. They are a good example of an FBO taking the initiative to meet the needs of disparaged populations through grant funding, coalition building and community awareness.

### Saint Therese Center HIV Outreach

Emphasizing wellness, St. Therese Center reaches out to those touched by HIV/AIDS to provide spiritual, physical and emotional support, educational and social services in the spirit of love and compassion. They offer Emotional Support Groups for women, children, men, caregivers, addicts and volunteers, food assistance, clothing, haircuts, transportation and referrals.

<sup>8</sup> Nevada Church Health Partnership Survey, March 2018

The St. Therese Center is noteworthy not only for its impact but also for how long it has been ministering in Las Vegas to People Living With HIV and AIDS (PLWHA) as an FBO (20 years). They have a dedicated priest (Father Joseph I. O'Brien) and a sizable staff dedicated to their mission.

### **City Impact Center**

The City Impact Center in Las Vegas was founded in 2008 through Trinity Life Center and their pastor, Randy Greer, who currently serves as CEO. His vision is to implement programs that foster community development and enrichment, serving mostly low-income families. They offer many community services from youth intervention to education to food assistance to medical care.

They are noteworthy for their size and impact in an area close to high-need locations in Las Vegas. They have effectively partnered with companies and organizations and have sustained a variety of community services, including those addressing health and human services.

### **LDS Addiction Recovery Program**

The Church of Jesus Christ of Latter-day Saints has implemented a church-wide Addiction Recovery Program offered at local meetinghouses based on the 12-Step program by Alcoholics Anonymous. The program covers many addictions and is designed around the beliefs and convictions of the LDS Church.

This program is noteworthy for its widespread availability at various locations and times in Nevada cities and towns. The 12-Step program has been trusted for many years by those struggling with substance abuse, and the LDS Church is a good example of contextualizing the program for congregants and communities.

### **Catholic Charities of Southern Nevada**

Catholic Charities of Southern Nevada serves 5,000 people daily in 5 core areas: Family Services, Food Services, Senior Services, Immigration and Refugee Services and Homeless and Housing Services. Catholic Charities also operates the largest Meals on Wheels program and Emergency Shelter Services in Southern Nevada.

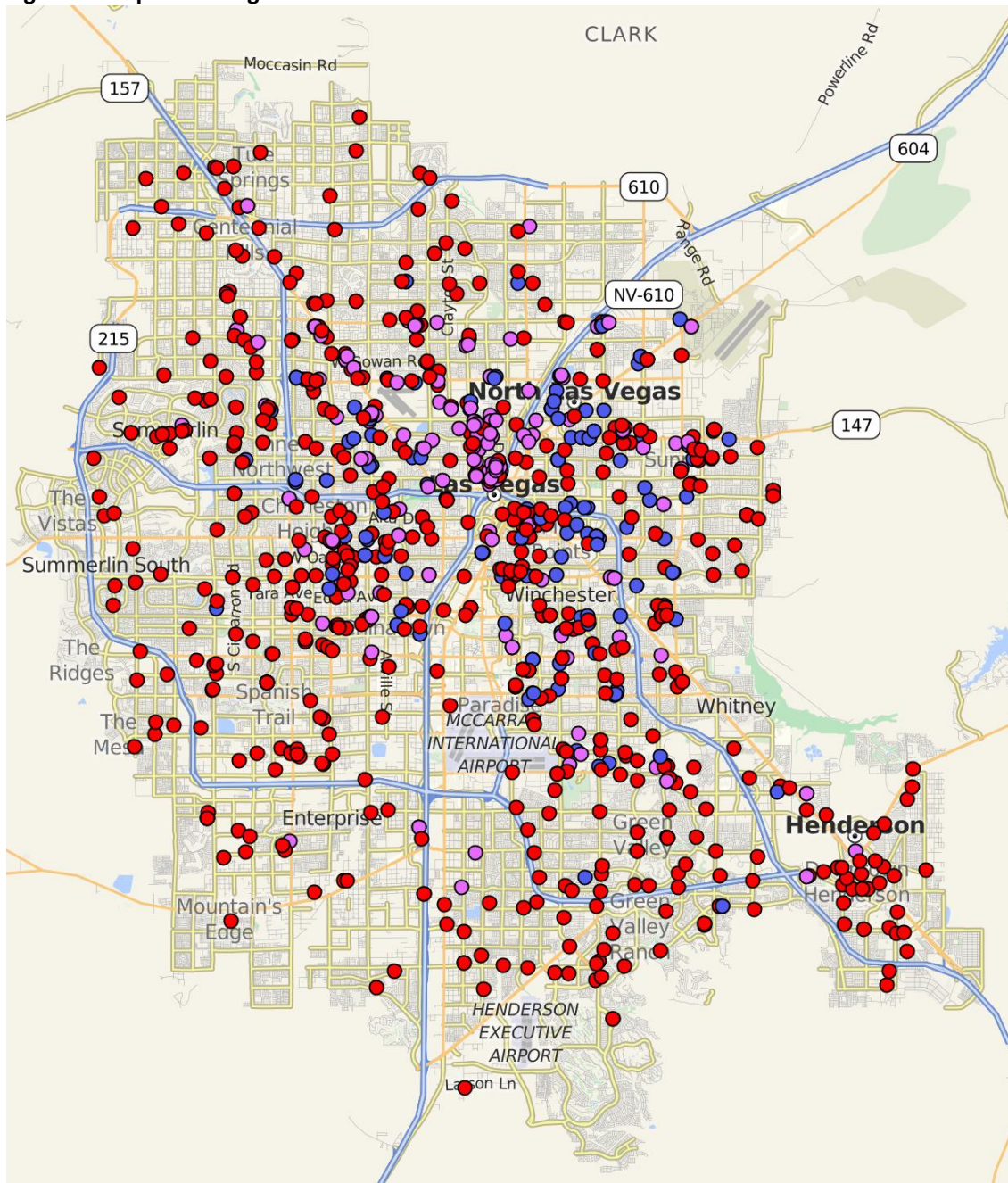
Catholic Charities is perhaps the largest non-profit of its type in Nevada and is funded through both federal grants and the contributions of others. They provide tens of thousands of referrals for services and are a great example of an FBO meeting the needs of citizens on a large scale.

### **Nevada Baptist Convention**

As the denomination with the most congregations in Nevada, the Southern Baptist Convention's local convention is actively working with doctors and dentists to go into local communities in need of services. With this, many of the over 200 churches are providing services through local schools and organizations to meet food-related needs in their communities.

## Maps of Faith-Based Organizations in Nevada

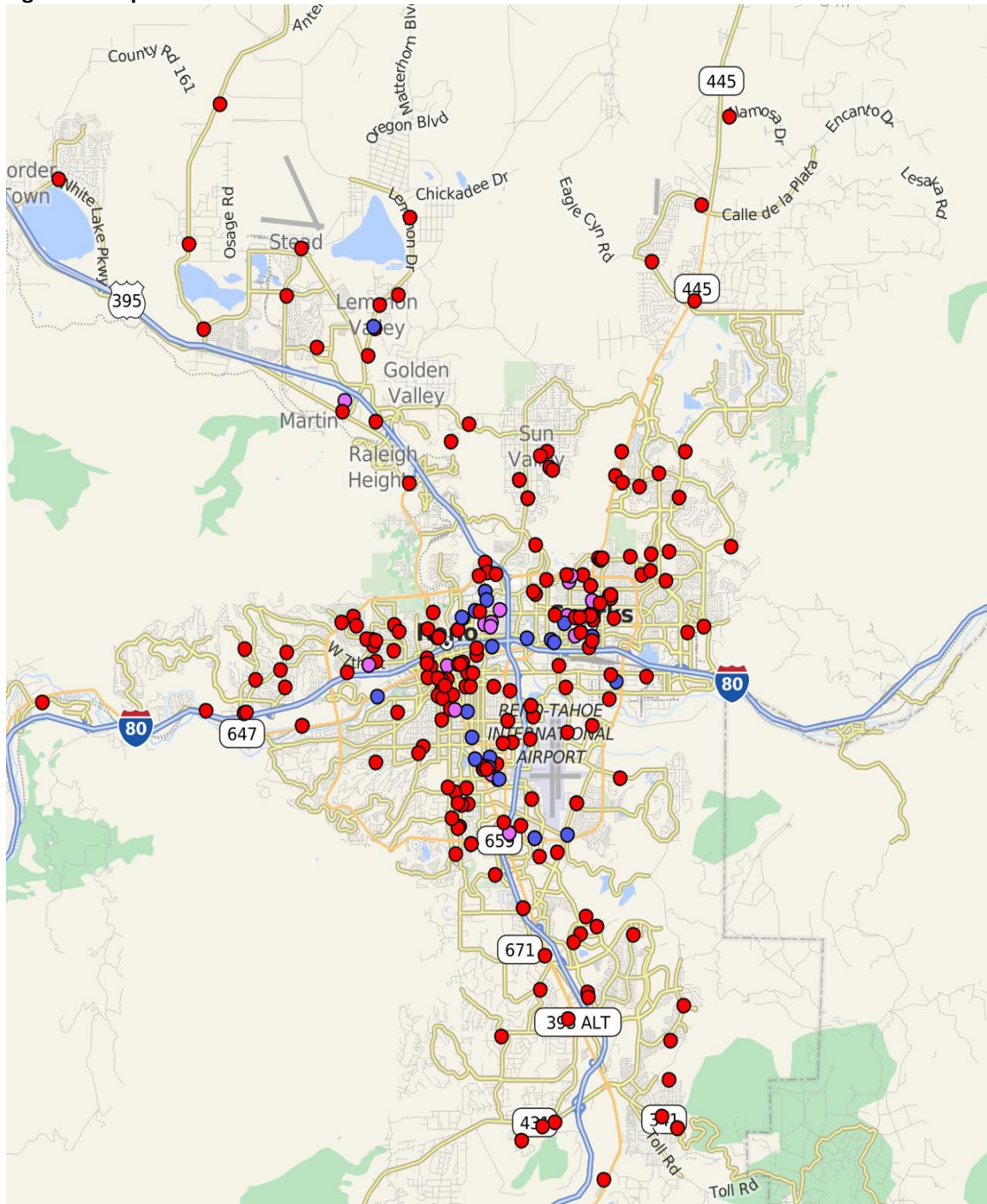
Figure 5: Map of Las Vegas Area FBOs



953 FBOs (African-American 20%, Latino 18%, Other 62%)

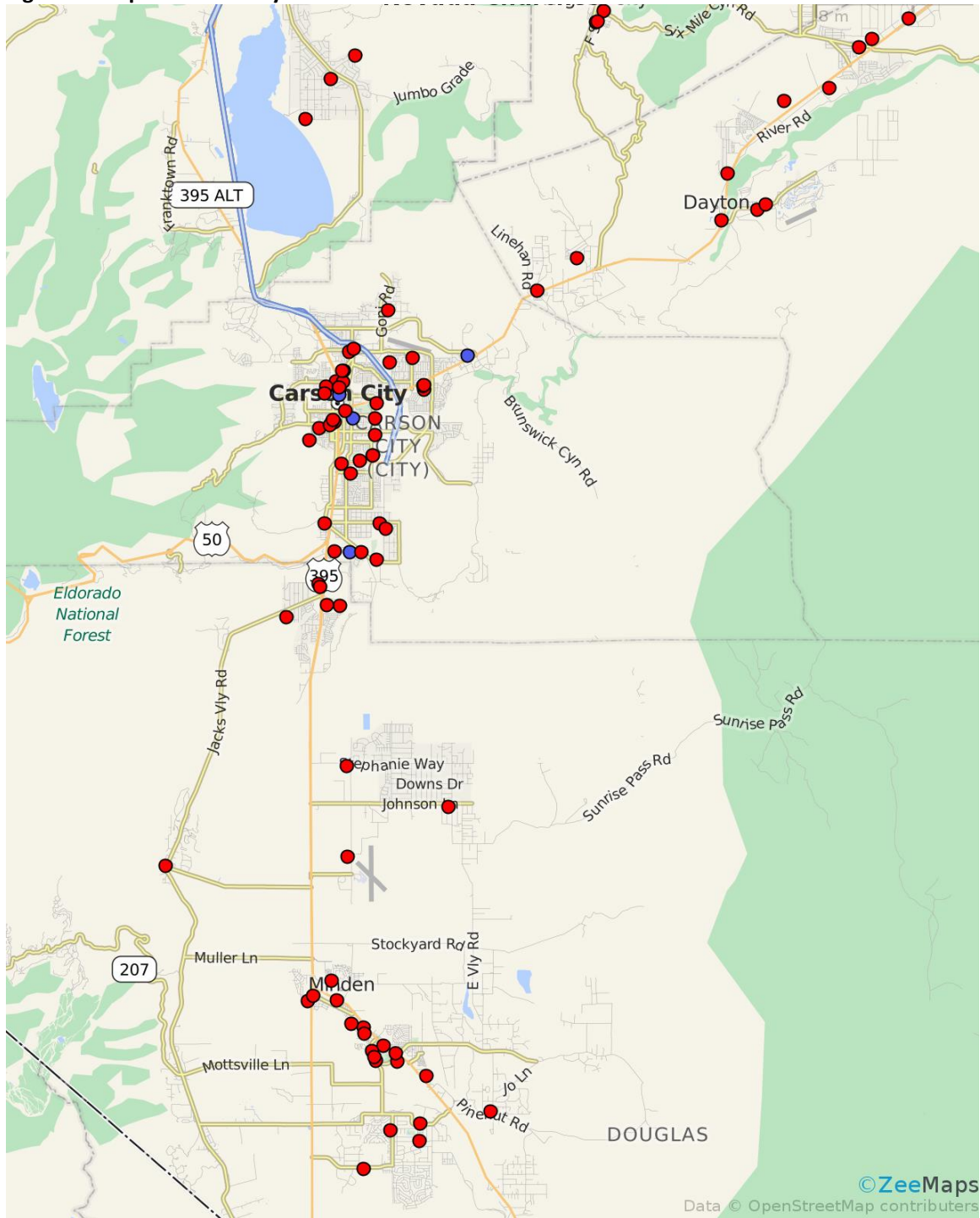


Figure 6: Map of Reno Area FBOs



250 FBOs (African-American 7%, Latino 11%, Other 82%)

Figure 7: Map of Carson City Area FBOs



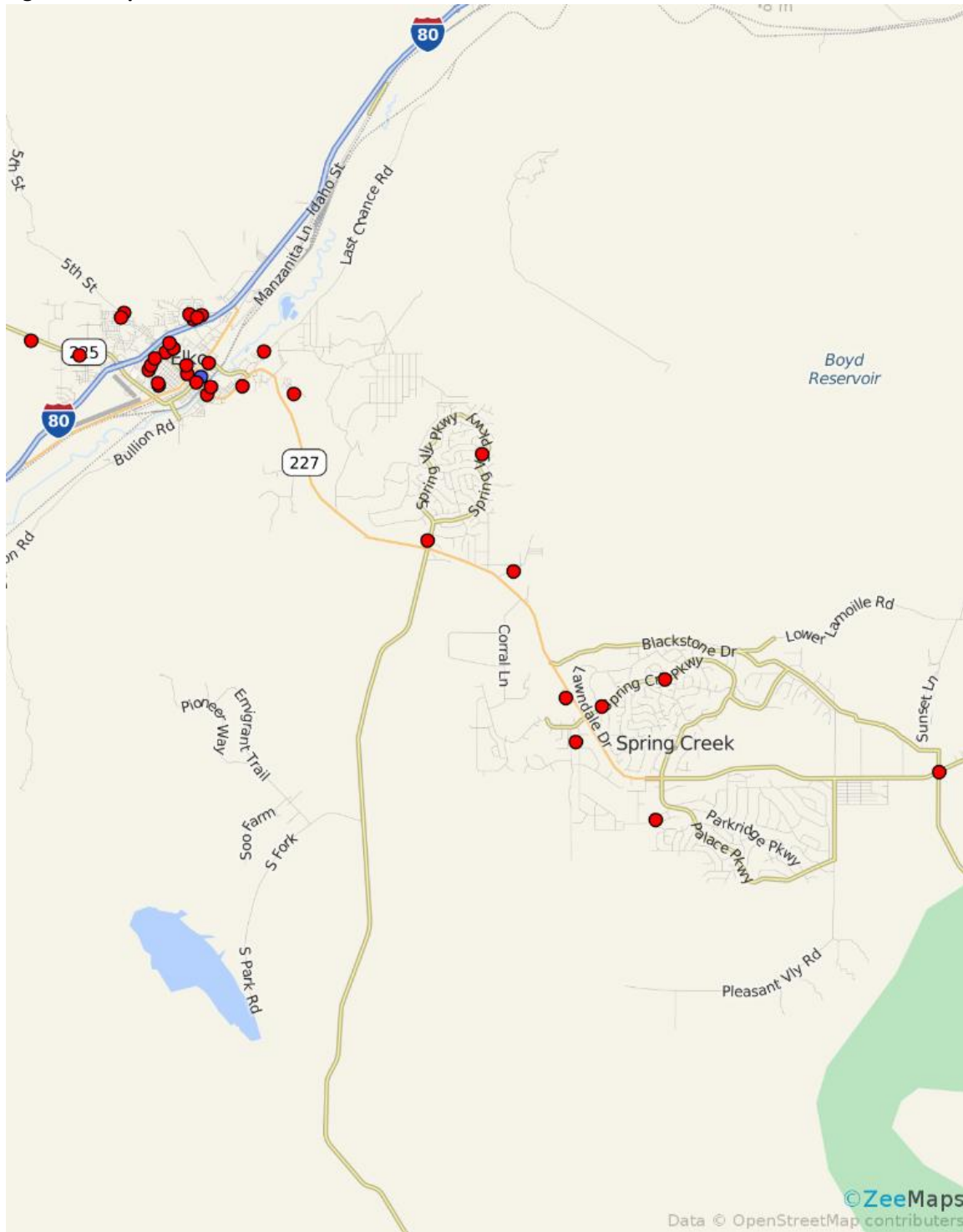
81 FBOs (Latino 7%, Other 93%)

**Figure 8: Map of Pahrump FBOs**



40 FBOs (African-American 7.5%, Latino 7.5%, Other 85%)

Figure 9: Map of Elko Area FBOs



36 FBOs (Latino 3%, Other 97%)

# IDENTIFICATION OF HIGH-NEED AREAS

## HIV High-Need Zip Codes in Nevada

For the purposes of this Intervention Plan, we will utilize ZIP code specific data to isolate areas of focus for proposed interventions. Below is a table (Figure 10) identifying the 15 highest ZIP codes for HIV prevalence, from which six with the greatest need are identified (five in the Las Vegas area, one in the Reno area).<sup>9</sup>

**Figure 10: HIV High-Need Zip Code Table**

ZIP Code	Population	People Living With HIV/AIDS (PLWHA)	Rate	New Infections (2017)	PLWHA Deaths (2017)	FBOs	High-Need Identification Logic
89030	48,581	264	0.54%	11	9	61	
89101	41,256	520	1.26%	21	18	35	High Infection and Death Rate
89102	37,806	322	0.85%	12	12	34	High Infection and Death Rate
89103	51,710	383	0.74%	10	8	12	
89104	40,263	332	0.82%	14	6	49	
89106	26,677	573	2.15%	8	10	64	6x National Prevalence of 0.34%
89107	38,487	173	0.45%	14	6	25	
89108	76,257	318	0.42%	20	6	49	
89109	7,598	265	3.49%	7	<3	5	10X National Prevalence of 0.34%
89110	74,955	235	0.31%	8	8	31	
89115	60,069	252	0.42%	17	7	25	
89119	51,054	450	0.88%	22	13	36	High Infection and Death Rate
89121	64,800	429	0.66%	12	11	46	
89501	3,947	57	1.44%	<3	<3	5	4x National Prevalence of 0.34%
89502	46,279	242	0.52%	4	<3	40	
89503	28,920	159	0.55%	4	<3	24	
89512	25,813	138	0.53%	<3	<3	23	

Green = Las Vegas Area Purple = Reno Area

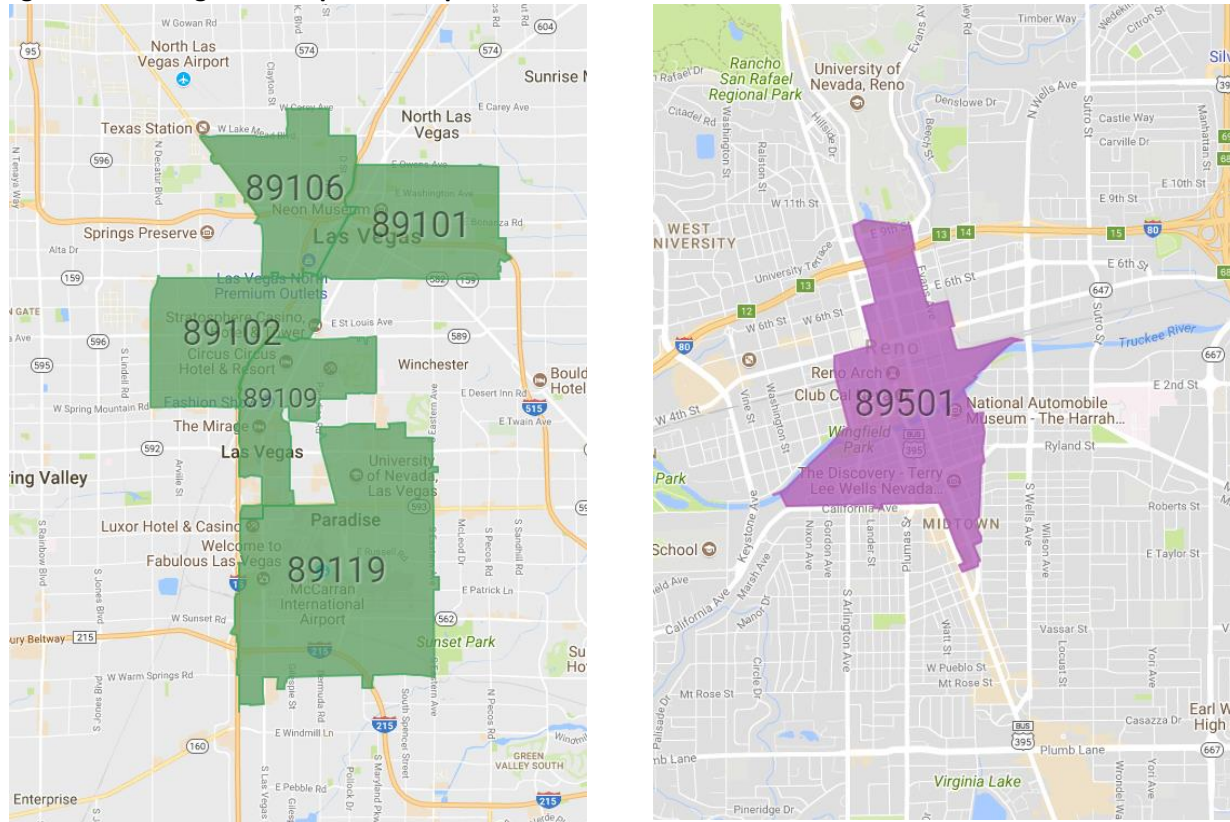
The highest need areas are almost all located in Las Vegas near the city center, except 89501 in Reno (see Figure 11). While populations vary widely in the 5 ZIP codes in Las Vegas (from 7,598 in 89109 to 51,054 in 89119), the geographic proximity and high rate of infections, new infections and deaths make these ZIP codes key for intervention.

The presence of faith-based organizations in these ZIP codes also vary, with 89109 and 89501 home to only five FBOs each, and 89106 home to 64. This is most likely due to the former ZIP codes containing a large percentage of hotels and casinos known at the “The Strip” in Las Vegas and Downtown area in Reno.

<sup>9</sup> Office of Analytics, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

When ranking need, greatest weight was given to prevalence (rate of people living with HIV/AIDS) and new infections, and secondary weight to deaths of people living with HIV/AIDS (as mortality does not reflect cause of death). Special attention was given to areas with excessive prevalence compared to national average (such as 89109 with 10 times national average).

**Figure 11: HIV High-Need Zip Code Maps**



### STD High-Need Zip Codes in Nevada

Along with HIV, most other sexually transmitted diseases (STDs) in Nevada have been on the rise the past five years. While there is some correlation between the two in terms of prevalence and coinfection, many of the high-need areas are different (see Figures 12 and 13).

To identify high-need areas, we again utilized ZIP code specific data but focused on new infections averaged over the last five years rather than prevalence. This is due to both lack of available data on rates of individuals living with STDs and the reality that many STDs are not chronic but treatable with medicine.

Through this data, we identified five high-need ZIP codes in the Las Vegas area and one in Reno (see Figure 12). We began with ZIP codes with the highest number of new infections of Chlamydia, Gonorrhea, Syphilis and Hepatitis B in Nevada over the last five years (2013-2017), identified compound ZIP codes with high new infections of multiple STDs and then analyzed trends (whether new infections were increasing or decreasing).<sup>10</sup>

<sup>10</sup> Office of Analytics, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

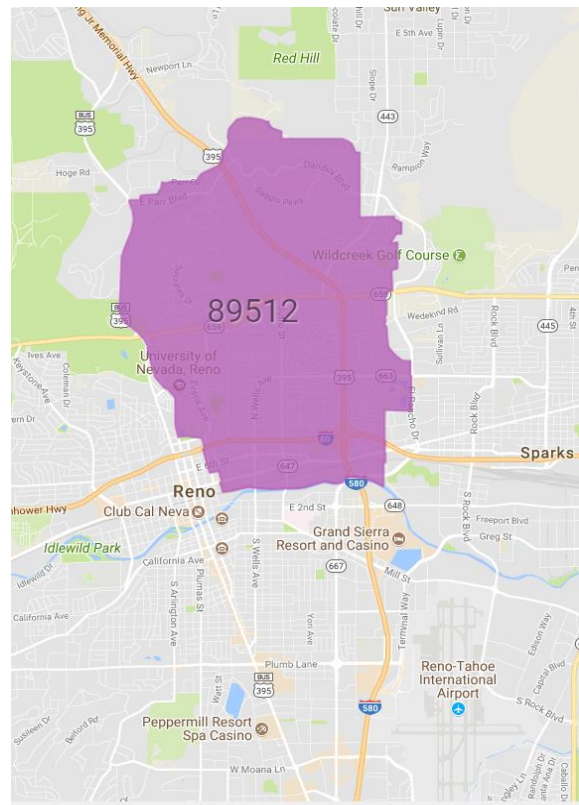
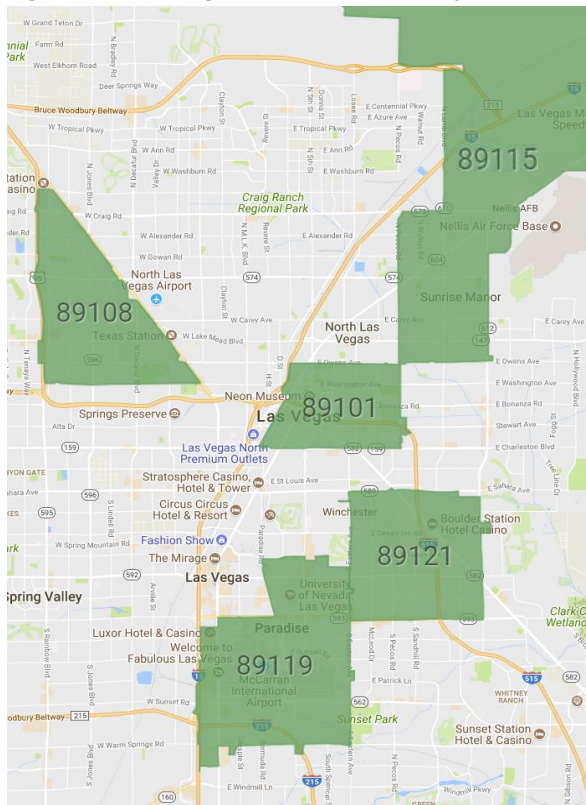
**Figure 12: STD High-Need Zip Code Table**

Zip	New Chlamydia Infections by Year						New Gonorrhea Infections by Year						New Syphilis Infections by Year						Hep B '17	
	'13	'14	'15	'16	'17	Avg	'13	'14	'15	'16	'17	Avg	'13	'14	'15	'16	'17	Avg		
89030	373		296		365	345	90	102				96	19					19	3	
89110	351	381	325	304	400	352														
89115	346	430	327	403	467	395	108	117		138	167	133				56		56	3	
89101	306					306	96	130		146	140	128	23	36	43	63	84	50	7	
89108	298	344	348	334	403	345	95		111	119	173	125	20	32			63	38	3	
89031		305				305														
89512			348	389		369		106	144	132		127								
89502				299		299			108			108								
89122																			3	
89121					349	349				121		161	141	23	36	38	57	83	47	4
89106							84					84								
89119								102	103	126	187	130	23	30	41	51	88	47		
89102														30				30	4	
89169															37		67	52		
89103															34			34	3	
89104																53		53		

Green = Las Vegas Area Purple = Reno Area

As mentioned, new STD cases are increasing in many areas but highest-need ZIP codes (based on numbers, not rates) are in urban areas. It should be noted the areas are not precisely grouped geographically (see Figure 13) but include residential neighborhoods with sizable numbers of FBOs.

**Figure 13: STD High-Need ZIP Code Maps**



## Substance Abuse High-Need Zip Codes in Nevada

Substance abuse is the greatest health concern among Nevada congregations. To assess high-need areas, we used ZIP code data in regards to drug-related deaths (ZIP codes with 8+ deaths), drug-related ER visits (ZIP codes with 11+ visits) and drug-related inpatient visits (ZIP codes with 10+ visits). Some ZIP codes were removed due to declining rates and/or low incidence rates.<sup>11</sup>

Figure 14: Substance Abuse High-Need Zip Code Table

Zip	Drug Related Deaths by Year						Drug Related ER Visits by Year						Drug Related Inpatient Visits by Year					
	'13	'14	'15	'16	'17	Avg	'13	'14	'15	'16	'17	Avg	'13	'14	'15	'16	'17	Avg
89121	16	14	16	8	11	13	24	17	19		26	22	14	17	17	16	21	17
89101	14	12	14	21	13	15		19	19	20	19	19	23	14		21	15	18
89103	13					13	12	14		17	20	16			12	15		14
89108	12	8	17	12	12	12	24	28	20	29	29	26	20	15	19	32	22	22
89104	11			8	10	10	11			21		16			18		15	17
89502	11	9	8	12	10	10		18	19	28	33	25	17		13	27		19
89119	10	15	12	12	9	12	17	15	19	23	26	20	10	13	16	18		14
89147	10					10				17		17	13		14			14
89015	9	8	11	9	10	9	23	18	19	28	33	24	10	13	12			12
89117	9		11			10		15			21	18	10					10
89122	9	9	11		9	10	11	17		18		15		11			18	15
89031		12		8		10				20		20			12	14		13
89431			10	10		10			12			12						
89110			9			9		12			18	15						
89014			8			8	15	15				15						
89115			8	9		9								10			20	15
89169			8			8				18	18							
89123					9	9		13	12			13				15		15
89706					8	8												
89109							16		19	27	28	23			14		16	15
89128							13	12	14			13	13					13
89512									21	16	22	20				15	14	15
89165									18		21	20						

Green = Las Vegas Area Purple = Reno Area

While substance abuse is a health need in many parts of Nevada, the highest need ZIP codes were all located in major urban areas in the Las Vegas and Reno areas (see Figure 15). With this, a new ZIP code not seen as high-need in other health issues was identified as being high-need in regards to substance abuse (89015 in Henderson).

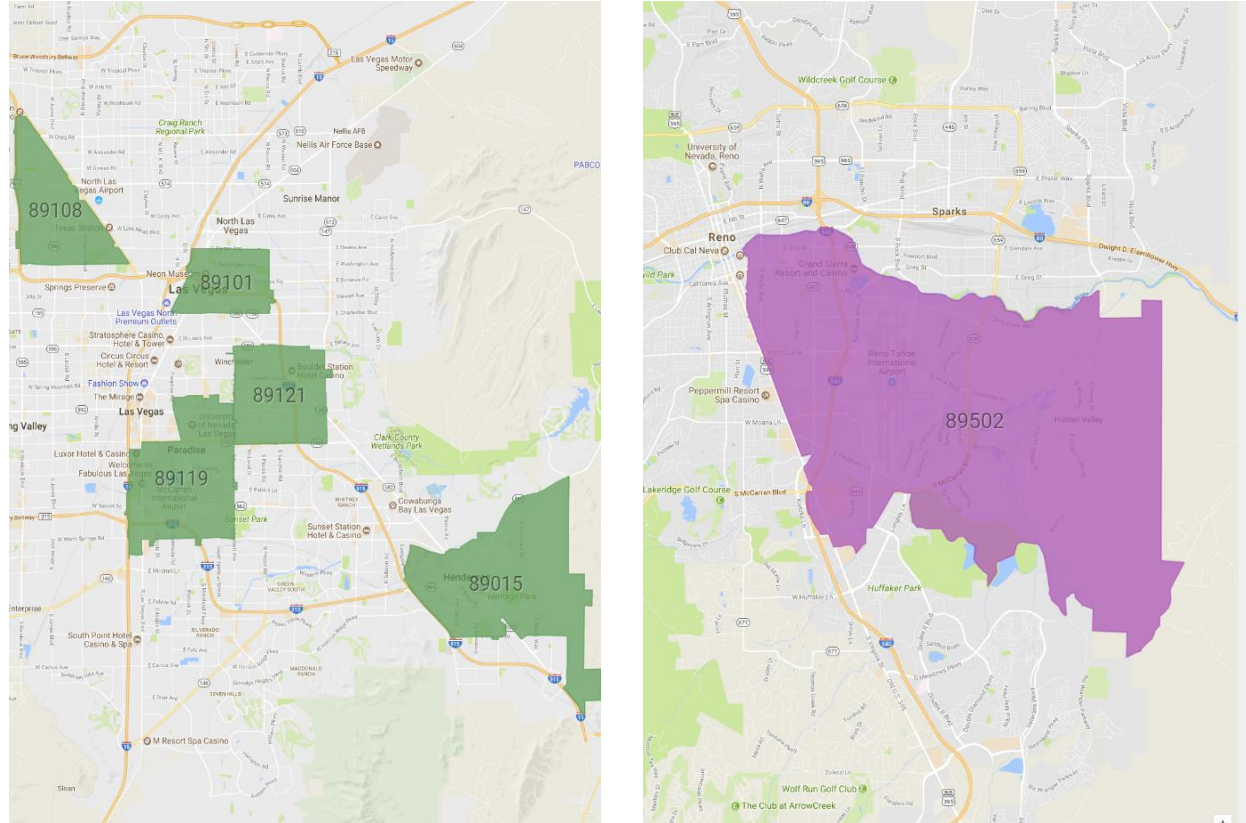
This would suggest a different approach to intervening as substance abuse is more geographically diverse with widespread prevalence. However, there are multiple ZIP codes that share high-need

<sup>11</sup> Office of Analytics, Division of Public and Behavioral Health, Nevada Department of Health and Human Services



status with HIV and STDs (89101 and 89119) and one that shares high-need status with all those and infant mortality (89119). This may suggest combining interventions and resources in these areas could produce compounding results across multiple areas of need. Please see the **Congregation Mapping Tool** for more information on ZIP codes that share high-need issues.

**Figure 15: Substance Abuse High-Need ZIP Code Maps**



### Infant Mortality High-Need Zip Codes

Infant mortality is a universal measure of public health and one of the greatest health disparities among African-Americans. African-American women are twice as likely to experience an infant dying as Caucasian women, which is a result of a myriad of environmental and historical reasons.

To assess need, we utilized ZIP code specific data to identify areas with the highest number of infant mortalities, with five in the Las Vegas area and one in the Reno area.<sup>12</sup> We used total mortalities in the last three years instead of number of mortalities per 1,000 live births (which is standard) due to the variance in live births from ZIP code to ZIP code, which could skew analysis.

The high-need areas centered more in the North Las Vegas area than Las Vegas where over 61 infants have died in three ZIP codes (89030, 89110, 89115) in the last three years (see Figures 16 and 17). 89030 has both the highest number of infant mortalities from 2015-2017 (24) and the highest three-year rate of infant mortality compared to ZIP code population (0.049%).

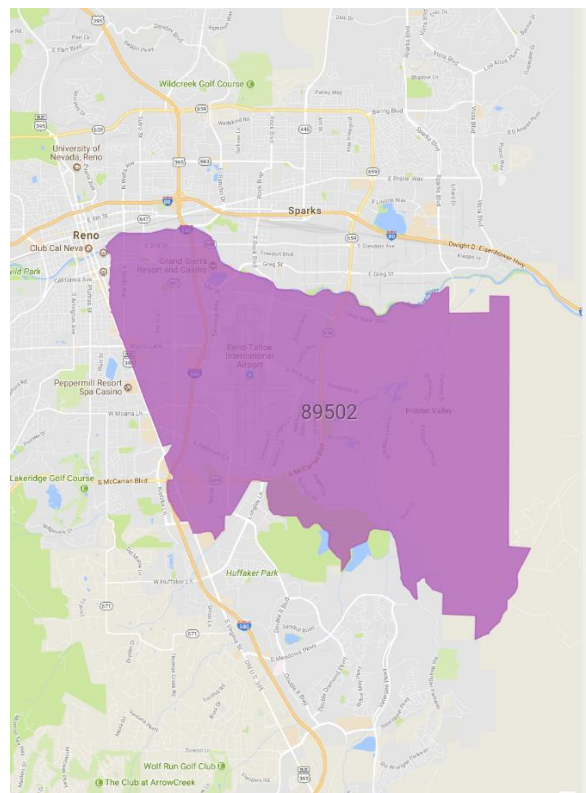
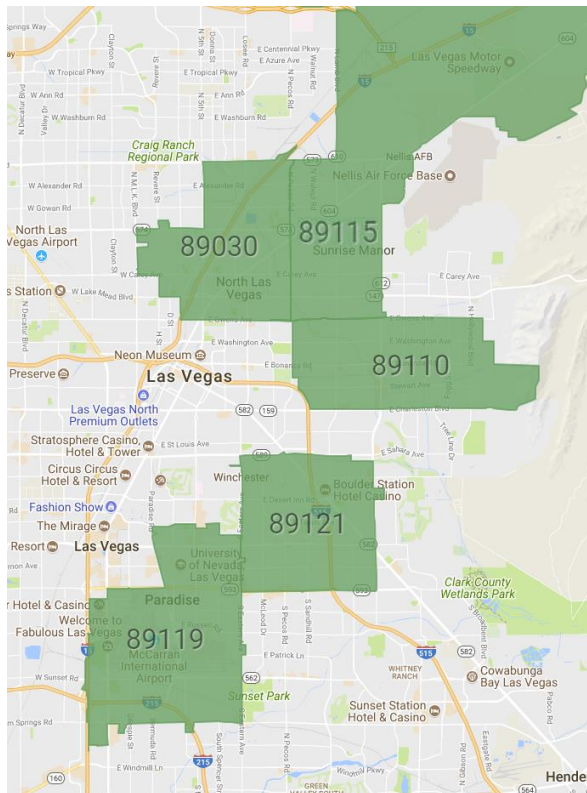
<sup>12</sup> Office of Analytics, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

Figure 16: Infant Mortality High-Need Zip Code Table

Zip	Population	2015 Infant Mortalities	2016 Infant Mortalities	2017 Infant Mortalities	Total	3-Year Rate
89030	48,581	9	8	7	24	0.049%
89121	64,800	9	7	7	23	0.035%
89512	25,813	8	<3	<3	10	0.039%
89031	67,541	6	6	3	15	0.022%
89110	74,955	6	4	10	20	0.027%
89108	76,257	5	<3	5	10-12	0.016%
89101	41,256	4	6	4	14	0.034%
89104	40,263	4	6	<3	10-12	0.025%
89115	60,069	4	7	6	17	0.028%
89119	51,054	4	8	5	17	0.033%
89148	48,625	4	<3	5	9-11	0.023%
89178	35,746	4	3	4	11	0.031%
89431	38,240	4	4	4	12	0.031%
89107	38,487	3	10	3	16	0.042%
89142	35,333	<3	8	3	11-13	0.037%
89139	38,412	<3	6	6	12-14	0.034%
89147	53,401	<3	5	5	10-12	0.022%
89502	46,279	<3	5	9	14-16	0.035%
89122	50,514	3	4	4	11	0.022%

Green = Las Vegas Area Purple = Reno Area

Figure 17: Infant Mortality High-Need Zip Code Maps



# SURVEY OF FAITH-BASED HIV PROGRAMS

While there has been much research done in the area of partnering with faith-based organizations to address HIV, there have been few time-proven and available programs that appeal to a majority of FBOs. Most of the programs seem to be crafted for non-FBO populations and adapted to be used in congregations.

While these programs have good value, we will focus on programs developed specifically for FBOs, which are few or currently unavailable. We will provide information about them and a limited assessment from a faith-based perspective (see Figure 18). We will also use these programs to help develop a potential faith-based HIV Curriculum (see *Intervention Plan*).

**Figure 18: Faith-Based HIV Programs Table**

Name of Intervention	Name of Organization	Point of Contact	Year	Notes	Assessment
<a href="#">Focus on Youth With Impact - HIV Prevention Program for African-American Youth</a>	Balm in Gilead	Cary Goodman cgoodman@thebalmingilead.org (804) 644-2256	1998, 2005	Good evidence-based youth program with brief mentions of faith. Not designed for faith-based organizations.	Good program, content may not be compatible with most Nevada FBOs.
<a href="#">Your Blessed Hope</a>	YOUR Center	(810) 789-8637	2009	Research indicates it is more religious in content with components to reduce stigma.	Not able to find intervention materials.
<a href="#">Responding to the Call: A Guide to HIV/AIDS Education in Faith Communities</a>	New York State Dept of Health	Carol Tyrell (518) 473-2300 carol.tyrell@health.ny.gov	2010	Most relevant and comprehensive training document for FBOs. Could be foundation for producing Faith-Based curriculum.	Great general resource that addresses faith and effective HIV interventions well.
<a href="#">Voices of Faith (Video)</a>	New York State Dept of Health	Carol Tyrell (518) 473-2300 carol.tyrell@health.ny.gov	2008	Diverse faith leaders speaking about how they are addressing HIV/AIDS.	Good, relevant video. Could make new video for NV.
<a href="#">Churches United to Stop HIV (CUSH)</a>	Florida Department of Health in Broward County	Post.CHD06@flhealth.gov	2005	Appears to be very effective but dated program. Materials no longer exist.	Could have been a good program to study and utilize but no longer available.
<a href="#">Faith Communities Project</a>	New York State Dept of Health	Carol Tyrell (518) 473-2300 carol.tyrell@health.ny.gov	2013	Well planned and researched initiative that hosts outreach meetings at FBOs.	Great resource and best model for Nevada FBO outreach events.
<a href="#">Faith-Based Ministries and Resource Directory</a>	New York State Dept of Health	Carol Tyrell (518) 473-2300 carol.tyrell@health.ny.gov	2017	Directory produced by health department to connect people to faith-based ministries.	Good supplemental resource that can be used in NV.

# INTERVENTION PLAN

## **Congregations for Nevada Partnership**

*Congregations for Nevada* is a congregation-led, state-supported partnership addressing health disparities and high-need issues in Nevada. The partnership will consist of African-American, Latino and other faith-leaders, local elected officials and Department of Health and Human Services (DHHS) staff.

*Congregations for Nevada* will consist of two coalitions, one each for northern and southern Nevada. Each coalition will identify high-need health issues, develop initiatives and action plans, delegate responsibilities and implement activities for the purpose of reducing disparities among minority communities in Nevada. Initiatives will be supported by DHHS through existing programs, targeted data, professional staff support and approved funding.

DHHS will provide training for monthly *Congregations for Nevada* meetings in southern and northern Nevada regarding health issues the coalition is currently addressing or will address. Training will consist of expert content, resources, presentations, etc. Material will be given in a manner honoring the beliefs and convictions of Nevada FBOs.

## **The Role of Congregations in Health and HIV Forum**

A forum on “The Role of Congregations in Health and HIV” will be held in Las Vegas and Reno as one of the first steps. The purpose will be to help inform faith-leaders on the *Nevada Faith-Based Intervention Plan* and establish the *Congregations for Nevada* partnership. The forum will include clergy-led prayer, expert content, partnership vision and faith-leader input.

## **Common Ground HIV Outreach Events**

While advertising campaigns can help reduce stigma, only a grassroots approach can engage the sources of stigma that lead to disparities in HIV diagnoses and care. Modeled after the New York State Department of Health AIDS Institute’s “Meeting on Common Ground” program, the *Nevada Common Ground HIV Program* will host monthly outreach meetings at FBOs in Nevada.

Events will take place weeknights from 6-9 PM and include dinner, expert content, personal stories, clergy perspective, childcare, clinicians, testing and resources provided by a partner community organization. Events will be planned through *Congregations for Nevada*, and additional outreach will be done to FBOs as well as targeted populations to garner attendance.

The goals of the program will be to reduce stigma, increase ownership and increase testing. If these meetings can be built into the rhythm of a community, understanding could increase as stigma decreases. With this, events will be done in a way that honors the beliefs and convictions of Nevada FBOs, especially the host congregation.

### **Faith-Based HIV Initiative Scholarship Program**

To help address the HIV epidemic in Nevada, the Nevada Office of HIV/AIDS will provide \$5,000 - \$15,000 “mini-grants” under the Ryan White Part B program. These mini-grants will be used for outreach events, initiatives and other interventions done by FBOs and approved by Nevada Office of HIV/AIDS. Priority will be given to minority organizations, who could apply for funds as part of the overall strategy in reducing disparities among People Living With HIV and AIDS (PLWHA).

### **Faith-Based HIV Prevention Curriculum Program**

One obstacle to reducing disparities in HIV diagnosis and care is a lack of information and historical stigma inside many FBOs and culture as a whole. While there is a lot of curriculum focused on HIV prevention, there are few available programs made for faith-based organizations.

To address this, a curriculum will be developed through a faith-based university as part of the *Common Grace Health Curriculum* (see below). While this will initially be focused on small groups, additional modules could be added for congregational teaching series, youth groups, etc.

### **Common Grace Health Curriculum**

While there are some examples of success, integrating evidence-based health education with faith-based organizations and their beliefs seems to be awkward and usually lopsided. Either FBOs boldly develop education that may lack evidence-based research, or health organizations implement initiatives retrofit for FBOs that may struggle to last due to competing values.

*Common Grace Health Curriculum* seeks to identify common ground between FBOs and health organizations in order to integrate health education into the ministries of an FBO. This approach, we believe, will lead to a faith-worldview being reinforced with evidence-based education that addresses areas of high-need.

To do this, we will partner with a faith-based university to develop curriculum with two tracks: one track for all faiths that is more general and inclusive, and another for Christian faiths with which 93% of religious Nevadans identify. The series will begin with HIV and include such topics as addiction, mental illness, heart health, etc.

### **Community Health Worker Program**

Community Health Workers (CHWs) are health advocates for local communities and can be vital in reducing disparities in Nevada. The *Community Health Worker Program* will be offered through African-American and Latino congregations to train members. This will serve multiple goals in reducing disparities by connecting people to care through CHWs that know the community, providing employment training and giving a voice to disparaged communities.

The program is currently offered by Nevada DHHS at no cost as an eight-week certificate course. This class is online with two days in a classroom, which will be hosted at an African-American or Latino FBO and will request participants to commit to volunteering through the coalition.

### **Grant Writing Training Program**

Local congregations and faith-based organizations have a lot of knowledge in caring for and leading people but can struggle to have time to apply for grant funding for specific outreach efforts, limiting effectiveness of programs. To address this, we will offer scholarships for no more than two people from each African-American and Latino congregation in Nevada to attend the Grant Writing USA class through DHHS.

The *Grant Writing Training Program* will help reduce disparities through FBOs studying local health needs, applying for funding and (if successful) administering grants. Congregations will be encouraged to coordinate with other FBOs to ensure efforts are being maximized. A one-day module will be added on how to tell the story of the organization and proposed initiatives. An experienced grant writer will lead the module to ensure potential success of FBOs in applying.

### **Rural Foster Child Support Partnership**

There are roughly 400 children in foster care in rural Nevada, with more added each day. In order to support foster parents and help ensure children can be placed in their local community, the *Rural Foster Child Support Partnership* will be created to anonymously connect congregations in Nevada to rural foster children in need.

The child's age and list of needs will be provided to an FBO, who will in turn supply gift cards and/or new items for these specific children. The goal will be to have every foster child in rural Nevada supported through DHHS by FBOs, with more ready as new children enter the system.

### **Healthy Start Partnering Initiative**

In Nevada, African-American families experience an infant-mortality rate twice that of others. While there are many causes, expanded pre-natal care is essential in mitigating environmental factors and improving health of both mother and infant. Healthy Start is an existing federal program through Southern Nevada Health District focused on reducing these disparities among African-Americans living in high infant-mortality ZIP codes.

The *Healthy Start Partnering Initiative* will expand awareness of this program within FBOs and the communities they serve. This will include educating faith-leaders and congregations on the need for early intervention, raising the profile of the program among congregants and their communities, creating a referral process for faith-leaders to connect families to care and initiatives to expand trust and advocacy between mothers and their health-care providers.

### **Doula Training Initiative**

Doulas provide support during pregnancy, labor and postpartum. Doula-assisted mothers are less likely to deliver babies with low birth weight or with birth complications and more likely to breast-feed infants<sup>13</sup>. This initiative will provide scholarships to train members of minority congregations in this field, through certification courses currently offered in Nevada.

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<sup>13</sup> "Impact of Doulas on Healthy Birth Outcomes", The Journal of Perinatal Education, Winter 2013

### **Maternal Child Health Partnership**

With direction from Maternal, Child and Adolescent Health (MCAH), the Maternal Child Health Partnership would connect congregations to various resources and coalitions currently working in this area. This would include initiatives for congenital syphilis, gestational diabetes, maternal mortality and addressing risk factors for infant prematurity.

### **Welfare Services Signup Training**

Many FBOs have shared a concern for the needs of people in regard to health insurance, income, food needs, medication costs and medical help for uninsured (see Figure 2). With this, 29% of congregations have requested training from a specialist in signing up people for welfare services (Health Insurance, Food Stamps, TANF).

To help address these concerns and requests, the *Welfare Services Signup Training* will be offered through Welfare Services every quarter. A state specialist will train faith-leaders and volunteers at a host FBO on assisting individuals to sign up for services. Although only qualified individuals receive assistance, this training will help reach unreached populations through the leaders they trust and will help reduce disparity for those currently underserved.

### **Congregation Substance Abuse Toolkit**

Addiction is the highest concern among faith-leaders (see Figure 2). To address this, we will seek to partner with the Substance Abuse Prevention and Treatment Agency (SAPTA) to create a toolkit for faith-leaders, guiding them through how to help those facing addiction.

The *Congregation Addiction Toolkit* will include training materials, referral processes, treatment center information, payment information, contact information for the Substance Abuse Prevention and Treatment Agency (SAPTA) and vouchers for an overdose antagonist to be kept onsite and given to high-risk individuals and families. A SAPTA point person will also be available to coordinate faith-based efforts with programs administered by sub-grantees.

### **Values-Based STD Campaign**

STD infections remain prevalent in Nevada and appear to be increasing. Congregations can play a unique role in addressing this epidemic, even if it appears to be at odds with faith world-views that may reject sexual activity that brings about risk of infection. To address this, we will launch an abstinence-focused campaign using elements of the Health Belief Model. Congregational outreach could be another focus, which will collaterally create awareness among congregants.

### **Pregnancy Center STD Initiative**

Pregnancy Centers represent a unique opportunity to engage individuals regarding sexual issues among faith-based groups. While there may be some pregnancy centers in Nevada already testing for STDs, most have the medical staff, capability and desire to help in this area. This initiative will explore providing STD testing and prevention training, and other resources, to these centers in a way that honors their specific beliefs and convictions.

# IMPLEMENTATION PLAN

## Faith-Honoring Implementation Strategies

There are few issues that unite congregations across denominational and faith lines, and almost all deal with external needs or threats. Some of these issues are ongoing, like caring for the poor and religious liberty, while others are in response to cultural awareness and movements, like addiction intervention and racial reconciliation.

If faith leaders are to expose themselves in working together, the needs of people and incentives to partner must be great. With this, there needs to be transparency that the State and others are not seeking to redefine or dilute specific beliefs but instead honor them. Any strategy to implement this Intervention Plan must protect theology, promote needs and provide incentives.

The goal of this plan is reducing health disparities among minority communities, beginning with HIV/AIDS and expanding to other issues. While not all disparity is racial, the focus of this plan is racial disparity, which is a clear link to current movements among congregations in America. The concept of racial reconciliation is well known among FBOs and already a goal in many of them.

Connecting these goals can produce a workable model that brings faith-leaders to the table, even those unaffected but with a sense of responsibility to help. With this, almost every faith contains “common grace” and “compassion and care” theology that will allow the Intervention Plan and subsequent *Congregations for Nevada* partnership to be a viable option for congregations.

But these strategies will only work through establishing and maintaining relationship with leaders and congregational “gatekeepers.” This will take time and sizable investments involving visiting congregation services, attending midweek gatherings and networking through clergy groups and one-one meetings. These relationships are the linchpin to any partnering or intervention.

## Steps to Get There

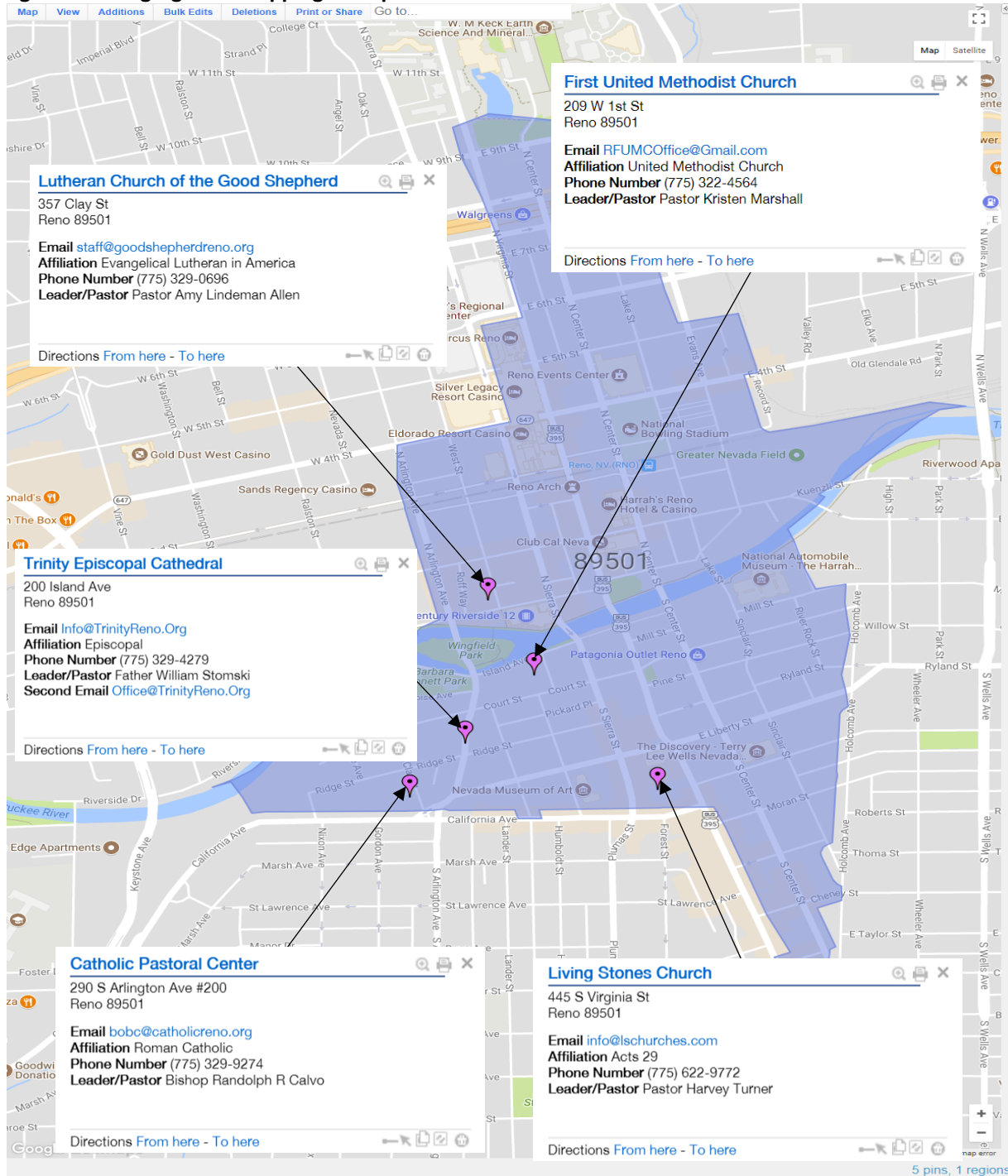
1. Visit and Network with African-American and Latino FBOs
2. Establish *Congregations for Nevada* Coalition
3. Host Forum on “Role of Congregations in Health and HIV”
4. Implement HIV Initiatives with Faith-Leader Direction
5. Use HIV as Template and Survey Other Disparities
6. Plan Yearly Health Disparity Focus for Partnership
7. Maintain Existing Initiatives and Monitor Progress
8. Celebrate Wins



## Congregation Mapping Tool

One tool that can be used implementing this Intervention Plan is mapping of Nevada FBOs overlaid with ZIP code specific health data. This simple tool can identify a range of congregations in an area experiencing a health crisis (like substance abuse) for partnership. These can then be sorted based on minority influence, current ministries, etc. See example in Figure 19 for 89501.

Figure 19: Congregation Mapping Example



Mapping tool is available at <https://endhivnevada.org/faith-based/>

## Congregation Database Tool

Combining and overlaying health data produces a list of ZIP codes in Nevada experiencing co-epidemics that could be prioritized to avoid potential watersheds in public health. With this, there is great opportunity to maximize resources in these areas as interventions can be combined or synergized together.

For example, one ZIP code with a high prevalence of HIV, STDs, substance abuse and infant mortality is 89119. Utilizing a directory of congregations filtered by ZIP code produces a list of 36 FBOs to potentially partner with to address areas of high-need (see Figure 20).

**Figure 20: Congregation Database Example**

Name	Affiliation	City	Pastor/Leader
Iglesia Cristiana Casa del Alfarero	-	Las Vegas	Pastor Valladares
Bethany Baptist Church	-	Las Vegas	Pastor Steve Messer
Living Hope Christian Assembly	-	Las Vegas	-
Shrine of the Most Holy Redeemer	Roman Catholic	Las Vegas	Father Manuel Quintero
The Stream	EFGA, Gospel Coalition	Las Vegas	Pastor Kevin Scott
Camino de Dios Las Vegas	-	Las Vegas	Pastor Jesús Prieto
Centro de Victoria	-	Las Vegas	Pastor Diego Andres Trujillo
St Valentine Faith Community	Nat Catholic Church of North America	Las Vegas	Father James P Morgan
Tropicana Christian Fellowship	SBC	Las Vegas	Pastor Tom Martin
University United Methodist Church	United Methodist Church	Las Vegas	Reverend Terri Hubbard
House of Victory Worship Center	Christian and Missionary Alliance	Las Vegas	Pastor Steve Alison
Chapel of Improvement Fellowship	SBC	Las Vegas	Pastor Isaac David
St Gabriel the Archangel Parish	Byzantine Catholic	Las Vegas	Father Marcus Gomori
Life Springs Christian Church	-	Las Vegas	Pastor Roger Worsham
Harvest Church of South Las Vegas	Pentecostal	Las Vegas	Pastor Mike Teixeira
Gethsemani Missionary Baptist Church	SBC	Las Vegas	Pastor Charles McCall
Iglesia Cristiana Monte Sinai	SBC	Las Vegas	Reverend Ozzie Barietta
The Church of Jesus Christ of LDS YSA Ward	LDS	Las Vegas	Bishop Cox
The Church of Jesus Christ of Latter-day Saints	LDS	Las Vegas	Bishop Day
Islamic Information Center - Masjid Al-Noor	Islam	Las Vegas	Dr Saleha K Baig
Victory Life Christian Center	-	Las Vegas	Pastor Chilpen Mason III
Grace City Flamingo Outreach Center	-	Las Vegas	Pastor Chris Marlin
Iglesia Evang Pent Casa de Dios y Puerta Del Cielo	-	Las Vegas	Pastor Guillermo Maita
St Thomas Aquinas Catholic Newman Center	Roman Catholic	Las Vegas	Father Daniel Rolland
Imago Dei Las Vegas	Roman Catholic	Las Vegas	Cristina Rodriguez
Abundant Peace United Church of Christ	United Church of Christ	Las Vegas	Reverend Wilfred Moore
Grace City Romanian Church	SBC	Las Vegas	Pastor Marius Lucan
Grace Iranian Baptist Church	SBC, Gospel Coalition	Las Vegas	Pastor Saeed Gohari
Grace Vietnamese Baptist Church	SBC	Las Vegas	Pastor Harry Watson
Iglesia Bautista La Senda	SBC	Las Vegas	Pastor Juan Carlos Estrella
Iglesia Bautista Monte Horeb	SBC	Las Vegas	Pastor Joel Gutierrez
Grace Filipino American United Methodist Fell.	United Methodist Church	Las Vegas	Angel Opiniano
The Potter's House	Christian Fellowship Ministries	Las Vegas	Pastor Salomon Arciniega
Las Vegas Bulgarian Foursquare Church	Foursquare Gospel	Las Vegas	Pastor Ivan Bakalov
Árbol de Vida	Apost Assem Of The Faith In Christ Jesus	Las Vegas	Pastor Moises Ledesma
Storming the Gates of Hell Ministries	-	Las Vegas	Pastor Leonard C Bryant Sr

*African-American, Latino*

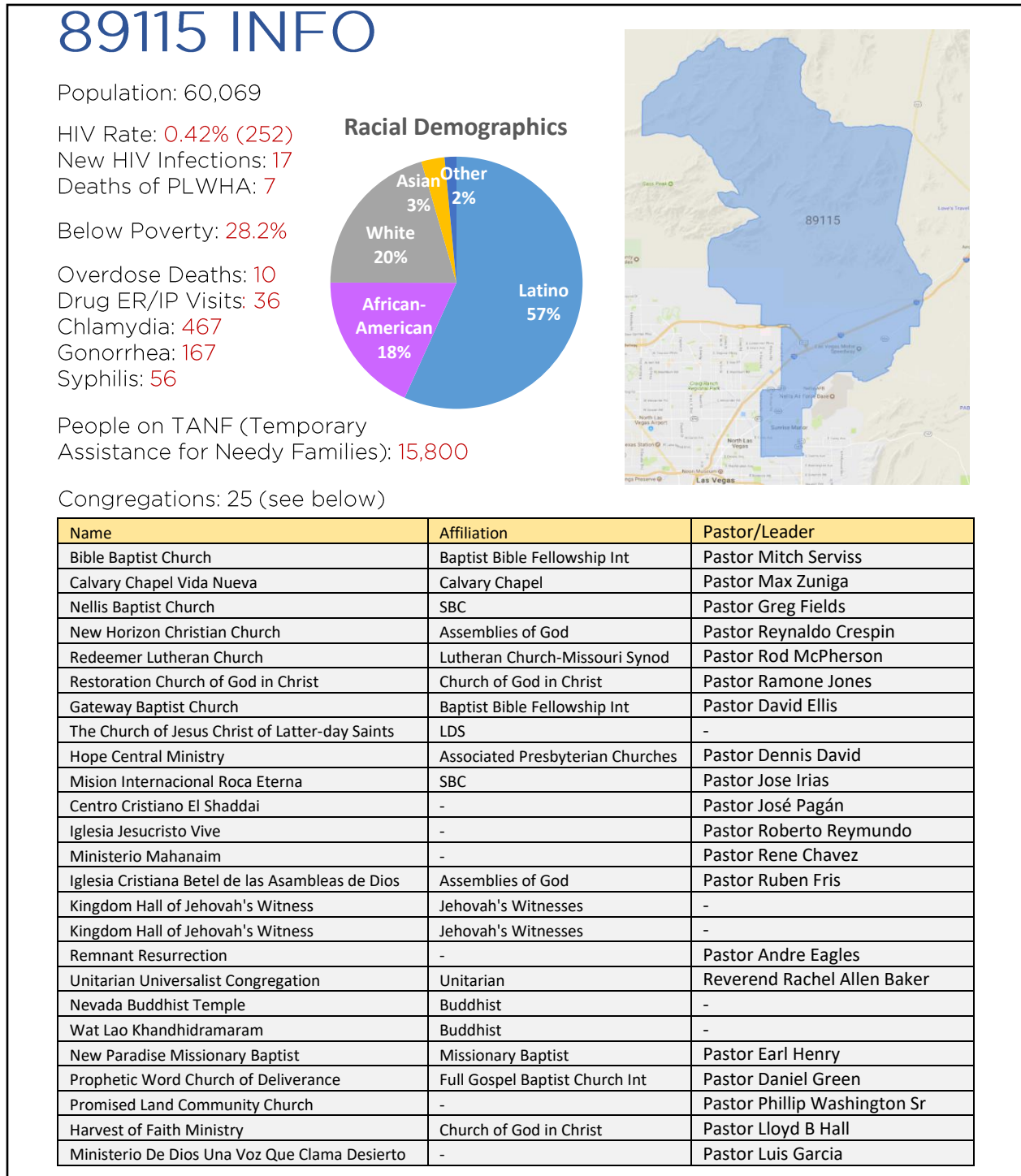
For full directory, please visit:

<https://endhivnevada.org/end-hiv-nevada-program/faith-based/congregationdirectory>

## Congregation ZIP Code Data Sheets

Along with mapping and congregation database tools, ZIP Code Data Sheets are a tool that can be used to identify potential FBOs for partnership. These can also be used when working with congregations to identify needs and information about their respective areas of ministry. Please see the example data sheet for 89115 (Figure 21).

**Figure 21: Congregation ZIP Code Data Sheet Example**



# CONCLUSION

While it may seem faith-based organizations and cultural institutions are moving away from each other, it represents a unique opportunity on both sides to maintain their identity while building better bridges. Whether it is the State seeking to promote health and well-being of residents, or a congregation seeking help in caring for their community, both can learn how to relate and work together to meet the needs of people.

These needs are indeed real, varied and in almost all cases disproportionately affecting African-American and Latino men and women. As mentioned in the Introduction, these communities bear the brunt of HIV, and for every 100 people infected, 31 more are disproportionately infected due to no other reason than their race.<sup>14</sup> This disparity, along with every other, deserves intervention and partnership.

There are arguably few greater untapped resources in addressing HIV/AIDS and other health issues than congregations in Nevada. They possess more goodwill, resources and influence than any other entity in the State and are key to ending health disparities, if they are willing to come to the table and lead the charge.

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<sup>14</sup> Extra African-Americans and Latinos infected with HIV in 2015 considering demographics (104) divided by total number of HIV cases if demographically equitable (333).