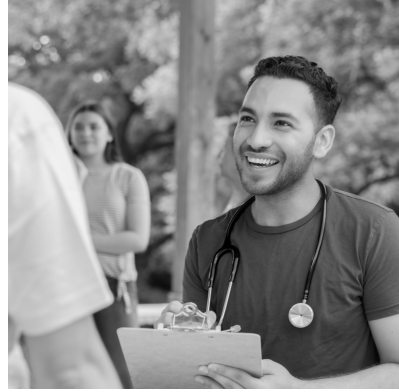


FAITH AND HEALTH REPORT

COMMUNITY HEALTH WORKER PILOT PROGRAM 2022- 2023



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ABOUT THE NEVADA FAITH AND HEALTH COALITION

The Nevada Faith and Health Coalition's (NFHC) mission is to address the social determinants of health in historically marginalized faith communities. The NFHC is comprised of faith leaders across the state aiming to bring awareness, resources and solutions to increase the quality of physical, emotional, spiritual and mental Health of all Nevada Families.



PROGRAM BACKGROUND

According to PEW research, over a third of people attend a religious service at least once per month. A religious gathering offers an opportunity to reach a broad range of residents of mixed demographics that is rare to find in other gatherings. Amidst the uncertainty of the COVID-19 pandemic, community members often turned to places of faith. With trust in faith-based leaders, it is important that places of faith play an active role in promoting the health of congregants.

The Nevada Faith and Health Organization is a non-profit organization driven by the mission to promote health by working in partnership with faith-based organizations, agencies, and diverse community groups. In 2021, the Nevada Faith and Health Coalition developed an action plan based on the Nevada Faith and Health Survey administered in September 2020 to congregates and faith leaders across Nevada. This action plan identified COVID-19 mitigation as a priority area, with 84% of Black respondents reporting being unlikely or unsure if they would get a COVID-19 vaccine. From this, recommended action steps included distributing information through faith leaders and encouraging place-based vaccine and COVID-19 partnerships.

This program aimed to provide leadership, outreach, and administration of the Nevada Faith-Based Intervention Plan in its goal of reducing health disparities through a coordinated approach with the faith-based community, particularly focused on the impact of COVID-19 and other co-compounding conditions. The funding aimed to support faith-based communities on efforts related to health promotion and protection, as well as working more holistically on other diseases and conditions to improve the quality of life of citizens throughout Nevada. This project aspired to support grassroots organizing and mobilization of communities throughout Nevada to elevate the issues surrounding minority health and equity.

PROGRAM TEAM



Anna Dobbins

Associate Director
Larson Institute



Zach Dupin

PH Diversity Advisor
Larson Institute



Alisa Howard

Director
Minority Health Consultants



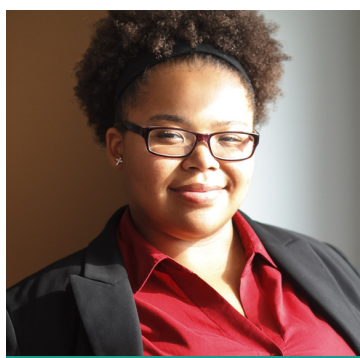
Bishop Ronald Thomas

President
NV Faith and Health Coalition



Pastor Phillip Washington

Vice President
NV Faith and Health Coalition



Alex Neal

Minority Health/ Equity Spec.
NOMHE

COMMUNITY HEALTH WORKERS (CHWS)

Reconciliation Apostolic Ministries

Jamia Banks
Laticha Brown

Mountain Top Faith Ministries

Indi Kaufman
Mildred Knapper

Masjid As-Sabur

Mahir Hussein
Ayyoob Hussein

The Power Center

Elizabeth Edmonson

Promise Land Community Church

Doris Lee- Turner
Shila Howell

Christian Embassy Worship Center





Trish Allison
Naomi Ledbetter

Destined for Glory

Kathy Howard
Pastor Tony Howard

PROGRAM DELIVERABLES/ PARTNERS

Deliverables

-  Identify and coordinate 12 places of faith as partner sites for COVID-19 mitigation efforts over a 5-month period
-  Coordinate the training of 12 faith-based leaders as community health workers in CHW curriculum and COVID-19 mitigation efforts and co-occurring conditions
-  Coordinate the distribution of on-site test kits by CHWs at 12 faith-based partnering sites
-  Develop and implement community events to provide health education on COVID-19 mitigation and co-occurring conditions to congregants

Partners

Larson Institute for Health Impact and Equity
Grant Lead

Nevada Faith and Health Coalition
Program Manager

Minority Health Consultants
Training Manager

Nevada Community Health Worker Association
Training Sponsor

Office of Chronic Disease Prevention & Health Promotion
Southern Nevada Health District
Program Sponsor

TRAININGS OVERVIEW

CHWs completed four separate trainings as part of a comprehensive curriculum designed to provide the tools needed to succeed in the position.

In-Person Trainings



CHW Course from Nevada Community Health Worker Association

This training provided an introduction to important community health worker concepts, such as documentation skills, health disparities, and service coordination, and the knowledge and skills necessary to work out in the community.

Facilitator: Nevada Community Health Worker Association



Adult Mental Health First Aid from National Council for Mental Wellbeing

This training provided an overview of the knowledge and tools needed to initially help someone experiencing a mental health or substance use challenge.

Facilitator: National Council for Mental Wellbeing



Hypertension Education and Outreach Facilitation

This training educated lay community workers on heart health prevention. Participants learned the fundamental skills on how to accurately measure blood pressure and interpret the readings, as well as best practice strategies on client engagement in community settings.

Facilitator: Southern Nevada Health District

Asynchronous Trainings



CHW Guide: Introduction to Public Health

This training was designed to expand upon existing public health knowledge for community health workers on various health topics, including health communications, cancer, smoking, heart disease, diabetes, and mental health.

Facilitator: Larson Institute for Health Impact and Equity

Community Health Worker Guide: Introduction to Public Health

Curriculum

Course Content



**Community Health Worker Guide:
Introduction to Public Health**

PROGRAM BACKGROUND

COMMUNITY SERVED

The *CHW Pilot Program* aimed to improve access to healthcare and bridge the gap between congregants and the health and social service system. In order to do so, CHWs provided 1-1 consultations with community members. These consultations occurred in various settings including tabling events, before and after faith services, and theology group studies. The following page provides data on the CHW led 1-1 consultations:

1-1 Consultation Data

268 individual congregant encounters



90% of encounters were **15 minutes or less**

45% of encounters were with **adults 18-39 years old**

49% of encounters were with **adults 40-64 years old**

5% of encounters were with **adults 65+**



50% of encounters were with congregants identifying as **Black or African American**

22% of encounters were with congregants identifying as **White**

17% of encounters were with congregants identifying as **Hispanic or Latino**

1-1 CONSULTATION DATA

The most common **topics discussed, referrals made, and resources provided** included...

COVID-19

Social Services

Cancer



42% of interactions discussed **COVID-19**

16% of interactions discussed **cancer**

8% of interactions discussed **social services**



50% of resources provided were for **COVID-19**

11% of resources provided were for **social services**

9% of resources provided were for **cancer**



37% of referrals were for **COVID-19**

34% of referrals were for **social services**

16% of referrals were for **mental health and substance use**



ACCOMPLISHMENTS

CHWs across six faith sites spent ten months implementing events, workshops, classes, and programs to address the most pressing health needs in their communities. The following pages provide key accomplishments from each faith site.

Faith sites hosted over **50 events** on health topics including...

COVID-19	HIV	Housing Instability	Mental Health
Food Insecurity	Self Harm	Oral Health	Heart Disease
Domestic Violence	Diabetes	Sarcoidosis	Physical Health

Promise Land Community Church

Implemented weekly food pantries

Developed an onsite resource center

Hosted a healthy goal setting/ vision board class

Volunteered at the HIV Biomedical Summit

Hosted a Mind, Body, Soul, Mindfulness event

Tabled weekly at the ministry and community events

Mountain Top Faith Ministries

Distributed at-home COVID-19 testing kits with COVID-19 educational material

Partnered with Acelero and 3-Square Meals to package meals and distribute to the community

Volunteered at the HIV Biomedical Summit

Hosted Heart Awareness Month event, including blood pressure checks

Hosted tabling event for diabetes

Christian Embassy Worship Center

Tabled at ministry fair on hypertension and diabetes

Hosted a Dental Health Awareness Month event, providing oral health resources

Implemented Wellness and Worship services, promoting physical activity

Hosted CPR training for congregants

ACCOMPLISHMENTS

Masjid As-Sabur

Implemented a mental health seminar

Provided 1-1 consultations with congregants

Hosted a sermon on healthy New Years resolutions

Hosted group discussions on heart disease and diabetes

Hosted events around Ramadan on the health benefits of fasting

Mentored youth congregants on mental health first aid

Reconciliation Apostolic Ministries

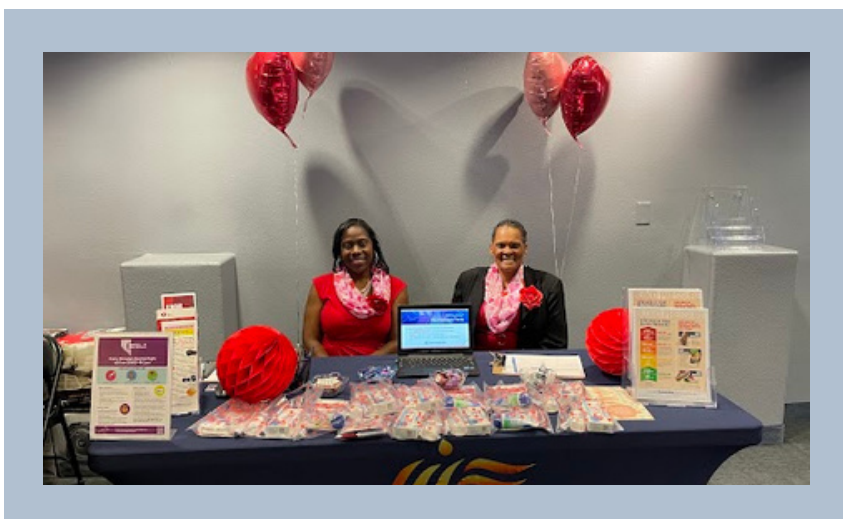
Hosted a heart health seminar with a local physician

Partnered with LV Metro Police Department to host Conversations with Cops on domestic violence.

Hosted a self harm awareness seminar with youth in the community

Partnered with Silver Summit to provide a weekly food pantry and health resources

Hosted a sarcoidosis awareness event



Over 2,000 congregants were reached through community events.



PROGRAM IMPACT

Three evaluations were conducted to assess the overall impact of the *CHW Pilot Program*, including pre/post-surveys, focus group, and curriculum assessment. The following pages provide descriptions and results for the evaluations conducted.

PROGRAM PRE/ POST SURVEYS

CHWs were asked to complete surveys before the start of the program and during the last month of program implementation (May 2023). Both the pre and post-survey included fourteen questions to assess self-efficacy related to CHW skills. Questions were asked on a four-point scale ranging from strongly disagree to strongly agree. Surveys were administered using the web-based software Qualtrics. In total, 9 responses were analyzed.

FOCUS GROUP

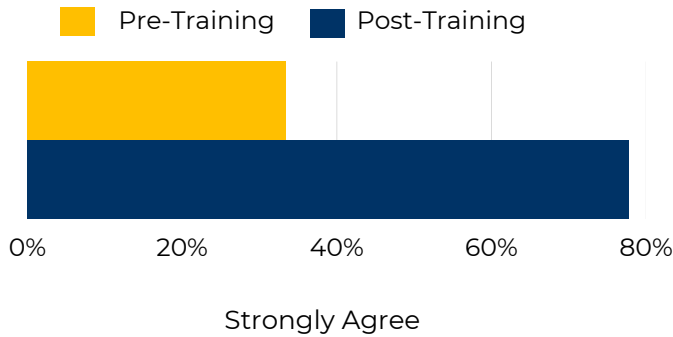
CHWs completed a one-hour focus group session during the last month of program implementation (May 2023) to assess their experience in the program. CHWs were asked eight questions regarding knowledge and skills gained, impact on the community, and barriers and recommendations for future programs. In total, 9 CHWs attended the focus group.

CURRICULUM ASSESSMENT

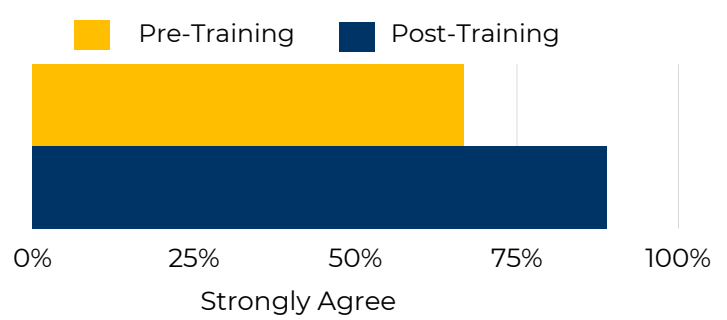
As noted as a deliverable in the *CHW Pilot Program*, the Larson Institute developed the asynchronous training *CHW Guide: Introduction to Public Health* to provide supplemental training on key public health topics, including communication and outreach, lung health, cancer, heart disease, diabetes, and mental health and substance use. Each module had a series of 5-10 questions that were asked before and after the module to assess CHWs' knowledge and self-efficacy. Questions were asked on a 4-point scale ranging from strongly disagree to strongly agree. Each module had between 9-11 respondents.

PROGRAM PRE/POST SURVEYS

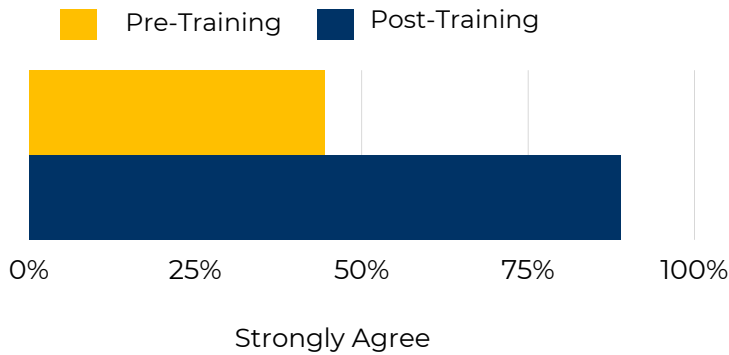
I feel closely connected with my community



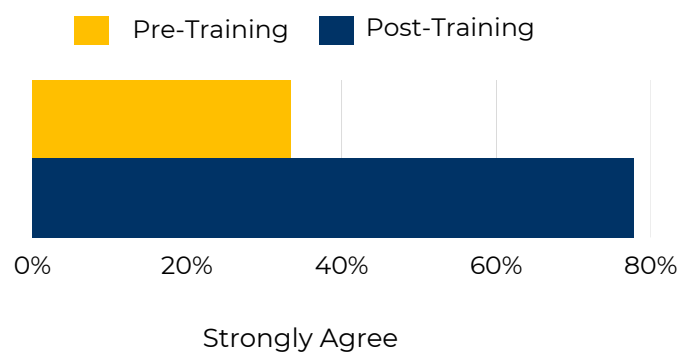
My community is supportive of CHWs



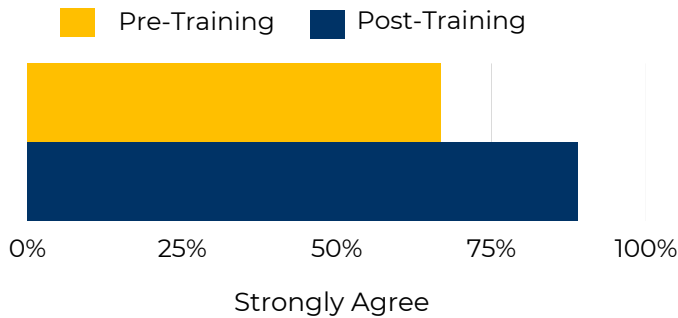
I am a trusted source of information in my community



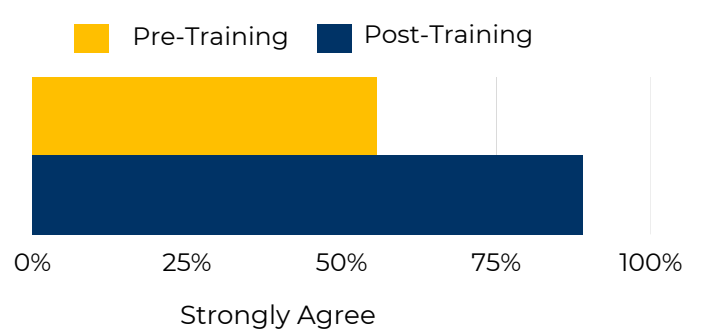
I am confident in my ability to teach patients to properly monitor their health on their own



I am confident in my ability to discuss health issues

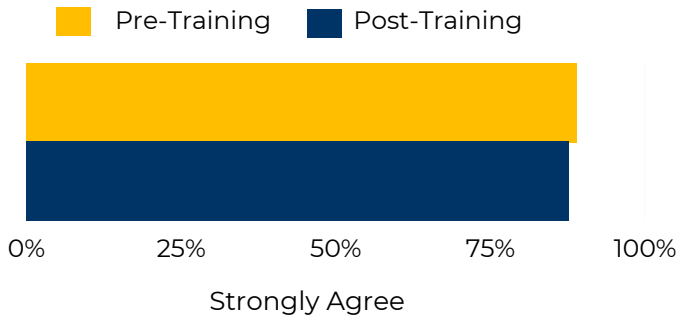


I am confident in my ability to help patients assess their health status

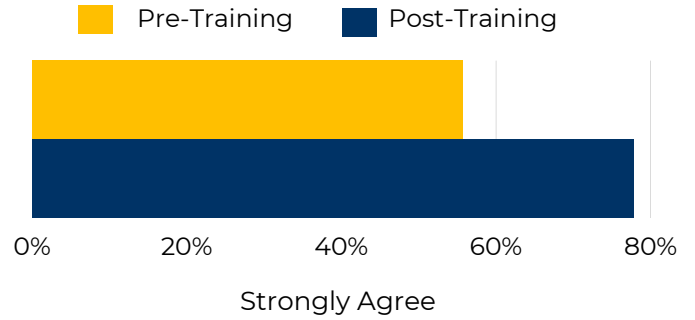


PROGRAM PRE/POST SURVEYS

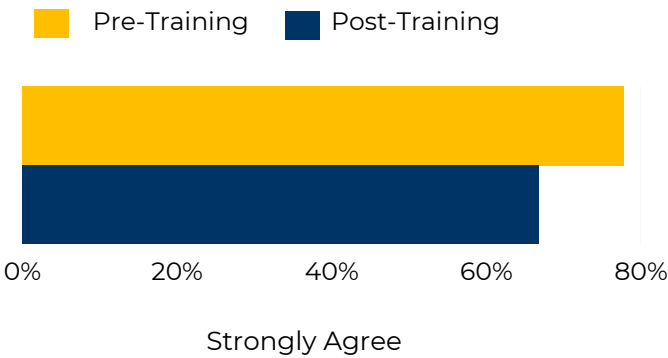
I am confident in my ability to collect a health history



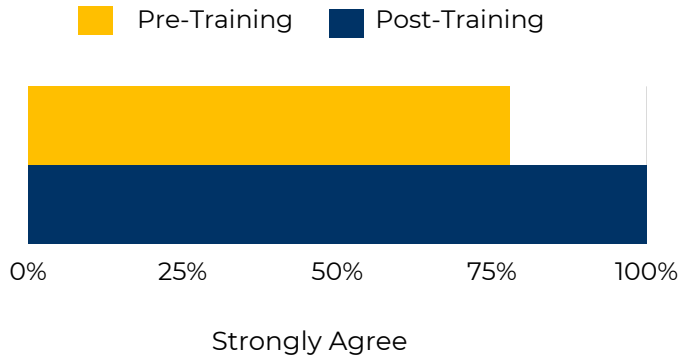
I am confident in my ability to counsel patients to change their behaviors



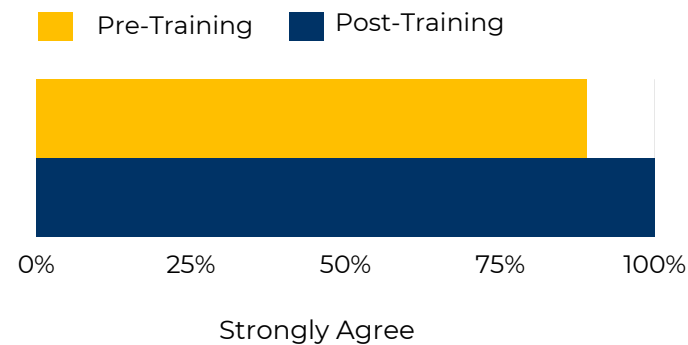
I am confident in my ability to assess a patient's health literacy



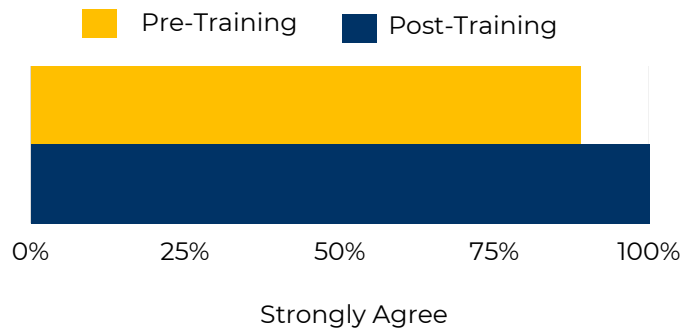
I am confident in my ability to speak to a patient about their health literacy



I am confident in my ability to direct patients to appropriate resources



I am confident in my ability to address social barriers for patients with health issues



FOCUS GROUP

How has your relationship with the community changed?

"Living in a community and being a part of the community sounds like the same thing, but when you get to really work with the people, you could find out like your neighbors [have] food insecurities. Your neighbors could be being abused, or...avoiding health care because they don't have the insurance."

How supportive was the community of your work?

"At first, you sense a bit of apprehensiveness, especially from our older populations. But eventually, they see you're consistent, you're reliable, and you actually care, and then it becomes much better."

What health issues did you learn about in your community?

"I noticed glaring disparities in the community. Even though it was something I was aware of before, now that we [know what we know], it's like the lights have been turned on even more. "

What impacts have you had on your community?

"When we had our blood pressure clinic, there were more than a few [people] that knew they should be checking their blood pressure but wouldn't. After the event, there were members coming to us to show that they had been checking their blood pressure and doing things to change their habits."

How would you define the role of a CHW?

" We have our pastors, bishops, and imams that are reminding us about divinity and spirituality. I think we're also taking our places in our respective faith-based institutions. We're giving reminders [to be healthy], we're holding education sessions, and we're bridging the gaps."

FOCUS GROUP

What skills or knowledge did you gain from this program?

"For me, it's making sure that I'm compassionate in every situation because everyone has a story, and sometimes they just want someone to listen. I'm learning as a CHW to slow down and listen to what they're saying because they could actually be telling me [about] some other health issue that they need help with."

"The mental health first aid really helped me, because I could see when a client [might be experiencing] depression."

What barriers did you encounter?

"Most of the agencies that help [with housing] are running out of money. People who've been on the wait list have been told 'We can't help you.'"

"In the month of April, 80% of our intake assessments were [people] looking for housing assistance, and it is very disheartening to have the want and desire to be able to assist, but without funding your hands are tied."

How would you improve this program?

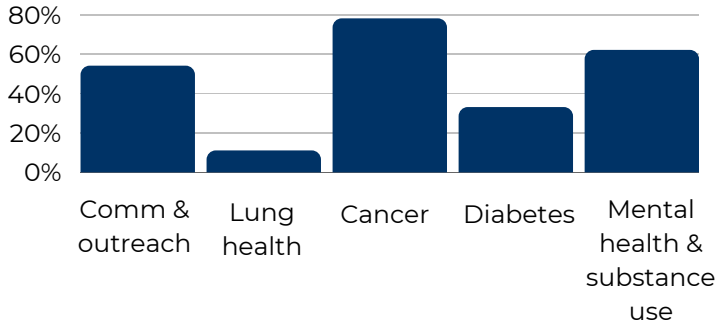
"Training on how to approach different organizations, especially when you are trying to build relationships and partnerships...knowing how to approach people when you're wanting to partner."

"More knowledge on how to integrate yourself into different parts of the health care system. What sort of roles you could take on within that system."



CURRICULUM ASSESSMENT

% of participants who have received prior training on health topics

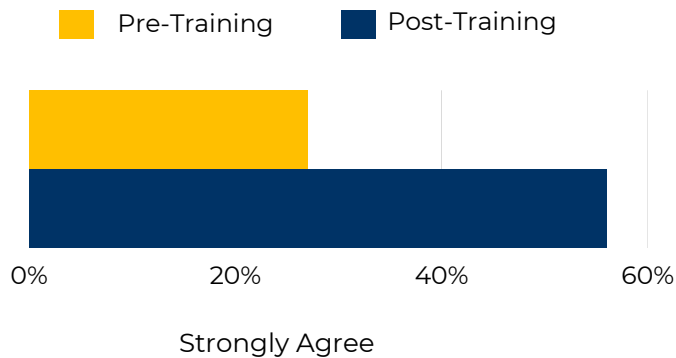


78% of CHWs completed a cancer training prior to the course.

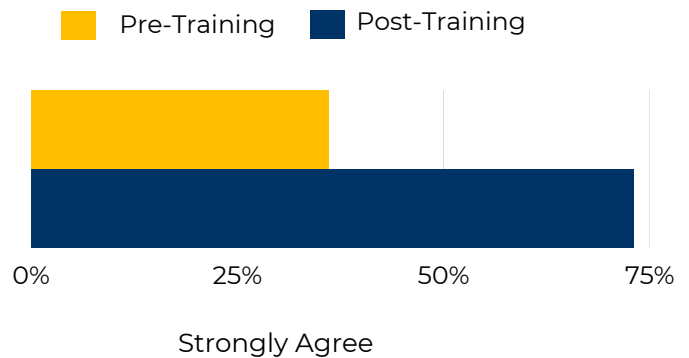
11% of CHWs completed a lung health training prior to the course.

MODULE 1- COMMUNICATION AND OUTREACH

I am confident in my health communication skills

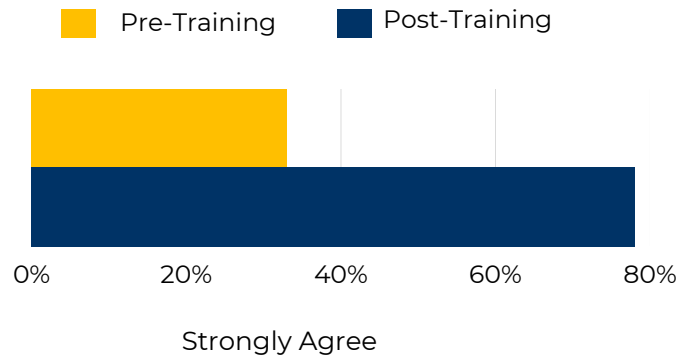


I am knowledgeable on how misinformation affects public health

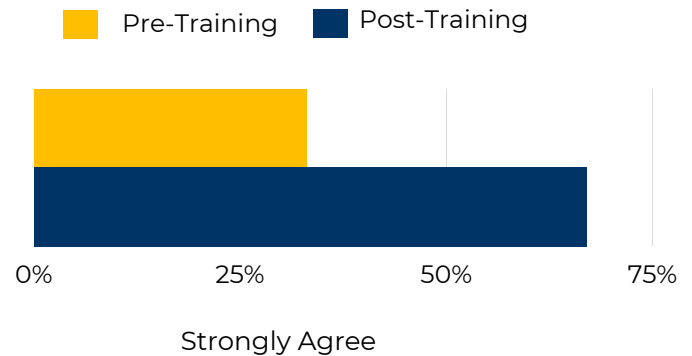


MODULE 2- LUNG HEALTH

I am confident in my ability to host activities related to lung health



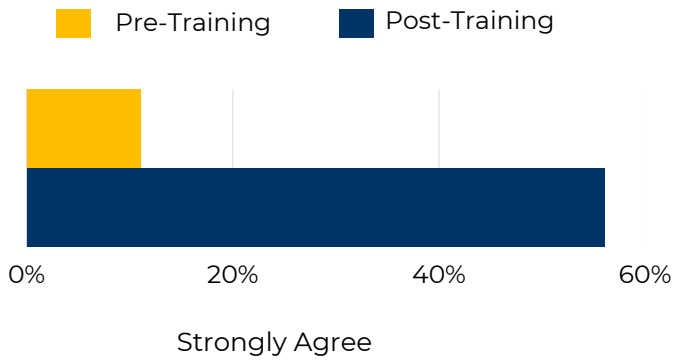
I am knowledgeable about the effects of smoking and tobacco use on lung health



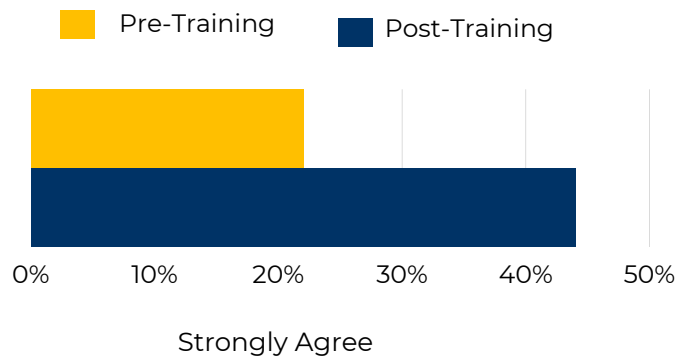
CURRICULUM ASSESSMENT

MODULE 3- CANCER

I am confident in my ability to lead cancer prevention education

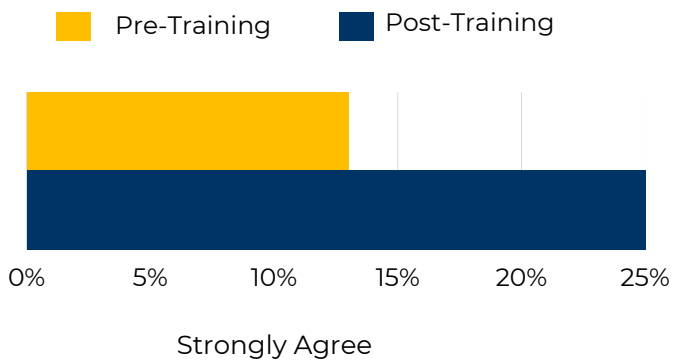


I am knowledgeable about the types of cancer screenings

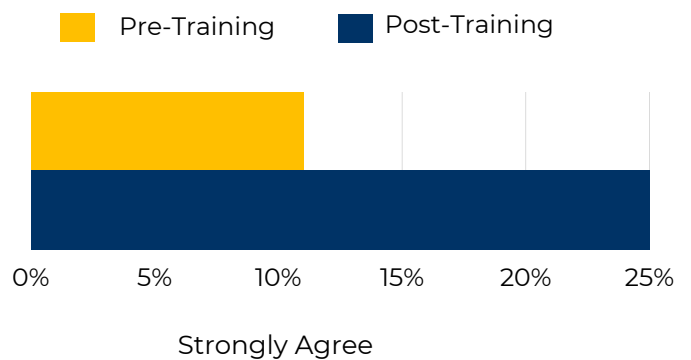


MODULE 4- DIABETES

I am confident in my ability to lead activities around diabetes prevention and care

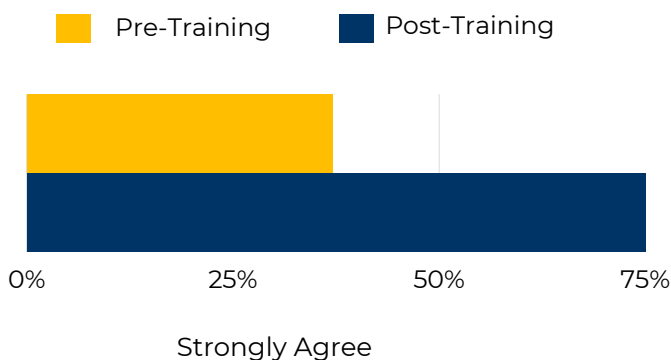


I understand the nutrition basics for individuals with diabetes

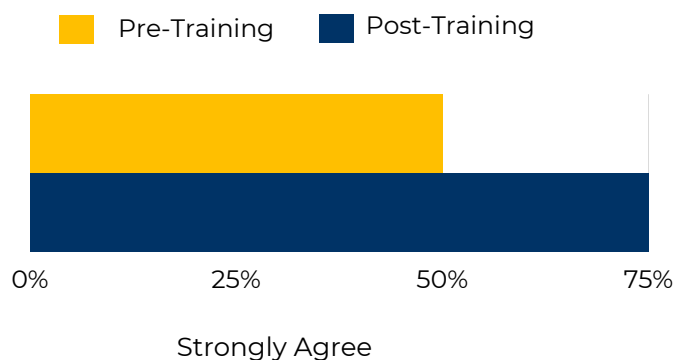


MODULE 5- MENTAL HEALTH AND SUBSTANCE USE

I am confident in my ability to lead mental health education classes



I am knowledgeable about the warning signs of suicide



COVID-19 STUDY

Under the CHW Pilot Program was the *COVID-19 Longitudinal Study*. This study aimed to assess the impact of vaccine status on COVID-19 precautionary behaviors in Nevada Black and Indigenous People of Color (BIPOC) faith communities.

Background



COVID-19 disproportionately affected BIPOC communities and current vaccination reports still show lower vaccination rates among this population.

Studies have shown that the way an individual perceives their risk of infection can influence precautionary behavior.

Methodology



CHWs recruited 8-10 families at each faith site to participate in the study. Participating families completed a COVID-19 PCR test and answered a survey assessing their COVID-19 precautionary behaviors weekly from August 2022 through December 2022.

A total of 165 survey responses were completed and eligible for analysis.

Results



Approximately 31% of participants had not been vaccinated for COVID-19

Vaccinated individuals were more likely to assume their risk of infection was low and less likely to engage in precautionary behaviors, such as hand washing, social distancing, and mask use.



Conclusion



This research highlights the importance of interventions and programming tailored for BIPOC communities in addressing mistrust in healthcare and vaccine hesitancy.



Check out the full study report here!

***Assessing the Impact of Vaccine Status on
COVID-19 Precautionary Behaviors in BIPOC
Faith Communities
By: Ihunanaya Okorie***



LESSONS LEARNED

1. ENGAGE FAITH LEADERS

CHW programs should prioritize engagement with faith leaders throughout program implementation. Faith leaders should be involved in the process of determining priority health topics and developing, promoting, and implementing health events. Faith leaders should serve as on-site supervisors for CHWs.

2. DEVELOP MULTI-DISCIPLINARY TRAINING

CHW programs should provide multi-disciplinary trainings for CHWs, such as professionalism, event planning, data collection, communications, and Microsoft applications. These trainings teach essential workforce skills not covered in depth through the certification program.

3. COLLABORATE WITH COMMUNITY ORGANIZATIONS

CHW programs should collaborate with community organizations, facilitating CHWs to make connections and be integrated into the larger public health community. In doing so, CHW programs will inadvertently strengthen the relationship between faith and health.

4. PROVIDE OPPORTUNITIES FOR CAREER GROWTH

CHW programs should provide opportunities for career growth, modeling the CHW position as a pipeline into the public health profession. Career opportunities can include university courses, certificate trainings, and mentorship.

LIMITATIONS AND RECOMMENDATIONS

LIMITATIONS

Please keep in mind that this report does have some limitations. CHWs conducted the data collection for all surveys included in the program. Minimal data collection training was provided and not all the CHWs collected data consistently and properly. With this, the results may not be representative of all the program activities.

Since CHWs were recruited for the position by their faith leaders, the evaluation results do have the potential for social desirability bias, meaning that participants responded in a way that they thought their faith leaders would approve of. Despite this limitation, the survey does provide insight into changes in community relations and self- efficacy from before and after program implementation.

RECOMMENDATIONS

From the *Community Health Worker Pilot Program*, it is recommended that additional funding be allocated to support the continuation of CHW work in places of faith. It is also recommended that CHW programs be utilized as workforce development initiatives and pipeline strategies for public health and healthcare.



THANK YOU!



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