

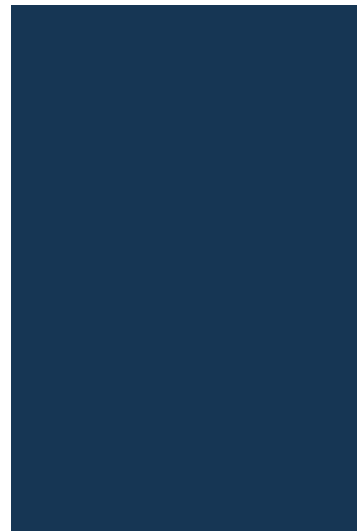
BLACK LEADERSHIP ADVISORY COUNCIL (BLAC) PULSE REPORT

NEVADA OFFICE OF MINORITY HEALTH AND EQUITY

May 2024



**A SNAPSHOT OF
FACTORS INFLUENCING
BLACK AND AFRICAN
AMERICAN WELLNESS
IN NEVADA**



Pursuing the Black Leadership Advisory Council (BLAC) Subcommittee Mission

There are over 272,000 Black Nevadans and the state recognizes the disadvantages and barriers that affect the Black community. The Black Leadership Advisory Council (BLAC) operates as a temporary subcommittee within the Nevada Office of Minority Health and Equity's Advisory Committee. Its mission is to pinpoint opportunities for enhancing the living conditions of Black/African American residents throughout Nevada. It serves as a catalyst for change and advocacy for diversity and equity.

BLAC consists of leadership members in the following categories: 1) Health & Wellness; 2) Public Safety in Educational Environments; 3) Public Policy, Law & Government; 4) Communication, Arts, and Culture in the Black Deaf and Hard of Hearing Community; 5) Environmental Challenges in Vulnerable Communities; 6) Black Faith-Based Communities.

Under the direction of the BLAC's Subcommittee Chair (and with assistance from NOMHE staff) these members met several times between February 2023 and February 2024 to complete the Pulse Report.

The purpose of this Report is to comprehensively examine the multifaceted health disparities faced by Black Nevadans, particularly focusing on the impact of systemic inequities, barriers to health care access, and social determinants of health. By analyzing and synthesizing existing data and research findings, this report aims to raise awareness about the disparate health outcomes experienced by Black communities in Nevada and identify actionable strategies to address these inequities. Additionally, this report seeks to provide valuable insights that can inform policy development, resource allocation, and community interventions aimed at promoting health equity and improving the overall well-being of Black Nevadans. Through a collaborative effort involving strategic partners from various sectors, including health care, education, government, and community organizations, the information presented in this report can be utilized to develop targeted interventions, advocate for systemic change, and foster partnerships that prioritize the health and wellness of Black communities across the state of Nevada.

Achieving its Purpose

Under the direction of Dr. Samuel Hickson, the BLAC Subcommittee reviewed issues that the Black community in Nevada faces. The emphasis of the resulting Pulse Report is on health equity, health care accessibility, and overall well-being. The Pulse Report will identify important

resources for improvement and offer actionable recommendations based on results of research performed by BLAC members with support from NOMHE staff.

The Pulse Report was created by subject matters experts across the six categories identified above and were appointed by the NOMHE Advisory Committee. The members were:

Dr. Samuel Hickson (Social Worker, Intermountain Health, Desert Region) whose field of study as a Health Behaviorist and Social Worker has led to his position as a chair for the BLAC subcommittee.

Will Rucker (Chair, Community Partners for Better Health) is a global leader in culture transformation, advocating for equity and championing humanity-first initiatives training in mind-body medicine, and holds a master's degree in executive leadership. Presently, he is deepening his expertise as a PhD student at UNLV's School of Public Health, focusing on the pivotal role of social determinants in health outcomes.

Alisa Howard (CHW Instructor and Consultant, Owner/Founder of Minority Health Consultants, Co-Founder of the CHW Mentorship Network) is a native of Las Vegas and leader in Public Health for 12 years. She serves as a linchpin to stakeholders to create equity for communities of color. Alisa is one of the state's first Community Health Worker (CHW) Instructors, and she leads projects around CHW workforce development both locally and nationally. She also serves her Las Vegas community as Co-Chair of the Las Vegas NAACP- Health & Wellness Committee, Chair of the Urban Chamber of Commerce-Healthcare Roundtable, and co-host of 'A Healthier Tomorrow' monthly radio program.

Kamilah Bywaters (President of Las Vegas alliance of Black school educators), a Rodman Scholars Fellow and a PhD candidate in early childhood, multilingual, and special education. She graduated with a bachelor's degree in addition to a Master of Education from UNLV and a Master of Divinity from Howard University.

Adrienne Feemster Cobb (Community Advocate and Organizer, Feemster Legacy – Nevada) is a dedicated community leader and public advocate for civil rights, serving as the 3rd Vice President of the NAACP Reno Branch. With a strong commitment to social justice, she actively engages in advocacy and organizing efforts through her role with Feemster Legacy – Nevada. She champions various causes, including civil rights and social action, economic empowerment, education, human rights, environmental conservation, as well as arts and culture. Through her tireless advocacy work she strives to promote equity, justice, and empowerment within her community and beyond.

Robert D. Bush (President of National Action Network, Las Vegas Chapter) is an active Civil Right leader and experienced Chief Executive Officer with a demonstrated history of working in the cross-cultural marketing and advertising and entertainment industries.

Jewel Eldridge (Executive President of the Nevada Black Deaf Advocates) is the acting voice for Communication, Arts, and Culture in the Black Deaf and Hard of Hearing community for Nevada, more importantly she is a Deaf / Hard of Hearing Guide of Nevada Hands and Voices; advocate/leader that fight for changes in Nevada. After serving for almost three years, she is the co-founder and former president - transitioned to an ex-officio member of Nevada Black Deaf Advocates. As a member and advocate for the black, deaf, and hard of hearing community she founded Deaf People of Color Connecting, LLC.

Dr. Mary House (Co-Founder of Caring, Helping and Restoring Lives Inc) is a successful businesswoman, family advocate, spiritual leader, motivator, and mentor, literally inspiring thousands of women and families, and countless strangers on a regular basis. She holds two Doctorate degrees (Doctor of Divinity and a Doctorate of Humanity) and has received numerous community service awards.

Bishop Derek Rimson (CEO and President of Derek A Rimson Ministries) is Senior Pastor of Kingdom Dominion Cathedral, Inc. Bishop Derek Rimson has almost 25 years of experience as a pastor.

2023 Black Leadership Advisory Council (BLAC) Pulse Report

I. Health & Wellness

Observations

1. The COVID-19 pandemic has incontrovertibly illuminated health disparities for Black Nevadans, particularly evidenced by disproportionately higher rates of COVID-19 cases, hospitalizations, and deaths (Minority Health Report, 2023). Underlying factors include pre-existing health conditions, limited health care access, socioeconomic challenges, vaccine hesitancy, and systemic inequities.
2. Black populations in Nevada exhibit higher death rates from chronic and avoidable diseases (Minority Health Report, 2023). Barriers to health care access further contribute to these disparities, with Black populations reporting difficulties affording doctor visits which is compounded by inadequate health insurance coverage, limited availability of culturally competent health care providers, and geographic isolation from medical facilities. Additionally, historical, and ongoing systemic racism within health care systems further erodes trust and willingness to seek care, leading to delayed diagnoses and treatment.

Underlying Risk Factors

Pre-existing Health Conditions:

- Black Nevadans often face a higher prevalence of pre-existing health conditions such as diabetes, heart disease, and hypertension. These conditions significantly increase the risk of severe illness or death from COVID-19. Limited access to health care services exacerbates these conditions, as preventive care and management are often delayed or inaccessible- significant risk factors for severe COVID-19-related illness include age, heart disease, diabetes, and lung diseases (CDC, 2020).

Socio-economic Challenges:

- Black neighborhoods often have limited access to health care facilities and services (Oguz, 2019). This lack of infrastructure can hinder early detection, prevention, and management of health conditions.

- Economic hardships, including lower income levels and higher rates of unemployment or underemployment among Black communities, contribute to disparities in health care access and health outcomes. Financial constraints may prevent individuals from seeking necessary medical care or adhering to treatment plans.

Systemic Inequities in Health Care Access:

- Disparities in health care access and delivery systems persist due, in part, to systemic racism and discriminatory practices within the health care system. Black individuals may encounter barriers such as implicit bias, unequal treatment, and limited availability of culturally competent health care providers.
- Historical mistrust of the medical establishment stemming from experiences of exploitation, mistreatment, and neglect further impedes access to care. This mistrust can lead to avoidance of health care services, delayed treatment-seeking behavior, and lower vaccination rates, exacerbating health disparities.
- Collaborating with community organizations focused on the well-being of Black and Brown communities, can help address systemic inequities by providing culturally relevant support, advocacy, and resources tailored to the community's needs.

Vaccine Hesitancy:

- Vaccine hesitancy, influenced by historical injustices, misinformation, and lack of trust in the health care system, poses a significant challenge in mitigating the impact of COVID-19 among Black Nevadans. Addressing vaccine hesitancy requires targeted outreach efforts, culturally sensitive messaging, and community engagement strategies to build trust and confidence in vaccination.

Geographic Isolation:

- Geographic isolation from medical facilities and health care resources compounds existing disparities in access to care. Limited transportation options and infrastructure further restrict individuals' ability to seek timely medical attention, exacerbating health outcomes and widening disparities.

Recommendations with Actionable Items

Equitable Vaccine Distribution:

- Ensure vaccines are not only available but also accessible, with a focus on bringing vaccines to the most affected neighborhoods.

- Utilize mobile vaccination clinics and partner with community centers for localized vaccine distribution.

Culturally Competent Outreach and Education:

- Implement training programs on cultural humility for health care workers to ensure an understanding and respect for the cultural practices and values of Black Nevadans.
- Develop and disseminate culturally resonant educational materials that are linguistically appropriate and reflect the cultural experiences of Black Nevadans, utilizing community-specific idioms and preferred communication channels for health messaging.
- Foster collaborative efforts between community organizations, health departments, and advocacy groups, akin to the 'Community Health Worker Model,' which enlists trained local residents to act as health advisors within their own communities to bridge gaps and create a more inclusive and supportive environment for holistic well-being within the community.
- Ensure that health programs and advisory boards effectively include the voices and preferences of a diverse cross-section of Black Nevadans, including health care professionals, religious leaders, youth representatives, members of the LGBTQIA2S+ community, and persons with disabilities.

Expanded Access to Health Care:

- Work towards ensuring all Nevadans have health insurance.
- Promotion of health literacy for all Nevadans.
- Reduce geographical barriers to health care.
- Address systemic issues affecting communities of color within the health care system.
- Ensure all health initiatives consider intersectionality within the Black community, addressing gender, sexual orientation, and disability inclusively.

Financial Support:

- Provide immediate relief through rent assistance, unemployment benefits, and food assistance.
- Implement long-term strategies, including universal basic income, stable jobs, and affordable housing.

Long-term Resilience Building:

- Promote comprehensive health education programs tailored to the Black community, addressing not only medical knowledge but also broader wellness literacy that encompasses mental, emotional, and social health.
- Increase investment in culturally sensitive mental health services to address the significant trauma and psychological distress within the Black community.
- Mandate cultural competence training for health care providers to ensure services are delivered with an understanding of the nuanced needs of Black Nevadans.

- Support economic development initiatives that provide stable employment and health benefits, recognizing the direct impact of financial stability on physical and mental well-being.
- Invest in infrastructure improvements to ensure equitable access to health care services, while also enhancing communal spaces that support social and spiritual wellness.
- Broaden approach to include the eight dimensions of wellness and upstream social determinants of health, such as educational opportunities, safe and affordable housing, and access to nutritious food, recognizing that these factors profoundly influence overall health outcomes.
- Implement measures to combat professional burnout and promote career advancement within the health care and public health workforce.

Expand Health Care Access and Improve Socio-economic Conditions:

- Advocate for policies supporting health care and addressing socio-economic disparities through executive political will.
- Collaborate with the Nevada Office of Minority Health and Equity to identify specific health care access challenges.
- Addressing mental health needs, particularly within the Deaf and Hard of Hearing community, is an additional trend that requires attention.

Culturally Sensitive Interventions and Education on Health Maintenance:

- Develop and implement programs focusing on culturally sensitive health interventions and education.

Develop Economic Strategies Supporting Job Creation and Financial Literacy:

- Collaborate with organizations to create economic strategies that focus on job creation and financial literacy.

Conclusion

Achieving health equity in Nevada requires the dismantling of systemic barriers and the establishment of a care framework rooted in cultural competence and centered on equity. It is imperative that health care entities, public health agencies, community organizations, and government bodies at all levels unite in a robust, collaborative effort to drive this action. Such a unified approach will not only bridge gaps in care but also empower communities, fostering an environment where every Nevadan can achieve optimal health.

Related Resources

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II. Public Safety in Educational Environments

Observations

1. There is a concerning surge in mass shootings on school campuses, defined as incidents with three or more fatalities without a cooling-off period. These events exert significant psychological, physical, and social consequences on students, staff, and the broader community.
2. Higher education institutions like University of Nevada, Las Vegas with their diverse student body, provide valuable demographic data to understand the varied impact of these incidents across diverse groups through campus surveys.
3. There is a need for increased access to mental health services and including counseling and support for post-traumatic stress disorder (PTSD), depression and anxiety in student bodies as schools adopt a comprehensive anti-bullying program to address of the key factors.

Underlying Risk Factors

School Shooting Perpetrators and Predictors.

- There is a common misconception that individual factors are cause for perpetrators in shootings and that they often exhibit mental illness.
 - “Evidence suggesting a link between mass shootings and severe mental illness (i.e. involving psychosis) is often misrepresented, generating stigma. Thus, the actual prevalence constitutes a key public health concern” (Brucato et al., 2022).
 - “Despite having a slightly elevated risk of violence, most PWMI [people with mental health issues] are not violent (Swanson et al., 2015). In a large epidemiological study in the United States, the past-year violence rate of people with serious mental illness was 2.9% compared with 0.8% among the general population (Van Dorn et al., 2012). In fact, PWMI are a vulnerable population: adults with mental illnesses are more likely to be victims than perpetrators of violence (Desmarais et al., 2014), and people with serious mental illness are 11 times likelier to be victims of violent crime than the general population (Teplin et al., 2005)” (Beltzer et al., 2023).
 - “In addition, the vast majority of gun violence, like other forms of violence, is perpetrated by people without a diagnosed mental illness; fewer than 5% of the 120,000 gun-related killings (excluding suicides) between 2001 and 2010 were committed by people with a diagnosed mental illness (Metzl & MacLeish, 2015)” (Beltzer et al., 2023).

Mental Health Influences on Institutional and Societal Factors for School Aged Children:

- Mental health and substance misuse challenges that are afflicting the Black community. A new study emphasizes the importance of addressing mental health; it discovered that while suicide rates for White children aged 5 to 11 years have decreased over the last twenty years, they have nearly doubled for Black children of the same age (Brewer et al., 2019).
- The role of institutions and societal norms in either mitigating or exacerbating these risks needs further exploration within the state of Nevada. Possible recommendations are listed below.

Recommendations with Actionable Items

Enhance Mental Health Services:

- Collaborating with existing mental health support organizations in Nevada, such as the Department of Health and Human Services, Division of Public and Behavioral Health (DPBH), accessed throughout Nevada in search of local providers.
- Collaborate with [NAMI Nevada](#) and [DPBH Behavioral Health](#) to enhance mental health services, including counseling and PTSD, depression, and anxiety support.

- Inform and involve Nevadan leaders to create, promote, and ensure accountability of legislation implementation. An example of legislation created with the intention of providing mental health support is [Senate Bill 204](#) drafted, sponsored, and codified in NRS Chapter 388 in 2019 requires the Nevada Department of Education and local school districts to put together a development committee and a plan to be used by the public schools in the district or the charter or private school, as applicable, in responding to a crisis, emergency or suicide. This includes training for all staff. To ensure accountability and continued progress the following legislative collaboration is recommended:
 - Increase fiscal allocation of funds for teachers' salaries and pay raises for courses in continued education for staff regarding mental health in students throughout Nevada.
 - Develop gun control measures through stricter gun control legislation might drastically lower the probability of school shootings.
 - Partner with Nevada-based advocacy groups to actively participate in campaigns and legislative efforts promoting stricter gun control laws.
- Bullying prevention programs by partnering with local education authorities in Nevada to implement comprehensive anti-bullying programs, addressing a key risk factor.
 - Collaborate with the Nevada Department of Education to integrate evidence-based anti-bullying programs into school curricula.
- Promote emergency preparedness with Nevada's education system to establish regular drills and clear protocols for managing such events, enhancing emergency preparedness.
 - Coordinate with the [Nevada Office of Emergency Management](#) to conduct drills and develop clear protocols for schools, ensuring effective emergency preparedness.
- Encourage community engagement and education collaboration with community organizations and educational institutions in Nevada to raise awareness about potential violence signs and involve the community in prevention efforts.
 - Organize community forums in collaboration with local organizations and educational institutions to educate the public about recognizing signs of potential violence and fostering community involvement in prevention efforts.

Conclusion

The increasing frequency and impact of school shootings demands a multi-faceted approach in Nevada. Addressing mental health issues, implementing effective gun control measures, and fostering a community-based approach to prevention and response are crucial. Understanding and mitigating underlying risk factors are imperative for preventing future incidents and ensuring the safety and well-being of students and the broader community.

Related Resources

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III. Public Policy, Law & Government

Observations

1. Legislation and funding allocations affect wellness investigations for Black communities. Political determinants of the economic costs of wellness explores how political factors influence the economic aspects of health and wellness, particularly among Black individuals in Nevada. It delves into how policies, laws, and government practices shape health outcomes for marginalized and oppressed groups, emphasizing the importance of understanding these political determinants to address health inequities.
2. There is a need for a targeted, culturally competent approaches to dismantle systemic barriers, improve health care access, and create equitable health outcomes. Investigating the role of political decisions in determining access to quality healthcare facilities, insurance, and medical resources
3. The availability of resources for wellness investigations, research initiatives, and health care programs targeting Black communities is heavily influenced by legislative decisions and budget allocations. Policies related to health care funding, research grants, and public health initiatives determine the extent to which wellness investigations are conducted and supported for marginalized populations (Smith et al., 2020). Disparities in funding may hinder comprehensive understanding of health issues and effective interventions tailored to the needs of Black individuals.
4. Political decisions regarding health care policy, insurance coverage, and health care facility distribution directly affect access to quality health care services and medical resources for Black communities (Jones et al., 2019). Systemic barriers such as lack of insurance coverage, limited availability of culturally competent health care providers, and geographic disparities in health care infrastructure can result from political choices, perpetuating health inequities and hindering wellness investigations aimed at addressing underlying health issues.
5. Political determinants of health intersect with other social determinants such as race, socioeconomic status, and geographic location, exacerbating disparities in wellness investigations and health outcomes for Black individuals (Sharif et al., 2022). Understanding how political factors interact with these intersecting dimensions of inequality is crucial for

designing effective policies and interventions to promote health equity and address systemic barriers to wellness investigations in marginalized communities.

Underlying Risk Factors

Economic Costs of Wellness:

- Financial Barriers: Examine economic hurdles, including out-of-pocket expenses, that hinder Black individuals from actively participating in wellness investigations.
- Employment and Economic Stability: Explore how political factors contribute to employment disparities and economic instability, affecting the ability to prioritize wellness.

The role of systemic racism in creating health disparities and barriers to wellness

- In the context of health care, this entails talking about data governance and the trade-off between protecting patient privacy and improving AI models that need more data (Schiff, 2022).
 - For example, an algorithm used to identify candidates for beneficial “high risk care management” programs routinely failed to select racial minorities. Furthermore, some algorithms deliberately adjust for race in ways that divert resources away from minority patients. To illustrate, algorithms have underestimated African Americans’ risks of kidney stones and death from heart failure” (Hoffman, 2021).

Political determinants of health intersect with social determinants.

- Housing Insecurity in the Black Community.
 - “Household income for Black households in the United States is 59 cents to every dollar of White household income—a figure that is exactly the same as it was in 1978” (Kuehn, 2021).
- Challenges related to jobs, wages, racism, discrimination.
 - “Currently, Black people make up 13% of the US population but only 4% of physicians and medical school faculty. In fact, White and Asian men make up 80% of full professors despite making up only one-third of medical graduates and 43% of medical doctorates” (Kuehn, 2021).

Recommendations with Actionable Items

Strengthening rural health care infrastructure through increased funding:

- The average distance between acute care hospitals in rural Nevada and the next level of care or tertiary care hospital is 118 miles and the average distance to the nearest incorporated town is 46.3 miles.

- Collaborate with partners to secure increased funding for enhancing rural health care infrastructure.

Establishing AI ethics policies to address biases and ensure inclusivity:

- Partner with technology and health care stakeholders throughout Nevada to institute AI ethics policies addressing biases and ensuring inclusivity.

Prioritizing climate justice initiatives:

- Advocate for the integration of climate justice initiatives, particularly in regions with heightened environmental risks, in collaboration with environmental organizations.

Enhancing community engagement in policy advocacy and development:

- Encourage advocacy efforts to influence policy changes at local, state, and federal levels.
- Propose specific legislative reforms to address disparities in wellness investigations for Black individuals.
- Establish forums and partnerships to amplify community engagement in policy development, ensuring inclusivity and diverse perspectives.

Community outreach programs:

- Advocate for the implementation of community-driven wellness programs with a focus on preventative care.
- Education and Awareness Campaigns
 - Suggest political support for campaigns promoting awareness of the importance of wellness investigations within Black communities.
- Collaboration with Stakeholders
 - Foster collaboration between government agencies, health care providers, and community organizations to create comprehensive wellness strategies.

Increasing funding for healthcare workforce development:

- Collaborate with educational institutions and health care organizations to secure increased funding for health care workforce development, especially in underserved areas.

Research and data collection:

- Call for increased funding and support for research on the economic dimensions of wellness investigations, clinical trials, and sociological research studies, specifically focused on Black populations.
 - Propose specific legislative reforms to address disparities in wellness investigations for Black individuals.

Conclusion

The findings underscore the influential role of political determinants in shaping the economic costs of wellness investigations for Black individuals, emphasizing the necessity of a multifaceted approach. This entails legislative changes, increased community engagement in policy development, and targeted interventions to mitigate health disparities. Highlighting stark realities in Nevada, we are able to expose significant health inequities and economic burdens faced by Black communities, calling for equitable interventions. It stresses the intersectionality of political and economic factors, advocating for nuanced policy revisions. The importance of inclusive institutional practices is emphasized, along with the empowerment of communities for improved health outcomes. Recognizing regional variances, the report by African American Research Collaborative for Nevada Black Legislative Caucus and State Innovations Exchange (2022, December) discourages a one-size-fits-all solution, urging the development of region-specific strategies for Northern and Southern Nevada, urban, and rural areas. Positioned as both a diagnostic tool and catalyst for positive change, the report calls for advocacy for health equity, serving as a rallying cry for policymakers, stakeholders, and advocates to work collaboratively towards an environment where health equity is a reality for Black Nevadans. The insights provided are intended to guide future efforts in making wellness accessible to all, irrespective of racial or regional background.

Related Resources

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IV. Communication, Arts, and Culture in the Black Deaf and Hard of Hearing Community

Observations

1. Black Deaf and Hard of Hearing (DHH) individuals who use American Sign Language (ASL) face persistent concerns about health inequities. These inequities stem from various factors, including limited access to health care services, communication barriers in medical settings, and disparities in health outcomes. One significant challenge is the difficulty in obtaining specific data on Black DHH signers due to their general categorization in census data. Without accurate data, it becomes challenging to identify and address the unique health care needs of this population, leading to continued disparities in access to care, health outcomes, and health resources (Perrodin-Njoku, et. al, 2022).
2. Black DHH individuals face intersectional challenges, including racism and audism, which impact their access to fair education and health care. Racism exacerbates disparities in educational opportunities, employment prospects, and socioeconomic status, which in turn affects access to quality health care. Audism, discrimination based on deafness or hard of hearing status, further compounds these challenges by limiting access to qualified interpreters in medical settings and contributing to a lack of Black DHH physicians. These intersecting forms of discrimination create barriers to communication, exacerbate health care disparities, and contribute to overall health inequities for Black DHH individuals (Perrodin-Njoku, et. al, 2022).

3. Acculturative stress (i.e. Acculturative stress refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process) is experienced by DHH individuals, particularly concerning reliance on ASL interpreters. This stress stems from difficulties in finding qualified interpreters, concerns about interpreter trustworthiness, and the substantial preparation efforts required for effective communication. Expression limitations due to these challenges can lead to misunderstandings, misdiagnoses, and inadequate health care access and treatment. The burden of navigating these communication barriers contributes to increased stress and anxiety among Black DHH individuals, further impacting their mental and physical health outcomes (Aldalur, et. al, 2021).
4. Acculturative stress within the Deaf community manifests in cultural event shortcomings, including pressures for proficiency in ASL and rejection based on signing talents. Both Deaf and Hearing community members report sentiments of exclusion, miscommunication, and misconceptions, which contribute to feelings of alienation and marginalization. These cultural event shortcomings exacerbate acculturative stress and may lead to social isolation, reduced participation in community events, and diminished overall well-being for Black DHH individuals (Aldalur, et. al, 2021).

Underlying Risk Factors

Tailored Resources for the Black Deaf and Hard of Hearing Community

- One major risk factor is the absence of tailored resources and discussions specifically addressing the needs and experiences of the Black DHH community. This lack of attention and focus leads to gaps in health care services, education, and support systems tailored to their unique challenges and identities.
 - “In the United States, among people aged 25-64... an estimated 15.6% of deaf Black people have completed a bachelor's degree or higher, compared to 26.8% of hearing Black people based on estimates are based on a sample size of 11,465 deaf people and 839,997 hearing people in the United States who participated in the 2022 American Community Survey. The margin of errors is 0.53% for deaf people and 0.18% for hearing people (Bloom et al., 2024)”.

Lack of Health Care Professional Training on Interacting with the Black Deaf and Hard of Hearing Community

- Health care professionals, educators, and interpreters often lack sufficient training on the intersection of cultural nuances within the Black DHH community. This results in a lack of cultural competency, leading to miscommunication, mistrust, and inadequate support for Black DHH individuals in various settings, including health care, education, and social environments.

- “Our study found that, compared to Black hearing participants, Deaf Black participants were almost 2 times more likely to report having diabetes and 3 times more likely to report themselves as having comorbidities (Aldalur, et. al, 2021)”.

Societal and Cultural Stigmas surrounding Mental Health within Minority Communities

- There are pervasive societal and cultural stigmas surrounding mental health, particularly within minority communities. These stigmas can prevent Black DHH individuals from seeking and receiving appropriate mental health support and resources. The intersection of race, deafness, and mental health further compounds these challenges, leading to disparities in access to mental health care services and support.
 - DHH individuals describe a lack of access to mental health care. According to estimates, 80% to 90% of D/HH patients suffering from severe and persistent mental illness do not obtain treatment (Borghouts, et al., 2022).
 - According to Pertz et al., this lack of mental health care access is multifaceted and largely stems from systemic barriers facing the community, such as insurance coverage, lack of interpreters for health care visits, and lack of evidence-based, culturally competent mental health treatment options. Patient outcomes for D/HH individuals are better when they receive care from caregivers that understand Deaf culture, which is rarely available (Borghouts, et al., 2022).

Intersectional Challenges Stemming from Prejudice like Racism and Audism

- Intersectional challenges stemming from racism and audism contribute to the inequities faced by Black DHH individuals. Racism exacerbates barriers to education, employment, health care access, and social inclusion, while audism perpetuates discrimination and marginalization based on deafness or hard of hearing status. These systemic biases further limit opportunities and resources available to Black DHH individuals, impacting their overall health and well-being.

Recommendations with Actionable Items

Increase funding for Resource Lobbying, and Collaboration

- Advocacy for increased funding by lobbying for more resources specifically tailored to the needs of the Black DHH community in Nevada.
 - Increase collaboration with [Nevada Commission for Persons who are Deaf and Hard of Hearing](#), [Nevada Hands and voices NVHV](#), the [Deaf and hard of Hearing Advocacy Resource Deaf and Hard of Hearing Advocacy Resource Center \(DHHARC\)](#) to engage with policymakers, health care

organizations, and relevant stakeholders to advocate for increased funding and resource allocation.

- Collaborate with National Black Deaf Advocates (NBDA) through their contact information at [NBDA Contact](#) to gather insights and support for the advocacy efforts.

Increase professional training and development opportunities that focus on the nuances of cultural identity and needs for Black Deaf and Hard of Hearing individuals

- Professional training and development which focuses on training more professionals in the nuanced intersection of cultural identity.
 - Collaborate with educational institutions and health care providers to develop and implement training programs that address the specific needs of the Black DHH community.
 - Engage with the National Association of the Deaf (NAD) through their contact information at [NAD Contact](#) for guidance and potential collaboration in professional training initiatives.

Increase inclusive platforms and representation for artistic expression inclusive of deaf and hard of hearing communities.

- Inclusive platforms and representation that create and promote platforms for artistic expression that are inclusive of the Black DHH community.
 - Partner with local arts organizations and community centers to organize events and exhibitions featuring Black DHH artists.
 - Connect with the Black Deaf Center through their contact information at [Black Deaf Center Contact](#) to explore collaborations and support for inclusive artistic platforms.

Enhance cultural event focus by integrating mental health discussions.

- Enhanced Cultural Event Focus by integrating mental health discussions and resources into cultural events to promote awareness and reduce stigma.
 - Collaborate with mental health organizations to provide resources, workshops, and support during cultural events.
 - Investigate the BIPOC member section when available or contact the National Black Deaf Advocates (NBDA) for insights on race-based disparities in mental health within the Deaf community.

Conclusion

The Black Deaf and Hard of Hearing community in Nevada face substantial challenges in accessibility, artistic expression, and cultural events. To address these challenges, the

recommendations with enhanced actionable items are proposed through advocacy for increased funding, inclusive platforms and representation and a focus on enhancing cultural events.

Related Resources

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National Black Deaf Advocates. (n.d.). *Contact Us.* <https://www.nbda.org/contact/>

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V. Environmental Challenges in Vulnerable Communities

Observations

1. Disproportionate impact on environmental justice communities within vulnerable groups, including children, low-income communities, and Black communities, face heightened health risks due to pollution.
2. Higher pollution exposure within communities in Nevada bears a heavier burden of outdoor and indoor air pollution, resulting in increased health issues such as asthma.
3. Inadequate housing conditions and poor housing conditions contribute to elevated pollution levels and health risks in areas across Nevada.

Underlying Risk Factors

Historical and systemic inequalities in housing, industrial zoning, and resource allocation.

- In Nevada, historical and systemic inequalities are evident in industrial zoning and housing allocation, which disproportionately affect marginalized communities. For instance, areas like West Las Vegas have experienced historical redlining and subsequent industrial zoning that placed polluting industries close to residential areas predominantly inhabited by communities of color. This zoning has resulted in long-term health and environmental disparities that still impact these communities today.

Higher susceptibility to health issues; due to pre-existing conditions and inadequate living environments.

- Nevada communities with inadequate living environments, such as those in some parts of Reno and Las Vegas, face increased health risks. The presence of older, poorly maintained housing contributes to problems like mold and inadequate air filtration, which are linked to respiratory issues such as asthma—a condition that is notably prevalent in lower-income and minority populations in Nevada. The state's hot climate exacerbates these conditions, making the indoor environment a critical factor in community health.

Barriers to accessing resources limited access to health and safety resources and programs in Nevada calls for strategic interventions.

- Access to health and safety resources in Nevada is often hindered by socioeconomic and geographical barriers. For example, rural areas and some impoverished urban neighborhoods lack sufficient healthcare facilities and programs that address environmental health risks. Legislative efforts, like those spearheaded by Nevada Senator Dina Neal, aim to address these gaps by improving resource allocation and access to health programs, particularly focusing on environmental health in vulnerable communities.

Recommendations with Actionable Items

Enhance Air Pollution Regulation:

- Implement stricter regulations on air pollution sources, particularly focusing on residential and commercial buildings.
- Collaborate with state regulatory bodies to advocate for and enforce enhanced air pollution regulations.

Develop Equity-Focused Solutions:

- Develop and enforce solutions that prioritize environmental justice communities in addressing heat vulnerability.
- Collaborate with community leaders to create and implement programs and policies specifically tailored to address the unique needs of vulnerable communities.

Invest in Infrastructure and Housing Improvements:

- Invest in upgrading housing conditions and infrastructure in vulnerable areas.
 - Advocate for increased state funding and federal assistance programs to support infrastructure and housing improvements, as well as make known already available resources through [Nevada Housing Division](#), or through the [Nevada Clean Energy Fund](#).

Increase Public Awareness and Education Initiatives

- Recognizing the critical significance of air quality and pollution, there's a profound acknowledgment of the necessity for widespread public awareness and education initiatives in Nevada. [Obj]
 - By disseminating easily digestible information about air pollution and its health impacts across all segments of society, individuals from diverse backgrounds can be empowered to understand and address this pressing issue.
 - Such awareness campaigns not only foster a collective understanding of the health risks associated with air pollution but also encourage active participation in mitigation efforts.
 - Ultimately, informed citizens are better equipped to make informed decisions, advocate for policy changes, and engage in behaviors that promote cleaner air and healthier communities, thereby contributing to broader environmental and public health goals.

Conclusion

The findings emphasize the urgent need for targeted efforts to mitigate environmental issues in vulnerable communities, addressing systemic disparities and prioritizing equitable solutions is crucial for improving the overall health and well-being of these populations.

Related Resources

Department of Business & Industry Together, HOME is Possible! (n.d.). Weatherization Assistance Program. <https://housing.nv.gov/Programs/Weatherization/>

Green & Healthy Homes Initiative. (n.d.). *About Us: Our History*. <https://www.greenandhealthyhomes.org/about-us/our-history/>

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WE ACT. (n.d.). *Our Impact*. <https://www.weact.org/whoweare/impact/>

VI. Black Faith-Based Communities

Observations

1. Many Black American faith-based groups offer holistic services, including gospel singers, praise dancers, and sermons that focus on positive messages and real-life black cultural challenges, as well as self-improvement recommendations.
2. Black American religious organizations face limited financial resources and must manage a large annual budget to support various programs, services, and ministries that are essential to the Black religious experience. Black American faith-based groups confront significant challenges in meeting budgets and providing ongoing resources to their congregants and community.
3. Lower attendance trends in faith-based groups may be influenced by societal developments, such as variations in religious and spiritual beliefs. Some people may identify as spiritual but not religious, preferring alternative kinds of spirituality or community involvement outside of traditional religious institutions. Intergenerational differences, cultural integration, and exposure to other belief systems can all influence individual views toward organized religion and participation in religious activities.
4. The Black Church has a long history of working together with health agencies and public health organizations to implement community health initiatives. Engaging the community's leaders in the co-development and implementation of treatments has proven to be effective in encouraging better health habits in several collaborative, community-based projects involving the Black Church (Brewer et al., 2019).
5. For Black communities in Nevada, social determinants such as systemic racism, economic inequalities, and limited access to resources exacerbate their vulnerability to various social and health disparities. These disparities can be addressed by promoting ethical

frameworks that prioritize equity, social justice, and collective responsibility. Interreligious dialogue guide responses to societal disparities, emphasizing ethical behavior and shared justice principles (Miles-Tribble, 2020).

Underlying Risk Factors

Economic Constraints and Limited Resources

- Economic Constraint due to limited resources hinder religious organizations' ability to maintain diverse services needed to engage community outreach and overall maintenance of faith-based facilities. Religious organizations often serve as a tie between health services and community.
 - Black Americans are more likely to face challenges to healthcare access, such as a lack of insurance, transportation issues, and a scarcity of culturally competent care.. Racial biases in healthcare institutions can cause inequities in treatment and health outcomes.
 - Among Black individuals, more state-level racism was associated with 8% lower odds of being able to get care. Provider racial discrimination was also associated with 80% lower odds of provider explaining care, 77% lower odds of provider answering questions, and 68% lower odds of sufficient time with provider (Volpe et al., 2021).

Required Revision of Faith Based Organizations role in Public Health and Justice Initiatives

- Theological and practical questions that leaders face through challenges in responding to community-wide problems, prompting theological and practical considerations about faith's role in public justice initiatives (Miles-Tribble, 2020).
 - Sixty percent of Black Americans attend Black congregations, influencing elected leaders to adopt laws improving Black lives. However, racial justice activities may pose challenges with diverse congregations (Brown et al., 2023).
 - Atheists, agnostics, or people who identify as "nothing in particular" comprise about one-in-five Black Americans (21%) and this number is rising with each passing generation. Approximately 33% of Millennials and 28% of Black Gen Zer's in the survey are not linked with any religion, whereas only 11% of Baby Boomers and 5% of the Silent Generation share this view (Mohamed et al., 2021).

Recommendations with Actionable Items

Conduct and Create a Plan to Increase Funding Sources

- Create and conduct a financial plan to increase the variety of funding sources committing to strategic financial planning.

- Explore grant opportunities through the Nevada Grant Office and seek partnerships with local businesses and philanthropic organizations such as the [Community Development Block Grant Funds \(CDBG\)](#).

Engage Diverse Religious Communities in Conversations about Social and Health Disparities

- Engage diverse religious communities in conversations about social and health disparities, initiatives can then be developed to raise awareness about the disproportionate burden of social and health inequities for Black Nevadans but also advocate for policies and interventions that address underlying social determinants.
 - Involve the establishment of community-led mentorship or support programs.
 - These programs could aim to address systemic inequalities by leveraging the resources and networks within religious communities to provide mentorship, educational opportunities, and support services to Black individuals and families from various faith-based groups.

Overcome stigmatization of Mental Illness in Faith Based organizations

- Unfortunately, there is a common belief that mental illness represents a failure of one's religious faith or a source of shame. Overcoming stigmatization of mental illness is critical, as it can lead to a reluctance to seek necessary treatment (Brewer et al., 2019).
 - The Black Church might utilize its power to shift negative views about persons suffering from mental illness to supportive attitudes and programs that promote psychological well-being as an extension of spiritual well-being. Mental health could be easily integrated into church-based health treatments that address concerns such as hypertension, diabetes, and obesity (Brewer et al., 2019).

Increase Multigenerational Collaboration and Programming

- Increase involvement with future generations by fostering connections between community members and providing access to guidance, resources, and opportunities for personal and professional development, such programs can help mitigate the impact of social determinants like systemic racism and economic disparities.
 - Empower individuals to navigate and advocate for their rights within broader societal structures, ultimately contributing to greater social justice and equity for Black communities in Nevada.
 - Form a task group for youth involvement to collaborate with local educational institutions and youth organizations for mentorship programs and events.

Increase lobbying for equitable policies for equitable resource distribution

- Lobby for policies ensuring equitable resource distribution among faith-based organizations, promoting fair resource distribution and acknowledgment.
 - Advocate for laws that guarantee religious institutions of equal resource distribution by engaging with Nevada legislators and policymakers and leveraging existing advocacy networks.
 - Utilize federal initiatives such as the President's Faith-Based and Community Initiative is crystal clear: by giving these organizations the same access to federal money as other nonprofits, they will be able to offer the impoverished compassionate treatment.
 - Keeping in mind that thousands of faith-based organizations—ranging in size from modest daycare centers to homeless shelters—have successfully received federal funding and provided services. They have been able to uphold these values without giving up their religious identity (White House Office of Faith-Based Community Initiatives, 2001).

Conclusion

The synthesis underscores the potential for positive development through comprehensive services, cultural and spiritual reinforcement, and the crucial role played by Black faith-based groups in communities. Despite underlying obstacles, including financial limitations and complex religious issues, transformative education is needed to enable leaders to bridge societal gaps. Recommendations highlight the need for sustainable financial solutions, increased interaction with younger generations, and advocacy for equitable resource allocation to address the relative scarcity of resources. Implementing these recommendations can empower Black faith-based groups to make a substantial contribution to justice and societal well-being.

Related Resources

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Closing Remarks: Next Steps

The BLAC Subcommittee presents this Pulse Report to the NOMHE Advisory Committee for final approval and input on next steps. The BLAC recommends that the Pulse Report be shared with strategic partners whose work aligns with its six categories. Potential application of the Pulse Report content could be to:

- Focus implementation on the content of each category's conclusions.
- Identify state laws, or gaps in state law, that create or perpetuate inequities, with the goal of promoting economic growth and wealth equity for the Black community.
- Collaborate with the NOMHE, the Black community, and supportive strategic partners to promote legislation and regulation that ensures equitable treatment of all Nevadans and seeks to address structural inequities in this state.

- Serve as a resource for community groups on issues, programs, sources of funding, and compliance requirements within the state to advance the interests of the Black community.
- Promote the cultural arts within the Black community through coordinated efforts, advocacy, and collaboration with the NOMHE, the Black community, and supportive partners.

Appendix

ADDITIONAL RESOURCES

Housing

[Find Shelter Tool](#) provides information about housing, shelter, health care and clothing resources in communities across the country. To get started you will need to select a category, input your location, and click Search (<https://www.hud.gov/findshelter>).

Nevada 211:

Dial 2-1-1 or visit: <https://www.nevada211.org/>

Coordinated Intake/Emergency Housing Vouchers (EHV):

Southern Nevada's Coordinated Entry system may help you to find housing that best meets your needs.

<https://helphopehome.org/get-help/>

Phone: (702) 455-4270, helphopehome@clarkcountynv.gov

Mental Health

Finding Therapists/Psychiatrists

<https://www.psychologytoday.com/us>

National Institute of Mental Health

<https://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml>

Solutions of Change (for low-income individuals, Medicaid accepted)

Address: 2310 Paseo Del Prado Building A, Unit A101, Las Vegas, NV 89102

Phone: (702) 445-6937

Public Health Resources and Education

Nevada Minority Health and Equity Coalition

<https://nmhec.org/>

Nevada Office of Minority Health

<https://dhhs.nv.gov/programs/cha/mh/>

Community Partners for Better Health

<https://www.communitypartnersforbetterhealth.com/>

Southern Nevada Health District

www.snhd.org

Minority Health Consultants

www.minorityhealthconsultants.com

Additional Resources Based on Need

Compassionate Las Vegas

<https://www.compassionately.org/>

Family Services, Catholic Charities of Southern Nevada

(702) 387-2282

Serves families and individuals who find themselves in a crisis such as homelessness, layoffs, family emergencies.

WIC Program

Las Vegas WIC Office: 1511 Las Vegas Blvd., North Las Vegas, NV 89101

(702) 366-2069

Supplement Food Program for women, infants, and children, pregnant women, and families with children up to the age of five.

Henderson WIC Office: 270 E. Horizon Dr. Ste 108 Henderson, NV 89015

(702) 558-3129

Supplement Food Program for women, infants, and children, pregnant women, and families with children up to the age of five.

Food Services, Catholic Charities of Southern Nevada

(702) 385-2662

St. Vincent dining facility prepares nutritionally balanced meals for homeless men, women, and children

Hands of Hope Community Food Pantry

(702) 387-2291 | 1511 Las Vegas Blvd North. City: Las Vegas, NV 89101 |

Low-income Nevadans receive pre-packed box of a variety of supplemental food items.

Senior Nutrition: Meals on Wheels, Catholic Charities of Southern Nevada

(702) 385-5284

delivers a set of seven frozen, nutritious meals once a week, to homebound seniors 60 years of age or older.

Emergency Shelter: For men only Renewing Hope

(702) 387-2282 | 1511 Las Vegas Blvd N, Las Vegas, NV 89101

For men only, provides structured work, sleeping quarters, meals, case management, and life skills

St. Vincent Apartments

(702) 366-2090 | 1521 Las Vegas Blvd N, Las Vegas, NV 89101

120 single occupancy Apts for men and women 18 years and older

Housing Navigation Center “Operation Home”

(702) 473-5684 | 1501 Las Vegas Blvd N, Las Vegas, NV 89101

Client centered case management to people in need of permanent housing, including those who are experiencing homelessness.

Adult Education Services, [English Language Learning/ High School Equivalency Program](#)

(702) 215-4732 | 1501 Las Vegas Blvd N, Las Vegas, NV 89101

Offers English language program, High School Equivalency Program, and Citizenship

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Kamilah Bywaters:

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Public Policy, Law, and Government

Jewel Eldridge:

Communication, Arts, and Culture in the Black Deaf and Hard of Hearing

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Environmental Challenges in Vulnerable Communities

Bishop Derek Rimson:

Black Faith-Based Communities

NOMHE:

Karina Fox

Amanda Annan

Gabriella De Leon