



# HIV Is Knocking at the Church Door: *Lessons Learned in Rural Alabama*

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# The Power!



# The Paradox

“Tired of seeing ministers who will preach homophobia by day, and then after they’re preaching, when the lights are, off they go cruising for trade.”

*Al Sharpton, at speech given at the Alliance of Affirming Faith-Based Organizations, 2009*

# NY Experience

DEK POSE, FRIDAY, JULY 29, 1988



New York Post, David Benkin

**GAY RAGE:** Demonstrators mass outside Health Dept. offices in lower Manhattan yesterday to protest a city decision to cut in half its estimate of the number of AIDS-infected New Yorkers. Four were arrested as protest leaders called the city decision a maneuver to cut health services to AIDS victims.



# Rural Alabama Experience

Deafening Silence!!!!

# Agenda

- ▶ Overview
  - ▶ Definitions- Cultural Competency/Humility
  - ▶ Changing Demographics HIV and Importance of Engaging the church in rural Deep South
- ▶ My Research Experiences
- ▶ Summary/Q&A Period

# Cultural Competency

“As a culturally competent manager, I am capable of interacting positively with people who do not look like, talk like, think like, believe like, act like, or live like me!”

*Multnomah County Health Department, Oregon*

# Cultural Competency

“A culturally competent system of care acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that results from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs.”

(Cross, Baron, Dennis & Isaacs, 1989)



# Cultural Humility

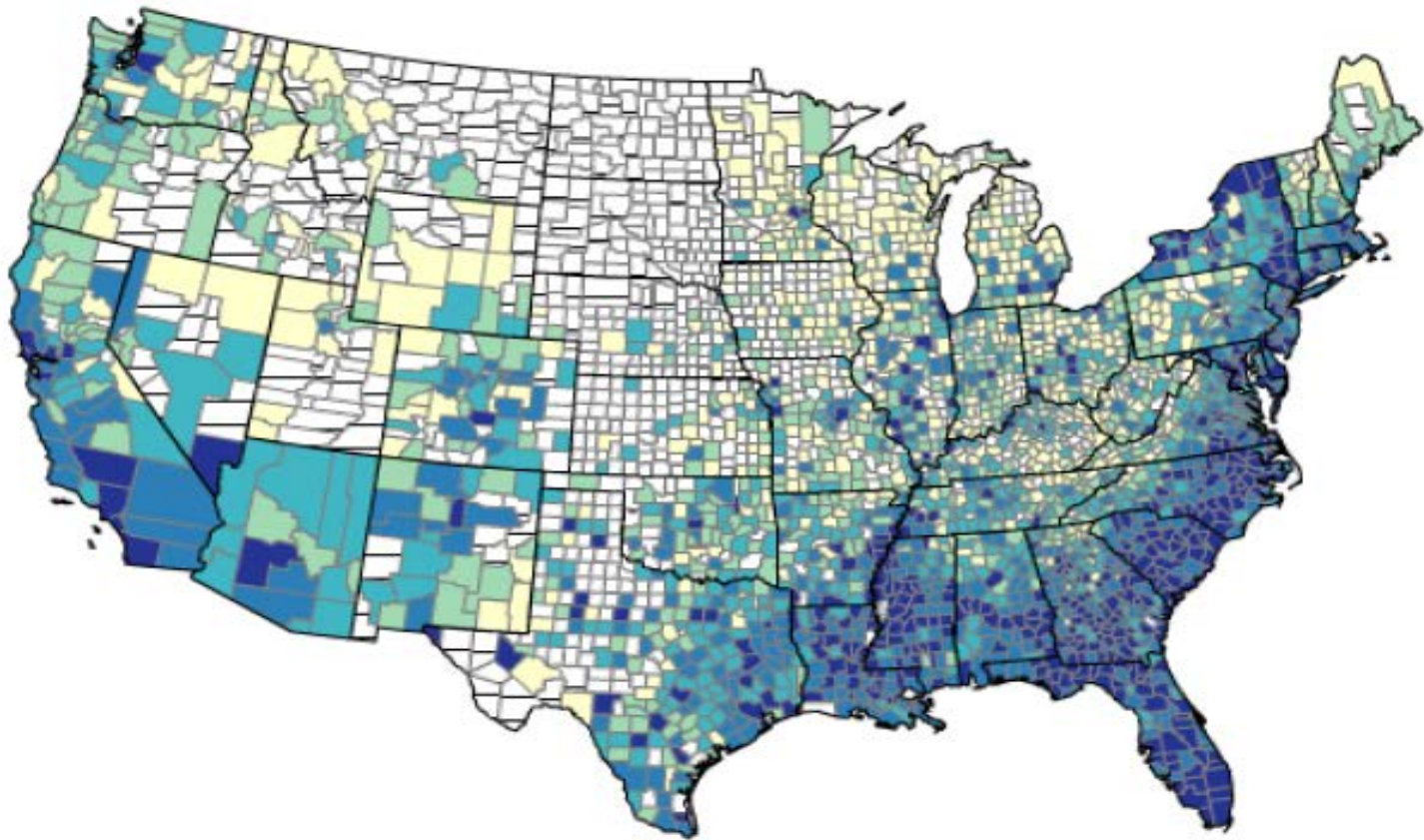
“ Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.”

*Teravalon M and Murray-Garcia J, 1997*

# HIV in the Southern United States

- ▶ The Deep South
  - ▶ 28% of total US population
  - ▶ 40% of national HIV diagnoses
  - ▶ Highest HIV diagnosis rates
  - ▶ Highest numbers of people living with HIV
  - ▶ 5-year survival for PLWHA is lower in the Deep South than other areas of the country
  - ▶ Disproportionately affected by poverty, social stigma, lack of health care infrastructure, **more rural geography**, racism, lower educational attainment

# Persons living with diagnosed HIV, U.S. 2012



# Recent papers that highlight the HIV epidemic and policies that affect HIV in the South

J Community Health  
DOI 10.1007/s10900-014-9979-7

ORIGINAL PAPER

## HIV Diagnoses, Prevalence and Outcomes in Nine Southern States

Susan Reif · Brian Wells Pence · Irene Hall ·  
Xiaohong Hu · Kathryn Whetten · Elena Wilson

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**Abstract** A group of nine states in the Southern United States, hereafter referred to as the targeted states, has experienced particularly high HIV diagnosis and case fatality rates. To provide additional information about the HIV burden in this region, we used CDC HIV surveillance data to examine characteristics of individuals diagnosed with HIV in the targeted states (2011), 5-year HIV and AIDS survival, and deaths among persons living with HIV (2010). We used multivariable analyses to explore the influence of residing in the targeted states at diagnosis on deaths among persons living with HIV after adjustment for demographics and transmission risk. In 2011, the targeted

and transmission risk did not explain the higher death rate among persons living with HIV in the targeted states indicating that other factors contribute to this disparity. Differences in characteristics and outcomes of individuals with HIV in the targeted states are critical to consider when creating strategies to address HIV in the region, as are other factors identified in previous research to be prominent in the region including poverty and stigma.

**Keywords** HIV · AIDS · Southern United States · Mortality · HIV diagnosis

## Policies and politics that promote HIV infection in the Southern United States

Adaora A. Adimora<sup>a,b</sup>, Catalina Ramirez<sup>a</sup>, Victor J. Schoenbach<sup>b</sup> and Myron S. Cohen<sup>a,b</sup>

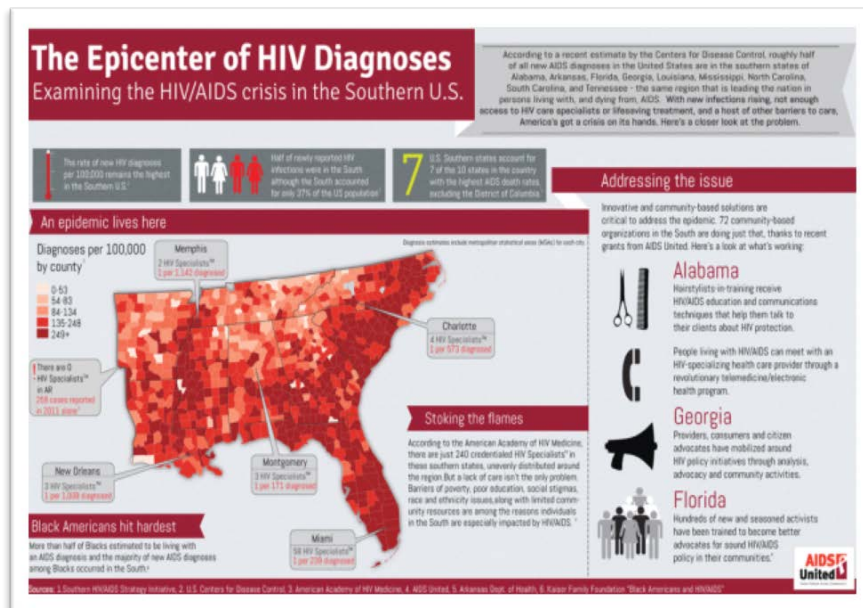
The South has the highest rates of HIV infection, HIV-related mortality, and many other adverse health outcomes in the United States. A number of social, structural, and policy factors drive the poorer health and HIV status of Southerners relative to other Americans. The South's worse health partly reflects its larger proportion of African Americans, who experience disadvantages in health in all US regions, due to poverty and racial discrimination. But after adjustment for race/ethnicity, HIV case-fatality rates for nearly all Southern states are double those of the state with the lowest rate. Challenges to HIV prevention and care in the region include its large rural population combined with a shortage of providers with expertise in HIV treatment, lingering distrust of the healthcare system, homophobia, and stigma toward people with HIV infection. Moreover, government policies, facilitated by restrictions on voting, often reduce access to HIV prevention and care through Medicaid, antiretroviral drugs, sex education, and syringe exchange programs. Many Southern states have pursued – and continue to pursue – policies that impede earlier detection and treatment. These policies directly and indirectly fuel the increased HIV incidence, morbidity, and mortality that characterize the region and arguably represent a human rights violation.

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AIDS 2014, 28:000–000

**Keywords:** AIDS, epidemiology, healthcare policy, HIV, Southern United States

# The South = the epicenter of HIV diagnoses



- ▶ The South has a disproportionate number of Blacks/African Americans who live in the South.
- ▶ Blacks/African Americans are hit hardest by HIV.
- ▶ Rural areas have been understudied and may provide opportunities for partnerships and solutions to reduce new infections, help people access care and reduce HIV-related health disparities.

# A Religious Portrait of African Americans, Pew Research Center, 2009

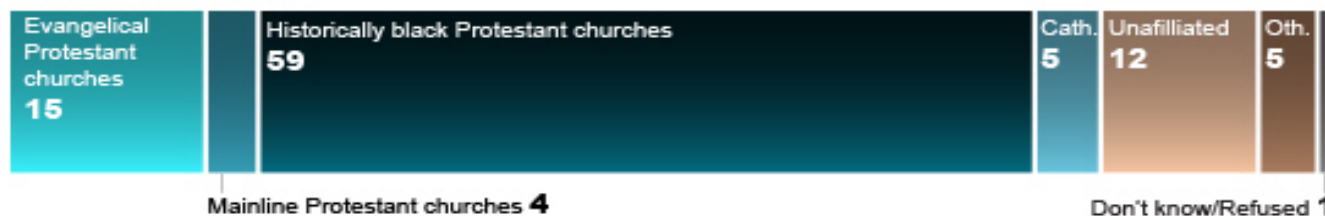
## Religious Composition

All numbers shown are percentages.

### Total U.S. population



### African-Americans



Source: Pew Forum U.S. Religious Landscape Survey, conducted in 2007, released in 2008

Note: Due to rounding, totals in this report may not sum to 100, and nested figures may not sum to the subtotals indicated

# HIV/AIDS Stigma in South

- ▶ Anecdotal reports stigma may be more pronounced in South (Foster, 2007; Lichtenstein, 2005; Southern Manifesto 2012 Update)
- ▶ The reasons may be related to several issues including:
  1. social conservatism appears to be more pronounced in the South compared to the rest of the nation (Lichtenstein, et.al, 2005)
  2. prominence of the church in the South as denoted by term “Bible Belt” promotes sexual prohibitions especially around sexuality(Visser et. al, 2008)

# HIV/AIDS Alabama Black Belt Tour, 2005-2006

## ▶ Purpose:

- ▶ To increase awareness of epidemic in BB counties
- ▶ To provide training opportunities for undergraduate students
- ▶ To conduct HIV education and screening

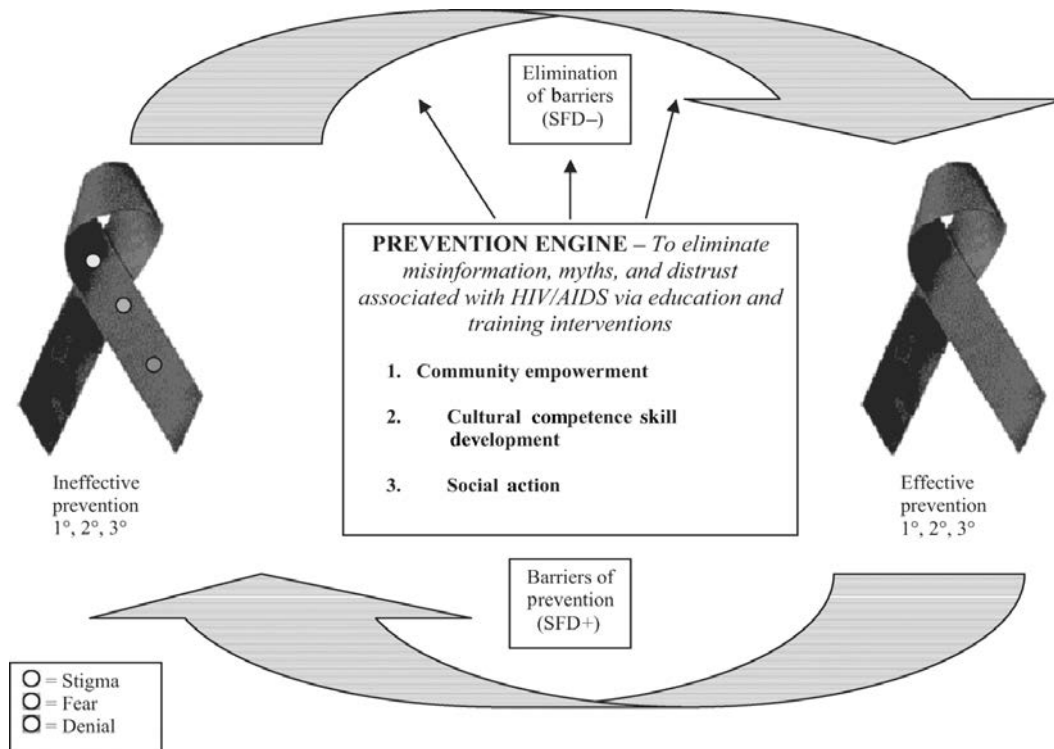


# Town Hall Meetings -PWLA Eufaula, AL



# Theoretical Framework for Prevention of SFD in HIV/AIDS

Foster, PH. "Use of SFD in Development of a Framework for Prevention of HIV/AIDS in Rural Communities" *Fam Comm Health* 2007 30:4, 318-327.



# Building on Existing Literature

- ▶ There may be challenges in the Black church addressing current social issues: HIV/AIDS prevention
- ▶ May be due to ongoing stigma around issues of drug abuse and homosexuality as well as risk reduction strategies associated with premarital sex and sexuality in general

*(Fullilove, MT, et al, 2007; "Though I Stand at the Door and Knock-  
publication of the Balm in Gilead) \**

*\*urban focused- Northeast US*

# Study #1. Characterization of Stigma

- ▶ In study conducted by Foster/Gaskins in 2009, where 24 AA PLWHA participated in focus groups, two themes emerged:
  1. Internalized stigma coupled tightly with disclosure
  2. “The Church” identified as most stigmatized location:
    - ▶ Fearful of lack of confidentiality about illness in church leaders
    - ▶ *“If you want to keep a secret, don’t tell anybody in the church, especially the leadership.”*
    - ▶ Despite stigmatization, spirituality very important to PLWHA for their QOL, healing

*(Foster, PH; Gaskins S. (2009) “Older African Americans’ management of HIV/AIDS stigma. “ AIDS Care, 21(10): 1306-1312.)*

# Study #2. HIV/AIDS Prevention in Rural Baptist Leaders\*

- ▶ In 2010, Conducted in-depth interviews with 8 rural AA pastors and written surveys with 54 church leaders in their churches)

*\*Foster PH; Meeks, J Cooper K; Parton, J. "Assessment of HIV/AIDS Prevention of Rural African American Baptist Leaders in Alabama. JNMA. 2011; 103: 323-331.*

# Study #2 – Pastor Interviews Results

- ▶ Although most pastors had not conducted prevention activities, majority open to it
- ▶ Attitudes appeared to be shaped by positive influencers (personal experience, reverse migrators, national or regional denominational influence, HCP or married to one) rather than negative influencers (stigma, theology, worried about what congregation will think, etc.)

# Study #3. Religion/Spiritual Practices of AA Men Living with HIV/AIDS

- ▶ Forty HIV+ African American men between 22-49 participated in the study.
- ▶ The purpose of this study was to describe the role of religion and spirituality in the lives of rural HIV+ African men.
- ▶ The design was an exploratory descriptive study using audiotaped interviews for data collection.
- ▶ Participants were recruited from AIDS Service Organizations and clinics that served rural populations.
- ▶ During the interviews men were asked questions about their religion, spiritual practices, and the role of the church in their lives and their culture.
- ▶ Interviews were transcribed and analyzed using constant comparative analysis. Categories were identified and coded into themes.

# Results

- ▶ Four themes were identified from the interviews:
  1. Having a strong Christian background
  2. Drawing strength from spiritual practices
  3. Non-disclosure to clergy and congregants because of perceived HIV stigma
  4. Believing that a higher power (God) is a divine healer



# Non-Disclosure/Stigma

- ▶ The majority of the men who attended church services had not disclosed their HIV status to the clergy or the congregants. They identified stigma as the reason not to share their diagnosis.
- ▶ “For an African American male to go to church where he was raised....and tell the parishioners or the pastor, they disown you and then it becomes a crisis...”

# Non-Disclosure/Stigma

- ▶ “An African American church would ridicule a gay man”
- ▶ “The pastors and reverends, they don’t want to talk about it (HIV).”

# Study #4. Faith-Based Anti-Stigma Initiative Towards Healing HIV/AIDS (Project FAITHH)\*

## Goals and Objectives

**Goal:** To address HIV/AIDS stigma in rural African American churches in Alabama

### Objectives:

1. Decrease Stigma
2. Increase HIV knowledge
3. Increase HIV prevention activities in churches
4. Increase engagement of PLWHAs with participating churches

\*Funded through a CDC-Minority AIDS/HIV Research Initiative

## Study Design/Methods

- ▶ 196 Congregants in randomized three arm study:
- ▶ Arm 1: Project FAITHH curriculum which emphasized anti-stigma, faith based messages
- Arm 2: standard AIDS 101 curriculum
- Arm 3: HIV/AIDS educational pamphlets placed at the churches.
- ▶ Individual stigma (IS) was measured pre and post intervention using a 17 question parallel scale which measured total stigma as well as subsets of blaming (BJ) and interpersonal distancing (ID). Analyses included comparison IS, BJ and ID in all three arms and between arms was measured using paired sample sign test and Mann Whitney U test.

# Pastor Recruitment/The FAITHH Team



THE UNIVERSITY OF ALABAMA  
**COLLEGE OF COMMUNITY  
HEALTH SCIENCES**  
UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE  
TUSCALOOSA REGIONAL CAMPUS

Who is most likely to participate?



# Profiles of Pastors/Churches

- ▶ *Denomination:* 3 Baptists, 3 CME, 3 AME Zion, 3 DOC (very hard to recruit Baptist preachers into this type of study, easier to recruit if denomination engaged in HIV/AIDS prevention or social justice issues or if pastor/church have a community activism profile)
- ▶ *Location:* 2 Russell county, 1 Macon county, 1 Bullock county, 1 Autauga county, 1 Greene county, 3 Lowndes county, 2 Dallas county, 1 Butler county ( hard to recruit from West Alabama counties)
- ▶ *Gender of Pastors:* 2 Females, 10 Males

# Other predictors

- ▶ Level of activism of denomination/individual- social justice, civil rights, health
- ▶ Larger church support of issues- regional, district levels
- ▶ Level of comfort of Pastor/congregation around HIV/AIDS and research
- ▶ Personal experience with HIV/AIDS
- ▶ Buy-in for the study by pastor, church leadership and congregation members.
- ▶ Isolated location and/or size of congregation

# Results:

## PLWHA Study (HIV knowledge, Stigma and Spirituality/Religiosity & Pastor Interviews)

### PLWHA Study

- HIV knowledge scores were low (< 18 out of 30 correct) for 20 (49%) participants.
- Knowledge deficit areas included how HIV is transmitted and how persons can decrease risk of infection.
- Low knowledge scores were not significantly associated with gender, level of education, or length of time being HIV-positive
- IS was higher among less spiritual AAs living with HIV for 10+ years and lower among AAs infected for < 5 years.
- Religiosity mediated the spirituality-IS relationship ( $p=0.0154$ ).

### Pastor Interviews\*

- ▶ 10 African American pastors were interviewed from a HIV stigma intervention study in rural Alabama. Two main themes emerged:
  - (1) HIV stigma is perceived to be prevalent
  - (2) the role of the Black Church in addressing HIV in the African American community
    - Implications: Pastors in rural Alabama are willing to be engaged in HIV prevention solutions;
    - More formalized training is needed for churches to decrease stigma, strengthen HIV prevention and support for persons living with HIV/AIDS.

***\*(Aholou T; Cooks M, Murray A, et. al. "Wake Up! HIV is at Your Door": African American Faith Leaders in the Rural South and HIV Perceptions: A Qualitative Analysis(2016 Journal of Religion and Health 55 (1): )***



# Project FAITHH Results and Conclusions:

- ▶ In Pre/post-assessments:
  - ▶ Individuals in Arm 1 reported a marginally significant reduction in BJ compared to the control group ( $p < .05$ ).
  - ▶ Individuals in Arm 2 showed significant differences in ID (-0.57,  $p < 0.01$ ) and IS (-1.00,  $p < 0.01$ )
  - ▶ Although differences between arms was not significant (Kruskal Wallis test), there were significant decreases in post-intervention ID (-0.45,  $p < 0.01$ ) and IS (-0.71,  $p < 0.01$ ) between Arms 2 and 3.
  - ▶ Results support targeted faith-based anti-stigma messages as well as general HIV/AIDS 101 messages to decrease HIV/AIDS stigma. Findings also suggest that African-American churches may be poised to play a key role in efforts to reduce HIV stigma as an additional HIV prevention tool.

# Thank you! Project FAITHH Team

## University of Alabama

- ▶ Susan Gaskins, PhD, ACRN
- ▶ Jason Parton, PhD
- ▶ Xin Yang, PhD, MS
- ▶ Brittney Washington, MPH-  
Project Coordinator
- ▶ Eric Cooks, MA- Project  
Coordinator
- ▶ Natasha Adujoja-Ajijola- GRA
- ▶ Christina Pierpaoli- Graduate  
Student
- ▶ Numerous student volunteers

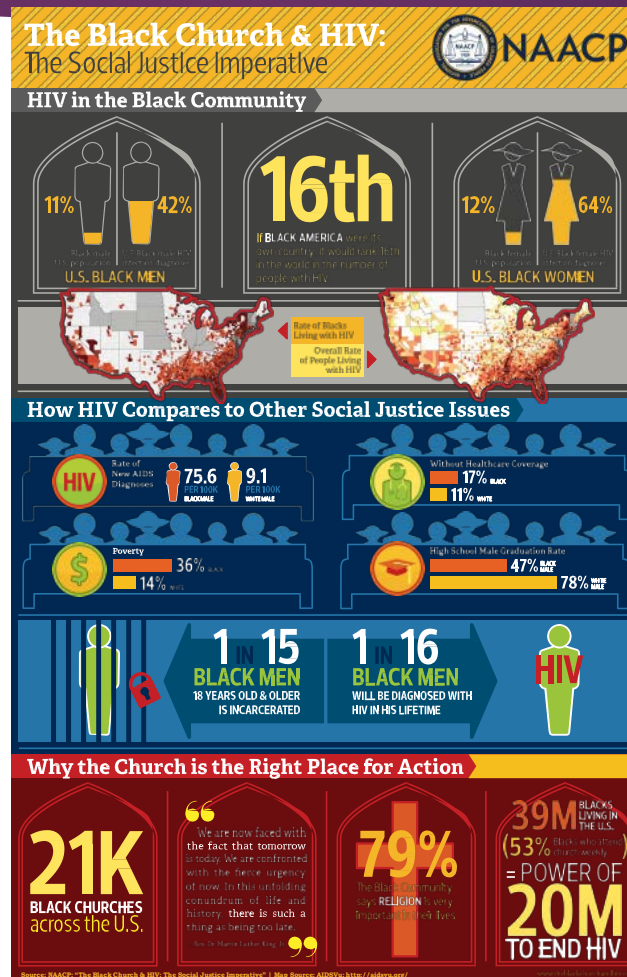
## Centers for Disease Control

- ▶ Madeline Sutton, MD, MPH
- ▶ Tiffany Aholou, PhD
- ▶ Zaneta Gaul, MSPH
- ▶ Ashley Murray, MPH

# Summary

- ▶ The Black Church may play an important leadership role in HIV prevention due to stigma
- ▶ We must better characterize stigma as a barrier to HIV prevention, particularly in AA faith-based settings
- ▶ Interventions could be used as tool in HIV Prevention by decreasing stigma in faith-based settings

# Reframing the Narrative: The New Social Justice Imperative





The End!

▶ Q & A Period