

YOUR Blessed Health: A Case Study of Balancing Church Doctrine and HIV Education

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Overview

- Discuss some of the unique advantages and challenges of addressing HIV through African American churches
- Provide an overview of the YOUR Blessed Health Program
- Describe some of the lessons we have learned from this pilot and the next steps for the program



Background Statistics

- In Michigan, according to the Michigan Department of Community Health (2006)
 - African Americans make up 14% of the population, but over half (57%) of the cases of HIV/AIDS
 - African Americans' rate of HIV infection is 8.6 times that among whites
- African Americans in Flint have among the state's highest rates of HIV, gonorrhea, and Chlamydia
- Female teen pregnancy rates in Flint are 20.5%, among the highest in the nation (Flint Even Start, 2004; MDCH, 2006)



Challenges of Addressing HIV/AIDS Among African American Youth

- Youth sexuality pathologized
- Exclusion of youth from decision-making
- Perception of invulnerability



Challenges of Addressing HIV/AIDS from the Churches' Perspective

- How can I talk about this issue but be true to my personal beliefs, my denomination's doctrine, and my Christian values?
- Is the HIV pandemic a moral or health issue?
- What resources do we have to address this issue?
 - Where can I get information, resources, and speakers, facilitators, etc.?



YBH Program Purpose

YBH seeks to achieve two aims:

- **Increase** the **capacity** of faith-based organizations and faith leaders to address HIV/AIDS
- **Change the norms** of churches to provide a more open and accepting setting where youth and adults can more effectively discuss and address the behaviors that put them at risk for HIV/AIDS and STIs



Program Goals & Objectives

■ Youth:

- Increase the skills of youth to effectively understand their risk of contracting HIV or STIs
- Enhance their skills to effectively communicate and negotiate relationships
- Develop plans to reduce their HIV and STI risk

■ Adults, Church, and Community:

Increase the capacity of pastor's, pastor's wives, and other adults to be positive forces in faith-based and community-level efforts to reduce sexual risk and HIV and STI transmission



YBH Intervention Components

- **Youth** - social, psychological and biomedical aspects of HIV/AIDS and skills building sessions
- **Adults** – social, psychological and biomedical aspects of HIV/AIDS
- **Pastors' spouses and other church leaders** - basic HIV/AIDS education, Biblical responses to questions about sex and sexuality, and talking with youth and adults about HIV risk and sexual health



YBH Intervention Components

continued

- **Church events** – sermons, presentations, and other HIV/AIDS awareness events
- **Community-based activities** - HIV/AIDS awareness and educational events to strengthen inter-church relationships, interdenominational ties, and connect churches with community services and residents



Evaluation Design

- Pretest-posttest design – youth and all adults
- Pre-post questionnaires assessed:
 - knowledge of HIV/AIDS, STIs and condoms;
 - self-efficacy to discuss and use safe sexual practices with partners;
 - level of comfort discussing sex, HIV, and STIs with adults within and outside of church
- Analyzed using SPSS version 14
- Qualitative process evaluation



Youth Results

- "I learned how to be responsible when it comes to having sex, and how to react to other things."
- "I learned I am not always right and other people can help me see different ways to look at situations."
- "I can make my own choices about having sex, and I feel comfortable telling that person that I am not ready."



Results of Faith Leaders

- Trainers were substantially more prepared to create a safe, caring environment where adolescents can thrive and develop healthy relationships with both adults and peers
- Pastors increased their comfort level talking about HIV/AIDS in church
- Six of eight pastors reported that they felt that there was a “High” level of impact on their churches and two pastors reported “Medium” level of impact.



Overall Impact

- **50 sessions** conducted with youth (Avg. 12.8 youth/session) and there was generally low attrition
- **People trained:** 189 youth, 121 adults, and 55 pastors' wives and church leaders.
- **Event participants:** 700 participants at church events, 480 people at community events
- **80+ people were tested for HIV at events**
- YBH **directly** reached **1,556 people** and **indirectly** reached **over 4,000** congregants across the eleven churches.



Limitations

- Could not demonstrate positive changes in youth behavior
- Adult trainers struggled to present intimate content
- Time to conduct the five-week skills building sessions
- Opposition by many congregations to on-site (on church premises) condom distribution and demonstrations by the YBH team



Lessons Learned for Intervening in Faith Settings

- Need to raise awareness of continued seriousness of HIV/AIDS in African American communities
- Churches need to recognize the problem applies to them
- Churches must believe that they have the ability to make the changes required, and be equipped with accurate and up-to-date information and skills
- Ideally, information should be presented by people who look like them, who confess the same beliefs as them, and who can encourage and support change in a nonjudgmental manner
- One size does not fit all pastors or churches



Conclusions

- Faith-based organizations are uniquely positioned to implement HIV education programs
- Discomfort more likely to come from adults not youth
- Important to respect pastors and churches individuality and give some options
- Churches and other faith-based organizations must recognize that effective preventative strategies involve *A, B and C*



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- Prevention Research Center of Michigan

Participating Churches

- Break Through Ministries
- El Bethel Baptist Church
- Fairhaven SDA
- First New Life Baptist
- Greater Holy Temple, COGIC
- Macedonia Baptist
- Metropolitan Baptist
- Mt. Calvary
- Our Savior Lutheran
- Shiloh Baptist
- Vernon Chapel

