

APPLICATION OF STAGES OF CHANGE AND COMMUNICATION FOR SOCIAL CHANGE

Community Capacity Building Assistance for African American Clergy Implementing HIV Prevention and Testing Programs

Presented by: Jacqueline F. Hampton, Ph.D. Center for AIDS Health Disparities Research (NIH-Funded) Meharry Medical College

> for American Public Health Association Washington, DC November 5, 2007

Copyright 2007, Jacqueline Hampton, jfhampton@aol.com

Objectives of Presentation

At the end of this presentation, the learner will be able to:

1.Describe the MICTAN CBA project and the goal of the MICTAN CDC – 04019 CBA initiative.

2.Discuss why African American clergy are key stakeholders regarding Advancing HIV Prevention for African Americans.

3. Discuss the challenges AA clergy face when addressing HIV/AIDS for African Americans.

4.Describe the significance for strengthening the capacity of AA clergy to obtain the goal of AHP.

5.Discuss the application and value of the Communication for Social Change Model and Stages of Change theory grounded within the CBA program design.

6.Explain the benefit of that capacity building has for clergy and the communities they serve (outcomes and lessons learned)



Project Description

Metropolitan Interdenominational Church **Technical Assistance Network (MICTAN)**, is a directly-funded CDC HIV Prevention **Capacity Building Assistance Provider.** Funded under the 04019 PA the goal of this project is to strengthen the capacity of faith, social/civic, educational, community based organizations and health departments to increase access and voluntary use of culturally competent HIV **Prevention services for undiagnosed and** at-risk African Americans.



Project Description

The directives of this CBA initiative are aligned with the CDC's recommendation Advancing HIV Prevention.

Goals of AHP:

- 1) Identify HIV positive persons via routine testing.
- Refer persons who test positive to prevention and care services.
- 3) Identify at-risk or partners of HIV positive persons provide prevention education.
- 4) Create new opportunities to access prevention, testing and care services.

Source: Centers for Disease Control and Prevention.



Experience – Highlights

Metropolitan Church – FRC, 1991

MICTAN initiative - 2000, CDC, PA 00003

Program Development, HIV 101, Grant Writing, Community Mobilization, Pastoral Care and Counseling, Collaboration and Partnership Development, behavioral Models and Theories.

MICTAN Initiative 2004 - CDC, PA 04019

Community Mobilization, Communication for Social Change, Culture of Faith Organizations and History of Social Change, Cultural Competence, Partnership Development, Understanding the Science and Molecular research, Development of Heightened National Plan, Advancing HIV Prevention, Psychosocial Behavioral Determinants of HIV Transmission Since 2000, MICTAN has provided CBA to <u>328</u> faith, social/civic, educational, community based and public health organizations <u>across 22</u> <u>states</u>.

Since 2005, MICTAN has held five (5) two-day capacity building institutes, which were attended by <u>259</u> national, regional, state and local faith leaders; national and regional social and civic leaders and representatives from HBCUs.

Developed training DVD – "Lift Every Voice – Needs packaging



Target Audience

African American Faith Leaders



African American Social/Civic/Civil Rights Organizations & HBCUs

> CDC Directly and Indirectly Funded Health Departments and CBOS

> > Copyright 2007, Jacqueline Hampton, jfhampton@aol.com



Target Audience Rationale for AA Faith Leaders

History of excellence as it pertains to liberating African Americans from Slavery to Civil Rights: Socio-Theological responsibility.

Pastors are traditionally respected by most in society.

Pastors have access to, and direct influence on, the behaviors and value system of the majority of African Americans in this country.

On a given Sunday, the pastor's message will reach anywhere from 1 – 20,000 African Americans in a given community.

Religiosity, Faith and Spirituality impacts decision making.

Traditional Public Health (DEBI)interventions have not been effective in reducing the Impact of HIV among African Americans.

A Systems approach is needed.

Source:

Centers for Disease Control and Prevention. (March, 2007) <u>A heightened national response to the HIV crises among</u> <u>African Americans</u>,

Weatherford, R. J.and Weatherford, C. B. (1999). <u>Somebody's knocking at your door: AIDS and the African American</u> <u>church.</u> Hayworth Pastoral Press: New York.

ISSUE

The role of African-American clergy must be better leveraged to encourage use of HIV prevention services thus curbing the disproportionate rate of HIV infection within African-American communities. Hindered by their perceptions of HIV/AIDS, many African American clergy are hesitant to assist in curtailing HIV infections. African-American clergy HIV capacity building interventions must be designed to spur clergy to greater action by addressing theology, capacity and responsiveness.

Theory and Models

The CBA projects draws on a variety of theories and models posited in health education and the Social Sciences. MICTAN identified a model which envelops theories pertinent to African American Clergy. The Communication for Social Change Model. 1) Community Engagement 2) Health Belief Model 3) Empowerment Theory 4) Stages of Change



Communication for Social Change

Catalyst - The Trigger

Community Dialogue

Collective Action

Individual Change

Social Change

Societal Impact

Figueroa, M. E., Kincaid, D. L., Rani, M., & Lewis, G. (2002). <u>Communication for</u> <u>social change: An integrated model for</u> <u>measuring the process and outcomes.</u> The Rockefeller Foundation: New York.





CFSC and SOC

	Communication for Social	Stages of Change	C		
	<u>Change</u>		A P		
	Catalyst	Pre-contemplation	A C		
	 Community Dialogue 	Contemplation	I T Y		
	Collective Action	-Decision Action	B U I		
	 Individual, Community Change 	-Maintenance Relapse	L D I N G		
McKenzie J. & Smeltzer, J. L. (1997). <u>Planning, Implementing and Evaluating Health Promotion</u> <u>Programs: A Primer.</u> (2nd ed). Allyn & Bacon: Boston.					



CBA Markers - How do we know CBA is working?

Verbal understanding and need for social change *Indicator* -Feedback via dialogue, Questions,

Motivation to initiate social change *Indicator*- Desire to do

Empowerment to create social change Indicator –change in readiness and capacity - Here's our plan given our capacity and resources

Agreement and steps to implement change Indicator – MOAs, partnerships, Collective action

Sustained social change *Indicator* – individual or collective annual, on-going, seasonal HIV prevention activity



General and Specific CBA Content Areas

Community Engagement and Partnership Development (working with HDs, CBOs, and people living with HIV & AIDS) Developing Community-Driven Action Plans Cultural Competence Response via Ministry: What the Church can Do HIV Testing and Counseling Community Mobilization to Increase Access and Use of HIV Prevention Services	 Why capacity building (goal); Impact of HIV/AIDS; Explanation of HIV/AIDS; Psychosocial, Spiritual environmental and behavioral etiological factors/contributors to epidemic; Behavioral theory; Risk reduction, elimination and need for testing; Local and national resources; Government response; Cultural competence; Tool for action (Communication for Social Change); Engagement, Partnership Development, Collaboration; Policy; Effective, culturally appropriate interventions and or responses. Pole of the Church in HIV Prevention
	Role of the Church in HIV Prevention

Project Description



Copyright 2007, Jacqueline Hampton, jfhampton@aol.com



Project Description - Proactive CBA Process

Proactive CBA Process:

- 1) Community Engagement
- Peer Outreach (Clergy to Clergy) via "mini" HIV presentation at clergy meetings.
- Exhibits One on One dialogue regarding HIV and MICTAN project.
- Clergy Institute Invitation only Skills building institute – MICTAN pays
- 2) CBA requests as a result of having been engaged at community event.
- 3) Organizational Needs Assessment

- 4) Develop CBA intervention plan.
- 5) CBA recipient approves plan
- 5) Identify trainer
- 6) Secure MOAs and other relevant documents
- 7) Deliver CBA and initial evaluation
- 8) Immediate follow-up evaluation to assess usefulness.
- 9) 3, 6 and 12 month follow-up to determine technical assistance needs.
- OUTCOME Initiation and/or maintenance of activity that increases access and use of HIV Prevention Services for undiagnosed, at-risk African Americans.



Project Description - Reactive CBA Process

Reactive CBA Process:

- 1) Marketing to HDs, CBOs
- 2) Request made to HD.
- 3) HD makes request via CDC-CRIS system.
- 4) CBA Provider alerted via CDC-CRIS System.
- 5) CBA Provider responds to request and provides details via CRIS.
- Contact Organization
- Organizational Needs Assessment
- Development of CBA Intervention
- Organization reviews intervention
- Logistics arranged

6) Identify trainer

- 7) Secure MOAs and other relevant documents
- 8) Deliver CBA and initial evaluation
- 9) Immediate follow-up evaluation to assess usefulness.
- 10) Complete details of CBA intervention via CDC-CRIS
- 11) 3, 6 and 12 month follow-up to determine technical assistance needs.
- OUTCOME Initiation and/or maintenance of activity that increases access and use of HIV Prevention Services for undiagnosed, at-risk African Americans.



Impacts- Highlights

Walter W. Matthews, Pastor - Pleasant Green MB Church, Chicago, IL - Sustained

Provides transportation for HIV Testing, Publicly tested in front of community, Mobilized local CBOs to conduct community testing event, Mobilized Chicago Clergy to attend training institute, instrumental in introducing HIV Prevention to National Baptist Convention of America President, Applied for HIV funding, MICTAN subcontractor, trainer, Volunteered to be featured in DVD, "Lift Every Voice."

Roosevelt Williams, Pastor, Hopewell AME Church, Birmingham, AL – Sustained.

Hosted CBA workshop for pastors in Birmingham AME District, hosted testing for "feed the need" participants, hosted health fair testing 35 community members, preach HIV compassion message from pulpit, pastoral counseling and care, discussions of sexuality for youth during bible study. Featured in DVD. "Lift Every Voice".

Dan Hayes, Pastor Gordon Memorial UMC, Nashville, TN - Sustained.

Annual HIV testing for homeless population and HIV Awareness Presentation.

Pastor James Hill, CAMTAN, Clarksville, TN – Sustained.

Collaborates with Nashville CARES to and First Response Center to provide HIV case management, referral and transportation to care services. Attends state HIV and trainings and Ryan White Meetings.



Impacts- Highlights

Dr. George Brooks, Pastor, St. James MBC, Nashville, TN and Congress Dean, National Baptist Convention of America -

Attended one CBA event and one town hall meeting. Invites MICTAN to exhibit at District Baptist Meeting, Host health fairs that include HIV testing, has introduced HIV education to congress – Sustained.

Dr. Theodore Bryson, Mt. Nebo MBC, Nashville, TN

Attended two clergy institutes and is recipient of six CBA events which has led to a community outreach and rapid testing ministry. OMH Partner with First Response Center to provide HIV Counseling and Testing to underserved populations.

•From July 2004 – February 7, 2007 - 1,482 HIV test indirect and direct result of CBA provided to Faith, Educational, CBOs and HDs.



Lessons Learned and Recommendations

Traditional means of approaching "pre-contemplating clergy" must be **reconsidered** when seeking African-American clergy participation in HIV prevention efforts. CFSC significantly enhances development of successful CBA strategies for engaging, training and spurring African-American clergy collective action in order to facilitate increased HIV prevention and testing for high risk African-Americans.

Stigma can be reversed!

Capacity Building must be relevant and culturally appropriate.

Engagement and relationship building is KEY! - Connect, Connect, Connect

Do not attempt to change theology, however present issues in socio-theological context – issue of family, love, compassion, need, sexuality.

Do not blame, judge or approach with an agenda.

Present the science, facts, real people with real testimony.

Emphasize the positive contributions of faith leaders.

Publish success stories, new models and lessons learned.



References/Resources

Centers for Disease Control and Prevention. (March, 2007) <u>A heightened national response to</u> the HIV crises among African Americans,

Figueroa, M. E., Kincaid, D. L., Rani, M., & Lewis, G. (2002). <u>Communication for social</u> <u>change: An integrated model for measuring the process and outcomes.</u> The Rockefeller Foundation: New York

Weatherford, R. J.& Weatherford, C. B. (1999). <u>Somebody's knocking at your door: AIDS</u> and the African American church. Hayworth Pastoral Press: New York.



Acknowledgements

Dr. Sharon L. Crawford, Executive Director, The First Response Center, Metropolitan Interdenominational Church – Nashville, TN

Rev. Edwin C. Sanders, II, Senior Servant, Metropolitan Interdenominational Church – Nashville, TN

MICTAN Staff – Ross Fleming, III; Sandra Flournoy; Dr. Donald L. Smith

Centers for Disease Control and Prevention - Dr. Hodelin Rene – Program Consultant

Dr. James E. K. Hildreth – Director, NIH - Centers for AIDS Health Disparities Research at Meharry Medical College, Nashville, TN