

Taking It to the Pews (TIPS): Church and Community Members' Satisfaction with HIV screening in African American churches



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November 4, 2013

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- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

Acknowledgements

- Jannette Berkley-Patton, PhD, Assistant Professor and Director of the Community Health Research Group, University of Missouri – Kansas City
 - Rev. Eric Williams and Rev. Cassandra Wainright, Calvary Community Outreach Network
 - Christian Fellowship Baptist Church, Gethsemane COGIC, Mt. Carmel COGIC Church, St. Monica's Catholic Church
 - Marcie Berman, Andrea Bradley-Ewing, Starlyn Hawes, Erin Moore, David Martinez, University of Missouri-Kansas City
 - National Week of Prayer for the Healing of AIDS in Kansas City
 - ASOs: Kansas City Health Department, KC CARE Health Clinic, Truman Medical Center Infectious Disease Clinic, Good Samaritan Project
 - National Institutes of Mental Health
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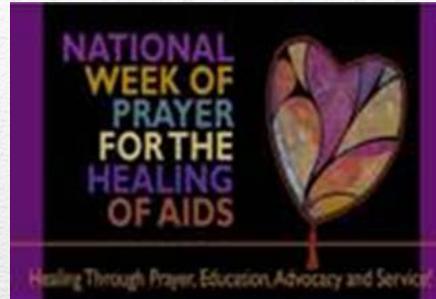
Why Black Churches?



Why not Black Churches!

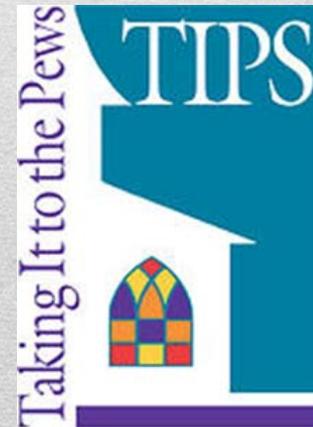
Contextual Background

- National Week of Prayer (NWP)the Healing of AIDS in Kansas City since 1995



- Screening offered at all events, but few people sought screening

- Beyond the Week of Prayer, lack of churches' follow-through in “doing something!”



Church Leaders Guiding the Research Agenda

Ongoing meetings and discussions with African American pastors regarding the role of the church in addressing HIV/AIDS

“No” to delivering information prevention information about condom use



“Yes” to focusing on HIV awareness and screening in African American churches

TIPS Aims:

To mobilize African American churches to increase HIV education and testing among their church and community members



Exploring Church Based HIV Testing

- **4 churches completed surveys**
- **Health Beliefs and Behaviors Survey**
 - Baseline, 6 months and 12 months
 - HIV testing beliefs, behaviors, and satisfaction
- **543 participants** (*417 church members & 126 community members*)
- **Post intervention focus groups with all 4 churches**



TIPS Liaisons and Health Agency as Intervention Implementers

Church liaisons:

- ✓ Distributed 1-2 TIPS tools per month
- ✓ Coordinated 3 HIV testing events

Use the TIPS Screening Event Request Form and Screening event checklist.

Kansas City Health Department:

- ✓ Provided confidential HIV testing on Bible Study nights and **Sunday's**
 - ✓ Supplied HIV test kits (Rapid – oral and blood)
 - ✓ Described HIV testing during church service
 - ✓ Facilitated Pastor role modeling
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TIPS Strategies to Motive HIV Screening

- Testimonies
- Pastors modeled receipt of HIV test
- Tester described screening
- Testing during church services, community and special events
- Ministries primed for testing
- Calls for people to get tested throughout service/special event
- No/short wait times to get tested

12--Month HIV Testing at 4 TIPS Churches

| Churches | Testing #s* |
|--------------|-------------|
| Intervention | 249 |
| Comparison | 61 |
| Total | 310 |

* 3 HIV Testing events per church

Health Beliefs and Behaviors Survey

Strategies That Encouraged HIV Testing

| Intervention Church Participants | 6 mos. | 12 mos. |
|--|---------------|----------------|
| • HIV testing has been openly and regularly discussed at your church | 75% | 88%* |
| • The pastor or a church leader asked the church/community members to get tested | 71% | 78% |
| • You got tested with friends, family or church members | 65% | 86% |
| • Someone asked you to get tested with them | 37% | 31% |

* $p \leq 001$

Health Beliefs and Behaviors Survey

Satisfaction with HIV testing

| Intervention Church Participants | 6 mos. | 12 mos. |
|---|-------------------|--------------------|
| • HIV test was free | 78% | 88% |
| • You felt that your test results would be kept confidential | 71% | 82% |
| • You felt safe, like you would not be judged or talked about | 65% | 74% |

Health Beliefs and Behaviors Survey

Satisfaction with HIV Testing (12 mos.)

| | Intervention | Comparison |
|--|--------------|------------|
| • How HIV testing events were made available at your church? | 90% | 67%* |
| • How often HIV information and events were offered? | 87% | 68%* |
| • How private and compassionately HIV testing was offered? | 94% | 66%* |
| • HIV test was free. | 88% | 83% |
| • You felt that your test results would be kept confidential. | 82% | 78% |
| • You felt safe, like you would not be judged or talked about. | 74% | 59% |
| • You knew that you could get tested quickly without a long wait time. | 84% | 73% |

* $p \leq .001$

Intervention Post Focus Group

Getting tested in church:

“I think we had excellent participation. We announced the testing events people waited to get tested. I thought that was good.”

Attitude change toward getting tested in church:

“ I think initially people were sort of iffy and [feeling] like I don't want to be put out the like I'm doing something wrong [be]cause again the stigma [is] attached to it. Then the second testing came around then the third testing...I think people grew a comfort level [that] improved just because of the education that was put out there...”

Intervention Post Focus Group

Developing trust in testing confidentiality:

- *“Everybody was doing it. It wasn’t just one person we had many people getting tested. And, so it let everyone know it’s okay.”*
- *“Once people found out the privacy of it [the screening process] I think that comforted a lot of people and the numbers went up the second time.”*

Potentially impacting screening behavior:

- *“ It offered people a chance who would not normally getting tested a chance to do so at regular intervals”*
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Lessons Learned

- Securing collaborative partnerships to conduct HIV screenings on Sunday and Wednesday evenings is a significant strategy.
 - Developing the skills of church liaisons to implement health programming and coordinate HIV testing events .
 - Church-based testing can be conducted privately and compassionately.
 - Congregants will take advantage of HIV testing when accessible at their church.
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Questions