

Taking It to the Pews (TIPS): Developing Community Partnerships to Facilitate Sunday Morning HIV Testing and Linkage to Care in African American Churches

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Background

- African Americans are disproportionately burdened by HIV, accounting for almost 44% of new HIV cases each year.
- The Black church (churches primarily serving African Americans) have long been recognized as an influential institution with a rich history of mobilizing communities for social change and with many organizational assets (e.g., stable memberships, large volunteer bases, outreach ministries).
- Faith-health-academic partnerships have great potential to innovatively build on the strengths of Black churches and existing community resources to increase reach of and access to HIV and other STI screenings during Sunday morning church services.
- Yet, limited studies have reported on how HIV/STI and linkage-to-care services can be coordinated and delivered in nontraditional settings, such as Black churches, and at nontraditional times – Sunday morning church services, through collaborative faith-health-academic partnerships.

Taking It to the Pews (TIPS)

- A multi-level, health intervention to promote HIV prevention, access to testing, and linkage to care in African American churches and communities.
- Utilizes a Tool Kit that provides churches with culturally and religiously-tailored materials and activities developed in partnership with church leaders (e.g., pastoral sermons, testimonies, church bulletins, HIV educational games).
- A clinical trial examining the impact that HIV prevention, access to testing, and linkage to care has among church congregants and community members associated with 14 churches randomized to intervention (TIPS) and comparison (standard non-tailored HIV information) arms.
- Church and community members completed surveys on HIV-related beliefs and behaviors over 3 to 4 time points (Baseline, 6, 12 and 18 months).

Partnership Development Process

- Convene existing high capacity health agencies to collaborate on TIPS HIV Testing and Linkage to Care activities in Kansas City African American churches and their outreach ministries:
 - Kansas City Missouri Health Department (KCMO HD)
 - Kansas City CARE Clinic (KC CARE)
- Traditionally, KCMO HD and KC CARE provided HIV/STI testing in the Kansas City community independently of each other with the KCMO HD utilizing KC CARE Linkage-to-Care services on an on-call basis.
- Also, HIV/STI testing services were not provided on Sundays.

Partnership Development Process:

Goal: To align roles and responsibilities for facilitating TIPS HIV and other STI collaborative testing events

Share and describe HIV and other STI community screening protocols for facilitation of HIV/STI testing and delivery of HIV/STI testing results of each agency

Identify, define and assign HIV/STI testing and linkage-to care roles and responsibilities for TIPS collaborative screening events

Formalize TIPS collaborative HIV and other STI screening policy and protocol



HIV/STI Testing Motivational Strategies: Role Modeling and HIV Testing Process Explanation



TIPS Culturally and Religiously-tailored Materials and Activities

Sunday Morning Church HIV/STI Screenings

TIPS church activities during Sunday morning service

Congregants were exposed to:

- Pastors preaching about HIV, HIV stigma
- Pastors and other church leaders role modelling HIV testing
- Responsive readings about HIV
- Distribution of pamphlets and bulletin inserts
- Continuous call for HIV testing

HIV and other STI Screenings

Participants were offered screenings for:

- Chlamydia and Gonorrhea (first-catch urine sample)
- Syphilis (venipuncture)
- Rapid HIV (Clearview Complete HIV-1/2) or/conventional HIV (venipuncture)

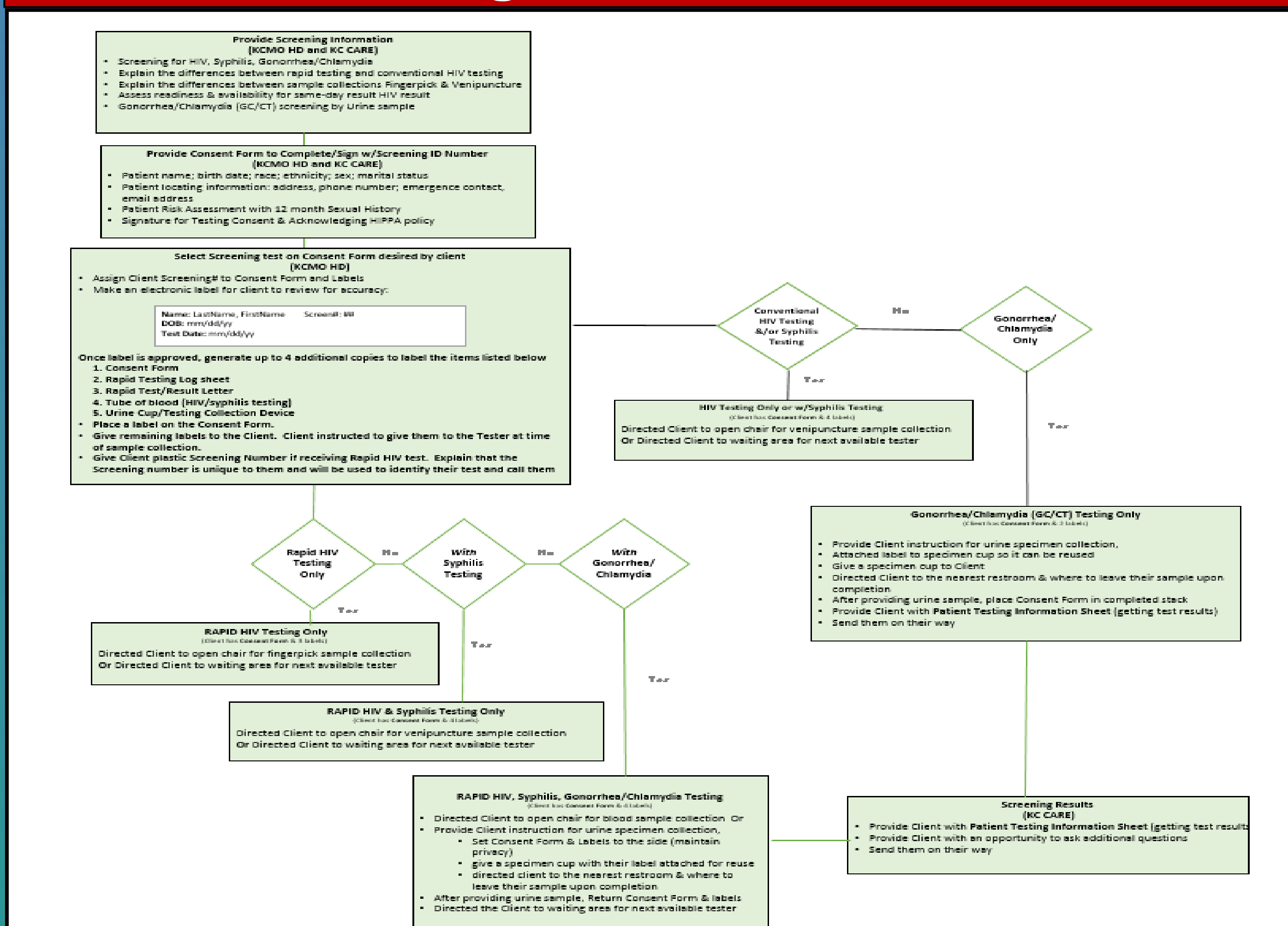
Linkage to care (LTC)

Participants received :

- HIV test results from a LTC counselor
- Risk assessment counseling

If an HIV diagnosis was received, the LTC counselor would offer confirmatory testing and enrollment into LTC services to assist with access to HIV primary care, affordable medications, mental health care, counseling, infectious disease specialists, peer education and other basic needs.

Screening Process Flow Chart



HIV/STI Testing Receipt and Satisfaction

Health Beliefs and Behaviors Survey (N=250)

	Total # tested for HIV	Total # tested for Syphilis	Total # tested for Chlamydia and Gonorrhea	Total # tested for HIV	Total # tested for Syphilis	Total # tested for Chlamydia and Gonorrhea
INTERVENTION	Church 1	2	0	38	5	6
	Church 2	33	17	13	3	3
	Church 3	43	8	9	64	37
	Intervention Totals:	78	25	22	112	45
COMPARISON	Church 5	15	0	0	4	0
	Church 6	12	9	8	4	1
	Church 7	12	11	12	3	2
	Comparison Totals:	39	20	20	11	3
	Overall Totals:	117	45	42	123	48

How satisfied were you with:

	Intervention	Comparison
How HIV testing events were made available at your church	71%	54%*
How often HIV information and events were offered	68%	49%**
How privately and compassionately HIV testing was offered	72%	55%**
How you felt your test results would be kept confidential	83%	74%

** p ≤ .001

* p ≤ .01

Lessons Learned

- Partnering to design a TIPS screening request form for tracking screening events specific to TIPS research arms (e.g., intervention or comparison) was instrumental in determining staff needs for screening events.
- Documenting procedures across agencies for consistency is important to build trust with churches and screening participants.
- Collaborating to design of the screening intake form and subsequent HIV/STI participant education is important for feeding back aggregate demographic data to the UMKC research team.
- Publishing a “real-time” Outlook calendar accessible to collaborating agencies allowed for little discrepancy in scheduling conflicts.
- Coordinating de-briefing meetings to celebrate successes, discuss challenges and improve collaborative testing protocol and procedures is important for overall improvement of the testing protocols and procedures.

Conclusion

- Partnerships with capacity to support Sunday morning HIV/STI screening and LTC services is critical for success.
- Collaboration forced partners to modify screening procedures for enhanced delivery of future outreach/community and TIPS screening events.
- Considering these are 6-month findings from a 12-month intervention, 12-month findings and post study focus groups will provide further opportunities to better understand participant satisfaction with church based HIV testing.
- Findings suggest that when testing is made easily accessible and integrated into the church infrastructure by the coordination of health agency partners and faith leaders, members will take advantage of HIV/STI testing in the “non-traditional” HIV/STI testing setting of Black churches. Sustaining the faith-health-academic partnership and maintaining capacity to provide church-based HIV testing needs continued discussion.

ACKNOWLEDGEMENTS

Grant #: R01MH099981. Thank you to the following people and organizations for your contributions:
 Revs. Eric Williams and Cassandra Wainright, Calvary Community Outreach Network.