Taking It to the Pews (TIPS): The Innovation, Successes and Challenges of Sunday Morning HIV Testing in African American Churches

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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
Contextual Background

- National Week of Prayer (NWP) the Healing of AIDS in Kansas City since 1995
- Beyond the Week of Prayer, lack of churches’ follow-through in “doing something!”

“No” to delivering information prevention information about condom use

“Yes” to focusing on HIV awareness and screening in African American churches
Taking It to the Pews (TIPS) Overview

- A faith community-engaged, multi-level intervention designed to promote **HIV prevention, access to testing, and linkage to care** in African American churches and communities.
- Utilizes an **HIV Tool Kit** with culturally and religiously-tailored materials and activities **delivered by church health liaisons**.
- A **clinical trial** 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).
- Church and community members would have access to **HIV testing and linkage to care at 3 time points** for both intervention arms.
Primary aim:
To mobilize African American churches
to increase HIV education, testing, and linkage to care
among their church and community members

Take someone’s hand, get tested together!
Innovation
Leveraging Existing Community Capacity to Increase Reach of HIV Testing
Step 1

Develop and formalize a successful HIV church-community based testing and linkage-to-care partnership across state lines with existing community capacity.

<table>
<thead>
<tr>
<th>• Kansas City CARE Clinic (KC CARE)</th>
<th>• Kansas City Missouri Health Department (KCMO HD)</th>
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</thead>
<tbody>
<tr>
<td>• Kansas University Medical Center (JayDoc)</td>
<td>• Kansas City CARE Clinic</td>
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</table>

Traditionally, ONLY KC CARE provided HIV/STI testing in Kansas City, KS. JayDoc medical students were a newly tapped resource to garner additional capacity for testing events when needed in Kansas City, KS.

Traditionally, KCMO HD and KC CARE provided HIV/STI testing in the Kansas City, MO community independently of each other with the KCMO HD utilizing KC CARE Linkage-to-Care services on an on-call basis.
Step 2
• Share and describe HIV/STI community screening protocols to facilitate of HIV/STI testing and delivery of testing results.

Step 3
• Identify, define and assign HIV/STI testing and linkage-to-care roles and responsibilities for TIPS collaborative screening events.

Step 4
• Collaboratively develop “Just In Time” HIV testing training for JayDoc medical students.

Step 5
• Formalize TIPS collaborative HIV and other STI screening policy and protocol.
TIPS Intervention 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
TIPS Screenings
Participants were offered screenings for:
  • Rapid HIV
  • Chlamydia and Gonorrhea
  • Syphilis

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.
Success
HIV Testing Rates and Satisfaction
Receipt of HIV Testing

• Church and community members would have access to HIV testing and linkage to care at 3 time points for both intervention arms.

• Two testing points are complete

• Other STI (e.g., syphilis, gonorrhea, and chlamydia) screening offered by Kansas City, Missouri Health Department on the Missouri side of the state line

• Clinical Trial includes two waves of churches (N=14). Wave 1 churches (n=6) reported. Wave 2 churches (n=8) have not started HIV and STI testing.
## TIPS Wave 1: HIV Testing Totals

<table>
<thead>
<tr>
<th>Wave 1</th>
<th>Testing 1</th>
<th>Testing 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total # tested for HIV</td>
<td>Total # tested for Syphilis</td>
</tr>
<tr>
<td>Church 1</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Church 2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Church 3</td>
<td>33</td>
<td>8</td>
</tr>
<tr>
<td><strong>Intervention Totals:</strong></td>
<td><strong>68</strong></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Church 4</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Church 5</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Church 6</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td><strong>Comparison Totals:</strong></td>
<td><strong>39</strong></td>
<td><strong>20</strong></td>
</tr>
<tr>
<td><strong>Wave 1 Total:</strong></td>
<td><strong>107</strong></td>
<td><strong>45</strong></td>
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</table>
## Testing Satisfaction at 6 months  (N= 250)

<table>
<thead>
<tr>
<th>How satisfied were you with:</th>
<th>Intervention</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>How HIV testing events were made available at your church</td>
<td>71%</td>
<td>54%*</td>
</tr>
<tr>
<td>How often HIV information and events were offered</td>
<td>68%</td>
<td>49%**</td>
</tr>
<tr>
<td>How privately and compassionately HIV testing was offered</td>
<td>72%</td>
<td>55%**</td>
</tr>
<tr>
<td>How you felt your test results would be kept confidential</td>
<td>83%</td>
<td>74%</td>
</tr>
</tbody>
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** p ≤ .001  
* p ≤ .01
Challenges
Coordination and Communication
Communication and Coordination

• Communication between partners
  o scheduling of events
  o staff turnover

• Development of a “Just in Time” training for medical students
  o time consuming
  o student availability

• Securing HIV test kits

• Enhancing Church Health Liaison Training
  o Clarify testing room set up
  o Creating FAQ for testing area preparation and space use limitations
Lessons Learned

- Partnering to design a TIPS screening request form was instrumental in determining staffing needs.

- Documenting procedures is important to build trust with churches and screening participants.

- Collaborating on screening intake design form 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.
Partnerships with capacity to support Sunday morning HIV/STI screening and LTC services are 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.
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• Rev. Eric Williams and Rev. Cassandra Wainright, Calvary Community Outreach Network
• Sheila Lister, Nia Johnson, Kelsey Christensen, Alex Booker, Marcie Berman, Community Health Research Group, University of Missouri-Kansas City
• Andrea Bradley-Ewing, Kathy Goggin, PhD, Delwyn Catley, PhD, Children’s Mercy Hospital
• KC FAITH Community Action Board Members
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• ASOs: Kansas City Health Department, KC CARE Health Clinic and JayDoc
• National Institutes of Mental Health