

Partnering with churches to provide HIV related services - A Provider's Perspective

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BACKGROUND

- HIV intervention development often lacks input from HIV service providers (e.g., health educators, case managers) who deliver programs and provide services (e.g. HIV testing) in church-based settings.
- Without relevant insight from providers in designing health programs for churches, considering recruitment challenges, and sustaining strong relationships with faith leaders places the success of such programs at a serious disadvantage.
- **Study Purpose:** Assess the facilitating factors and barriers associated with providing HIV prevention services (e.g., outreach, testing, and education) to predominantly Black churches.

METHODS

Context

- Memphis, Tennessee in Shelby County
- Highest HIV/STI burden among African Americans
- High density of historically Black churches

Procedures

- Recruited participants from 8 HIV service orgs
- Conducted 16 in-depth interviews

Data Analysis

- Audiotapes transcribed verbatim and verified
- Data analyzed inductively using a constant comparative analytic approach

Demographic Characteristic	HIV Provider (N = 16)
Age	27 – 62 years (M = 39)
Gender	
• Male	2 (12.5%)
• Female	14 (87.5%)
Ethnicity	
• African American	10 (62.5%)
• European American	6 (37.5%)

RESULTS

3 Major Themes

Benefits of Collaboration

- Reach a diverse group of people for HIV testing
- Dispel HIV myths through education and awareness
- Address stigma

"We can always benefit from other's information, their knowledge, their experiences, their skill sets because I believe no one person or no one entity has everything so I think everybody brings something to the table that's unique and different to that person or that organization" – **Female Provider**

Facilitating Factors of Collaboration

- Intersection of faith & health among church leadership
- Pastors support
- History of previous working relationships

"We have a really good working relationship with Catholic Charities. We try to establish those working relationships and maintain them in an effort to serve our patients better." – **Female Provider**

Challenges of Collaboration

- Discussing taboo issues
- Addressing sexuality and HIV risk behaviors

"Values around how sexually related education in health should occur...comprehensive sex education versus abstinence only...our values and beliefs makes it hard to partner-- that's not acceptable to some faith-based organizations." – **Female Provider**

CONCLUSIONS

- HIV service provider organizations actively collaborate with and provide HIV services for faith communities
- HIV service providers note the importance of considering the context of congregations' lives in designing future HIV prevention interventions/ programs in faith-based settings
- Insight from HIV providers is vital/integral to advancing knowledge of Mid-South community-, faith-, and academic research partnerships

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