



Partnering with Grassroots African-American Faith Communities

A Model for HIV Testing and Linkage with Care in a High-Risk Population Atlanta, Georgia 2007



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Background

- Estimated 1.1 million people in the United States are infected with human immunodeficiency virus (HIV); 24%-27% are unaware of their infection
- These individuals may account for 40,000 new infections annually.
- After people are aware of HIV status high-risk sexual behavior reduced by 68%
- Homeless have median HIV rate >3x general population (3.4% vs 1%); Higher rates (8.5% to 62%) seen in some subpopulations
- 1995 homeless survey: 69% at risk for HIV from unprotected sex with multiple partners, injection drug use (IDU), sex with IDU partners, or sex for money or drugs

Methods

- Recovery Consultants of Atlanta, Inc., a SAMHSA/CSAT funded peer-led, faith-based HIV prevention and Addiction Recovery Support program, led a coalition of partners on 2007 National Black HIV/AIDS Awareness and Information Day.
- Three primary objectives:
 - (1) To test minimum 1,000 homeless substance users for HIV utilizing faith-based approach, and OraQuick ADVANCE 20-minute rapid test.
 - (2) To motivate Atlanta's African American faith leaders to reduce HIV-infection and substance use among Atlanta's largely African American homeless population. To build a coalition of committed partners to develop faith-based approaches to reduce HIV and substance use among Atlanta's most vulnerable populations.
 - (3) To link clients with addictive disorder treatment services, peer-led addiction recovery support services, and HIV care services.

Preparations included:

- numerous volunteer person-hours
- weekly teleconferences
- meetings with grassroots community based HIV/AIDS organizations
- the mayor's monthly meeting with religious leaders
- meetings with local clergy
- weekly training sessions for certified pre-post Rapid HIV Testing counselors
- identification of vans for individuals needing transportation to testing sites

On the day prior to the event outreach workers:

- Canvassed inner-city communities in close proximity of the churches and homeless shelters
- Engaged substance users in dialogue aimed at motivating them to participate in the testing initiative
- Distributed bright-colored flyers announcing the date, time, and locations and incentives offered
- Posted flyers at venues (stores, laundromats, gas stations, restaurants, etc.) throughout the community

Results

Testing Venue	Total Tested	New Positive	Previous Positive	Attrition
Women's Day Shelter	84	1	3	2
Iconium Baptist Church	128	3	2	2
Wheat Street Baptist Church	269	14	9	0
Gateway 24/7 Shelter	122	4	5	0
Task Force for the Homeless Shelter	304	21	16	0
Lindsay Street Baptist Church	98	4	3	1
Jefferson Place Men's Shelter	100	3	1	0

Note: Attrition (above) refers to the five individuals who did not stay long enough to receive their preliminary rapid test results (none of these persons had a preliminary positive result). Also, two of the 46 new cases later disclosed that they were previously aware of their status, leaving 44 new cases instead of 46. Forty-three of the 44 new cases were confirmed positive and one was indeterminate, requiring a new test

February 6, 2007 Testing Totals:

- 1,105 total HIV tests; 39 (2.6%) previous positives
- Previous positives retest for three main reasons: 1) incentives [transit tokens, chicken dinners]; 2) verification of prior results; 3) to reach out for help
- 43 new positives; 4.0% new positivity rate
- Of 1,105 persons tested
 - Estimated >95% African American; 80% males in late 30s to early 40s
 - Risk factors included unprotected sex both men and women; men having sex with men, injection drug use, as well as use of alcohol and other drugs



Wednesday, February 7 faith-based symposium included: discussion among African American clergy about:

- HIV prevention, care and treatment provided by Atlanta's Black Church community
- Challenges that prohibit other churches from getting involved in similar activities
- Best practices which were highlighted in a series of afternoon breakout sessions
- Goals for next steps in uniting faith-based and community organizations in addressing HIV/AIDS care in the African-American community in Atlanta, GA



Thursday, February 8 interaction session with several Atlanta-based HIV care providers

- Thirty-three (77%) of the 43 individuals testing positive for the first time participated
- Engaged in dialogue with HIV and Substance Abuse care agencies; linked with and/or introduced to multiple services for individuals living with HIV and substance abuse.
- Each attendee received \$25 cash incentive and a free lunch, made possible by Abbott Laboratories grant

Limitations

- Obtaining OraQuick ADVANCE 20-minute Rapid HIV Test Kits
- Providing 3 transit tokens as an incentive
- Diversity in testing population (even though testing was done at two new facilities the majority to participants had received a previous HIV test).
- Linking HIV positive and substance abuse homeless participants to follow-up care

Discussion

- 2005 annual rates of HIV/AIDS diagnosis among black men and women were seven and 21 times higher than rates among white men and women, respectively.
- Primary mode of HIV infection
 - For black men: sexual contact with men
 - For black women: high-risk heterosexual contact
- New interventions and mobilization of the broader community are needed to reduce the disproportionate impact of HIV/AIDS on African-Americans in the United States
- CDC, along with public health partners and community leaders, has announced its Heightened National Response to the HIV/AIDS Crisis among African Americans to reduce the toll of this disease
- CDC will expand its partnerships with other federal agencies, state and local health departments, academic institutions, and community-based and faith-based organizations to enhance research, policy, prevention services, testing, and linkage to care for blacks
- Innovative methods for Rapid HIV Testing are especially needed to address those segments of the United States population that have no/limited access to healthcare and are homeless
- Homeless have higher rates of chronic diseases than people who are housed, due in part to the effects of lifestyle factors
- In a 2000 study, the greatest need for HIV or AIDS treatment after medication was stable housing
- Many homeless people with HIV or AIDS are unable to receive adequate health care, treatment, and education about the disease
- This event's success due to:
 - Involvement of several segments of the community
 - Key role of faith community, an important element in raising awareness about HIV/AIDS' impact on African-Americans the new approach will be to reach people where they live, work, play and worship
 - Incentives: 3 transit MARTA tokens, \$25 and a free lunch for participants that initially tested HIV positive.
- CDC and other public health partners should consider replicating this model in other locations

Organizational Participants

- Recovery Consultants of Atlanta, Inc.
- Saint Joseph's Mercy Care
- Our Common Welfare
- AID Gwinnett
- AID Atlanta
- Abbott Laboratories
- Interdenominational Theological Center
- Concerned Black Clergy of Atlanta, Inc.
- Institute for Health Protection
- Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment
- Centers for Disease Control and Prevention
- Atlanta-based African American Churches and Homeless Shelters
- The Loudermilk Center/United Way of Atlanta
- OraSure Technologies
- Georgia Department of Human Resources HIV Division
- Centers for Medicaid and Medicare Services
- and many volunteers

Conclusion

- It is estimated 1.1 million people in the United States are infected with the human immunodeficiency virus (HIV), and of those 24%-27% are unaware of their infection.
- The faith community is seen as an important element in raising awareness about HIV/AIDS' impact on African-Americans. The new approach will be to reach people where they live, work, play and worship.
- A collective response involving multiple sectors of society is required to reduce transmission of HIV/AIDS among African-Americans in the United States.
- Innovative methods for Rapid HIV Testing and HIV testing during routine medical examines are needed to address those segments of the United States population that have no/limited access to healthcare and are homeless.

