

HIV/AIDS Among African American Females

Kentucky Public Health Leadership Institute Scholars:

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EXECUTIVE SUMMARY:

African American males are incarcerated at a rate 6 times higher than white males¹. Although sexual activity is not allowed in correctional institutions, males infected with HIV expose uninfected males to HIV through “risky behavior”, whether voluntary or involuntary. Upon release, these African American males of unknown or undisclosed HIV status may engage in sexual relations with unsuspecting African American females. This is the issue that birthed the CONDOMISTAS. Our initial focus was to initiate policy change that allowed condom distribution in prisons and other correctional facilities. However, this presented itself as a daunting task with a small chance of deliverables within a year.

Since African American females are often the most vulnerable in this situation, we decided to focus on activities that lead to empowering them to protect themselves from HIV. Although our group consists of 4 female public health professionals working in 3 different Kentucky counties, we focused our project on Jefferson County, KY. According to provisional data in the Kentucky HIV/AIDS Surveillance Report of June 2011², Jefferson County has the highest total number of HIV cases in the state. We determined that resources were available, but were not being utilized by our target group. We attended HIV conferences, testing events, listened to several speakers, and interviewed HIV/AIDS Health Educators and individuals infected with HIV. From these outlets, we discovered that there were many barriers to African American females protecting themselves from this disease. These barriers included poverty, low self esteem, and limited access to healthcare and HIV prevention education due to childcare and transportation issues. We were challenged with bringing culturally sensitive HIV prevention education and resource information to African American females in an atmosphere of influential trust, without fear. We chose to provide African American churches with a tool kit containing information and resources to begin HIV/AIDS ministries.

The church is one of the most influential organizations in the African American community³. It is through the church that many people’s beliefs and ideals originate. The African American church has been a source of strength and support in this community for centuries. If HIV testing, practicing safe/safer sex, and loving one another regardless of HIV status is promoted in the church, prevention programs could take root and bring about change.

INTRODUCTION/BACKGROUND:

The 2010 Kentucky HIV Comprehensive Preventive Plan⁴ states that HIV rates are on the rise in the heterosexual populations, particularly among women and youth. Despite this shift in vulnerable population, these groups are usually ignored in the area of HIV prevention education. There are few organizations in Kentucky that primarily serve the African American community in relation to HIV. The Louisville Jefferson County Minority AIDS Program that served the African American community cancelled their

contract in 2003. There are other facilities—drug treatment centers, homeless shelters and clinics—that provide HIV/AIDS services to large numbers of African Americans, however these facilities are labeled as societal “negatives” which feed the stereotype that only drug abusers, the “down and out” and the sexually promiscuous get infected with HIV. Subsequently there is a great need for an organization based in the African American community to become involved in HIV prevention education and management.

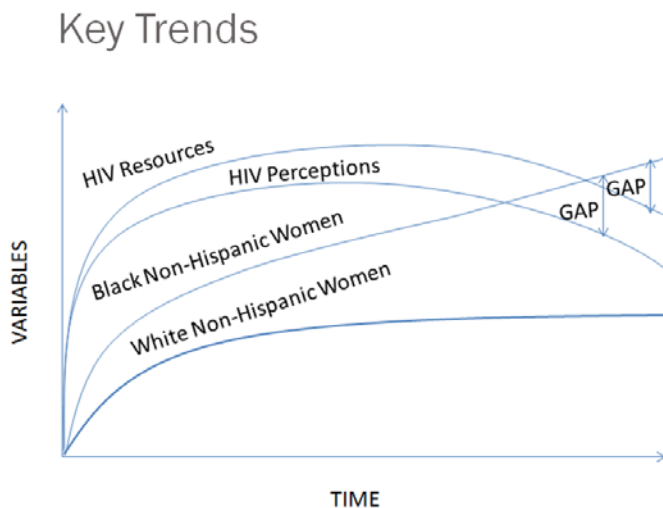
HIV data from 2009 shows that the majority (59%) of newly diagnosed HIV infections are among white, non-Hispanics, followed by 33% among African American, non-Hispanics, and 7% among Hispanics⁵. However, African Americans comprised just 8% of Kentucky population. This translates to a higher percentage of new HIV infection among African Americans in relation to their representation of Kentucky’s population. An even harsher reality is the ratio of African American females infected with HIV to white females infected with HIV in Kentucky in 2008 was 12.6:1⁶.

The Cabinet for Health and Family Services HIV/AIDS Branch will soon begin moving the focus away from surveillance, preventive care and intervention programs due to a decrease in funding⁷. They will begin target testing in high risk populations and in jurisdictions where HIV is most prevalent, such as the West End of Louisville⁷. The decrease in funding will also require more community involvement in preventing, treating and managing this disease.

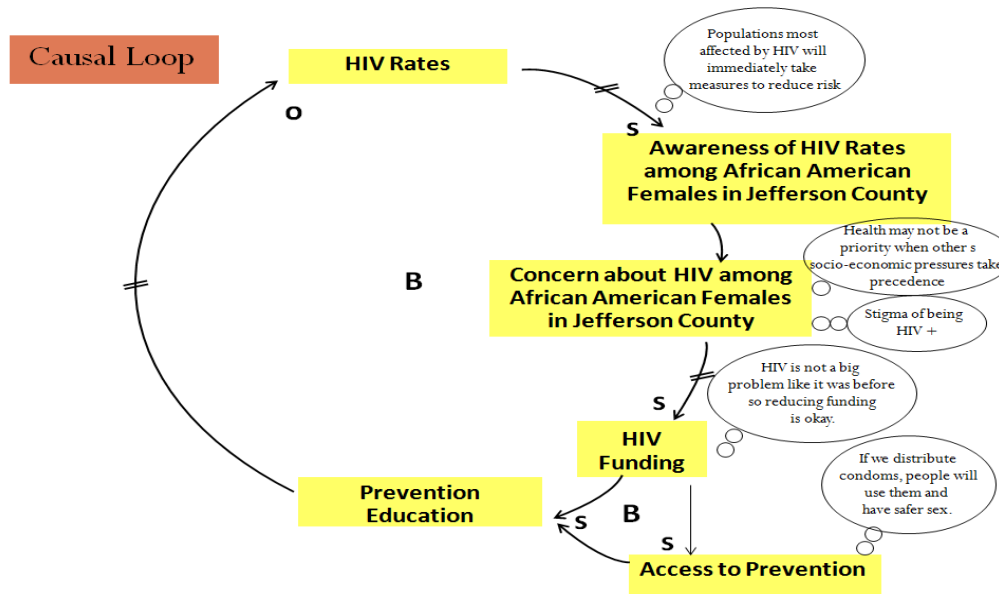
Problem Statement:

Why despite an increase in HIV rates among African American females are the perceptions and resources decreasing?

Behavior Over Time Graph:



Causal Loop Diagram:



10 Essential Public Health Services/ National Goals Supported:

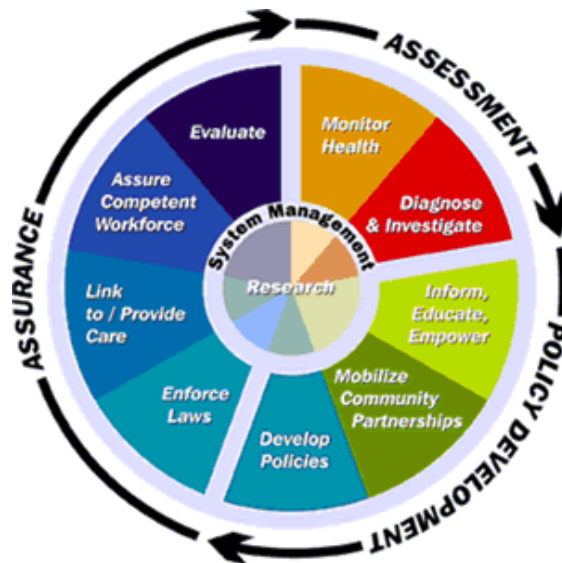


Figure 1: From CDC National Public Health Performance Standards Program

In 1994 the Core Public Health Functions Steering Committee defined a framework of 10 Essential Public Health Services (EPHS) to guide local health systems in providing services. The Condomistas change master project focused on EPHS #3, EPHS #4 and EPHS #7.

Essential Public Health Service #3

Inform, educate and empower people about health issues

The tool kit provided to the churches contains a letter with data about HIV in Kentucky and Jefferson County, brochures with HIV/AIDS education and resources, posters with facts and a list of local testing sites, and a questionnaire for the Pastors to complete and return to the team.

Essential Public Health Service #4

Mobilize community partnerships to identify and solve health problems

The letter to the churches encourages them to reach out and network across denominational lines and combine resources with other churches and community organizations.

Essential Public Health Service #7

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

The list of resources included in the tool kit lists HIV testing sites, community services and support groups, and websites for information and education about beginning HIV ministries. The posters included in the tool kit presented testing sites and a map indicating the location of the testing sites.

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Project Objectives

- Reduce the rate of HIV infection in African American females
- Address stereotypical misconceptions about HIV infection in the African American community
- Present HIV data and prevention education in an atmosphere of influential trust

Deliverables

- Tool kit containing
 - Letter to the church encouraging HIV ministry
 - Brochure containing HIV educational facts, resources and testing sites
 - Poster presenting HIV testing sites, including a map
 - Questionnaire for the Pastor about the presence/absence of an HIV ministry in their church to be completed and returned to the team for data evaluation.

METHDOLOGY:

Our team attended several HIV/AIDS events in Jefferson County over the last year in order to see the current level of HIV prevention education and support. We also interviewed those on the front line of this fight, such as HIV Health Educators, leaders of existing HIV ministries, and those infected with HIV in order to understand the barriers to HIV prevention that existed in the community. The information we gathered showed the need for a bridge between the existing HIV/AIDS data/ resources and our target group of African American females. The African American church can serve as that bridge.

Jefferson County is a large county, so we narrowed our focus to a select number of zip codes. We chose 50 churches with primarily African American congregations in 3 zip codes identified by Volunteers of America as high risk areas for HIV infection for African American females. The tool kit we have provided for the churches encourages and gives the churches tools needed to begin an HIV ministry. It contains a letter to the church addressing the issue of HIV infection in the African American community, and asking them to become a part of the solution. The kit also includes up to 25 brochures (depending on the size of the church) that contain HIV data, education, resources and testing site information. There are also 2 posters stating the ratio of HIV infection in black females versus white females in Kentucky with a map of HIV testing sites in the Louisville area that encompasses these 3 zip codes. We asked that they be posted in a place where they would be visible to the female congregation, such as inside the door of the stalls in the ladies restroom. We also included a resources list that includes the following information:

- HIV testing sites in Louisville
- HIV services and support groups as well as what they provide
- Websites for HIV statistics and facts
- Websites for HIV/AIDS education, including examples of existing HIV/AIDS ministries
- Websites listing HIV/AIDS educational videos

The final item in the tool kit is a questionnaire for the Pastor of the church to complete and return to us. Questions included on the questionnaire were:

- Do you have an active HIV/AIDS ministry at your church?
- Do you share the latest HIV/AIDS data with your congregation?
- Does your church have members that share the latest HIV/AIDS data with your congregation?
- Has your church had/sponsored an HIV testing event within the last year?
- Are you open to having an HIV/AIDS ministry at your church?

RESULTS:

The results of the questionnaire will be used to establish a baseline for the presence of HIV ministries in the identified high risk areas of Jefferson County. We will send the same survey to the same 50 churches after one (1) year to determine if there has been an increase in the number of HIV/AIDS ministries in these high risk areas.

CONCLUSIONS:

The African American church has historically been at the center of community action. The information that the Condomistas has gathered over the past year has once again identified this community icon as a pivotal figure in the fight against HIV in the African American community. With the focus of state HIV programs shifting from services and interventions to more community involvement, the African American church is in prime position to lead the way.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

K. Leanne Kommer

The Kentucky Public Health Leadership Institute provided me the opportunity to challenge myself both professionally and personally, and helped me examine many aspects of how I collaborate with my co-workers and community members. When I applied for KPHLI, my thoughts centered on the Change Master Project. I wanted to work on an important public health topic to ensure change across the Commonwealth. My team members and I worked skillfully together in order to research trends and develop an action plan to address the ongoing epidemic of HIV/AIDS in our community. I also discovered the Individual Development Plan to be essential in critiquing my current professional practices and developing an action plan to alter practices I would like to change. I believe creating tension between my goals and my current reality is important; I need to keep moving my vision forward. I am thankful for the opportunities for professional growth, personal self-reflection and collaboration. I also appreciate my family, coworkers, supervisor, and director for supporting me during this KPHLI journey.

Deborah Magsaysay

As a young professional who is relatively new to the public health field, KPHLI has been an important launching pad for my professional and individual development. The emphasis on leadership and work styles has definitely contributed to my experience as a CDC PHAP Fellow. It has helped me see the kind of leader I would like to be in this field and has given me the tools to reach this objective. Through the Change Masters Project, we were challenged to identify our strengths and apply them to a cause we all felt passionate about. It was great to see our skills coalesce through the numerous conference calls, emails and meetings, and our strong commitment to teamwork. Originally focused

solely on the deliverable produced, our team, with the help of our mentor, became more conscious of the learning process and our professional growth. I've enjoyed the support of my teammates and mentor and I'm very glad to have worked with a group of talented women focused on improving the health of women

Gwendolyn Nixon

I still consider myself new to public health, even though I have been working in this field for 4 years. Coming from a private laboratory to a public health laboratory has been challenging, and I had hoped that my participation in KPHLI would help me with the transition. Through my KPHLI experience, I have received tools I can use for both professional and personal growth. The Change Master Project has really given me insight into the field of public health and its challenges. I have been given the opportunity to look beyond my "silo" to see how the public health system can and does work with the community to protect, advance and improve the health and environment of its residents.

Ronyale Sneed

The Kentucky Public Health Leadership Institute has given me the opportunity to evaluate and enhance my leadership skills. The most valuable lesson however, was systems thinking and the capacity to view public health from a learning organization framework. The knowledge and experience I gained from being a KPHLI scholar was both challenging and enlightening. Understanding my preferences, leadership style, and identifying my strengths and weaknesses allowed me to develop a plan for both personal and professional growth. KPHLI has been essential in my growth as a public health professional.

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