



13-15 October 2024 | Maison de la Mutualité, Paris

Effects of a faith-based, multilevel HIV testing intervention on HIV-related stigma among African American church-affiliated populations

Kathryn P. Derosé

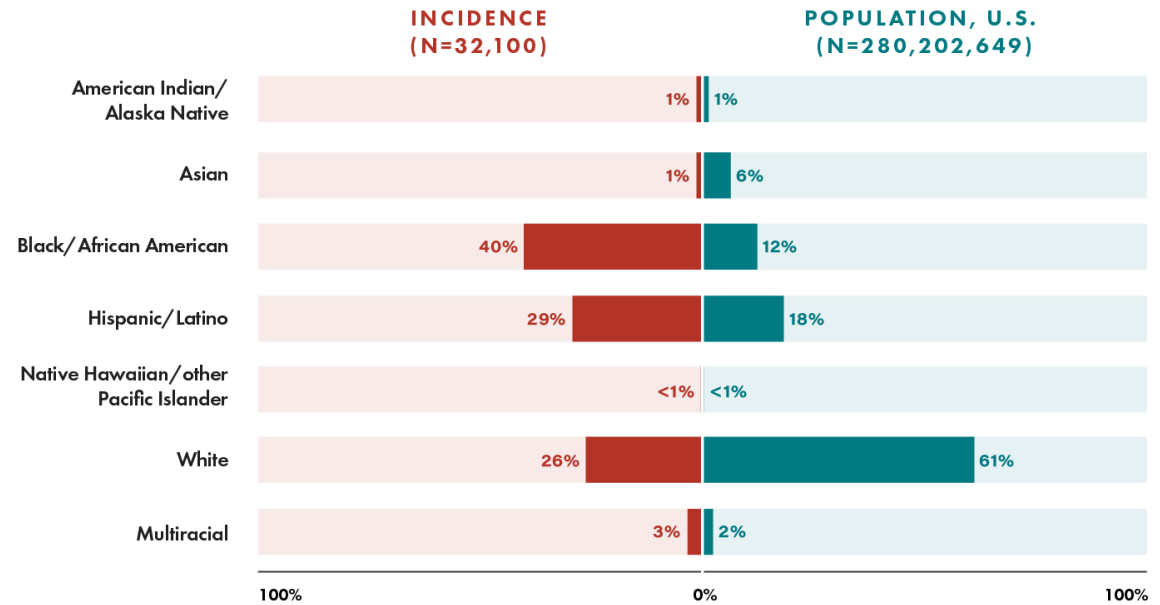
Co-authors: Jannette Berkley-Patton, Carole Bowe Thompson, Chavon Hamilton-Burgess, Eric Williams, Cassandra Wainright, Jenifer E. Allsworth



African American populations are disproportionately affected by HIV and community-based testing is needed

FIGURE 5

Estimated HIV incidence and population among persons aged ≥ 13 years, by race/ethnicity, 2021—United States



Note. Estimates were derived from a CD4-based depletion model using HIV surveillance data. Estimates for the year 2021 should be interpreted with caution due to adjustments made to the monthly distribution of reported diagnoses during those years to account for the impact of COVID-19 on HIV testing and diagnosis in the United States. Hispanic/Latino can be of any race.



Why focus on faith-based organizations?

Black churches play important roles in African American communities

- Black populations in the U.S. tend to be more religious than other groups
- Black faith leaders have played important roles in social change movements
- Many African American faith-based organizations have ongoing health ministries with their congregations and broader communities

Faith-based organizations can help address HIV disparities experienced by African American communities

- Some studies have shown that faith-based interventions can increase HIV testing
- Few studies have measured the effects of faith-based HIV interventions on HIV-related stigmas



Taking It to the Pews (TIPS)

- A full-scale, cluster randomized controlled trial using community-based participatory research
- Primary focus of TIPS: test a multi-level, religiously-tailored intervention to a standard HIV information intervention on HIV testing rates
 - 14 churches
 - African American church members and community members (n=1491)
- Kansas City, MO, USA

Focus of this presentation

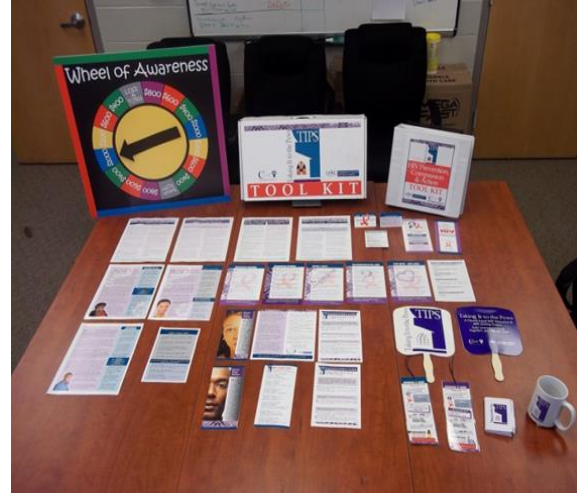
Can a religiously tailored HIV testing intervention reduce HIV-related stigma among African American church-affiliated populations as compared to a standard HIV testing intervention?



TIPS intervention vs. standard information arms

Community health liaisons (CHLs) trained to deliver 1 to 2 TIPS tools/month

- Pastor sermons
- Pastor-modeled receipt of HIV testing
- Responsive readings
- Brochures
- Bulletin inserts
- Testimonials
- Resource table
- Bible bookmarks
- HIV Education games
- HIV testing event



CHLs trained to deliver 1 to 2 non-tailored materials

- HIV testing event announcements
- Brochures
- Resource information from local health department
- HIV testing event

Methods: Outcomes and control variables

Outcomes

- **HIV stigma – discomfort**: 5 items on how *comfortable* respondents would feel being around people with HIV (school, church, restaurant, grocery store)
- **HIV stigma – anticipated stigma**: 4 items on, “if they had HIV,” would they be rejected, fired, couldn’t face their families or might be treated differently or discriminated against?
- **HIV stigma – overall stigma**: 11 items; discomfort + anticipated plus 2 other questions (that people with HIV are “responsible” for their illness and how “afraid” they are of people with HIV)

Control variables

- **Socio-demographics** (age, gender, education, sexual orientation or identity, marital status)
- **HIV risk factors** (past HIV and STI testing, sexual risk and other HIV risk)
- **Knows someone with HIV** (yes/no)
- **Drug addiction stigma** and **homosexuality stigma** (scales)
- **HIV knowledge** (16 items from HIV Knowledge questionnaire)

Analyses

1

Overall intervention effects on HIV-related stigmas from baseline to 6 and 12-month follow-ups using multilevel, multivariable mixed models

2

Associations between intervention exposures and stigma outcomes among TIPS participants (process evaluation)

Participant characteristics

	Total (n=1491)	Intervention (N=780)	Comparison (N=711)
Church member	1015 (68%)	441 (56%)	574 (80%)
Community member	487 (32%)	339 (44%)	148 (20%)
Age (years, mean)	44	43	44
Female	1012 (68%)	541 (70%)	471 (66%)
High school education or less	517 (36%)	298 (39%)	219 (32%)
Heterosexual	1404 (95%)	726 (94%)	678 (97%)
Knows someone with HIV	604 (42%)	310 (41%)	294 (42%)

Primary results

	Overall HIV Stigma Score β (95% CI)	HIV Discomfort Score β (95% CI)	Anticipated HIV Stigma Score β (95% CI)
TIPS intervention (vs. standard intervention)	0.54 (-0.40, 1.47)	0.07 (-0.60, 0.75)	0.44 (0.06, 0.82)
Church member (vs. community member)	-1.82 (-2.63, -1.01)	-1.03 (-1.59, -0.47)	-0.66 (-1.08, -0.23)
Knows someone with HIV	-1.89 (2.61, -1.18)	-1.12 (-1.62, -0.63)	-0.39 (-0.77, -0.01)
HIV knowledge score	-0.54 (-0.67, -0.40)	-0.38 (-0.47, -0.28)	-0.11 (-0.19, -0.04)
Homosexuality stigma	1.32 (0.89, 1.76)	0.36 (0.05, 0.66)	0.60 (0.37, 0.83)
Drug addiction stigma	1.35 (0.97, 1.74)	0.64 (0.37, 0.91)	0.38 (0.18, 0.59)

Also controlling for age, gender, education, sexual orientation, marital status, HIV/STI testing, sexual and other HIV risk

Secondary results: intervention exposure matters

	Overall HIV Stigma Score β (95% CI)	HIV Discomfort Score β (95% CI)	Anticipated HIV Stigma Score β (95% CI)
Total number of study exposures	-0.179 (-0.306, -0.053)	-0.105 (-0.185, -0.026)	-0.062 (-0.121, -0.003)
Printed materials	-1.347 (-2.558, -0.135)	-0.857 (-1.613, -0.101)	-0.524 (-1.093, 0.046)
Heard pastor sermon	-1.408 (-2.596, -0.220)	-0.734 (-1.477, 0.009)	-0.510 (-1.071, 0.051)
Attended HIV testing event	-1.716 (-2.913, -0.518)	-0.902 (-1.652, -0.152)	-0.689 (-1.256, -0.121)
Health professional or HIV+ person provided info	-1.722 (-2.861, -0.583)	-1.011 (-1.721, -0.300)	-0.570 (-1.119, -0.021)
Pastor or church leader tested	-1.508 (-2.711, -0.305)	-1.093 (-1.844, -0.342)	-0.370 (-0.940, 0.201)
Church website or Facebook messages	-1.319 (-2.549, -0.089)	-0.842 (-1.608, -0.075)	-0.534 (-1.127, 0.059)

Few effects of these exposures: responsive readings, HIV poster/resource table, video or printed testimony, HIV educational game, received emails, etc.

Limitations

Self-reported outcomes

Follow-up rate of approximately 50%

More dimensions of HIV stigma may need to be assessed

TIPS tools were designed primarily with increasing HIV testing in mind not reduction of stigma

Conclusion

- Direct contact with health professionals and HIV+ people can help reduce stigma among church-affiliated populations
- Broader exposure and potentially different strategies are needed for reductions in congregation-level (anticipated) stigma
- Stigma reduction and HIV testing may have synergistic effects in faith-based settings



Acknowledgements

- This study was supported by Grant Number R01MH099981 from the National Institute of Mental Health (NIMH)
- Analyses and writing were also supported by 3R01DK124664-01S1 from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- Thanks to additional University of Missouri-Kansas City colleagues who assisted in the overall TIPS study
 - Stephen Simon
 - Erin Moore
 - Alex Bauer
 - Kelsey Christensen
 - Nia Johnson