Dear Friends and Members of Presbyterian AIDS Network (PAN),

We join together in another year of presenting a powerful contribution to combat HIV and AIDS in our churches, communities, nation and world. Thank you for all you do to build justice and care for our HIV and AIDS communities. We gladly provide you materials to use on PC(USA) AIDS Awareness Sunday. Last year, the date was altered from World AIDS Day, Dec. 1, during Advent, to align with National AIDS Testing Day, June 27. Please acknowledge AIDS Awareness Sunday in your congregations on a date that works best for you close to June 27.

Today, 37 million people are living with HIV or AIDS, and one of the first steps toward treatment is testing. At present, fewer than 50% of people living with HIV (PLWH) know their status.[1] In addition to leading by example with testing, people of faith, advocates and PLWH are encouraged to participate and promote the USCA Faith Coalition Pre-Conference in Washington, D.C., on Wednesday, Sept. 5, 2019. The goal of the conference is getting to zero discrimination and zero disparities. We must modernize deeply outdated laws that are lacking scientific merit and criminalize PLWH. These laws are counterproductive to ending the HIV and AIDS epidemic.

We are making great strides with HIV prevention with the current equation U=U — meaning undetectable equals untransmittable. Now that most PLWH are regularly placed on antiretroviral medication, undetectable viral load is possible, so the traces of the virus are so low that modern medical tests cannot locate the HIV. While this is never a cure, the undetectable virus is rarely transmittable to another person.

Finally, the Global Fund now has a plan to support countries in order to save 16 million lives in the next three years (2020–22). A $14 billion investment is the minimum U.S. investment needed to get back on track toward ending HIV and AIDS.[2] We must boldly seek to persuade our nation's leaders to change policies and conditions that continue to allow HIV and AIDS to persist!

PAN is a coalition member of the National Faith/HIV Awareness Day on Sunday, Aug. 25, 2019.

For more information, see our mission toolkit, which provides resources for raising awareness about HIV/AIDS.

May the Holy Spirit inspire us all to rededicate ourselves to ending HIV and AIDS in the world God created for us.

Sincerely,

Ann Jones and George Kerr III
Co-moderators for Presbyterian AIDS Network

[1]World Council of Churches, 2019, Religious Leaders and HIV Testing: Leading by Example to End AIDS: oikoumene.org/en/what-we-do/religious-leaders-and-hiv-testing

[2]RESULTS June 2019 Global Poverty Action Sheet: results.org/wp-content/uploads/June-2019-Global-Action-Letter-to-Congress-on-the-Global-Fund.docx

Indicator Reporting

CDC HIV Prevention Progress Report (HPR) 2019

	National	State
Prevent New HIV Infections		
Reduce new HIV infections	√	√
Increase knowledge of HIV+ status	√	√
Reduce new HIV diagnoses	√	√
Reduce risk behaviors among Young MSM	√	
Reduce high-risk sex among MSM	√	
Reduce non-sterile injection	√	
Increase PrEP prescription	√	

Reduce HIV-Related Disparities and Health Inequities	
Reduce HIV diagnosis disparity ratio	
— MSM	√
— Young black MSM	√
— Black females	√
— Southern United States	√
Increase viral suppression	
— Youth	√
— Persons who inject drugs	√
— Transgender women in care	√

CDC HIV Prevention Progress Report, 2019

Reduce HIV-Related Disparities and Health Inequities	
Reduce HIV diagnosis disparity ratio	
— MSM	√
— Young black MSM	√
— Black females	√
— Southern United States	√
Increase viral suppression	
— Youth	√
— Persons who inject drugs	√
— Transgender women in care	√

CDC HIV Prevention Progress Report, 2019

NATIONAL HIV/AIDS STRATEGY

MONITORING OUR PROGRESS: 2017

ANNUAL TARGET MET

- Increase knowledge of serostatus
- Reduce new diagnoses
- Increase use of PrEP
- Increase viral suppression
- Reduce death rate
- Reduce disparities in HIV diagnosis among Black females
- Increase viral suppression among youth
- Increase viral suppression among persons who inject drugs
- Increase viral suppression among transgender women

ANNUAL TARGET NOT MET (PROGRESS IN EXPECTED DIRECTION)

- Increase linkage to care
- Increase retention in HIV care

ANNUAL TARGET NOT MET

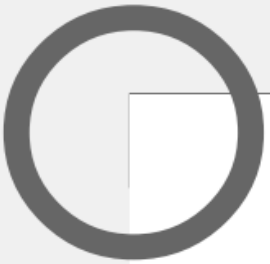
Reduce HIV-risk behaviors among young gay and bisexual males

Reduce homelessness

Reduce disparities in HIV diagnosis among gay and bisexual men

Reduce disparities in HIV diagnosis among young Black gay and bisexual men

Reduce disparities in HIV diagnosis among persons living in the Southern U.S.



NO PROGRESS DATA YET

Decrease stigma

Focus areas

Achieve universal viral suppression.
Widespread HIV testing and linkage to care.
Broad support for people living with HIV to remain in comprehensive care.
Full access to comprehensive PrEP services.

HIV at a glance

United States
Est. 1,122,900 adults/adolescents were living with HIV at the end of 2015

162,500 (15%) not diagnosed (1 in 7)

In 2017, 38,739 people received an HIV diagnosis in the U.S.
In 2016, 18,160 people received an AIDS diagnosis.

Minority groups are disproportionately affected by HIV.

African American
Latino
Gay and bisexual men

Demographic and socioeconomic status and stigma all contribute significantly.
CDC reports the following demographic characteristics are significantly associated with HIV rates: education, annual household income, poverty level, employment, homeless status and region.

Emerging issues in the field

Aging HIV positive population

- HIV survival and premature aging
  - Late-stage HIV infection at time of diagnosis
- Comorbidities and additional health disparities in certain populations
  - cardiovascular
  - non-AIDS cancers
  - neurocognitive issues
- Polypharmacy

Decreased specialized workforce

- Workforce capacity needs
  - workforce is declining and not keeping up with demands
- Aging population
  - greater patient load
- Missing primary care needs
  - Seeing only infectious disease provider

Gap in providers in the South providing HIV medications

Disparities for PrEP Awareness (NYC study)

Risks

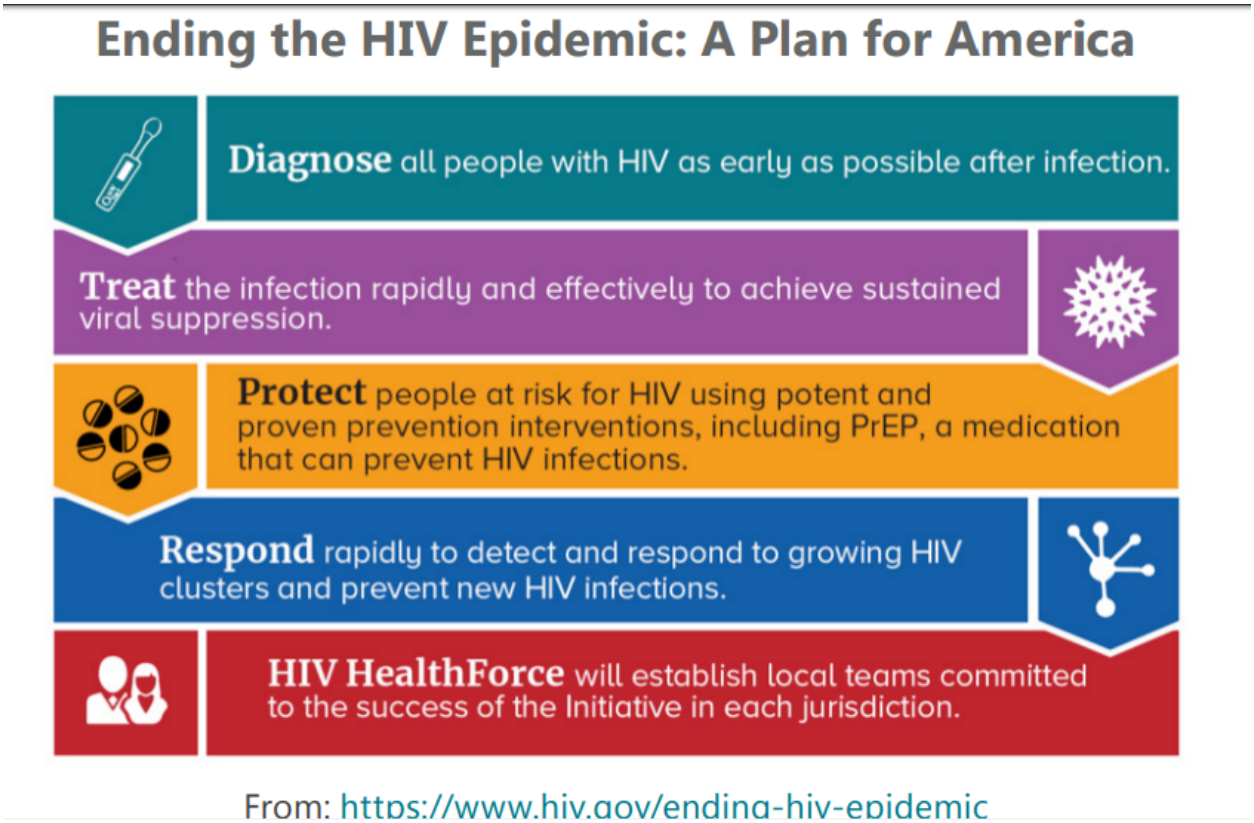
1 in 4 were aware of PrEP
Younger were more likely to be aware
Older than 65 were least likely to be aware
Latino
Below poverty level
Uninsured
If there was a sexual history taken by a provider, they were MORE likely to be aware

Recommendations

Raise awareness among social and family networks
Culturally congruent care — application of evidence-based care in agreement with preferred cultural values, beliefs, worldview and practices
Syndemic Conditions — linked health problems (for example: depression, polydrug use, childhood sexual abuse, intimate partner violence and sexual compulsivity among gay and bisexual men)
Considerations: "season of risk"

- Scare→PrEP, which de-escalates risk (call to action)
- Risk is episodic often
- Additionally, lapses in insurance are not a barrier if there is proper counselor support to navigate coverage

Emerging issues in the field



From: https://www.hiv.gov/ending-hiv-epidemic

U=U campaign

Risk of HIV Transmission With Undetectable Viral Load by Transmission Category

Transmission Category	Risk for People Who Keep an Undetectable Viral Load
Sex (oral, anal, or vaginal)	Effectively no risk
Pregnancy, labor, and delivery	1% or less[†]
Sharing syringes or other drug injection equipment	Unknown, but likely reduced risk
Breastfeeding	**Substantially reduces, but does not eliminate risk.** Current recommendation in the United States is that mothers with HIV should *not* breastfeed their infants.

[†] The risk of transmitting HIV to the baby can be 1% or less if the mother takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and gives HIV medicine to her baby for 4-6 weeks after giving birth.

"People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners." (CDC, 2018): cdc.gov/hiv/risk/art/index.html

Clergy and Faith Leaders' Perspectives on a Community-Based Approach to HIV Integrated Screening

Authors: Robin Gaines Lanzi, PhD, MPH[1]; Jenni Wise[2]; Corilyn Ott, PhD[1]; Alison Footman, MPH[1]; Brook Araya[1]; Claudia Hardy[1]; Cordia Walker[3]; Charles Latham[4]; Romeo Stockett, PhD[5]; George Daniels, PhD[6]; Mark Alexander, PhD, MPH[7]; and Mirjam-Colette Kempf, PhD, MPH[1]; (1) University of Alabama at Birmingham, Birmingham, Alabama; (2) School of Nursing, Birmingham, Alabama; (3) UAB Comprehensive Cancer Center, Birmingham, Alabama; (4) 100 Black Men of America, Mississippi; (5) 100 Black Men of America, Atlanta; (6) 100 Black Men of America and University of Alabama, Tuscaloosa, Alabama; (7) 100 Black Men of America, Oakland, California

Of great interest in HIV prevention among African Americans is the role that the church can play in HIV prevention. The purpose of this study is to explore from clergy and faith leaders' perspectives whether HIV screening can be integrated into an existing cancer screening and treatment navigation effort and what barriers might exist and their thoughts on how to address the barriers. The study used a mixed-method approach — focus group discussion, individual interviews and surveys. Focus groups were conducted with 10 clergy and faith leaders to ascertain their perceptions about barriers and facilitators. Qualitative analyses were conducted to extract themes. When asked about barriers, faith leaders indicated that barriers placed by the church/spiritual beliefs included negative connotations about HIV (stigma related to taboo behaviors and stigma regarding the disease itself) and reliance on God instead of medical care. When probed about how to address barriers, faith leaders indicated the need to remove negative stigma, provide guidance from within churches and other men in the community, educate pastors so they can better educate the congregation about consequences, and link churches with those in the community who can help. Faith leaders indicated that it was important to include pastors and those with credibility within the community as community health advisers. Given the significant impact that delayed HIV screening, testing and linkage to care has on the health of HIV-infected individuals, the development of community based/culturally sensitive methods that includes faith leaders in addressing barriers, particularly among minority populations, is critical.

From the Pulpit to the Pew: Pastoral Views on African American Churches as Resources for HIV/STI Prevention

Authors: DaRel Barksdale, DrPH(c), MPH, Milken Institute School of Public Health at The George Washington University, Washington, D.C.

The U.S. Centers for Disease Control and Prevention notes that African Americans are the racial or ethnic group most affected by the human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) in the United States, and research has consistently shown the church to play an essential role in the lives of African Americans. In this pilot study, pastors of congregations whose members were predominantly African American were queried to discover their views on the use of churches as resources for HIV and STI prevention. Six pastors of churches in the Washington, D.C., and Baltimore metropolitan areas participated in semi-structured interviews discussing church characteristics, church doctrine, and their thoughts on prevention and education services in churches. Interviews were transcribed, and data analysis was completed using thematic analysis. An integrated coding approach was used, and themes were co-coded as either barriers or facilitators. Using a matrix coding analysis, several barriers and facilitators were identified. While most pastors felt that the church was an appropriate place for HIV and STI interventions, the greatest barrier to housing interventions in churches was church comfort with sex. The greatest facilitator was current health programming already in progress at these churches. Pastors favorably viewed HIV and STI prevention interventions in church, but churches will have to overcome some of their issues with sex and sexual orientation. By using current health programming and including HIV and STIs as part of broader discussions around health, churches can develop effective HIV and STI interventions.

UCSF Abundant Life Health Ministries: Developing Sustainable Health Ministries and Healthier Congregations & Communities

Authors: Michelle Moseley, MA, CHES, University of California, San Francisco (UCSF) Helen Diller Family Comprehensive Cancer Center, San Francisco; Rena Pasick, DrPH, University of California San Francisco, San Francisco; Priscilla Banks, MA, University of California, San Francisco Helen Diller Family Comprehensive Cancer Center, San Francisco; and Wilma Batiste, UCSF Office of Community Engagement - Faith Communities Committee, San Francisco

African Americans are disproportionately burdened by cancer health disparities. Churches are trusted places that provide a way to reach many African Americans to improve health outcomes. The UCSF Cancer Center Abundant Life Health Ministries Program is part of an academic-faith communities partnership to enhance the capacity of churches to develop, grow and sustain health ministries to promote health and cancer education through dissemination or development of research-tested interventions for predominantly black/African American churches. UCSF collaborated with church health ministries to disseminate and implement both Body & Soul, a proven nutrition education intervention program, and Asset-Based Community Development, a research-tested community building model. The two evidence-based programs identified may be useful for public health professionals seeking to work with African American faith communities to advance a health equity agenda for black populations. Ten churches received training, technical assistance and mini-grant funding to strengthen infrastructure to support engaging congregants/community participants in health ministry activities that foster health access and health equity, empower communities by leveraging assets and increase capacity for sustainability. The authors recommend sharing the process for developing church partnerships, components, resources, skills built, community assets mobilized, challenges and successes. The authors also recommend discussing the role of health ministries as self-sustaining channels to disseminate evidence-based programs to African American churches to address cancer health disparities. When initiating the use of research-tested programs, it can be difficult to anticipate all of the resources needed to support implementation in advance, and integrating strategies and tools require flexibility.

Role of Faith in Cancer Prevention Among Black Women in Minnesota

Authors: Starr Sage, PhD, MPH, University of St. Thomas, St. Paul, Minnesota; Joyce Balls-Berry, PhD, MPE, Mayo Clinic, Rochester, Minnesota; Chamika Hawkins-Taylor, MHA, PhD, South Dakota State University, Brookings, South Dakota; and Andre Crockett Sr., BA, Vision Church, Rochester, Minnesota

In Minnesota, black women are more likely to be diagnosed or die from cancer than their non-black counterparts. A key to cancer prevention and screening for black women is increasing health literacy. Black women also report that their faith is pivotal to wellness. The goals of this research are to describe a community-academic partnership between a local faith community and two academic institutions; identify opportunities for cervical and breast cancer prevention, screening and treatment among black women; and explain the role of faith-based organizations in promoting wellness. In partnership with a local faith-based organization, 45 black women were recruited to this community-based participatory research mixed method study. Participants completed a survey and focus groups to give insights on their knowledge, attitudes and behaviors related to cervical and breast cancer and the role of faith-based organizations in wellness. Barriers included lack of knowledge regarding cancer, fatalism, belief in the possibility of faith healing and lack of confidence in health-care systems. Conversely, religious factors seemed to facilitate care-seeking in participants who were motivated by the powerful testimony of cancer survivors from their congregations. There was a desire for more cancer-related health education from faith leaders and peer educator congregants. Religious beliefs served as a barrier to and facilitator of seeking cancer screening, diagnosis and treatment. Participants suggest that faith leaders are a source for providing health education on sensitive topics such as risk factors for cervical cancer, which are not often discussed in faith-based organizations.

Prioritizing health conditions and health factors of importance to faith-based communities: Results from a survey administered by faith-based community members in Illinois and Arkansas

Authors: Diana Ingram, PhD, MPH, BSP[1]; Rebecca Johnson, PhD[2]; Paris Davis, PhD, MBA[3]; Regina Greer-Smith, MPH, LFACHE[4]; Simon Gordon[3]; Beverly Rogers, BA[5]; and Keneshia Bryant-Moore, PhD, RN[6]; (1) Pastors4PCOR, Chicago; (2) Northwestern University, Chicago; (3) Triedstone Full Gospel Baptist Church, Chicago; (4) Healthcare Research Associates LLC, Hazel Crest, Illinois; (5) Bev J. Rogers Enterprises LLC, Tinley Park, Illinois; (6) University of Arkansas for Medical Sciences, Little Rock, Arkansas

Pastors4PCOR (P4P), a grassroots partnership of faith-based communities, public health researchers, community advocates and health service providers, followed PCORI (Patient-Centered Outcomes Research Institute) engagement principles to inform, inspire and engage congregations by increasing awareness of health disparities and promoting equity in research partnerships. P4P developed a Research Ministry Ambassador (RMA) program to train and prepare faith-based community members for research collaboration and develop skills to survey communities using a modified Community Health Assessment tool of Hamilton County Public Health in Illinois. P4P facilitators trained 41 RMAs to administer the 10-item survey to collect data on important health conditions and health-related factors. Participating RMAs in Illinois collected 431 surveys (78% female, ages 18–89) from predominantly African-American (99%) residents living in 12 ZIP codes in Chicago. RMAs participating in Arkansas collected 230 surveys from African American (98%) residents living in six ZIP codes in Little Rock. High blood pressure, diabetes and cancer were the three priority conditions selected by Chicago respondents, and behavioral information and education, support for mental health, access to health care and insurance were the three health factors prioritized for action. In Arkansas, respondents prioritized high blood pressure, diabetes and obesity as target conditions and behavioral information and education, support for mental health, and healthy foods as target health factors. With P4P's guidance, RMAs discussed plans of action to focus church efforts and community resources on initiatives to address concerns. The activities include health priority calendars, engagement in research (i.e., PCORI's peer reviewer program) and enhanced skills (i.e., P4P's Train-the-Trainer program).

Additional Resources

U=U: preventionaccess.org

National Faith and HIV Awareness Day: faithaidsday.com

USCA Faith Conference: ucc.org/uscafaith

USCA 2019: 2019usca.org

PC(USA) Toolkit: presbyterianmission.org/story/new-mission-toolkit-provides-resources-for-raising-awareness-about-hiv-aids

HopeSprings: hopesprings.org