

Churches United to Stop HIV (CUSH): A Faith-Based HIV Prevention Initiative

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In 1999, the Broward County Health Department and local community faith-based organizations collaborated to develop Churches United to Stop HIV (CUSH). CUSH has provided HIV prevention services to over 32,000 people, trained over 2,850 faith leaders, conducted over 1,000 risk assessments and provided HIV counseling and testing for over 825 people and technical assistance for 48 churches, including the development of a training manual. We report the development of this innovative program that demonstrates how collaborations between public health and faith-based organizations can connect science with communities.

Key words: HIV ■ faith-based initiative ■ CUSH

INTRODUCTION

In Florida, an estimated one in every 46 blacks is infected with HIV.⁴ Churches and other faith-based organizations are an essential part of the black neighborhood. They are often located in areas with large concentrations of people hardest hit by HIV and can play an important role in guiding the minority community. Faith-based organizations reach people in communities, understand felt needs and can foster community resources and involvement in ways public health often cannot.^{3,7} Public health can provide the scientific background, infrastructure and funding essential to the success of prevention efforts. Unfortunately, collaborations between faith-based organizations and public health have been underutilized in HIV prevention.⁷ We report the development of Churches United to Stop HIV (CUSH), a collaborative project designed to provide HIV/AIDS education and training to faith-based organizations in Broward County, FL.

METHODS

In 1999, the Broward County Health Department HIV/AIDS Program Office, and local pastors and faith leaders of different denominations met to discuss the HIV situation in Broward County. In several meetings, partners reviewed surveillance data; studied modes of HIV transmission; and discussed how to approach sensitive issues, such as abstinence, condom use and distribution, premarital and extramarital sex, homosexuality and substance use/abuse. Following this process, we developed the CUSH

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project. The name “CUSH” has its roots in African history and Christianity. Cush was the name of an ancient East African kingdom found in the Nile River Valley south of modern-day Ethiopia. Ethiopia is the oldest continuous Christian nation in the world, having adopted Christianity in the 4th Century A.D.

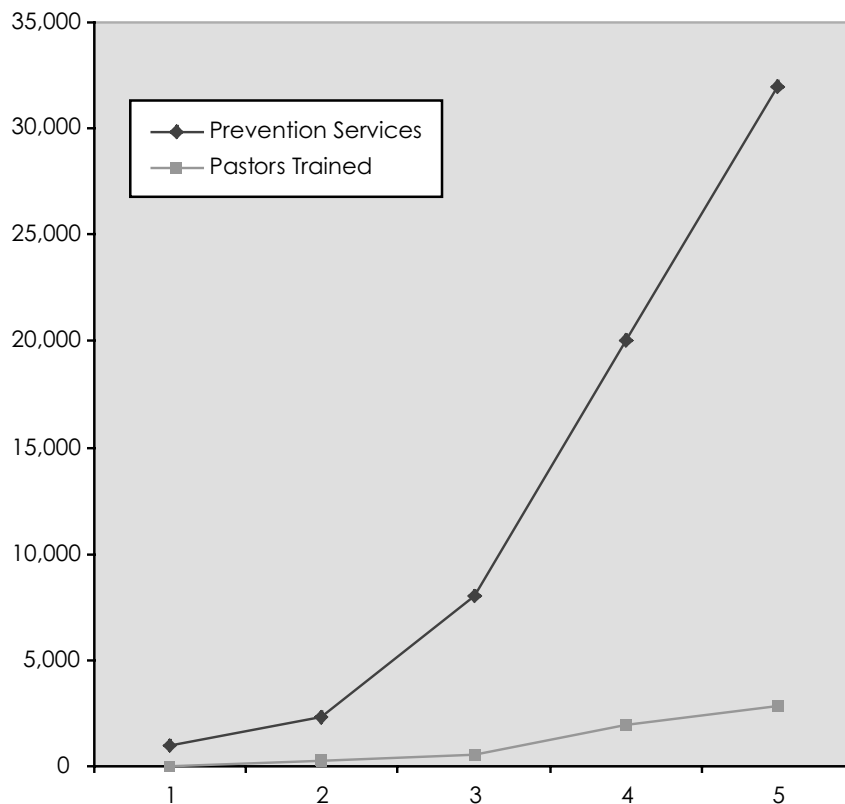
CUSH’s objectives include training faith-based leaders and congregations to develop HIV educational programs, outreach and referral services, and support programs for infected individuals and others affected by the epidemic. To meet these objectives, CUSH staff created a training manual, brochures and palm cards. Pastors from over 120 churches have since joined to form the CUSH Consortium for the planning and implementation of project activities.

RESULTS

CUSH has provided HIV prevention to over 32,000 people; training for over 2,850 faith leaders (Figure 1); risk assessments for over 1,000 people;

counseling and testing for over 825 participants; and technical assistance for 48 churches, including the development of a training manual; and signed approximately 150 Memoranda of Understanding with collaborating churches. There has also been an increase in support from the private sector, including fraternities, sororities (including local chapters of Delta Sigma Theta, Gamma Sigma Ro and Alpha Kappa Alpha) and volunteer agencies. The impact of CUSH has grown steadily since its inception. From the first meeting involving five faith leaders to the current consortium, which meets monthly and has over 40 committed members, CUSH has provided early intervention services, HIV prevention training, HIV counseling and testing, and the creation of HIV ministries that assist in providing referrals for care and treatment and providing support to over 32,000 people. With limited funding, the Broward County Health Department and our faith-based partners are able to reach a community at high risk for HIV infection.

Figure 1. Cumulative HIV Prevention Services and Training, Churches United to Stop HIV (CUSH)—Broward County, FL 1999–2003



DISCUSSION

Although much progress has been made, many faith communities continue to discount the seriousness of HIV/AIDS and the dramatic impact it is having on people of color. Stigma, discrimination and fear continue to be barriers to HIV prevention. In developing CUSH, we observed the following:

- First, partnerships between faith-based organizations and public health can potentially play a key role in preventing the spread of HIV/AIDS in minority communities. Our experience with CUSH adds to the growing body of evidence supporting collaborations between faith and public health.^{3,7} Large centers of worship may have infrastructure and resources for HIV prevention initiatives, while smaller “storefront” churches, although having more limited resources, can still be important partners in reaching people at highest risk for HIV.
- Second, it was essential that both pastors and their congregations have a strong commitment to the fight against HIV/AIDS and take ownership of the project. The dedication and beliefs of the faith leader have a strong impact on interest and concerns of his/her congregation. However, pastors often have extremely busy schedules that may limit their availability.⁵ We found the designation of a “Pastor’s liaison” (including assistant pastors, deacons and elders) committed to HIV-related initiatives improved participation in project activities. A sense of ownership by the congregations ensured a wider distribution of prevention information, increased access to HIV counseling and testing, and expanded services. Ministry members provided support and referral services for individuals infected with HIV and their families and friends, and were called upon to mentor and recruit additional faith-based organizations within their communities. This sense of ownership may have helped congregations overcome suspiciousness and reluctance to participate described in previous projects⁵ and may also contribute to the sustainability of these efforts.

- Third, the partnership with a public health entity was an important part of our success. In addition to funding, the Broward County Health Department provided technical assistance and capacity-building workshops to ensure the high quality of services provided through these ministries. Previous authors have suggested the importance of developing linkages between churches and formal provider systems.^{1,6} We found it was very useful to sign “memoranda of understanding” at the outset to define the roles the faith-based organization and the health department in the collaboration.

Finally, efforts must continue to develop locally and expand to other areas. The relatively small number of persons offered HIV testing indicates an opportunity to expand HIV testing in the future, particularly now that rapid HIV testing has become available.² We have found that making HIV counseling and testing services available at the point of community contact is important to strengthening the link to services and avoiding “missed opportunities” to provide early intervention services. Regarding expansion, CUSH staff and consortia members have provided technical assistance in the development of faith-based initiatives throughout the state of Florida and across the United States. For example, CUSH has been instrumental in the formation of CUSH-4, (Jacksonville, FL), a faith-based initiative in Palm Beach County, and another in Key West, FL. Materials developed for the CUSH project are available upon request.

In conclusion, CUSH activities underscore the importance of faith-based organizations in HIV prevention. This innovative program demonstrates how collaborations between public health and faith-based organizations can connect science with communities.

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