**Selected Current HIV and AIDS Data**

**And Critical Information\***

1. AIDS has claimed the lives of more than 25 million people worldwide, and has left millions of children as orphans. In 2011, 34 million people were living with HIV, but only 50% knew their status. 50% of people and 72% of children eligible for HIV treatment did not receive it.
2. Every 9.5 minutes, someone is infected with HIV in the U.S.
3. It is estimated that more than 1.7 million people in the U.S. have been infected with HIV.
4. To date, more than 600,000 men, women and children diagnosed with AIDS in the U.S. have died since the beginning of the epidemic.
5. More than 1.1 million people 13 years and older are living with HIV today, with 1 in 5 being unaware of their infection.
6. People are living longer with HIV. People who start ART are expected to live at least an additional 35 years.
7. Each year there are about:
	* 50,000 new infections (lower than in previous years and remained steady in recent years)
	* More than 15,000 deaths among people with AIDS
8. About 18%, or over 200,000 people living with HIV, do not know their status, putting themselves and others at greater risk.
* This “unknown” group is driving the U.S. epidemic – comprise about 50% of those infected with HIV
* One of the goals of the National HIV/AIDS Strategy:
	+ - * By 2015, increase from 79% to 90% the percentage of people who know their HIV serostatus (has increased from 80.6% in 2006 to 81.9% in 2009)
1. Estimated percentage of new infections by transmission category:
* 52% = Men who have sex with men (MSM)
* 25% = Heterosexual contact
* 8% = Injection drug users
1. Estimated percentage of new infections by race/ethnicity:
* 44% = African Americans/Blacks
* 35% = Whites
* 21% = Hispanics/Latinos
* 2% = Asian/Pacific Islanders
* 1% = American Indians/Alaska Natives
1. Major health equity issues regarding HIV and AIDS:
* Gay, bisexual and other men who have sex with men (MSM) more severely impacted by HIV than any other group in the U.S.; account for 52% of all people living with HIV
* 95% of people living with AIDS are MSM, African American, Latino, or IDU
* Latinos are 3 times more likely to be living with HIV than whites
* African Americans are grossly impacted
	+ - * Almost 8 times more likely to be living with HIV than whites (83.7 versus 11.5 individuals newly diagnosed with HIV)
			* African American women comprise 66 percent of new AIDS cases among women. Their rate of HIV (38.1) was nearly 20 times as high as the rate for white women (2.4) and more than 4 times as high as the rate for Hispanic/Latino women (11.9)
			* Black teens ages 13–19 accounted for 69 percent of AIDS cases among teens; Black MSM very highly affected
			* The epidemic in the African American community closely resembles the generalized epidemic in sub-Saharan Africa. The total number of African Americans living with HIV is greater than the HIV population of seven of the 15 PEPFAR focus countries
* HIV rapidly on the rise among people 50 years and older – 15% of new infections
* 54% of persons living with AIDS are in 5 states – New York, California, Texas, Florida, and the District of Columbia. 90% of persons living with AIDS are in 23 states.
* In urban areas, HIV prevalence among heterosexuals in lowest income strata is 6 times higher than that in highest strata
* Certain rural areas and populations, in particular rural areas in the South and rural African Americans, have been particularly affected, with 67 percent of all AIDS cases reported being in the South, and African Americans representing about 50 percent of all rural AIDS cases. Rural areas have lagged behind urban areas in HIV prevention and intervention programs due to geographic isolation and the stigmatization of HIV and higher risk groups
* The proportion of individuals living with HIV or AIDS among the incarcerated population is between 2.7 and 4.8 times higher than in the general U.S. population
* Only 45 percent of the approximately 1.1 million people living with HIV or AIDS in the United States receive care for their disease (reason behind recent CDC shift in prevention strategy)
1. Reducing new HIV infections by 25% in 5 years could save $42 billion.
2. National HIV/AIDS Strategy for the U.S. - Released by White House in 2010
* Comprehensive plan for addressing HIV in US with a focus on prevention, care and research
* Sets specific targets
* Mandates coordination among government agencies
* Holds agencies accountable
* Refocuses efforts
1. National HIV/AIDS Strategy - Major goals and associated targets for 2015
* Reduce HIV incidence – Lower annual number of new infections by 25% and lower annual transmission rate by 30%
* Increase access to and quality of care – Increase to 85% proportion of patients linked to care within 3 months of diagnosis
* Reduce HIV-related disparities – Increase by 20% proportion of HIV-diagnosed persons with undetectable viral load among African Americans, Hispanics/Latinos, MSM
1. Healthy People 2020 Goals has specific HIV objective related to increasing status awareness.
2. HIV is STILL 100% preventable!

**Sources:** Various CDC HIV surveillance reports from 2006 and 2009.

**A Biblical World View of Health**

###### **God**

World

is good

Human

beings in

God’s image

Evil as aberration

Behavior affects health

Christ our healer

Health is wholeness

**Source:** Fountain, D. E. (1989). *Health, the Bible, and the church: Biblical perspectives on health and healing*. Wheaton, IL: Billy Graham Center, p. 51.

**A “Theology” of Health, Healing And Wholeness Ministry**

 It is essential that we have a solid biblical and theological foundation for anything we do in the church. This is particularly true when we are concerned with spiritual matters that relate to salvation, which ultimately means “wholeness.” What is the biblical mandate for whole-person ministry and what are its theological underpinnings?

 Wholeness is a Christian mandate. Jesus understood very well the concept of wholeness as abundant living and calls us to self-responsibility. He illustrates that disease is sometimes self-inflicted by lifestyle choices which can lead to a poor quality of life. Disease is the thief who comes only to steal from us, to kill us, and to destroy us. In the Gospel of John Jesus states: “I am come that you might have life and have it more abundantly” (John 10:10). In this passage, Jesus is telling us that there is more enjoyment and satisfaction in a life of wholeness.

 Jesus’ ministry is an excellent example of whole-person ministry. Throughout his ministry he had a concern for health. In Matthew 4:23, Jesus was said to have “gone about in all Galilee, teaching, preaching, and healing every kind of disease and every kind of sickness among the people.” We see Jesus picking up the broken pieces of people’s lives where disease and disability had crept in, as does the thief, stealing one of their most prized possessions – health.

 Even a cursory reading of the gospels shows how central healing was in the ministry of Jesus. Healing means restoration to wholeness, the wholeness God intends for body, mind, and spirit. That’s certainly what Jesus’ ministry was all about. One third of the stories in the gospels are stories of Jesus physically healing people. If we broaden the definition of "healing" to include spiritual and relational healing, then all stories about Jesus address some form of healing. Jesus came to **"save,"** and the meaning of that word in its original Greek is **"to heal.**" In fact, biblical Greek has only **one word** for those two terms, a word that is sometimes translated **"save"** and sometimes translated **"heal,"** depending on the context.

 A specific example of Jesus’ whole-person healing ministry is the story of the paralytic who is brought to Him by four friends (Mark 2:1-12). It is obvious the friends wanted Jesus to heal the paralyzed man. They were so determined to gain access to him that they broke a hole in the roof of the house where Jesus was speaking to a crowd of people. But instead of healing him, Jesus forgave him. Some religious leaders in the crowd disputed his authority to forgive sins, so Jesus settled the dispute by saying to the paralytic, “Stand up, take your mat and go to your home” (Mark 2:11). Where one may expect Jesus to heal, he forgives, and where he forgives, he also heals. This is characteristic of whole-person healing ministry, and the Bible is full of stories and admonitions like that.

 Though healing ministries have always been vitally important to the church, they have largely had a "sickness" or "disease" focus. The challenge for the Church today is to provide health ministry from a wellness and wholeness perspective, or health promotion. Instead of asking only, “What makes people sick and how can we provide a healing ministry to save or heal them?” we need also to ask, “What keeps people well and how can we provide a whole-person health ministry that will keep them that way?”

 As faith leaders, we are responsible to God and His people to preach and teach the importance of “wholeness” as defined in the Scriptures. If we as leaders fail to preach and teach the message of the interconnectedness of faith with health, healing, and wholeness in the Bible, our pews will remain filled with people who never achieve the fullness of a life spiritually transformed by the love and power of God. Furthermore, they will never experience the rich, abundant and prosperous life that Jesus promised to all who choose to follow Him.

**Adapted by:** The Ministry of Health Initiative Planning Committee, Pastors and Ministers Scripture Work Group, 1998 from - The Association of Brethren Caregivers. (1993). *The Lafiya Guide: A congregational handbook for whole-person health ministry*. Elgin, IL, pp. 19-21.

**A Scriptural Basis For Health Ministry**

Listed below is a ***very small***\* sampling of selected Scriptures which describe the association between health and spirituality, and God's desire for mankind to live in a state of wellness. See the supplemental handout for additional Scriptures.

* Passages in the Gospels where the word "save" and "healed" are used: **Matthew 1:21, 8:25, 9:21-22, 10:22; Mark 10:26, 10:52, 16:16; Luke 8:12, 36, 48, 50; 13:23 John 3:17, 10:9, 11:12.**
* Beloved, I pray that in all respects that you may prosper and be in good health, just as your soul prospers. **(III John 2)**
* Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought with a price. Therefore, honor God with your body. **(I Corinthians 6:19-20)**
* May God Himself, the God of peace, sanctify you through and through. May your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ. **(I Thessalonians 4:23)**
* My son, do not forget my teaching, but keep my commands in your heart, for they will prolong your life many years and bring you prosperity...My son, pay attention to what I say; listen closely to my words. Do not let them out of your sight, keep them within your heart; for they are life to those who find them and health to a man's whole body. **(Proverbs 3:1-2; 4:20-22)**
* There will be no weeping there, no calling for help. Babies will no longer die in infancy, and all people will live out their life span. **(Isaiah 65: 19,20)**
* Is there any one of you sick? He should call for the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective. **(James 5: 14-16)**
* For He was wounded for our transgressions. He was bruised for our iniquities. The chastisement of our peace was upon Him and by His stripes we are healed. **(Isaiah 53:5)**

**\*Contact Dr. Parks if you would like an expanded listing.**

**Source:** Association of Brethren Caregivers. (1993). *The Lafiya Guide: A congregational handbook for whole-person health ministry*. Elgin, IL: Author, p. 19.

**Wholeness versus Neutral Living**

 **Growth**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Awareness | Understanding | Transformation | Integration | ⇨ | **Wholeness** |
|  | LackofAwareness |  |  **Love** |  |  |  |
| **Neutral****Living** | Signs & Symptoms |  |  |  |  |  |
|  | Disease |  |  |  |  |  |
|  | Disintegration |  |  |  |  |  |
|  | ⇩ |  |  |  |  |  |
|  **Premature Death** |  |  |  |  |

**Source:** Bakken, K. L. (1985). *The call to wholeness: Health as a spiritual journey*. New York: Crossroad Publishing Company, p. 53.

**The "Love Factor" and Its Relation to Health and Disease**

*"And now abideth faith, hope, and love; but the greatest of these is love."*

**I Corinthians 13:13**

|  |  |
| --- | --- |
| **Love** | **Attitudes that Produce Disease** |
| Is patient | Frustration |
|  | Discontent |
| Is kind | Aggressiveness |
| Does not envy | Envy |
|  | Jealousy |
| Does not boast  | Seeking attention |
| Is not proud | Overvalued body concept |
| Is not rude | Taking attitude |
| Is not self-seeking | Selfishness |
|  | Greed |
| Is not easily angered | Anger |
|  | Rage |
|  | Irritableness |
| Keeps no record of wrongs | Resentment |
|  | Hatred |
| Does not delight in evil | Death wishes for others |
|  | Sexual fantasizing |
| Rejoices with the truth | Dejection |
|  | Depression |
| Always protects | Competitiveness |
| Always trusts | Anxiety |
|  | Doubt |
|  | Striving for security |
|  | Paranoia |
| Always hopes | Fear |
|  | Despair |
|  | Discouragement |
|  | Irresponsibility |
| Always perseveres | Apathy |

**Source:** McMillen, S. I. (1984). *None of these diseases*. Grand Rapids, MI: Fleming H. Revel, p. 124.

**What Keeps People Healthy?**

***Most health problems are related to lifestyle and are preventable. Research on the immune system and other studies on what keeps people healthy have identified the following important factors:***

 Hope (a spiritual energy that activates the human will)

 Religious belief and faith in a higher power

 Meditation and prayer

 Sense of meaning and purpose in life

 Belonging, a sense of connectedness to others

 Social support and community

 Sense of responsibility

 Positive self-image

 Touch and love

***These are spiritual factors and traditional areas for church involvement with the lives of its members and community. The church can empower people to take responsibility for their health by making positive lifestyle changes. A transformation that is deeply rooted in an enduring spirituality will lead to healthy behavior and thinking.***

**Source:** Health and Welfare Ministries Program Department. (1992). *Congregational health ministries resources*. New York: The United Methodist Church, General Board of Global Ministries, p. 1.

**Health and Wellness Ministry:**

**Why Should the Church Get Involved?**

***“Why is it that among a group of people who are exposed to the same health threats some stay well while others become ill? Current studies have begun to address this question and the answers all point to factors that have to do with faith. This makes the issue a spiritual one and Christians need to claim their authority to address it with the resources of the Christian faith.”***

**The Lafiya Guide**

**The Association of Brethren Caregivers**

Jesus said, “I have come that they may have life, and have it abundantly” (John 10:10). Having abundant life involves balance among the spiritual, emotional, physical, social, intellectual, occupational, and environmental dimensions that make a person whole, with God as the center and guiding force in each.

The Bible encourages wholistic health in relation to human beings. Health is seen as a gift from God, and is a gift that deserves our attention! In Luke 9:2, Jesus instructs His disciples to “Preach the kingdom of God and to heal the sick.” We do not question the first mission given us, neither should we question the second. **By this declaration, the Christian Church should be in the health business.**

When we see the word “healthcare,” we tend to think of fixing sick people. Healing ministries have always been vitally important to the church. However, the unique challenge for the Church today is the promotion of health and wholeness. This is especially true in light of the number of health problems and issues that have strong social, moral, psychological, and spiritual origins. **The Christian Church must answer the call to minister health and healing to all, and to provide “whole-person” healing ministry.** It is also important that the Christian Church teaches its congregants how to maintain health and prevent disease.

To be healthy, however, we must promote wellness in **all** areas of our lives. Living well is everyone’s responsibility. We are the primary decision-makers, leaders, and actors in achieving wellness. Our life together as a community—the way we manage the life dimensions mentioned above – the key to our wholeness, that is, our spiritual, relational, and physical well-being. **It is out of our response to God’s abundant love for us that we can choose to be good stewards of all our gifts, including our health and wholeness.**

Christians must get more involved in health and wellness ministries. In many communities, specifically communities of color, the Church still serves as the most trusted and respected institution, and has a significant influence on the daily lives, values, and personal life choices of a large percentage of the community. Therefore, the local church is both a logical and **ideal medium through which to provide health ministry and to empower people to assume responsibility for their own health.**

**Source:** The Association of Brethren Caregivers. (1993). *The Lafiya Guide: A congregational handbook for whole-person health ministry*. Elgin, IL., Author, pp. 19-21.

**Roles and Functions of Religious Organizations:**

**Natural Partners in Health Promotion Initiatives**

 Natural convening centers

 Center of significant life events (births, marriages, deaths)

 Setting for exchange of news, social support and resources

 - announcement of important social events in the community

 - informal exchange of information

 - accountings of family members and friends

 - arrangements for exchange of labor and other resources

 Long history of outreach and helping others

 Provides support for families in times of crisis

 Strong social support networks that have been developed over time

 Influences norms, values, and behaviors essential to community life

 Provides a range of informal services that respond to the survival and social needs of their congregations

 Reaches a critical mass of people (i.e., large numbers of entire families)

 Provides for leadership development and group identify

 Helps people develop new skills

 Closely associated with issues of health and healing

 Significant role in the care of the sick

 Receptive to primary prevention efforts

 Accepted as educational institutions

 Possess formal mini-media channels (i.e., bulletins, newsletters, bulletin boards, announcements, the pulpit)

 Have unique and largely positive influence on the communities they serve

 Have available facilities

 Have members who volunteer

 Have a multi-disciplinary and talented membership

 Have members who belong to many other groups and organizations throughout their communities

**Sources:**

Hatch, J. W., & Lovelace, K. A. (1980). Involving the southern rural church and students of the health professions in health education. *Public Health Reports*, 95(1), 23-25.

Lasater, T. M., Carlton, R. A., & Wells, B. L. (1991). Religious organizations and large-scale health related lifestyle change programs. *Journal of Health Education*, 22(4), 233-239.

Turner, L. W., Sutherland, M., Harris, G. J., & Barber, M. (1995). Cardiovascular health promotion in North Florida African-American churches. *Health Values*, 19(2), 3-9.

**Aspects of the Health Care System That May**

**Hinder Instead of Heal**

 Individualistic approaches

 Impersonal and technical

 Inflexible

 Paternalistic

 Expensive

 Large and confusing

 Major emphasis on physical health dimension

 Provider versus patient driven

 Curative and rehabilitative care focus versus prevention

 Disease care oriented versus health care oriented

**Religious Practices That Positively Impact Health Status**

 Regular church attendance

 Frequent Bible reading (or other sacred books)

 Regular prayer and mediation

 Strong faith in a higher power

 Fellowship with other believers

 Involvement in church-related or sponsored activities

 Sunday school attendance

 Compliance with the values, traditions, and practices of an established religious group

 Possession and exercise of "spiritual" gifts and talents (i.e., praying for others, laying on of hands, offering spiritual advice/encouragement, etc.)

**Sources:** Droege, 1996; Hearn, 1995; Wallis, 1996.

**The Impact of Religion on Health**

Prayer is more than just repetition and physiological responses, says Harold Koenig, MD, associate professor of medicine and psychiatry at Duke, senior author of the *Handbook of Religion and Health*, a book that documents nearly 1,200 studies done on the effects of prayer on health.

Studies show that religious people tend to live healthier lives. “They're less likely to smoke, to drink, to drink and drive," he says. In fact, people who pray tend to get sick less often, as separate studies conducted at Duke, Dartmouth, and Yale universities show. Some statistics from these studies are:

* Hospitalized people who never attended church have an average stay of three times longer than people who attended regularly.
* Heart patients were 14 times more likely to die following surgery if they did not participate in a religion.
* Elderly people who never or rarely attended church had a stroke rate double that of people who attended regularly.
* In Israel, religious people had a 40% lower death rate from cardiovascular disease and cancer.

**Source:** *Report to Holy Cross Catholic Church health ministry: Congregational health assessment*. Retrieved on January 22, 2009 from, <http://holycrosslynchburg.org/> health\_assess.htm

**What Faith Communities Offer HIV and AIDS Programs**

 A compassionate perspective

 Emphasis on education and training

 Adaptability

 A holistic perspective

 Leadership

 On-the-ground understanding of the communities (and people) they serve

 Entree into and credibility with potentially “hard to reach” or “at risk” communities and populations *(added by Parks, C.P)*

**Source:** Sachs, W. (2007). *Empowered by faith: Collaborating with faith-based organizations to confront HIV/AIDS*. Durham, NC: Family Health International, pp. 37-68.

**Areas for Impact of Faith Communities**

**To Address HIV and AIDS**

 Providing care and treatment

 Promoting prevention awareness

 Mobilizing and equipping volunteers

 Creating networks and infrastructure

 Addressing spiritual dimension of health and personal values *(added by Parks, C.P)*

**Source:** Sachs, W. (2007). *Empowered by faith: Collaborating with faith-based organizations to confront HIV/AIDS*. Durham, NC: Family Health International, pp. 71-76.

**Collaborators for Faith-based HIV and AIDS Efforts**

 Local and state health departments

 Community-based and civic organizations

 Community, primary care and STD clinics

 Local hospitals

 Youth-serving organizations (including local schools)

 College campuses

 AIDS service organizations

 Professional associations

 Voluntary organizations

 Substance abuse treatment, recovery and rehabilitation centers

 Local corrections facilities and transitional/half-way houses

**10 Keys To Developing Faith-based**

**HIV and AIDS Ministries**

1. Talk to the pastor about the need to develop an HIV and AIDS ministry in your church.
2. Assess the need for an HIV and AIDS ministry in your church.
3. Become as knowledgeable about HIV and AIDS as possible.
4. Decide on how extensive your HIV and AIDS ministry will be.
5. Decide initially on one specific project with clear goals and objectives.
6. Decide if your HIV and AIDS ministry needs funding.
7. Have a clear, written job description for ministry members and/or volunteers.
8. Assess your ability to minister to persons whose lifestyles are different from and/or unfamiliar or distasteful to you.
9. Evaluate your ability to discuss issues about sexuality, illness, death and dying.
10. Be patient.

# Adapted from: Global Ministries of the United Methodist Church, Health and Welfare Ministries, (1996). *Ten keys to church-based ministry. The African-American Church & AIDS, Focus Paper #30*. Retrieved on February 4, 2010 from: http://gbgm-umc.org/health/hivfocus/focus030.stm#10keys

30 Ideas for Your Church to Become Engaged

In the HIV and AIDS Epidemic

1. Recognize World AIDS Day (December 1) with a prayer in your church. [www.worldaidsday.org](http://www.worldaidsday.org)
2. Host a World AIDS Day Event or Worship Service.
3. Invite an HIV and AIDS missionary or local leader to speak at your church.
4. Place HIV and AIDS educational materials in a display at your church. There are good factual materials and other materials available. (RK)
5. One of the best ways to become involved is to become educated. Educate yourself about HIV and AIDS. Take the Samaritan Ministry HIV Quiz (adult content!). (CBF)(SM) [www.surveymonkey.com/s/thehivaidsquiz](http://www.surveymonkey.com/s/thehivaidsquiz)
6. Collect HIV and AIDS information for your pastor to read. (RK)
7. Set aside some prayer time at your church during National Week of Prayer for the Healing of AIDS (the first full week in March). <http://www.nationalweekofprayerforthehealingofaids.org>
8. Partner with a local AIDS Service Organization (ASO) to provide assistance to people living with HIV and AIDS in your community.
9. Make a financial commitment to help an AIDS ministry locally or globally. Challenge your church to set aside some funds to provide assistance to people living with AIDS locally (e.g., gas vouchers, food cards, utility bill assistance, etc.), as well as being involved in global projects.
10. Host an HIV and AIDS Support Group.
11. Make your building available to the AIDS community for meeting space. Provide snacks!
12. Teach your congregation about HIV and AIDS. (RK)
13. Pray for: people living with HIV and AIDS; families who have lost a loved one to AIDS; children who have been orphaned by AIDS; ministers and missionary field personnel working with the HIV/AIDS community; and the people in you church and community that have been affected by HIV and AIDS. (CBF)
14. Mention HIV and AIDS in your church bulletin or newsletter. Use World AIDS Day or National Week of Prayer for the Healing of AIDS as a basis.
15. Host an HIV testing event at your church.
16. Include HIV and AIDS information whenever you do a health fair or missions event at your church.
17. Call the Executive Director of a local ASO and find out how your church can provide support.
18. Send someone from your church to a local HIV and AIDS Community Planning meeting. These take place in every community (sometimes called Regional Community Planning Groups) and are open meetings. Faith-based groups need to be a part of the community!
19. Find out what your church denomination is already doing to help people who live with HIV and AIDS. (CBF)
20. Ask your pastor to preach and pray about HIV and AIDS from the pulpit. (SM)
21. Do a service project for people living with HIV and AIDS. (RK)
22. Talk to your pastor about starting an HIV Ministry in your church. (SM)
23. Include HIV and AIDS materials in your youth group studies. (SM)
24. Talk about HIV and AIDS in your Bible Study group or Sunday School class.
25. Find out what HIV resources are already available in your community and explore how your church can fit in. What does your church already do well? What gaps exist?
26. Use all of the HIV/AIDS Awareness Days as opportunities to learn about and address HIV and AIDS for various populations in your community. www.aids.gov/news-and-events/awareness-days
27. Host an AIDS Memorial Quilt display. [www.aidsquilt.org](http://www.aidsquilt.org)
28. Participate in community wide missions events such as Operation Inasmuch ([www.operationinasmuch.com](http://www.operationinasmuch.com)) and make sure that the opportunity is there to serve the AIDS Community.
29. Distribute copies of the special Upper Room “Prayers of Encouragement” booklet designed for persons infected and affected by HIV and AIDS and other serious diseases. Available in almost 20 languages. <http://bookstore.upperroom.org/cart/>upperroom/p-16207.htm
30. Explore the Bible in relationship to a Christian Response to HIV and AIDS. Materials are available at [www.samaritancentral.org/resources.asp](http://www.samaritancentral.org/resources.asp)

***Compiled and adapted from the following sources (abbreviations used above):***

**SM** Samaritan Ministry website – [www.samaritancentral.org](http://www.samaritancentral.org)

**RK** HIV Ministry Resource Kit for Churches available from Samaritan Ministry – [www.samaritancentral.org/resources.asp](http://www.samaritancentral.org)

**CBF** Cooperative Baptist Fellowship website AIDS Network - [www.thefellowship.info/aids](http://www.thefellowship.info/aids)

**Roles for the Clergy in Health Promotion**

**and the Health Care System**

1. Cultivate and interpret a vision for health in the congregation and with the health care team.
2. Endorse wholistic health ministry as an integral part of the life of the congregation and the health care team.
3. Teach and preach health, healing and wholeness principles through the various normal pastoral channels (Bible study, sermons, counseling, hospital and home visits, one-on-one contact with members)
4. Serve as an agent of health-related social and behavioral change among members and patients.
5. Serve as a liaison between hospitalized patients and their families (a communication link).
6. Provide special care and counseling for both terminally ill and long term hospitalized patients.
7. Provide family counseling and/or develop self-help groups for troubled families or those suffering from mental illness.
8. Observe and discuss (with members and patients) signs and symptoms of impeding disease and disability (i.e., diagnostician).
9. Serve as a resource for referrals to community services and agencies.
10. Ensure the address of emotional, mental, social, and spiritual dimensions of health (especially) in patients.
11. Allow time for people to express themselves fully during counseling sessions.
12. Accept people's stories without judgment.
13. Empower people to make decisions.
14. Know how and when to make referrals.
15. Model health behaviors and practices in their own lives.
16. Assist with health promotion program and health care plan development.
17. Function as a full member of the health care team. Be proactive.

**Adapted from:** Association of Brethren Caregivers, 1993; Levin, 1986.

**Christian Responsibility and the HIV and AIDS Pandemic**

***Study Guide and Personal Reflection***

1. When we pray the Lord’s Prayer, we ask God to bring his kingdom on earth as it is in heaven.

Read Luke 4:16-21. What is the ‘good news’ proclaimed by Jesus and how is it related to the kingdom of God? What does this mean for our response to the global pandemic of HIV and AIDS?

2. The HIV and AIDS pandemic calls for a consistent Christ-centered theology of life.

Read Amos 5:4 and Ezekiel 18:32. In these passages God calls Israel to repentance so that she might be given life. How does life offered by God encompass more than spiritual reality, and what shape does the repentant life take?

3. Justice and mercy are inseparable in God’s economy. A theology of life requires that our acts correspond to God’s intention for the poor and lowly, including those who suffer from HIV and AIDS.

Read Isaiah 11:1-5 and Psalm 113:5-9. What actions follow from God’s promise to the poor (“He raises the poor from the dust, and lifts the needy from the ash heap” Psalm 113:7) in the face of the broad social, political, and economic factors that exacerbate the spread and suffering of HIV and AIDS?

4. The church must bear witness to the hope of the gospel in the midst of a fallen world.

Read 2 Corinthians 5:16-21 and Mark 12:28-31. What is the connection between the ministry of reconciliation and loving God with our heart, soul, mind and strength?

5. God commands his people to do justice and to show compassion.

Read James 1:27, James 2, and Galatians 5:13-14. What is the nature of pure and undefiled faith before God, and how is this worked out in securing the dignity and life of those who suffer from HIV and AIDS?

**Adapted from:** Wheaton College. (2007). *HIV/AIDS: A biblical and theological response*. Wheaton, IL: Author. Retrieved on March 30, 2011 from: <http://www.wheaton.edu/studentresources/> hiv\_aids.html

**How to Start an HIV and AIDS Ministry in Your Church**

All individuals and churches are asked to consider being involved in ministry to the HIV/AIDS community that is still growing at pandemic rates. Over 40 million persons are infected with the HIV virus that causes AIDS. Below are steps you or a concerned group can take to begin an AIDS ministry in your area.

1. **PRAY** - for those who are living with HIV/AIDS around the world. Pray for their caregivers, family members and communities that are affected. Pray for the ever growing number of children orphaned by AIDS. Pray for CBF field personnel and CBF AIDS network members that are working with HIV/AIDS communities around the world.
2. **LEARN** – One of the most important steps is to be educated about HIV/AIDS. How is the virus transmitted? Who is infected? Why are those in poverty most affected? How many are infected in your area? Answers to these questions are readily available on web searches, your local library, area AIDS service providers, city/state health departments or by contacting the CBF AIDS Network.
3. **SURVEY** - A simple step to survey needs in your area is to get your phone book out and look under AIDS. Usually there is a list of AIDS service providers in your area that are mostly glad to give you information on volunteer needs, how you can assist, etc. Other great resources are hospital/nursing home chaplains. One of the quickest methods is to survey your congregation to see if they are aware of persons affected by HIV/AIDS, family members, etc. Note: Please respect confidentiality!
4. **TAKE ACTION** - Don’t become overwhelmed with the task, take initial steps building on each action. Some actions you could take that can be adapted for your group:
	1. Ask for volunteers from your church to begin an AIDS Care Group for your congregation to pray and communicate concern for the HIV/AIDS community.
5. Plan a time of education for your group and the later for the church family about HIV/AIDS.
6. Plan an event for World AIDS Day, December 1 each year. It could be from including a prayer during your midweek service or actually having a prayer time to planning or participating in a community event on or near that date.
7. Partner with a local AIDS ministry or providing a ministry to a local AIDS service organization for weekly, monthly, quarterly or annual events.
8. Consider organizing an AIDS Care Team that provide specific ministry to someone affected by HIV/AIDS
9. Your idea!

***Source:*** Cooperative Baptist Fellowship website. *HIV/AIDS Network page*. Retrieved on March 11, 2011. https://www.thefellowship.info/documents/howtostart.pdf

**Selected Information and Resources for**

**Faith-based HIV and AIDS Ministry**

ACTS HIV Ministry. Retrieved on March 30, 2011 from: <http://actshiv.org/>. ACTS was founded in 2000 to spread the Gospel of Jesus through ACTS retreats to men and women affected or infected by HIV/AIDS. ACTS retreats are three-day spiritual retreats, which are led by compassionate Catholic laymen and laywomen. Talks and activities during the retreat focus on adoration, community, theology, and service; from which the ACTS acronym is derived. The weekend is designed to help the retreatants enter into a new and deeper relationship with our Lord and fellow members from the community.

African-American HIV/AIDS Resource Center. (2006). *HIV and Black churches*. Retrieved on February 4, 2010 from: <http://www.thebody.com/content/art46228.html>

Agate, L. L., Cato-Watson, D., Mullins, J. M., Scott, G. S., Rolle, V., Markland, D., and Roach, D. L. Churches united to stop HIV (CUSH): A faith-based HIV prevention initiative*. Journal of the National Medical Association, 97* (7 Supplement), 60S-63S.

AIDS.gov. (2008). *Black clergy promote HIV testing.* Retrieved on February 4, 2010 from: <http://www.aids.gov/takecontrol/blackclergy.html>

CBS News. (2008). *Black churches confront HIV/AIDS crisis*. Retrieved on February 4, 2010 from: [http://www.cbsnews.com/stories/2008/08/17/eveningnews/main 4356729.shtml](http://www.cbsnews.com/stories/2008/08/17/eveningnews/main%204356729.shtml)

Centers for Disease Control and Prevention. (2006, December). *CDC Executive summary: CDC consultation on faith and HIV prevention*. Atlanta, GA: Author.

Derose, K. P., Mendel, P. J., Kanouse, D. E., Bluthenthal, R. N., Castaneda, L. W., Hawes-Dawson, J., Mata, M., and Oden, C. W. (2010). Learning about urban congregations and HIV/AIDS: Community-based foundations for developing congregational health interventions. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *87*(4), 617-630.

Evangelical Lutheran Church in America. (2009). *ELCA strategy on HIV/AIDS.* Chicago, IL: The Church Council of the Evangelical Lutheran Church in America.

Francis, S. A., and Liverpool, J. (2009). A review of faith-based HIV prevention programs. *Journal of Religion and Health*, 48, 6-19.

Gospel Against AIDS. Retrieved in March 30, 2011 from: <http://gospelaa.org/>. The Mission of Gospel Against AIDS is to empower religious leaders to become change agents in their communities of faith by equipping them to provide on-site preventive education, technical assistance and outreach support to those infected and affected by HIV/AIDS.

Griffith, D., Campbell, B., Allen, O. J., Robinson, K. J., and Stewart, S. K. (2010). YOUR blessed health: An HIV-prevention program bridging faith and public health communities. *Public Health Reports, 125*(Supplement 1), 4-11.

Hicks, K. E., Allen, J. A., and Wright, E. M. (2005). Building holistic HIV/AIDS responses in African American urban faith communities: A qualitative, multiple case study analysis. *Family and Community Health, 28*(2), 184–205.

Interdenominational Theological Center and Centers for Disease Control and Prevention. (2002). *Affirming a future with hope: HIV and substance abuse prevention for African American communities of faith*. Atlanta, GA: Interdenominational Theological Center, Health Education Leadership Program.

Latino Commission on AIDS. The Latino Religious Leadership Project. Retrieved on March 30, 2011 from: <http://www.latinoaids.org>. Since its conception, The Latino Religious Leadership Project has established itself as a catalyst for providing HIV/AIDS education and capacity building amongst Latino faith communities in the New York Metropolitan area while collaborating with efforts on a national and global level. As the HIV/AIDS epidemic poses challenges to Latino churches in ministering to the needs of those living with HIV/AIDS and their families, The Latino Religious Leadership Project has helped churches develop health ministries where congregants learn that they can turn to the church, and its local partners, for education, support, and culturally responsive services. The Project has provided HIV health, prevention education and capacity building services to more than 100 churches in the New York Metropolitan area during the past decade.

Lindley, L. L., Coleman, J. D, Gaddist, B. W., and White, J. (2010,). Informing faith-Based HIV/AIDS interventions: HIV-related knowledge and stigmatizing attitudes at Project F.A.I.T.H. churches in South Carolina. *Public Health Reports, 125*(Supplement 1), 12-20.

 Martin, P. P., Younge, S., and Smith, A. (2003, Winter). Searching for a Balm in Gilead: The HIV/AIDS epidemic and the African American church. *African American Research Perspectives, 9*, 70-78.

Metropolitan Interdenominational Church Technical Assistance Network (MICTAN). Retrieved on March 30, 2011 from: [http://www.metropolitanfrc.com/ mictan.asp](http://www.metropolitanfrc.com/%20mictan.asp). Strengthening Community Capacity for HIV Prevention. MICTAN is a clergy-led initiative providing capacity building and technical assistance to faith-based organizations, community-based organizations (CBOs) and community coalition development projects (CCDs) locally and regionally. Provides information, consultation and ongoing training to improve the delivery and effectiveness of HIV prevention services.

National Alliance of State & Territorial AIDS Directors. (2011, January). *United in battling HIV/AIDS: A guide to understanding how faith communities can make a difference.* Washington, DC: Author.

National Black Leadership Commission on AIDS. (2007). *National conclave on HIV/AIDS policy for Black clergy: Clergy statement.* Retrieved on February 4, 2010 from: http://www.nblca.org/?page\_id=580

National Episcopal AIDS Coalition. The Episcopal Church Response to HIV/AIDS. Retrieved on march 30, 2011 from: <http://neac.org/>. Offering support and guidance while encouraging a network of support. In response to those in their churches who were living with HIV/AIDS and to the growing community of those affected by AIDS - caregivers, partners, friends, and loving ones - the National Episcopal AIDS Coalition (NEAC) was formed in 1988. Today, AIDS continues to spread in spite of treatment breakthroughs. NEAC continues to provide support for HIV/AIDS ministries across the Episcopal Church in the United States.

Sachs, W. (2007). *Empowered by faith: Collaborating with faith-based organizations to confront HIV/AIDS*. Durham, NC: Family Health International.

Samaritan Ministry. Retrieved on March 30, 2011 from: <http://samaritancentral.org>. A ministry of Central Baptist Church of Bearden, TN to persons with HIV/AIDS, Offers an HIV Ministry Resource Kit on a donation basis. Kit includes: World AIDS Day DVD, sample church project, HIV educational game and skit for teens, sample letter to Parish Nurse or ministry leader, Pastor’s packet, *A Compassionate Response* booklets, Abstinence Quiz brochures, HIV Facts brochures.

Statewide HIV/AIDS Church Outreach Advisory Board. (2004). *Healing begins here: A pastor’s guidebook for HIV/AIDS ministry through the church*. Los Angeles, CA: Author. Retrieved on February 4, 2010 from: [http://www.aarth.org/Pastors GB20041.pdf](http://www.aarth.org/Pastors%20GB20041.pdf)

[**Sutton, M.Y**](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Sutton%20MY%22%5BAuthor%5D)**., and** [**Parks, C.P**](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Parks%20CP%22%5BAuthor%5D)**. (2013). HIV/AIDS prevention, faith, and spirituality among Black/African American and Latino communities in the United States: Strengthening scientific faith-based efforts to shift the course of the epidemic and reduce HIV-related health disparities.** ***Journal of Religion and Health*****, 52(2), 514-530 (e-Pub 2011 May 28).**

The Balm in Gilead. Retrieved on March 30, 2011 from: <http://www.balmingilead.org>. The mission of The Balm In Gilead is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities. Its three major HIV programs are:

 *Our Church Lights the Way: National Faith-based HIV Testing Campaign*

 *Tanzania HIV/AIDS Interfaith Partnership*

 *The National Church Week of Prayer for the Healing of AIDS*

The General Board of Global Ministries of the United Methodist Church HIV/AIDS Ministries. Retrieved on February 4, 2010 from: <http://gbgm-umc.org/health/aids/>. The United Methodist Church has been responding to the HIV/AIDS crisis since [the early 1980s](http://gbgm-umc.org/health/aids/timeline.html). Needs continue as the pandemic grows. The General Board of Global Ministries has responded to the HIV/AIDS crisis through programs of awareness, care, and support

The General Board of Global Ministries of the United Methodist Church, Health and Welfare Ministries. (n.d.). *The Black church and HIV/AIDS resources page*. Retrieved on February 4, 2010 from: <http://gbgm-umc.org/Health/aids/blackchurchaids.stm>

[The United Church of Christ HIV/AIDS Network](http://www.ucc.org/ucan) (UCAN). Retrieved on March 30, 2011 from: <http://www.ucc.org/ucan/>. The UCC's national non-profit charitable organization for response to the HIV/AIDS pandemic. UCAN’s **mission** is to build a network of people, congregations and organizations within and beyond the United Church of Christ for care giving, education and prevention in response to the HIV/AIDS pandemic.

Tyrell, C. O., Klein, S. J., Gieryic, S. M., Devore, B. S., Cooper, J. G., and Tesoriero, J. M. (2008). Early results of a statewide initiative to involve faith communities in HIV prevention. *Journal of Public Health Management Practice*, 14(5), 429-436.