



Responding to the Call:

# A Guide to HIV/AIDS Education in Faith Communities

On Common Ground: AIDS Institute's Faith Communities Project

New York State Department of Health





# A GUIDE TO HIV EDUCATION IN FAITH SETTINGS

## Table of Contents

Introduction.....	Page 3
About the AIDS Institute’s Faith Communities Project.....	Page 4
HIV Education Belongs in Communities of Faith.....	Page 5
HIV in New York State.....	Page 6
HIV Facts You Need to Know.....	Page 7
Guidelines for Educating Faith-Group Members About HIV.....	Page 15
Responding to HIV in Your Faith Community:	
Forming HIV Congregational Ministries.....	Page 19
Creating Stigma-Free Committees.....	Page 20
Suggested Activities for Faith-based HIV Prevention.....	Page 22
National HIV Observances.....	Page 24
Providing Pastoral Care.....	Page 25
Age-Appropriate HIV Education	
• Children, Ages 5-8.....	Page 28
• Children, Ages 9-12.....	Page 28
• Teens, Ages 13-19.....	Page 30
• Parents.....	Page 32
Suggested Group Activities	
• Children Ages 4-8.....	Page 34
• Preteens and Teens.....	Page 36
• Teens or Adults.....	Page 40
HIV and Health Equity Vocabulary List and Glossary.....	Page 41
Resources.....	Page 45
Health Equity Resources.....	Page 47
National Networks and Organizations.....	Page 53
National Technical Assistance Providers.....	Page 56
Web-based Resources.....	Page 58
Annotated Bibliography & Printed and Audiovisual Materials.....	Page 61

# Interfaith Prayer Flags

-  **Christian Cross** The traditional cross reminds us not only of Jesus Christ's death, but of the older origins of this symbol as an intersection of two energy flow, one flowing between earth and heaven, and the other spreading out from side to side, representing the 4 directions.
-  **Great Goddess** From the ancient Middle Eastern Tradition, this Goddess Image and many like it were the earliest known religious symbols and represent the fertile Mother from which life springs.
-  **Sun Circle and Dot** Originally a symbol of the primal womb of creation, with the spark of life within the circle of life, this became the sign for the sun, for air, and for contemplation of the mystery of inner and outer realities.
-  **Shinto** Shinto is an ancient Japanese religion. Shinto has no written scriptures, no body of religious law, and only a very loosely organized priesthood. Ancestors are deeply revered and worshipped. All human life and human nature are sacred. Tradition and the family are very important.
-  **Winged Sufi Heart** The awakened heart, which contains the star of perfected light and receptiveness of the moon, becomes capable of soaring to the heights of Spirit. Sufism is a mystical path related to Islam.
-  **Jewish Star of David** The traditional interweaving of the upward pointing and downward pointing triangles, representing the unity of earthly and heavenly energies. It represents the union of God and the Shekina, the male and female energies in harmony.
-  **Islamic Moon and Star** The star of perfected light, which can be seen as the perfected human, and the receptiveness of the moon, which allows the light of the Divine to fill it. Islam is a tradition from the Middle East, emphasizing devotion and community.
-  **Baha'i Star** The Baha'i religion is one of the newest of the religions of the prophets and encourages world peace by teaching tolerance and honoring all paths to God. Their symbol is a nine pointed star.
-  **Confucian** The social ethics and moral teachings of Confucius are an ethical system to which rituals at important times during one's lifetime have been added. His writings deal primarily with individual morality and ethics, and the proper exercise of political power by the rulers.
-  **Sikh** The circle of unity contains the double-edged sword representing the power of truth and is surrounded by two curved daggers representing the act of willingness to defend the faith.
-  **Taoist Ying Yang** The interplay between primal opposites is an eternal dance, such as (light/dark, male/female, day/night, life/death) and within the heart of the light is a core of dark, and within the core of darkness lies light.
-  **Wiccan pentacle** Symbolic of life and health in ancient times, the pentacle has been used as a strong protective charm. The five-pointed star is used in many traditions, and in Wicca, a shamanic nature religion from Europe, it shows an image of how energy flows through stages of life, corresponding to the five points of the human body.
-  **African Goddess** The Akua'ba is a Goddess symbol used for good luck in many parts of Africa and is especially worn by women and children as a charm to lend protection, fertility and good fortune. It is primarily from the Ashanti tribe in Nigeria.
-  **Native American Medicine Wheel** The four directions of the east, south, west and north are honored in the wheel of life, hung with sacred eagle feathers. These primal directions represent the stages of energy cycles such as the cycles of time: spring, summer, fall, winter, and human life as in birth, youth, maturity, and old age.
-  **Jain** Jainism contains many elements similar to Hinduism and Buddhism. The world's almost 4 million Jains are almost entirely located in India. They practice Ahimsa: non-violence. Committing an act of violence against a human, an animal, or even a vegetable generates negative energy.
-  **Buddhist Prayer Wheel** The Buddha taught the eight-fold path to enlightenment, represented here by a prayer wheel. The eight paths are: right conduct, right contemplation, right effort, right faith, right occupation, right resolve, right self awareness, and right speech.
-  **Hindu Om** The OM is the sound of the universal vibration, the primal sources from which all creation manifests. It is the Mantra Mantrika, or "Mother of all sounds" the first of all creative spells spoken by the Goddess, chanted to attune oneself to the Divine. The original meaning was "womb".
-  **Zoroastrian** The sacred fire burns on an altar, representing the light which gives all life. Following the prophet Zoroaster, this tradition emphasizes purity and Divine light.

Adapted with permission from Interfaith Marketplace, [Barbara@interfaithmarketplace.com](mailto:Barbara@interfaithmarketplace.com).



## Introduction

This guide was initially developed in 1997 and updated in 2022 to provide leaders of faith communities with basic HIV information and guidance. In turn, it can be used to provide your communities and congregations with information about prevention and treatment and raise awareness about ways to support individuals living with HIV.

This is only a guide. It does not cover every topic or answer every question about HIV (Human Immunodeficiency Virus).

This guide will be most effective if users adapt its contents to address the unique needs of their faith communities.



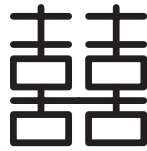
## AIDS Institute Faith Communities Project

The New York State (NYS) Department of Health (DOH) AIDS Institute (AI) works with faith-based organizations and community-based organizations to meet the HIV prevention needs of individuals, families, and communities across various racial/ethnic groups, cultures, and languages. The AI Faith Communities Project was created in 2001 in recognition of the key role that faith communities play in the lives of New York State residents and in response to recommendations by families and individuals impacted by HIV, and to various reports, to include all faith communities in HIV prevention and health care strategies and specially to reach communities of color.

The goal of the Faith Communities Project is to increase awareness and the involvement of faith communities in HIV prevention and health care efforts by fostering partnerships between faith communities and community-based organizations. Working through regional committees, the project has conducted needs assessments and implemented activities such as: clergy roundtable discussions, community dialogues, and forums on HIV-related topics in faith communities. In addition, the project has developed mechanisms to enhance access to regional information and resources; an e-mail distribution list and list-serv are used to disseminate regional information.

For more information about the Faith Communities Project, please go to the NYSDOH website:

[https://www.health.ny.gov/diseases/aids/consumers/faith\\_communities/index.htm](https://www.health.ny.gov/diseases/aids/consumers/faith_communities/index.htm).



## HIV Education Belongs in Communities of Faith

Many people turn to their communities of faith for comfort, support, and guidance when they face problems and challenges in life. HIV can present such a challenge.

Faith communities and their leaders touch the lives of many people. They exist in almost every community and are respected for their advice and guidance. They have a history of using their belief systems and teachings to help their members understand others and to accept differences. Faith communities and their leaders are used to advising their members about social issues and health concerns like HIV. For these reasons, communities of faith should take a lead role in responding to the crisis.

### **Why are faith communities an appropriate setting for HIV education?**

- Most people belong to a faith or spiritual tradition.
- Faith communities serve all.
- Faith leaders are respected as a credible source of advice and guidance.
- Faith communities have a history of responding to the social justice issues affecting communities.
- Faith communities can reach populations that traditionally are not reached by public information efforts.

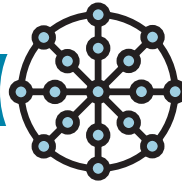


## HIV in New York State

To understand the scope of the HIV epidemic in New York State, consider these facts:

- From the time the epidemic began to the end of 2021, 221,511 New York State residents have been diagnosed with HIV. During this time period, there were 143,172 deaths among individuals living with diagnosed HIV.
- In 2021, 2,123 individuals were newly diagnosed with HIV in NYS. Approximately 20.5% of these individuals were concurrently diagnosed with AIDS (Stage III HIV).
- In 2021, non-Hispanic Black individuals accounted for approximately 14% of the population of NYS but 43% (902) of persons newly diagnosed with HIV. Hispanic individuals accounted for approximately 20% of the populations but 32% (673) of persons newly diagnosed with HIV.
- In 2021, there were an estimated 111,000 persons living with HIV/AIDS in New York State.
  - 103,900 (94%) of these individuals have been diagnosed with HIV.
  - An estimated 7,100 individuals (6%) were not aware that they were living with HIV.
  - 91,500 (82%) of persons living with HIV received care in 2021
  - 81,100 (73%) of persons living with HIV were virally suppressed at the test closest to the end of 2021.
- For current statistics on HIV and AIDS in New York State, go to: *NYS Cascade of HIV Care, 2021* ([https://www.health.ny.gov/diseases/aids/general/statistics/cascade\\_reports/docs/cascade\\_of\\_care\\_2020.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/cascade_reports/docs/cascade_of_care_2020.pdf)) or *New York State HIV/AIDS Surveillance Annual Report, 2021* (ny.gov) ([https://www.health.ny.gov/diseases/aids/general/statistics/annual/2021/2021\\_annual\\_surveillance\\_report.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/annual/2021/2021_annual_surveillance_report.pdf)).
- For current vital records go to Vital Statistics of New York State (ny.gov) ([https://www.health.ny.gov/statistics/vital\\_statistics/vs\\_reports\\_tables\\_list.htm](https://www.health.ny.gov/statistics/vital_statistics/vs_reports_tables_list.htm)).
- For more information on HIV and AIDS in New York City, go to: HIV/AIDS - NYC Health (<https://www.nyc.gov/site/doh/health/health-topics/aids-hiv.page>).





## HIV/AIDS Facts You Need to Know

To discuss HIV with members of your faith community, you will need to know the facts yourself so that you can provide accurate and complete information. By providing the facts, you can reduce the fears, anxieties, prejudices, and discrimination that continue to be associated with HIV.

### What is HIV?

HIV is the *Human Immunodeficiency Virus*, a virus that damages a person's immune system. When someone is living with HIV it means the virus is present in their body. HIV is a chronic disease and despite effective treatment, at this time HIV cannot be cured. A person living with HIV must take medications regularly to keep the virus under control and prevent damage to the immune system.

Medications to treat HIV are very effective, easy to take – most people take one pill once a day – and side effects, if they are present, are easily manageable. People living with HIV live healthy, productive lives and do not progress to the later stages of HIV infection, sometimes called AIDS. The goal of treatment is to have an undetectable viral load – meaning there is so little virus present in the blood that tests do not detect it. If a person living with HIV is not in treatment or not taking medication regularly, they become very sick and develop end stage HIV.

## What is U=U (Undetectable = Untransmittable)

U=U means that people living with HIV who take antiretroviral therapy (ART) as prescribed and maintain an undetectable viral load cannot transmit the virus to others during sex.

When HIV viral load is undetectable, there is too little virus for an infection to occur. Even though someone on ART is still HIV positive, HIV transmission via sex is no longer a risk.

Most infections need a certain quantity or concentration of virus for transmission. For example, an HIV viral load might need to be above 500 or 1000 or 1500 copies/mL to be infectious. The actual upper limit is not known but a viral load that is less than 200 copies/mL or undetectable (too low to be detected with a viral load test) prevents HIV from being transmitted. HIV is already quite a difficult virus to acquire and being on ART reduces this risk.

## How do you get HIV and what can you do to avoid getting HIV?

HIV is a sexually transmitted infection (STI), so using internal or external condoms for every sexual encounter will protect you from HIV and other STIs.

If you inject drugs or other substances into your body, only use new syringes or works (spoons, cotton, bottle caps, and other items used for injecting). HIV can be transmitted if that equipment has already been used by someone who has HIV to shoot drugs, steroids, or even vitamins or medicine.

People who can become pregnant and have untreated HIV can pass the virus to their babies during pregnancy, delivery, or breastfeeding. Getting prenatal care and HIV testing as early as possible is important for the health of the pregnant person and the baby. HIV treatment is safe to take during pregnancy and will prevent passing the virus to the baby.

If a health care worker is exposed to HIV by getting stuck with a syringe or other sharp item at work, they must report the incident and will be provided post exposure prophylaxis medication to prevent the chance of HIV. There has not been a documented case of HIV transmission to a health care worker for many years.

## Medications to Prevent HIV.

**Pre-Exposure Prophylaxis (PrEP)** is medication that can prevent HIV. If you don't have HIV, taking PrEP can lower your chances of getting HIV from sex by 99% if you take it as directed. PrEP must be prescribed by a health care provider. The provider helps each person determine the best way to take PrEP for their situation. PrEP can be taken as a pill or as an injection. Oral PrEP is also known by the brand name Truvada or Descovy. Injectable PrEP is known as Apretude. Once someone starts on injectable PrEP, they must go to a medical provider's office every 8 weeks for another injection.

**Post-Exposure prophylaxis (PEP)** medication stops an HIV exposure from becoming HIV. PEP medication works best if started as soon as possible, but not later than 72 hours after a possible HIV exposure.

Exposure to HIV might occur during vaginal sex, anal sex, or when sharing needles or other drug injection equipment with someone whose HIV status is not known, or who is known to be living with HIV but has an unknown or detectable HIV viral load.

**Treatment as Prevention (TasP)** Antiretroviral Therapy is prescribed to people living with HIV to reduce the amount of virus in their blood. Treatment can lower the viral levels so low that there is effectively no risk of transmission of HIV. A suppressed viral load is defined as less than 200 copies/milliliter of HIV in the blood and at that level a person cannot transmit HIV to their sexual partner. The success of TasP is dependent on people adhering to their HIV treatment.

## What is “safer sex”?

When you know how HIV and other sexually transmitted infections spread, you can take precautions to reduce your risks of becoming infected. Guidance for safer sex includes:

- Always use an internal or external condom each time you have sex, making sure that they are properly used.
- Ask your partner about their HIV status before having sex. If they are living with HIV, find out whether their viral load is “undetectable.”
- Take PrEP (as prescribed). PrEP helps lower the chances of developing HIV by protecting you and your partners from contracting the virus.

## What are the physical signs or symptoms of HIV infection?

You can’t tell if a person has HIV infection just by looking at them. People who have not been tested for HIV may not be aware that they are living with HIV. Shortly after becoming infected with HIV, some people develop flu-like symptoms (fever, muscle aches, feeling tired) that last a few days and then go away. This is sometimes called early or acute HIV infection. However, these symptoms occur with other common infections. Only an HIV test can show whether a person has HIV.

Many local health departments, community health centers, community-based organizations, hospitals, family planning clinics, and doctors offer routine and confidential HIV tests. Call the phone numbers at the end of this booklet to find testing sites near you.

## How can you find out if you have HIV?

The only sure way to tell if you have HIV is to get an HIV test.

- In many places, you can get a rapid HIV test and get results in about half an hour. The test detects antibodies to HIV. If your rapid test result is reactive, you might have HIV and will need a confirmatory test (venipuncture/blood draw or finger stick blood test).
- In New York State, you can be tested anonymously or confidentially, and, at a minimum, patients must be informed that HIV testing is going to be conducted. Patients have the right to refuse an HIV test.
  - An anonymous HIV test means you do not give your name. Instead, you are given an ID number to identify you. Once the result of the test is determined, you will have the option of signing an anonymous to confidential consent form and get your test results. by paper. Anonymous testing is only available at state-sponsored testing sites.
  - A confidential HIV test means you give your name when you are tested. Your test results become part of your private medical record and you may receive your results verbally or in writing.

## Why is it especially important for pregnant people or people who are planning a pregnancy to be tested for HIV infection?

All people of childbearing capacity should be tested for HIV prior to pregnancy. If a pregnant person has HIV, they can pass the virus to the baby any time during pregnancy, childbirth, and breastfeeding. Without treatment, about 1 of every 4 babies born to people with HIV may become infected. If childbearing people take HIV medicines every day as prescribed throughout pregnancy, labor and delivery, and their babies are given these medicines after birth, HIV transmission to the baby will be prevented.

The sooner a pregnant person knows they have HIV, the sooner they can begin treatment to lower the risk of passing the virus to the baby and improve their own health. Doctors and healthcare providers must recommend testing and provide HIV counseling to pregnant people. In New York State, it is recommended that all pregnant people be tested for HIV during their first visit to a healthcare provider. Pregnant people who initially test negative should be tested again in the third trimester. By law, all newborns are tested for HIV exposure.

## How is HIV treated?

HIV can be treated in several ways. Treatment should be managed by a doctor or health care practitioner.

### 1. Antiretroviral medications

Antiretroviral treatment (ART) is recommended for all people living with HIV, regardless of how long they've had the virus or how healthy they are. ART is highly effective, easy to take, and most people have no side effects. ART must be taken every day, as prescribed. For most people today, HIV treatment means taking one pill, once a day. Getting and staying on HIV treatment is important because it reduces the amount of HIV in your blood (also called the viral load) to a very low level. This keeps you healthy and prevents illness. Like most medicines, ART may cause side effects for some people. However, the medications used today have fewer side effects, the side effects are less severe and usually can be easily managed. If side effects are a problem, talk to your health care provider or pharmacist right away to find a solution that will work for you.

### 2. Good Health Practices

Good health habits can help people stay healthy while they also take antiretroviral medications. These habits include:

- Eating healthy foods.
- Exercising regularly.
- Getting enough sleep.
- Managing stress.
- Avoiding drugs, tobacco, and alcohol.

## Where can people living with HIV get medical care?

Everyone living with HIV should seek medical treatment. Most people are cared for by a primary care provider who is a physician, nurse practitioner, or physician assistant. Health care options include:

- Community health centers.
- Hospitals-Designated AIDS Centers (DACs) that provide special care and services.
- Private doctors' offices – Doctors can prescribe antiretroviral drugs.

## Where can people living with HIV get help with other services?

Non-medical support, outreach, and educational services are available to eligible people living with HIV, their families, partners, and others at risk for transmission. Services include:

- Informational hotlines.
- HIV prevention and risk reduction.
- Care Coordination.
- Support groups.
- Housing services.
- Nutrition services.
- Short-term counseling.
- Help navigating and accessing other needed services.
- Help with civil rights and legal matters.
- Care/management and Health Homes.
- Refer to the resources section of this document for information.

## How can people who are living with HIV (PLWH) pay for their medical care?

Medicaid and Medicare pay for HIV medical care, including health care visits, lab work and medication. People with Medicaid who live in New York City can enroll in Special Needs Plans (SNP): networks of doctors and special services designed for people with HIV.

Health insurance from work or purchased through the Health Insurance Marketplace will cover health care visits, labs, and medication to treat HIV. The Uninsured Care Programs (ADAP, ADAP Plus, and APIC) can help people if they are making less than 500% of the federal poverty level. The program can assist with paying for medication, copays, Medicaid spend-downs, other out-of-pocket costs, and even assist with purchasing health coverage. For more information on these options, see Resource List starting on page 45.

## Should a person who has HIV tell their partners?

No matter how a person got HIV infection, the right thing to do is to inform their partner(s). Even if the person they got it from didn't know, didn't tell them, or wasn't able to tell them, they can make sure their partner(s) are told. Informing their partner(s) will help them take care of themselves and may prevent many other people from getting HIV infection.

Partner Services ([https://www.health.ny.gov/diseases/communicable/std/partner\\_services/](https://www.health.ny.gov/diseases/communicable/std/partner_services/)) is a free Health Department program that assists people with HIV infection by helping them plan the best way to notify their current or past sex and/or syringe sharing partner(s) that they may have been exposed to HIV infection or other STDs. When a person wants help in notifying their partner(s), a Partner Services Specialist can work with them to make a notification plan. The person shares information that will help locate their partner(s). The Partner Services Specialist then notifies their partner(s) that they should be tested for HIV infection, without telling them anything about the person. Partner Services Specialists are trained to protect partners' privacy. No names or personal identifying information, including the gender and the dates of sex or syringe sharing, are ever revealed. Partner Services can also help prepare the person, when he or she wants to tell a partner themselves.

Reasons to notify a partner(s):

- Helps stop the transmission of HIV.
- Gives present and past partners an opportunity to be tested and learn their own status.
- Partner(s) can get medical care sooner if they test positive for HIV.
- Relieves stress and guilt.
- Benefits a partner's health.
- Makes the community a healthier place.

Your health care provider can help connect you to Partner Services. For more information, call the NYS AIDS Hotline at 1-800-541-AIDS (2437). For Spanish language, call 1-800-233-(SIDA) 7432. In New York City (NYC), you can contact the NYC Sexual Health Hotline 347-396-7959 or click on the follow link: Sexual Health Clinics - NYC Health (<https://www.nyc.gov/site/doh/services/sexual-health-clinics.page>).

## Are there laws that protect PLWH?

Yes. PLWH have the same rights as other citizens. They cannot be discriminated against by employers, landlords, neighbors, co-workers, health care providers, or health insurance companies. The New York State Division of Human Rights (DHR) (<https://dhr.ny.gov/>) investigates discrimination complaints. You do not need a lawyer to file a complaint and there is no fee. For more information, you may call the DHR toll-free at 1-888-392-3644. Division of Human Rights Home Page | Division of Human Rights (ny.gov) (<https://dhr.ny.gov/>).

New York State laws protect the confidentiality of people living with HIV or AIDS. HIV-related medical information can be shared with certain medical providers to deliver health care services to you, but it cannot be shared with landlords, employers, or unauthorized persons or agencies. In addition, the United States Department of Health and Human Services, Office of Civil Rights, also investigates HIV related discrimination complaints. Call the toll-free hotline at 1-800-368-1019.

For more information on HIV/STI/HCV testing and other related services, see the Resources section for NYSDOH hotline numbers and a website address located on page 45.





## Guidelines for educating faith community members about HIV

The most effective way to stop the spread of HIV is to reduce stigma about HIV and educate your members about ways they can reduce their risk of transmission. The guidelines in this section have been developed to help leaders of faith communities plan and implement educational efforts to prevent new HIV diagnoses.

### Content

The biology of HIV, the signs and symptoms of HIV, and the social and economic costs of the disease can be good discussion topics. A single film, sermon, or group discussion can be an appropriate way to introduce the HIV/STI topic. To ensure that your members understand options to protect themselves, their family, and their community, you will need to ensure ongoing dialogue takes place. Stay up to date on new findings about HIV and share this information with your members. Check the booklet “Questions and Answers about HIV/AIDS” for up-to-date HIV information <https://www.health.ny.gov/publications/0213.pdf>.

Try to answer all their questions honestly. By doing this, you will make it clear to your members that you are available to talk about subjects that are not always comfortable, such as sex and drugs. If someone asks you a question that you cannot answer, consider providing local resources (e.g., local health department, community-based organization) or call the New York State Department of Health toll-free HIV hotline at 1-800-541-2437 (AIDS).

The age at which members should receive specific information about HIV will vary depending on the needs of your members and the larger community where they live. For example, in areas where HIV is more common and many families have been affected by the epidemic, even young children can be given age-appropriate detailed information. Being comfortable with facts about HIV will better prepare members for teachable moments and open dialogue.

People whose behavior increases their risk of HIV are also disproportionately at risk for STIs and viral hepatitis (hepatitis B and hepatitis C) due to some similar modes of transmission. Thus, it's important to include this information in your prevention messages to reduce their risk of infection. Public health departments and faith communities share a common goal of advocating for vulnerable populations, protecting the overall well-being of entire communities, and improving the community's overall health and wellness. In addition to risk reduction information, health and prevention messages should also include information on the social determinants of health, conditions such as poverty, crime, unemployment, etc., that put individuals and communities at a greater risk for infection and diseases, and the availability of resources, services, and activities in your community.

According to the Centers for Disease Control and Prevention, “there are now more options than ever before to reduce the risk of acquiring or transmitting HIV. Using medicines to treat HIV and to prevent HIV (also referred to as treatment as prevention / biomedical interventions), using condoms, having only low-risk sex (receptive oral intercourse or insertive oral intercourse), only having partners with the same HIV status, and not having sex can all effectively reduce risk. Some options are more effective than others. Combining prevention strategies may be even more effective.” For more information visit: <https://www.cdc.gov/hiv/risk/estimates/riskbehaviors.html>.

Some HIV prevention programs are directed only toward increasing knowledge. However, these efforts may fail to address the attitudes, behaviors, social norms, and skills that people need to reduce their risk of acquiring HIV and HIV transmission. A truly comprehensive approach to HIV prevention is both affirming and empowering. This health promotion approach provides people with accurate, relevant, and complete information about HIV, helps people develop attitudes, beliefs, and behaviors that support prevention efforts and promotes social support for people living with HIV and other STIs.

Instead of focusing on **groups**, health promotion focuses on behaviors that put people at risk. HIV can affect anyone, regardless of race, religion, age, sexual orientation, gender identify, or socioeconomic status. Prevention efforts should focus on reducing behaviors that put people at risk for HIV including, taking medications available to prevent or minimize the likelihood of acquiring HIV (PrEP and PEP). Prevention is most effective when it is incorporated into discussions and activities that encourage positive, healthy behaviors, and individual wellness.

Please use “person-first language.” Instead of saying “people infected with HIV,” use “people living with HIV” to reflect the accuracy of the situation and to mitigate the stigma associated with HIV.

HIV focused health promotion programs in faith communities should assure that members of all ages acquire the knowledge and skills they will need to adopt and maintain behaviors that virtually eliminate their risk of becoming infected.

Prevention programs should focus on reducing behaviors that expose people to HIV infection and other STIs. Such programs should:

- Provide complete and accurate information.
- Address the attitudes, behaviors, and social skills that people need to reduce their risk of infection and transmission of HIV and other STIs.
- Be positive and empowering.
- Include discussion and activities that encourage positive behaviors and individual wellness.
- Endorse and/or provide social support for people living with HIV or other chronic diseases.

PLWH pose no threat to family members, friends, neighbors, faith community members, co-workers, or casual acquaintances. There is no reason to avoid them. In fact, supportive and compassionate caring is most appropriate and needed. It's also important to avoid behavior that stigmatizes persons living with HIV (language matters).

Design programs and activities to encourage and support people who have not had sex and who have not shared syringes to:

- Practice abstinence
- Refrain from sharing syringes or drug injection equipment.
- Clean syringes and works to minimize contamination.

Persons who have had condomless sex or who have shared syringes and drug injection equipment should be encouraged to:

- Get tested for HIV and STIs.
- Use internal or external condoms (and other barriers such as dental dams).
- Use daily pre-exposure prophylaxis (PrEP) to prevent HIV.
- Use post-exposure prophylaxis (PEP), within 72 hours (3 days) of a sexual encounter, consensual or not, to minimize acquiring HIV.
- Avoid sharing syringes and drug injection equipment.
- Learn their partner's HIV status.

Persons who are married and who do not know their HIV status should be encouraged to:

- Learn their HIV status.
- Learn their partner's HIV status.
- Have the same partner.

Your community may denounce drug use, extramarital sex, use of condoms, and various sexual practices. However, it is important to be prepared to counsel or make a referral to a community-based organization or service provider to help people at risk for HIV or other sexually transmitted infections (like gonorrhea, syphilis and chlamydia) to practice harm reduction or eliminate their risk of infection.

Your advice might include the following:

- Avoid unprotected sexual contact with anyone who is known to be living with HIV and not in treatment or whose HIV/STI status is not known.
- Remember that most of the time you can't tell whether another person is living with HIV or has an STI.
- When having sexual intercourse, use an internal or external condom with a lubricant that does not contain the spermicide nonoxynol-9.
- Use a dry, unlubricated condom for oral sex.
- Do not share syringes or other drug injection equipment.
- Consider treatment if you or others feel that your drug or alcohol use is a problem.
- Get tested for HIV and STIs. You can be tested at your doctors' office, local health department, and/or at a community-based organization in your area.
- Talk with a health care provider about PrEP to reduce the risk of acquiring HIV. PrEP does not protect an individual from STIs, like syphilis, gonorrhea, or chlamydia. Using an internal or external condom with PrEP will protect an individual from most STIs.
- Seek PEP services to minimize the risk of acquiring HIV. PEP provides emergency protection after a possible exposure to HIV.

HIV education can occur during various events or activities at your place of worship. You can discuss HIV, including the impact of the epidemic on your community, and pray for persons impacted by HIV:

- In sermons or during worship services.
- In an age-appropriate manner during studies or discussions of sacred texts, in Sunday school, and in religious or spiritual instruction/education classes.
- Adult education classes or in meetings of groups within your faith community.
- Individual counseling sessions.
- Pre-marital counseling.



## RESPONDING TO HIV INFECTION IN YOUR FAITH COMMUNITY:

### Forming HIV Congregational Ministries

Traditionally, faith communities have been involved in social justice issues such as human rights, civil rights, war, poverty, hunger, and homelessness. HIV is a very challenging topic to discuss because it means talking about uncomfortable topics, such as premarital or extramarital sex, same gender loving relationships, sexual orientation (homosexuality and bisexuality), gender identity, and alcohol and substance use. Many faith communities forbid these activities or do not embrace persons who engage in them. The challenge for faith communities — and perhaps for you as a faith leader — is to break the silence and bridge the gap between theology (the teachings and ideals of your faith) and the reality of human behaviors.

Faith communities play a vital role in the comprehensive response to HIV and other STIs: educating people to avoid risk of exposure to HIV, providing physical and spiritual care and support to those living with and affected by HIV, and combating stigma and discrimination. Success will require partnering with community-based organizations and others to collectively educate the community and respond compassionately to better serve the physical, spiritual, and emotional needs of persons living with HIV.

Communities of faith have responded differently to the HIV epidemic. Although “some religious and spiritual leaders and their followers, early in the pandemic, condemned those living with HIV, many faith communities responded to the need to care and to educate the human family on ways to prevent the spread of HIV.”\* Some incorporated HIV into existing services or ministries, such as health and wellness, substance use, and prison work, without questioning how those seeking their help became infected with the virus. Others created CARE teams to provide social support to those who are living with or affected by HIV or partnered with community-based organizations to make HIV counseling and testing available to the community. Today, there are many ways to address HIV, including developing HIV congregational ministries.

\**A Faith-Based Response to HIV in Southern Africa: The Choose to Care Initiative*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS), December 2006, p.5.



## CREATING STIGMA-FREE COMMUNITIES\*

### A Stigma-Free Faith Community

1. Talk openly about HIV-related concerns such as sexual health, health disparities and equality.
2. Describe HIV and AIDS as medical conditions, not punishment for immoral behavior.
3. Provide basic and accurate information about HIV and AIDS, including modes of transmission, treatment, and prevention.
4. Encourage members to participate in all faith community activities, regardless of HIV status.
5. Repeatedly and consistently give messages of compassion, not judgement, toward people living with HIV.
6. Focuses on providing care and support to people living with HIV, rather than on how they became infected.
7. Encourages positive living through education and support groups for people living with HIV.
8. Actively encourages testing for all members and provides facilities for voluntary testing and counseling.
9. Affirms the individual responsibility of all members to know their HIV status and to refrain from behaviors that put them at risk for HIV.
10. Work proactively with other organizations to address HIV and related topics in the wider community.

Adapted from *Creating Stigma-Free Communities: created by Empact Africa, a non-profit organization based in Austin Texas, [www.empactafrica.org](http://www.empactafrica.org).*

**The following are suggestions from faith leaders who have responded to the call, on the process of developing faith-based HIV ministries:**

## **Where to start?**

### **Inreach**

**Involve key leaders.** Educate your leadership about HIV as appropriate, depending on your denomination/tradition. Incorporate information about STIs and HCV. This might include the elders, deacons, the council or decision-making body, and the type of response that is proposed. Discuss the topic with key leaders of your faith community because they may need to formally approve these types of programs. Key leaders can also help influence the members and overcome resistance.

### **Community outreach**

**Inform the entire community.** Tell the members of your congregation that its leaders are interested in addressing HIV and related concerns and develop a program that responds to the community needs. You might do this after deciding what the program will offer — or perhaps you want to survey the congregation first to get their input. Stress how important it is to maintain confidentiality.

**Decide what services to offer.** What are the needs and resources of your congregation/community? Are their needs being met by local social service providers? Identify these service providers and learn about their services. Establish partnerships with service providers to educate the members and make referrals for people who need additional services. If their policy allows them to work with faith communities, think about forming a joint program. Look into state or federal funding for faith-based initiatives if you decide to form your own program. Refer people to local community-based organizations when services are not available within your congregation.

**Develop your program's messages.** Establish a ministry of purpose that will focus on this issue. Consider these points in shaping the main messages of your HIV program:

- Tailor the discussion to the teachings of your faith community.
- Think about discussing HIV as a public health concern. Incorporate information about STIs and viral hepatitis.
- Educate faith community leaders and parents first. Then involve a youth group if one exists. Keep it real with your people. Talk straight about sex and sexual health, without abandoning your teachings.
- Be free from judgment, blaming, and shaming. Accept the individual unconditionally as a person.
- Invite and welcome people living with HIV and their families, or those affected by HIV, to your faith community.
- Add HIV to the congregations' policies on nondiscrimination in employment.



## Suggested Activities for Faith-Based HIV Prevention

1. Add HIV prevention education to existing ministries: health, prison, substance use, social justice, etc.
2. Sponsor an annual or semi-annual health fair that includes HIV testing. Consider offering screening for other diseases/conditions such as COVID19, hepatitis, blood pressure, diabetes, etc.
3. Use quotations from sacred texts to create role-playing activities on topics such as dating and abstinence.
4. Create posters and bookmarks that promote sexual abstinence as “the way” of your faith and as the only way to guarantee the prevention of transmission of STIs, including HIV.
5. Sponsor the attendance of your faith community leaders at an HIV educational training session.
6. Set up a short course to help parents sharpen their skills for communicating with young people about sexual health and drugs.
7. Sponsor a youth retreat that provides opportunities to practice faith sharing, healthy eating, fitness, academic skills, making informed decisions, and setting goals.
8. Sponsor “Pizza Party Saturdays” or other regular meals/gatherings for youth to encourage discussion of topics such as the “divine plan” for their lives.
9. Publish a list of spiritual support strategies for youth, adults, and senior citizens who want to practice sexual abstinence.
10. Start a sports program with a peer-mentoring component for HIV and substance abuse prevention. Incorporate information about other STIs.
11. Create an attractive brochure or other publication with quotations from sacred texts to encourage and comfort people with HIV or people who are affected.
12. Sponsor a poster contest with an HIV prevention theme.
13. Include “HIV 101” lessons in faith instruction programs.
14. Display free HIV or substance abuse information and resources in a central location.
15. Show films or discuss books that explore cultural patterns related to sex or drugs.
16. Create and perform an HIV prevention dance or play.
17. Talk one-on-one with youth and adults about ways to be close with their partners without engaging in sexual activity.
18. Create a liturgical drama related to HIV prevention.



19. Form a ministry to supply clothing, bedding, and toiletries to persons & families living with HIV.
20. Sponsor a benefit concert or show and use the proceeds to support local HIV prevention programs.
21. Reach out to people living with HIV and to their families and friends through sermons, programs, bulletin articles. Let them know that the congregation will be supportive of and caring toward them.
22. Organize volunteers to work with HIV service organizations. For example, congregation members can volunteer to cook and/or deliver meals to people living with HIV.
23. Develop policies for the congregation that support people living with HIV and recognize the safety of including individuals living with HIV in these activities.
24. Hold a service of comfort and hope for people living with HIV or a memorial service for those who have died from HIV disease. Publicize the event widely.
25. Open the congregation to local HIV service organizations, if they need space to hold training programs and support groups. Start an HIV support group in the congregation.
26. Establish a support group for family members of people living with HIV.
27. Encourage other congregations and faith-based organizations to get involved and address HIV in their congregations.
28. Create a CARE team or a buddy program that brings together congregation members and people living with HIV.
29. Organize a visit by congregation members to local hospital or nursing homes as appropriate. Encourage members who are interested to visit regularly.
30. Create a “host” program to assist people from out of town who are visiting relatives or loved ones who are living with HIV. Prepare information about accommodations and transportation in your city, arrange home hospitality, and offer to accompany visitors to the hospital.
31. Display information about interventions to prevent HIV, including PrEP and PEP, and other health education materials.
32. Invite peers (people living with HIV) from your congregation or a local community-based organization to participate in your worship service, by sharing their lived experience, and/or to be a support system for a newly diagnosed congregant.

This material was adapted with permission from *20 Activities for Faith-based HIV/AIDS Prevention* (2001), published by the Interdenominational Theological Center (ITC), Atlanta, GA, and *Being A Blessing: 54 Ways You Can Help People Living with AIDS*, by Rabbi Harris Goldstein.



## National HIV and AIDS Observances

National HIV observances are opportunities to educate, motivate, and increase community awareness about HIV. Here are some observance days:

National Black HIV Awareness Day .....	February 7
Balm in Gilead’s Black Church Week of Prayer for the Healing of AIDS .....	First week of March
National Women and Girls HIV Awareness Day .....	March 10
National Native HIV Awareness Day .....	March 20
National Youth HIV Awareness Fay .....	April 10
National Transgender HIV Testing Day .....	April 18
HIV Vaccine Awareness Day .....	May 18
National Asian and Pacific Islander HIV Awareness Day .....	May 19
HIV Long-Term Survivors Awareness Day .....	June 5
National Caribbean-American HIV Awareness Day .....	June 8
National HIV Testing Day .....	June 27
National Faith HIV Awareness Day .....	August 29
National HIV and Aging Awareness Day .....	September 18
National Gay Men’s HIV Awareness Day .....	September 27
National Latino HIV Awareness Day.....	October 15.
World AIDS Day .....	December 1



## Providing pastoral care\*

As you work with members of your faith communities who have HIV, you will probably provide pastoral care: caring for people at home. Your services may be simple - like visiting people in their homes and counseling them - or you may become more involved and help them get health care. Rather than provide services yourself, you may want to form a team of volunteers and choose a person to coordinate the HIV ministry. The following points can help you and any volunteers help people with any chronic disease as well as HIV, their families, and their health care and social service providers.

### Provide fellowship

If the person you are visiting has just been diagnosed with HIV, they may react with fear, anger, or may feel isolated. The person may also react in these ways if their health gets worse or if they get very sick from the disease.

**Accept the person's anger/frustration.** People may take out their anger and frustration on you because you are someone they trust, and they know you will not turn away from them. They will have good and bad days – be extra patient on the bad days. They may even wish to be alone rather than have you visit.

**Accept your own frustration.** It's natural for you to feel frustrated, helpless, and sad. You can't provide all the answers. Share your thoughts and feelings with friends and colleagues and seek their support. Seek wisdom from the depth of your faith.

**Don't be judgmental.** Don't make judgments about how people became infected with HIV, their attitudes, and their day-to-day decisions, even if you disagree with them. Don't debate or take sides in personal or family problems. Help them make their own choices.

**Be a good listener.** Many people simply need someone to listen to them. Talking is good therapy.

**Be positive.** Be positive about the outside world. Talk about community affairs and current events in an upbeat manner.

**Be reliable.** Visit regularly and let the person know when you plan to visit. Don't offer to visit or help in ways that you cannot follow through on. That will only disappoint the person.

**Accept the divine plan.** Even people with strong faith can be set back by HIV infection.

**Accepting the reality** that living with HIV is not the same as accepting defeat.

**Confidentiality is IMPORTANT.** Never share any information about the identity of a person with HIV with your congregation, HIV ministry coordinator, and/or volunteers **unless you have written consent from that person.** For more information about NYS Public Health Law contact the New York State Department of Health Confidentiality Hotline at 1-800-962-5065.

## Practical matters

It's easy to get involved in the daily lives of people who are ill, especially if they need help with their basic, daily living. HIV treatment has advanced so much that people living with HIV will not experience severe illness related solely to their HIV status. If someone living with HIV needs help and support due to illness, treat them as you would if someone without HIV needed support. Learn as much as you can about the support services in your area for people living with HIV infection: transportation, housing, housekeeping, personal care, medical services. Remember, you and your volunteers can't do everything. If you can arrange for someone living with HIV to get these other services, then you and your volunteers can focus on visiting and counseling the person. Some ideas:

**Plan trips or activities to get the person out of the house.** Schedule shopping trips or visits to the library, an upbeat movie, a public park, or a beach.

**Encourage the person to be with others.** Tell the person about support groups, services, and faith community events. Encourage the person to attend services, especially if they have been going on a regular basis.

**Be a part of special events, holidays.** If the person doesn't have anyone to be with, try to arrange for him/her to join a family or group to share a holiday. Offer a holiday home visit.

**Meals/visits.** Call and bring over a meal to share. It's a good way to provide company and nutrition. Bring a small gift — baked goods, books, flowers, or a positive written message.

**Transportation/shopping.** Make plans for providing transportation for shopping, doctor's appointments, errands, services, and visiting friends and family. Before visiting, call and ask if the person needs anything that you can buy and bring over. Ask for a shopping list.

**Household tasks.** Offer to wash clothes or dishes, water plants, do cooking, and other tasks. Ask if you can decorate or brighten up the room(s) where they spend most of their time.

## Guidelines when caring for persons living with HIV

**Know the other caregivers.** By knowing friends, family members, and other caregivers, you can figure out your schedules together and provide better care.

**Be gentle.** Don't treat people differently than you normally would. For example give a gentle touch or hug if that seems alright with the person. However, some people may not feel comfortable with physical contact. So, it is always a good idea to ask permission before touching a person.

**Stick to your services.** Provide the services you've agreed to. Don't do tasks that you don't know how to do or that may put the person in danger. For example, encourage the person to take all of their medications on time, but don't give out the medications or provide medical advice. Avoid "hands-on" help or personal care (bathing, toileting) unless you have been trained and/or certified to do them.

**Don't pass germs.** If you feel ill, (a cold, the flu, etc.), change your schedule so that you don't visit the person until you are healthy.

**Auto insurance.** If you are driving the person in your car, it's a good idea to check with your insurance company to confirm you have the appropriate coverage.

**Know emergency numbers.** Get phone numbers of family members and service providers for emergencies and remember to comply with HIPAA regulations regarding disclosure of medical information.

\*Some material from this section was adapted with permission from *Pastor's Guidebook for HIV/AIDS Ministry Through the Church*, California Department of Health Services, Office of AIDS, revised 2004.



## Age-Appropriate HIV Education

### Children ages 5 to 8 years

This age is not too early to give facts that will help children know how HIV works. Kids this age can learn the basic idea that germs cause illness. If you teach children the basics about how to stop sickness and how to make healthy choices, it will help them understand HIV when they are older.

#### Healthy habits

- Wash your hands with soap and water to prevent the spread of germs. Good hand washing takes 20 seconds.
- Cover your mouth when you cough or sneeze.
- Keep cuts and scrapes clean.
- If you are bleeding, find an adult you know and trust who can help.

#### HIV is hard to get and share

- HIV is a virus (germ) that is spread from one person's blood into another person's blood and makes that person sick.
- HIV is not in everyone's blood.
- You cannot get HIV by reading, playing, talking, hugging, kissing, or eating with someone who has the virus.
- If you find syringes or sharp objects, stay away from them, and tell an adult so they can dispose of them safely. Getting shots from a doctor or nurse is okay. Do not trade blood as *blood brothers* or *blood sisters*.
- Do not be afraid if you meet someone who is living with HIV. Treat that person the same way you want to be treated when you are sick — with caring and kindness. People do not get HIV because they are bad.

### Children ages 9 to 12 years<sup>1</sup>

Children in this age group begin learning more about sex and HIV at school, from television and movies, or from the Internet and from social media. If they have the wrong facts about the behaviors that might put them at risk for HIV infection and how it is transmitted, you can help them get the right facts.

1. Talking with Young People: Why it is important to talk with young people about HIV, STDs, hepatitis, and sexual health.

## Talking with kids about sex and drugs

At this age, children’s bodies and feelings change quickly. They often feel very self-aware or awkward about their bodies. They may be more curious and want to express their feelings about sex. They may also want to try alcohol and drugs.

You may feel that children in the fourth or fifth grades are too young to learn about sex and drugs. You may think that ideally, it is the parent’s/guardian’s responsibility to explain the basics of sexuality to their children. Some parents may feel that this is too young an age to discuss sexuality. However, prevention messages can still explain that choosing to have sex can impact a person’s health in negative ways, such as unplanned pregnancy, sexually transmitted infections, and HIV. In addition, sharing syringes and drug equipment is dangerous.

Kids in this age group can be mean to each other. Some kids also feel a lot of peer pressure — pressure from friends and other kids their age to try new things that can hurt them (like smoking, drinking, or sex). They make fun of or bully other kids who will not take chances. Even friends sometimes make each other feel “uncool” for not taking chances. Let children know that real friends will not pressure them or make fun of them for playing it safe. Encourage them to talk with adults they trust — their parents, teachers, older relatives, or you as a faith leader — if they feel unhappy or threatened by peer pressure.

## HIV basics for older children

- **Review the basics about HIV** and how to prevent it — avoid condomless sex, sharing syringes and other drug equipment, and alcohol or other drugs, because they may affect the choices you make. Learn about biomedical interventions available to prevent HIV transmission (PrEP and PEP).
- **If you talk about sex and drugs**, tell them it is better to wait until they are adults to engage in sexual activity, and to make sex a part of an adult, loving relationship. Optional: People who do have sex should always use a condom or take PrEP. Having vaginal or anal sex without a condom may pose a risk for acquiring HIV. STIs can be passed by oral, vaginal, or anal sex.
- **Abstinence** is an important way to avoid HIV and STIs.
- **Using alcohol or drugs** makes it harder to make good choices — like not having sex.
  - **Do not trade blood** in *blood brothers* or *blood sisters’* games.
- **Do not trade blood** in **blood brothers** or **blood sisters** games.
- **Do not share syringes for any reason**: even to inject insulin (for diabetes), steroids, or vitamins, or for tattooing or body piercing. Learn about syringe access programs and services.

## Teenagers ages 13 to 19 years<sup>2</sup>

Teens have strong personal values and can make choices every day to stay away from risky behaviors such as using alcohol and drugs and having unprotected sex. However, exploring boundaries and engaging in risky behaviors is, and always has been, a part of growing up. Young people look to caring adults for information and guidance. Adults need to be prepared to provide accurate information and support to help young people reduce their risk for HIV and other STIs (and unintended pregnancy, too).

In addition to talking to teens about maintaining their sexual health, and how to avoid risk-taking behavior, it is also important to talk to young people about their strengths and the positive assets in their lives. Building on young people's strengths and providing them with opportunities to create positive relationships with parents, caring adults, schools, institutions of faith, and the community at large has a powerful effect of protecting young people from experiencing negative behaviors and outcomes.

### **HIV/STD basics for teens:**

At the end of calendar year 2020, there were 2,178 young people (ages 13-24) living with HIV in New York State. Also, during 2019, a total of 83,220 cases of STIs (early syphilis, gonorrhea, and chlamydia) were reported among young people (ages 15-24) in New York State. This number represents 48% of the total cases reported in the State even though young people ages 15-24 represent only 13% of the total State population. Moreover, HIV and STIs impact young people of color disproportionately. It is therefore important to provide guidance to young people as they develop and explore relationships with others. Help them to understand how to have healthy relationships and learn responsible ways to reduce harm to themselves and others. Talk to them about what they know about reducing their risk for HIV and STIs.

2. Talking with young People: Why it is important to talk with young people about HIV, STDs, hepatitis, and sexual health



## The information below will help you have a complete conversation with a teenager about how they can reduce the risk for HIV and STIs:

**Abstinence is the only sure way to prevent HIV transmission.** You cannot say it too often — the best way to protect yourself from HIV and STIs is not to have any kind of sex (vaginal, oral, or anal) and not to share syringes.

**Use a condom.** Use an internal or external condom correctly each time you have sex. Birth control methods — such as the pill, Norplant, or Depo-Provera — *do not* protect you from HIV or other STIs.

**Be faithful to your partner.** If you choose to become involved in a relationship, talk to your partner about protecting each other in a monogamous relationship.

**Do not use alcohol and other drugs.** When you are under the influence of alcohol or drugs, it's harder to say “no” to having sex — or to use a condom if you do have sex.

**Never share syringes to inject anything.** This is harder to remember when you are drunk or high. Body piercing or tattooing syringes can also have blood with HIV or viral hepatitis. Find a piercing or tattoo artist who uses only new, clean syringes, and safe tools.

**Teens, dating, and sex:** You may hear teens talk about going out with friends instead of dating. Or you may hear them talk about *hooking up* or *having friends with benefits*. Adolescents and teens use these terms to refer to having casual sex — often oral sex — outside of relationships. These terms may not mean anything to you, but they have special meaning for young people. Learn what these terms mean and know what teens are doing. Tell teens that it is always okay to say “no” to sex. They may think that “everyone’s doing it.” Let them know that this is just not true.

**Know your HIV Status:** HIV testing is a routine part of health care for all people aged 13 and older. Talk to your health care provider about HIV testing.

**Take Pre-exposure prophylaxis (PrEP).** If you have not been diagnosed with HIV and choose to become sexually involved with someone whose HIV status and medical treatments are unknown to you, ask your health care provider about PrEP, a medication that can help prevent HIV.

## Parents

Parents are a special group of adults. They are not only responsible for their own health, but also for helping their children learn how to protect themselves from disease and illness. To fully meet this responsibility, parents must be prepared to talk openly and factually with their children about sex, sexuality, and sexually transmitted infections, including HIV.

Dealing with their children's sexuality makes many parents feel uncomfortable. Many parents never talked about sex with their own parents, or they remember how uncomfortable their parents were with the "big talk." Others may feel that they don't know enough about sex and sexuality or that they have nothing to add to what children learn from television, movies, and books.

Most parents don't realize, however, that even if they never say a word about sex, they are constantly teaching their children how they feel about it. Within the context of day-to-day life, children learn how their parents feel about such things as touching, privacy, nudity, and relationships. Think about how much simpler things would be if parents came right out and taught their sexual values to their children!

### Parents should be encouraged to:

1. Think carefully about what they want their children to know and why.
2. Use their personal faith values and cultural beliefs for guidance.
3. Gather all the facts.
4. Look for teachable moments to discuss sexual health and related concerns. For example, a television show or newspaper article can be a trigger for discussion.
5. Ask what their children already know about sex and HIV and STIs.
6. Identify and correct any myths or misunderstandings.
7. Discuss sexual matters generally, without prying into children's personal lives.
8. Share personal feelings about caring and love, about ideals and values — and how they relate to sex.
9. Collect books and other printed materials about sexuality for children to read on their own. Read the material carefully first to be sure that the information is acceptable and age appropriate. Answer all questions as simply and honestly as possible.
10. Admit when they don't know the answers and look for answers WITH the child.

## HIV and AIDS Myth-Fact Quiz

Place a T in front of the statements that are true and an F in front of the statements that are false.

1. \_\_\_\_\_ People can get HIV by being in the same room with a person with HIV.
2. \_\_\_\_\_ There is a shot (vaccine) that will prevent HIV.
3. \_\_\_\_\_ HIV is passed from one person to another by sneezing.
4. \_\_\_\_\_ You can tell someone has HIV by what they look like.
5. \_\_\_\_\_ People can get HIV from sharing a soda.
6. \_\_\_\_\_ HIV is caused by a virus.
7. \_\_\_\_\_ HIV affects the body's ability to fight infection.
8. \_\_\_\_\_ A person can take medication to prevent HIV.

Answers:

1. False
2. False
3. False
4. False
5. False
6. True
7. True
8. True



## Suggested Group Activities

### Children ages 4 - 8

#### Group Discussion

**Tell the children the following story:**

Children in a school find out that a classmate named Tina's mother has HIV. The mother is not sick. Some children begin to tease Tina and refuse to play with her or sit next to her.

Divide the children into three groups. Ask one group to answer the question, "How does Tina feel?" Ask the second group to answer the question, "What can Tina do?" Ask the third group to answer the question, "How can other children help Tina?"

**Discuss the responses:**

- Help the children appreciate how Tina might feel.
- Focus on people who children can turn to for help when they need it — parents, teachers, neighbors, pastors, doctors, police officers, coaches/mentors.

### Children ages 9 - 12

#### Identifying risk-taking behaviors and their consequences

**Discuss "risks" with the children.**

Note that there are "positive risks" and "negative risks." A positive risk — such as trying out for the basketball team or cheerleading squad — can have a good result that improves a person's life. A negative risk — like deciding to try smoking cigarettes — can have a harmful result that can impair or endanger someone's life.

**Ask the children to identify whether the following risks are positive risks or negative risks and discuss what their results ("consequences") could be:**

1. Tasha decides to continue spending time with friends who use drugs.
2. Darnell skips school at least one day a week and hangs out with older kids.
3. Julio's friends all smoke cigarettes and offer them to him, but he decides not to start smoking.
4. Jack's parents are out of town. He decides to have a party and asks an older friend to bring beer.
5. Ernesto has a friend named Tyrone, Tyrone's father has HIV. Ernesto's other friends tell him that they will not hang out with him if he continues to be friends with Tyrone. Ernesto decides to continue to be friends with Tyrone. He tells his other friends that they have no right to demand that he stop seeing Tyrone.
6. Tom and Cathy have gone out together for a year. Tom has started using drugs. Cathy tells him that he must choose between her and drugs.

## HIV Myth-Fact Quiz

Put a T in front of each statement that is true and an F in front of each statement that is false.

1. \_\_\_\_ HIV is transmitted by hugging and kissing.
2. \_\_\_\_ HIV is hard to get.
3. \_\_\_\_ People can look and feel healthy and still transmit HIV.
4. \_\_\_\_ People who use drugs and share syringes can get HIV.
5. \_\_\_\_ There is a vaccine to prevent HIV.
6. \_\_\_\_ Women can transmit HIV.
7. \_\_\_\_ A person living with HIV, who takes their medication as prescribed, will not transmit the virus to another person through sex
8. \_\_\_\_ Everyone infected with HIV develops AIDS.
9. \_\_\_\_ A person can get HIV from giving blood.
10. \_\_\_\_ There are state toll-free hotlines that provide HIV information.
11. \_\_\_\_ There are medications to prevent HIV

Answers:

1. False
2. True
3. True
4. True
5. False
6. True
7. True
8. False
9. False
10. True
11. True

## Preteens

### Group Discussion Exercises

The following four exercises are designed to place HIV in contexts that can be readily accepted by pre-teens and serve as triggers for discussing HIV risks, transmission, and prevention. Each exercise consists of a series of situations and topics for group discussion. Guidance is provided to the group leader to ensure that any confusion or misunderstandings about HIV are addressed.

#### I. A day at school

**Situation 1: You've just learned that the older brother of a new student in your class has HIV.**

**Issue:** Can the new student get HIV from their brother and should people with HIV be allowed in school?

**Guidance:** HIV is not like a cold or flu. HIV can only be spread through direct contact with blood or other body fluids. And, even then, it would have to enter your bloodstream through an opening in the skin, like a cut. There's very little chance of this happening in school.

---

**Situation 2: The new student wants to be friends with you.**

**Issue:** Should you be friends with them?

**Guidance:** Many people have family or friends who are living with HIV. Sharing concerns about a family member is a good way to get to know a new person and support a new friend. Compassion is a central tenet of every faith. The new student is probably scared and needs friends more than ever. You have the right to choose your own friends, and there's no risk in being friends with a person who has a family member who is living with HIV.

---

**Situation 3: In gym class, your teacher tells you that you will have to share your locker with a student that you think might be having sex.**

**Issue:** Is it safe to share a locker with them?

**Guidance:** You can't get HIV from things that have been touched or worn by someone with HIV or from his/her sweat or tears. It's safe to share a locker with them.

---

**Situation 4: When you go to the cafeteria for lunch, you find that the new student has saved you a seat and got your milk and silverware for you.**

**Issue:** They touched your knife, fork, spoon, and milk carton. Can you get HIV?

**Guidance:** HIV is not spread in the air or in food or water. It cannot be passed on dishes, silverware, or water fountains. It is safe for you to use these items.

**Situation 5: During lunch, your friends talk about getting together after school to pierce each other's ears.**

**Issue: Should you let your friends pierce your ears?**

**Guidance:** A lot of infections, including HIV and viral hepatitis, can be spread in blood and certain other body fluids. Some blood can remain on the needle when the ear is pierced. If the same needle is used by a number of people, infections can be spread. If you want your ears pierced, go to a business with people who have been trained to do it properly and safely.

## **II. On the street**

**Situation 1: You and a group of friends are hanging out at the corner. An older guy you all know comes along and offers you marijuana.**

**Issue: You're curious about what it would be like to smoke pot. Should you try it?**

**Guidance:** All drugs can affect the way you think and act. When you're high, you tend to take chances and do things you normally wouldn't do — things that could put you at risk for HIV.

---

**Situation 2: The older guy then offers you some pills. He has both "uppers" and "downers." Issue: Doctors give out pills all the time. Should you take pills?**

**Issue: Doctors give out pills all the time. Should you take pills?**

**Guidance:** Pills can be dangerous. That's why only doctors can write prescriptions. They know which drug will help a person with a health problem. Pills can affect the way you think and act. They can be addictive. They can even kill you, especially if you mix them with alcohol or other drugs. Fentanyl is a very dangerous drug that is often laced with other drugs. Fentanyl can be in the drugs even if you don't know it. If it is, it can lead to opioid overdose.

---

**Situation 3: The older guy wants to know if you want to try cocaine (coke) or crack.**

**Issue: Should you try cocaine or crack, just once?**

**Guidance:** Cocaine (coke) is one of the strongest drugs. It affects the way you think and act and can make you lose control entirely. Crack, which is made from cocaine, is even stronger. People can become addicted to them very quickly, and they both can kill you.

**Situation 4: The older guy even has heroin, as well as the syringe and equipment needed to shoot it into a vein.**

**Issue: Do you want to shoot heroin?**

**Guidance:** Heroin, like coke and crack, is addictive and can be dangerous. It's addictive and can kill you. If you use a syringe and equipment that has been used by someone who is living with HIV, you could get it too.

**Situation 4: Follow-up**

**Issue: Even if you use drugs, you won't get HIV unless you share syringes or equipment. Right?**

**Guidance:** Anytime you get high on drugs, there's a greater chance that you'll do something, like engaging in condomless sex, which could increase your risk of contracting HIV or HCV. Additionally, sharing syringes or equipment with someone who is living with HIV, HCV or whose status is unknown to you poses a risk of transmission. You may promote the use of harm reduction approaches to preventing HIV / HCV transmission such as using your personal equipment (ex. syringe), accessing services by harm reduction providers, etc.

### **III. At a Party**

**Situation 1: You and all your friends are at a party. There's lots of food and good music. Everybody is having fun. A guy you know from school comes in. He has beer and offers you some.**

**Issue: Adults drink alcohol. Do you want some?**

**Guidance:** Alcohol is a drug. It can be addictive and can affect your ability to make good decisions. This is as true for beer as it is for wine and hard liquor. When you drink, it becomes harder to tell right from wrong, and you could do something to put you at risk.

**Situation 2: One of the girls at the party has been drinking and making out with the guy all evening. He asks her to go for a ride with him.**

**Issue: Should she go for a ride with him?**

**Guidance:** Never ride with someone who's been drinking or using drugs. A driver who is drunk or high on drugs will often be careless or take chances that a sober driver knows are dangerous.



**Situation 3: You've also heard that the guy does drugs and sleeps around a lot.**

**Issue: Is she in danger if they have sex?**

**Guidance:** HIV is transmitted during sex, and the chances of getting the virus are much higher if one or both people have had unprotected sex with other people or ever shared syringes or equipment to shoot-up drugs. Besides HIV, there are many other serious infections that can be spread during sex. Left untreated, gonorrhea can affect a childbearing person's ability to have children and syphilis can cause brain damage and death. And there's always a chance that the childbearing person could get pregnant.

---

**Situation 4: Some people say that she can only get HIV if he's gay.**

**Issue: Can she get HIV even if he's not gay?**

**Guidance:** You don't have to be gay to get HIV. HIV affects all people, including young people and adults. Anyone can get HIV by sharing syringes or equipment to shoot drugs or by having condomless sex. Share information about treatment as prevention and the importance of viral load suppression and disclosure. If a person living with HIV is suppressed, they are less likely to transmit HIV.

---

**Situation 5: But he looks healthy, and he says he doesn't have HIV.**

**Issue: If he looks healthy, and says he doesn't have HIV, he's safe. Right?**

**Guidance:** You can't tell just by looking at a person whether he or she is living with HIV. It takes a special blood test to determine if someone has HIV. Also, people don't always know if they've been infected. It usually takes 7 to 10 years before a person with the virus starts to feel or look sick.

---

**Situation 6: If a girl has unprotected sex with this boy, contracts HIV, and gets pregnant, then her baby could have the virus, too.**

**Issue: Can a baby get HIV from a childbearing person who is living with HIV?**

**Guidance:** A pregnant person shares body fluids with their baby both before and during birth. So, if they are living with HIV, their baby can get it, too. This could happen even after the baby is born, if the baby is breastfed.

## Teens or Adults

### HIV and AIDS Myth-Fact Quiz

Place a **T** in front of each statement that is true or an **F** in front of each statement that is false.

1. \_\_\_\_ Due to the way in which HIV is transmitted, it is unlikely that HIV can be transmitted by sitting next to someone.
2. \_\_\_\_ Abstinence from sexual intercourse is the only guaranteed way to prevent transmission of HIV.
3. \_\_\_\_ People living with HIV who look and feel healthy can still transmit HIV.
4. \_\_\_\_ People who shoot drugs and share their syringes can get HIV.
5. \_\_\_\_ There is a vaccine to prevent HIV.
6. \_\_\_\_ Girls/Women cannot transmit HIV.
7. \_\_\_\_ Everyone who engages in sexual intercourse can be at risk for HIV.
8. \_\_\_\_ Everyone living with HIV develops AIDS.
9. \_\_\_\_ A person can get HIV by giving blood.
10. \_\_\_\_ HIV itself usually does not kill a person.
11. \_\_\_\_ It is important for a person to know their HIV status so that if they have HIV they can get treatment.
12. \_\_\_\_ A person who is concerned about their health can be tested for HIV.

Answers:

1. True
2. True
3. True
4. True
5. False
6. False
7. False
8. False
9. False
10. True
11. True
12. True



## HIV and Health Equity Vocabulary List and Glossary

**Abstinence:** To choose not to do or have something; to refrain deliberately. For example: to abstain from sex, alcohol, or drugs.

**Addiction:** Physical and/or psychological inability to stop consuming a habit-forming substance, behavior, or activity, even though it is causing psychological and/or physical harm and an inability to stop the physical and psychological craving.

**Acquired Immune Deficiency Syndrome (AIDS):** End stage HIV disease characterized by severe impairment of the immune system, low CD4 counts, opportunistic infections and certain cancers.

**Antibodies:** A protein that is produced in the blood to fight certain types of infection and which makes the body immune to certain disease-producing organisms.

**Antiretroviral therapy:** Antiretroviral drugs are medications for the treatment of infection by retroviruses, such as HIV or hepatitis C. A combination of two or more drugs to treat HIV is known as **antiretroviral therapy**, or **ART**.

**Casual contact:** The usual daily interaction between people at work, school, church, or during social activities.

**Communicable disease:** A disease that is transmitted directly or indirectly from one person to another.

**Condoms:** There are external and internal condoms. The external condom is a sheath used to cover the penis during sexual intercourse to prevent the transmission of semen, blood, or vaginal fluids and to protect against sexually transmitted diseases and HIV. There are natural skin condoms or latex condoms. **Latex condoms** are best for preventing HIV/STI transmission. Natural skin condoms have pores and do not protect against HIV transmission. The internal condom, sometimes called the female condom, is a sheath placed inside the vagina or rectum prior to sexual intercourse. Internal condoms are made of latex, polyurethane or synthetic nitrile. Both the internal and external condom protect against HIV transmission.

**Cultural Humility:** A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.

**Health Disparities:** Health Disparities are differences in the rates of disease and health status among groups of people. Most health disparities impact populations defined by socioeconomic status, age, race or ethnicity, sex, sexual orientation, gender identity, disability status, geographic location, or a combination of these factors.

**Health Equity:** Health Equity is achieved when no one is limited in achieving good health because of their social position or any other social determinant of health.

**Health Inequities:** Health Inequities result when the disparities, or differences, are combined with conditions that are unfair, unjust and avoidable.

**Human Immunodeficiency Virus (HIV):** A retrovirus that attacks the body's immune system, making people vulnerable to opportunistic infections and to certain cancers that can be fatal.

**Lymphocyte:** A type of white blood cell that is produced in lymph nodes. B-cells and T-cells are lymphocytes that produce or regulate the production of antibodies. In healthy people, about 60 percent of lymphocytes are T-cells. In people with late-stage HIV only about 2 percent of lymphocytes are T-cells. With fewer T-cells, the body is unable to recognize and attack invading infections and disease.

**Opportunistic infection:** An infection caused by a virus or bacteria that rarely causes disease in a person who has a normal immune system.

**Pre-Exposure Prophylaxis (PrEP):** An individualized approach to HIV prevention where a health care provider prescribes medication that prevents a person from getting HIV. PrEP is only prescribed to people who do not have HIV. PrEP can be taken three different ways: as a pill that a person takes every day; as a pill that people take at least 2 hours before sex and then continue to take each day for two days after they have had sex; or as an injection they get from a health care provider every other month.

**Post-Exposure Prophylaxis (PEP):** Provides emergency protection after a possible exposure to HIV. Do not delay. The medication is very effective at preventing infection if taken as soon as possible but not later than 72 hours after the exposure.

PEP is available at hospital emergency departments, or through the PEP hotline:

- In NYC call 844-3-PEP NYC (844-373-7692)
- Outside of NYC call 844-PEP4NOW (844-737-4669)

PEP is prescribed if someone:

- Had anal or vaginal sex without a condom with someone who is HIV positive and has a detectable viral load or whose HIV status they don't know.
- Had anal sex or vaginal sex and the condom broke or slipped off.
- Had unprotected oral sex with someone they know is HIV positive or someone whose HIV status
- they don't know. (You are less likely to get HIV from oral sex.)
- Shared needles or other drug injection equipment.
- Was raped or sexually assaulted.

**Sexual health:** [Sexual health](https://www.cdc.gov/sexualhealth/Default.html) (<https://www.cdc.gov/sexualhealth/Default.html>) is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

**Sexual intercourse:** Physical sex that includes vaginal, oral, and/or anal intercourse.

**Sexually transmitted infections (STIs):** diseases that are usually spread through vaginal or anal intercourse, and sometimes by oral sex. HIV is a type of STI. Most STIs can be treated, but if they are left untreated, can cause permanent damage. Having an STI can also increase your chances of getting HIV. (STIs are sometimes also referred to as Sexually Transmitted Diseases or STDs.)

**Social Determinants of Health:** Social Determinants of Health are defined by where we are born, grow, live, work, and play. Examples of social determinants that lead to positive health outcomes include adequate income; secure employment and good working conditions; quality education; safe neighborhoods and housing; food security; access to social support networks; good health care services; and freedom from racism and other forms of discrimination.

**Spermicide:** A chemical that kills sperm.

**Transmission:** The passing of an infectious agent (a virus or bacteria) from one person to another.

**Undetectable:** When a person has maintained an undetectable viral load for at least 6 months—indicating that their HIV is at a stable, undetectable level, and that they will not pass HIV through sex if they continue to adhere to treatment.

**Undetectable viral load:** When an HIV viral load is below the level of detection on a specific assay, typically HIV RNA <20 copies/mL but as high as 50 copies/mL (An RNA HIV blood test showing less than 20 copies but as high as 50 copies/mL of blood is known as viral suppression.)

**Untransmittable:** The finding—especially by various clinical trials and observational studies—that people who maintain an undetectable viral load have so little HIV in their blood and other secretions that they have “effectively no risk” of passing HIV to others through sex.

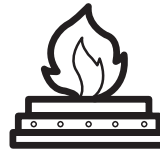
**Vaccine:** An injection that children and adults receive to help protect them from infection or disease.

**Vaginal secretions:** Fluids within the vagina.

**Viral hepatitis:** Viral hepatitis is an infection that can cause liver inflammation. The three most common types are hepatitis A, hepatitis B, and hepatitis C. There is a vaccine to prevent hepatitis A and B. Hepatitis C can be treated with medications, but there is no vaccine for it.

**Viral load suppression:** When a person with HIV has a measured quantitative HIV RNA viral load <200 copies/mL of blood (less than 200 copies in a milliliter of blood).

**Works:** Devices such as syringes, needles, cookers, cotton, or other equipment used to prepare and inject drugs.



## Resources

### General Information, Services, and Hotline Numbers in New York State

#### New York State Department of Health

**AIDS Institute (ny.gov)** | [www.nyhealth.gov/aids/index.htm](http://www.nyhealth.gov/aids/index.htm).

This website features general information on HIV, HIV counseling and testing, Medicaid managed care for people living with HIV, uninsured care programs, and training. Numerous consumer publications can be downloaded or ordered in bulk.

#### **NYS HIV/AIDS Hotline (general information)**

(800) 541-AIDS (2437) English; (800) 233-SIDA (7432) Spanish

#### **New York City HIV Hotline**

1-800-TALK-HIV (825-5448) (within NYC only)

#### **Centers for Disease Control and Prevention (CDC)**

(800) 232- 4636 (CDC INFO)

TTY: (888) 232-6348 (CDC INFO)

#### **New York State Condom (NYSCondom) Program**

[www.nyhealth.gov/diseases/aids/facts/condoms/nyscondom](http://www.nyhealth.gov/diseases/aids/facts/condoms/nyscondom)

#### **New York State PrEP Hotline**

For general information about PrEP, call 1-800-541-AIDS  
or 1-800-233-7432 (Spanish)

#### **New York State Viral Hepatitis Hotline**

(800) 522-5006

#### **The A, B, Cs of Viral Hepatitis (ny.gov)**

<https://www.health.ny.gov/diseases/communicable/hepatitis/index.htm>

#### **Uninsured Care Programs (ADAP, ADAP Plus and APIC)**

#### **Uninsured Care Programs - Summary (ny.gov)**

<https://www.health.ny.gov/diseases/aids/general/resources/adap/>

Program's Hours of Operation: Monday - Friday, 8:00AM - 5:00PM

In State: Toll Free 1-800-542-2437 or 1-844-682-4058

Out of State: (518) 459-1641

## **New York City Department of Health and Mental Hygiene**

**(800) TALK-HIV (825-5448) (within NYC only)**

Information and resources on HIV and other health topics in NYC.

Call 311 (from/within NYC)

[www.nyc.gov/](http://www.nyc.gov/)

**NYC Condom Program**

Call 311 (within NYC only)

[www.nyc.gov/condoms](http://www.nyc.gov/condoms)

**New York City PEP Hotline**

If you need emergency PEP, call the 24/7 NYC PEP Hotline at 844-3-PEPNYC (844-373-7692).

## **National Hotline**

**Centers for Disease Control and  
Prevention (CDC)**

(800) 232-4636 (CDC INFO); TTY: (888) 232-6348 (CDC INFO)

(800) 448-0440 (AIDS info); TTY: (888) 480-3739

**National Prevention Information  
Network (NPIN)**

(800) 458-5231 (M-F, 9AM – 6PM EST)

**National Sexually Transmitted Disease Hotline**

(800) 232-4636

[www.findstdtest.org](http://www.findstdtest.org)



## Health Equity Resources

**Centers for Disease Control and Prevention – National Center for HIV/ AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)** is responsible for public health surveillance, prevention research, programs to prevent and control HIV/ AIDS, other STDs, viral hepatitis, TB and promoting school-based health and disease prevention among youth. The website offers information, tools and links to other sites that promote health equity and explain the influence of social determinants of health. <https://www.cdc.gov/nchhstp/health-disparities-risk.htm>

**CDC SDOH Resources:** The webpage provide links to resources on health disparities and social determinants of health.

<https://www.cdc.gov/nchhstp/healthdisparities/>

**Centers for Disease Control and Prevention – Office of Minority Health and Health Equity CDC Office** specifically dedicated to minority health and health equity. This webpage provides information about health equity and links to the Health Equity Matters E-newsletter, Racial and Ethnic Approaches to Community Health (REACH), Equity Blog and Health Disparities and Inequality Report.

<https://www.cdc.gov/minorityhealth/index.html>

**Centers for Disease Control and Prevention – National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)** helps people and communities prevent chronic diseases and promotes health and wellness for all. This website provides tips on how to engage community in health equity discussions and examples of successful interventions.

<https://www.cdc.gov/chronicdisease/healthequity/index.htm>

**Health Resources and Service Administration (HRSA) Office of Health Equity OHE** works to reduce health disparities so that communities and individuals can achieve their highest level of health. The website describes the scope of work of the Office of Health Equity and provides definitions for health equity, social determinants of health and an extensive Annual Health Equity Report. The Report presents a current picture and progress made to date in addressing health equity issues affecting the Nation’s diverse, vulnerable, and socially disadvantaged populations. <https://www.hrsa.gov/about/organization/bureaus/ohe>

**The National HIV/AIDS Strategy (NHAS)** A five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. The strategic goals include reducing HIV-related health disparities and health inequities and achieving a more coordinated national response to the HIV epidemic. The NHAS has been updated to *2025 National HIV/AIDS Strategy (2022-2025)*. HIV.gov | <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>

**The Robert Wood Johnson Foundation:** RWJF is the nation’s largest philanthropic organization dedicated to improving health. The website offers education on health equity basics, examples of community interventions and virtual maps that show life expectancy by community. Health Equity: Why It Matters, and How To Take Action - RWJF | <https://www.rwjf.org/en/library/features/achieving-health-equity.html>

**What is Health Equity And What Difference Does a Definition Make?**

A report designed to increase consensus around the meaning of “health equity”. What is Health Equity? A Definition and Discussion Guide - RWJF | <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

**The Center for the Study of Racism, Social Justice and Health** is a collaborative research center focused on the implications of racism for diverse populations. The website offers tools and resources for public health professionals, community organizations and policymakers to guide their health equity efforts. You will find resources for each audience throughout this site. Center for the Study of Racism, Social Justice & Health | [www.racialhealthequity.org/](http://www.racialhealthequity.org/)

## ...A Note About Health Equity...

### Health Equity in The Faith Guide

Beginning in 2020, the Annual AIDS Institute Director’s Call to Action, has challenged us all to use a Health Equity Lens in our work at the AIDS Institute. The Faith Guide is committed to ensuring that HIV/AIDS education and services are delivered with such a “health equity” framework. Faith leaders have always been at the forefront in the quest for equality, equity, and justice. Creating effective social justice habits, particularly those dealing with issues of power, privilege, supremacy, and leadership takes time and dedication. You can find health equity resources and the Call-to-Action letters at:

[https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/index.htm](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm)

## Local support and assistance in New York City and New York State

### NEW YORK CITY

#### Bronx

Albert Einstein College of Medicine  
Pediatric and Pregnancy AIDS  
(English/Spanish referrals)  
(800) 636-6683; [www.montefiore.org](http://www.montefiore.org)

BOOM!Health  
(718) 295-2666  
[www.boomhealth.org](http://www.boomhealth.org)

Bronx Works, Inc.  
(718) 716-5559  
[www.bronxworks.org](http://www.bronxworks.org)

PROMESA, Inc  
(718) 734-2539  
[www.promesa.org](http://www.promesa.org)

United Bronx Parents  
(718) 991-7100  
[www.ubpinc.org](http://www.ubpinc.org)

Vocational Instruction Project  
Community Services, Inc.  
(718) 583-5150  
[www.vipservices.org](http://www.vipservices.org)

#### Brooklyn

Bedford Stuyvesant Family Health  
Center, Inc.  
(718) 636-4500  
[www.bsfhc.org](http://www.bsfhc.org)

Bridging Access to Care, Inc.  
(718) 596-3635) or (347) 505-5176  
[www.bac-ny.org](http://www.bac-ny.org)

Caribbean Women's Health Association  
(CHWA)  
(718) 826-2942  
[www.chwa.org](http://www.chwa.org)

Community Health Care Network  
(718) 778-0198  
[www.chnny.org](http://www.chnny.org)

Family Services Network of New York  
(718) 455-6010  
[www.fsny1.org](http://www.fsny1.org)

#### Brooklyn (cont'd)

Gay Men of African Descent (GMAD)  
(718) 222-6300  
[www.gmad.org](http://www.gmad.org)

Haitian Center's Council, Inc.  
(718) 940-2200  
[www.hccinc.org](http://www.hccinc.org)

Housing Works  
(347) 473-7400  
[www.housingworks.org](http://www.housingworks.org)

La Nueva Esperanza, Inc.  
(718) 497-7592  
[www.nycservice.org](http://www.nycservice.org)

Turning Point Brooklyn, Inc.  
(347) 579-0567  
[www.tpbk.org](http://www.tpbk.org)

#### Manhattan

Alliance for Positive Change  
(212) 645-0875  
[www.allianceny.org](http://www.allianceny.org)

APICHA Community Health Center  
(APICHA)  
(212) 334-7940  
[www.apicha.org](http://www.apicha.org)

Callen-Lorde Community Health  
Project  
(212) 271-7200  
<https://callen-lorde.org/>

Chinese American Planning Council, Inc.  
(212) 941-0030  
[www.cpc-nyc.org](http://www.cpc-nyc.org)

Dominican Women's Development Center  
(212) 334-6060  
[www.dwdc.org](http://www.dwdc.org)

Gay Men's Health Crisis (GMHC)  
(212) 807-6655  
[www.gmhc.org](http://www.gmhc.org)

## Local support and assistance in New York City and New York State

### Manhattan (cont'd)

Harlem United Community AIDS Center  
(212) 803-2850  
[www.harlemunited.org](http://www.harlemunited.org)

Hemophilia Association  
(212) 682-5510  
[www.hemophilia-newyork.org](http://www.hemophilia-newyork.org)

Hispanic AIDS Forum  
(212) 563-4500  
[www.hafnyc.org](http://www.hafnyc.org)

Latino Commission on AIDS, Inc. (LCOA)  
(212) 675-3288  
[www.latinoaids.org](http://www.latinoaids.org)

National Black Leadership Commission  
on Health (NBLCH)  
(212) 614-0023  
[www.nblca.org](http://www.nblca.org)

Safe Space  
(212) 226-3536  
[www.safespaceny.org](http://www.safespaceny.org)

Settlement Health and Medical Services  
(212) 360-2600  
[www.settlementhealth.org](http://www.settlementhealth.org)

The Audre Lorde Project  
(212) 463-0341  
[www.alp.org](http://www.alp.org)

William F. Ryan Community Health  
Center (Ryan NENA)  
(212) 477-8881  
[www.ryanhealth.org](http://www.ryanhealth.org)

### Queens

AIDS Center of Queens County, Inc.  
(ACQC)  
(718) 896-2500  
[www.acqc.org](http://www.acqc.org)

Voices Latinas  
(718) 593-4528  
[www.voceslatinas.org/](http://www.voceslatinas.org/)

### Staten Island

Community Health Action of  
Staten Island  
(718) 808-1300  
<https://chasiny.org/>

### UPSTATE NEW YORK CENTRAL REGION

#### Central NY

ACR Health, Inc.  
(315) 475-2430 & (315) 793-0661  
[www.acrhealth.org](http://www.acrhealth.org)

#### Syracuse

Syracuse Model Neighborhood  
Facilities (FACES Program)  
(315) 474-6823  
[www.smnfswcc.org](http://www.smnfswcc.org)

### HUDSON VALLEY REGION

#### Newburgh

Cornerstone Family Healthcare  
(845) 563-8000  
[www.cornerstonefamilyhealthcare.org](http://www.cornerstonefamilyhealthcare.org)

#### Mid-Hudson Valley

Hudson Valley Community Services, Inc.  
(800) 992-1442; (914) 345-8888  
[www.hudsonvalleycs.org](http://www.hudsonvalleycs.org)

#### Poughkeepsie

Sun River Health  
(845) 790-7990  
[www.sunriver.org](http://www.sunriver.org)

#### Yonkers

St. John's Riverside Hospital  
(914) 964-7723  
[www.riversidehealth.org](http://www.riversidehealth.org)

#### Mount Vernon

Urban League of Westchester County,  
Inc.  
(914) 667-1010  
[www.ulwc.org](http://www.ulwc.org)

## Local support and assistance in New York City and New York State

### LONG ISLAND REGION

#### Hempstead

Circulo de la Hispanidad  
(516) 284-0145  
[www.cdih.org](http://www.cdih.org)

#### Patchogue

Economic Opportunity Council of  
Suffolk County, Inc.  
(631) 968-8000  
[www.eoc-suffolk.com](http://www.eoc-suffolk.com)

#### Lawrence

Five Towns Community Center  
(516) 239-6244  
[www.fivetownscommunityctr.org](http://www.fivetownscommunityctr.org)

#### Manhasset

Northwell Health  
(516) 562-4280  
[www.northwell.edu](http://www.northwell.edu)

### NORTHEASTERN REGION

#### Albany

Alliance for Positive Health  
(518) 434-4686  
[www.allianceforpositivehealth.org](http://www.allianceforpositivehealth.org)

Albany Damien Center  
(518) 449-7119  
[www.albanydamiencenter.org](http://www.albanydamiencenter.org)

Whitney M. Young Jr. Health Center  
(518) 591-4931  
[www.wmyhealth.org](http://www.wmyhealth.org)

In Our Own Voices  
(518) 432-4341  
[www.inourownvoices.org](http://www.inourownvoices.org)

### ROCHESTER REGION

#### Rochester

Action for a Better Community, Inc. (ABC)  
(585) 325-5116  
[www.abcinfo.org](http://www.abcinfo.org)

Common Ground Health  
(585) 224-3101  
[www.commongroundhealth.org](http://www.commongroundhealth.org)

Trillium Health, Inc.  
(585) 545-7200  
[www.trilliumhealth.org](http://www.trilliumhealth.org)

### SOUTHERN TIER REGION

#### Binghamton

Southern Tier AIDS Program  
(607) 723-6520, (800) 333-0892  
[www.stapinc.org](http://www.stapinc.org)

### WESTERN REGION

#### Buffalo

Community Access Services of WNY  
(716) 852-5969  
[www.caswny.org](http://www.caswny.org)

Evergreen Health Services (EHS)  
(716) 847-2441  
[www.evergreenhs.org](http://www.evergreenhs.org)

Pride Center of Western NY  
(716) 852-7743  
<http://www.pridecenterwny.org/>

For a comprehensive list of community-based organizations or  
community health centers in your area please refer to the  
**AIDS Institute's Regional Directory of HIV Service Programs:**  
[https://www.health.ny.gov/diseases/aids/general/resources/resource\\_](https://www.health.ny.gov/diseases/aids/general/resources/resource_directory/docs/resource_directory.pdf)  
[directory/docs/resource\\_directory.pdf](https://www.health.ny.gov/diseases/aids/general/resources/resource_directory/docs/resource_directory.pdf)

## **Anonymous HIV Counseling and Testing Programs**

**Albany:** (800) 962-5065

**Buffalo:** (716) 847-4520; (800) 962-5064

**Lower Hudson:** (800) 828-0064

**Nassau:** (516) 565-4628; (800) 462-6785

**New Rochelle:** (914) 632-3443; (800) 828-0064

**Rochester:** (585) 423-8081; (800) 962-5063

**Syracuse:** (315) 426-7760; (800) 562-9423

**Brooklyn:** (718) 638-2074; (800) 462-6788

**Queens:** (646) 262-9100; (800) 462-6787

**Suffolk:** (631) 962-2083; (800) 462-6786

## **National AIDS Hotlines**

**1-800-342-AIDS (English); 1-800-344-SIDA (Spanish);**

**1-800-243-7889 (Hearing Impaired)**

These hotlines are operated by the American Social Health Association with funding from the Centers for Disease Control and Prevention. They operate 24 hours a day, seven days a week.

**National Institute on Drug Abuse (NIDA) Hotline**

**800-662-HELP**

This is a drug abuse treatment and referral hotline.



## National Networks and Organizations

### **American Baptist Churches in the USA**

P.O. Box 851  
Valley Forge, PA 19482-0851  
(610) 768-2000; (800) 222-3872  
[www.aba-usa.org](http://www.aba-usa.org)

### **Ark of Refuge**

1025 Howard Street  
San Francisco, CA 94103  
(415) 861.6566  
<https://www.thearkofrefuge.org/>

### **Balm in Gilead, Inc.**

701 East Franklin Street, Suite 1000  
Richmond, VA 23219  
(888) 225-6243 or (804) 644-BALM  
(2256)  
[www.balmingilead.org](http://www.balmingilead.org)

### **Centers for Disease Control and Prevention (CDC)**

Division of HIV Prevention  
Technical Information and  
Communications Branch  
Mailstop E-49  
Atlanta, GA 30333  
(404) 639-2072  
[www.cdc.gov/hiv/dhap](http://www.cdc.gov/hiv/dhap)

### **Central Conference of American Rabbis**

355 Lexington Avenue, 18th floor  
New York, NY 10017  
(212) 972-3636  
[www.ccarnet.org](http://www.ccarnet.org)

### **Evangelical Lutheran Church in America**

Division for Social Ministry  
Organizations  
8765 West Higgins Road  
Chicago, IL 60631  
(800) 638-3522, ext. 2710  
[www.elca.org](http://www.elca.org)

### **The Foundation for AIDS Research (AmFAR)**

120 Wall Street, 13th Floor  
New York, NY 10005  
(212) 806-1600  
[www.amfar.org](http://www.amfar.org)

### **Health Ministries USA**

100 Witherspoon Street  
Louisville, KY 40202  
1-888-728-7228  
<https://www.pcusa.org/>

### **HIV/AIDS Ministry - Seventh Day Adventist**

12501 Old Columbia Turnpike  
Silver Spring, MD 20904-6600  
(301) 680-6000  
[www.adventist.org](http://www.adventist.org)

### **Lutheran Services of America**

100 Maryland Avenue, NE, Suite 500  
Washington, DC 20002  
(800) 664-3848, (202) 544-0890  
[www.lutheranservices.org](http://www.lutheranservices.org)

## National Networks and Organizations (cont'd)

### **Metropolitan Interdenominational Church Technical Assistance Network (MITCAN)**

First Response Clinic  
2128 11th Avenue North  
Nashville, TN 37208  
(615) 321-9791, ext. 1761  
[www.metropolitanfrc.com](http://www.metropolitanfrc.com)

### **National AIDS Memorial Quilt**

Nancy Pelosi Drive & Bowling Green Drive—Golden Gate Park  
San Francisco, CA 94122  
AIDS Memorial Quilt Operations  
(510) 878-2803  
[Quilt@aidsmemorial.org](mailto:Quilt@aidsmemorial.org)  
[www.aidsmemorial.org](http://www.aidsmemorial.org)

### **National Association for the Advancement of Colored People (NAACP)**

4805 Mt. Hope Drive  
Baltimore MD 21215  
Local: (410) 580-5777  
Toll Free: (877) NAACP-98  
[www.naacp.org](http://www.naacp.org)

### **National Institute on Aging**

31 Center Drive, MSC 2292  
Bethesda, MD 20892  
(800) 222-2225, (800) 222-4225 (TTY)  
[www.nia.nih.gov](http://www.nia.nih.gov)

### **National Minority AIDS Council (NMAC)**

1000 Vermont Avenue  
NW, Suite 200  
Washington, DC 2005-4903  
(202) 815-3129  
[www.nmac.org](http://www.nmac.org)

### **National Native American AIDS Prevention Center**

720 South Colorado Blvd., Suite 650-S  
Denver, CO 80205  
(720) 382-2244  
<https://www.nnaapc.net/>

### **Presbyterian Health, Education and Welfare Association**

Presbyterian AIDS Network  
100 Witherspoon Street, Rm 3228  
Louisville, KY 40202  
(888) 728-7228  
<http://www.phewacommunity.org/>

### **Religious Coalition for Reproductive Choice**

Black Church Initiative  
1413 K Street, NW, 14th Floor  
Washington, DC 20005  
(202) 628-7700  
[www.rcrc.org](http://www.rcrc.org)

### **Southern Baptist Convention**

Religious Liberty Commission  
901 Commerce, Suite 550  
Nashville, TN 37203-3699  
(615) 244-2355  
[www.sbc.net](http://www.sbc.net)

### **Union for Reform Judaism** (formerly Union of American Hebrew Congregations)

633 Third Avenue  
New York, NY 10017  
(212) 650-4000  
[www.urj.org](http://www.urj.org)

### **United Church of Christ**

Wider Church Ministries  
700 Prospect Avenue  
Cleveland, OH 44115  
(216) 736-2100  
[www.ucc.org/wcm](http://www.ucc.org/wcm)



## National Networks and Organizations (cont'd)

**United Methodist Committee  
on Relief (UMCOR Health)**

Health and Welfare Ministries  
475 Riverside Drive, 15th Floor  
New York, NY 10115  
(212) 870-3871

[www.gbqm-umc.org](http://www.gbqm-umc.org)

**United Methodist Seminars on  
National and International Affairs**

United Methodist Office of the United  
Nations (UMOUN)  
777 United Nations Plaza, 11th floor  
New York, NY 10017  
(212) 682-3633

**US HIV & AIDS Faith Coalition**

United Church of Christ,  
700 Prospect Ave East  
Cleveland, OH 44115-1100  
(216) 736-3217

[www.ucc.org](http://www.ucc.org)

**Unitarian Universalist Association  
AIDS Resources Program**

24 Farnsworth Street  
Boston, MA 02210  
(617) 742-2100, ext. 451

[www.uua.org](http://www.uua.org)

**Universal Fellowship of Metropolitan  
Community Churches**

4953 Franklin Avenue  
Los Angeles, CA 90027  
(323) 669-3434

[www.mcchurch.org](http://www.mcchurch.org)

**World Council of Churches**

150 Route de Ferney, CP 2100  
1211 Geneva, 2  
Switzerland

[www.oikoumene.org/en](http://www.oikoumene.org/en)



## National Technical Assistance Providers

### **Balm in Gilead, Inc.**

<http://www.balmingilead.org>

A not-for-profit, non-governmental group that builds the capacity of faith-based communities to provide HIV and other health related education and support networks.

### **Bailey House**

<http://www.baileyhouse.org>

Bailey House's Technical Assistance and Program Evaluation (TAPE) department offers support to HIV service providers, community organizations, and people with AIDS (PLWHA) to improve the availability and effectiveness of HIV services.

### **Children's AIDS Fund**

<http://www.childrensaidsfund.org>

Helps individuals and families understand and deal with HIV by providing current news, research, and resources.

### **Latino Commission on AIDS**

<http://www.latinoaids.org>

A nonprofit membership organization that improves and expands HIV services in the Latinx community.

### **Metropolitan Interdenominational Church Technical Assistance Network (MICTAN)**

<http://www.metropolitanfrc.com>

The MICTAN, is a clergy-led program that seeks to develop partnerships to help African Americans access and use HIV prevention services.

### **National Association for the Advancement of Colored People (NAACP)**

[www.TheBlackChurchandHIV.org](http://www.TheBlackChurchandHIV.org)

The Black Church and HIV Initiative was established to form a national network of faith leaders, religious institutions, and community members committed to making change and ending the HIV epidemic in Black Americans.

### **National Black Leadership Commission on Health (NBLCH)**

[www.nblch.org](http://www.nblch.org)

The National Black Leadership Commission on Health is a nonprofit organization that depends on donations and grants. With your help we will continue to fight to end the HIV epidemic, and address Hepatitis C, while expanding to include cardiovascular disease, breast cancer, prostate cancer, sickle cell, diabetes and mental health.

### **National Minority AIDS Council**

[www.nmac.org](http://www.nmac.org)

The National Minority AIDS Council is a national organization dedicated to developing leadership within communities of color to address the challenges of HIV.

### **TGCI: The Grantsmanship Center**

<http://www.tgci.com>

Offers grantsmanship training and publications to nonprofit and private organizations to help organizations plan solid programs, write logical, compelling grant proposals and create earned income opportunities.

## **National Technical Assistance Providers (cont'd)**

### **Unitarian Universalist Association**

<http://www.uua.org>

Represents the interests of more than 1,000 congregations nationwide.

### **US HIV & AIDS Faith Coalition**

<https://www.ucc.org/uscafaith>

People of faith, faith leaders and people working in the HIV response gather for a one-day faith pre-conference in advance of the U.S. Conference on HIV AIDS (USCHA) and the International AIDS Conference to discuss and develop strategies to strengthen the capacity of houses of worship and faith-based organizations who are engaged, or wish to engage, in efforts to end the HIV epidemic.

## Web-based Resources

### **Catholic Agency for Overseas Development (CAFOD)**

<https://cafod.org.uk/>

CAFOD promote long-term development, responds to emergencies, raises public awareness of the causes of poverty, speaks out on behalf of poor communities, and promotes social justice in developing countries.

### **Catholic Charities (National Catholic AIDS Network)**

[www.ncan.org](http://www.ncan.org)

[www.catholiccharitiesusa.org](http://www.catholiccharitiesusa.org)

Catholic Charities encourages people to help themselves by learning to advocate for their rights. Catholic Charities USA is a membership organization based in Alexandria, Virginia. By providing leadership, technical assistance, training, and other resources, the national office enables local agencies to better devote their own resources to serving their communities. Catholic Charities USA promotes innovative strategies that address human needs and social injustices.

### **Catholics for Choice**

[www.catholicsforchoice.org](http://www.catholicsforchoice.org)

Catholics for Choice (CFC) is a nongovernmental organization with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations. CFC shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being, and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFC works in the United States and internationally to infuse these values into public policy, community life, feminist analysis and Catholic social thinking and teaching

### **CDC National Prevention Information Network (NPIN)**

[www.cdcpin.org](http://www.cdcpin.org)

The U.S. reference, referral, and distribution service for information on HIV, STDs, and TB.

### **Ecumenical Advocacy Alliance**

<https://www.oikoumene.org/programme-activity/ecumenical-advocacy-alliance>

The Ecumenical Advocacy Alliance (EAA) is a new and broadly ecumenical network for international cooperation in advocacy on HIV and global trade. It provides excellent resources for churches and church leaders looking to respond to the AIDS pandemic.

## Web-based Resources (cont'd)

### **Interdenominational Theological Center**

[www.itc.edu/](http://www.itc.edu/)

A Christian, ecumenical, graduate professional school of theology that educates women and men who serve the African American Church and the world community.

### **Jewish Family and Community Service**

[www.juf.org](http://www.juf.org)

A family service agency that provides mental, health, and family social work services to Chicago's Jewish community and others.

### **The Muslim Youth Leadership Council (MyLC)**

<https://advocatesforyouth.org/wp-content/uploads/2020/03/MuslimAnd-Toolkit-1.pdf>

A project of Advocates for Youth, MyLC is a group of 20 young Muslims from across the country who are working at the intersections of Islamophobia, sexual health, LGBTQ rights, and racial justice. MyLC works to promote LGBTQ health and rights, immigrant rights, and the sexual and reproductive health and rights of Muslim-identifying people. MyLC seeks to dismantle homophobia, transphobia, white supremacy, anti-black racism, Islamophobia, and anti-Muslim hate. MyLC is also conscious of disability justice and indigenous rights and works to incorporate these and other liberatory practices into the work as a Council.

### **National Black Catholic Congress**

[www.nbccongress.org](http://www.nbccongress.org)

The National Black Catholic Congress represents African American Roman Catholics, working in collaboration with National Roman Catholic organizations. They commit themselves to establishing an agenda for the evangelization of African Americans and improving the spiritual, mental, and physical conditions of African Americans, thereby committing themselves to the freedom and growth of African Americans as full participants in church and society. HIV is one of the eight Core Principles of the Congress.

### **National Catholic Council for Hispanic Ministry (NCCHM)**

<https://ncchm-us.org/>

The National Catholic Council for Hispanic Ministry is a proactive agent of a National Pastoral de Conjunto. The council supports its members' common advocacy, education, and networking. NCCHM promotes this pastoral de conjunto through its annual membership meeting, training symposia, national leadership congresses, and vehicles of communication, as well as a formal linkage to the United States Catholic Conference (USCCB). The NCCHM is the only organization of its kind in the United States. It is comprised of 56 Catholic national and regional ministerial and professional organizations, institutions, apostolic movements and religious congregations of men and women.

## Web-based Resources (cont'd)

### National Muslim AIDS Initiative

[www.angelfire.com/az/azizpage/nmai.html](http://www.angelfire.com/az/azizpage/nmai.html)

National effort to target American Muslims, including immigrants, on HIV and related topics.

### Presbyterian AIDS Network

<http://www.phewacomunity.org/panaidsnetwork.html>

Promotes healing and restoration of faith to communities of people living with HIV.

### Religious Action Center of Reform Judaism

[www.rac.org](http://www.rac.org)

Educates and mobilizes the American Jewish community on legislative and social concerns as an advocate in the U.S. Congress.

### Seventh-Day Adventist News Network

[www.adventist.org](http://www.adventist.org)

ANN World News Bulletin is a review of news and information issued by the Seventh-day Adventist Church World Headquarters and released as part of the service of Adventist News Network.

### South Bronx Ecumenical AIDS Ministry

<http://www.mapc.com/sections/mission/aidmin.htm>

A collaborative effort of three South Bronx congregations in AIDS prevention.

### Union of Black Episcopalians

<http://www.ube.org>

A group that seeks to eliminate racism from within the Episcopal Church and from society.

### United Church of Christ

<http://www.ucc.org>

A union of several different Christian traditions that believes that Christians do not always have to agree to live together in communion.

### United Methodist Church, General Board of Global Ministries, Health and Welfare

<https://umcmission.org/>

Helps United Methodists to become involved globally in health and welfare ministries.

### U.S. HIV & AIDS Coalition

<https://www.ucc.org>

People of faith, faith leaders and people working in the HIV and AIDS response work together to end the HIV epidemic.

### World Council of Churches (EAA)

[www.oikoumene.org/en](http://www.oikoumene.org/en)

A global network of churches and related organizations to campaigning together on common concerns for justice and human dignity. The Ecumenical Advocacy Alliance is an ecumenical initiative of the World Council of Churches.



## Annotated Bibliography

### Print Materials

These materials offer detailed information on specific HIV-related topics, from a variety of religious and spiritual perspectives, and may be particularly relevant to your faith community.

***A Faith-Based Response to HIV in Southern Africa: The Choose to Care Initiative, UNAIDS Best Practice Collection, December 2006.*** This material describes the work of the *Chose to Care Initiative* of the Catholic Church in Southern Africa. It shows that scaling up programs in response to HIV and working toward making universal access to healthcare a reality does not necessarily require the expansion of a single, central service. UNAIDS, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland. [www.unaids.org](http://www.unaids.org).

***A Guide to HIV Pastoral Counseling. 87 pp.*** The World Council of Churches held one international and three regional consultations designed to produce an ecumenical response to the HIV/AIDS crisis. In 1990 a group of counselors from five continents, assisted by World Health Organization (WHO) material and staff, produced this guidebook. The guide is available in English and French versions. Available from Churches' Action for Health, World Council of Churches, 150, route de Ferney 1211, Geneva 2, Switzerland. <http://wcc-coe.org/wcc/what/mission/ehaia-pdf/guide-to-hiv-aids-pastoral-counselling-eng.pdf>.

***A Time to Speak: How Black Pastors Can Respond to the AHIV/AIDS Pandemic. 144pp., 2008.*** Marvin A. McMickle. Book is organized around themes that address and dismantle some of the arguments rooted in less than through analysis of the Bible that have been used to prevention many black pastors and worshippers in black churches from getting involved with people who are either living with or affected by HIV. Author asserts it is time for black pastors and their worshippers to recognize that HIV/AIDS is no longer a disease that is isolated and limited to gay, white males and implores them to include HIV education in ministries and HIV testing in health programs, and to support persons living with HIV.

***AIDS: A Manual for Pastoral Care. 1987. Ronald Sutherland. Philadelphia, PA: Westminster Press.*** This manual reviews the medical aspects of AIDS, describes how pastors and chaplains can minister to persons with HIV/AIDS, their families, and discusses ethical concerns.

***AIDS and the African American Church: An AIDS Education and Training Guide for African American Church Religious Leaders and Ministers.* 86 pp., 1991.** This teaching guide provides religious leaders and ministers with tips and strategies on how to conduct AIDS education in the community. Six modules cover different areas of the AIDS epidemic, beginning with the role of the church. Available from Jackson State University, National Alumni AIDS Prevention Project, PO Box 18890, Jackson, MS 39217-0154. (601) 979-2281.

***AIDS and the Church.* 1987.** Earl E. Shelp and Ronald Sutherland. Philadelphia, PA: Westminster Press. Stressing Jesus Christ's unconditional compassion for the sick, suffering, and poor, this guidebook offers a succinct overview of the medical/ psychosocial dimensions of AIDS and urges church communities to reach out to persons with AIDS and their loved ones through caring ministries.

***AIDS and the Church: The Second Decade.* 238 pp., 1992. ISBN: 9-7806642520-2-1.** This monograph provides a Biblical and theological analysis of the HIV epidemic, proposing that the epidemic is a call to respond compassionately to everyone touched by the illness. Available from: Westminster/John Knox Press, 100 Witherspoon, Louisville, KY 40202; (800) 227-2872; or from Spring Arbor Distributors, 10885 Testile Road, Belleville, MI 48111; (800) 395-5599.

***AIDS, Ethics, & Religion: Embracing a World of Suffering.* 1994.** Kenneth R. Overberg, ed. Maryknoll, NY: Orbis Books. Carefully selected articles and essays by people on the front lines treating HIV — doctors, pastoral ministers, scientists, and specialists — who clearly state the challenges and emphasize the requirements for medical, social, and religious ministry.

***AIDS and the Muslim Communities: A Personal View of AIDS and the Muslim Communities — Challenging the Myths.*** Two leaflets are available in English, Gujrati, Urdu, Arabic, Farsi, Gengali, and Turkish. Available from The Naz Project, Palingswick House, 241 King Street, London W6 9LP, United Kingdom; +11-020-8741-1879.

***AIDS and the Sleeping Church.* 1995.** Patricia L. Hoffman. Grand Rapids, MI: Eerdmans. Confronted by her own feelings of helplessness in the face of aging and ill health, Patricia Hoffman, a longtime activist, and writer on justice issues, felt drawn to spend time with AIDS patients. This book is the personal journal she kept when she visited patients at Daniel Freeman Marina Hospital in LA.

***AIDS Issues: Confronting the Challenges.* 1989.** David G. Hallman, ed. New York: Pilgrim Press. The material was drawn from the proceedings of an international consultation of 150 theologians, social ethicists, persons with AIDS, healthcare professionals, and others. It discusses the social consequences of AIDS, illness and health, and sexuality, and seeks to develop a caring theological response to the AIDS crisis and to promote education and guide for ministering to PWAs.

***AIDS, the Spiritual Dilemma.* 1987.** John E. Fortunato. San Francisco, CA: Harper & Row. This book explores the religious implications of AIDS, especially among gay men, within an Episcopal context — including the opportunities it offers for spiritual growth for patients and their families and friends.



***AIDS: We Care.*** The B'nai B'rith Commission on Community Volunteer Services, 1640 Rhode Island Ave. N.W., Washington, D.C. 20036, 202-857-6580. This publication explains how the Jewish tradition contains rich resources — education, caring and compassion, and respect for human life — that can be applied to the challenges presented by the HIV crisis.

***All God's Children.*** 2009. Melany Burrill. 20 pages. A new guide to teaching young children about sexual orientation and gender diversity. All God's Children will help parents, teachers, clergy, and other caring adults find the right words, model openness and respect, and convey affirming messages. Order All God's Children online at: <https://www.amazon.com/All-Gods-Children-Orientation-2009-04-01/dp/B01FIXFVXY>.

***And God Loves Each One: A Resource for Dialogue About Sexual Orientation.*** Ann Thompson Cook. 20 pp., 2004 (2nd ed.) Also available in Spanish. This is the second edition of a booklet published by Dumbarton United Methodist Church in 1988 on their process of inquiry and dialogue about whether to publicly welcome lesbian and gay people into the full life of their church. The booklet shares the richness of their experience, bringing together for other people of faith the information and perspective that were important to their dialogue on sexual orientation — heterosexual, gay, lesbian, and bisexual. Dumbarton United Methodist Church, 3133 Dumbarton Street, NW, Washington, DC 20007. [www.dumbartonumc.org](http://www.dumbartonumc.org).

***Assisting Hispanic Community-Based Organizations to Understand and Work Effectively with the Religious Community.*** 8 pp., 1993. Collaboration between Hispanic community-based organizations (CBOs) and the religious community to expose a larger audience to HIV education and prevention efforts. Available from Unidosus.org., 1111 19th St. NW, Suite 1000, Washington, DC 20036; (202) 785-1670.

***Being a Blessing: 54 Things You Can Do to Help People Living with AIDS*** by Rabbi Goldstein, from Alef Design Group. 1-800-845-0662. This simple book summarizes the understanding and the actions needed to live up to the best of our intentions in confronting AIDS. Rabbi Goldstein addresses the educational, religious, and political aspects of AIDS and provides basic information on how to be a moral person in the face of the epidemic.

***Blackpoemology: Men of Colour in Transitory Stages: (A choreopoem) - Pseudo-Autobiographical - Tragicomedy.*** 2103. David Vincent Brooks. ISBN 978 0-7596-6839-3. A poetic narrative of the lives of some people of color, who have succumb; socially, physically and spiritually toward what they thought was their journey's end, as they became wounded/fallen soldiers from the aftermath of slavery to the onset of the AIDS epidemic. AuthorHouse, Bloomington, IN 47403.

***Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis.*** 1990. Washington, D.C.: United States Catholic Conference. This is the official response of the U.S. Conference of Catholic Bishops to the HIV crisis. It reiterates the obligation of Catholics to care for people with HIV without discrimination. It states that abstinence is the sole mode of protection against HIV and criticizes safe sex as contrary to the ideals of true human sexuality.

***Caregiving to Muslims: A Guide for Chaplains, Counselors, Healthcare and Social Workers.* 188pp., 2017. ISBN 978-154240108. Imam Muhammad Hatim.**

A primer on how to care of people of the Muslim faith and a brief overview of the religion of Al-Islam as practiced in America.

***Caring Pastors, Caring People: Equipping Your Church for Pastoral Care.* 181 pp., 2011. Marvin A. McMickle. ISBN 978-0-8170-1700-2.** This is the second volume of the Living Church series that address the primary felt needs of today's churches and offer creative strategies for meeting these needs and invites laity and clergy to become partners in the essentially human ministry of pastoral care. Judson Press, Valley Forge, PA. 19482.

***Choose Life So That You May Live: A Jewish Family HIV/AIDS Educational Experience.* 90 pp., 1993.** This is the leader's manual for a three-session AIDS education workshop for the Jewish community. The three sessions of the workshop are: learning about AIDS, learning about the risk reduction, and communicating with children and adolescents. Available from the Michigan Jewish AIDS Coalition, 30161 Southfield Road, Southfield, MI 48076-2399; (248) 594-6522.

***Choose Life: Taking Action to Be Fully Alive With HIV/AIDS.* 10 pp., 1994.** This brochure discusses the importance of living positively with HIV and suggests activities to nurture religious faith and maintain self-esteem. Available from the Universal Fellowship of Metropolitan Community Churches, 8704 Santa Monica Blvd., West Hollywood, CA 90029. (310) 360-8640.

***Church, AIDS, and Stigma.* 2003.** Gilliam Patterson. Geneva, Switzerland: Ecumenical Advocacy Alliance. CORE Initiative, 888 17th St. NW, Suite 310, Washington, DC 20006 [info@coreinitiative.org](mailto:info@coreinitiative.org).

***Church Leadership & HIV/AIDS: The New Commitment.* 2003.** This discussion paper from the Ecumenical Advocacy Alliance addresses the HIV pandemic and the challenge it represents for church leaders. The paper discusses topics such as "A new commitment," "Saving lives, saving souls," "Silence and stigma: the biggest enemies," "Chastity or common sense?" "Church leadership and national strategy," and "Training and theological formation." Gilliam Patterson. Geneva, Switzerland: Ecumenical Advocacy Alliance, CORE Initiative, 888 17th St. NW, Suite 310, Washington, DC 20006; [info@coreinitiative.org](mailto:info@coreinitiative.org).

***Congregation-Based Care Teams: A Guide and Resource Manual for Practical Support and Pastoral Care of Persons with HIV/AIDS.* 149 pp., 1992.** This manual enhances and supplements the Care Team training program of the Regional AIDS Interfaith Network (RAIN), which provides pastoral counseling and patient support related to AIDS. Available from HIV Ministry - Catholic Charities, 1000 Howard Ave., Suite 1200, New Orleans, LA 70113; (504) 523-3755.

***Creating Compassion: Activities for Understanding HIV/AIDS.* 175 pp., 1994.** This guide presents activities designed to enable people of all ages, especially children, to learn about HIV. These activities are geared for use by teachers in Christian education programs and in public, private, and parochial settings. Available from Pilgrim Press, 700 Prospect Ave., Cleveland, OH 44115-1100; (800) 537-3394.

***Dignity, Freedom, and Grace: Christian Perspectives on HIV/AIDS and Human Rights.*** 2016. ISBN:978-2-8254-1679-2. This book provides background, context, and theological “tools” to support individuals and faith communities seeking to explore the role of human rights in their responses to HIV. World Council of Churches., 150 route de Ferney, PO Box 2100 1211 Geneva 2 Switzerland. <https://www.oikoumene.org>.

***Gender Identity & Our Faith Communities. A congregational guide for transgender advocacy.*** Rev. Chris Glaser, ed. Human Rights Campaign Foundation. Religion and Faith Program. A curriculum to empower participants with knowledge, purpose, and skills to transform their congregations and communities into welcoming environments which not only support but advocate for the rights of transgender people. Religion & Faith Program. Human Rights Campaign. 1640 Rhode Island Avenue, NW Washington, DC 20036. [religion@hrc.org](mailto:religion@hrc.org). <http://www.hrc.org/documents/gender-identity>. (800) 777-4723.

***God in AIDS? A Theological Inquiry.*** 1996. Ronald Nicolson. London: SCM Press. Ronald Nicolson considers the implications of AIDS for theology, writing from Africa where the disease is rampant.

***It is Well With My Soul: Churches and Institutions collaborating for Public Health.*** 106 pp., 2000. ISBN 0-87553-180-6. Rev. Melvin Tuggle. Pastor describes his practical approach to collaborating with academic and public health institutions to address and improve the health of his Baltimore community. American Public Health Association, Washington, DC. 20001.

***Josie’s Story.*** 21 pp., 1993. This coloring book tells the story of Josie, whose mother is infected with HIV. Intended to be used by children whose parents have HIV, this coloring book should be used with the guidance of a parent, social worker, or other caring adult. Available from the Metropolitan Community Church of New York, 446 W. 36th St., New York, NY 10018; (212) 629-7440.

***Learning About AIDS: A Manual for Pastors and Teachers.*** 32 pp. This manual is available from Churches’ Action for Health, World Council of Churches, 150, route de Ferney, Geneva, Switzerland. The booklet provides teachers, pastors, and youth leaders with relevant information about HIV. The manual provides basic facts about the disease and ideas on how to pass on that information to others. It also gives some guidelines on counseling and supporting people living with HIV and their families.

***Living with AIDS: One Christian’s Struggle.*** 69 pp., 1990. In this collection of pieces originally written for a United Methodist Church newsletter, Terry Boyd tells of his inward struggles with his Christian faith and his fear of death following his diagnosis of AIDS. Available from CSS Publishing Company, Inc., 517 S. Main St., Lima, OH 45804; (419) 222-4455.

***Loving Men: Gay Partners, Spirituality, and AIDS.* 1998. Richard P. Hardy. New York: Continuum.** This book contains interviews with 30 men who cared for partners with AIDS. All of them recognize — from both a humanist and religious perspective — that there is a deep spiritual component in the act of caring. The interviewees generally agree that their lives have been deepened through two components of all faiths: the act of service and unconditional love.

***Made in God's Image: A Resource for Dialogue About the Church and Gender Difference.* 2003. Ann Thompson Cook. 24 pages.** A booklet created by Dumbarton United Methodist Church to share their perspective and journey to explicitly welcome people who are gay, lesbian, and bisexual and their families. Dumbarton United Methodist Church. 3133 Dumbarton Street, NW, Washington, DC 20007.

***Many Threads, One Weave, 2000 & 2003.*** This manual reflects the input and combined expertise of the leading HIV care providers in the Catholic Church. The complete manual, a collaborative project of the National Catholic AIDS Network and Catholic Charities USA, contains the latest medical, social, psychological and spiritual information on the HIV pandemic, gathered from leading Catholic experts in the field of HIV care. It includes step-by-step instructions for organizing an HIV ministry in your local parish. The manual is packaged in a practical 3-ring binder that lets you easily create and distribute hand-outs and insert updated materials as they are produced. National Catholic AIDS Network. 10 E Pearson St, 4th Floor, Chicago, IL 60611-2052, [info@ncan.org](mailto:info@ncan.org), (773) 274-3000.

***Meditations for HIV and AIDS Ministries.* 63 pp., 1993.** This monograph presents meditations written by persons affected by HIV, selected for personal and community use. Available from: Board of Global Ministries, United Methodist Church, Health and Welfare Ministries Program Department, 475 Riverside Dr., Room 330, New York, NY 10115; (212) 870-3871. A photocopy of this material is available from the CDC National AIDS Clearinghouse Document Delivery Service, P.O. Box 6003, Rockville, MD 20849-6003; (800) 458-5231.

***Ministry to Persons with AIDS: A Family Systems Approach.* 1991. Robert J. Perelli. Minneapolis, MN: Augsburg.** The book focuses on the AIDS crisis in the male homosexual community, but the counseling strategies can be used for all individuals. Perelli urges the Christian churches to have compassion for gay men even though the Bible and Christianity decries homosexuality. Discussion topics include the emotional stresses of AIDS, system of psychosocial stressors, family systems theory, and the applications of this theory.

***Poems That Speak To the Spirit.* 55 pp., 2007. Minister Christina Walker.** A profound collection of writings that unravel the journey of Minister Christina Walker from addict to minister to an advocate for older adults living with HIV.

***Presbyterian AIDS Awareness Sunday Worship Resource.*** 16 pp., 1993. Order No. DMS 257-93-001. This brochure contains a liturgy for an AIDS Awareness religious service, with prayers emphasizing hope, healing, and communion. Available from the Presbyterian Distribution Management Service, 100 Witherspoon St., Louisville, KY 40202-1396; (888) 728-7228, ext. 5723. <https://www.presbyterianmission.org/resource/presbyterian-aids-awareness-sunday-worship-materia/>.

***RACE (Reducing AIDS Through Community Education).*** 1995. This brochure describes the project of the Southern Christian Leadership Conference, RACE (Reducing AIDS Through Community Education), and emphasizes the impact HIV has had on the African American community. Available from the Southern Christian Leadership Conference/Women Church AIDS Program, 591 Edgewood Ave. Southeast, Atlanta, GA 30312; (404) 522-1420.

***Reducing the Stigma of HIV/AIDS: Through Understanding, Compassion, and Action.*** 2006. Guide offers information about stigma associated with HIV and its psychosocial effects. It also suggests ten actions to prevent stigma associated with HIV and strategies to prevent the spread of HIV. A publication of the Latino Religious Leadership Project, of the Latino Commission on AIDS. [www.latinoaids.org](http://www.latinoaids.org).

***Religion, Ethnicity and Sex Education: Exploring the Issues.*** This briefing packet presents seven religious perspectives on sexuality, sex education, and gender. Available from Book Sales, National Children's Bureau, 8 Wakley St., London, EC 1 V 7QE. United Kingdom; +44 (0)20 7843 6000; [www.ncb.org.uk](http://www.ncb.org.uk).

***Sexual Discretion: Black Masculinity and Politics of Passing.*** 202pp., 2014. Jeffrey Q. McCune. ISBN 978-0-226-09653-7. This book explores the "down-low" (DL) phenomenon, and how the media has portrayed DL men as carriers of HIV who spread the virus to black women; and offers refreshingly innovative analysis of the significance of media and ideals of black masculinity and provides the first in-dept examination of how social expectations intersect and complicate expressions of same-sex affection and desire. The University of Chicago Press.

***Seven years of Silence, the Book.*** 2010. Jacqueline Jackson. A woman of faith described how she and the church kept silent during the HIV pandemic and how the Lord guided her to be an evangelist of hope for women living with HIV. Xulon Press, LaVergne, TN ISBN: 978-1-6121-5466-4. [www.xulonpress.com](http://www.xulonpress.com).

***Somebody's Knocking at Your Door: AIDS and the African American Church.*** 1999. Ronald Jeffrey and Carole Boston Weatherford. ISBN 0-7890-0575-1. This book provides pastors, social workers, and health professionals with intervention strategies for congregation members or community members who are confronting HIV. Haworth Pastoral Press, Binghamton, NY.

***Spiritual Strength for Survival Support Group Manual.*** 48 pp., 1993. This manual provides guidance for anyone interested in organizing a spiritually based support group for persons with AIDS. Available from the Universal Fellowship of Metropolitan Community Churches, AIDS Ministry, 5300 Santa Monica Blvd., Los Angeles, CA 90069; (310) 360-8640. <http://bit.ly/SpiritualStrengthforSurvival>.

***Support Groups: Places of Healing. 1994.*** Support groups for persons with AIDS, their loved ones, and caregivers are examined in this paper. It focuses on using trained volunteers as leaders, such as those seen in AIDS organizations or churches. Available from the General Board of Global Ministries, United Methodist Church, Health and Welfare Ministries, 475 Riverside Dr., Room 330, New York, NY 10115; A photocopy of this material is available from the CDC National AIDS Clearinghouse Document Delivery Service, PO. Box 6003, Rockville, MD 20849-6003; (800) 458-5231.

***The African American Clergy's Declaration of War on HIV/AIDS. 1994.***

This statement about AIDS in the African American community contains promises to battle fear and ignorance of AIDS through prevention programs, counseling, and sermons. Available from Balm in Gilead Inc., 701 East Franklin Street. Suite 1000, Richmond, VA 23219. (888) 225-6243 or at (804) 644-2256.

***The AIDS Ministry Handbook: A Resource for Faith Communities and Ministries. 101pp., 1997.*** Published by the AIDS National Interfaith Network, ANIN was created to ensure that individuals with HIV and AIDS receive compassionate and non-judgmental support, care, and assistance. ANIN coordinates a network of 2,000 AIDS ministries. ANIN works with national faith-based, AIDS-specific networks; supports community-based AIDS ministries; and educates AIDS service organizations, the religious community at large and the public about AIDS ministries. Its programs include networking/collaboration, and referral activities, as well as public education and federal AIDS policy advocacy. AIDS National Interfaith Network, 1400 I Street, NE, Ste. 1220, Washington, DC 20005.

***The Church with AIDS: Renewal in the Midst of Crisis. 223 pp., 1990.***

This monograph was developed by a study group from the National Council of Churches, which met in 1986. It supplements essays written for the monograph with the text of sermons, letters, and personal stories of persons with AIDS. Available from Westminster/John Knox Press, 100 Witherspoon St., Louisville, KY 40202-1396. (800) 523-1631.

***The Samaritan's Imperative: Compassionate Ministry to People Living with AIDS. 1991.***

Michael J. Christensen. Nashville: Abingdon Press. The author addresses these difficult concepts: providing care for people with HIV without exercising judgment about how they became infected; the social structures of poverty and prejudice in which the HIV thrives; and how to remain true to dearly held theological positions that may be pastorally and epidemiologically unsound.

***What God Has Joined Together: The Christian Case for Gay Marriage. 196pp., 2005.*** David G. Myers and Letha Dawson Scanzoni. Two Progressive Christian perspectives on same-sex marriage. Harper Collins, NY, NY ISBN 978-0-06-083454-8. [www.harpercollins.com](http://www.harpercollins.com).

***What People of Faith Should Know about HIV.*** This booklet provides a nondenominational approach to helping people of faith better understand HIV and its prevention. Identifies behaviors that put people at risk, tell how to help stop the spread of HIV and suggests ways to use one's faith to offer hope and help to those who have or are at risk of getting HIV. Also dispels common myths about HIV and lists sources of additional information. 16 pages. Channing Bete Co. One Community Place, South Deerfield, MA 01373. 1-800-477-4776. [www.channingbete.com](http://www.channingbete.com).

***What Religious Leaders Can Do About HIV/AIDS: Action for Children and Young People.*** 2003. Workbook intended for use by a diverse global audience. It can be used by religious and spiritual leaders of many kinds to explore ways of responding to HIV. UNICEF, 3 UN Plaza, NY, NY. <https://www.rfp.org/resources/what-religious-leaders-can-do-about-hiv-aids-action-for-children-and-young-people/>.

***When AIDS Comes to Church.*** 1988. William E. Amos. Philadelphia: Westminster Press. This text offers advice on counseling people living with HIV/AIDS, and their families. It recounts a minister's experiences with counseling, and stresses the importance of not shunning PLWH.

***Wonderfully, Fearfully Made: Letters on Living with Hope, Teaching Understanding, and Ministering With Love, From a Gay Catholic Priest with AIDS.*** 217 pp., 1993 (paperback only). R.L. Arpin. This is a collection of letters written by a gay priest who is living with AIDS. Through the priest's letters to family and friends, the reader learns of his emotional and physical struggle. Available from Harper Collins Publishers, 10 East 53rd St., New York, NY 10022; (212) 207-7000. Available online (in paperback only) at [www.amazon.com](http://www.amazon.com).

***Worship Resource for World AIDS Day.*** This monograph outlines a suggested order of worship for the Evangelical Lutheran Church of American Evangelical Lutheran Church in America. 8765 W Higgins Road, Chicago, IL 60631, Toll-Free: 800-638-3522, 773-380-2700. [https://download.elca.org/ELCA\\_Resource\\_Repository/World\\_AIDS\\_Day.pdf](https://download.elca.org/ELCA_Resource_Repository/World_AIDS_Day.pdf).

## Audiovisual materials

**90 DAYS: Is Love Greater than our Secrets?** A riveting story of love, integrity and compassion, 90 DAYS explores a beautiful couple's relationship and their life altering decision after ninety days of dating. Fueled with gripping performances by an extraordinary cast of actors. [www.90daysthefilm.com](http://www.90daysthefilm.com).

**A Closer Walk: A film about AIDS in the world. A story about the way the world is. (85 min) 2002-2003.** *A Closer Walk* is the first film to provide a definitive portrayal of society's confrontation with the global AIDS epidemic. Directed, written, and produced by Robert Bilheimer, and narrated by Glenn Close and Will Smith, the film explores the intricate relationship between health, dignity, and human rights, and shows how the harsh realities of AIDS in the world are an expression of the way the world really is. Inclusive interviews with individuals from all walks of life, including the Dalai Lama, Kofi Annan, and Bono, combined with stories, portraits and vignettes of children, women and men living with AIDS in four continents. All these elements are woven together in a beautifully crafted film that is not only about a deadly infectious disease, but about the human condition. *A Closer Walk* tells us that if we act with compassion and conviction — if we walk the walk — we can put an end to the worst plague in human history and reaffirm our membership in the human family. [www.acloserwalk.org](http://www.acloserwalk.org). Direct Cinema Limited, P.O. Box 1003, Santa Monica, CA 90410.

**AIDS in the Jewish Community: A Synagogue Response (Study Guide/Video Set).** The Department of Jewish Family Concerns, Union for Reform Judaism, 633 Third Avenue, New York, NY 10017; Phone: (212) 650-4294; Fax: (212) 650-4239. [jfc@urj.org](mailto:jfc@urj.org).

**A Jihad for Love** (preceded by a short film called: **In the Name of Allah**) is a 2008 documentary film and was the world's first film on Islam and homosexuality.

**Fire in Our House. One videocassette (10 mins.), 1995.** This video shows the impact that needle exchange programs have had on drug users, their families, and communities. As a strategic tool that personalizes the terms of the debate, *Fire in Our House* increases public awareness about needle exchange, influences policies, and inspires grassroots mobilization. May Day Media, 1077 30th Street NW, Suite 102, Washington, DC 20007; Phone: (202) 338-1094; Fax: (202) 342-2660.

**HIV/AIDS: Stories of Mutual Ministry. One videocassette (26 mins.) plus study guide, 1993. DMS #257-91-021.** This video uses short interviews with persons with AIDS to present a call for compassion and an end to discrimination. Available from the Presbyterian Distribution Management Service, 100 Witherspoon St., Louisville, KY 40202-1396; (800) 728-7228, ext. 5723.



**House on Fire. One videocassette (1 hour), 1999.** Documentary examines the impact of AIDS in the African American community. In AIDS, the African American community faces the greatest challenge to its survival since slavery. African Americans represent nearly 60% of those infected with AIDS in the U.S. Men, women, and children who are infected with HIV and their dependents — as well as notable personalities such as poet Maya Angelou, NAACP President Kwaasi Mfume, Congresswoman Maxine Waters, civil rights activist Julian Bond, and former U.S. Surgeon General David Satcher — share their concern over the increasing menace of AIDS. Available from: Project WAVE New York, New York State Department of Health, (212) 417-4510; <https://www.clevelandfilm.org/films/2000/house-on-fire-black-america-responds-to-aids>.

**Lights of Hope, Luces de Esperanza. One video cassette (27 mins., 55 secs.), 1991. CC NAC Inventory no. V035; CDC NAC Inventory no. V036 (Spanish).** This video looks at how the church and the community can lend hope to Hispanic communities affected by the AIDS epidemic. Although it focuses on the response of the Catholic church to the epidemic, it also includes speakers from Lutheran, Episcopalian, Presbyterian, and other denominations. Available from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231.

**Trembling Before G-d, Sandi Simcha Dubowski (90 min), 2001.** This unprecedented feature documentary shatters assumptions about faith, sexuality, and religious fundamentalism. Built around intimately told personal stories of gay and lesbian Hasidic and Orthodox Jews. The film portrays a group of people who face a profound dilemma — how to reconcile their passionate love of Judaism and the Divine with the Biblical prohibitions that forbid homosexuality. The movie strikes at the meaning of religious identity and tradition in a modern world. This issue has become a live, public debate in Orthodox circles, What emerges is a loving and fearless testament to faith and survival and the universal struggle to belong. Order from: [www.amazon.com](http://www.amazon.com).

**Voices of Faith: Faith Communities' Response to HIV/AIDS (1 hour and 16 minutes) NYSDOH/HRI, AIDS Institute), 2008.** Order from: <https://www.health.ny.gov/publications/9256.pdf>. This video features faith leaders from various spiritual and religious traditions in New York State, sharing information on how they are addressing HIV prevention, support and care efforts with their congregations and communities. The video includes eleven brief video segments.

The Division of HIV/STI/HCV Prevention would like to thank the Clergy Advisory Committee, Regional Committee members of the Faith Communities Project for their contribution to this document, as well as the staff in the Material Development section of the Education Unit in the Office of the Medical Director, AIDS Institute, and the Public Affairs Group of the Department of Health for updating the Faith Guide.