

# HIV Prevention and Education: Leadership and Implications for African-American Churches

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## **ABSTRACT**

*This paper illustrates use of John Kotter's eight-stage process for creating change through leadership its potential for aiding African-American churches in addressing rising HIV/AIDS rates. The focus is on churches due to their large influence on the African-American community. Knowing that there are multiple influences surrounding HIV/AIDS, it is useful to highlight how certain ideological and theological factors are contributing to the current state of African-American churches work to increase HIV/AIDS awareness, prevention, and education.*

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## **Introduction**

The HIV/AIDS pandemic is a non-discriminatory one. It is ravishing homes, neighborhoods, families, schools, jobs, and churches. One sector of society that has been highlighted to serve as an arena for HIV/AIDS awareness and prevention has been religious congregations. As one of the world's major and constant tools of influence and socialization, religious congregations have been tapped to assist in addressing this pandemic.

HIV/AIDS cases among African-Americans in Hillsborough County, Florida, particularly in Tampa, have been challenging to respond to. The need to address this issue from a traditional African-American religious context is one manner that local health officials are attempting to decrease these growing rates. The intent of this paper is to illustrate how Kotter's leadership model can assist congregation leaders in attacking this problem.

## **Significance of the Problem**

In 2008, the Florida Department of Health declared that African-Americans accounted for 45% of AIDS cases among Florida males, and 71% of cases among Florida females (Kinane, 2009). In comparison to Florida as a whole, Hillsborough County's HIV/AIDS rates are appallingly high. On a state level, more blacks are dying from HIV/AIDS or have HIV/AIDS than any other ethnic group (Florida Department of Health, 2009). It is estimated that 1 in 58 black males and 1 in 83 black females are currently living with diagnosed cases of HIV/AIDS (Florida Department of Health, 2009). Nationally, approximately 1 in 310 non-Hispanic white males and 1 in 1,625 non-Hispanic white females are living

with diagnosed cases of HIV/AIDS (Florida Department of Health, 2009). The numbers alone demand that HIV/ADS education and outreach programs increase on the state level. Locally, 1 in every 85 blacks in Hillsborough County is infected and 1 in every 92 black women in Hillsborough County is infected (Barry, 2008).

Locally, African-Americans comprise 15% of the Tampa population, yet more than 50% of the AIDS cases (Kinane, 2009). Additionally, the rate of HIV in Tampa is 3.38 times higher in African-American males than white males according to 2007 data from the Florida Department of Health (Kinane, 2009).

With these daunting statistics, researchers must tap into a stronghold in the local African-American community: the black church. Historically speaking, African-Americans have depended on their religious congregations as a means of leadership development, social networking, attaining spiritual nourishment, and as a means of gathering valuable and trustworthy information. Why not use these trusted institutions in their capacity as natural helpers to serve as trained community health lay advisors or HIV/AIDS health promoters? HIV/AIDS cases are rising at such an alarming rate that a New York based group, the National Black Leadership Commission on AIDS, recently opened an office in Tampa to help answer the aforementioned questions (Kinane, 2009). However, the Commission does not work specifically with congregations only. It works with various leaders throughout the Tampa area.

It is vital to note that dedicated and knowledgeable leadership must be in place within these congregations to assist in de-escalating the

HIV/AIDS epidemic in Tampa. Educated leaders must be in place to answer questions correctly and transfer information. These leaders also must create a vision of the future work that needs to be done amongst and within local congregations, so that they may have a blueprint for what it is that they wish to achieve.

### **Factors Related to or Affecting the Problem**

Limited by theological and ideological principles of sexual intercourse and proper sexual behavior, the church seems to have strict guidelines as to how they are able to go about promoting HIV/AIDS awareness. Most literature shows that many church leaders worldwide speak openly about the HIV/AIDS pandemic in the world and its alarming and growing death rates. This point is repeatedly emphasized in articles such as "Response of Religious Groups to HIV/AIDS as a Sexually Transmitted Infection in Trinidad" and "Perspectives on Efforts to Address HIV/AIDS of Religious Clergy Serving African-American and Hispanic Communities in Utah." Yet, for the most part, it seems as if this "speaking out" is done from the context of HIV/AIDS being seen as a punishment for sexual deviance and sin. It seems as if utilizing the "scare" tactic of being punished for sexual misbehavior is greatly used by religious leaders to steer church members away from sexual activity outside of marriage and immoral sexual behavior. Within the literature, many congregations never discussed HIV/AIDS outside of sexual transmission; religious leaders and organizations seemed to focus on trying to prevent the sexual transmission of the disease and on making their members aware of the moral and physical risks associated with the sexual transmission of the disease. No other forms of transmission were addressed within the literature. According to Rev. James Favorite, pastor of Beulah Baptist Church in Tampa: "We've looked at it as a disease of promiscuity. And, when family members were affected, they felt too guilty to come and talk to their pastors about it. It's time to take the curtain off this mystery. We have to help save a person's physical life before we can save a soul" (Bearden, 2009). Undoubtedly, it is these limitations that have hindered African-American leaders in their delivery and comfort with delivery of life-saving information regarding HIV/AIDS.

In addition to these limitations, other factors contribute to the high rate of HIV/AIDS cases in Tampa. Understanding that the limitations surrounding HIV/AIDS are multi-factorial, researchers must look at those individual, political, and community factors present within the bigger web of this problem. For example, funding has been a

major problem for African-American churches whose memberships have been considering ways to tackle this problem. Rev. Bernard Smith of the Green Chapel AME church in Largo partnered with six AME churches in Tampa and with the Pinellas County Health Department to implement a pilot HIV screening program. With this program, those who tested positively for HIV received counseling. However, due to funding and limited supplies, this program was terminated (Barry, 2008). In addition to the issue surrounding limited funding, one must look at the current economic crisis and assess if the chances of African-American churches receiving money for HIV/AIDS awareness and prevention is even feasible at this time.

Through the review of literature, it was discovered that some churches in the area do have counseling ministries that are able to provide emotional assistance to those who are battling HIV/AIDS. However, there is a desire amongst some congregations to do more. Currently, African-American clergy and leaders in Tampa are striving to have the H.R.1964 bill passed (also known as the National Black Clergy for the Elimination of HIV/AIDS Act 2009) (Schulte & Zayas, 2009). This bill will grant more than \$600 million dollars to faith-based AIDS initiatives (Schulte & Zayas, 2009). But until this happens, what are African-American churches to do?

### **Implications for Leadership**

African-American churches in Tampa would greatly benefit from employing John Kotter's *Eight Steps for Creating Major Change* to this issue whether or not H.R. 1964 is passed. His model for creating organizational change was unveiled in his 1996 book, *Leading Change*. In his book, he outlines eight steps to create structured change.

#### *Step 1: Establish a Sense of Urgency*

Individual churches and leaders should begin to discuss the change they wish to see in the Tampa community as it relates to African-Americans and HIV/AIDS. Leaders need to begin to discuss why changing the current HIV/AIDS demographics and status among African-Americans in Tampa is important. They need to have an open dialogue about what the costs and benefits of implementing such a change would be for their specific congregations. They can host several events such as forums or town hall meetings for their congregations in an attempt to achieve this end. In these settings, church leaders are able to listen to their members and non-members about their apprehensions, fears, and thoughts associated with taking a more active stance to educate community members about what HIV/AIDS is and is not. An example of this taking place

happened in May of 2009; Beulah Baptist Institutional Church hosted a gospel concert to benefit AIDS initiatives and promote awareness (Schulte & Zayas, 2009).

It is imperative that congregation members and leaders “buy in” to this sense of urgency. Kotter states that at least 75% of an organization’s key leaders should buy in to this sense of urgency surrounding the particular issue at hand (Mind Tools, 2009). Therefore, congregations should spend much time on creating a sense of urgency around this issue.

### *Step 2: Form a Powerful Coalition*

Congregational leaders and their members should make it a point to show visible support for wanting to change the status quo as it relates to HIV/AIDS and the African-American church. They should speak openly about how they would like their congregations to address this topic formally in the form of coalitions. It is important to note that coalition members should come from all levels of the congregations. Key leaders, deacons, ushers, choir members, and other members of the church should be represented within the planned coalitions. It is important to have various individuals serve as coalition members for two main reasons. The first is that various members are able to communicate different ideas and suggestions. Armies are not comprised of one individual; neither should these religious coalitions be comprised of one set of ideologies or beliefs. It is important to learn from and incorporate a myriad of viewpoints into HIV/AIDS program development, implementation, and evaluation. Secondly, congregations should see that numerous members are involved in this coalition. This inclusive approach will illustrate the importance of all voices, and not just the voices and opinions of select church leaders.

### *Step 3: Create a Vision for Change*

There is little doubt that within the created coalitions several members will have various ideas about how their particular congregation should address the rising number of HIV/AIDS cases in Tampa. Some coalition members may wish to only advocate for abstinence-only education and HIV/AIDS screening. Others may wish to delve into defining healthy sexual relationships. Still others may wish to spell out all forms of HIV/AIDS transmission and current medical advances relating to HIV/AIDS. At this step, it is the job of the coalition members to decide what they will focus on and how they wish to focus on what they decide. This will undoubtedly be an arduous task and will involve meeting several times. It is crucial that at the end of this step all coalition members should be able to “describe the vision in five minutes or less” (Mind Tools, 2009). This mutual understanding will ensure that coalition

members not only can articulate the main concepts of the vision, but also able to transfer this information to others concisely, succinctly, and clearly.

### *Step 4: Communicate the Vision*

In this step, coalition members need to speak about their vision for change as much as possible. This will denote the seriousness of the coalition members’ dedication to change and will keep the vision at the forefront of discussions, meetings, etc. For instance, if a local church wishes to begin HIV screening, this should be communicated within the church’s printed bulletins, during the formal service announcements, at ministry meetings, etc. It is certain that once coalition members begin speaking openly, constantly and freely about their vision for change, they will be bombarded with questions. How much will it cost? Is it biblical? What are other congregations doing? Do we have the funding? Do we have the manpower? Are we knowledgeable enough about HIV/AIDS to actually launch a program such as HIV screening? These are all questions that coalition members could face. This would be the perfect time for coalition members to explain the vision, address any concerns, and ask any questions to which they may still need answers.

### *Step 5: Remove Obstacles*

Change has never been easy, and it is rarely accepted with open arms. Knowing this, coalition members must realize that there will be financial, personal, and other obstacles that may stand in the way of them making their intended change a reality. During coalition meetings, members should be brainstorming about how they will address resistance and obstacles in a positive manner. According to Kotter, members should note what members of the congregation are resisting changes (Mind Tools, 2009). They should then make it a priority to explain to them how they, the congregation, and the Tampa community could benefit from more HIV/AIDS awareness. This could be done through one-on-one conversation, workshops, church meetings and forums, and by having congregation members who are affected directly or indirectly by HIV/AIDS share how such a program would be beneficial to their lives.

### *Step 6: Create Short Term Wins*

Coalition members must break down their vision for change into smaller realistic and tangible goals. Once each mini-goal is achieved, coalition members should reward themselves and others who helped them achieve that particular goal. This will motivate the coalition members and parishioners to keep striving to achieve their ultimate vision. This will also boost the team’s morale. The celebrating of small victories will showcase that coalition members are moving toward their overall goal. An example of

this would be if a church wanted to begin offering community seminars on HIV/AIDS. To do this, they would need first to be educated on the latest trends on HIV/AIDS medications, research, facts, etc. If they wish to do this through a series of workshops, after each workshop the coalition members can reward themselves and their supporters for facilitating the workshop.

#### *Step 7: Build on the Change*

After each small victory, coalition members should assess the strengths and weakness of each victory (i.e., what went right and what went wrong). This analysis will assist the coalition in strengthening its vision. Also at this stage, coalition members should eagerly recruit and accept new members wishing to make the vision a reality. This can be done through announcing the need for more members, working through church ministries to recruit new members, or even having small programs such as gospel concerts, luncheons, and so on, that highlight the successes of the coalition while granting individuals an opportunity to learn more about and join the coalition. Coalition members must remember that it is necessary to gain new members to generate new ideas and increase human resources.

#### *Step 8: Anchor the Changes in Corporate Culture*

In the final step of this model, it is suggested that “continuous efforts to ensure that the change is seen in every aspect of your organization” takes place (Mind Tools, 2009). This means that coalition members and supporters need to share their success stories with congregation and non-congregation members. Firsthand accounts of success are a great strategy to use in this final step. Key coalition members should also be publicly recognized at this phase. This will ensure that their work does not go unnoticed or forgotten.

Probably one of the most important aspects of this final step is to create plans to replace leaders in the future. It is not realistic to expect that all original coalition members of a church’s HIV/AIDS task force will remain working with the task force for 100 years. People move. Lives change. Ideas and beliefs change. It is important to prepare for these changes, so that when they do occur the vision does not suffer or get lost in the re-building phase. Coalition members would need to make each transition smooth, so as to make it easier on themselves and the vision as a whole, and to ensure that a sense of organization is illustrated to those who are watching or depending upon certain HIV/AIDS services.

### **Conclusion**

Overall, the application of Kotter’s leadership model would be a valuable tool for African-American churches in Tampa seeking to address HIV/AIDS on

*Florida Public Health Review*, 2010; 7:13-16.  
<http://health.usf.edu/publichealth/fphr/index.htm>

a formal and organized level. If applied appropriately, this model will ensure that those churches are equipped and prepared to work through the struggles and joys that come with attempting to address such a volatile issue.

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