



NATIONAL HIV TESTING DAY CHURCH KIT

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NATIONAL HIV TESTING DAY BACKGROUNDER

National Association of People with AIDS

National HIV Testing Day (NHTD) is an annual campaign produced by the National Association of People with AIDS (NAPWA-US) in 1996 to encourage at-risk individuals to receive voluntary HIV counseling and testing. NAPWA distributes campaign kits to community groups and health departments of all sizes to help create NHTD campaigns and events targeting their local communities. Materials are available free of charge and can be mailed or downloaded from their Website.

Order from: NAPWA
8401 Colesville Road
Suite 750
Silver Spring, Maryland 20910

Ofc: (240) 247-0880
Fax: (240) 247-0574

www.napwa.org
info@napwa.org



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NATIONAL HIV TESTING DAY CHURCH TIP SHEET

From July 1, 2002, through March 31 2006, there were 41,155 reported cases of HIV infection in California, and African Americans accounted for 20 percent (7,979) of all reported cases.¹

Tips on How Your Church Can Get Involved

- ❑ Contact your local health department to coordinate HIV testing at your church and set an example by getting tested for HIV. (See the *HIV Testing Resources-Regional* page for info on testing units).
- ❑ During church service, invite people living with HIV/AIDS to share their testimonies regarding testing and their experience with the faith-community once they have disclosed that they are HIV positive.
- ❑ Download specially designed NHTD campaign kits and materials from NAPWA by visiting their Website at www.napwa.org.
- ❑ Coordinate with the teenagers and/or young adults to create red HIV/AIDS ribbons for the congregation and use the opportunity to discuss the important of getting tested for HIV.
- ❑ On Sunday, June 25th, distribute the red ribbons created by the teenagers and young adults, develop a sermon of compassion, love, healing and hope in regards to HIV/AIDS. Sample sermons are available in the *Healing Begins Here: A Pastor's Guidebook for HIV/AIDS Ministry through the Church*. (See the attached order form or visit www.healingbeginshere.org).
- ❑ Suggest adding HIV/AIDS education to the agenda of your connectional church conference, convocation, youth lock-in, singles ministry, missionary meeting, etc.
- ❑ Collaborate with neighboring churches to promote NHTD as part of a neighborhood health fair.
- ❑ Print a message related to HIV/AIDS and the importance of getting tested in your church bulletin or newsletter. The following is a sample announcement:

Have You Been Tested For HIV?

Male or female, young or old, black or white --HIV sees no gender, age or race. So despite your genetics, if you've ever been sexually active, had a blood transfusion or even got a tattoo, you are considered to be at-risk for HIV. June 27th is National HIV Testing Day and it's a great opportunity to get tested. As this epidemic spreads it is becoming vitally important to know your status to prevent transmission to others and to seek early treatment options. We encourage you to call the **California AIDS Hotline at (800) 367-AIDS** and ask for the location of a confidential or anonymous HIV testing site near you or get information on the home testing kit. The call center is open Monday thru Friday from 9 a.m.- 5p.m. On Tuesdays they have extended hours until 9 p.m.

For more information visit www.healingbeginshere.org.

My people are destroyed for lack of knowledge. – Hosea 4:6



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¹ California Department of Health Services, Office of AIDS, Monthly Summary of California HIV Cases, March 2006.



REGIONAL HIV TESTING RESOURCES

Low or no cost anonymous and confidential HIV counseling and testing through the use of blood tests or oral fluid testing is available throughout California year round. There are hundreds of free and low cost HIV testing facilities in California. To find a test site and services near your zip code, call the **California AIDS Hotline at (800) 367-AIDS (2437)** or visit them at www.aidshotline.org. The call center is open Monday thru Friday from 9 a.m. - 5 p.m. On Tuesdays they have extended hours until 9 p.m. A list of test sites in your county is also available by visiting www.hivinfo.org. Click "Links & Resources" and then "Resource Directory" to retrieve a list of local health departments.

MOBILE TESTING RESOURCES

Incorporate HIV testing as part of your church's health ministry. Below are just a few counties that offer mobile testing. Please be sure to submit a request for mobile HIV testing three weeks in advance of your event. Also, be sure to ask which HIV test the facility utilizes.

ALAMEDA	(510) 874-7850	Cal PEP Mobile Testing Ms. Sonya Richey
FRESNO	(559) 445-3434	Fresno Co. Mobile Testing Ms. Jena Adams
LOS ANGELES	(310) 763-9746	Charles Drew University Mobile Outreach Ms. Cynthia Davis
RIVERSIDE	(800) 243-7275	County of Riverside HIV/AIDS Program Mr. Eric Huling
SACRAMENTO	(916) 875-0684	Care-a-Van Mobile Testing Ms. Debbie Pennington
SAN DIEGO	(619) 578-7467	Mobile Health Clinic and Counselors of San Diego

➤ **Guidebooks/Quiz Cards/Bookmarks:**

Order from: Statewide HIV/AIDS Church
Outreach Advisory Board
PO Box 481296
Los Angeles, CA 90048
(877) 256-1997

www.healingbeginshere.org
info@healingbeginshere.org

➤ **Literature/Brochures/Posters: (View Publications on Internet)**

Order from: California AIDS Clearinghouse
1443 N. Martel Avenue
Los Angeles, CA 90046
(323) 845-4180
(888) 611-4222
Call 7:00 a.m. – 4:00 p.m.

www.hivinfo.org



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HIV Testing Options

HIV Antibody Testing Options

The Centers for Disease Control and Prevention estimate that between 850,000 and 900,000 Americans are infected with HIV. An estimated 180,000 to 280,000 Americans do not know they are infected, and may continue to engage in behavior that could jeopardize their health, and the health of others.

Testing Programs: Voluntary counseling, testing, and referral programs (CTR) provide people with an opportunity to learn their current HIV status, receive counseling about any behavioral changes needed to avoid infection or infecting others, and receive information and referrals to additional prevention programs, medical care or other services.

Confidential HIV Testing means you give your name when getting tested. Only medical personnel or state health departments have access to the test results. You must provide written permission before this information can be revealed to others.

Anonymous HIV testing means that no name is given to the testing center and only you are aware of the results. Anonymous testing is available in 39 states, the District of Columbia and Puerto Rico. Test results are given by randomly assigned numbers at the time of testing.

Types of HIV Antibody Tests

There are several HIV antibody tests being used today. All testing options are not available in all areas. Contact your local health department for the tests available in your area.

Standard blood test: This was the first HIV antibody test developed and made available, and is the most widely used. With this test, an initial assay is used (the ELISA), and confirmed using a more specific test (the Western Blot).

Oral mucosal transudate test: This test, an alternative to the standard blood test, uses a specially treated pad placed in a person's mouth, and gently rubbed between the lower cheek and gum. The pad collects an oral fluid called oral mucosal transudate (OMT). This fluid contains HIV antibodies in an HIV- infected person. This test does not test for HIV in saliva.

Urine HIV antibody test: The urine HIV-1 testing method is a painless, non-evasive option for getting an HIV antibody test. This test uses the urine EIA (ELISA) and urine Western Blot technique to detect HIV antibodies, and is FDA – licensed as an alternative to the blood test system. This test eliminates accidental needle sticks and exposure related dangers, protecting the patient and healthcare worker.

Rapid HIV antibody tests: Where the standard HIV antibody testing procedure requires up to two weeks for results, the rapid test gives results in 5-60 minutes. Currently approved rapid HIV tests only test with blood. Other rapid HIV testing methods are in development. To perform the test, a fingerstick sample of blood is collected from an individual and transferred to a vial where it is mixed with a developing solution. The test device, which resembles a dipstick, is then inserted into the vial. In as little as 20 minutes, the test device will indicate if HIV-1 antibodies are present in the solution. Although the results of rapid screenings will be reported in point-of-care settings, as with all screening tests for HIV, if the OraQuick test gives a reactive test result, that result must be confirmed with an additional specific test. The OraQuick test has not been approved to screen blood donors.

Home Testing Kit: This do-it-yourself test kit uses the same technology as the standard blood test. Individual blood samples are collected at home, and mailed to a laboratory. Test results are provided over the telephone. The serum home testing kit costs between \$30 and \$45, and is available at many drug stores. Currently there is only one FDA approved home sample collection kit. Home HIV tests for other fluids are in development.

The above information was collected at http://www.napwa.org/hivtestinfo/testing_tips.html, May 2006



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FACTORS TO CONSIDER WHEN PROMOTING AND PROVIDING HIV PREVENTION AND TREATMENT

Socioeconomic factors. There are a number of relevant structural factors associated with social access and equality. For instance, studies have found a direct correlation between higher AIDS incidence and lower income and nearly one in four African Americans lives in poverty.² Limited and late access to quality health care are also related. African Americans with HIV/AIDS are more likely to be publicly insured or uninsured than are Caucasians, with 59% relying on Medicaid and 22% being uninsured.³ A study of HIV-positive people found that 56% of late testers (those diagnosed with AIDS within one year of their HIV diagnosis) were African American. Survival rates are also low for this group, with only 60% living nine years after an AIDS diagnosis.¹

Denial and stigma. Segments of the African American community have yet to successfully address relevant social issues, such as sexual orientation, HIV-related stigma and silence around sexual and drug use behaviors. For example, studies show that a significant number of African American men who have sex with men identify not as gay or bisexual but as heterosexual.¹ Some individuals don't test or return for their results for fear that a positive result will damage their self-image and their family and social relationships.⁴

Distrust and fatalism. Historical and current discrimination towards African Americans in the health care arena is relevant to HIV prevention. Many have a general distrust of the medical and scientific establishments and some believe HIV to be government-made. A recent study found that among African American men, those who hold stronger conspiracy beliefs, regardless of other factors, are less likely to use condoms consistently.⁵

Immigration issues. The growing community of African and Caribbean immigrants requires greater understanding of cultural and immigration issues. According to studies, immigrants face poverty, racism, stigma, extended separation from family and low self-esteem, which in turn can result in stress, depression and anxiety.⁶ This can increase immigrants' risk behaviors and prevent them from seeking services.

² CDC, Fact Sheet: HIV/AIDS Among African Americans, February 2005.

³ The Henry J. Kaiser Family Foundation, African Americans and HIV/AIDS, February 2005.

⁴ CDC, Best Practices in Prevention Services for Persons Living with HIV, December 2004.

⁵ JAIDS, Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans? 38(2):213-218, Feb. 1, 2005.

⁶ UNIDOS Network, AIDS and Migrants: Solutions and Recommendations, June 2004.



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