



Indianapolis Project Reaches African Americans With Free HIV Testing and Support

Care coordination and counseling services for African-Americans with HIV/AIDS

SUMMARY

From August 2001 through July 2005, staff and volunteers with the Ebenezer Baptist Church Dollars for Scholars, now known as the Ebenezer Church Foundation, created its Bridging the Gap Project to provide free HIV testing and counseling and care coordination to people living with HIV/AIDS. People served were predominantly African Americans in Indianapolis and the surrounding Marion County, Ind.

The project was part of the Robert Wood Johnson Foundation (RWJF) *Local Funding Partnerships* (LFP) national program (for more information see [Program Results](#)).

Key Results

During the four years of RWJF funding, project staff provided:

- HIV testing, and counseling before and after the test, to 2,567 people, approximately 85 percent of whom were African American.
- HIV/AIDS care coordination to approximately 700 people, more than 60 percent of whom were African American.

Two client stories illustrate the impact of the Bridging the Gap program:

Johnny Williams, a former finance company manager, landed in Indianapolis in November 2005, alone, depressed and on disability after a long stay in the hospital to treat his AIDS. Bridging the Gap helped connect him to a variety of medical and social services in the community. Then it offered him the opportunity to use his business experience to serve his fellow community members living with HIV/AIDS. See [Johnny's story](#).

Yvette Vaughn found out she was HIV positive in 1992 when she was three months pregnant. Overwhelmed with guilt, she kept her HIV status a secret until 2006, when a drinking binge landed her in the emergency room. See [Yvette's story](#).

Funding

RWJF provided \$450,000 for this project.

THE PROBLEM

HIV and AIDS have affected African Americans disproportionately compared with their numbers in the state of Indiana, according to the Indiana State Department of Health. At the end of 1999, African Americans made up 8.4 percent of Indiana's population, but 31.8 percent of those living with HIV or AIDS. In Marion County (which includes Indianapolis), African Americans comprised 24 percent of the residents but 39 percent of those living with HIV or AIDS.

Disparities in Care

The problem of HIV/AIDS infection among African Americans and other racial and ethnic minority groups is confounded by an array of social and economic problems. For many, getting food, housing, clothing and drug rehabilitation may come before attention to HIV.

Research has found that:

- African Americans typically do not use the city's existing sites for HIV testing and AIDS education because they are far from the neighborhoods where they live. People in underserved populations will not or cannot travel more than seven to 10 blocks to receive services, according to some studies.
- African Americans also may be reluctant to talk about their lives with a clinician who is not from their ethnic group or whom they believe will not understand their life experience.

A Faith-Based Approach to HIV Prevention

African-American churches can play a key role in HIV prevention efforts. In the mid-1990s the [Health Foundation of Greater Indianapolis](#) asked Rev. Thomas L. Brown, pastor of the Ebenezer Missionary Baptist Church, to spearhead an HIV awareness and prevention initiative in Indianapolis' African-American community.

Ebenezer Church focused its early efforts on educating ministers, church leaders, lay church leaders, church members and church youth about HIV/AIDS prevention. Staff and volunteers with the Ebenezer Baptist Church Dollars for Scholars (now known as the Ebenezer Church Foundation) conducted workshops and small group and peer training sessions for church leaders and participated in a major AIDS prevention conference in 2001.

To expand its work, the Ebenezer Baptist Church Dollars for Scholars sought funding through RWJF's *Local Funding Partnerships* national program to provide culturally competent HIV testing and counseling interventions in African-American communities in Indianapolis.

CONTEXT

In 1987, the RWJF Board of Trustees authorized \$8 million to fund a two-year trial of a matching grants program to be called the *Local Funding Partnerships* program. Many matching grants programs set up by national foundations seek to replicate ideas formulated by the national institution itself.

Local Funding Partnerships was to be different. The local community would identify a pressing need, design the strategy for addressing it and put together a funding package that would provide at least one dollar of outside support for every one dollar of RWJF grant money. Each project would have one lead local funder, but additional supporters would be welcomed.

To be eligible, a project would have to fall within the general scope of RWJF's interest in health and health care. But a proposal would not have to meet the kind of specific criteria common to other RWJF programs. Instead of top-down, *Local Funding Partnerships* would be bottom-up—with an emphasis on innovation. RWJF hoped this local "ownership" would ensure sufficient support to keep the project going long after the RWJF grant ended.

THE PROJECT

Staff with the Ebenezer Baptist Church Dollars for Scholars (now known as the Ebenezer Church Foundation) created the Bridging the Gap Project in Indianapolis to:

- Reach more African Americans with HIV counseling and testing.
- Improve and expand access to care coordination for African Americans who are HIV positive.

The project set a goal of testing 900 individuals for HIV/AIDS and providing care coordination to 300 people testing positive for HIV/AIDS over the four-year grant period.

Though Bridging the Gap focused its outreach on African Americans, its services were open to all, in accordance with policies of the Indiana State Department of Health.

Community Sites

The project designated two sites in underserved neighborhoods in Indianapolis where people could get counseling, be tested for HIV and be connected to other services, as needed:

- Universal Behavioral Services, a community mental health center that provides intensive outpatient services and case management.
- An office adjacent to the Ebenezer Missionary Baptist Church.

The two sites are located four miles from each other in proximity to predominantly African-American neighborhoods.

Bridging the Gap used the Indiana State Department of Health HIV-AIDS data collection and evaluation network to document all of its testing and care coordination activities.

HIV/AIDS Testing

The State of Indiana and the Centers for Disease Control and Prevention (CDC) must certify organizations wishing to provide HIV testing and counseling. Staff and volunteers go through a training program to learn the skills for this HIV intervention. The training covers:

- The basic facts of HIV/AIDS.
- The elements of effective pre- and post-test prevention counseling.
- Issues related to privacy and confidentiality.

The CDC's latest recommendations for HIV testing and counseling are available [online](#).

Bridging the Gap staff as well as staff at the Indiana State Department of Health delivered the required training sessions. Some 25 people were certified as HIV testers and counselors, according to Rev. Brown. Testers must be recertified every year by the state.

To overcome reluctance in the African-American community to be tested for HIV, the project used an alternative HIV testing method called OraSure. The method allows staff to administer the HIV test in the field using a saliva swab rather than a blood draw. The project used confidential registration forms to collect data from clients.

Care Coordination

Care coordination is a specialized service in which a person with a degree in a health or social science assists clients in connecting to health and other needed services, including:

- Housing or rental assistance.

- Transportation.
- Job placement.
- Food.

During the first year, Rev. Stephen Gardner, the project director, served as care coordinator. In year two, the project hired two people in succession to fill the role. Each served only a three-month stint.

In the third year, Bridging the Gap partnered with the [Damien Center](#), Indiana's oldest and largest HIV/AIDS service agency, to provide care coordination. The Damien Center had in the past served primarily white gay men with HIV/AIDS. The partnership spurred the Damien Center to hire African-American staff members to fill the role of care coordinator within African-American communities.

To help meet the needs of HIV/AIDS clients, the project tapped the large volunteer network at Ebenezer Missionary Baptist Church. Church volunteers-called "caregivers"—provided many of the services of care coordination—e.g., food baskets, help with housing, job placement—plus spiritual care and counseling.

Volunteers at approximately 25 other churches in Indianapolis also provided "caregiving" to clients reached through the project.

From December 2002 to July 2003, staff at Martin University in Indianapolis fielded a customer satisfaction survey to rate the work of those providing care coordination. Twenty-three clients—who had been receiving services for from two to 15 months—completed the survey. (See [Results](#) for details.)

Communications Activities

The project created an array of outreach materials to promote its services in the community, including a video, a brochure, fact sheets, a Safer Sex Kit, pamphlets and a yearly calendar with HIV/AIDS facts and information. (See the [Bibliography](#) for details.)

Numerous local and national media outlets reported on the Bridging the Gap Project. Ebenezer Missionary Baptist Church's own weekly live talk show hosted by Rev. Brown focused at least monthly on HIV/AIDS prevention and education. The program has an estimated listening audience of 300,000.

Other Funding

In addition to RWJF, 13 organizations provided funds for the project. (See [Appendix 1.](#)) The Indiana State Department of Health also made in-kind donations valued at \$83,000. These included:

- OraSure HIV/AIDS testing supplies.
- Access to a state laboratory for HIV/AIDS test processing.
- HIV/AIDS training and certification for those administering the test.

RESULTS

The project reported these results, broken down by race and sex, for years one through three of the project. The fourth-year results were not broken down in this manner:

- Project staff and volunteers administered HIV testing and provided counseling before and after the test to 2,567 people.
 - More than 85 percent of those tested were African Americans.
 - In the first year, staff tested about twice as many males as females. By the third year, about two and a half times more women than men were tested.
- Project staff and volunteers provided care coordination to approximately 700 people.
 - Of those receiving care, more than 60 percent were African-American, 25 percent were white and 15 percent were Hispanic.
 - In the first year, 50 percent of those receiving care coordination were women. The percentage of women dipped to 35 percent in the second year but rose sharply to 68 percent in the third year.
- A 2003 survey of clients receiving care coordination found that two-thirds believed they were getting care that met their needs.
 - Clients' satisfaction with services was higher if they had been involved in the program for six months or longer.

Client Stories

Two client stories illustrate the impact of the Bridging the Gap program:

Johnny Williams, a former finance company manager, landed in Indianapolis in November 2005, alone, depressed and on disability after a long stay in the hospital to treat his AIDS. Bridging the Gap helped connect him to a variety of medical and social services in the community. Then it offered him the opportunity to use his business experience to serve his fellow community members living with HIV/AIDS.

Williams now organizes events for Bridging the Gap, serves as the group's housing coordinator and counsels people living with HIV/AIDS. [More...](#)

Yvette Vaughn found out she was HIV positive in 1992 when she was three months pregnant. Overwhelmed with guilt, she kept her HIV status a secret until 2006, when a drinking binge landed her in the emergency room. Without money or a job and in a bad relationship, she turned to Bridging the Gap for help. Within a month, Yvette was in a new apartment and getting training to become an HIV tester and counselor. And she was speaking openly to groups in the community about her HIV status. [More...](#)

LESSONS LEARNED

- 1. If you're the only agency working in a special community, the demand for services may exceed your capacity to respond.** The project focused on African Americans and set a goal to test some 900 people and provide care coordination to 300. In fact, the project tested more than 2,500 people and provided care coordination to 700. (Project Director/Lockett)
- 2. To deal with increased demand, reach out to sister agencies. Bridging the Gap became partners with the Damien Center, an established AIDS outreach center whose clientele had traditionally been white gay men.** The partnership helped expand the Damien Center's services and helped Bridging the Gap serve people whom they might not have reached through traditional outreach. (Project Director/Lockett)
- 3. Make use of natural communications outlets to promote your program.** At least once a month on his live, call-in radio program, Rev. Brown talked about HIV/AIDS-related issues in the African-American community. This was one important way to reach both people who needed to be tested and volunteers for the program. (Project Director/Lockett)
- 4. Establish a working coalition with churches from other ethnic and racial backgrounds.** The project was able to involve some 25 other churches, mostly African American, in the Bridging the Gap Project. But for prevention efforts to be successful in lowering infection rates, churches serving African Americans, Hispanics and whites must work together more closely. (Project Director/Lockett)
- 5. To serve persons with HIV/AIDS well, churches must overcome discrimination of all kinds.** "The stigma still exists within the faith-based community that HIV/AIDS is related to homosexuality," Lockett says. "Yes, there may be homosexuals who have the virus. However, if you want to get involved in the field, your congregation and staff must have the empathy and compassion to serve those who have chosen a different path and sexual orientation." (Project Director/Lockett)

AFTERWARD

In 2005, the Ebenezer Church Foundation launched a fund-raising campaign called "Stop the Virus" to sustain the program and to reach more people within the highest-risk groups. (See [Appendix 1](#) for a list of donors to the campaign.)

Under the new initiative, outreach workers periodically establish a presence in areas of the city that the Indiana Department of Health has identified as "hot zones"—with high drug activity and prostitution or homelessness.

In one instance, testers set up shop in an unoccupied building in the middle of an apartment complex. Volunteers at the test site offered Subway sandwiches and bottled water and chips as incentives for people to get tested.

"We go to them," Lockett says. "We don't need to test a whole lot of people—just 15 or 20. And every time we've done it, we've been able to identify a positive."

The Ebenezer Church Foundation plans to expand its health initiatives in Indianapolis' African-American communities to target obesity, diabetes and hypertension, Lockett says.

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APPENDIX 1

Other Funders for Bridging the Gap

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

- Boehringer Pharmaceutical, \$2,000
- City of Indianapolis Housing Opportunities for Persons with AIDS, \$363,000
- Ebenezer Missionary Baptist Church, \$36,000
- Health Foundation of Greater Indianapolis, \$225,000
- Hoover Family Foundation, \$10,000
- Indiana AIDS Fund, \$37,950
- Indiana State Department of Health, \$1,000
- Indianapolis Foundation, \$46,000
- Marion County Health Department, \$45,000
- Nicholas Noyes Foundation, \$10,000
- Nina Mason Pulliam Charitable Trust, \$150,000
- Rev. Thomas L. Brown/Ebenezer Foundation, \$10,000
- Richard M. Fairbanks, \$50,000

A number of organizations have supported the "Stop the Virus" campaign:

- City of Indianapolis Housing Opportunities for Persons with AIDS, unknown
- Health Foundation of Greater Indianapolis, \$40,000
- Indiana AIDS Fund, \$42,500
- Indianapolis Foundation, \$40,000
- Nina Mason Pulliam Charitable Trust, \$75,000
- Richard M. Fairbanks Foundation, \$25,000

APPENDIX 2

Johnny Williams: "Because of the support that was given me, I can come here and give it back."

Johnny Williams landed in Indianapolis in November 2005, alone, depressed and on disability after a long stay in the hospital to treat his AIDS.

The 36-year-old West Virginia native knew about being alone. Both of his parents and grandparents had died early, leaving him to be raised by a friend of his mother. But the feeling of being useless—that got to him more than anything.

Luckily, one of his first nights in town, Williams accompanied an acquaintance to a support group of people living with HIV/AIDS sponsored by the Bridging the Gap Project.

Supported by the *Local Funding Partnerships* program of the Robert Wood Johnson Foundation, Bridging the Gap reaches out to African Americans and other underserved groups in Indianapolis, providing confidential HIV testing, counseling and care coordination for people living with HIV/AIDS.

At the support group meeting that night was Jeremiah Lockett, Jr., Bridging the Gap's project director. Williams recalls that Lockett talked in a way that was different from staff at other HIV agencies he had been to.

"He called us 'neighbors'—not clients—which automatically drew me in," Williams says.

Lockett invited him to come into the office the next day to see what the program could do for him.

"[Lockett] did an assessment [of me] without me knowing it," Williams says.

When Williams showed up the next day, the staff welcomed him at the front door with hugs and got him set up with the services he needed.

But what proved more important that day was not what services Bridging the Gap staff offered Williams, but what Bridging the Gap asked Williams to give back. The staff asked Williams to become a volunteer to other people living with HIV/AIDS.

At first, Williams could do little more than cry, those first few days when he came to the Bridging the Gap office.

"They would let me come into their office and sit down and say, 'Well, just cry and let's just talk about it and let's see what your feelings are today.' And no matter what it was, they embraced it here."

In time, Williams began to feel better, not only mentally but physically, something he had not thought was possible.

Diagnosed HIV-positive in November 2004, Williams had spent four months in the hospital on oxygen, with a T-cell count of 7. His doctor told Williams, a former finance company manager, that he probably could never work full-time again.

When Lockett found out about Williams' background in business management, he asked, "Well, why aren't you doing anything now?"

"It was just because I was HIV-positive," Williams recalls. "That was the only answer that I had."

Bridging the Gap soon put Williams' management skills to use organizing events. And before long Williams was learning a whole new body of knowledge.

He got certified to provide HIV testing and counseling and also teaches workshops on the basics of HIV/AIDS in the community. And he serves Bridging the Gap as its housing coordinator, helping clients—or neighbors, as he prefers to call them—find affordable places to live.

"There are so many areas in this industry that I am now allowed to help people: to reach out and touch people who are infected or affected by people who are infected with HIV—or just educate the community so that the numbers will keep decreasing," Williams says.

Being involved with Bridging the Gap has shown him that being HIV-positive doesn't mean that he has to stop his life.

"Before, I would be at home, trying to figure out what I would want to do, and still not making a difference in my everyday life. Since Bridging the Gap, I have activities I do daily.

"On Monday through Friday, I feel needed. I don't have time to focus on my HIV. I do focus on my health, but I also know today that I can live with HIV," Williams says.

Bridging the Gap also gave Williams something he thought he had learned to live without—a family.

"Some days Jeremiah tells me, 'Well, Johnny, why don't you just rest today.' But when I rest, I have to call in to talk to him. And he'll do the same."

"That's what Jeremiah brings to us," Williams says. "He lets you know every day, that's the difference that Bridging the Gap is making is because of all of us here. I wake up in the morning calling people that I work and volunteer with before we even get to the office, because we enjoy it so much."

"Me being able to stand on my own two feet today is because of the support that was given me," Williams says. "Therefore I can come here and give it back."

APPENDIX 3

Yvette Vaughn: "I was pretty much cried out. I was ready to do something."

Yvette Vaughn remembers the day vividly—July 27, 1992. It was the day she went from being on top of the world to the deepest, darkest hell.

She was three months pregnant and in the doctor's office to get her very first sonogram.

"They wanted to do a TB test too," Yvette recalls, "and I was like 'Test me for everything! I'm having a child!'"

She never expected to hear the words, "You're HIV-positive."

In fact, she didn't even know exactly what that meant until it was explained to her.

"I had heard the word AIDS, but not HIV," Yvette recalls.

When she finally understood that she had a potentially deadly disease—one that could be passed to her unborn child—she thought about getting an abortion.

"I prayed over it and I decided no, if he goes, I go, you know?" Yvette recalls.

What she did instead was tuck her HIV status away into a dark recess inside where she didn't think about it much. And she told very few people her secret.

The secret ate at her, however. She didn't know how much until 2006 when she landed in an emergency room after a drinking binge.

"I was in a relationship that was not good for me and I wanted to move out," Yvette recalls.

"I had no job, no money, my car was down. I was pretty much just feeling down and out—and I turned to alcohol. But I had never had so much that I had to be hospitalized. I got scared, I'll be honest."

She poured the whole sorry story out to a friend, also HIV-positive, who said, "'Look, I know about this place that deals with people who are HIV-positive and it's possible they can help you with moving.'"

The next day Yvette went to Bridging the Gap, a program of the Ebenezer Missionary Baptist Church in Indianapolis that provides HIV testing and counseling and helps people with HIV/AIDS get the services they need to lead healthy lives.

The Robert Wood Johnson Foundation (RWJF) supports the project through its *Local Funding Partnerships* program.

The offices were in a house near the Ebenezer Missionary Baptist Church, and Yvette liked that right off.

"I had tried other facilities, but I just didn't feel that at home. There was something about here that just reached me. I felt at home."

As Yvette describes it, she just "spilled her guts out" to Jeremiah Lockett, Jr., Bridging the Gap's project director.

"I had been on my medication but I was still hiding my HIV. I was not coming forward," Yvette recalls.

"And I had this tremendous amount of guilt and I couldn't understand why. I was just so afraid of coming out. I was scared. I didn't want people to know."

Lockett listened to her story patiently, without judgment, Yvette recalls, and then he asked, "What can we help you with?" The rest of the conversation just floored her.

"I need an apartment," Yvette told Lockett.

"Done. What do we need to do now?" Lockett replied.

"Whoa! Wait a minute, back up! What do you mean 'done'?"

"Well we've got that. Now let's move on to something we may not be able to help you with."

"You mean you're really gonna help me?"

"Yes, that's done. Now let's go onto the next step."

"Well, hey, I'd like to go to school."

"Okay, done."

"I'd like to go to class and learn how to do HIV testing."

"You want to go to Indiana State Health Department and learn how to do testing?"

"Yeah, I really do."

"Done."

Within a month, Yvette was in a new apartment with her son, volunteering at Bridging the Gap, getting trained to be an HIV tester and counselor, and talking to groups of people about her HIV status.

"I was not used to hearing, 'What do you want us to do for you?'" Yvette recalls. "As opposed to 'What you need to do is...'"

Yvette says she soaked in the love and generosity of the Bridging the Gap staff like parched ground after a late rain, until a moment came when Lockett turned the tables on her.

"I was saying, 'We need more support for the women. We don't have a support group here, and he sat back and said, 'Um hmm, yeah. So what are you gonna do about that then?'"

It took a moment for Yvette to realize, "Wait a minute, I think they're offering me an opportunity here." She went to work—networking, getting out, reaching people—and in May 2006, she and others held the first meeting of the Positive Women United, a new group at Bridging the Gap.

"It's for HIV-positive women," Yvette says. "But eventually this will be a support group not just for women living with HIV, but for women coming together that are living with HIV, cancer, heart disease, depression."

Yvette says these are women, very much like herself, who may need someone to ask them the question that Lockett asked her, "So what are you going to do?" That question, says Yvette marked an important step in her "coming out"—not just to her HIV status but to herself as a strong woman.

"No one had really given me the chance to show my capabilities, you know?" Yvette says. "The other facilities I had participated in, they just wanted you to sit around in circles and cry and chat. Well, I had done all my crying pretty much by myself, so I was pretty much cried out. I was ready to do something."

"There's a saying that we use around here, 'The Lord puts people together for a reason,'" Yvette says. "My time is come and that's why I'm here, because I had a job to do here. But I had to first be willing to stand up and say, 'I have HIV.' That's all I had to do. But that was the one thing that was keeping me down for so many years."

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports

"Keeping the Dream... Bridging the Gap" calendar with HIV/AIDS statistics and facts. Indianapolis: Ebenezer Church Foundation, January 2003, 2004, 2005.

Audio-Visuals and Computer Software

"Bridging the Gap—Awareness, Application, Advocacy." Six-minute CD-ROM presenting an overview of the Bridging the Gap Project. Indianapolis: Ebenezer Church Foundation, March 2003.

"Silent Killer—Educational Video and Interactive Workbook." Fifteen-minute video and workbook designed to help prevent the spread of HIV/AIDS. Indianapolis: Ebenezer Dollars for Scholars Foundation, 2001.

Grantee Websites

www.Ebenezerprojects.com (no longer available). Provides information about the Bridging the Gap Project. Indianapolis: Ebenezer Church Foundation.