



# Answering the Call:

## How Latino Churches Can Respond to the HIV/AIDS Epidemic

### A Study of Latino Congregations in Chicago

by

Edwin I. Hernández,  
Rebecca Burwell,  
and Jeffrey Smith



UNIVERSITY OF  
**NOTRE DAME**  
Institute for Latino Studies

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Esperanza is a faith-based nonprofit organization committed to serving and advocating for the underserved and marginalized to strengthen the Hispanic community. Esperanza's initiatives help develop communities, provide technical assistance to Latino faith- and community-based organizations, advocate for HIV/AIDS awareness, and provide workforce development opportunities.

INSTITUTE for



The Institute for Latino Studies, in keeping with the distinctive mission, values, and traditions of the University of Notre Dame, promotes understanding and appreciation of the social, cultural, and religious life of US Latinos through advancing research, expanding knowledge, and strengthening community.

Esperanza is pleased to present its second study on Latino clergy and their congregations' direct involvement with HIV/AIDS-related activities. Driven by a mission to serve and advocate for the marginalized and underserved in our community (Matthew 25:40), we present this study to engage Latino congregations in the United States in the work of prevention, support, and referral services to people affected by HIV/AIDS.

This report is part of Esperanza's ongoing effort to create faith-sensitive resources for congregations to raise awareness about HIV/AIDS. These include a music CD with a compilation of songs from leading Christian artists, a short film dramatizing the polarizing effect HIV/AIDS can have in a congregational setting, and a biblical study guide that can be used as a companion to the film. Additional resources include a minister's manual for those wishing to start an AIDS ministry within their congregations and a book on how to prevent and understand HIV/AIDS. All of these resources, which offer clergy tools that help dispel the pervasive myths associated with HIV/AIDS, can be found on our website [www.esperanza.us](http://www.esperanza.us).



It is our sincere hope that this report will help faith leaders understand the significance of this work to the mission of their churches. We thank the Institute for Latino Studies at the University of Notre Dame for their work in creating the report and Edwin Hernández and his team at the Center for the Study of Latino Religion for their careful execution of the Chicago Latino Congregations Study upon which the document is based. We also thank the Hope through Healing Hands Foundation for their generous support of Esperanza's HIV/AIDS education and awareness programs.

Given the 1,200,000 people currently living with HIV/AIDS in the United States and the fact that Latinos make up almost 20 percent of AIDS cases despite comprising only 14 percent of the population, it is evident that we need an urgent call to action. We need to prevent the spread of AIDS and support the infected who are living in the shadows of our pews, fearful of being judged and rejected. We also need to help the loved ones of those stricken with this virus who bear the arduous work of care giving. We hope this report will be a catalyst for such action.

2  A small yellow rectangular box containing the number '2' followed by a decorative icon of three horizontal wavy lines.

*Rev. Luis Cortés, Jr.*

The Reverend Luis Cortés, Jr.  
President, Esperanza



The Institute for Latino Studies is working to provide Latinos and Latinas with information about the realities of HIV/AIDS (see: [www.contrasida-aids.org](http://www.contrasida-aids.org)), and we are pleased to offer this report on how Latino congregations in Chicago are responding to the HIV/AIDS epidemic.

This report presents important information from the Center for the Study of Latino Religion's intensive study of Latino congregations in Chicago about what these churches are doing to address HIV/AIDS and what resources might help expand such efforts. It is my hope that this report will encourage community members, public officials, and religious leaders to become active partners in the effort against HIV/AIDS in the Latino community.

I would like to thank Edwin Hernández and his research team members Rebecca Burwell and Jeffrey Smith for conducting the research and writing this report as well as Caroline Domingo and Zoë Samora of the Institute's publications unit for editing the manuscript and preparing it for publication. Finally, I want to thank our partners at Esperanza: I look forward to our collaboration in the years ahead on this and other projects.

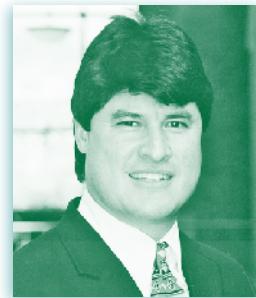
*Gilberto Cárdenas*

Gilberto Cárdenas, Assistant Provost  
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## About the Researchers

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*The authors wish to thank the Hope through Healing Hands Foundation and Esperanza for underwriting the publication of this report. We also thank Kari Jo Verhulst for her excellent editorial support and Dr. Chris Fulcher from the University of Missouri-Columbia for generating the GIS map. Finally we thank the religious leaders who participated in the Chicago Latino Congregations Study for allowing us to interview and survey both them and their parishioners.*

The Hope through Healing Hands Foundation (formerly known as World of Hope) was established in 2004 by then-US Senate Majority Leader Bill Frist, MD, to promote improved quality of life for communities around the world. For its first major campaign, Senator Frist and the Board identified HIV/AIDS as the primary focus for its philanthropy. This includes the distribution of charitable contributions to support infrastructure, education, health care, emergency relief, and access to general aid. As one of the organizations selected by Hope through Healing Hands, Esperanza received a \$500,000 grant to fund its HIV/AIDS education and awareness products.



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# Introduction

Since the first case of AIDS was diagnosed in this country some twenty-six years ago, HIV/AIDS<sup>1</sup> infection rates have risen dramatically in communities of color across the United States.<sup>2</sup> According to Chicago's Office for HIV/AIDS Surveillance, in recent years the disease has disproportionately affected that city's Latino population.<sup>3</sup> Because of the disease's threat to the Hispanic community, Latino churches in Chicago have begun to ask themselves, "How as a community of faith do we respond to this epidemic?"<sup>4</sup>

Some recent studies have shown that religion has a deterrent effect on behaviors that put one at risk for HIV infection, such as drug and alcohol abuse and early sexual activity involving a number of partners (Cochran et al. 2004; Ginn et al. 1998; Jeynes 2003; Hayes, Porter, and Tombs 1998; Hardy and Raffaelli 2003; Mott et al. 1996; Pence and Hubbard 2001; Wallace and Forman 1998). Adolescents and young adults have been found to be likely to modify their behavior depending on their degree of religious involvement (Hayes 1987; Patock-Peckham et al. 1998; Jeynes 2003; Thornton and Camburn 1989; Brown et al. 2001; Cochran 1992 and 1993; Cochran and Akers 1989; Hardy and Raffaelli 2003; Mason and Windle 2002; Muller and Ellison 2001), and this modified behavior has been found to continue into adulthood (Krause 2003).

Studies conducted in New York (Latkin, Tobin, and Gilbert 2002) and Miami (McBride et al. 1994) found that churches serve as an important source of information for high-risk groups such as street intravenous drug users in those cities. This research also found that churches provide support and social regulation in encouraging testing, health care, and avoidance of risky behavior such as using unclean needles. These findings suggest that churches in other cities might make important contributions to preventing the spread of HIV through education and social support.



Churches often play an important role in social service provision in urban neighborhoods (Cnaan et al. 2002). For the Latino community in particular, churches play a fundamental social service and social networking role (Cnaan, Hernández, and McGrew 2006) and thus shape what Sampson, Raudenbush, and Earls (1997) refer to as "collective efficacy," or a neighborhood's ability to achieve an intended effect or community goal. Churches are essential to integrating recently arrived immigrants into community life and are often the only institutions that undocumented immigrants can access for help (Ebaugh and Chafetz 2000). Thus Latino congregations may occupy an especially important position in helping Latinos/as affected by HIV/AIDS, particularly those who are isolated from other networks, tap into relevant resources and services. Yet little, if any, research focusing specifically on Latino congregations has examined how Latino churches have responded to the AIDS epidemic.

To better understand how Latino churches might be involved in helping people living with HIV/AIDS, this report examines how Latino congregations and their leaders in the Chicago area are responding to HIV/AIDS and those it affects in their communities. Our findings are based primarily upon an

1 Unless otherwise indicated, "HIV/AIDS" is used to describe the combined category of people who are HIV-positive but do not have AIDS and people who have AIDS; "AIDS" is used alone when we are talking only about persons who have the disease.

2 Centers for Disease Control and Prevention (CDC) "HIV/AIDS Fact Sheet," June 2006. All statistics given are based on the latest available data, [www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm](http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm).

3 "Chicago HIV/AIDS Brief for Hispanics," 2004.

4 The terms "Latino" and "Hispanic" are used equivalently in this report to describe people who live in the United States and share a connection, by birth or ancestry, to Latin America.



extensive study of Latino congregations—the Chicago Latino Congregations Study (CLCS)<sup>5</sup>—that was completed in early 2007.<sup>6</sup> For this study, Latino/a ministers<sup>7</sup> were surveyed extensively on a range of issues, including attitudes and behaviors toward HIV/AIDS.<sup>8</sup> In addition, the experiences and perspectives of Latino/a adult congregants were gathered via a separate survey conducted at 75 of these congregations.<sup>9</sup>

We also draw upon a field study that the research team conducted with pastors and community-based organizations that are actively addressing HIV/AIDS within the Latino faith community in Chicago. These qualitative data provide a more in-depth window into the challenges that Latino churches encounter in responding to HIV/AIDS as well as insights into what has prompted pastors and other religious leaders to become involved in HIV/AIDS ministry.

This report is divided into six sections. The first part presents the most recent statistics available on the scope of the HIV/AIDS crisis in the general US Latino population and in the city of Chicago. The second examines how the disease is affecting Latino congregations, including the level of familiarity among ministers of Latino congregations with persons suffering from HIV/AIDS. The third examines what activities Latino congregations in Chicago are engaged in, and the fourth what pastoral characteristics might explain the difference between active and inactive congregations. The fifth section examines the barriers that religious leaders who are engaged in HIV/AIDS ministries in the Latino community encounter and what they identify as critical to their efforts, and the sixth and final section presents a summary of our key findings and a list of recommendations for action.

## I. Scope of the Illness: HIV/AIDS in Chicago

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To set the stage for our investigation of the role of Chicago Latino congregations in responding to HIV/AIDS we first examine the scope of the crisis both nationally and in Chicago. Since the first case of AIDS was reported in the United States in 1981, HIV/AIDS has grown at an alarming rate. In the early years of the epidemic, the disease primarily affected non-Hispanic white men, but it has since reached into every community and population.

5 We would like to thank The Pew Charitable Trusts, The Richard and Helen DeVos Foundation, the Louisville Institute, and the Annie E. Casey Foundation, whose grants made the Chicago Latino Congregations Study possible.

6 Leaders of 175 Latino congregations in the metropolitan Chicago area participated in this study. These churches constitute approximately 29 percent of Latino churches in this area. “Latino church” is defined here as a Protestant congregation with a 50 percent or higher population of Latinos/as (either in actual membership or attendance) or a Catholic parish with a 30 percent or higher population of Latinos/as.

7 For the sake of simplification, we use “Latino minister” throughout this report to refer to the congregational leaders who participated in our study, even though our sample includes some white non-Hispanic priests serving parishes with substantial Latino populations. All of the Protestant participants were ordained/appointed ministers, and of the Catholic leaders, roughly half were priests and the other half were Latino/a lay leaders who held leadership positions within their congregations.

8 Of the 175 ministers, 75 participated in an expanded version of the survey instrument. The denominational breakdown of the 75 participants in the longer ministers’ survey is: 20 Catholics, 9 Mainline Protestants, 21 Evangelicals, and 25 Pentecostals. For more information on the methodology see the appendix; for a detailed explanation of the CLCS data, methodology, and weighting, including a breakdown of what questions about HIV/AIDS were asked in each of the minister instruments, see Edwin Hernández, Rebecca Burwell, and Jeffrey Smith, “Methodological Design, Procedures, and Analysis of the Chicago Latino Congregational Study” at the Center for the Study of Latino Religion’s website, Institute for Latino Studies, University of Notre Dame, [www.nd.edu/~cslr/](http://www.nd.edu/~cslr/).

9 A total of 2,836 Latino/a adult congregants completed the congregant survey. Though participation was not limited to persons who were formally members of the congregation, 96 percent of the survey respondents said they attended the church at which they completed the survey at least once a month and 80 percent indicated that they were members of the congregation.

The Centers for Disease Control and Prevention (CDC) reports that at the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS.<sup>10</sup> Even more noteworthy for our purposes, the CDC estimates that two-thirds of reported HIV/AIDS cases in the United States in 2005 were racial minorities (18 percent Hispanic and 50 percent African American). The CDC also reports that from 1981 to 2005, 956,666 adolescents and adults in the United States were diagnosed with full-blown AIDS, more than half of whom (530,756) had since died.<sup>11</sup> CDC statistics from 2004 show that 17.1 out of every 100,000 persons in the general US population had AIDS in that year.<sup>12</sup> These rates are considerably higher for minority populations: 25 out of every 100,000 Latinos/as and 72.1 out of every 100,000 African Americans have AIDS, compared to 7.1 out of every 100,000 white non-Hispanics. Statistics from 2002 show that AIDS was the third leading cause of death nationally among Hispanic men aged 35 to 44 and the fourth leading cause of death among Hispanic women in the same age group. In addition, deaths among Latinos/as with AIDS increased in the United States by 7 percent between 2000 and 2004, compared to a 19 percent decrease among white non-Hispanics.

Like other large metropolitan areas, Chicago has been heavily impacted by the HIV/AIDS epidemic. The total number of Chicagoans living with HIV/AIDS was 21,038 as of December 31, 2006.<sup>13</sup> Though these 21,038 people account for nearly two-thirds of the cases of people living with HIV/AIDS in Illinois, Chicago represents only 22 percent of Illinois' total population. Consequently, Chicago carries much of the state's burden when it comes to HIV/AIDS cases.



According to Chicago's Office for HIV/AIDS Surveillance, in recent years the disease has disproportionately affected that city's Latino population.<sup>14</sup> Further, only 31 percent of Latinos/as in Chicago have health insurance (Holmquist, Karp, and Kong 2001), which greatly limits access to health care and education. As the number of new diagnoses remains relatively constant and with infected people living longer, the number of Chicagoans living with HIV/AIDS continues to increase each year. Given that HIV/AIDS is a leading cause of death for Latino/a adults, it is hard to imagine that a church could remain untouched by this illness.

The map on the next page shows the location of Latino congregations in relationship to rates of AIDS among the general population in Chicago as well as HIV/AIDS service providers.<sup>15</sup>

As this map illustrates, Latino congregations are located in several of the neighborhoods in Chicago that have high concentrations of people with AIDS. It also shows that most Latino congregations in Chicago are not geographically isolated from this disease. But to what extent are they aware of its scope? Have these congregations and their leaders been directly touched by persons suffering from AIDS?

10 CDC fact sheet "A Glance at the HIV/AIDS Epidemic," [www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm](http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm). The CDC bases its statistics on the number of HIV/AIDS diagnoses that state and local health departments report to the agency and thus do not include affected but undiagnosed persons.

11 CDC fact sheet "A Glance at the HIV/AIDS Epidemic."

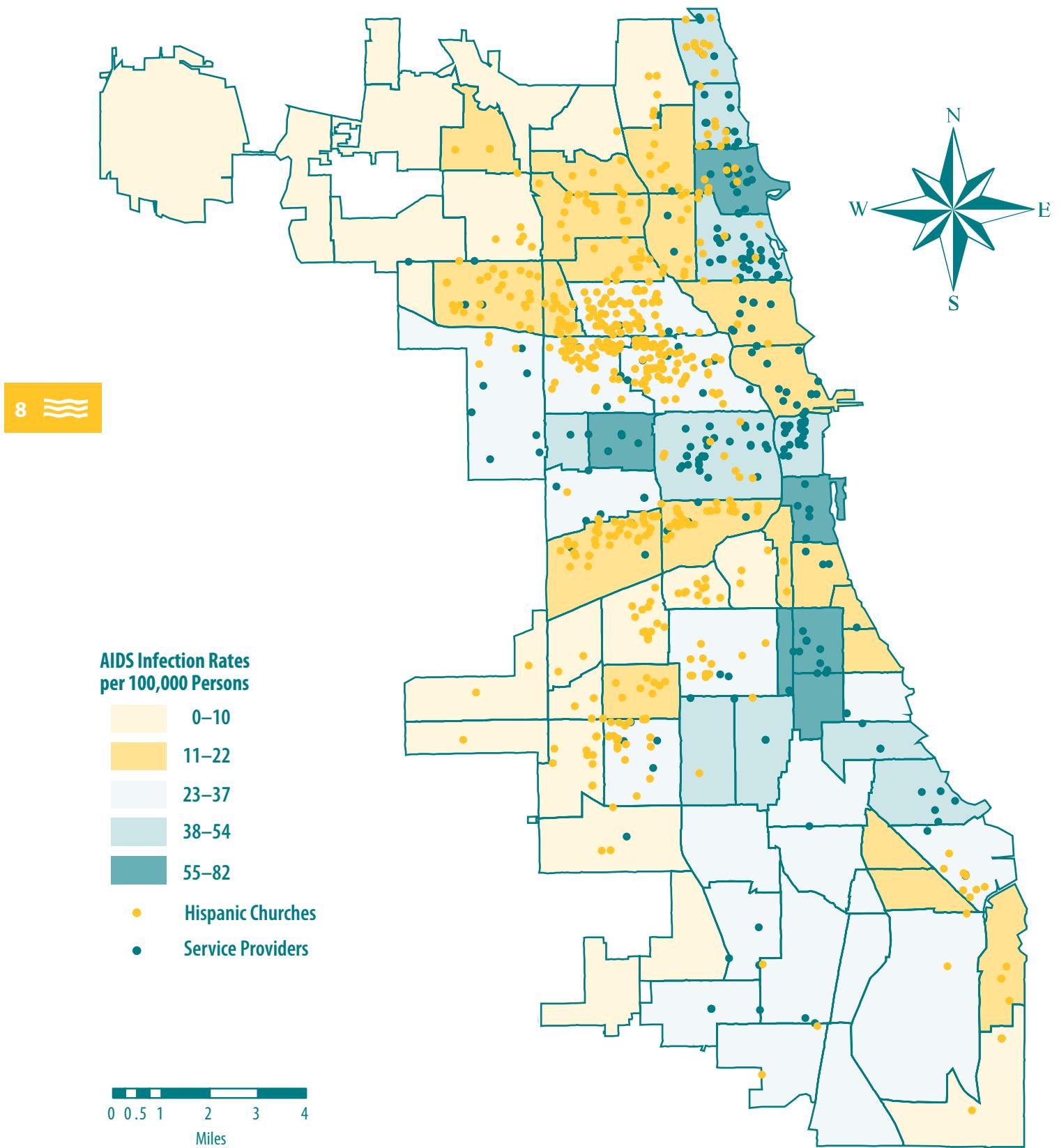
12 CDC Surveillance Report, 2005, volume #17, "Cases of HIV Infections and AIDS in the United States and Dependent Areas, 2005," [cdc.gov/hiv/topics/surveillance/resources/reports/2005](http://cdc.gov/hiv/topics/surveillance/resources/reports/2005).

13 "STD/HIV/AIDS Chicago, Surveillance Report," Chicago Department of Public Health, 2006, [http://egov.cityofchicago.org/webportal/COCWebPortal/COC\\_EDITORIAL/StdHivAidsChgoWinter06.pdf](http://egov.cityofchicago.org/webportal/COCWebPortal/COC_EDITORIAL/StdHivAidsChgoWinter06.pdf).

14 "Chicago HIV/AIDS Brief for Hispanics," 2004.

15 The locations of HIV service providers were derived from electronic versions of the Test Positive Aware Network's (TPAN) 2002 *Chicago Area HIV Services Directory* and *Chicago Area Directory of HIV Professionals*. AIDS infection rates per 100,000 people by geographical area came from the *Chicago Community Area Health Inventory*, Chicago Department of Public Health, which summarizes health data for Chicago's 77 community areas.

## Hispanic Churches, HIV/AIDS Service Providers, and AIDS Infection Rates across Chicago's Community Areas



## II. How Is HIV/AIDS Affecting Latino Congregations?

Almost all of the ministers who participated in the CLCS (86 percent) indicated that they know someone who suffers from or has died of AIDS.<sup>16</sup> Moreover, over a quarter (26 percent) of the adult Latino/a churchgoers we surveyed know someone who suffers from or has died of HIV/AIDS. Though we found no significant denominational differences in the pastors' answers to this question, we did find that congregants from Mainline Latino Protestant churches (38 percent) were more likely to have known someone with HIV/AIDS than were members of Catholic (23 percent), Evangelical (23 percent), or Pentecostal (28 percent) churches.<sup>17</sup> We also found that ministers who identify themselves as theologically liberal (100 percent) were more likely to know someone with or who had died of AIDS than either theological moderates (88 percent) or conservatives (78 percent).<sup>18</sup>

The survey also asked ministers how many people they knew with or who had died of AIDS, to which 42 percent answered one or two people, 28 percent said three to five people, and 16 percent indicated that they knew six or more people. The ministers were then asked to specify the race/ethnicity of the person(s) they so knew, and 86 percent identified these acquaintances as Latino/a. The survey further asked whether the people the ministers knew best with or who had died of AIDS were associated with their church, and the considerable majority (71 percent) answered "yes." Thirty-two percent said these acquaintances were members of their churches, 29 percent said they were relatives of church members, and 10 percent that they had visited their churches. These findings indicate that the HIV/AIDS crisis has come close to home for hundreds of Latino congregations and church members—a reality that has far-reaching consequences for the ministry and congregational life of Latino churches in Chicago.

Another measure of how aware Latino congregational leaders are of HIV/AIDS is how confident they are in their level of knowledge on the issue. Our survey found that 62 percent of ministers of Latino congregations in Chicago believe that they have "adequate knowledge about HIV/AIDS to be able to help a person or family struggling with this issue." Interestingly, we found no correlation between a pastor's denominational affiliation and the likelihood that he or she reported having "adequate knowledge" about HIV/

AIDS. However, we did find significant differences along the lines of the pastor's educational attainment (see Table 1). Specifically, ministers with graduate-level education are more likely than those with less education to say that they have adequate knowledge about HIV/AIDS to help people struggling with this issue.

**Table 1**  
**Percentage of Latino/a Ministers Who Agree with the Statement**  
**"I feel like I have an adequate knowledge about HIV/AIDS to be able to help a person or family struggling with this issue,"**  
**by Highest Level of Education Attained**

Less than BA	BA (4-year degree)	Graduate Level (Master's degree or higher)
47%	56%	79%

Regardless of their educational attainment, the ministers in our sample are in favor of raising awareness about HIV/AIDS. A considerable majority (83 percent) believe that their congregations could benefit from an information session on HIV/AIDS. Not surprisingly, ministers who reported having known

16 The specific question asked: "Do you know someone who suffers from or has died of AIDS?"

17 Because of the low number of Mainline Protestant clergy in our study, these results need to be interpreted cautiously. However, all tables and findings in the report are statistically significant at a minimum level of  $p < .05$ .

18 Without further defining the terms, the survey asked the ministers to self-identify as theologically conservative, moderate, or liberal. In all, 33 percent of our sample identify as conservative, 52 percent as moderate, and 14 percent as liberal or progressive.

someone with AIDS were more likely to say this (85 percent) than those who did not have this personal connection to the disease (67 percent).

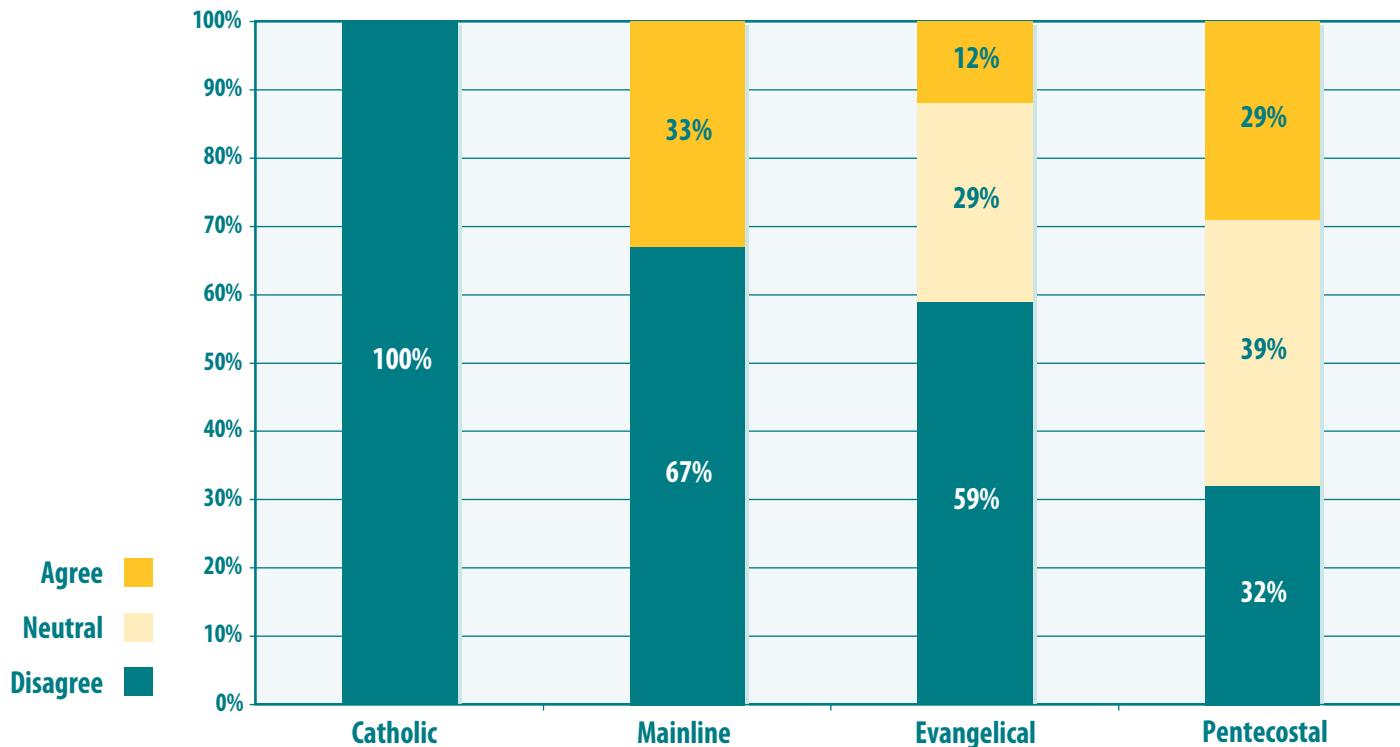
A small but significant proportion of Latino/a ministers have serious intentions of going beyond raising awareness to minister directly to the afflicted. Specifically, 22 percent of study participants indicated that they had considered “starting a ministry for HIV/AIDS patients and their families” within the last three years.

While the survey showed evidence of much sympathy and concern for HIV/AIDS sufferers, we also investigated the possibility of more negative attitudes. Within some religious communities, the belief persists that personal behavior and choices are directly responsible for contracting HIV/AIDS and thus that “living rightly” is the only guarantee against the disease. Even more starkly, HIV/AIDS has been understood to be a punishment from God for sinful behavior. In order to gauge whether Latino/a clergy in Chicago share this theological understanding of HIV/AIDS, we asked our survey participants to indicate whether they agreed with the statement: “HIV/AIDS is a punishment from God for leading a sinful life.” Interestingly, the majority of Latino/a ministers (59 percent) disagreed with this view, 21 percent were neutral, and 20 percent agreed that the disease is divine punishment for sin.<sup>19</sup>

10 

Figure 1 shows how the ministers in our sample answered this question along denominational lines. All of the Catholic leaders disagreed with this statement, as did majorities of both the Mainline Protestant

**Figure 1**  
**Latino/a Ministers’ Responses to Statement “HIV/AIDS is a punishment from God for leading a sinful life,” by Denominational Group**



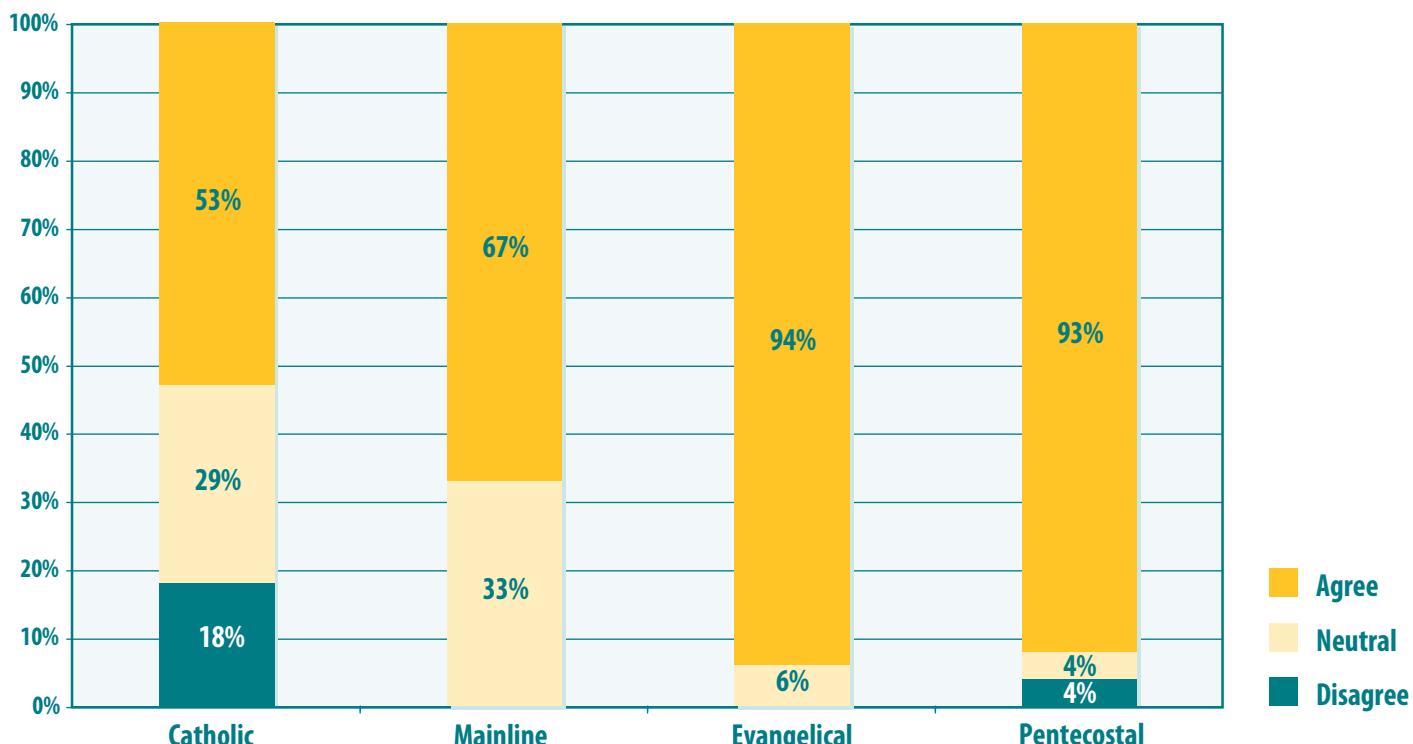
<sup>19</sup> The percentage of respondents in our sample who affirm this theological interpretation of HIV/AIDS is similar to that found among Christians in the general US population. According to the Pew Forum on Religion & Public Life’s extensive study of renewalist Christians in ten countries, 20 percent of Christians in the United States agree with the statement: “AIDS is God’s punishment for immoral sexual behavior.”

(67 percent) and Evangelical (59 percent) ministers we surveyed. Higher percentages of Pentecostal and Evangelical ministers remained neutral toward the statement (39 percent and 29 percent, respectively) than outright agreed with it (29 percent and 12 percent, respectively). Thirty-three percent of Mainline Protestant ministers said they agreed with this theological interpretation of AIDS; however, because of the small number of Mainline Protestant respondents in our study, caution must be exercised in interpreting these results.

Though the 20 percent of CLCS ministers who believe that HIV/AIDS is punishment for sin constitute a minority, we were interested to see whether and how they varied from the 80 percent who did not affirm this understanding. We found no statistically significant variations here, even in areas where we expected to. Specifically, ministers who regard AIDS as divine punishment were neither less formally educated nor more theologically conservative than those who were neutral or disagreed that AIDS is punishment from God. Further, they were equally likely to say they know someone with or who had died of AIDS.

A large majority (80 percent) of the ministers we surveyed believe that people infected with HIV/AIDS and their families feel supported and welcome at their church. Strikingly, those ministers who believe that HIV/AIDS is a punishment from God are as likely to say that their churches are welcoming as ministers who do not interpret the disease this way.<sup>20</sup> Nevertheless, given that this interpretation of AIDS is still held by a substantial minority of pastors, individuals infected with HIV/AIDS and their

**Figure 2**  
**Latino/a Ministers' Responses to Statement "People with HIV/AIDS and their families feel supported and welcomed at our church," by Denominational Group**



<sup>20</sup> It is important to note that we suspect that pastors want their churches to be perceived as welcoming environments, or might truly believe that they are so, even if someone living with HIV/AIDS might not in fact feel welcome. Thus further research investigating the direct experiences of people with HIV/AIDS and their families will alone grant us an accurate view of how welcoming Latino congregations actually are in this regard.

families might hesitate to seek support from religious congregations and might not find the church to be a welcoming environment.

We also find, as Figure 2 shows, that Pentecostal and Evangelical ministers are more likely than Mainline and Catholic ministers to say “people with HIV/AIDS and their families feel supported and welcome at our church.”<sup>21</sup>

Latino congregational leaders’ optimistic assessment of their hospitality toward persons with AIDS is matched by a belief that HIV/AIDS is a critical matter for their churches’ missions. The considerable majority (86 percent) of the ministers we surveyed believe that “congregations/parishes should be involved in efforts aimed at preventing the spread of HIV/AIDS.” Further, more than three-quarters (78 percent) of adult Latino/a churchgoers in Chicago concur, regardless of denominational background. Yet simply affirming that churches should address this issue is not the same thing as taking concrete action. How and to what extent are Latino churches actually engaging the issue?

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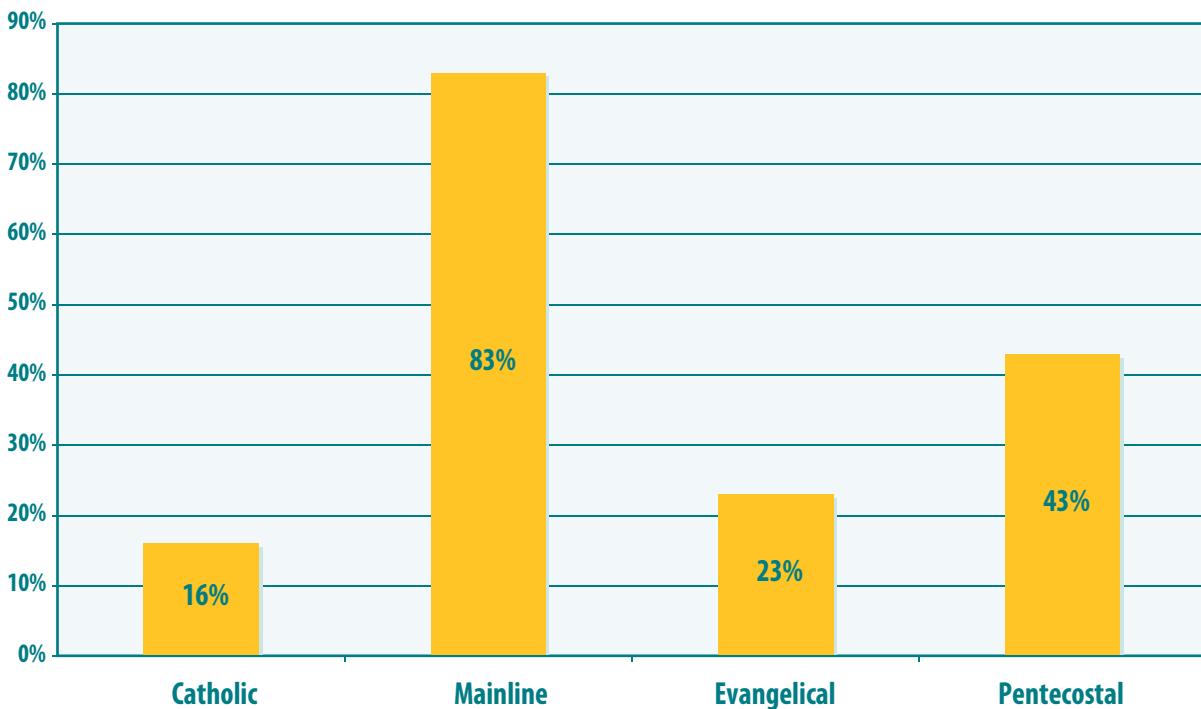
21 Because of rounding, the percentages in Figures 2 and 8 do not all add up to 100 percent.

### III. How Are Latino Congregations Responding to HIV/AIDS?

As the evidence above shows, most ministers serving Latino congregations know people living with or who have died of AIDS, and many of these persons are or were somehow connected to the church. We also found that most Latino congregational leaders and congregants believe that churches should be actively engaged in HIV/AIDS prevention efforts. But how and to what extent are Latino churches in Chicago currently involved in HIV/AIDS-related activities?

One thing they are doing is making information about HIV/AIDS available to their parishioners. Our survey found that such activity is taking place in at least a third of the churches we surveyed. Specifically, a majority of congregants in 36 percent of the churches in our study reported having received HIV/AIDS information at their church. As Figure 3 shows, Latino Mainline Protestant churches are considerably more likely to distribute HIV/AIDS information than any of the other denominational groups in our study. A majority of congregants at 83 percent of Mainline Latino churches in Chicago told us they have received such information compared to majorities at 43 percent of Pentecostal, 23 percent of Evangelical, and 16 percent of the Catholic parishes we surveyed.

**Figure 3**  
**Percentage of Latino/a Congregants Who Received HIV/AIDS Information at Their Church, by Denominational Group**



To get a more detailed sense of what Latino congregations are doing in response to HIV/AIDS, we asked the ministers which of seven HIV/AIDS-related activities their congregations had engaged in during the past three years (see Table 2, next page), and found that the most widely conducted activity was inviting someone to speak to one's congregation about HIV/AIDS; a third (33 percent) of the ministers we surveyed had invited someone to do so. Nearly a quarter (23 percent) indicated that HIV/AIDS-related posters had been put up in their churches, which was the second most frequently occurring activity.

**Table 2**  
**Rate of Latino Congregational Engagement in HIV/AIDS-Related Activities**

"Indicate which of the following activities related to HIV/AIDS your congregation or parish has done in the past three years":	Percentage of congregations that performed each activity
<b>1 Point</b>	
<b>1. Provided space for an HIV/AIDS-related group or ministry to meet</b>	<b>15%</b>
<b>2. Put up HIV/AIDS-related posters in your church</b>	<b>23%</b>
<b>3. Brought someone in to speak to the congregation or parish about HIV/AIDS</b>	<b>33%</b>
<b>2 Points</b>	
<b>4. Gathered a youth group (12–18 years old) to discuss HIV/AIDS-related topics</b>	<b>22%</b>
<b>5. Provided you (the church leader) training in HIV/AIDS-related issues</b>	<b>19%</b>
<b>3 Points</b>	
<b>6. Gathered a parent or adult group to discuss HIV/AIDS-related topics</b>	<b>14%</b>
<b>4 Points</b>	
<b>7. Formed HIV/AIDS-care volunteer groups that minister to HIV/AIDS patients</b>	<b>6%</b>

In order to deepen our analysis of Latino congregational involvement vis-à-vis HIV/AIDS, we created an activities scale based upon our appraisal of the barriers involved in performing each activity.<sup>22</sup> This scale provides a more accurate picture of the varying levels at which Latino congregations in Chicago are engaging in HIV/AIDS-related activities. Table 3 shows the aggregate scores for each level of engagement and indicates that 52 percent of Latino congregations are engaged in some level of activity.

**Table 3**  
**Aggregate Scores of Chicago Latino Congregations' Level of Involvement in HIV/AIDS-Related Activities**

% of Churches	Level of Involvement	Score
48%	None	0
21%	Low Level	1–2
17%	Medium Level	3–5
14%	High Level	6–14

<sup>22</sup> Statistical tests indicate that the HIV/AIDS activities questions have a high degree of reliability ( $\alpha=.71$ ). Since activities like providing space to outside HIV/AIDS-related groups, putting up a poster, or inviting someone to speak at one's church are potentially one-time efforts that do not entail large amounts of effort or risk, we assigned these activities a score of 1 point. In contrast, forming an HIV/AIDS-care volunteer group to minister to HIV/AIDS patients reflects a much larger commitment of time and effort, and so we gave this activity a score of 4. Having assigned each activity a point score, we then tallied the scores of each congregation's reported activities and ranked each congregation into one of four levels of HIV/AIDS involvement: congregations scoring 6–14 points in total were ranked as "high level"; congregations scoring 3–5 points in total as "medium level"; congregations scoring 1–2 points in total as "low level"; and congregations scoring 0 points were labeled "none" (see Table 3).

**Figure 4**  
**Specific HIV/AIDS-Related Activities, by Latino Congregations' Overall HIV/AIDS Activity Level**

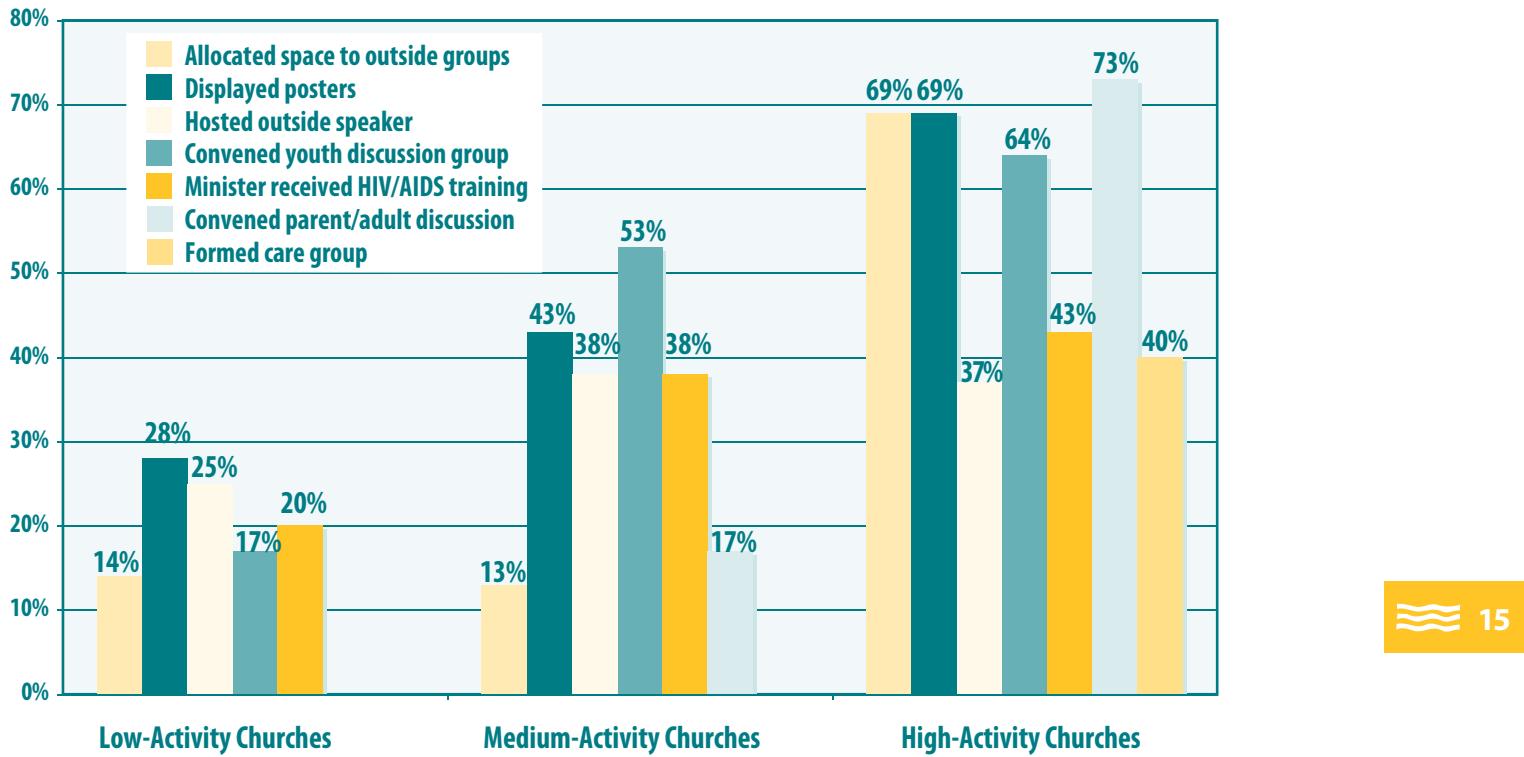
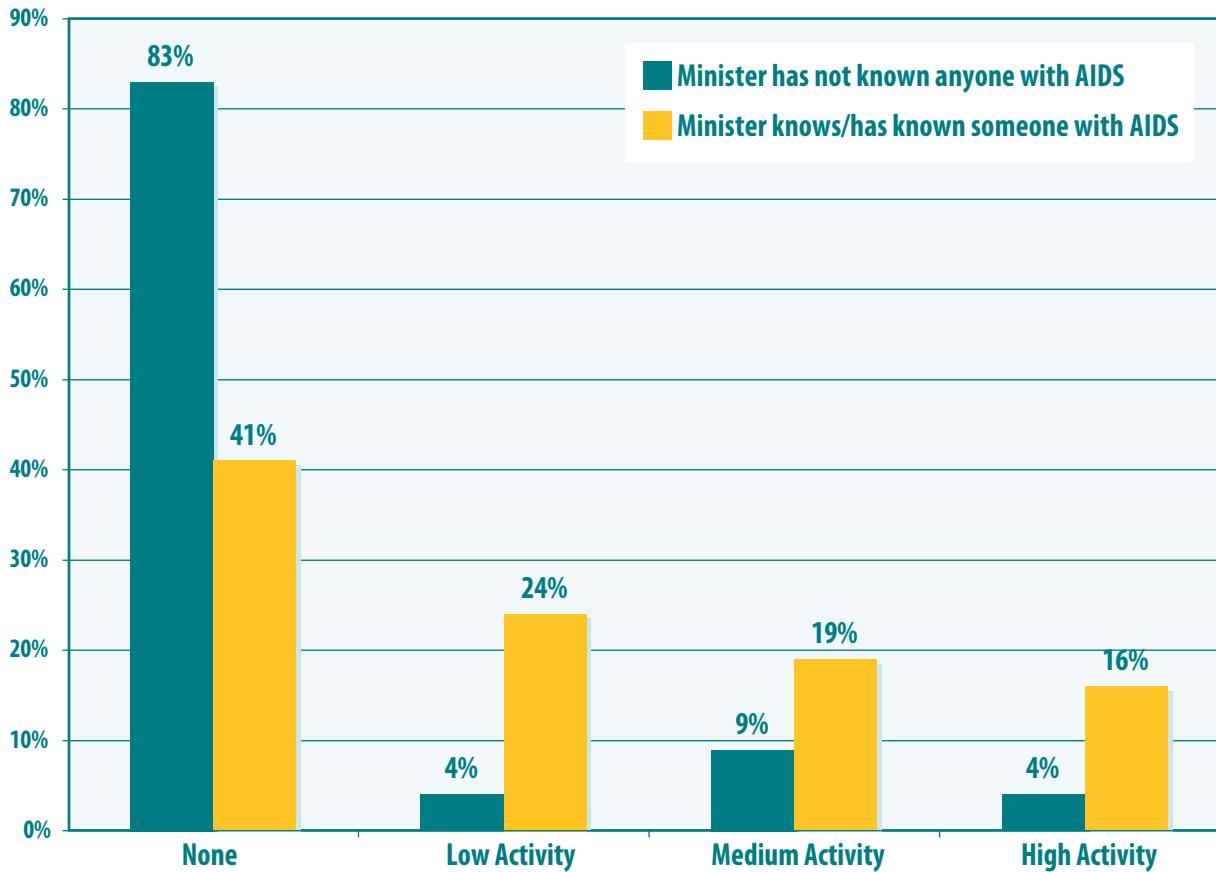


Figure 4 shows the percentage breakdown of the individual HIV/AIDS-related activities that each category of congregation is engaged in. It illustrates that the churches we designated as “high-activity” are more engaged in even low-demand efforts, such as hanging up HIV/AIDS-related posters, than are congregations that scored as “low-activity” (69 percent vs. 28 percent, respectively). High-activity churches are also the only group to have organized volunteer care groups (40 percent have done so) and report higher rates of having gathered a youth group to discuss HIV/AIDS (64 percent) compared to medium- (53 percent) or low-activity (17 percent) congregations.

## IV. What Differentiates Latino Congregations That Engage in HIV/AIDS-Related Activities from Those That Do Not?

As we have just shown, over half (52 percent) of Latino congregations in the metropolitan Chicago area are engaged in HIV/AIDS activities. To get a sense of what might contribute to a congregation taking action and what might differentiate active congregations from those that are not engaged in HIV/AIDS efforts, we investigated numerous pastoral and congregational characteristics to see which ones emerged as significant factors. Interestingly, though we suspected that inactive congregations might tend to be smaller than more active ones and/or have leaders who are less acculturated,<sup>23</sup> levels of HIV/AIDS-related activity did not significantly differ by either congregational size<sup>24</sup> or the ministers' levels of acculturation.

**Figure 5**  
**Relationship between a Latino/a Minister Knowing Someone with AIDS and His/Her Congregation's Level of HIV/AIDS-Related Activity**

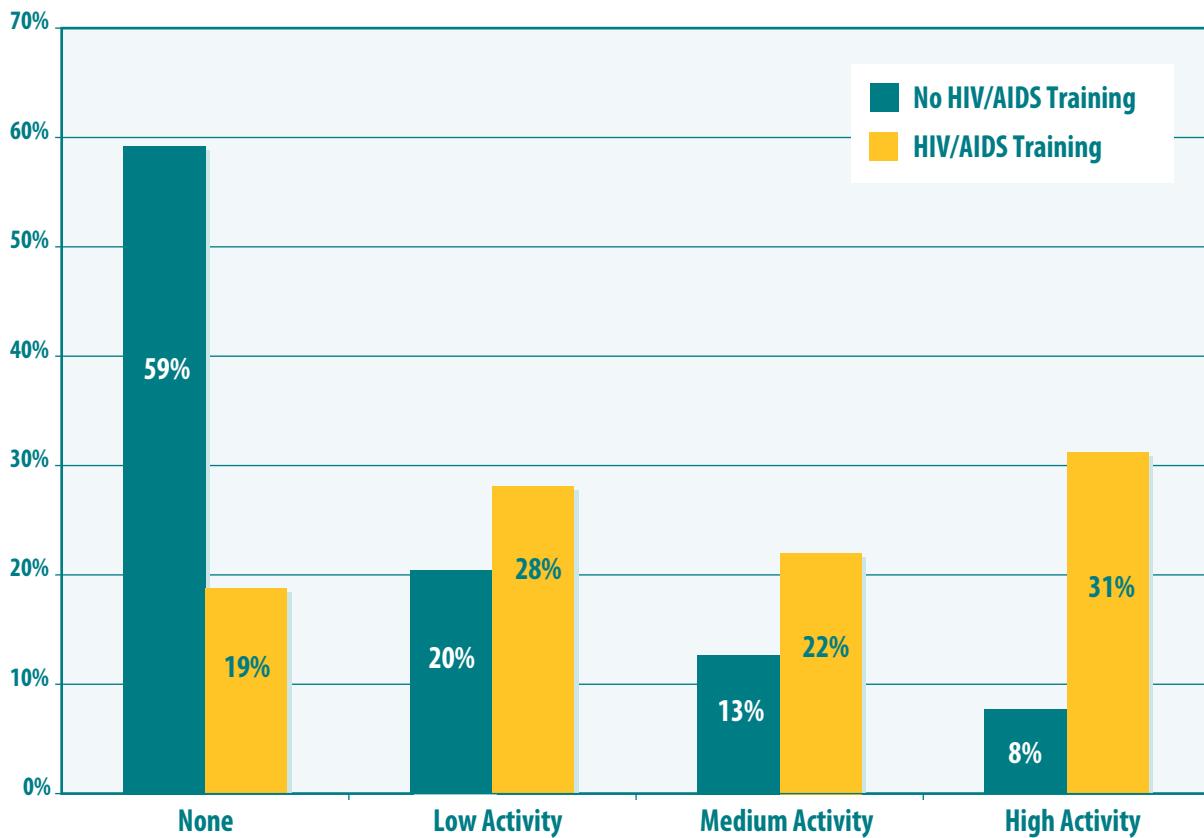


<sup>23</sup> Acculturation in this paper was determined using a scale developed by Gerardo Marin et al. in "Development of a Short Acculturation Scale for Hispanics," *Hispanic Journal of Behavioral Sciences* 9:2 (June 1987), pp. 183–205. This composite of English-language usage scales was based on four questions: "In general, what language do you: (1) read, (2) think, (3) speak at home, and (4) speak with your friends?" Our Cronbach's alpha was .93. Those who scored a mean of 2.99 or above are considered highly acculturated (59 percent of the overall sample) and those who scored below 2.99 are considered less acculturated (41 percent of the overall sample).

<sup>24</sup> Congregations were divided into two size categories: fewer than 100 participants (47 percent of the total sample) and 100 or more participants (53 percent of the total sample). Not surprisingly, congregations varied considerably along denominational lines—97 percent of the Catholic parishes have 100 or more participants compared to 47 percent of Pentecostal, 40 percent of Evangelical, and 30 percent of Mainline congregations.

However, we did find multiple correlations between variables associated with a leader's training and experience and whether or not his or her congregation engages in HIV/AIDS activities. To begin with, we found a strong correlation between a minister knowing someone with AIDS and a congregation being involved in HIV/AIDS-related activities (Figure 5). Compared to churches whose ministers do not know someone with AIDS, churches whose ministers know someone with AIDS are significantly more likely to be engaged in low-level HIV/AIDS-related activity (24 percent vs. 4 percent); medium-level activity (19 percent vs. 9 percent); and high-level HIV/AIDS-related activity (16 percent vs. 4 percent). It also shows that though 41 percent of ministers who know someone with AIDS pastor churches engaged in no HIV/AIDS activity, the rate of inactivity is double (83 percent) in churches whose ministers do not know someone with AIDS. Though the causal relationship is not known, these findings at least suggest that an encounter with a parishioner or other community member who has AIDS might prompt a congregation to become involved in HIV/AIDS-related ministry.

**Figure 6**  
**Relationship between a Latino/a Minister Receiving HIV/AIDS Training and His/Her Congregation's Level of HIV/AIDS-Related Activity**



Another factor that seems to impact Latino congregational engagement with HIV/AIDS is whether or not a leader has undergone training on HIV/AIDS. Though only a minority (19 percent) of our sample had done so, further analysis found that such training is strongly associated with whether or not a church engages in HIV-related activities. As Figure 6 shows, ministers who received HIV/AIDS-related training were significantly more likely to serve congregations that are engaged in HIV/AIDS-related activities, particularly at the high-intensity level (31 percent vs. 8 percent, respectively). Moreover, nearly six out of ten congregations (59 percent) whose ministers had not received such training were

engaged in no HIV/AIDS activity whatsoever, compared to roughly two out of every ten congregations (19 percent) whose ministers had undergone such training.

We also found a close association between HIV/AIDS training and personally having known someone with the disease. Of the 86 percent of ministers who reported having known someone with AIDS, 22 percent had participated in some kind of educational session on HIV/AIDS within the last three years. In contrast, none of the pastors who had never known anyone with AIDS had participated in such training. The ministers who had known someone with AIDS were also considerably more likely to have seriously considered “starting a ministry for HIV/AIDS patients and their families”—27 percent, compared to none of the ministers who had never known anyone with AIDS.

These strong correlations suggest that training religious leaders on HIV/AIDS issues can play a significant role in mobilizing congregations. To be sure, the causal relationship is unclear. Do leaders who are already involved in HIV/AIDS-related work seek training to deepen their knowledge or learn new ways to become involved? Or do they become involved in HIV/AIDS ministries only after undergoing such training? Whatever direction this takes, it is clear that this kind of pastoral training is highly correlated with increased levels of HIV/AIDS-related education and support within a congregation.

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We also found that a minister’s level of formal education apparently impacts the extent to which his or her congregation engages in HIV/AIDS-related activities. As Figure 7 shows, ministers with a BA (48 percent) or a graduate degree (40 percent) are more likely to mobilize their churches to engage in medium and high levels of HIV/AIDS-related activity than those with less than a BA (20 percent). Further, more than half (52 percent) of both those with a BA and those without a college degree serve churches that are involved in no HIV/AIDS activities at all, compared to 39 percent of ministers with graduate degrees (Figure 7). These findings confirm other studies’ conclusions that more highly educated pastors tend to lead their churches to respond to a wider range of populations and needs than pastors with less formal education (Cnaan, Hernández, and McGrew 2006; Cnaan et al. 2002; Hernández et al. 2006; Sherman 2006).

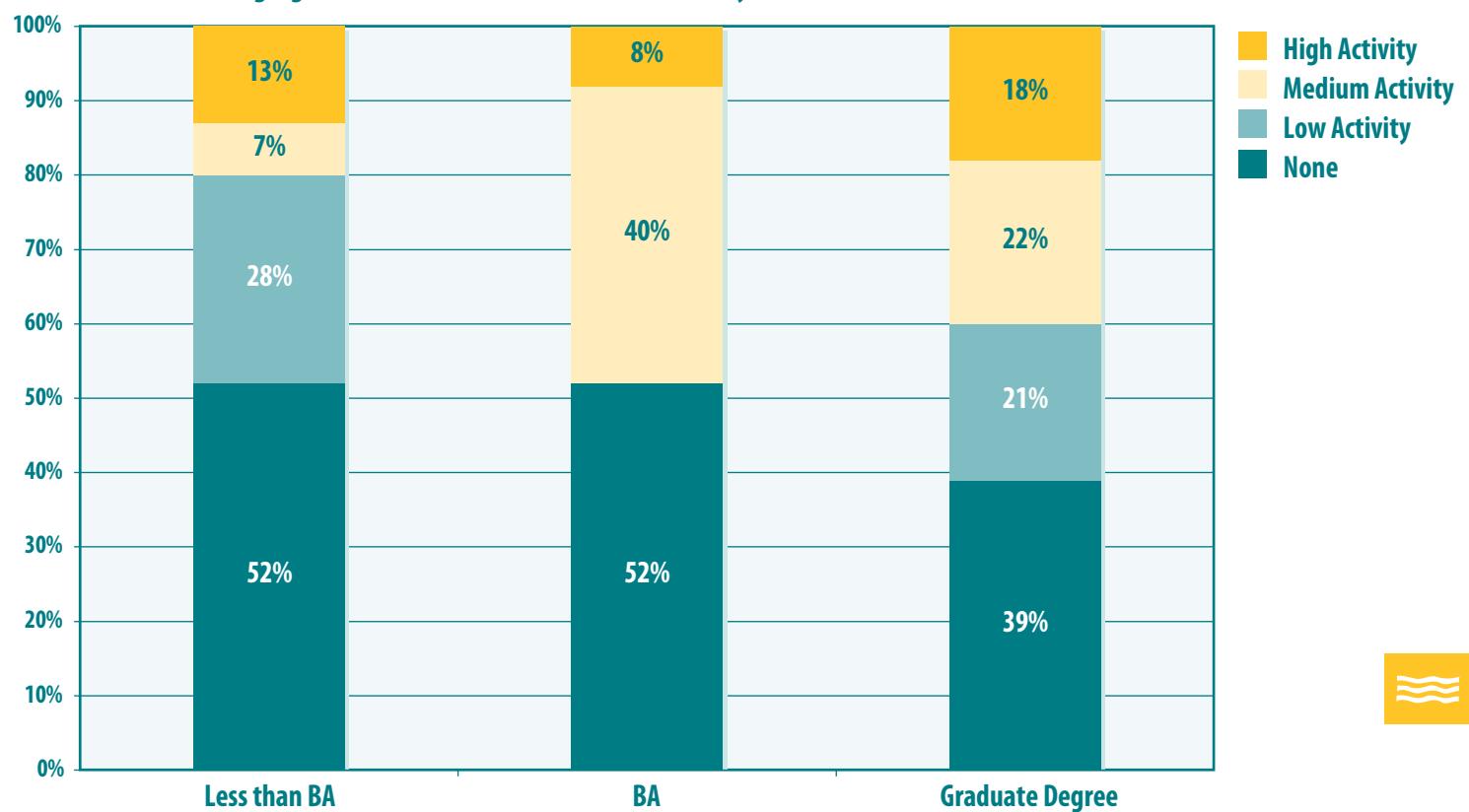
Latino congregations’ level of engagement in HIV/AIDS-related activities also varies according to the theological orientation of their leadership. As Figure 8 shows, churches whose leaders hold more liberal theological views are significantly more likely to be highly involved than those whose leaders hold more conservative views.

Further analysis shows that the denominational, educational, and theological tendencies of the religious leaders in our study overlap. Specifically, having a graduate degree in any field (theological or not) strongly corresponds with a minister self-identifying as theologically liberal. Eighty-five percent of the ministers who identify themselves as theologically liberal have a graduate degree compared to only 24 percent of those who identify themselves as theologically conservative. Correspondingly, Catholic and Mainline clergy—who are more likely to identify themselves as liberal (42 percent and 35 percent, respectively) than their Evangelical (3 percent) or Pentecostal (6 percent) equivalents—also have higher educational rates.<sup>25</sup> Specifically, 90 percent of the Mainline Protestant and 72 percent of Catholic ministers have graduate-level education compared to 25 percent of the Pentecostal and 32 percent of Evangelical ministers in our sample.

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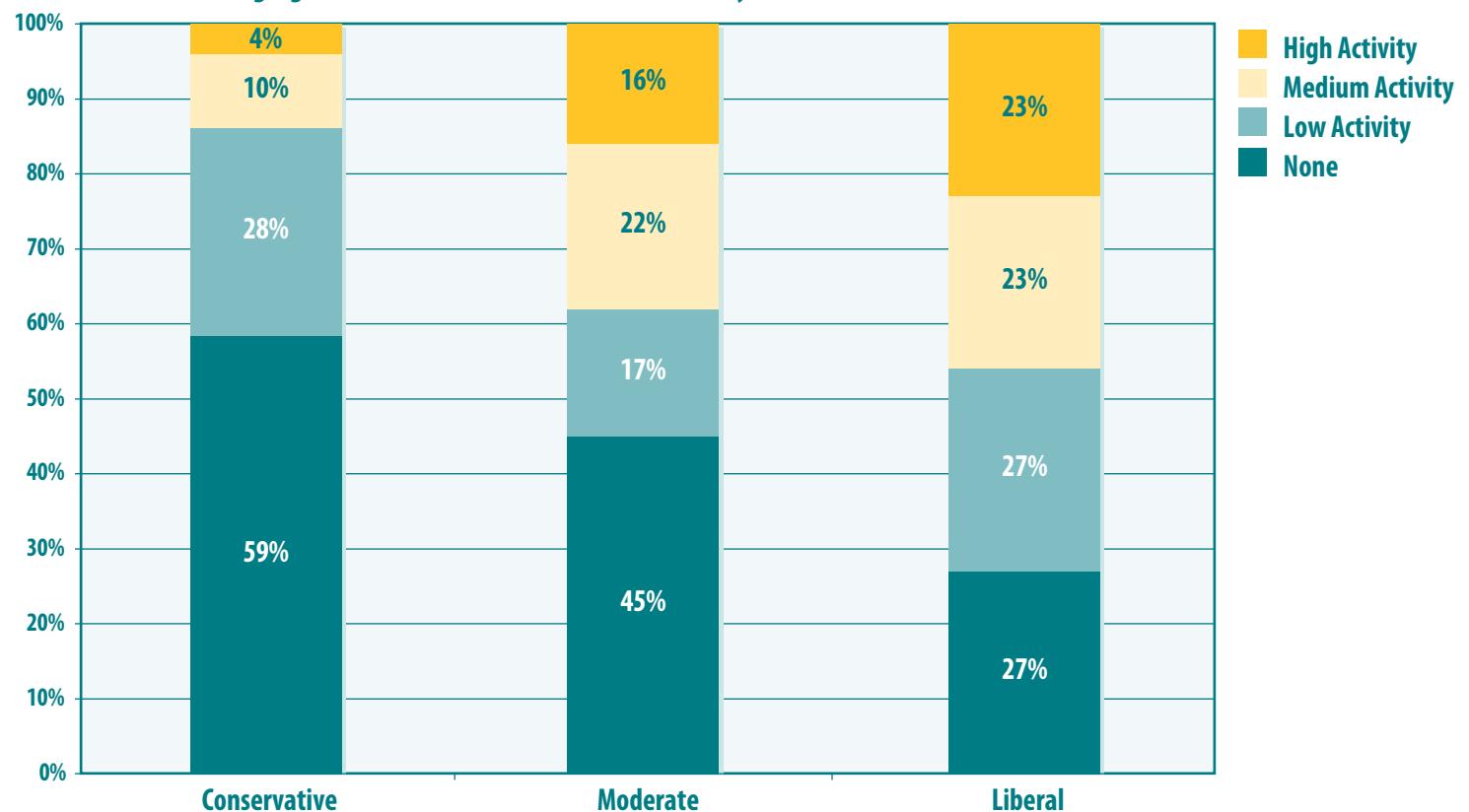
25 Our finding that almost a quarter (24 percent) of self-identified theological conservatives hold graduate degrees indicates that there is not an absolute relationship between being theologically liberal and highly educated. However, when we examined simultaneously the effects of denominational identity and level of education on theological orientation, educational attainment trumped denomination, which suggests that increased education more than denominational affiliation increases the likelihood of a minister self-identifying as a theological liberal.

**Figure 7**  
**Relationship between a Latino/a Minister's Level of Formal Education and His/Her Congregation's Level of HIV/AIDS-Related Activity**



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**Figure 8**  
**Relationship between a Latino/a Minister's Theological Orientation and His/Her Congregation's Level of HIV/AIDS-Related Activity**



**Table 4**  
**Average Number of HIV/AIDS-Related Activities in Latino Congregations, by Denomination**

Catholic	1.24
Mainline	2.31
Evangelical	1.45
Pentecostal	1.18

**Mean differences are based on the number of activities reported by each pastor. Differences are only significant between the Mainline and Catholic ministers and the Mainline and Pentecostal ministers.**

These variables also correspond when it comes to HIV/AIDS-related activities, but among Protestant congregations only (see Table 4). As Table 4 shows, Latino Pentecostal congregations are on average involved in 1.18 HIV/AIDS-related activities, Evangelical churches in 1.45 such activities, and Mainline Protestant churches in 2.31. Thus ministers serving Pentecostal and Evangelical Latino congregations—who also have lower educational rates and are more likely to be theologically conservative than those serving Mainline Protestant Latino congregations—are also less likely to serve congregations engaged in HIV/AIDS-related activities. In contrast, the low level of HIV/AIDS-related activity among Catholic Latino parishes (on average 1.24 such activities) corresponds to neither high rates of conservatism nor low rates of formal education among their leaders.

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Returning to the role of HIV/AIDS training in Latino congregations' efforts, we find that churchgoers in congregations whose ministers have undergone such training are more likely to have received HIV/AIDS information at their church than those who attend churches whose leaders have not undergone such training (see Figure 9).

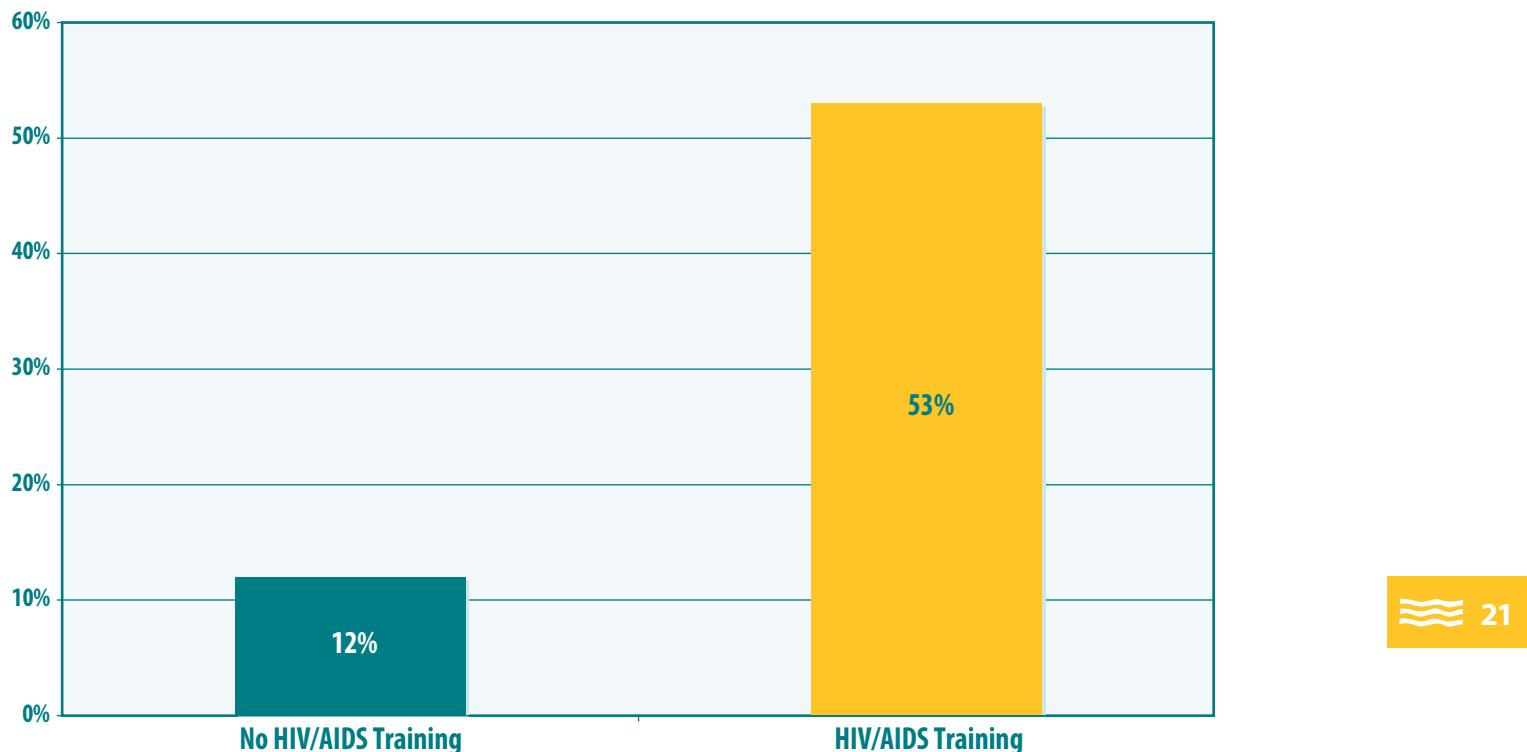
We also find that HIV/AIDS training is strongly linked with an interest in starting a new HIV/AIDS-related ministry. As Figure 10 shows, ministers who have received HIV/AIDS-related training are five times more

**Figure 9**  
**Percentage of Latino/a Congregants Who Received HIV/AIDS Information at Their Church, by Minister's HIV/AIDS Training Experience**



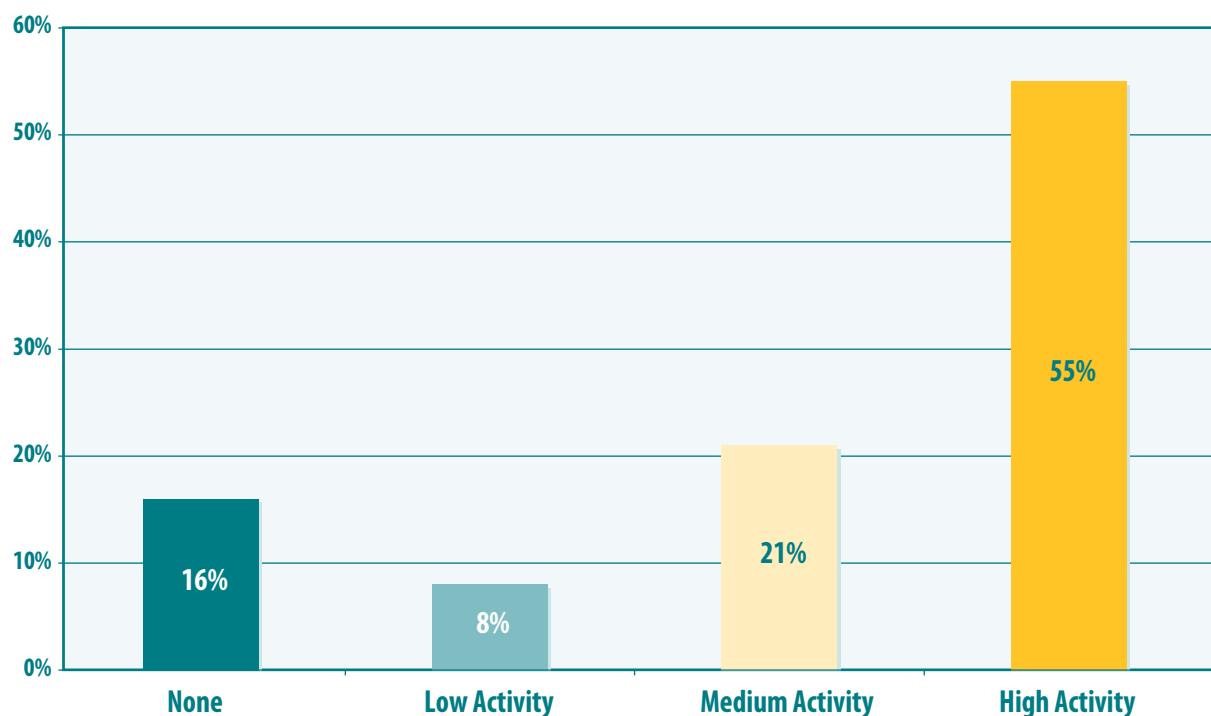
**Figure 10**

**Percentage of Latino/a Ministers Considering Starting a Ministry for HIV/AIDS Patients and Families, by Minister's HIV/AIDS Training Experience**



**Figure 11**

**Percentage of Latino/a Ministers Considering Starting a Ministry for HIV/AIDS Patients and Families, by Congregation's Current Level of HIV/AIDS Activity**



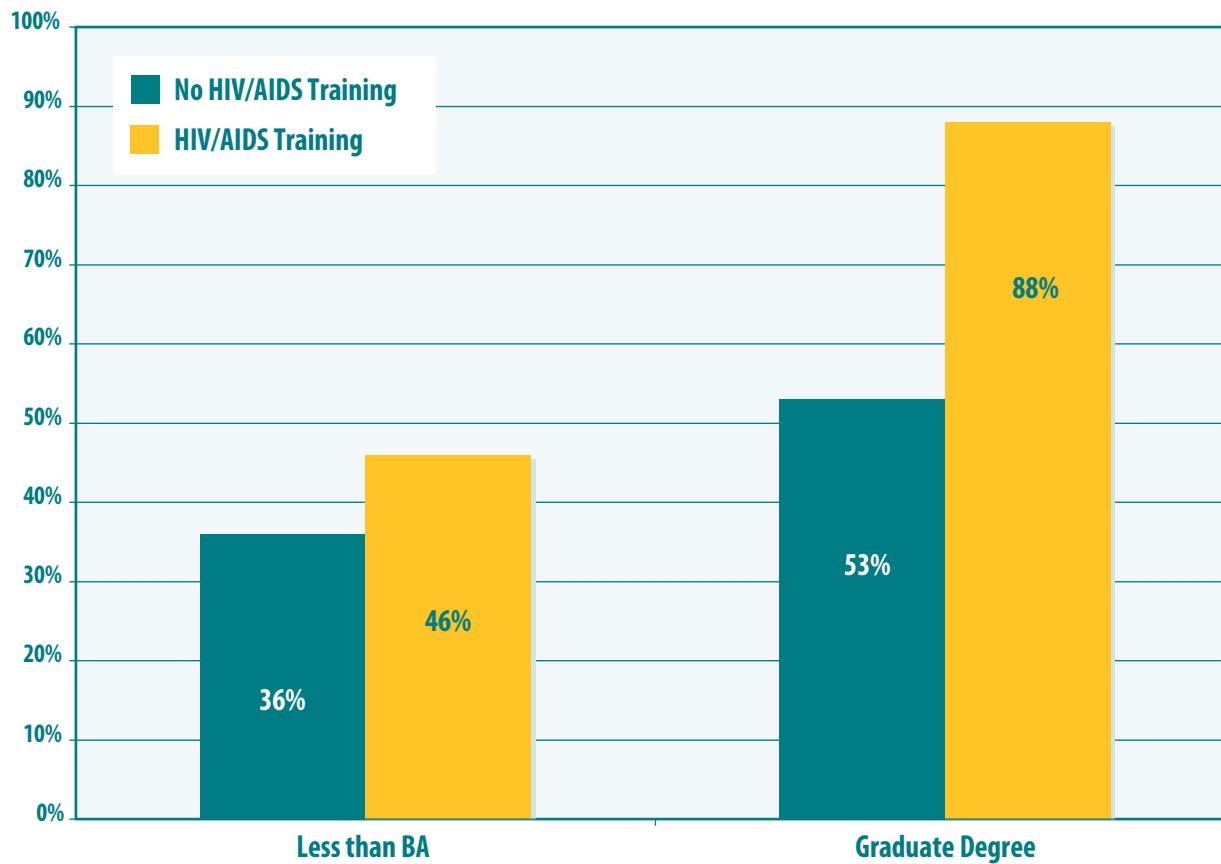
likely to say they are considering doing so than are ministers who did not undergo such training. Here, too, the direction of the causal relationship is not clear. It is equally possible that people who are already considering starting a new HIV/AIDS-related ministry seek out this training or that undergoing this training gives rise to such an interest. Nonetheless, these results accentuate the importance of making HIV/AIDS training and educational materials readily available to leaders of Latino congregations, since such efforts are so strongly associated with a desire to start such ministries.

Not surprisingly, we found that churches that are already involved in HIV/AIDS-related activities are more likely to consider starting a new ministry for HIV/AIDS patients and their families than those who are currently uninvolving (see Figure 11, previous page). Specifically, 55 percent of congregations involved in high levels of HIV/AIDS ministries are seriously considering expanding their efforts. Interestingly, churches that are not at all involved are somewhat more likely to say they are looking into launching such an effort (16 percent) than are congregations engaged in low-level activities (8 percent).

As we have shown, both formal education in general and specific training for Latino congregational leaders are independently associated with higher levels of church involvement in HIV/AIDS activities. Further analysis reveals that there is a strong correlation between a religious leader undergoing HIV/AIDS-training and engaging his or her congregation in HIV/AIDS-related activities. As Figure 12 shows, such training corresponds with higher levels of congregational involvement particularly among highly educated ministers. Specifically, 88 percent of those with a graduate degree who had

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**Figure 12**  
**Percentage of Latino Congregations Engaged in HIV/AIDS Activities,**  
**by Minister's HIV/AIDS-Training Experience and Level of Education**

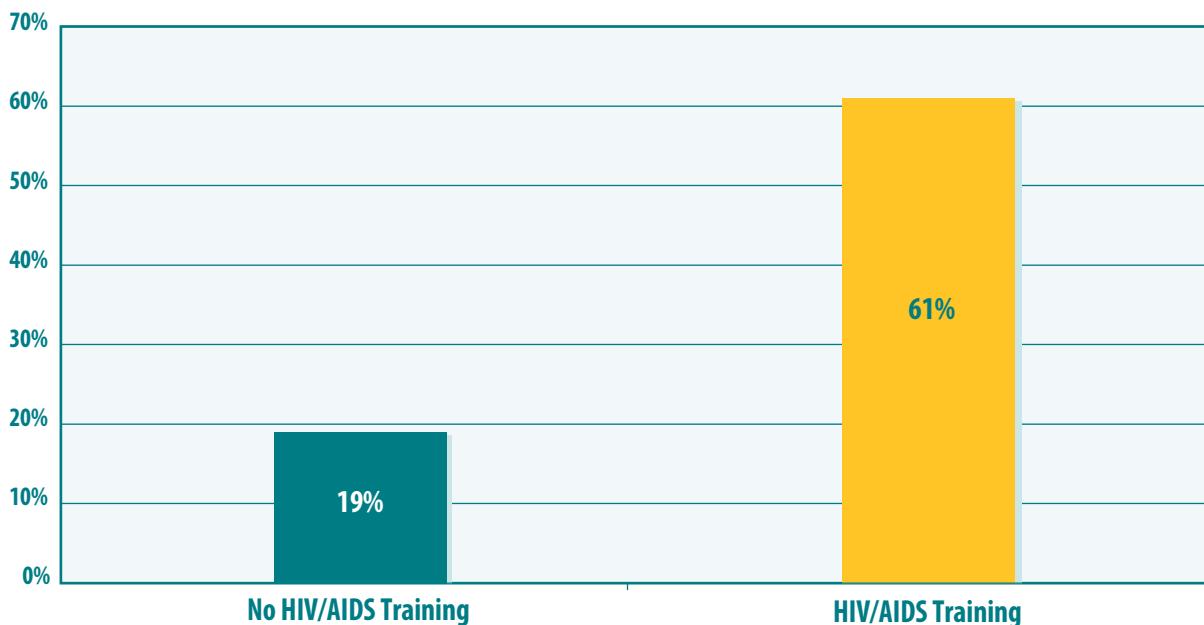


undergone HIV/AIDS-related training serve churches that have engaged in at least one HIV/AIDS effort, compared to only 53 percent of highly educated ministers who had not undergone HIV/AIDS training. The relationship is smaller but still notable among ministers with less formal education. Those who had undergone HIV/AIDS training (46 percent) were somewhat more likely to serve churches that have engaged in HIV/AIDS-related activities than their educational peers who had not undergone such training (36 percent). This suggests that providing ongoing HIV/AIDS trainings to leaders of Latino congregations is a potentially effective strategy for mobilizing these churches to take action on the issue, particularly among the highly educated.

Aside from the seven activities discussed above, Latino congregational leaders respond to people dealing with HIV/AIDS by referring them to services and organizations that are dedicated to this specific constellation of needs. Our quantitative survey found that 30 percent of the ministers we surveyed had “helped needy families get access by referring them, transporting them, or writing or calling on their behalf to an AIDS-related support group or agency” within the past year. This behavior varies somewhat along denominational lines, with Mainline ministers (45 percent) more likely than all of the other pastors (27 percent of each other denominational subgroup) to have referred people to AIDS-related groups or agencies; however, once again the low number of Mainline clergy in the study makes this conclusion less certain for Mainline clergy overall. We also found that ministers who self-identify as theological liberals are more likely (70 percent) than theological moderates (26 percent) or conservatives (23 percent) to have referred needy families to outside HIV/AIDS services.

In this area, the leader’s level of formal education made no apparent difference on whether or not he or she referred someone this way. Once again, however, the presence of HIV/AIDS training has an apparently significant impact (see Figure 13). Ministers who had received such training were three times more likely (61 percent) than those who had not (19 percent) to have “helped needy families get access by referring them, transporting them, or writing or calling on their behalf to an AIDS-related support group or agency.”

**Figure 13**  
**Percentage of Latino/a Ministers Who Referred Affected Families to Outside HIV/AIDS Services, by Minister’s HIV/AIDS Training Experience**



In summary, training clergy on HIV/AIDS has significant consequences on the role that Latino congregations play vis-à-vis HIV/AIDS in their communities. It increases the likelihood that church members will be informed and that churches will increase their level of engagement with HIV/AIDS issues. Furthermore, though formal educational level (bachelors and graduate degrees) apparently increases pastors' engagement with HIV/AIDS issues, training clergy on HIV/AIDS has an added effect above and beyond that of formal education. Theological orientation also is related to engagement in HIV/AIDS activities: Those with a more liberal orientation are more engaged in HIV/AIDS activities. Finally, training clergy on HIV/AIDS issues has the added benefit of motivating ministers to start new related ministries and referral services—such as helping “needy families get access by referring them, transporting them, or writing or calling on their behalf to an AIDS-related support group or agency.”

## V. Walking the Balance: The Experiences of Latino/a Ministers in Chicago Responding to HIV/AIDS

As we have seen, Latino congregations have been directly impacted by the increase in the rate of HIV/AIDS in the Latino community in Chicago. Most of the ministers we surveyed (86 percent) know someone living with or who has died of AIDS, the majority of whom (71 percent) are or were connected with their congregations either as members, relatives of members, or visitors. The majority (52 percent) of Latino congregations in Chicago are responding to HIV/AIDS, but nearly half (48 percent) are not engaged in any relevant activity. To get a better sense of what Latino churches are doing in Chicago to address HIV/AIDS and the barriers and challenges they encounter in their efforts, the following section draws upon face-to-face interviews and observations conducted at HIV/AIDS-related events at Latino churches.<sup>26</sup>

According to Mateo,<sup>27</sup> a Mainline Protestant lay-leader who has helped lead trainings on HIV/AIDS for various churches and other groups through an area AIDS pastoral care network and a Chicago-area seminary, one reason for Latino/a ministers' lack of attention to the issue is that they are already busy responding to other community problems, and so HIV/AIDS is just one more to add to the list. He observed, "Pastors have many things to deal with: immigration, transportation, poverty. They're chaplains and counselors and everything else" (interview, 2004).



Our field research also found that though many clergy and lay leaders are open to discussing HIV/AIDS and believe that churches should be involved in working to prevent HIV, they face obstacles in their faith communities around the issue. Several of the Latino/a religious leaders we interviewed noted that pastors of churches that subscribe to more conservative social mores and theology frequently encounter tension when trying to address HIV/AIDS in their communities because it involves discussing sexuality. Some also said that they feel pressured by their own congregations and/or councils or denominations to emphasize sexual abstinence outside of marriage as both the morally right way to live and the only sure means of protection against the disease. Mateo noted that sexuality and sexual orientation are not subjects that many pastors feel comfortable discussing with congregants anyway, and thus silence often prevails. He said, "I think that there is pressure in the Latino community for the pastor to be or at least err on the conservative side" (interview, 2004).

Such groups fear that discussing condom use will somehow promote sexual activity, particularly among the youth. José, a Mainline Protestant pastor who leads a newly formed network addressing HIV/AIDS in Latino churches, suggests to pastors who are uncomfortable with conversations around the use of condoms that they allow him to come in and talk about condoms as a method of preventing the spread of HIV, after which the pastor can present the church's teachings on abstinence as a means of HIV prevention. Though this compromise might work in some circles, it is more difficult in contexts in which birth control is not condoned. These theological differences make a universal approach to HIV/AIDS education in Latino churches impossible.

Our field research also found that fear often prevents people from discussing the disease within their churches because assumptions about who gets the disease still cloud people's perceptions of AIDS. For example, an Evangelical Latino pastor at an HIV/AIDS training session said that a problem he faces in the community is that "people think the problem is out there...with drug users and prostitutes [so] people often don't think AIDS will affect them or their families" (field notes, 2004).

26 See the appendix for information on qualitative methods.

27 All names have been changed to protect the identities of the study's participants.

The assumption that HIV/AIDS primarily affects people who are “out there” and not in the pews has often overshadowed discussions of HIV/AIDS within the Latino religious community. Moreover, it has obscured the real threat that HIV poses and contributed to a tendency to relegate the issue to the margins of discussions of community problems because of false assumptions about who is infected by or vulnerable to HIV or AIDS. For example, Idalia, a Protestant lay-leader living with HIV, relayed an encounter with a clergy person to whom she revealed her HIV status (interview, 2007). The pastor’s immediate reaction was to ask how she had contracted the virus. Although the pastor turned out to be open and sympathetic, his first response could have further isolated and stigmatized her.

These types of reactions to parishioners living with HIV often alienate people who are in crisis and who might already feel ashamed or afraid. It also illustrates the fact that some ministers still categorize people as more or less deserving of the disease instead of seeing that everyone is vulnerable to it. Moreover, given our finding above that knowing someone with AIDS plays an apparently significant role in prompting congregations to take action on the issue, if responses like the one Idalia experienced drive persons living with HIV/AIDS further away from the church, this would rob the community of the opportunity to be transformed by their presence.

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Teresa, a Pentecostal Latina lay-leader, also made clear the catalyzing role that such personal encounters can play. She told us that though she had heard about what people called the “gay-related immune disease” through her work as a social worker, she had not known anyone who had been directly affected by AIDS and no one in her church had talked openly about it. But that all changed when she learned of a fellow Pentecostal minister who was sick with AIDS. Soon after learning of her colleague’s illness, Teresa decided it was time to get people together to talk about the issue and joined with other pastors active in the community in organizing an educational forum. This experience convinced Teresa that Latino religious leaders stood up and began to take notice only when parishioners and clergy themselves became ill (interview, 2005).

To effectively address HIV/AIDS within a Latino congregation, Pastor José stressed, the message needs to be adapted to the context at hand. For example, one of the first trainings his network conducted took place at a Pentecostal church in which one of the pastors had recently died of AIDS. “It just so happened that I knocked on their door at the right time,” he recalled. “They were asking themselves important questions, such as, ‘If as a very conservative church, we have a position about sexuality, HIV/AIDS, and other issues, but now we have a pastor that’s died of AIDS . . . what is our pastoral responsibility?’”

Maria—an Evangelical pastor who does pastoral counseling for people with HIV/AIDS and who has participated in HIV/AIDS trainings—told us that “A good friend came to me seven years ago and said that he was HIV positive. I had heard about this disease and figured I should get myself educated about it. So I enrolled in a training offered by [a nonprofit organization] on HIV/AIDS education and prevention” (interview, 2004).

Maria’s background as a social worker also prompted her to realize that this disease was growing and that it could begin to affect people in her congregation. Since then, she has had several church members reveal their HIV-positive status to her. When asked how she has dealt with the needs of HIV-positive congregants, she replied “I offer pastoral counseling and referrals to parishioners who are HIV-positive or who have family members who have AIDS.” She also takes them to the doctor or helps them get information about health services. Maria noted that “HIV/AIDS are topics that I preach about... I stress to my congregation that AIDS is an issue that can affect everyone.”

Maria also stressed that she believes it is imperative that Latino churches educate their youth about HIV/AIDS. She reported that she has not encountered many parents who are resistant to this idea and that she has done several HIV/AIDS education trainings for both adults and youth at her church. Despite her congregation's apparent openness to the issue, Maria recognizes that some people in the Latino community are still not open to discussing HIV/AIDS and ways to prevent it. She states, "I think this has to be approached slowly. Leaders need to educate themselves and present HIV and AIDS as issues worthy of discussion from the pulpit, issues that are as important to discuss as poverty, salvation, and any other theological or social topic" (interview, 2004). She asserts that when leaders take the initiative to be educated about HIV/AIDS and present the issue as an important theological issue, congregants might be less resistant to discussing the disease.

## VI. Conclusions and Recommended Actions

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HIV/AIDS infection rates and deaths are on the rise in the Latino community. Research has shown that churches can make an important contribution to preventing the spread of HIV/AIDS by providing information and fostering behavior that reduces the risk of infection. Thus Latino congregations may occupy an especially important position in helping Latinos/as affected by HIV/AIDS, particularly those who are isolated from other networks, tap into relevant resources and services.



The following key findings from this study of Latino congregations in Chicago provide important indicators of the role that Latino churches are playing in the fight against HIV/AIDS and how these efforts can be broadened and expanded.

### A. The HIV/AIDS crisis has come close to home for Latino congregations and their members.

- 1) Most of the ministers we surveyed (86 percent) reported having known someone with AIDS, and many of these persons (71 percent) are/were somehow connected to the church.
- 2) The will to respond to persons living with HIV/AIDS and their families clearly exists among Latino congregations. Most of the ministers in our study believe congregations should be involved in efforts aimed at preventing the spread of HIV/AIDS.
- 3) Most Latino ministers believe their congregations would benefit from an informational session on HIV/AIDS.
- 4) Most Latino ministers think their congregations are welcoming places for persons living with AIDS.

### B. Latino congregations are beginning to translate the will to help into action. Of the churches in our study:

- 1) Over half are engaged in some level of HIV/AIDS-related activities.
- 2) Nearly a quarter are planning on initiating new HIV/AIDS efforts in the near future.
- 3) Over a third actively make information about HIV/AIDS available to their congregants.

**C. Internal and External Barriers impede such efforts. Though many leaders of Latino congregations have received basic training on ministerial counseling and HIV/AIDS prevention, few churches offer comprehensive services for congregants living with HIV/AIDS. Further, nearly half of Latino congregations in Chicago are not engaged in any level of HIV/AIDS-related activity. Our study uncovered these obstacles to further action:**

- 1) Prejudices about who gets the virus (i.e., people "out there," and "not us") persist and impede people with HIV/AIDS from coming forward and sharing their situation with the community.
- 2) Those who hold the view that AIDS is a punishment from God are in the minority (20 percent) but nonetheless present a challenge to ministering to those affected by AIDS.
- 3) Sexuality and sexual orientation are not subjects that many ministers feel comfortable discussing with congregants, and thus silence often prevails.
- 4) Latino/a ministers lack time and are busy addressing issues like poverty, violence, and immigration, and so HIV/AIDS is just one among many pressing issues in their communities.
- 5) Many Latino pastors and congregations lack resources and do not have experience doing AIDS ministry.

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**D. Relationships, training, education, and the existence of outside networks foster greater levels of involvement.**

- 1) Personal relationships with people living with HIV/AIDS help religious leaders realize that HIV/AIDS does not only affect people "out there" but rather has a direct impact on the people sitting in their pews. Compared to those who have never known anyone with AIDS, ministers who have known someone with AIDS are more likely to:
  - a) think their congregation would benefit from an information session on AIDS;
  - b) serve congregations engaged in high level HIV/AIDS-related activity;
  - c) have undergone HIV/AIDS training;
  - d) be considering initiating a new HIV/AIDS ministry.
- 2) A minister's formal education level is also significant. Compared to ministers with lower formal educational attainment rates, those who are highly educated:
  - a) feel more confident that they know enough about HIV/AIDS to be able to help someone confronting the disease;
  - b) serve congregations engaged in higher level HIV/AIDS efforts.
- 3) HIV/AIDS training is correlated with higher levels of congregational HIV/AIDS activity. Ministers who participated in such trainings:

- a) serve congregations that are more engaged in HIV/AIDS-related activities, particularly at medium and high levels;
- b) are more likely to have seriously considered starting a new ministry for HIV/AIDS patients and their families;
- c) are more likely to provide HIV/AIDS information to their congregants;
- d) are more likely to refer persons with AIDS to outside services, suggesting they are more connected to such networks and organizations.

## Recommended Actions

In light of these findings, we suggest the following actions that Latino/a religious leaders and organizations can take in order to begin addressing the growing impact of HIV/AIDS in Latino communities:

1. Create and make more widely available to leaders of Latino congregations HIV/AIDS training and educational materials. Such materials need to be specific to Latino concerns and culture (e.g., bilingual) and be tailored to the differing religious traditions that exist among Latino churches in the United States (e.g., Evangelical, Pentecostal, and Catholic). A current example is Esperanza's "You Are the Answer (Tu eres la respuesta)" campaign, which includes a biblical study guide and a DVD, "No te rindas," an educational short film in Spanish that depicts the issue of HIV/AIDS from a faith and Hispanic perspective. (For more information, go to [www.esperanza.us](http://www.esperanza.us).)
2. Utilize existing ministerial and community networks to build trust and share information. Our findings clearly indicate that opportunities to talk and share among peers are critical, especially for ministers facing resistance from within their denominations or congregations.
3. Community- and faith-based groups that do HIV/AIDS trainings should partner with individual churches, denominational offices, and ministerial associations to reach multiple audiences. A good example of this is the AIDS Pastoral Care Network—a program of Access Community Health that works from an interfaith and intercultural perspective to support the spiritual health and growth of individuals and communities affected by HIV/AIDS through pastoral care, outreach, education, and training, and the promotion of social justice. (For more information, go to [www.accesscommunityhealth.net/services/service.aspx?svclid=16](http://www.accesscommunityhealth.net/services/service.aspx?svclid=16).)
4. Develop networks that connect churches to education, prevention, and health-related resources, such as free testing and follow-up care. Note that many congregants in Latino churches are uninsured and therefore turn to state and local health services for assistance.
5. Build relationships with people in the religious community who are living with HIV/AIDS. Seeing that ministers often respond through their relationships with people with HIV/AIDS, it is important that people living with HIV/AIDS be at the forefront of the struggle.
6. Encourage people who are affected by HIV/AIDS to share their experiences with their congregations. Though this will require tremendous courage as well as strong pastoral leadership and sensitivity,

our findings clearly indicate that relationships with persons living with AIDS are one of the strongest means of moving people beyond prejudice and fear and into compassion and action.

7. Offer capacity building and technical assistance to ministers. Many religious leaders lack the skills and resources to begin their own ministry. Technical assistance, such as grant writing, could benefit some churches that are well-educated about HIV/AIDS and willing to do something about the issue but do not know how to access funding sources.
8. Expand funding. Connect Latino churches to foundations and government agencies to enable them to continue providing counseling and care to parishioners and their families while receiving the appropriate training and funds to do this work.
9. Educate ministers. The need for greater resources and attention to training Hispanic religious leaders has been identified in other studies (Peña et al. 2006). Seminaries should incorporate HIV/AIDS into their pastoral care and other courses and address ways that ministers serving in particular ethnic and denominational settings can effectively respond to the disease. Further, training grounds such as Bible Institutes and Diocesan training programs, which other studies have found appeal particularly to less acculturated Latinos/as and to those in Pentecostal and Catholic communities (Hernández et al. 2007), can also offer workshops and other trainings on the issue.

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10. Educate individual ministers along with their denominational leaders. This will assist ministers if they need to negotiate any tensions there might be with denominational leaders or church elders when doing HIV/AIDS education.
11. Support existing regional and national intermediary faith-based organizations. These groups can provide support for denominations or councils that either do not have the expertise to address these issues or, for theological or ideological reasons, are unable to do so.

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## APPENDIX

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### Methodology for the Chicago Latino Congregations Study (CLCS)

This report is based on data from the Chicago Latino Congregations Study (CLCS)—a multi-level comprehensive study of Latino congregations, clergy, lay leadership, and parishioners.

### Quantitative Data and Analysis

The researchers initially compiled a comprehensive list of the religious universe of metropolitan Chicago congregations with a significant Latino attendance of 50 percent for Protestant churches and 30 percent or more for Catholic parishes. Denominational identity among the universe of 606 identified Latino Chicago churches was 20 percent Catholic, 13 percent Mainline, 20 percent Evangelical, and 34 percent Pentecostal.

A random sample of 100 congregations stratified by religious family was selected to complete (1) a face-to-face interview with ministers about congregational activities and church networks, (2) a self-administered instrument left with the minister after the in-person interview, (3) a survey of adult congregants. Of these 100 congregations, 75 completed all of these instruments.

Additionally, 454 of the remaining 506 congregations (52 were eliminated because of incorrect contact information or relocation) were mailed a shorter version of the self-administered instrument to be completed by the minister. Repeat mailings and a presentation at an event for Chicago-area Pentecostal ministers netted a total instrument completion by 100 of these ministers. This nonrandom convenience sample bolsters the overall response rate and specifically the Pentecostal subsample.

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All data reported concerning congregants and some of the congregational and minister responses are based on the random sample of 75 churches. Statistical testing demonstrated little difference between the random and convenience samples of ministers. Thus the researchers opted to base analysis of other questions asked of ministers (including the HIV/AIDS activity engagement level) on the 175 minister responses from both samples. Congregant data were acquired through invitations during field-site visits to the 75 random sampled congregations and are skewed towards smaller churches in which the response rates were higher than in many of the large, especially Catholic, parishes. Congregant ( $N=2,836$ ) responses may cautiously be generalized to very religious Latino/a individuals in Chicago and are perhaps more strongly representative of Protestants than Catholics. (The denominational breakdown of the congregant sample is: 30 percent Catholic, 4 percent Mainline, 29 percent Evangelical, and 37 percent Pentecostal.)

All analyses of congregant data and questions asked only of the random sample of ministers are weighted according to denominational differences between the sample and the established universe of Chicago denominations. Separate weighting by denominational identification was applied to analyses based on questions asked of both the random and convenience samples.

Additionally, over the course of 2004–2007, the researchers collected qualitative data on Latino church involvement in HIV/AIDS issues through participant observation, interviews, and case studies with Protestant and Catholic lay leaders, clergy, and community workers at congregational worship settings, church health fairs, a memorial service, and youth and Worlds AIDS Day events.

For more information on the CLCS and data, methodology, and weighting see Edwin Hernández, Rebecca Burwell, and Jeffrey Smith “Methodological Design, Procedures, and Analysis of the Chicago Latino Congregational Study,” available at the Center for the Study of Latino Religion’s website, Institute for Latino Studies, University of Notre Dame, [www.nd.edu/~cslr/](http://www.nd.edu/~cslr/).

