

TOWARD AN UNHOLY ALLIANCE?: ASSESSING THE ROLE OF AIDS MINISTRIES IN THE SOCIAL SERVICE SYSTEM

Michael McLeod, University of Colorado at Colorado Springs

For more than two decades, people in the United States and around the world have feared becoming infected with HIV (the human immunodeficiency virus). HIV has taken a heavy toll in illness and deaths due to health complications relating to AIDS (acquired immune deficiency syndrome). The persistence of HIV/AIDS as a public health threat has encouraged people to establish nongovernmental organizations that offer HIV prevention education and/or provide non-medical care to persons who are living with HIV (or whose lives have been affected by HIV). As a result, secular nonprofit AIDS service organizations have been established in many communities in the United States (Chambré, 1995; Rosenthal, 1996).

Motivated by their religious beliefs, some congregations and other groups have established AIDS ministries. AIDS ministries provide HIV prevention education and/or non-medical services to help people living with HIV/AIDS. Potentially, the faith-motivated work of AIDS ministry employees and volunteers positively affects the lives of people who might otherwise be marginalized due to prejudice or social and political indifference. Although some AIDS ministries restrict their outreach and access to services to those who share their faith, others do not. This paper presents the findings of an exploratory study of the provision of HIV/AIDS-related services by eight AIDS ministries located in Colorado.¹ The findings offer insight into the role of AIDS ministries in the social service system.

RESEARCH CONTEXT

Due to its scope and tenacity as a threat to public health in the United States, HIV/AIDS resembles long-standing social problems such as homelessness and drug-addiction. In fiscal year 2000, the federal government awarded approximately 230 grants to churches and faith-based organizations specifically to serve individuals with HIV/AIDS (Hacala, 2001). In 2002, Colorado state legislators considered legislation to create a state Office of Community Faith-Based Initiatives. The sponsors of one bill intended the office to be “an intermediary between faith-based groups and the state, doing such things as helping the groups learn about ways to get state funding” (The Gazette, 2002). The legislation failed to pass—at least partly because some opponents of the bill asserted that the office “would blur the separation between church and state” (The Gazette, 2002).

Opposition to government funding of faith-based social services has arisen in various quarters. Some of the concerns that have been expressed may be classified as either philosophical or practical. For example, some churches and faith-based organizations “fear that they will have to give up so many spiritual elements that they will become no different than secular social-service groups” (Demko, 1997). Some people who oppose government funding of faith-related organizations that provide social services are concerned that the organizations may proselytize while providing assistance to people in need (Hacala, 2001). Some people oppose government funding of faith-based organizations that discriminate in employment on the basis of sexual orientation or gender (McLaughlin, 2001). Empirical evidence indicates that many churches and faith-related organizations have declined to apply for government funding under the “Charitable Choice” provisions of the 1996 federal welfare reform law (Kennedy and Bielefeld, 2002). The

widespread reluctance of churches and faith-based organizations to seek government funding may diminish their potential to be formal partners in public service with government agencies and secular nonprofit organizations.

One practical issue is whether churches and faith-based organizations have the human resources to play a formal and expanded role in the social service system. According to a 1998 study, fewer than 10 percent of churches have a staff member devoting at least 25% of her time to social services. The median congregation consists of 75 regular participants, a relatively small labor pool for providing social services. A second practical issue is that government's increasing tendency to award performance-based contracts to provide social services does not appeal to many faith-based organizations (McLaughlin, 2001). Yet another practical issue, particular to AIDS ministries, is how churches and faith-based organizations will integrate their religious beliefs with HIV prevention information, which may involve discussing sexual practices and illicit drug use—including how to engage in so-called safer sex and how to clean needles properly before injecting drugs.

RESEARCH DESIGN

In February 2002, the researchers identified nine AIDS ministries operating in Colorado. Seven of the AIDS ministries maintained offices in metropolitan Denver. Two of them operated in Colorado Springs. During the period from April through August 2002, the researchers collected data from eight of the nine identified Colorado AIDS ministries. (Logistical issues prevented the researchers from doing research at one AIDS ministry.) The researchers conducted a structured interview with a leader at each of the eight AIDS ministries and obtained completed

questionnaires from volunteers at two AIDS ministries.² In addition, the researchers obtained documents such as newsletters and volunteer applications from the AIDS ministries and engaged in participant-observation at two of the AIDS ministries.

RELIGIOUS PRACTICES SCALE

For a study of how receiving public money affects religious nonprofit organizations, Monsma (1996) collected data from faith-related child service agencies, colleges and universities, and international aid agencies. Monsma enumerated religious practices that might be associated with the faith-related organizations then assigned a weight to each religious practice, which allowed him to develop a religious practices scale for each type of agency (e.g., low/medium/high). For this study, the researchers adapted the Monsma religious practices scale for child services agencies to AIDS ministries. Table 1 enumerates the religious practices, the number of AIDS ministries that engaged in each practice, and the points assigned by the researchers to each practice. The researchers followed Monsma's scheme of assigning one to five points for each religious practice, with compulsory practices weighing more than voluntary practices. The religious practices scale for the AIDS ministries appears below—

Low	0 to 7 points (one AIDS ministry)
Medium	8 to 15 points (six AIDS ministries)
High	16 to 25 points (one AIDS ministry)

An AIDS ministry that provided housing to persons living with HIV/AIDS reported that a City of Denver employee asked the organization to change the name of a room that the ministry called

a chapel. The AIDS ministry responded by designating the chapel as a community room. No other AIDS ministries reported governmental or other challenges to their religious practices.

RESEARCH FINDINGS

The researchers interviewed one leader at each of eight Colorado AIDS ministries. The leaders' job titles were *executive director*, *manager-in-residence*, *chief executive officer*, *executive assistant of social concerns*, *sister*, *ministry leader*, *program coordinator*, and *director*. The data that were obtained during the interviews are discussed below.

Religious Orientation. Each leader was asked to state the religious orientation of the AIDS ministry in which she was involved. The responses were Reform Jewish (one organization), Catholic (three organizations), Protestant Interdenominational (*evangelical*) (two organizations), and Other (two organizations).

Year Established. On average, the eight Colorado AIDS ministries had been operating for just over 10 years. The oldest one was established in 1985. The newest one was established in 1997.

Mission. The mission of each AIDS ministry focuses on one or more specific needs of people living with HIV/AIDS. For example, five of the AIDS ministries were organized to provide pastoral care to persons living with HIV/AIDS. Two of the AIDS ministries were organized to provide housing to persons living with HIV/AIDS. One AIDS ministry's mission was to provide personal assistance to persons living with HIV/AIDS by cleaning and maintaining their homes.

Annual Budget. With respect to the most recent annual budget, the organizations were clustered at either of two levels. Five of the AIDS ministries had an annual budget of less than \$25,000. Three of them had an annual budget of \$75,000 to \$99,000. Four of the five organizations with relatively small budgets relied completely on volunteers to do. One “small-budget” AIDS ministry had one half-time employee. All three of the AIDS ministries that had relatively large budgets used some of their money to pay employees. Respectively, they have the equivalent of 2.5 employees, 1.5 employees, and one employee.

Work Done by Volunteers. One of the eight AIDS ministries had never used volunteers to provide services. That AIDS ministry was one of the three “large-budget” organizations referenced in the “Annual Budget” section above. Table 2 lists the various volunteer recruitment strategies that the other seven AIDS ministries reported using. Table 3 states their hiring strategies. The seven AIDS ministries that have benefited from service provided by volunteers reported receiving vastly different hours of service weekly. The approximate number of volunteers at those seven AIDS ministries ranged from two to 55. Excluding the AIDS ministry that had not received voluntary service, the approximate number of volunteers at each AIDS ministries was 25. The approximate total hours of service per week provided by volunteers at those seven AIDS ministries ranged from 11 to 830. On average, those seven organizations received a total of approximately 215 hours of voluntary service per week.

Government Funding. Two of the eight AIDS ministries had received government funding in their most recent fiscal year. Two of the AIDS ministry leaders reported that their organizations had a deliberate policy of not accepting government funding. One AIDS ministry received

government funding in the mid-1990s, but not since. Three AIDS ministry leaders said that their organizations had never received government funding—not as a matter of policy, but because that was how things had worked out.

Interaction Between AIDS Ministries

Table 4 describes the extent of interaction between AIDS ministries in Colorado. Four of the leaders reported limited and somewhat informal interaction with AIDS ministries in Colorado—for example, by attending meetings or through volunteers who work at two or more AIDS ministries. The other four leaders reported that their organizations had not interacted with AIDS ministries in Colorado.

Interaction Between AIDS Ministries and Government Agencies

Table 5 presents the descriptions of interaction with government agencies that each AIDS ministry leader reported. One leader reported no history of interaction between her AIDS ministry and government agencies. The other seven leaders reported a variety of types of interaction between their AIDS ministries and government agencies—some relatively informal, others relatively formal.

Interaction Between AIDS Ministries and Nonprofit Organizations

Table 6 presents each leader’s description of interaction between her AIDS ministry and nonprofit organizations in Colorado. Similar to the interaction between AIDS ministries and government agencies, much of the reported interaction between AIDS ministries and nonprofit organizations involved referring people to receive services. For example, the AIDS ministry

leaders reported referring service users to secular AIDS service organizations, a visiting nurse association, and a nonprofit organization that provides food. One AIDS ministry leader reported receiving referrals from a secular AIDS service organization. Another leader reported receiving referrals from a homeless mission. One leader reported communicating informally with leaders of other secular AIDS service organizations routinely. Another leader reported that her AIDS ministry had worked closely with a secular AIDS service organization to improve the AIDS ministry's fundraising.

OPINIONS AND COMMENTS ABOUT PREVENTING HIV TRANSMISSION AND HELPING PEOPLE LIVING WITH HIV/AIDS

Table 7 presents the opinions of AIDS ministry leaders and volunteers about preventing HIV transmission and helping people living with HIV/AIDS. Such opinions may affect the role of AIDS ministries in the social service system. For example, they may choose not to interact with government agencies that they perceive as ineffective. Also, they may not seek government funding if they do not believe that such funding will lead to improved services.

Four of the eight AIDS ministry leaders criticized government agencies' HIV prevention efforts. Their comments: *Government agencies don't know who to go to. They aren't reaching the population they need to. Hispanics, homeless teens, and African Americans are underserved by government agencies; Government doesn't do much of anything in terms of AIDS education; People are still getting infected, so something is being missed; It's not government's job. It's the community's job.*

Nearly half of the AIDS ministry volunteers criticized government agencies' HIV prevention efforts. Their comments: *I am not aware of efforts of government to prevent transmission; They could allocate more funding; Sex education is wrong-headed when it is "abstinence only" based. Need comprehensive program, including condom distribution and teaching safe-sex practices; We need more money and more tolerance when dealing with outreach to different lifestyles.*

Some of the AIDS ministry leaders disagreed with the statement, "The AIDS ministry that I am involved in would do a better job of preventing HIV transmission if it were to receive (more) government funding." Their comments: *I see no connection between the two; I would have time to work with the clients more, but funding doesn't have to do with quality; We have spent millions on government funding prevention—however, infection rates are still high; We do not know how government funding affects behavior.*

Only two of the AIDS ministry volunteers disagreed or strongly disagreed that government funding could help their organization be more effective at preventing HIV transmission, commenting, *It's not part of this organization's mission to do HIV transmission prevention.*

Some AIDS ministry leaders criticized government agencies' efforts to help people living with HIV/AIDS. Their comments: *They could reduce the red tape in order for people living with HIV/AIDS to receive medications and services; They need to remove some of the rules. They do not focus on it because they do not realize how big the problem has become. Non-government agencies are doing this much more than government agencies; There are gaps in the system. Programs are still crying for funding for their prescription drug programs.*

Some AIDS ministry volunteers criticized government agencies' efforts to help people living with HIV/AIDS. Their comments *A local nonprofit AIDS service organization, volunteers, and religious groups seem to be doing the helping; They could do more; We need more money and more tolerance when dealing with outreach to different lifestyles.*

Five out of eight AIDS ministry leaders disagreed with the statement, "The AIDS ministry that I am involved in would do a better job of preventing HIV transmission if it were to receive (more) government funding." Their comments: *We're doing fine. Money is never the issue; Government funding always comes with a stipulation and administrative reporting. I do not have time for billing, reports, and site visits; Funding doesn't affect quality.* In contrast, 18 of 21 volunteers either agreed or strongly agreed with the contention that government funding of their AIDS ministry would lead to improved services for people living with HIV/AIDS.

CONCLUSION

The data collected in this study indicate that eight AIDS ministries in Colorado have diverse approaches to recruiting and hiring volunteers, have diverse religious orientations and vary in their religious practices. Some AIDS ministries eschewed government funding as a matter of policy, but three received substantial government funding. The AIDS ministry leaders expressed diverse opinions about whether receiving such funding would have positive outcomes for preventing HIV transmission and helping people living with HIV/AIDS. On the whole, volunteers from two of the eight AIDS ministries expressed optimism about the effects of government funding of their AIDS ministries. Future research might lead to the collection of data suitable that are suitable for generalizing about the opinions of volunteers regarding HIV prevention education, helping people living with HIV/AIDS, and government funding.

REFERENCES

- Chambré, Susan M. (1995). "Creating New Nonprofit Organizations as a Response to Social Change: HIV/AIDS Organizations in New York City." *Policy Studies Review* 14: 117-126.
- Demko, Paul (1997). "Government Has Found God, But Some Charities are Skeptical of Conversion." *The Chronicle of Philanthropy* 10(5): 38.
- Hacala, Joseph R. (2001). "Faith-Based Community Partnerships: Toward Justice and Empowerment," in Dionne, E.J., Jr., and Chen, Ming Hsu (eds.), Sacred Places, Civic Purposes: Should Government Help Faith-Based Charity? (Washington, DC: Brookings Institution Press).
- Kennedy, Sheila Suess, and Bielefeld, Wolfgang (2002). "Government Shekels without Government Shackles? The Administrative Challenges of Charitable Choice." *Public Administration Review* 62(1): 4-10.
- McLaughlin, Abraham (2001). "Few Recruits for the 'Armies of Compassion.'" *Christian Science Monitor*. www.csmonitor.com/durable/2001/06/27/p2s1.htm
- Monsma, Stephen V. (1996). When Sacred and Secular Mix: Religious Nonprofit Organizations and Public Money. (Lanham, MD: Rowman and Littlefield).
- Rosenthal, Donald B. (1996). "Who 'Owns' AIDS Service Organizations: Governance Accountability in Nonprofit Organizations." *Polity* 24(1): 97-118.
- The Gazette (2002, April 23). "Faith-Based Office." Metro section: 2 (Colorado Springs, CO).

Table 1: Religious Practices Scale for Eight Colorado AIDS Ministries

Religiously Motivated Practices	Number of Leaders Citing Religious Practice	Points Assigned by Researchers
A volunteer chaplain on staff	4	1
A paid chaplain on staff	4	2
Religious symbols or pictures in your facility	8	1
Voluntary religious activities	8	1
Required religious activities	1	2
Spoken prayers at meetings and/or events	8	1
Informal references to religious ideas by staff in contacts with people who receive services	5	1
A general spirit or atmosphere of service/concern/love among your staff	8	1
Only hiring staff or volunteers who agree with your AIDS ministry's religious orientation	2	5
Giving preference in hiring staff or volunteers to people who agree with your AIDS ministry's religious orientation	3	4
Efforts to encourage people who receive services to make religious commitments	3	3
Giving preference in providing services to people who agree with your AIDS ministry's religious orientation	1	2
Other practices your AIDS ministry engages in that are motivated by its religious orientation	5	1
TOTAL		25

Table 2: Description of Each AIDS Ministry's Approach to Recruiting Volunteers

Organization Identifier	Leader's Description of Recruitment of Volunteers
1	Made recruitment appeals to local communities of faith and to residents of a Denver neighborhood (Capital Hill) whose residents were especially aware of the travails of living with HIV/AIDS; posted recruitment notices in the daily newspaper and numerous weekly and monthly newspapers that are available for free at locations throughout metropolitan Denver.
2	Used informal approach of recruiting leaders' friends and friends of the AIDS ministry's service users.
3	Posted notices in church bulletin, held meetings at church, spoke with family members of HIV-positive persons, and posted notices at a nonprofit volunteer center.
4	Leader personally recruited volunteers to meet the AIDS ministry's strategic goals.
5	Reported that the AIDS ministry did not need to do any recruiting; also reported that volunteers sought out the AIDS ministry in response to word of mouth and that others were assigned by a highly-placed church authority.
6	Posted notices in church newsletter, made announcements at church's monthly orientation for new members, word of mouth, and notices in church bulletin.
7	Reported that the volunteers came to her; also reported that the AIDS ministry had never received any service by volunteers, but anticipated hiring two volunteers very soon.
8	Posted notices in church bulletins and spoke to congregations in churches.

Table 3: Description of Each AIDS Ministry's Approach to Hiring Volunteers

Organization Identifier	Leader's Description of Approach to Hiring Volunteers
1	Almost all applicants were required to participate in a one-day training program; the leader based the hiring decision on his observation of each applicant during the training program, their responses to items on the application to be a volunteer, their performance in personal interviews following the training program.
2	No application process; volunteers were hired based on word of mouth.
3	Each applicant was interviewed by the leader, who also checked her (his) references; to be hired, each applicant had to sign a confidentiality agreement and had to affirm support for a professional code of nursing.
4	There was no formal application process because each volunteer was hand-selected by the leader based on his personal knowledge of how she (he) could help the AIDS ministry achieve its strategic goals.
5	To be hired, applicants had to go through an informal interview; those who could fill a time slot where there was a particular need received priority.
6	All applicants were accepted without going through a formal application process or interview.
7	Ministry anticipated hiring its first two volunteers. One of the prospective volunteers was a client of whom the leader had personal knowledge; the other prospective volunteer wanted to earn academic credit for her work at the AIDS ministry.
8	Applicants were required to be interviewed and to submit a completed application form as well as a reference letter from a pastor. They also had to present a valid driver's license, proof of current motor vehicle insurance, go through formal training and a background check, and be tested for tuberculosis.

Table 4: Interaction Between AIDS Ministries

Organization Identifier	Leader's Description of Interaction Between AIDS Ministries
1	Leader reported participating in monthly meeting organized hosted by the leader of another AIDS ministry; leader reported working with laypeople at churches that were interested in forming AIDS ministries; leader participated in a retreat hosted by another AIDS ministry; and reported working informally with two other AIDS ministries.
2	Someone from another AIDS ministry served on the board of directors; organization had some volunteers who also volunteered at other AIDS ministries.
3	Leader reported working informally with two AIDS ministries in Colorado.
4	Leader reported attending meetings that were also attended by leaders of two AIDS ministries in Colorado.
5	Leader reported that organization had not interacted with AIDS ministries in Colorado.
6	Leader reported that organization had not interacted with AIDS ministries in Colorado.
7	Leader reported that organization had not interacted with AIDS ministries in Colorado.
8	Leader reported that organization had not interacted with AIDS ministries in Colorado.

Table 5: Interaction Between AIDS Ministries and Government Agencies

Organization Identifier	Leader's Description of Interaction with Government Agencies
1	Organization has worked informally with public health employees; local health departments have been a good resource for HIV prevention education. AIDS ministry has made referrals to local health departments for HIV testing.
2	Leader reported no history of interaction between AIDS ministry and government agencies.
3	Leader reported participating in a regional HIV service network that was organized by public health employees; leader also reported making referrals to public health departments.
4	Public health department employees have referred prospective service users to AIDS ministry and has included AIDS ministry's brochure in packet of information given to people when informing them that they are HIV-positive.
5	AIDS ministry has referred service users to public hospital for medical care and for assistance from social workers.
6	AIDS ministry has made referrals to public health department and public department of human services; public health department and public department of human services have made referrals to AIDS ministry; AIDS ministry received state funding for HIV prevention education.
7	AIDS ministry has referred services users to a public mental health agency; AIDS ministry received state funding for HIV prevention education.
8	AIDS ministry has made referrals to public health department and has received referrals from public health department.

Table 6: Interaction Between AIDS Ministries and Secular Nonprofit Organizations

Organization Identifier	Leader's Description of Interaction with Nonprofit Organizations
1	Leader reported referring service users to five secular AIDS service organizations and a visiting nurse association for HIV testing, social services, or personal care.
2	Leader reported receiving referrals from one secular AIDS service organization and making referrals to a nonprofit organization that provides food and to a secular AIDS service organization that provides social services.
3	Leader has made referrals to a secular AIDS service organization that provides social services.
4	Leader routinely communicated informally with volunteers at three secular AIDS service organizations and made referrals to one secular AIDS service organization that operates a camp for children whose lives have been significantly affected by HIV/AIDS.
5	AIDS ministry has received referrals from a secular AIDS service organization.
6	AIDS ministry has participated in numerous fundraisers with a secular AIDS service organization, has provided a meal for participants at a youth conference organized by a secular nonprofit organization, and has worked with secular nonprofits and a faith-related nonprofit to write grant proposals.
7	AIDS ministry has made referrals to a visiting nurse association, a nonprofit organization that provides adoption services, and two secular AIDS service organizations.
8	Secular AIDS service organization has made referrals to AIDS ministry; homeless mission has made referrals to AIDS ministry and has provided informal assistance to AIDS ministry to improve AIDS ministry's fundraising.

Table 7: Opinions About Prevent HIV Transmission and Helping People Living with HIV/AIDS

Number of responses by AIDS ministry leaders
Number of responses by AIDS ministry volunteers

Item 1: Government agencies are doing a good job of preventing HIV transmission in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	4	2	2	0
1	8	5	5	0
Item 2: Government agencies are doing a good job of helping people living with HIV/AIDS in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	6	0	2	0
0	7	5	7	1
Item 3: Nonprofit organizations are doing a good job of preventing HIV transmission in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	3	0	3	1
0	3	4	9	2
Item 4: Nonprofit organizations are doing a good job of helping people living with HIV/AIDS in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	0	4	3
0	1	2	12	4
Item 5: Government agencies, nonprofit organizations, and AIDS ministries do a good job of working together to prevent HIV transmission in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	3	2	1	1
0	5	5	6	2
Item 6: Government agencies, nonprofit organizations, and AIDS ministries do a good job of working together to help people living with HIV/AIDS in Colorado.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	2	1	4	1

0	1	5	8	4
Item 7: <i>The AIDS ministry that I am involved in would do a better job of preventing HIV transmission if it were to receive (more) government funding.</i>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2	3	0	1	2
0	2	2	8	8
Item 8: <i>The AIDS ministry that I am involved in would do a better job of helping people living with HIV/AIDS if it were to receive (more) government funding.</i>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2	2	0	2	2
0	0	3	7	11

¹ An earlier version of this paper was presented in November 2002 at the annual meeting of the Association for Research on Nonprofit Organizations and Voluntary Action in Montreal, Canada. The author gratefully acknowledges the support of the Center for the Study of Government and the Individual, University of Colorado at Colorado Springs, James A. Null, executive director. I greatly appreciate the assistance and cooperation of the unnamed AIDS ministry leaders and volunteers who participated in the study. Special thanks to my research assistant, Angela Graham. Thanks also to Dionne Benson-Smith, Lawrence A. Griffith, Mary Lou Kartis, and Vydia Garcia-Torres for their encouraging words and helpful comments.

² Each interview had the same format. First, the interviewee, the primary investigator, and the research assistant signed an assurance of anonymity. Second, the primary investigator used a questionnaire to pose initial and follow-up questions. Third, the research assistant noted the response to each question. Fourth, the research assistant requested pertinent documents such as annual reports, a volunteer application form, or a newsletter. The researchers asked each leader—and volunteers at two AIDS ministries—to respond to 12 items designed to solicit each respondent’s opinion regarding efforts to prevent HIV transmission and help people living with HIV/AIDS in Colorado. Ten of the 12 items used a Likert scale (strongly disagree, disagree, neutral, agree, strongly agree). The other two items asked the respondent to identify the type of organization that should play the leading role in preventing HIV transmission in Colorado and helping people living with HIV/AIDS in Colorado (faith-related organization, government agency, or nonprofit organization). The researchers solicited a response to each item as well as a comment offering insight into the response.