

PRESBYTERIAN PANEL REPORT

— Listening to Presbyterians —



HIV/AIDS ISSUES THE MAY 1996 PRESBYTERIAN PANEL

THE PRESBYTERIAN PANEL: AN OVERVIEW	ii
SAMPLING ERROR	ii
HIGHLIGHTS	iii
KNOWLEDGE OF AIDS ISSUES	1
Knowledge of Three Dimensions of AIDS: Self Ratings	1
Three Facts: Previously Known?	2
OPINIONS ON SOCIAL AND INTERPERSONAL ASPECTS OF AIDS	2
Church Ministry	2
Personal Risk	3
Controversies	3
Opinions and Gender	3
Group Discussions	3
AIDS Awareness Sunday	5
AIDS Policies for Nurseries and Day Schools	5
The AIDS Quilt	5
Middle Governing Body Policies	5
AWARENESS OF NATIONAL CHURCH INVOLVEMENT AND RESOURCES	6
Presbyterian Aids Network	6
PCUSA-Produced Resources	6
KNOWING INDIVIDUALS WITH AIDS	7
Personal Acquaintance	7
Persons with AIDS/HIV in Congregations	9
COMPARISONS WITH 1989 PANEL RESULTS	9
Risk of Infection	10
Condoms on TV	10
Support for AIDS Ministry	10
DISCUSSION	11

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THE PRESBYTERIAN PANEL: AN OVERVIEW

The Presbyterian Panel (1994-1996) consists of several thousand Presbyterians in the United States and Puerto Rico who agreed to respond to a quarterly mail survey beginning February 1994. The Panel contains independent, representative samples of four groups affiliated with the Presbyterian Church (U.S.A.): members, elders, pastors, and clergy in specialized ministries. (The exact number of cases in each sample may be found at the beginning of the appendix.)

Participants in each of these samples were selected according to scientific sampling procedures, a detailed description of which can be found in Appendix B of the *Background Report for the 1994-1996 Panel* (Louisville: Research Services, Division of Congregational Ministries, Presbyterian Church (U.S.A.), 1994). The member sample was drawn in two stages. First, 425 congregations were sampled, with the probability of selection proportional to membership size. Each of the 425 congregations was, in turn, requested to supply the names of eight members, based on applying a set of random numbers to its current list of active members. The elder sample was drawn from a denominationally-maintained list of all elders currently serving on sessions of Presbyterian Church (U.S.A.) congregations. To ensure geographical representation, elders were sampled proportionately according to their overall distribution across the church's 16 synods. The pastor sample is a random sample of all ordained ministers of the Word and Sacrament who, at the time of sampling, occupied a staff position in a congregation or other parish. The specialized clergy sample is a random sample of all ordained ministers in the denomination who, at the time of sampling, worked outside a parish (e.g., chaplains, counselors, teachers, church officials). Retired clergy were excluded from the Panel. Pastors and specialized clergy were both slightly oversampled to permit individuals who had served in the 1991-1993 cycle of the Panel to be excluded from the new samples.

The office of Research Services, lodged in the Congregational Ministries Division of the national offices of the Presbyterian Church (U.S.A.), maintains the Panel as a service to the General Assembly, its agencies, councils, committees, and other entities. The primary purpose of the Panel is to aid these national bodies within the church by gathering information on Presbyterian opinions and behavior for use in planning and evaluation. Secondly, the Panel exists to provide the church as a whole and the larger society with information of general interest on Presbyterians.

All Panel data are publicly available, with the exception that no data will be released that might compromise the confidentiality of respondents. Requests for Panel data in computer-readable format for research purposes will be considered on an individual basis. Responsibility for the maintenance and disposition of Panel files ultimately rests with the office of Research Services.

SAMPLING ERROR

Time and costs preclude inclusive surveys of all but the smallest populations. With larger populations, representative samples are drawn and the responses of smaller subsets are used to extrapolate to the total population—much as medicine draws a sample of blood to profile the entire blood supply within the human body. The values obtained from a scientifically-selected sample will not necessarily be the same ones that would have been obtained if the entire population had been surveyed, but we can know, within a certain degree of probability, the range above and below the sample value within which the actual population value is likely to fall. By convention, surveys usually report 95% "confidence intervals," that is, the range above and below a sample value that, in 19 out of 20 samples (in other words, 95% of the time), will contain the true population value. This range is also known as sampling error.

Sampling error is dependent largely on the number of cases in the sample and, with percentages, how large or how small the particular values are. In general, the larger the sample, the smaller the sampling error, and the closer a percentage is to 50% (as opposed to 0% or 100%), the larger the sampling error. Approximate sampling errors for Panel samples are:

REPORTED PERCENTAGE	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
	95% CONFIDENCE INTERVAL			
50%	±4%	±4%	±4%	±5%
30% or 70%	±4%	±4%	±4%	±5%
20% or 80%	±4%	±4%	±4%	±4%
10% or 90%	±3%	±3%	±3%	±3%
5% or 95%	±2%	±2%	±2%	±2%

HIGHLIGHTS

- Most panelists believe that they have at least some knowledge of such aspects of the HIV/AIDS pandemic as its origins, means of transmission, and biochemistry of infection, but very few label themselves as “very knowledgeable.” [pp. 1-2]
- A majority of panelists indicate that they previously knew three facts about AIDS (that it has spread to all populated continents; that it is the number one cause of death among Americans aged 25-44; and that more than 500,000 cases have been identified in the U.S. since its discovery), but most of these responses were of the “yes, probably” rather than the “yes, definitely” variety. [p. 2]
- Large majorities of panelists in every sample agree that “people with AIDS deserve my respect” and disagree that “AIDS is a gay white man’s disease” and that “the federal government spends too much money on AIDS research.” [p. 2]
- Slight majorities of members and elders, but eight in ten clergy, agree with the statement, “I would support an AIDS outreach ministry in my church.” [p. 2]
- Few panelists believe that they, themselves, are at risk of acquiring HIV. [p. 3]
- Opinion is generally divided on three controversial aspects of AIDS containment: allowing ads for condoms on television, keeping confidential the names of persons infected with HIV, and the need to balance individual rights with public health. [p. 3]
- Overall, men and women show different patterns of opinion on several matters concerning AIDS. [pp. 3-4]
- Formal group discussion of AIDS-related issues occurs rarely in Presbyterian congregations. [p. 3]
- According to pastors, only 10% of their congregations observed “AIDS Awareness Sunday” in 1995. [p. 5]
- Just under one-half of members, and just over one-half of pastors, indicate an openness to a display of part of the quilt that memorializes persons who have died of AIDS. [p. 5]
- For most resources and programs of the Presbyterian Church (U.S.A.) related to AIDS issues, few panelists, even pastors, indicate a high level of awareness or familiarity. [pp. 6-7]
- Just under one-half of members and elders know either someone who has AIDS or HIV, or knew someone who died of the disease; the corresponding proportions among pastors and other clergy are higher (around seven in ten). [pp. 7-8]
- More of the younger than the older members know someone with AIDS, while more of the members with graduate degrees know someone with AIDS than those whose formal education stopped after high school or college. [pp. 7-8]
- Only 10% of pastors are aware of anyone in their congregation who has publicly acknowledged infection with HIV; this proportion doubles in congregations with 550 or more members. [pp. 9-10]
- The only previous Panel survey to address AIDS issues (June 1989) had few similar questions, but two that are parallel reveal little change in fear of infection, but an apparent increase in support for condom ads on television. [pp. 9-10]

HIV/AIDS ISSUES MAY 1996

The Presbyterian AIDS Network, or PAN, part of the Presbyterian Health, Education, and Welfare Association (PHEWA), requested use of the May 1996 Presbyterian Panel survey to gather information for evaluating their current programs and resources, to learn more about knowledge of the AIDS pandemic among individual Presbyterians, and to obtain more systematic data on AIDS-related ministry and education in Presbyterian Church (U.S.A.) congregations. Questions asked panelists about such issues as whether or not they knew anyone with HIV (human immunosuppressive virus) or AIDS (acquired immune deficiency syndrome), their opinions on AIDS-related issues in the church (e.g., would you visit a church member who had AIDS?), and the society (should advertisements for condoms be allowed on television?), and their familiarity with PAN and the specific resources it and other parts of the PCUSA produce.

PAN is a relative newcomer among Presbyterian organizations. It was created at the 1989 Biennial Conference of PHEWA in Tampa, Florida. This Panel survey is the first comprehensive effort to assess Presbyterian opinion on AIDS-related issues. (However, a few questions about AIDS were asked in the broader context of a Panel survey on "Human Sexuality" in June of 1989; those results are described briefly toward the end of this *Report*.)

Presbyterian Panel staff members worked with three leaders from PAN's Executive Committee to develop the questionnaire.¹ Discussions began in October 1995. The questionnaire was mailed to panelists on May 3, 1996, and on May 23, 1996 a reminder postcard was sent to all panelists whose completed questionnaires had not been received by that date. Returns were accepted through July 1996. Response rates by sample are: members, 69%; elders, 69%; pastors, 76%; and specialized clergy, 75%.

KNOWLEDGE OF AIDS ISSUES

In general, more panelists than not indicated knowledge of various aspects of the AIDS pandemic, but few panelists—especially among the laity—considered themselves in any way expert on the illness and its social and individual effects.

KNOWLEDGE OF THREE DIMENSIONS OF AIDS: SELF RATINGS

Relatively few panelists rated themselves as "very knowledgeable" on three aspects of the AIDS pandemic: its origins and spread (10% of members, 12% of pastors; Q17a); the biochemistry of AIDS (9% of both members and pastors; Q17b); and person-to-person transmission (21% and 23%, respectively; Q17c). Most other panelists, however, considered themselves "knowledgeable," so that, together, majorities in every sample labeled themselves as either "very knowledgeable" or "knowledgeable" on each item (with one exception—only 44% of elders chose "very knowledgeable" or "knowledgeable" for the question on biochemistry).

¹Alice Davis and Phil Jamison, co-moderators of PAN, and Bob Gillespie, treasurer, served in this capacity. John Marcum, Panel Administrator, was the primary Panel staff member involved at this stage.

Not surprisingly, formal education is associated with these knowledge self-ratings.² For example, while only 12% of members with a high school education or less describe themselves as “very knowledgeable” concerning AIDS transmission, the proportion is 20% among college graduates, and 32% among members with graduate degrees. A similar pattern was obtained for Q17a and Q17b.

THREE FACTS: PREVIOUSLY KNOWN?

A similar question (Q18) presented three facts about the AIDS pandemic, and asked panelists whether or not they previously knew each fact. Panelists expressed the greatest awareness that AIDS has spread to all populated continents (in every sample, at least 88% responded either “yes, definitely” or “yes, probably”; Q18c). Combined “yes” responses were at least 60% in every sample for each of the other two facts: that AIDS has become the number one cause of death among adults aged 25-44 in the United States (members, 63%; pastors, 69%; Q18a), and that more than a half-million cases of AIDS have been identified in the United States since its discovery in the early 1980s (members, 76%; pastors, 82%; Q18b).

Because we have no independent confirmation of panelists’ factual knowledge prior to receiving the questionnaire, these results must be interpreted cautiously. The finding that many more members and elders chose “yes, probably” than “yes, definitely” for each item in Q18—as did pastors for two of the three (Q18a, Q18b)—suggests that many may have lacked certainty about prior knowledge. (It should also be noted that there was no “not sure” option for Q18.)

In contrast to Q17, members’ responses to only one part of Q18 varied directly with level of formal education—Q18c. Over one-half of members (52%) with a graduate degree responded “yes, definitely” concerning prior knowledge of AIDS’ spread to all continents, compared to just over one-fourth (26%) of members with a high school education (or less).

OPINIONS ON SOCIAL AND INTERPERSONAL ASPECTS OF AIDS

Panelists were presented a series of ten statements on AIDS-related issues in the society and the church and asked to express their opinions on each by choosing one of five responses: “strongly agree,” “agree,” “both agree and disagree,” “disagree,” and “strongly disagree” (there was also a “no opinion” choice). Among other findings, large majorities in every sample (60% or more) agreed that “people living with AIDS deserve my respect” (Q3a), and disagreed that “AIDS is a gay white man’s disease” (Q3d) and that “the federal government spends too much money on AIDS research” (Q3f). Other findings, in greater detail, follow.

CHURCH MINISTRY

Overall, panelists indicated support for both congregational and individual AIDS ministries. However, support was much greater among both samples of clergy than among the laity. For example, just over one-half of members (57%) and elders (54%), but eight in ten pastors (80%) and other clergy (87%), agreed with the statement, “I would support an AIDS outreach ministry in my church” (Q3g). Similarly, 71% of members, but 99% of both clergy samples, responded in agreement with the statement, “If someone I knew in my church had AIDS, I would visit them in the hospital” (Q3b).

²Information on panelists’ education and two other demographic variables discussed in this *Report* (age and sex) are taken from an earlier Panel survey of these same individuals conducted in the fall of 1993. Unless otherwise indicated, only statistically-significant differences in response by these demographic characteristics are presented.

PERSONAL RISK

Large majorities in every sample agreed that “the risk is very low that I, personally, will get AIDS” (Q3i), including 86% of members and 91% of pastors. Consistently, few “worry a lot about getting AIDS” (Q3j), ranging from 3% of pastors and specialized clergy to 9% of elders.

CONTROVERSIES

Two statements concerning aspects of AIDS containment that remain controversial in the United States (“to prevent the spread of AIDS, advertisements for condoms should be permitted on prime-time television,” Q3c, and “names of people infected with the AIDS virus should be kept in confidence,” Q3h) received a small majority of “agree” (including “strongly agree”) responses from pastors and specialized clergy. However, the proportions of members and elders who agreed were slightly below 50%. For example, while 52% of pastors and 61% of specialized clergy agreed with permitting condom ads on television, the proportions of members (45%) and elders (41%) who did so were somewhat lower.

Opinion was more mixed in response to a third statement on a controversial dimension of the AIDS debate: “stopping the spread of AIDS is more important than protecting the rights of people with AIDS” (Q3e). Combined, the “both agree and disagree” and “no opinion” responses totaled 49% for specialized clergy, 47% for pastors, and 41% for both elders and members. Among members and elders who chose another response, most came down on the “agree” side. (For example, 44% of all members responded in agreement, while only 15% responded in disagreement.) Opinion was much more evenly divided among pastors (28% of whom responded in agreement, 26%, in disagreement) and other clergy (27% in disagreement, 24% in agreement).

OPINIONS AND GENDER

As with many issues studied by the Panel over the years, the pattern of responses to many of these opinion questions differs for women and men (see Table 1). On some, the results suggest that more women than men are supportive of, or empathetic toward, persons with AIDS. In addition, on some items a major component of the difference is that fewer persons of one gender express a definite opinion (i.e., more women than men chose “both agree and disagree” as their responses to Q3e). Table 1 shows results for the six items in Q3 where the differences met a test of statistical significance.

GROUP DISCUSSIONS

Formal discussions of AIDS and related issues are relatively infrequent events in most congregations (Q5). Only 3% of pastors reported that such formal discussions have occurred “frequently” among youth in the congregations they serve, and another 36% reported that they have occurred “occasionally.” Just under one-fourth responded “never.” Pastors reported formal discussions of AIDS issues with similarly low frequencies among three other categories of congregants: young adults (2%, frequently; 33%, never); parents of youth (1%, frequently; 34%, never); and older adults (1%, frequently; 40%, never).

Consistently, only 30% of pastors indicated that they had ever “led a discussion or presented information on HIV/AIDS to [their] congregation[s] or one or more groups within it” (Q6).

Table 1
Opinions on AIDS-Related Issues, by Gender*

Question/Response Categories**	Women	Men
People living with AIDS deserve my respect (Q3a)		
strongly agree/agree	77%	60%
both agree & disagree	21%	31%
strongly disagree/disagree	1%	10%
total***	99%	101%
To prevent the spread of AIDS, advertisements for condoms should be permitted on prime-time television (Q3c)		
strongly agree/agree	51%	41%
both agree & disagree	20%	20%
strongly disagree/disagree	29%	39%
total	100%	100%
AIDS is a gay white man's disease (Q3d)		
strongly agree/agree	1%	7%
both agree & disagree	10%	16%
strongly disagree/disagree	89%	77%
total	100%	100%
Stopping the spread of AIDS is more important than protecting the rights of people with AIDS (Q3e)		
strongly agree/agree	41%	54%
both agree & disagree	43%	32%
strongly disagree/disagree	16%	15%
total***	100%	101%
The federal government spends too much money on AIDS research (Q3f)		
strongly agree/agree	8%	17%
both agree & disagree	17%	20%
strongly disagree/disagree	74%	63%
total***	99%	100%
I would support an AIDS outreach ministry in my church (Q3g)		
strongly agree/agree	68%	56%
both agree & disagree	19%	18%
strongly disagree/disagree	13%	26%
total	100%	100%

* All differences are statistically significant based on a chi-square test ($p < .05$)

** "No opinion" responses have been excluded

*** Columns may not total to 100% because of rounding

AIDS AWARENESS SUNDAY

Only 10% of pastors indicated that their congregations had observed “Presbyterian AIDS Awareness Sunday” during the previous October (Q14). Of this small subset, most—84%—reported that the observation took place during a regular service of worship (Q14a). Even fewer pastors (4% overall) reported that their congregations had observed World AIDS Day in 1995 (Q15).

AIDS POLICIES FOR NURSERIES AND DAY SCHOOLS

Very few pastors reported that their congregations have an AIDS policy for either the church nursery or for a weekday school or child-care program using church facilities (Q7). Of the pastors who reported no current policy, 39% indicated that there would be an interest in the congregation for resources that address the issue.

THE AIDS QUILT

A large minority of both members and elders (45% of each sample) indicated their personal openness to the display of “part . . . of the AIDS Quilt that memorializes individuals who have died from AIDS” (Q8), as did a small majority of pastors (52%) and almost two-thirds of specialized clergy (65%). If we ignore the “don’t know” and “not familiar with the AIDS Quilt” responses—in effect, looking at the responses of only those who expressed a definite opinion—then support for the quilt’s display increases to 64% among members, 67% among elders, 66% among pastors, and 78% among specialized clergy.

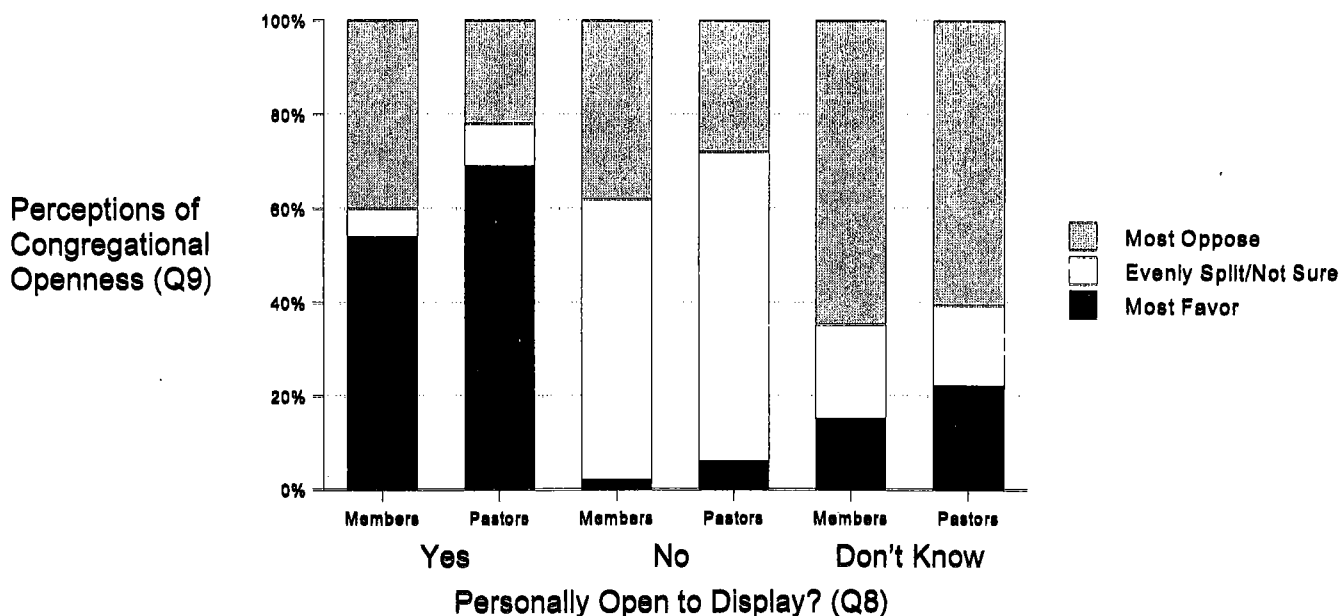
We also asked panelists to estimate the receptiveness of their congregations to such a quilt display (Q9). Opinions were mixed, with a fair proportion of “not sure” responses (at least 12%) in every sample. Overall, more panelists believed that a majority would be receptive (e.g., 32% of members, 43% of pastors) than in opposition (24% of members, 26% of pastors), but another sizable proportion in every sample felt that “about as many would be receptive as would be opposed” (21% of members, 20% of pastors). As a result, it *appears* that there is a tendency for panelists to indicate greater personal openness to display of the AIDS quilt than they perceive would be the case more generally in their congregations.

Nevertheless, we come to a different understanding when we crosstabulate individual responses to both Q8 and Q9. Personal openness to a display is highly correlated with perceptions of openness in one’s congregation. Among members, for example, only 6% of those who personally favor a display in their congregations also reported that a majority of members overall would be opposed (another 40%, however, responded “not sure”). At the same time, of those who personally opposed a display, only 2% indicated their belief that a majority in the congregation would favor it, while 60% indicated that they thought that a majority would oppose it. A similar pattern of response is found among pastors. Whether these results actually point toward a homogeneity of perspectives in congregations, or a tendency for individuals to see their own preferences as more typical regardless of the reality, is impossible to know (see Figure 1).

MIDDLE GOVERNING BODY POLICIES

In parallel questions, panelists were asked whether or not a “task force or program on AIDS” existed in their synods or in their presbyteries (Q16). Concerning synods, eight out of ten pastors and specialized clergy, and over nine of ten members and elders, responded “don’t know.” Almost as many members (90%) and elders (88%) responded “don’t know” to the presbytery question, as did just under one-half of pastors (45%) and specialized clergy (48%). Among the remaining pastors, about as many (27% overall) chose “yes” as chose “no” (29%). The pattern was similar among specialized clergy, with 29% responding “yes” and 23%, “no.”

Figure 1
Perceptions of Congregations' Openness to Display of AIDS Quilt (Q9)
by Personal Opinions on Display (Q8)



AWARENESS OF NATIONAL CHURCH INVOLVEMENT AND RESOURCES

Few panelists (ranging from 3% among members to 21% among specialized clergy) indicated that they were "very aware" of "the involvement of the Presbyterian Church (U.S.A.) in HIV/AIDS issues" (Q10a). While more reported that they were "somewhat aware" (including 60% of pastors and 53% of specialized clergy), overall only 22% of members and 27% of elders indicated that they were either "very aware" or "somewhat aware" of the church's involvement in this issue.

PRESBYTERIAN AIDS NETWORK

Consistently, even fewer panelists in every sample indicated awareness of the Presbyterian AIDS Network (PAN), ranging from *less than 0.5%* of members to 13% of specialized clergy (Q10b). Relatively few members indicated that they were even "somewhat aware" of PAN (6%). Overall, fewer than 10% of members and elders, 46% of pastors, and 43% of specialized clergy indicated that they were either "very aware" or "somewhat aware" of PAN.

PCUSA-PRODUCED RESOURCES

The subset of panelists who indicated any familiarity at all with resources on AIDS issues produced either by PAN or by other entities of the PCUSA were asked to further specify their familiarity with particular resources (Q11, Q12). Majorities of members and elders—often large majorities—responded "not at all familiar" to each of five resources: *Talking with Your Family about HIV/AIDS*; *HIV/AIDS: Stories of Mutual Ministry* (video and use guide); *AIDS and the Church's Ministry* (January/February 1989 issue of *Church and Society* magazine); *PANdemic* (newsletter of PAN); and worship resources produced for the annual "Presbyterian AIDS Awareness Sunday." Most of the remainder responded "aware, but never used or read it." Among elders, the

resource most widely “used or read” was *AIDS and the Church’s Ministry*, so reported by 14%; among members, it was the “AIDS Awareness Sunday” resources (7%).

Clergy panelists indicated greater rates of reading or use for all resources, although nowhere near a majority of pastors or specialized clergy indicated that they had used or read any particular item. The highest “used or read” responses were for the issue of *Church and Society* on AIDS (23% of pastors and 24% of specialized clergy so reported), but two other resources were reported as “used or read” by similar proportions of both samples: *Talking with Your Family about HIV/AIDS* (pastors, 22%; specialized clergy, 20%) and worship resources for “AIDS Awareness Sunday” (22% and 20%, respectively).³ As with members and elders, most of the “used or read” responses were of the “once or twice,” as opposed to the “often,” option.

KNOWING INDIVIDUALS WITH AIDS

Depending on the sample, anywhere from sizable minorities to large majorities of panelists know, or have known, someone with AIDS or with the virus which causes it, HIV (Q1). In general, pastors and other clergy are more likely to have reported such an acquaintance, although in most cases the connection between the panelist and the person with AIDS is (or has been) relatively distant.

PERSONAL ACQUAINTANCE

Slightly less than a quarter of members and elders (both 23%), and around one-half of pastors (49%) and specialized clergy (52%), indicated that they currently know someone who has AIDS (Q1a). An even greater proportion indicated that they personally had known someone who died from AIDS, including more than one-third of members and elders, and around two-thirds of pastors and specialized clergy (Q1c).

When asked about their connection to the person or persons they knew who had died from AIDS, most panelists in this subset (in every sample, at least two-thirds) identified them as acquaintances or friends from the past (Q1d). Only about one in seven of these members and elders, one in six of the pastors, and one in four of the specialized clergy indicated that the person they had known had been a “close friend.” Even fewer (in every sample, around 10% of this subset) indicated that the person was a family member or another relative. Extrapolating to the entire samples, about 4% of members and 6% of pastors overall reported having had a family member or other relative die from AIDS.

Combined responses to Q1a, b, and c reveal that 46% of members overall either personally know someone who has AIDS or HIV or knew someone in the past who died from the disease. Corresponding proportions for the other samples are: elders, 41%; pastors, 72%; specialized clergy, 75%.

Among members, both age and education are associated with reported personal knowledge of individuals with AIDS, but in different directions. For age, the relationship is negative: the older the age group, the fewer members who report such knowledge. For education, however, the relationship (while not uniformly linear) is clearly positive: the more years of formal education completed, the greater the proportion who report such knowledge (see Figure 2 and Figure 3).

³PAN and other PCUSA-produced resources are generally available in presbytery resource centers. PAN leadership team members are also available to answer questions or provide more information; phone the PHEWA office at 502-569-8100 to obtain the name and phone number of a contact.

Figure 2
Proportion Reporting Knowledge of Someone Who Has or Has Died from AIDS (Q1),
by Age Group: Members' Responses

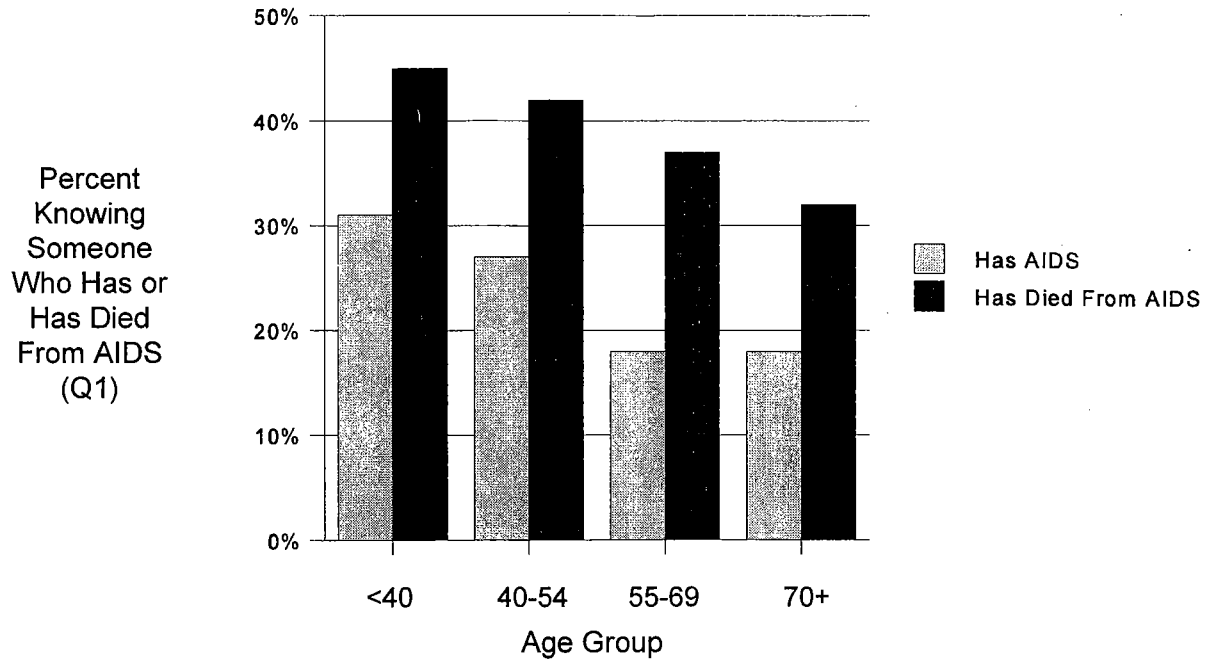
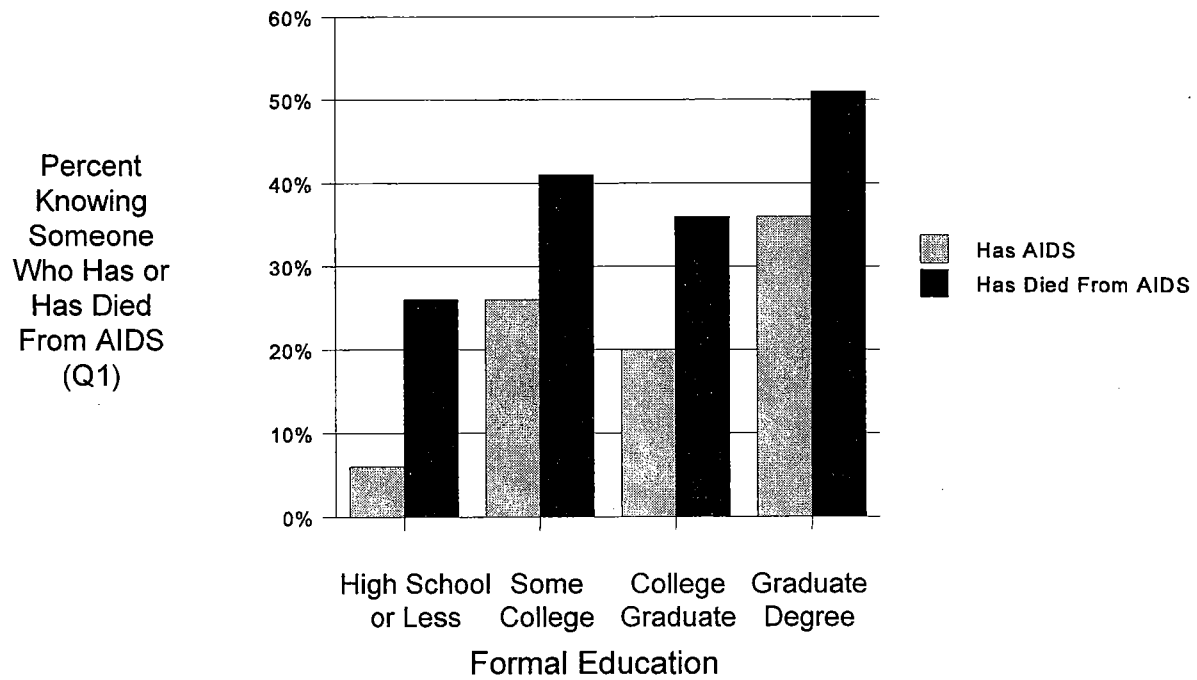


Figure 3
Proportion Reporting Knowledge of Someone Who Has or Has Died from AIDS (Q1),
by Formal Education: Members' Responses



The negative association between age and knowledge of one or more persons who have, or who have died from, HIV/AIDS, seems clearly in line with the generally youthful population that is infected in the United States. The education-knowledge association, however, is probably more complex. In particular, because age is also negatively associated with education (i.e., each generation of Americans has had more formal education on average than the one before it), the association between education and any personal acquaintance with an individual with AIDS may owe more to the confounding effects of age on education than of education per se on knowledge.

To explore this conundrum, we undertook a multivariate analysis,⁴ with Q1a as the dependent variable. We found that *both age and education* have statistically-significant effects, even when the effects of the other are taken into account (or “controlled”). Age is negatively related to knowledge of someone who has AIDS, i.e., the older one is, the less likely s/he is to report knowing an individual who has AIDS. At the same time, education is positively related to knowledge of someone who has AIDS, with member panelists with graduate degrees more likely to report such knowledge than member panelists with other educational backgrounds, particularly those with a high school education or less. Nevertheless, we found no evidence that particular combinations of education and age are associated with significantly lower or higher knowledge of someone with AIDS.⁵ This same pattern of results was obtained when the dependent variable was Q1c (knowledge of someone who had died from AIDS).

PERSONS WITH AIDS/HIV IN CONGREGATIONS

Relatively few panelists—5% of members, 10% of pastors—reported knowing (or knowing of) someone in their congregations who had “publicly acknowledged his or her infection with the virus that causes AIDS” (Q2). However, more than a third of members (but only 6% of pastors) responded “don’t know.”

Not surprisingly, pastors in the largest congregations are more likely to report that they knew of someone in the congregation who had HIV and was open about this infection. Still, even in these congregations, only about one in five pastors reported such awareness. Curiously, the lowest proportion is found among pastors of congregations with 130-249 members (this pattern is also true for Q1a), although the differences between the three lowest categories (<130, 130-249, and 250-549 members) are relatively narrow (see Table 2).

COMPARISONS WITH 1989 PANEL RESULTS

None of the 11 questions on AIDS issues contained in the June 1989 Panel survey are identical to those included in the May 1996 survey. Some have only minor differences, and those will be given the most attention here because they provide the greatest opportunity to make comparisons. The lack of question-content overlap is interesting in its own right, pointing to possible changes in what was topical in the mid- to late-1980s as compared to the mid-1990s (viz. these three “agree-disagree” questions from 1989: “I would refuse to work beside someone who has AIDS”; “Children with AIDS should not be admitted to public schools”; and “AIDS is a punishment from God”⁶).

⁴We used logistic regression because the dependent variable is dichotomous (know or do not know someone with AIDS).

⁵In statistical terms, there is no interaction effect between age and education on the dependent variable.

⁶Large majorities in all samples responded “disagree” to each of these statements.

Table 2
Pastors' Awareness of Any Members With A Publicly-Acknowledged HIV-Infection,
by Congregational Membership Size

	Congregational Membership Size				All*
	<130	130-249	250-549	550+	
Someone in congregation who is open about his/her HIV infection? (Q2)					
yes	8%	6%	9%	21%	11%
no	85%	90%	86%	72%	83%
not sure	7%	4%	5%	7%	6%
total	100%	100%	100%	100%	100%

* Varies slightly from the values in the data appendix because of small differences in the number of cases with missing values.

RISK OF INFECTION

As previously noted (p. 3), few panelists in any sample in the current survey reported that they feel at risk of getting HIV or AIDS (Q3i, Q3j). Results were similar in 1989, with 77% of members, 82% of elders, 85% of pastors, and 82% of specialized clergy choosing either "not at all concerned" or "not very concerned" about infection. Most of the remaining responses were "a little concerned."

CONDOMS ON TV

The 1989 and 1996 questions were almost identical, except for the response choices (there were only three options in 1989: "agree," "disagree," or "don't know"). If we combine the "strongly agree" and "agree," the "strongly disagree" and "disagree," and the "both agree and disagree" and "no opinion" categories in the current survey, we can make tentative comparisons across the resulting (roughly comparable) categories (see Table 3). The percentages show that relatively more Presbyterians are open to condom advertisements on television in 1996 than was true seven years before, although change has not been dramatic.

SUPPORT FOR AIDS MINISTRY

One other comparison is worth noting. In both surveys, we asked for opinions concerning AIDS ministries. However, in 1989 the wording emphasized an institutional initiative ("The church should offer ministries . . ."), while in 1996 the emphasis was placed directly on the respondent ("I would support an AIDS outreach ministry . . .") (see Table 4). It is difficult to imagine that Presbyterians would be *less* supportive of AIDS ministry in 1996 than in 1989, so the different results at least *suggest* that panelists may be more willing to commit the church in general than they are to commit themselves (and their own congregations) to AIDS ministry.

Table 3
Comparison of Results for Two Similar Questions
on Television Ads for Condoms: 1989 and 1996

Question/Response Choices	Members		Pastors	
	1989	1996	1989	1996
To help prevent the spread of AIDS, ads for condoms should be permitted on prime-time (7-11 pm) television [1989]				
To prevent the spread of AIDS, advertisements for condoms should be permitted on prime-time television [1996]				
agree	35%	45%	46%	52%
both/don't know/no opinion	16%	24%	13%	22%
disagree	48%	32%	41%	26%

Table 4
Comparison of Responses to Similar Questions on AIDS Ministry:
1989 and 1996

Question/Response Choices	Members		Pastors	
	1989	1996	1989	1996
The church should offer ministries of support to persons with AIDS [1989]				
I would support an AIDS outreach ministry in my church [1996]				
agree	83%	57%	97%	80%
both/don't know/no opinion	12%	27%	2%	14%
disagree	6%	16%	1%	6%

DISCUSSION

The emergence of AIDS from obscurity began only 15 years ago, and much has been accomplished in that time toward understanding the disease and lessening its harmful effects.⁷ A causative agent, HIV (the human immunosuppressive virus), has been identified, along with a test for infection. The primary means of transmission are known, ways to prevent infection identified and, more recently, drugs to treat the disease

⁷As these words are being written, the latest issue of *Newsweek* (December 2, 1996) features a cover story titled "The End of AIDS?" and subtitled "Not Yet—But New Drugs Offer Hope."

found. Still, much more remains to be done. There is no permanent cure for the disease, and despite extensive education efforts, many people continue to engage in behaviors that put them at risk of acquiring HIV.

In general, most Presbyterians see themselves as knowledgeable about many aspects of the AIDS pandemic, a not-too-surprising finding given their high average levels of education and the broad attention given to AIDS by the mass media since the early 1980s. Still, *experiential* knowledge of AIDS and its effects on individuals are relatively uncommon among members and elders. Fewer than one-fourth currently know anyone with AIDS, and only slightly more than one-fourth have known someone who has died from the disease. Furthermore, when panelists in the latter category were asked how they had been acquainted with the decedent, it became clear that few close relationships were involved. And while the proportions of pastors and other clergy with personal connections to one or more persons with AIDS are somewhat greater—probably in part because of their pastoral roles—fewer than one in five of them have had a close family member or friend die of the disease.

Together, these findings suggest that, for most Presbyterians, AIDS is a disease that they have encountered at arm's length—through the media, perhaps, or through learning of its role in the death of an acquaintance whom they had not seen in years. Pastors and other clergy are a partial exception, but only a partial one. Hence, we would expect little demand for individual or congregational helps on matters related to AIDS—which is exactly the case. That few Presbyterian congregations have recently had group discussions on AIDS, or are involved in AIDS ministries, or have commemorated “AIDS Awareness Sunday,” is hardly surprising, as is the finding that relatively few Presbyterians are at all familiar with, or have ever read, denominational resources on AIDS issues.

While these findings may be discouraging for the Presbyterian AIDS Network, they need not be. A consistent finding in Panel surveys is a lack of knowledge by most members and elders of resources and programs produced by the national church. Even a very successful venture like the Peacemaking Program has failed to get its message to a large minority of members (41% responded “no” when asked, in November 1995, “. . . were you aware that peacemaking has been an important, ongoing emphasis of the Presbyterian Church (U.S.A.)?”). PAN is a much newer program and has nothing remotely like a churchwide special offering to fund its programs and publicize its existence.

The challenge for PAN is to keep its programs and resources before the church, so that when an individual or a congregation has needs and turns to the church for help, the connection is made. This will require persistence, because potential users may not notice resources for which they have no current need, and is probably best done by targeting pastors, if only because there is no direct way to reach more than a very small proportion of members and elders via conventional media (such as the magazine, *Presbyterians Today*). Resource centers might be one way to go about this, providing ready-to-use displays that call attention to PAN-produced materials. Another approach might be to establish an extensive network of advocates around the country, as the Peacemaking Program has done. Less expensive in time and money would be to set up an informational page on the Internet, especially one with links to other AIDS-related sites on the Internet.

The results also reveal an opportunity for PAN to work with congregations. One possibility might be a resource or targeted program that would help congregations approach AIDS policy issues as they relate to the church itself. As this survey revealed, few congregations have such policies for one such area, nurseries and child care, and four in ten pastors in congregations without such policies expressed an interest in relevant resources.

Another tack might be to assist congregations in developing outreach programs that focus on AIDS issues in the community. The proportion of PCUSA congregations with such programs, as indicated by pastors, is very low. At the same time, more than one-half in every sample indicated support for “an AIDS outreach ministry in my church.” The gap between these two responses suggests the potential for more AIDS-related programs in

congregations. Of course, there may be quite a distance from simple “support” of a program and the efforts required to establish it. One place to begin might be to identify congregations with one or more members who have openly acknowledged HIV infection, on the hypothesis that a personal connection might provide more impetus for direct congregational involvement, not only with that individual, but with other types of AIDS ministries.

8.10.0596+8
panel/aids.rpt

**MAY 1996 — PRESBYTERIAN PANEL
HIV/AIDS ISSUES**

APPENDIX

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Number questionnaires mailed	1,031	1,046	1,122	591
Number questionnaires returned	712	726	851	444
Percent returned	69%	69%	76%	75%

PLEASE ANSWER EACH QUESTION BY SELECTING THE MOST APPROPRIATE RESPONSE CHOICE AND THEN CIRCLING THE NUMBER CORRESPONDING TO THAT CHOICE.

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-1. Please indicate whether or not your life has been affected by AIDS (short for "Acquired Immune Deficiency Syndrome") in any of the following ways:				
a. Do you know anyone with AIDS?				
yes	23%	23%	49%	52%
no	66%	65%	38%	37%
not sure	11%	12%	13%	10%
b. Do you know anyone who is infected with HIV (the virus that causes AIDS), but who has not yet shown any symptoms of AIDS?				
yes	12%	13%	34%	42%
no	74%	72%	46%	41%
not sure	13%	15%	21%	17%
c. Have you known, personally, anyone who has died from AIDS?				
yes	39%	35%	64%	67%
no	59%	62%	33%	30%
not sure	2%	3%	3%	3%
Q-1d. If "yes" to Q-1c above, was this person (or persons, if you have known more than one person who has died from AIDS): [Please circle the number for <i>all</i> that apply.] ◆				
a. a close family member?	◆ n=274 4%	◆ n=251 5%	◆ n=540 3%	◆ n=295 5%
b. a distant family member?	5%	8%	6%	6%
c. a close friend?	13%	13%	17%	24%
d. a current acquaintance?	21%	19%	36%	37%
e. an acquaintance or friend from the past? ..	76%	76%	71%	68%
Q-2. Is there anyone in your congregation who has publicly acknowledged his or her infection with the virus that causes AIDS (that is, is there anyone who is openly HIV-positive)?				
yes	5%	4%	10%	16%
no	59%	78%	84%	63%
don't know	36%	18%	6%	21%

◆ = Percentages add to more than 100% because respondents could choose more than one response
 * = less than 0.5%
 - = zero (0.0); no cases in this category
 + = nonresponses of 10% or more for this sample on this question (reported for all questions omit nonresponses)
 n = number of respondents

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-3. Please indicate what you believe or do not believe about the disease AIDS by agreeing or disagreeing with each statement below.				
a. people living with AIDS deserve my respect				
strongly agree	29%	28%	54%	62%
agree	39%	40%	30%	28%
both agree and disagree	24%	25%	11%	10%
disagree	3%	4%	1%	1%
strongly disagree	1%	1%	*	-
no opinion	3%	3%	3%	1%
b. if someone I knew in my church had AIDS, I would visit them in the hospital				
strongly agree	20%	22%	79%	70%
agree	51%	55%	20%	29%
both agree and disagree	15%	13%	1%	1%
disagree	5%	4%	*	-
strongly disagree	1%	*	-	-
no opinion	8%	6%	-	-
c. to prevent the spread of AIDS, advertisement for condoms should be permitted on prime-time television				
strongly agree	17%	15%	25%	33%
agree	28%	26%	27%	28%
both agree and disagree	20%	22%	20%	18%
disagree	20%	23%	18%	12%
strongly disagree	12%	11%	8%	7%
no opinion	4%	3%	2%	1%
d. AIDS is a gay white man's disease				
strongly agree	1%	1%	*	1%
agree	2%	1%	1%	2%
both agree and disagree	12%	10%	12%	12%
disagree	33%	39%	25%	22%
strongly disagree	50%	46%	61%	62%
no opinion	2%	3%	1%	2%
e. stopping the spread of AIDS is more important than protecting the rights of people with AIDS				
strongly agree	18%	16%	9%	8%
agree	26%	27%	19%	16%
both agree and disagree	37%	38%	44%	48%
disagree	12%	12%	20%	18%
strongly disagree	3%	4%	6%	9%
no opinion	4%	3%	3%	1%
f. the federal government spends too much money on AIDS research				
strongly agree	2%	2%	2%	2%
agree	8%	9%	6%	5%
both agree and disagree	16%	14%	13%	8%
disagree	46%	51%	48%	47%
strongly disagree	14%	13%	20%	32%
no opinion	14%	11%	10%	7%
g. I would support an AIDS outreach ministry in my church				
strongly agree	8%	7%	27%	32%
agree	49%	47%	53%	55%
both agree and disagree	16%	19%	10%	7%
disagree	14%	13%	5%	3%
strongly disagree	2%	2%	1%	1%
no opinion	11%	13%	4%	3%

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	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-3. (cont.) Please indicate what you believe or do not believe about the disease AIDS by agreeing or disagreeing with each statement below.				
h. names of people infected with the AIDS virus should be kept in confidence				
strongly agree	10%	10%	13%	21%
agree	30%	33%	40%	34%
both agree and disagree	30%	30%	32%	31%
disagree	19%	19%	9%	8%
strongly disagree	4%	4%	4%	3%
no opinion	5%	4%	2%	2%
i. the risk is very low that I, personally, will get AIDS				
strongly agree	37%	37%	45%	45%
agree	49%	48%	46%	43%
both agree and disagree	7%	7%	5%	6%
disagree	4%	5%	3%	3%
strongly disagree	2%	2%	1%	1%
no opinion	2%	2%	1%	1%
j. regardless of risk, I worry a lot about getting AIDS				
strongly agree	1%	2%	1%	*
agree	6%	7%	2%	3%
both agree and disagree	6%	7%	3%	6%
disagree	54%	46%	44%	41%
strongly disagree	31%	36%	50%	49%
no opinion	2%	3%	1%	1%

Q-4. To what extent is your congregation involved in programs or ministries related to AIDS? Please answer by indicating whether or not, in the last year, your congregation has done any of the following (please circle a number for every item; do not leave any item blank):

a. recruited volunteers for one or more AIDS ministries elsewhere in the community				
yes	7%	5%	18%	19%
no	51%	79%	77%	62%
don't know	42%	15%	4%	18%
b. had one or more AIDS care teams (i.e., groups of volunteer caregivers who minister to one person with AIDS at a time)				
yes	5%	2%	7%	10%
no	55%	85%	90%	73%
don't know	40%	12%	3%	17%
c. provided space for an AIDS-related group or ministry to meet				
yes	6%	6%	13%	14%
no	49%	78%	84%	68%
don't know	44%	16%	3%	18%

Q-5. In general, how often, if at all, have issues related to HIV/AIDS been discussed formally (i.e., in a planned way through a program, panel, invited speaker, etc.) among the . . .

a. youth (i.e., junior and senior high ages) of your congregation?				
frequently	1%	1%	3%	4%
occasionally	10%	12%	36%	21%
rarely	8%	12%	27%	18%
never	11%	27%	23%	21%
don't know	70%	48%	12%	36%

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n = number of respondents

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-5. (cont.) In general, how often, if at all, have issues related to HIV/AIDS been discussed formally (i.e., in a planned way through a program, panel, invited speaker, etc.) among the . . .				
b. young adults (i.e., ages 18-30) of your congregation?				
frequently	1%	1%	2%	4%
occasionally	8%	9%	25%	24%
rarely	6%	11%	27%	15%
never	15%	35%	33%	23%
don't know	69%	44%	13%	35%
c. parents of the youth in your congregation?				
frequently	1%	1%	1%	3%
occasionally	6%	9%	26%	20%
rarely	9%	13%	28%	19%
never	19%	38%	34%	24%
don't know	64%	39%	11%	33%
d. older adults in your congregation?				
frequently	1%	1%	1%	3%
occasionally	8%	7%	20%	18%
rarely	11%	16%	29%	20%
never	30%	51%	40%	29%
don't know	49%	24%	10%	30%
Q-6. Have you, yourself, either as pastor, teacher, youth leader, newsletter, etc., ever led a discussion or presented information on HIV/AIDS to your congregation or one or more groups within it?				
yes	2%	3%	30%	23%
no	98%	97%	70%	77%
Q-6a. If "yes," please describe briefly what you did: [Responses not tabulated]				
Q-7. Does your congregation have a policy on AIDS as it relates to . . .				
a. the church nursery?				
yes	2%	3%	6%	2%
no	31%	61%	85%	58%
don't know	64%	30%	6%	32%
not applicable	3%	6%	4%	8%
b. a child-care center, day school, pre-school, or a similar weekday program for children (either operated by the church or that uses its facilities)?				
yes	3%	4%	7%	2%
no	25%	50%	67%	47%
don't know	60%	31%	9%	32%
not applicable	11%	15%	17%	19%
Q-7c. If you answered "no" to <i>either</i> Q-7a or Q-7b, do you think there would be any interest in your congregation for resources that address these issues?				
	n=230	n=435	n=703	n=243
yes	19%	21%	39%	42%
no	35%	33%	32%	26%
don't know	46%	46%	29%	33%

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	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-8. Would you, personally, be open to the display in your church building of part (that is, a few squares or panels) of the AIDS Quilt that memorializes individuals who have died from AIDS?				
yes	45%	45%	52%	65%
no	25%	22%	26%	18%
don't know	14%	16%	19%	12%
not familiar with the AIDS Quilt [skip to Q-10]	16%	16%	3%	5%
Q-9. To the best of your knowledge, how receptive or opposed do you think the rest of your congregation would be to a display in your church building of part of the AIDS Quilt (the quilt that memorialized individuals who have died from AIDS)?	n=588	n=601	n=820	n=415
almost all would be receptive	8%	9%	12%	18%
not all, but a majority would be receptive	24%	26%	31%	28%
about as many would be receptive as would be opposed	21%	24%	20%	22%
not all, but a majority would be opposed	18%	17%	16%	13%
almost all would be opposed	6%	6%	10%	4%
not sure	22%	17%	12%	15%
Q-10. Before received this questionnaire, ...				
a. how aware were you of the involvement of the Presbyterian Church (U.S.A.) in HIV/AIDS issues?				
very aware	3%	4%	20%	21%
somewhat aware	19%	23%	60%	53%
not very aware	37%	43%	18%	24%
not at all aware	41%	30%	2%	3%
b. to what extent were you <i>specifically</i> aware of the Presbyterian AIDS Network (also known as PAN)?				
very aware	*	1%	10%	13%
somewhat aware	6%	7%	36%	30%
not very aware	21%	24%	38%	33%
not at all aware	72%	67%	16%	24%
Q-11. In general, how familiar are you with resources on HIV/AIDS issues that have been produced by PAN and other groups that are part of the Presbyterian Church (U.S.A.)?				
very familiar	-	1%	4%	6%
somewhat familiar	3%	5%	25%	22%
not very familiar	12%	15%	38%	31%
not at all familiar [skip to Q-14]	85%	80%	32%	41%
Q-12. How would you describe your familiarity with and use of each of these PCUSA resources?				
a. "Talking with Your Family about HIV/AIDS"	n=107	n=147	n=569	n=259
not at all familiar	72%	54%	33%	44%
aware, but never used or read it	25%	36%	45%	36%
used or read it once or twice	3%	10%	20%	18%
used or read it often	-	1%	2%	2%
b. "HIV/AIDS: Stories of Mutual Ministry" video and use guide	n=107	n=147	n=569	n=259
not at all familiar	84%	67%	54%	52%
aware, but never used or read it	14%	28%	37%	38%
used or read it once or twice	2%	5%	8%	8%
used or read it often	-	-	*	2%

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+ = nonresponses of 10% or more for this sample on this question (reported for all questions omit nonresponses)

n = number of respondents

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-12. (cont.) How would you describe your familiarity with and use of each of these PCUSA resources?				
c. "AIDS and the Church's Ministry," the January/February 1989 issue of <i>Church and Society</i> magazine				
	n=107	n=147	n=569	n=259
not at all familiar	75%	62%	47%	43%
aware, but never used or read it	20%	25%	31%	34%
used or read it once or twice	4%	13%	22%	21%
used or read it often	1%	1%	1%	3%
d. "PANdemic," the newsletter of the Presbyterian AIDS Network				
	n=107	n=147	n=569	n=259
not at all familiar	82%	68%	56%	51%
aware, but never used or read it	14%	27%	33%	31%
used or read it once or twice	4%	4%	10%	12%
used or read it often	-	1%	1%	5%
e. worship resources from PAN for "Presbyterian AIDS Awareness Sunday"				
	n=107	n=147	n=569	n=259
not at all familiar	68%	65%	35%	43%
aware, but never used or read it	25%	29%	44%	37%
used or read it once or twice	7%	6%	18%	17%
used or read it often	-	1%	4%	3%

Q-13. If you circled "3" or "4" for any of the resources listed in Q-12, please indicate which of these, if any, you <i>used</i> in connection <i>with your congregation</i> over the last year (for example, put items from <i>PANdemic</i> in the church's newsletter; used worship resources in planning a service; showed a video to a class or group). (Circle the number for <i>all</i> that apply.)				
	◆	◆	◆	◆
	n=10	n=25	n=242	n=104
"Talking with Your Family about HIV/AIDS"	20%	41%	42%	41%
"HIV/AIDS: Stories of Mutual Ministry" video and use guide	20%	24%	12%	26%
"AIDS and the Church's Ministry" (Jan/Feb 1989 issue of <i>Church and Society</i>)	20%	53%	26%	33%
"PANdemic" newsletter	40%	12%	11%	18%
worship resources from PAN for "Presbyterian AIDS Awareness Sunday"	80%	41%	63%	37%

Q-14. Did your congregation observe "AIDS Awareness Sunday" last October?				
yes	6%	7%	10%	13%
no	48%	69%	86%	68%
don't know	46%	24%	4%	19%

Q-14a. If "yes," did the observance take place during . . .				
	n=41	n=48	+	+
regular worship?	76%	84%	84%	92%
a special program or service?	14%	4%	4%	4%
other (specify): _____	5%	11%	12%	4%
don't know	5%	-	-	-

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 n = number of respondents

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
Q-15. Did your congregation observe "World AIDS Day" last fall, either on or around the designated date of December 1?				
yes	2%	2%	4%	7%
no	51%	73%	92%	73%
don't know	47%	24%	4%	20%
Q-16. Is there a task force or program on AIDS in your ...				
a. presbytery?				
yes	6%	7%	27%	29%
no	4%	6%	29%	23%
don't know	90%	88%	45%	48%
b. synod?				
yes	4%	4%	14%	11%
no	3%	2%	7%	9%
don't know	93%	94%	80%	80%
Q-17. In general, how knowledgeable would you consider yourself to be on ...				
a. the origins and expansion of the AIDS pandemic?				
very knowledgeable	10%	7%	12%	19%
knowledgeable	42%	44%	61%	58%
not very knowledgeable	31%	33%	25%	20%
not at all knowledgeable	14%	14%	2%	2%
not sure	3%	2%	*	1%
b. the biochemistry of HIV—what happens when HIV enters the body?				
very knowledgeable	9%	5%	9%	14%
knowledgeable	42%	39%	46%	47%
not very knowledgeable	35%	41%	41%	34%
not at all knowledgeable	12%	14%	4%	4%
not sure	2%	2%	*	1%
c. how HIV is transmitted from one person to another?				
very knowledgeable	21%	17%	23%	31%
knowledgeable	66%	67%	70%	63%
not very knowledgeable	10%	13%	6%	6%
not at all knowledgeable	2%	2%	*	*
not sure	1%	1%	*	-
Q-18. Before receiving this questionnaire, were you aware that ...				
a. AIDS is the number one cause of death among adults aged 25 - 44 in the United States?				
yes, definitely	22%	21%	26%	34%
yes, probably	41%	43%	43%	35%
no, probably not	27%	28%	25%	27%
no, definitely not	9%	8%	6%	4%
b. over 500,000 cases of AIDS have been diagnosed in the United States?				
yes, definitely	27%	22%	30%	38%
yes, probably	49%	54%	52%	47%
no, probably not	20%	20%	16%	14%
no, definitely not	4%	4%	2%	2%

◆ = Percentages add to more than 100% because respondents could choose more than one response

* = less than 0.5%

- = zero (0.0); no cases in this category

+ = nonresponses of 10% or more for this sample on this question (reported for all questions omit nonresponses)

n = number of respondents

	MEMBERS	ELDERS	PASTORS	SPECIALIZED CLERGY
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Q-18. (cont.) Before receiving this questionnaire, were you aware that . . .

c. HIV/AIDS has spread to all populated continents?

yes, definitely	40%	37%	52%	59%
yes, probably	48%	52%	41%	36%
no, probably not	10%	9%	6%	4%
no, definitely not	2%	2%	1%	1%

Q-19. Please use the space below to provide any additional comments on the issues raised by this questionnaire.

[Responses not tabulated]

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