LATINO RELIGIOUS LEADERSHIP PROGRAM

EVALUATION REPORT: 2010-2011

Report Prepared by the Research and Evaluation Department, Latino Commission on AIDS. New York, NY

Latino Religious Leadership Project

LATINO COMMISSION ON AIDS

RED RESEARCH & EVALUATION DEPARTMENT

EXECUTIVE SUMMARY

The Latino Religious Leadership Program (LRLP) engages Latino Communities of Faith (COF) to diffuse important HIV/AIDS information, HIV testing and health education messages to Latinos in New York City. During the 2010-2011 program year, The Latino Religious program work directly with 26 Communities of Faith (COF), representing a range of denominations and regions of the city. **This program is sponsored by the City Council of NY under its HIV Prevention in Communities of Color Initiative, administered by the New York City Department of Health and Mental Hygiene through Public Health Solutions.** The 2010-2011 program year begins in July and organize community events in each COF from December 2010[1] thru June 20, 2011. Between January and June 2011, participating Communities of Faith were required to conduct one monthly health education workshop and one annual HIV testing event. LRLP staff supported these activities by offering 4 capacity building events, 3 citywide community events, and by assisting in the coordination of the workshops and testing events as requested by the Communities of Faith. Each Communities of Faith coordinator submitted monthly activity and fiscal reports to LRLP staff as part of the re-granting requirements. The activities of both the LRLP staff and the Communities of Faith are summarized and referenced in the current evaluation report, in relationship to benchmarks set out in the evaluation plan at the year's start.

Participant satisfaction was high across the capacity building sessions and citywide events, ranging between 82.7% and 100%. In some cases, gender differences were observed in satisfaction measures, with females rating some aspects of the sessions more highly than males. Knowledge increase on key concepts for each respective topic was also measured and tended to increase between pre- and post-tests, with increases in scores by as high as 40%. In all, the capacity building sessions and citywide events were a successful way for LRLP to provide support to the Communities of Faith coordinators as they continue to build their health ministries and disseminate information about HIV/AIDS as well as other health issues affecting the Latino community.

On their part, the Communities of Faith surpassed the projected number of activities, holding a total of 188 workshops that reached 4481 individuals across NYC. Though not all the Communities of Faith scheduled a testing event, those that did, surpassed the projected target in that area as well, providing 347 HIV tests on 38 separate dates. Their efforts to disseminate information and provide HIV testing to their congregations, also speaks to the success of the LRLP program in the 2010-11 program year.

Conclusions and recommendations focus on curriculum development as well as improvements in data collection and data entry. The Research and Evaluation Department (RED) will continue to work with LRLP staff in the coming program year to implement these recommendations and to provide comprehensive monitoring and evaluation data to inform the program.

THE SCOPE OF OUR WORK
During the 2010-2011 program year, LRLP included 26 Communities of Faith spreaded in the five boroughs of New York City.

PROMOTING THE HIV TEST
participating Communities of Faith were required to conduct one monthly health education workshop and one annual HIV testing event

TABLE OF CONTENTS

INTRODUCTION

Since 1995, the Latino Religious Leadership Program (LRLP) has engaged Latino communities of faith throughout New York City in efforts to educate the community about the realities of HIV/AIDS, health promotion and to alter community norms and attitudes toward HIV/AIDS. LRLP recognizes the importance of faith centers in the Latino community, and has promoted health education through faith-based networks as a means of preventing the spread of HIV. Funded by the Communities of Color Initiative of the New York City Council, LRLP engages Latino Communities of Faith through a unique model of community engagement and participation. During the 2010-2011 program year, LRLP included 26 Communities of Faith, representing a range of denominations and regions of the city.[2]

Between January and June 2011, participating communities of faith were required to conduct one monthly health education workshop and one annual HIV testing event. LRLP staff supported these activities by offering capacity building events, and by assisting in the coordination of the workshops and testing events as requested by the Communities of Faith. Each community of faith coordinator submitted monthly activity and fiscal reports to LRLP staff as part of the re-granting requirements. The activities of both the LRLP staff and the communities of faith are summarized in the current report.

To facilitate learning and exchange among communities of faith, LRLP held four capacity building sessions and three citywide events during this program year. Originally, the LRLP wanted to add more training to the calendar, but the late start of the contract year meant that LRLP delivered the same amount of capacity building sessions as before to the participating Communities of Faith. These updates to the program structure were reflected in the revised program evaluation plan for 2010-2011, which was submitted to LRLP by the Research and Evaluation Department (RED) in December 2010. The benchmarks set forward in the evaluation plan are referenced throughout the current evaluation report.

The capacity building sessions entailed targeted presentations focusing on clinical updates about HIV, Hepatitis, and other diseases, as well as opportunities designed to enhance the participants' skills to disseminate information to their congregations. The attendees of the capacity building sessions were coordinators representing the participating communities of faith. Most of the capacity building sessions were presented by LRLP staff.

The citywide events attracted broader audiences, including the Communities of Faith representatives, invited congregants, and other LRLP stakeholders. The citywide events included the Latino AIDS Memorial, hosted in conjunction with World AIDS Day in December, the Anti-Stigma Training Institute in February, and the Citywide Latino Religious Training Institute in June.

The current report begins with an analysis of the process and outcome monitoring data collected by LRLP staff during the capacity building sessions and citywide events. It then presents a review of the activities conducted by the communities of faith in fulfillment of their participation in LRLP during the 2010-2011 program year. The report concludes with recommendations for subsequent program years based on the data analysis.

DANIEL LEYVA, Director
Latino Religious Leadership Project

GUILLERMO CHACON, President
Latino Commission on AIDS

Rev. Maria Isabel Santiago, Episcopal Priest, Speaking to the press at the Latino AIDS Memorial

CAPACITY BUILDING SESSIONS & CITYWIDE EVENTS:
SATISFACTION AND KNOWLEDGE CHANGE

To assess each capacity building session, LRLP staff administered two tools: surveys to assess satisfaction with the events, and pre-post tests to track changes in knowledge about the topics presented. The surveys were offered in both English and Spanish to accommodate participants' preferences. This section of the report summarizes the data gathered in these surveys. Recommendations for further developing session curricula as well as for improving the consistency of data collection in future program cycles appear in the Conclusions section. For clarity, this section is organized by month of activity, starting in December 2010 and ending in June 2011.

December: Latino AIDS Memorial

The Latino Religious Leadership Program coordinates the Latino AIDS Memorial, an annual citywide memorial service to remember those who lost their battle against and those affected and living with HIV/AIDS. In organizing the event, LRLP was able to count on the support of Radio Visión Cristiana, which provided pro-bono radio advertisement for the memorial. This year the event took place on December 1, 2010 at the Church of Saint Joseph in the Village, in Manhattan. Sixty participants attended the event; it is likely that interrupted subway service that evening (due to a storm) precluded others from joining. Members of all participating Communities of Faith attended, along with members of the community and parishioners of Saint Joseph in the Village. The topic for this year's event was Remembrance and Renewal. Daniel Leyva, LRLP Director moderated the event. Presenters included Rev. John P. McGuire, Rev. Maria Isabel Santiviago, Rev. Oliverio Barrera, Rev. Nelson Belizario, Rev. Dr. Héctor Chiesa, Araceli Sánchez, Javier Bosque, Teresa Gómez, and Efraín Moreno. The program included musical presentations, prayers in solidarity with persons who live with HIV/AIDS, prayers for the prevention of HIV, a testimonial, and a memorial reading of names. Due to the solemn nature of the event, no surveys were collected to assess participants' satisfaction with the memorial.

January: Capacity Building Session 1

On January 8, 2011, LRLP held an orientation meeting for the communities of faith participating in the program this year. This was considered the first capacity building session of the year and was designed to serve two purposes: to explain, in detail, the amount of activities and responsibilities participants are undertaking in joining the program; and to explain the responsibilities of the Latino Commission on AIDS with regards to this partnership. During the orientation, returning participants learned about changes in the program and reporting requirements for the program year. The program orientation was presented by Daniel Leyva, LRLP Director, and Dr. Maria Luisa Miranda, LRLP Program Coordinator. During the second portion of the day, Dr. Miranda, together with Carlos Maldonado, Director of Puente Para La Salud (Bridge to Health) at the Latino Commission on AIDS, offered an update of the advances and challenges in the field of HIV/AIDS from a clinical point of view. There were 32 participants in attendance for the first capacity building session.

January Participants

Members who attended the January capacity building session represented the communities of faith participating in LRLP during the 2010-2011 program year. Therefore, when asked about work affiliation, 25 participants reported working at Communities of Faith; 2 additional participants work at Community Based Organizations (CBOs); and 1 participant works at a local health department. Of the participants reporting gender, 15 were female and 14 were male. Participants' ages ranged from 19 to 64 years, with an average of 50 (SD=10.05). In terms of race and ethnicity, 27 self-identified as Latino/Hispanic and 1 as African American/Black. In terms of sexual orientation, most participants (n=17) self-identified as heterosexual, and 2 as gay. Most participants listed their primary language as Spanish (n=23); 3 listed English; and 1 as both English and Spanish.

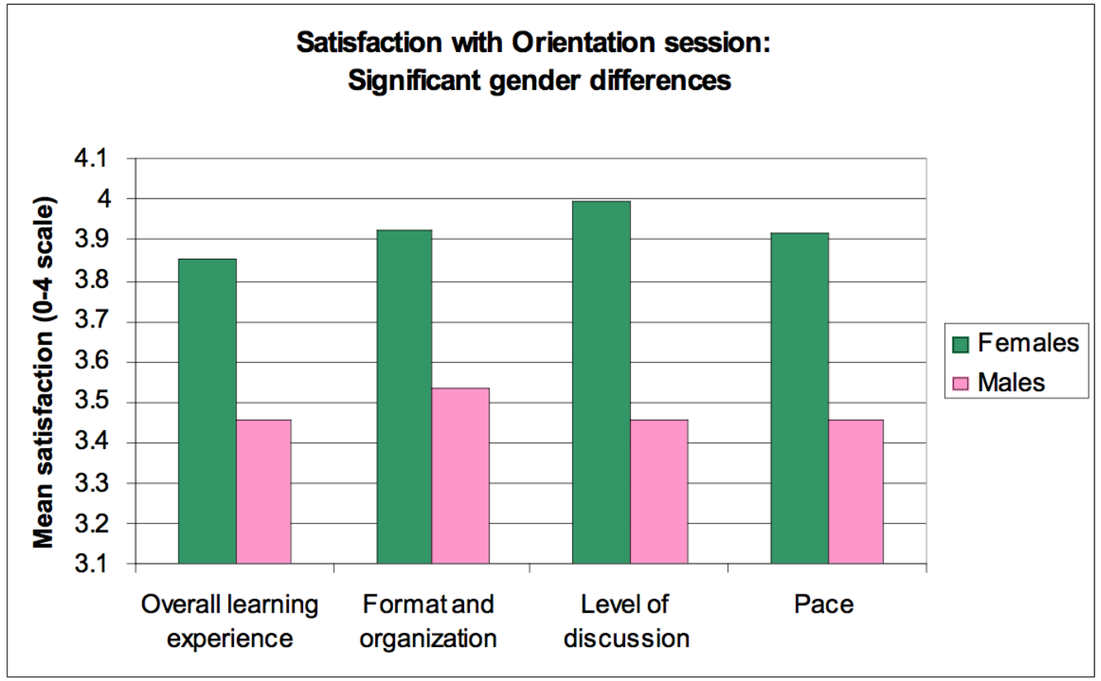
Satisfaction: Orientation to LRLP Requirements

Of the 27 participants who filled out a satisfaction survey regarding the orientation session, 15 completed it in Spanish and 12 in English. Only 1 participant had not previously attended this orientation; the remaining participants indicated having attended the session in the past. Participants expressed a high degree of satisfaction with the orientation session, with 88.8% reporting being "satisfied" or "extremely satisfied". The majority of participants (96.3%) reported that there was "somewhat" or "definitely" a need for the workshop, and the same percentage thought that the need was "somewhat" or "definitely" met. Additionally, 88.5% reported that they would "very likely" or "definitely" recommend the workshop to others, and 80% would attend a longer training on the topic. The remaining satisfaction ratings appear in Table 1.

While most respondents had previously participated in the orientation because Communities of Faith have participated in LRLP over multiple years, they still considered the orientation session to be of value. In open-ended comments, some participants stated: *"due to so many changes in the program it was imperative to attend to this meeting"* and *"siempre estos talleres dejan un conocimiento diferente"*[3] [*these workshops always impart different knowledge*]. Several participants also wrote that they appreciated the concise presentation of the subject matter and the reporting requirements. Most participants did not suggest any changes to the workshop. Those who did suggested,"(*allocating more*) *the time*," and "*separation of returning and newly engaged churches*." It is unclear what the participants meant by the time – it may be that they would have preferred the workshop to take place at a different time, or they may have been referring to the length of the agenda.

Several differences between gender groups emerged in satisfaction with the orientation workshop. Females were more satisfied than males with the overall learning experience ($t(df=25)= 2.31$, $p<.05$); with the format and organization of the presentation ($t(df=25)= 2.48$, $p<.05$); with the level of discussion elicited by the presenter ($t(df=24)= 3.74$, $p=.001$); and with the pace at which the materials were presented ($t(df=24)= 2.83$, $p<.01$). It is unclear exactly why satisfaction with these elements was higher among females than among males because there was no gender-specific aspect to the orientation presentation. Figure 1 displays these differences pictorially. Age was positively correlated with seeing a need for the workshop ($r(26)= .42$, $p<.05$); in other words, older participants were more likely to report that there was a need for the workshop than younger participants. When it came to rating the level of discussion elicited by the presenter, younger participants were more likely to be satisfied than older participants ($r(25)= -.40$, $p=.05$). And, participants completing the survey in English were somewhat, though not significantly, more satisfied with the session overall than those completing it in Spanish ($t(df=25)= 1.87$, $p=.07$). Differences in satisfaction were not analyzed by race/ethnicity, sexual orientation, or work affiliation because of the prevalence of Latinos/Hispanics, heterosexuals, and participants working at Communities of Faith, respectively. Due to similar demographic breakdowns, these differences were not analyzed for any of the other workshops discussed below.

Figure 1.



Satisfaction: HIV 101 Update

Of the 29 participants who filled out a satisfaction survey regarding the HIV 101 Update, 17 completed it in Spanish and 12 in English. In terms of prior experience, 20 had previously attended training on this topic, and 5 had not. Participants rated the session highly, with 82.7% being "satisfied" or "extremely satisfied" overall. Furthermore, 96.6% of respondents felt that there was "somewhat" or "definitely" a need for this training, and the same percentage reported that the need was "somewhat" or "definitely" met. A little over 93% of participants will recommend this workshop to others, and 85.7% reported that they would "very likely" or "definitely" attend a longer training on this topic if given the opportunity. Participants were also asked to rate several other aspects of the session; these ratings appear in *Table 1*. All aspects of the session were rated very highly.

Several differences were observed in how males and females rated the workshop. Female participants were more satisfied than males with the session handouts ($t(df=25)= 2.38$, $p<.05$); with the format and organization of the presentation ($t(df=25)= 2.25$, $p<.05$); with the level of discussion elicited by the presenter ($t(df=24)= 2.50$, $p<.05$); and with the ability of the presenter to answer questions from the audience ($t(df=24)= 3.28$, $p<.01$). Females were somewhat more likely to be satisfied with the pace at which the materials were presented ($t(df=25)= 1.83$, $p=.08$) and were somewhat more satisfied with the workshop overall ($t(df=27)= 1.78$,

p=.09). As with the Orientation session, it is not apparent why females were more likely than males to report satisfaction across these ratings. Satisfaction ratings did not vary by age.

In open-ended comments, participants reinforced the ratings, stating, for example, that the workshop was "*excelente*" [*excellent*] and "*bastante informativo*" [*very informative*]. Participants reported that information about the new treatment options and the excellent visual aids were some of the characteristics that made the workshop useful. Suggestions for improving the session centered on extending the time devoted to this topic, for example: *"I would give more time to apply to the workshop, because the topics are very important, complex and interesting"* and *"la cantidad de información en el taller" [the quantity of information in the workshop]*. Some long-time participants of the LRLP suggested only inviting new participants to this workshop because some information is repeated each year.

Table 1. Satisfaction with Orientation session and HIV 101 Update.

	Orientation to LRLP Requirements			HIV 101 Update		
Rating	***% good or very good***	***Mean (0-4 scale)***	***SD***	***% good or very good***	***Mean (0-4 scale)***	***SD***
Overall learning experience	100	3.67	.48	96.4	3.68	.55
Presenter	100	3.81	.40	100	3.77	.43
Handouts	96.3	3.74	.53	92.6	3.63	.63
Format and organization	100	3.74	.45	96.3	3.67	.55
Level of discussion	100	3.73	.45	100	3.77	.43
Ability of presenter to answer questions	100	3.85	.36	96.2	3.73	.53
Pace	100	3.69	.47	96.3	3.63	.56

It appears from the ratings summarized above that both sessions of the January capacity building event were very well received. Pre- and post tests were not administered during the HIV 101 Update session, so the change in participants' knowledge on this topic was not tracked. Accurate and comprehensive fiscal and activity reports submitted each month by participating Communities of Faith were to reflect the outcomes of the Orientation session. LRLP projected that 80% of the Communities of Faith would produce satisfactory monthly reports that adhere to the reporting guidelines shared during the Orientation session. Upon review of the reports, the LRLP Program Director certified that 93% of the Communities of Faith completed reports in a timely and accurate manner. Thus, the Communities of Faith surpassed the target in terms of submitting monthly reports. *Table 2* compares the satisfaction ratings that were projected in the 2010-11 evaluation plan for the Orientation and HIV 101 Update capacity building sessions with the actual overall satisfaction observed in the data. The observed satisfaction ratings superseded the 80% projected benchmark, indicating that participants were very satisfied overall. Combined with satisfaction and other aspects of the workshops (summarized in *Table 1*), the data suggests that the January capacity building session was a success in the opinion of the participants.

Table 2. Projected and actual targets for January capacity building session.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Orientation	28	32	80%	88.8%	[N/A]	[N/A]
HIV 101 update			80%	82.7%	60%	Not measured

Participants of the Anti-Stigma Training Institute

February: Anti-Stigma Conference

On February 12, 2011, the LRLP held its annual Anti-Stigma Conference. This is a yearly event consisting of a one-day workshop in which participant Communities of Faith are invited to bring members of their congregations and other Communities of Faith to learn and discuss the implications of stigma related to HIV/AIDS in Latino communities in a safe and open environment. Daniel Leyva and Dr. Maria Luisa Miranda presented the material to 82 participants in attendance at the Anti-Stigma Conference.

February participants

Demographic characteristics of the participants were gathered through the pre-post measures described in detail below. Of participants who reported their gender, 48 were female and 26 were male. Almost all participants (n=73) who reported race/ethnicity indicated that they were Hispanic/Latino; 2 participants indicated being African American/Black and 1 indicated being Caucasian/White. The majority of participants reported their primary language as Spanish (n=62); 10 participants indicated their primary language as English; and 3 participants reported both English and Spanish as primary languages. In terms of work affiliation, 42 participants work in a Community of Faith; an additional 22 work in CBOs; 1 works in a health department; 1 in a university; 1 in a clinic; 1 in a corporation; and 6 indicated other work affiliations.

Satisfaction: Anti-Stigma Conference

Of the 82 participants in attendance, 67 completed the satisfaction evaluation forms (an 82% completion rate); 11 participants completed the forms in English and 56 in Spanish. Participants were asked whether they regularly attend religious services at a LRLP participant congregation: 29 reported that they do, and 33 do not. Most participants (n=49) had previously attended a similar workshop; 15 had not; 3 were unsure. Overall, participants were satisfied with the Anti-Stigma Conference, with 84.8% reporting being "satisfied" or "extremely satisfied". Additionally, 98.5% of the participants rated the presenter as "good" or "very good". All 67 respondents indicated that they would recommend this event to others. In terms of satisfaction, older participants tended to rate the presenter more highly than younger participants ($r(63) = .33$, $p<.01$). There were no gender differences in the ratings. Ratings also did not differ between participants who attend the congregation's religious services regularly and those who do not. No further satisfaction ratings are available for the Anti-Stigma Conference because a different evaluation tool was utilized for this event than for other capacity building sessions.

In open-ended comments, participants had positive reactions to the event: *"es un taller muy educativo y ayuda a concientizarnos para ser tolerantes con los demás" [this is a very educational workshop and it helps to raise our consciousness to be more tolerant with others]* and *"es bueno siempre aprender y compartir" [it's always good to learn and to share]*.

Pre-post data: Anti-Stigma Conference

There were 87 pre- or post-tests completed, a higher number than that of participants in attendance. Because some of the participants did not fill in their initials on both tools, their pre- and post-tests could not be matched. For the purpose of capturing as much data as possible from the pre- and post- tests, these unmatched forms were not omitted from the analysis. A total of 50 participants completed both the pre- and post-tests. Mean scores on the 10 question instrument increased significantly from pre ($M=6.16$) to post-test ($M=7.32$), $t(df=49) = -4.39$, $p<.0001$. This represented an 18.8% increase; 64% of the participants demonstrated increased knowledge about stigma on the post-test as compared to the pre-test. Younger participants scored somewhat better on the pre-test than older participants, $r(67) = -.25$, $p<.05$. However, this difference did not continue to the post-test and was not observed in the difference between pre- and post-test scores. Scores did not differ by gender or work affiliation.

Table 3 below summarizes the projected and actual targets for the Anti-Stigma Conference. Attendance at the event (82 participants) was higher than expected. Similarly, overall satisfaction ratings were somewhat higher than projected, with 84.8% of participants reporting satisfaction with the event in general. In terms of the pre-post data, knowledge about stigma increased among 64% of the participants. In all, it appears that the Anti-Stigma Conference effectively engaged a broad set of participants – representatives from the participating LRLP communities of faith in addition to congregants and other invited guests – in conversations about reducing the stigma of HIV/AIDS.

Table 3. Projected and actual targets for Anti-Stigma Conference.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Anti-Stigma Conference	75	82	80%	84.8%	60%	64% of scores increased; mean score increase=18.8%

March: Capacity Building Session 2

On March 23, 2011, LRLP held the second capacity building session of the program year. This all-day seminar was divided into two presentations: Disease Integration, with a focus on how to present an overview on the health of the Latino community and How to Prepare Effective Presentations, a skills building session preparing members to stage tailored workshops to their congregations. Given the requirement for participating congregations to conduct monthly health education workshops, this capacity building session was a key opportunity for the coordinators to refine their presentation skills and to enhance their knowledge of pertinent health topics. There were a total of 30 participants present at this session, which was conducted by Daniel Leyva and Dr. Maria Luisa Miranda.

March participants

Participants invited to each of the four capacity building sessions were LRLP program coordinators for each of the participating Communities of Faith. Because not all coordinators attended each event and some sent other representatives to some events in their stead, demographic characteristics of participants at each session are summarized briefly. Demographic characteristics of the participants were gathered through the pre-post surveys because the demographic prompts were more detailed on this form for the March skills building session. Among the 21 participants who reported their gender, 10 were female and 11 were male. The participants' ages ranged from 29 to 65, with the average age at 50 (SD=10.3). All participants reported their race/ethnicity as Hispanic/Latino. For 20 participants, Spanish is the primary language; 1 participant indicated English as the primary language, 1 indicated both Spanish and English, and 1 indicated other. Ten participants reported their sexual orientation as heterosexual; the remainder of the responses could not be coded. As far as work affiliation, 17 participants indicated a Community of Faith; 4 work in CBOs; 1 in a hospital; and 1 in another type of organization.

Satisfaction: March sessions

Both parts of the March capacity building session were covered on the same satisfaction survey. That is, participants only filled out one evaluation form to indicate their satisfaction with the event at the end of the day. Of the 24 participants who filled out a satisfaction survey regarding the March capacity building sessions, 16 completed it in Spanish and 8 in English. Almost all, 91.3%, of respondents felt that there was "somewhat" or "definitely" a need for this training, and 95.9% reported that the need was "somewhat" or "definitely" met. In addition, 95.6% of participants indicated that they will "very likely" or "definitely" recommend this workshop to others, and 100% would attend a future workshop on this topic. Participants were also asked to rate several other aspects of the session; these ratings appear in *Table 4* below. The session was rated unusually highly, with 100% of participants reporting that they found each aspect of the presentation "very good" or "excellent". Females were more likely than males to be satisfied with the pace at which the March sessions were presented, $t(df=16)= 2.53$, $p<.05$. No other between-group differences in satisfaction were observed for March.

Table 5 summarizes the projected (in the evaluation plan) and actual satisfaction with this session among participants. Because no question was asked to assess the overall satisfaction with this session, the number reflects a mean of the ratings of the various aspects of the session in *Table 4*. In open-ended comments, many participants stated that the session was informative, interesting, and clearly presented. According to one participant, *"It was very interesting. I learned a lot and definitely I'll try to do something like that in my congregation."* Participants particularly liked that the presentation on Disease Integration was accompanied by informative slides and statistics. While most participants would not change anything about this session, those who suggested changes indicated that they would like more time to be devoted to cover this material.

Table 4. Satisfaction with March sessions: Disease Integration and How to Prepare Effective Presentations.

	March Capacity Building sessions		
Rating	***% very good or excellent***	***Mean (0-4 scale)***	***SD***
Overall learning experience	100	3.63	.49
Presenter	100	3.91	.29
Handouts	100	3.87	.34
Format and organization	100	3.90	.30
Level of discussion	100	3.73	.46
Ability of presenter to answer questions	100	3.77	.43
Pace	100	3.81	.40

Pre-post data: Disease Integration

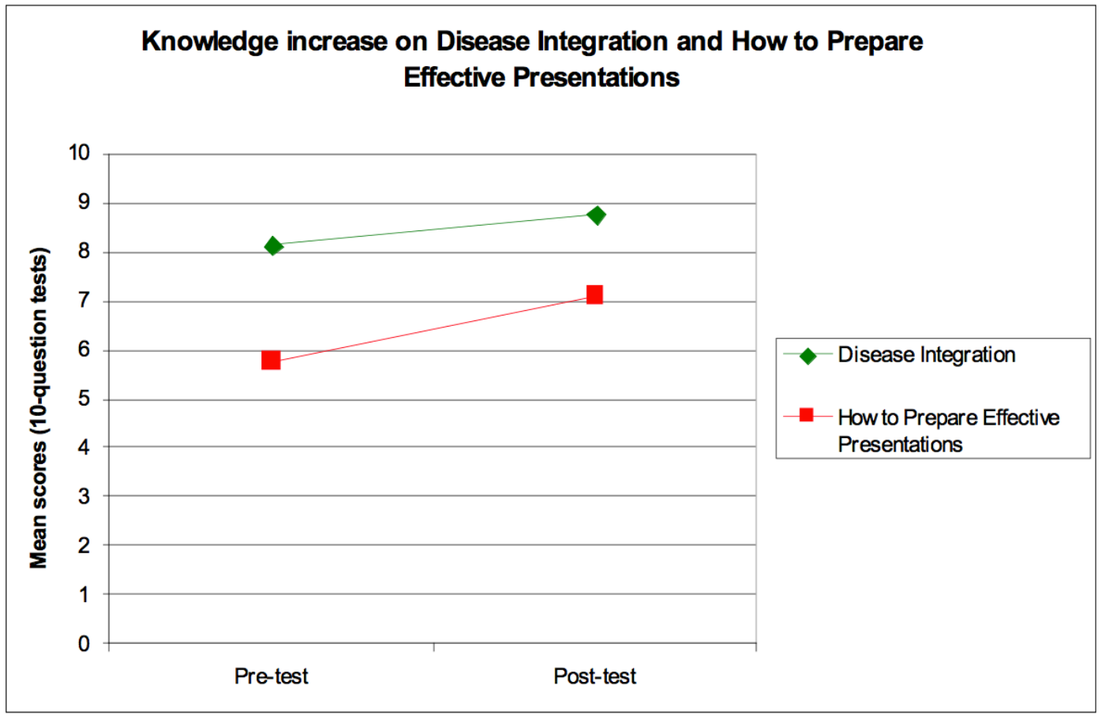
Twenty-six participants completed pre- or post-tests during the Disease Integration portion of the day, with 23 completing both measures. The pre-post tests consisted of 10 identical knowledge questions. Participants' scores increased significantly between pre-test (M=8.13) and post-test (M=8.78), $t(df=22)= -3.19$, $p<.01$. Though statistically significant, this represented only an 8% increase; 57% of the participants demonstrated increased knowledge about Disease Integration on the post-test as compared to the pre-test. While the difference in knowledge was lower than projected *(Table 5)*, it is important to note that scores did increase among more than half of the participants. No gender or age differences were observed in the pre-post scores. It is important to note that the baseline *(pre-test)* scores on Disease Integration were high, with a mean of 8.13 correct responses of a total possible 10. This generally indicates that the instrument used to

measure knowledge change *(the pre-test)* is not sufficiently difficult to measure the true extent of the baseline knowledge as it relates to the material being presented.

Pre-post data: How to Prepare Effective Presentations

Twenty-three participants completed pre- or post-tests during the Motivational How to Prepare Effective Presentations workshop, with 22 completing both measures. The pre-post tests consisted of 10 identical knowledge questions. Participants' scores increased significantly between pre-test (M=5.77) and post-test (M=7.09), t(df=21)= -3.28, p<.01. This represented a 23% increase; 72% of the participants demonstrated increased knowledge about preparing effective presentations on the post-test as compared to the pre-test. These data demonstrate that many participants learned new concepts and techniques in the realm of preparing presentations, a crucial skill to diffuse health education information in their congregations. No gender or age differences were observed in the pre-post scores. That is, pre-post test scores were uniform across sub-groups of participants. *Figure 2* below represents the knowledge increase observed during both March capacity building sessions.

Figure 2.



To summarize, *Table 5* presents the projected and actual targets for the March capacity building session. The session was a success, with 100% of the participants rating it very highly across a variety of aspects. Attendance was also on target, with 30 participants taking part in the sessions. As mentioned above, knowledge did not increase greatly on the Disease Integration portion of the day, but the baseline scores on that pre-test were too high to accurately observe the extent of the knowledge gain. Knowledge increase on preparing effective presentations was much higher.

Table 5. Projected and actual targets for March capacity building sessions.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Disease Integration	28	30	80%	100%*	60%	57% of scores increased; mean score increase =8%
How to Prepare Effective Presentations			80%		60%	72% of scores increased; mean score increase =23%

***** As noted above, this number represents the mean ratings across different aspects of the learning experience rather than the responses to a prompt of overall satisfaction with the session, as with other sessions.

Dra. Maria Luisa Miranda presenting during the monthly Capacity Building Services.

April: Capacity Building Session 3

On April 30, 2011, LRLP held the third capacity building session, which centered on enhancing participants' knowledge of Motivational Interviewing and Hepatitis, Drug Use, and HIV. Motivational Interviewing, presented by Daniel Leyva, built participants' skills in discussing sensitive topics with their communities. Participants also received updated information from Dr. Maria Luisa Miranda about the intersections among Hepatitis, Drug Use, and HIV. A total of 28 LRLP members attended this capacity building session.

April participants

Of the April participants reporting gender, 9 were female and 1 was male. When asked about work affiliation, 1 participant reported working at a Communities of Faith; an additional 1 participant works at a CBO; and 15 participants reported "Other" work affiliations. When filling in what "other" work affiliation stood for, most indicated *"iglesia" [church]* or *"religioso" [religious]*. As with other capacity building session, participants in the April capacity building session were coordinators at the Communities of Faith. While no other demographic information was prompted on the April form, further demographic information can be found on these participants in the discussions of the other capacity building sessions.

Satisfaction: Motivational Interviewing

Of the 19 participants who filled out a satisfaction survey regarding the Motivational Interviewing session, 14 completed it in Spanish and 5 in English. Almost all, 94.5%, of respondents felt that there was "somewhat" or "definitely" a need for this training, and 100% reported that the need was "somewhat" or "definitely" met. Furthermore, a full 100% of participants indicated that they will recommend this workshop to others. Participants were also asked to rate several other aspects of the session; these ratings appear in *Table 6*. The session was rated very highly, with 100% of participants reporting that they found each aspect of the presentation "good" or "very good". Because of the predominance of female participants, no comparison in satisfaction measures between gender groups was possible for the Motivational Interviewing session. *Table 7* summarizes the projected (in the evaluation plan) and actual satisfaction with this session among participants. Because no question was asked to assess the overall satisfaction with this session, the number reflects a mean of the ratings of the various aspects of the session in *Table 6*.

Satisfaction: Hepatitis, Drug Use, and HIV

Of the 21 participants who filled out a satisfaction survey regarding the session on Hepatitis, Drug Use, and HIV, 20 completed it in Spanish and 1 in English. In all, 95.2% of respondents felt that there was "somewhat" or "definitely" a need for this training, and 100% reported that the need was "somewhat" or "definitely" met. As with Motivational Interviewing, 100% of participants will recommend this workshop to others. Participants were also asked to rate several other aspects of the session. These ratings appear in *Table 6* and are represented in the comparison of projected and actual satisfaction in *Table 7*. All aspects of the session were rated very highly. Similarly to Motivational Interviewing, no further analysis of the satisfaction data is possible because of the limited demographic information available for the April sessions.

Table 6. Satisfaction with Motivational Interviewing and Hepatitis, Drug Use and HIV sessions.

	Motivational Interviewing			Hepatitis, Drug Use and HIV		
Rating	***% good or very good***	***Mean (0-4 scale)***	***SD***	***% good or very good***	***Mean (0-4 scale)***	***SD***
Overall learning experience	100	3.63	.49	95.2	3.52	.60
Presenter	100	3.68	.47	100	3.68	.47
Handouts	100	3.68	.47	94.7	3.57	.60
Format and organization	100	3.68	.47	94.7	3.57	.6
Level of discussion	100	3.68	.47	94.4	3.55	.61
Ability of presenter to answer questions	100	3.68	.47	100	3.68	.47
Pace	100	3.68	.47	100	3.52	.61

Pre-post data: Motivational Interviewing

Twenty-four participants completed pre- or post-tests during the Motivational Interviewing portion of the day, with 18 completing both measures. The pre-post tests consisted of 10 identical knowledge questions. Participants' scores increased significantly between pre-test (M=4.72) and post-test (M=6.61), t(df=17)= -4.99, p<.0001. This represented a 40% increase; 72% of the participants demonstrated increased knowledge about Motivational Interviewing on the post-test as compared to the pre-test. The data demonstrate that many participants learned concepts about Motivational Interviewing with which they had not previously been familiar. *Figure 3* summarizes the knowledge increase measured during the April capacity building session. No demographic information was collected on the pre-post tools. Therefore, comparisons in knowledge change among groups are not possible here.

Pre-post data: Hepatitis, Drug Use, and HIV

Twenty participants completed both pre- and post-tests for the Hepatitis, Drug Use, and HIV presentations which consisted 10 identical knowledge questions. Participants' scores increased significantly between pre-test (M=6.20) and post-test (7.75), t(df=19)= -2.84, p=.01. This represented a 25% increase. 50% of the participants demonstrated increased knowledge about Hepatitis, Drug Use, and HIV on the post-test as compared to the pre-test, with some of the participants gaining as many as 6 or 7 correct responses on the 10-question measure. That is, participants demonstrated more knowledge of Hepatitis, Drug Use, and HIV following Dr. Miranda's presentation (Figure 3). As with the Motivational Interviewing pre-post measures, no demographic information was collected during the session. Therefore, group comparisons are not possible here either.

Figure 3.

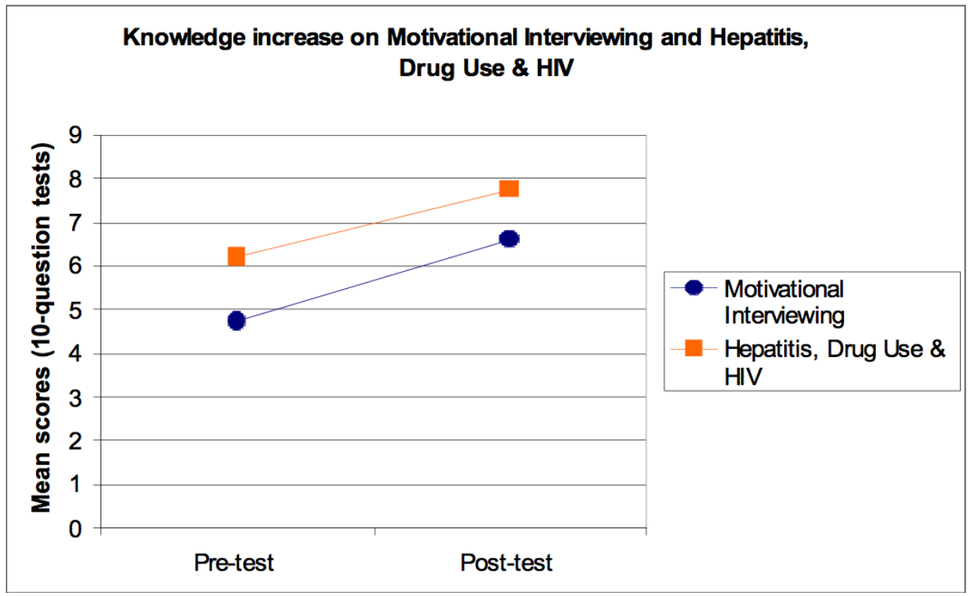


Table 7 below summarizes the projected and actual targets for the April capacity building sessions. Attendance at the event (28 participants) was exactly on target. Satisfaction ratings were higher than projected, with 91.8% of participants reporting satisfaction with several aspects of the Motivational Interviewing presentation, and 89.6% reporting satisfaction with aspects of the Hepatitis, Drug Use, and HIV presentation. As noted above, these benchmarks are not entirely comparable with other sessions because they do not reflect responses to an overall satisfaction question. In terms of the pre-post data, knowledge about both concepts increased. 72% of participants' scores on the Motivational Interviewing pre-post measure increased, and 50% of the scores on the Hepatitis, Drug Use, and HIV pre-post measure increased. While the latter did not meet the projection, the changes in scores for both sessions indicated that learning had taken place during these capacity building sessions which covered important topics in HIV prevention.

Table 7. Projected and actual targets for April capacity building sessions.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Motivational Interviewing	28	28	80%	91.8%*	60%	72% of scores increased; mean score increase =40%
Hepatitis, Drug Use, and HIV			80%	89.6%*	60%	50% of scores increased; mean score increase =25%

* As noted above, this number represents the mean ratings across different aspects of the learning experience rather than the responses to a prompt of overall satisfaction with the session, as with other sessions.

May: Capacity Building Session 4

Participants in the skills building session titled ABCs of Evaluation, held on May 18, 2011, learned about the basic principles of monitoring and evaluating health education programs at their Communities of Faith, with a view toward showing the results of their efforts to their respective congregation as well as to funders and outside agencies. There were a total of 33 participants in attendance at the May session, which was presented by Daniel Leyva. An additional planned component of the May session – a presentation on making referrals and locating resources – was not presented.

May participants

Demographic characteristics of the participants were gathered through the pre-post surveys because the demographic prompts were more detailed on this form for the May skills building session. Among the 30 participants who reported their gender, 16 were female and 14 were male. The participants' ages ranged from 32 to 72, with the average age at 51.4 (SD=9.6). All participants reported their race/ethnicity as Hispanic/Latino. For 26 participants, Spanish is the primary language; 4 participants indicated English as the primary language, and 1 indicated both Spanish and English. None reported their sexual orientation. In terms of work affiliation, 23 participants indicated a Community of Faith; 5 work in CBOs; 1 works in a health department; 1 in a hospital; and 2 in other types of institutions.

Satisfaction: ABCs of Evaluation

Of the 29 participants who filled out a satisfaction survey for the May capacity building session, 26 completed it in Spanish and 3 in English. Most (82.7%) of respondents felt that there was "somewhat" or "definitely" a need for this training, and 100% reported that the need was "somewhat" or "definitely" met. A full 100% of participants reported that they will recommend this workshop to others. The remaining satisfaction ratings for this session appear in *Table 8*.

In open-ended comments, participants further expressed their satisfaction. According to one participant, the discussion among participants of this session was especially beneficial: *"El aspecto oral de la presentación / Participación del grupo" [The oral aspect of the presentation / Participation of the group]*. Several others specifically noted the logic model as a tool they appreciated learning. While most would change nothing about the session, those who did offer suggestions would like to have seen it expanded: *"Le daría mucho más tiempo" [I would have given this session much more time]* and *"Más práctico" [More practice]*.

Table 8. Satisfaction with ABCs of Evaluation

	ABCs of Evaluation		
Rating	***% good or very good***	***Mean (0-4 scale)***	***SD***
Overall learning experience	96.6	3.51	.57
Presenter	96	3.72	.54
Handouts	96	3.56	.58
Format and organization	92	3.60	.64
Level of discussion	92.3	3.65	.62
Ability of presenter to answer questions	96.1	3.80	.49
Pace	96.1	3.65	.56

Pre-post data: ABCs of Evaluation

Both 11-question pre- and post-tests were completed by 22 participants. The scores decreased slightly, but not significantly, from pre-test (M=5.86) to post-test (M=5.50). Comparing post-test scores across demographic categories, it appears that males scored higher than females, $t(df=22)= -2.33$, $p<.05$. There were no age differences in post-test scores. It is unclear why males seemed to perform better on the post-test than females as this difference was not present in the pre-test scores.

Mean satisfaction with several aspects of the May capacity building session (91%) surpassed the anticipated satisfaction level. While participants were largely satisfied with the ABCs of Evaluation, the pre-post tests do not indicate an increase in knowledge in the course of this session. As several participants mentioned in open-ended comments, they would have liked to see more time and practice activities devoted to this complicated topic. It is possible that a longer capacity building session on program evaluation would have been more beneficial for the participants. *Table 9* below summarizes the projected and actual targets for the May capacity building session.

Table 9. Projected and actual targets for May capacity building session.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
ABCs of Evaluation	28	33	80%	91%*	60%	31.8% of scores increased; mean score decrease=6%

*** This number represents the mean ratings across different aspects of the learning experience rather than the responses to a prompt of overall satisfaction with the session because of the absence of this question on the May satisfaction survey.**

Ms. Julia Andino, LMSW, presenting about mental health during the Citywide Religious Training Institute

June: Citywide Latino Religious Training Institute

The final event facilitated by LRLP during the 2010-2011 program year was the Citywide Latino Religious Training Institute. The Citywide Latino Religious Training Institute is a day-long annual event that brings together religious and community leaders. Held on June 18, 2011 at the East Harlem Head Start building, the Citywide Training Institute included two panel presentations, both with opportunities for open discussion. The morning session was dedicated to explore how asthma, cancer, and obesity are affecting Latino communities. The afternoon session was about mental health and HIV/AIDS in the Latino community. The day's panelists included Dr. Héctor Castro of the Itzamna Medical Center (cancer); Dr. Desire Latempa of Woodhull Hospital (diabetes); Yanira Arias, Director of Community Organizing for the Latinos in the Deep South Program at the Latino Commission on AIDS (obesity); Julia Andino, Adjunct Lecturer at the City College of New York and also in private practice (mental health and HIV/AIDS). Daniel Leyva moderated both panels. There were 90 participants in attendance. In addition to assessing the two panel sessions, LRLP also administered a survey to gauge the satisfaction of participants with the event overall. The ratings on this survey are presented below. LRLP did not administer pre-post tests at the Citywide Training Institute.

June participants

Participants who attended the Citywide Training Institute represented a range of New York City religious leaders and public health practitioners in addition to LRLP-participating Communities of Faith. When asked about work affiliation, 52 participants reported working at a Communities of Faith. An additional 15 participants work at CBOs; 2 participants work at a local health department; 1 participant works in a hospital; 1 participant works at a corporation; and 4 work in other facilities. Of the participants reporting gender, 53 were female and 19 were male. Participants' ages ranged between 29 and 93 years, with an average of 53.6 (SD=12.75). In terms of race/ethnicity, 61 reported being Latino/Hispanic and 5 are African American/Black. In terms of sexual orientation, most participants (n=39) self-identified as heterosexual, 1 as gay, 1 as bisexual, and 2 as other. The remainder did not report their sexual orientations. Most participants indicated that their primary language is Spanish (n=63); for 10 it is English; and 2 speak both English and Spanish as primary languages.

Satisfaction: Cancer, Obesity, and Diabetes

Of the 76 participants who filled out a satisfaction survey regarding the Cancer, Obesity, and Diabetes panel discussion, 63 completed it in Spanish and 13 in English. Participants were evenly divided in terms of prior experience as 27 had previously attended training on this topic, and 29 had not. Participants rated the session highly, with 92% being "satisfied" or "extremely satisfied" overall. In terms of need for this information, 93.3% of respondents felt that there was "somewhat" or "definitely" a need for the session, and 94.8% reported that the need was "somewhat" or "definitely" met. Almost all (98.6%) of participants indicated that they will recommend this workshop to others, and 90.7% reported that they would "very likely" or "definitely" attend a longer training on this topic given the opportunity. Other ratings of this session appear in *Table 10*.

Female participants were somewhat more likely to be satisfied overall with the Cancer, Obesity, and Diabetes session than male participants ($t(df=69)= 1.98$, $p=.05$). They also rated the format and organization of the presentation more highly than males ($t(df=69)= 1.99$, $p=.05$). See *Figure 4* for a visual representation of these differences. Female participants were more likely to indicate that there was a need for the training ($t(69)= 2.80$, $p<.01$) and that the need was met ($t(df=70)= 2.65$, $p=.01$). Participants' age was unrelated to the ratings of the session. Previous experience with trainings on the topic was also unrelated to the ratings. That is, participants rated the session similarly whether or not they had previously attended training on the topics of cancer, obesity, and diabetes.

In open-ended comments, several participants stated that this session was excellent and very informative. When asked about particularly beneficial aspects, three participants mentioned: *"the information on cancer," "Statistics, sources and data, impact on policy making. Dr. Desire and Ms. Arias introduced us to different organizations and how to navigate in the health system,"* and *"Todos los aspectos fueron muy significativos- pues ayudan o cambiar patrones de conducta para una vida mejor" [All the aspects were very meaningful- they can help change behavior patterns toward a better life]*. Most participants did not suggest any changes to the panel. Several of those who did mention change stated, *"Sometimes less is more. Maybe sharing less information will make it easier to process,"* and *"Please, do it only in Spanish! Nothing else (No bilingual presenter)".*

Satisfaction: Mental Health and HIV/AIDS

Of the 57 participants who filled out a satisfaction survey regarding Mental Health and HIV/AIDS, 48 completed it in Spanish and 9 in English. Prior experience was similarly split as for the prior session: 21 had previously attended training on this topic, and 25 had not. Participants rated the session highly, with 89.5% being "satisfied" or "extremely satisfied" overall. Furthermore, 86.8% of respondents felt that there was "somewhat" or "definitely" a need for this training and 96.3% reported that the need was "somewhat" or "definitely" met. Over 98% of participants will recommend this workshop to others, and 90.6% reported that they would "very likely" or "definitely" attend a longer training on this topic if given the opportunity. Other ratings of this session appear in *Table 10*.

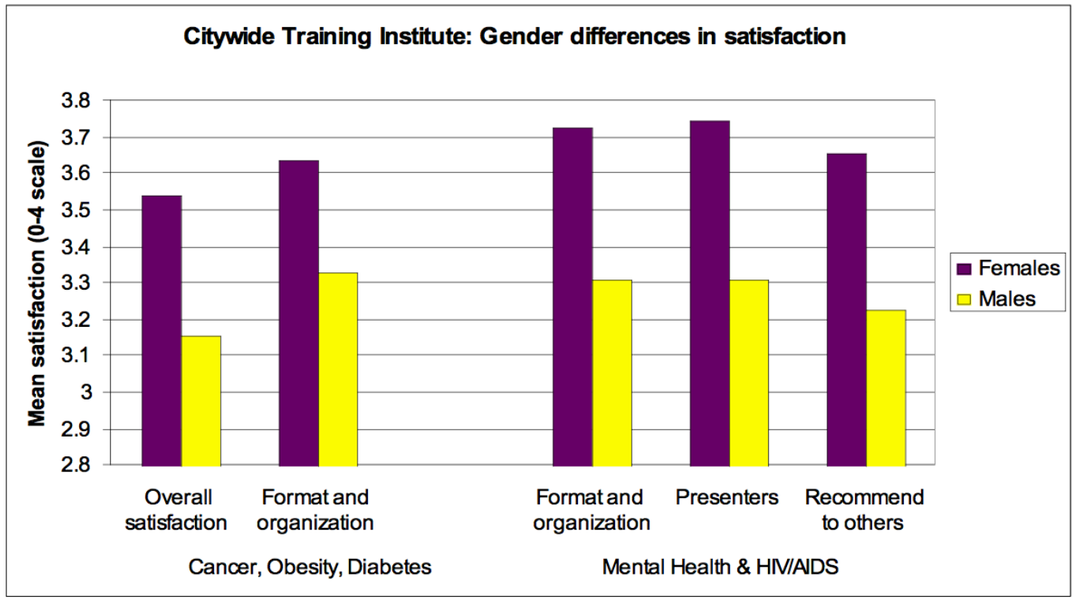
Ratings of the Mental Health and HIV/AIDS panel presentation did not vary by age or by previous attendance of a workshop on this topic. Females tended to rate the presenters more highly than males ($t(df=51)= 2.83$, $p<.01$). They were also more satisfied with the format and organization of the presentation ($t(df=51)= 2.28$, $p<.05$); females were more likely to agree that there was a need for the training ($t(df=50)= 2.22$, $p<.05$) and that the need was met ($t(df=50)= 2.76$, $p<.01$). Females were somewhat more likely to indicate that they would recommend this workshop to others ($t(df=52)= 1.85$, $p=.07$). As with the ratings of the other sessions analyzed above, there is no immediately obvious reason for these gender differences *(Figure 4)*.

In one interesting comment about the presentation, the participant reports *"Estoy sorprendida con la deficiencia que hay en los servicios médicos de Estados Unidos en relación a otros" [I am surprised with the deficiencies in U.S. medical services in comparison with others]*. When asked about the most beneficial aspects of the session, most participants mentioned the information on depression. Some also appreciated the opportunity to learn together with other members of the community: *"el reunirme con la gente de mi comunidad hispana" [meeting with people of my Hispanic community]*. Finally, while most participants said that no changes were necessary to the presentation, several said that it could have been more interactive.

Table 10. Satisfaction with panel presentations at Citywide Training Institute.

	Cancer, Obesity and Diabetes			HIV/AIDS and Mental Health		
Rating	***% good or very good***	***Mean (0-4 scale)***	***SD***	***% good or very good***	***Mean (0-4 scale)***	***SD***
Overall learning experience	98.7	3.67	.48	96.5	3.49	.68
Presenter	98.7	3.81	.40	98.2	3.63	.52
Handouts	94.4	3.74	.53	96.4	3.48	.76
Format and organization	96	3.74	.45	98.2	3.62	.59
Level of discussion	97.3	3.73	.45	94.5	3.55	.66
Ability of presenter to answer questions	97.2	3.85	.36	98.2	3.64	.51
Pace	94.4	3.69	.47	94.7	3.52	.70

Figure 4.



As shown in *Table 11*, both panel presentations during the June Citywide Training Institute were rated more highly than projected, with approximately 90% of participants being satisfied with the presentations overall. Because pre-post tests were not administered, it was not possible to track the increase in knowledge on these topics among participants. One additional outcome of the event – participants reporting having learned at least one strategy from others' work – was not assessed in the evaluation survey. Attendance was much higher than projected, however, not all of the participants completed the evaluation forms. Thus the data analysis could not capture the views of all the participants present.

Table 11. Projected and actual targets for panel presentations at the Citywide Training Institute.

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Cancer, Obesity and Diabetes	75	90	80%	92%	60%	Not measured
Mental Health and HIV/AIDS			80%	89.5%	60%	Not measured

Satisfaction: Overall Citywide Training Institute

As mentioned above, LRLP administered an evaluation survey to gather participants' reactions about the Citywide Training Institute overall. Aside from the two panel presentations discussed above, the event included musical presentations, two meals, and opportunities for networking. Thus, the overall evaluation survey solicited ratings of the entire experience of the day.

Participants rated the Citywide Training Institute highly, with 90.7% reporting being "satisfied" or "extremely satisfied" with the program overall. Other ratings appear in Table 12 below. When asked whether they had previously attended the event, 45.3% said that they had not. The 2011 event attracted 24 new participants, compared to 29 who reported having previously participated in the conference. Participants were also asked to share their experience of registration. Most, 92.5%, found the registration process "somewhat easy" or "very easy." Of those who reported how they registered, 9 did so by telephone, 9 by email, 1 by fax, and 32 in other ways.

Table 12. Citywide Training Institute overall ratings.

Rating	% good or very good	M (on 4-point scale)	SD
Overall learning experience	98	3.45	.54
Plenary speakers	98	3.64	.53
LCOA staff	98	3.82	.43
Meals	96.2	3.69	.54
Relevancy of topics	96	3.57	.78
Opening plenary	94	3.42	.61
Conference site	94.1	3.73	.57
Length of conference	94	3.46	.61
Presenters overall	90.2	3.59	.67

In all, the Citywide Training Institute successfully brought together a variety of LRLP stakeholders to learn about health issues in the Latino community, including cancer, diabetes, obesity, mental health, and HIV/AIDS. Participants appreciated not only the components of the curriculum, but also the opportunity to come together and share the learning experience.

Religious leaders working in teams during the monthly Capacity Building Session

Religious leaders finding common denominators to promote more effective health awareness messages.

Program Activities Completed by Participating Communities of Faith

As mentioned above, in 2010-2011, LRLP operated on a shorter program calendar due to delays in funding allocation. The 26 participating communities of faith fulfilled their requirements by conducting a minimum of one health education workshop per month between January and June, 2011, and facilitating a minimum of one HIV testing opportunity for their congregants. Participating coordinators were also projected to make at least 10 referrals for congregants to other supportive services in the community throughout the six months. These referrals were not tracked and thus are not summarized here. Coordinators reported their congregations' activities monthly to LRLP staff. As previously mentioned, 93% of those reports were completed in a timely and comprehensive manner and were the source of the data summarized below.

Workshops

LRLP offered a schedule of workshop topics to the participating communities of faith. The schedule was planned as follows:

- January: HIV 101
- February: Stigma
- March: Asthma
- April: Drug Use and Hepatitis C
- May: Diabetes and Obesity
- June: Cancer

However, due to the shortened program year and therefore a reduced time for planning and organizing the workshops in each respective congregation, the coordinators chose not follow this schedule. Workshop topics were planned in a more organic manner. Often, LRLP staff supported coordinators to facilitate the organization and presentation of the health education workshops. They provided workshop curricula on a variety of topics, suggested workshop facilitators, and consulted with the coordinators about how to organize and promote these activities in a manner most acceptable to each respective Communities of Faith.

The constancy of LRLP's support to the coordinators was reflected in their ability to complete, and even surpass the requirements even in the shortened program year. *Table 13* displays the projected and actual number of workshops to be completed by the Communities of Faith, and their intended reach. It also lists the boroughs in which each Communities of Faith is located. A total of 168 health education events presented by 28 congregations were projected to reach 2000 individuals during the program year. While the number of congregations decreased to 26 (as explained above), the number of workshops – 188 – was 12% higher than projected even for the 28 congregations. Participating Communities of Faith conducted an average of 1.2 workshops per month across the six months. Most dramatically, the total number of participants – 4481 – was more than twice as high as initially projected, with an average attendance of 24 participants per event. *Table 14* on the following page presents a summary of the workshops conducted by each Communities of Faith each month, and the monthly number of participants.

Table 13. Projected and actual workshops conducted by communities of faith (COFs).

Activity	Number of COFs conducting workshops		Total number of workshops		Total reach (attendance)	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Monthly health education workshops January-June 2011	28	26	168	188	2000	4481

To help the Communities of Faith monitor the events, RED created a brief participant satisfaction survey for use at the workshops. Most Communities of Faith did collect the satisfaction surveys following each monthly workshop. The coordinators reviewed the surveys as a quality assurance measure, considering what may need to be improved for the next workshop. They also submitted copies of the surveys to LRLP staff. However, data from these surveys was not entered into SPSS due to a lack of time, and thus cannot be analyzed. One key way to improve monitoring and evaluation of LRLP for the next program year will be to plan for more timely data entry from all surveys collected, so that data analysis can be more complete.

Table 14. Health education workshops completed by communities of faith January-June 2011.

	Number of workshops per COF							Number of people who attended each month						
Name of COF	Jan	Feb	Mar	Apr	May	Jun	Total	Jan	Feb	Mar	Apr	May	Jun	Total
Reach. Accr. The Wrld Minst. –BK	1	2	2	1	1	1	8	9	18	33	17	13	15	105
St. Simon Stock Church – BX	1	1	1	2	1	1	7	20	16	30	39	29	17	151
Mision San Juan Bautista –BX	3	2	1	2	1	2	11	25	19	43	19	14	18	138
*UMC Corona –QN	1	1	1	1	2	1	7	22	32	35	41	28	38	196
Rescue Ministries –SI	1	2	1	1	1	1	7	50	57	29	12	5	7	160
All Saints Epis. Church –QN	1	1	1	1	1	2	7	30	12	8	8	8	23	89
Comm. *UMC Jackson Heights -QN	1	1	1	1	1	1	6	27	27	82	59	48	140	383
St. Edward Episcopal –MH	1	1	1	2	1	1	7	17	15	20	28	14	8	102
4th Ave. Meth. Church –BK	1	1	1	1	1	1	6	16	16	17	16	18	12	95
Transfiguration Church –BK	1	1	1	1	2	1	7	46	21	40	56	56	16	235
Metropolitan Comm Ch. –MH	1	1	1	1	1	1	6	15	11	15	18	15	12	86
Christ the King Church –BX	2	2	2	1	1	1	9	69	69	59	45	41	79	362
Saint Jerome Church –BX	1	1	1	1	1	1	6	20	12	11	15	15	17	90
Church of God 3rd Ave. –MH	1	1	1	1	1	2	7	18	21	43	21	23	15	141
*UMC Jamaica –QN	1	1	1	1	1	1	6	9	13	17	15	14	27	95
Church "El Eden" –BK	1	1	1	1	1	1	6	16	22	31	11	35	42	157
Saint Augustin –BX	1	1	1	1	1	1	6	30	44	36	63	33	82	288
First UMC Broadway Temple –MH	1	1	1	1	1	1	6	32	22	48	14	17	15	148
Muslim Women Institute –BX	1	0	2	1	2	1	7	9	0	21	8	58	9	105
Church of God Brooklyn –BK	1	1	1	1	1	1	6	22	9	12	14	29	16	102
Church of the Holy Spirit –BX	1	1	1	1	1	1	6	15	19	19	16	26	26	121
Fordham Manor Church –BX	1	1	2	1	1	2	8	8	14	50	38	22	62	194
Iglesia Venciendo al Gigante -QN	1	1	1	1	1	1	6	24	24	32	48	40	40	208
Saint Luke's AME –MH	1	2	3	1	2	9	18	40	116	136	40	95	24	451
Middle Collegiate Church –MH	1	1	1	1	1	1	6	10	10	16	16	25	16	93
Iglesia Jehova Shalom –BX	1	1	1	1	1	1	6	16	40	24	19	40	47	186
TOTAL							**188**							**4481**
Evangelical Movement Inc.	Dropped out of LRLP for 2010-2011 year													
Iglesia Bautista Misionera	Dropped out of LRLP for 2010-2011 year													

*UMC = United Methodist Church

**BK = Brooklyn; BX= Bronx; MH= Manhattan; QN= Queens; SI= Staten Island

Testing events

As mentioned above, each participating Community of Faith was required to hold at least one event in which members of the congregation had the opportunity to take the HIV test. LRLP partnered with the Counseling, Testing, and Referral Services (CTRS) program at the Latino Commission on AIDS to provide free testing kits and CTRS personnel to all Communities of Faith that requested them. Of the 26 participating congregations, 12 held at least one testing event. As a whole, the LRLP congregations tested 347 individuals over the course of 38 testing dates. *Table 15* below summarizes the number of HIV tests that were performed at each Communities of Faith and the number of dates on which testing was offered.

Table 15. HIV tests administered at LRLP communities of faith.

	Borough	Number of Tests	Testing Dates
Church "El Eden"	Brooklyn	24	2
Church of the Presentation	Queens	13	1
Church of the Transfiguration	Brooklyn	9	1
Community UMC Jackson Heights	Queens	2	1
Fordham Manor Church	Bronx	93	10
Mision San Juan Bautista	Bronx	34	4
Rescue Ministries	Staten Island	31	5
St. Edward the Martyr Church	Manhattan	30	3
St. Jerome's Church	Bronx	47	7
St. Luke's AME	Manhattan	23	1
St. Simon Stock Church	Bronx	28	2
United Methodist Church 4th Avenue	Brooklyn	13	1
Total		**347**	**38**

As evident in the table above, some Communities of Faith went well over and above the minimum requirement for testing, providing HIV testing on as many as 7 or 10 separate dates. Several Communities of Faith, such as Fordham Manor Church, Rescue Ministries, and St. Jerome's Church provided multiple opportunities for HIV testing at their sites. As such, the Communities of Faith surpassed the projected total of 100 tests over 28 events as planned at the beginning of the year *(Table 16)*. The projected total of 100 tests was perhaps too low, and the target should be increased for the following program year. However, it is worrying that only 12 of the communities of faith conducted testing at all, since the intent of the initiative is to make free HIV testing widely available through faith-based organizations throughout the boroughs of NYC. The shortened program year may be a main reason that not all the Communities of Faith were able to schedule a testing date.

In addition, RED created a testing index card to gather some information from individuals being tested, such as whether they are taking the HIV test for the first time and basic demographics. While some Communities of Faith did utilize the index card, this data was not entered into SPSS due to a lack of time, and cannot be analyzed like the workshop satisfaction surveys. As with the workshop satisfaction surveys, improving the timeliness of data entry will ensure a more complete and accurate evaluation report for the next LRLP program year.

Table 16. Projected and actual HIV testing targets for communities of faith.

Activity	Number of COFs conducting testing		Total number of testing events (dates)		Total reach (number of HIV tests administered)	
	Projected	*Actual*	*Projected*	*Actual*	*Projected*	*Actual*
Annual HIV testing events	26	12	28	38	100	347

The Annual Latino Religious Training Institute

Conclusions and Recommendations

Capacity Building Sessions and Citywide Events

Throughout the 2010-2011 program year, LRLP brought together representatives of the participating congregations as well as the larger community to learn together in a variety of capacity building sessions and citywide community events. These sessions were consistently rated very highly by participants, with mean satisfaction always above the projected 80%. According to participants' ratings, LRLP facilitators successfully created productive and interesting learning environments in each of the sessions. The sessions were also well-attended. In most cases, attendance was higher than projected at the beginning of the program year. Several recommendations emerge from the review of the data collected on the satisfaction surveys and pre-post tests during the events.

Recommendations for curriculum development

Females tended to rate many aspects of the events more highly than males, for several of the sessions. It is unclear exactly why that occurred, because the curricula were not designed with a gender-specific target population in mind.

- A recommendation that comes from these gender differences is that LRLP should review its presentations with special attention to gender-specific conversations. The staff should also discuss possible reasons for these gender differences in satisfaction ratings.
- One possible way to address this issue is to include more males among the facilitators of LRLP's capacity building activities and citywide events.

Another issue that emerged from the satisfaction surveys for several of the capacity building sessions in particular is the comment from participants indicating that sessions could be improved if they were longer and more interactive. That is, many participants felt that the training topics were both relevant and complex and warranted greater attention in the form of expanded sessions with interactive activities that allow opportunities for practice.

- In planning the capacity building sessions for the next program cycle, LRLP staff should consider scheduling day-long sessions to cover topics such as HIV treatment updates and program evaluation in lieu of combining them with other activities. This would give the participants more time to absorb the information and to engage in longer discussions and more interactive practice activities to maximize their learning.

On the other hand, several multiple-year participants of LRLP commented that the Orientation session was somewhat repetitive and recommended that new member congregations receive a separate Orientation session to avoid this situation.

- While it is necessary to conduct orientation for all participating coordinators each year to introduce changes to the program, it may make sense for LRLP to hold a shorter orientation session with returning coordinators that solely focuses on program updates, while orienting new congregations separately in a longer session.
- This arrangement would provide a space for each group to ask questions and discuss the program in a more tailored way.

While LRLP provides an important and unique venue for monolingual Spanish-speaking religious leaders to obtain information on a range of topics and skills relevant to their health ministries, the staff should keep in mind an emerging linguistic disparity. Of the participants who reported their primary language overall (across surveys), 13% indicated that it is English. However, 21.2% (over one-fifth) of participants chose to complete the surveys in English, when offered the opportunity to complete them in English or Spanish. These numbers are not entirely representative of all participants due to the data collection issues discussed above, but they do point out that many of the program's participants prefer English to Spanish.

- To maximize their learning, LRLP should make efforts to connect these English-dominant participants to English-language education opportunities in the HIV field in addition to inviting them to LRLP's Spanish language events.

Recommendations for evaluation data collection

Demographic information was incomplete or not available at all for some sessions, thereby precluding analyses such as those that revealed the gender differences in satisfaction described above.

- LRLP staff should ensure that demographics appear on all surveys collected, to facilitate comparisons in satisfaction across groups. It may be tedious for repeat participants of the capacity building sessions (attended by coordinators of LRLP-participating Communities of Faith throughout the program year) to fill out demographic information on each survey.
- To that end, LRLP should consider creating unique identifier codes for these repeat participants, so their demographic information can be collected just once per program year. RED can help to coordinate this new way of collecting demographic information.

In addition to the disparate collection of demographic information, the satisfaction ratings were also not consistently presented on all the tools. This barred meaningful comparison of satisfaction across the sessions and in cases where the overall satisfaction question was missing, with the rates projected in the evaluation plan.

- LRLP staff should review the protocols developed by RED regarding data collection to ensure that the correct forms are utilized for every session. These protocols may have to be amended for the coming program year, to make them more practical for LRLP staff.
- In addition, LRLP and RED should jointly review the evaluation plan together with the forms in order to make sure that the data collection forms are best suited to assess progress toward the program's objectives. For example, the forms may place more emphasis on the participants' willingness to share information that they have learned through LRLP with others in the community through formal (workshop) and informal means, a major focus of the program.

As mentioned above, the December Latino AIDS Memorial was not formally evaluated due to the solemn nature of the event, which precluded paper-based evaluation efforts. However, as an integral part of the LRLP program each year, the Memorial should be included in the evaluation efforts.

- For the following program year, LRLP and RED should consider developing an observation tool to monitor the memorial event that can be administered by an evaluator without the intrusion of a paper-based evaluation form.

Pre-post tests conducted at several of the sessions showed significant changes in knowledge about the respective topics. These outcomes indicate that in addition to appreciating the sessions, participants benefitted from the learning experiences provided by the events. Not all participants who completed a pre-test for any given session also completed a post-test. Therefore; those scores could not be matched for purposes of comparison.

- It is recommended that LRLP review the protocols for collecting pre-post tests to encourage as many participants as possible to complete both measures and also to ensure that all participants mark these surveys with their initials in order that pre- and post-tests can be matched during data entry.
- Pre- and post tests should also be reviewed to ensure that they accurately reflect the curricula for the respective capacity building sessions and do not result in high baseline mean scores, as with the Disease Integration instrument.

The satisfaction survey for the March capacity building session covered both portions of the day: Disease Integration and How to Prepare Effective Presentations. Participants provided their feedback for the entire day, unlike in other sessions when they were asked to respond to two evaluation surveys covering the presentations on two topics separately.

- Toward reducing the paperwork burden on participants during the capacity building sessions, this method of administering just one satisfaction survey was beneficial. It could be improved by including targeted questions that ask for participants' satisfaction with each presentation during the session more specifically. In that way, data can be collected regarding participants' reactions to each presentation without the need for additional forms.
- LRLP should consider implementing this data collection strategy for all multi-session capacity building events.

Program Activities Completed by Participating Communities of Faith

Despite the shorter program year and the condensed planning schedule, coordinators in the communities of faith were able to present monthly workshops that surpassed the projected numbers both in quantity of workshops and in attendance levels. In particular, the workshops attracted a much higher number of participants than projected for the year, indicating that congregants were interested in learning about the health education topics, and motivated to attend these presentations each month. While no detailed satisfaction data from participants is available, the excellent attendance levels speak a great deal to the success of the program in each respective Communities of Faith. Despite the fact that not all the participating Communities of Faith were able to schedule a testing date, those that did collectively tested more individuals than projected for the year. Importantly, participating Communities of Faith were able to make available health education information and testing opportunities throughout the five boroughs of New York City.

Attendance at the workshops ranged widely, from 5 to 79 participants per event. This range is due in large part to the size of each respective congregation—larger Communities of Faith with membership in the thousands are able to attract a wide audience for these events. While reach of this magnitude is impressive, LRLP should take note that it is a very different experience for a participant to attend a small, intimate discussion than a larger, lecture-style event. There are merits to both types of learning environments, but also different expectations in terms of quality.

- One recommendation based on the attendance levels is that LRLP should discuss what a workshop experience is supposed to be with the coordinators in order to set criteria for both small group and large group events. Including in this discussion should be determining which health education topics lend themselves more to which type of environment. Having come to a consensus about the standards and learning objectives for small group and large group workshops, LRLP might consider tweaking the requirements for workshops according to the size of a congregation.
- For example, if LRLP and the coordinators decide that a small group format is preferable, they might consider requiring larger congregations to hold several events each month, and limit attendance. If either format is acceptable, LRLP might set out standards for small group and large group workshops and communicate those standards to coordinators during orientation for the next program year.

Unfortunately, participant satisfaction data for the workshops was not available for analysis and thus no further information about participants' reactions to the workshops was presented here. The same is true in the case of the index cards provided to gather data at the testing events.

- In terms of the evaluation process, LRLP should establish protocols to ensure more timely submission of satisfaction survey data and testing cards are collected by the Communities of Faith so that they can be analyzed by RED.

Finally, RED and LRLP planned to survey and interview coordinators as an additional evaluation measure. The interview was to explore coordinators' expectations of the LRLP program, their assessment of the community, their assessment of the characteristics, assets and health education needs of the congregations, and their expectations for professional growth through capacity building. This process was not done during the 2010-11 program year due to a lack of time and uncertainty about funding levels (and therefore inclusion of communities of faith) leading up to the shortened program cycle.

- RED and LRLP should discuss possibilities for interviews or other more in-depth ways of evaluating the program in the next program year.

[1] While the complete fiscal year for the program is July 1st to June 30th, the participant Communities of Faith work from September/October to June 30th. The first 2/3 months are dedicated to review and re-organize the program.

[2] Of the 28 communities of faith that began the program year, 2 decided not to continue participation. One chose not to participate because the program year started late, and the other because of concerns with delayed reimbursements in past years for the program expenses incurred.

[3] Selected comments provided by participants in response to open-ended questions on the satisfaction surveys are reproduced here exactly as they were written by participants, including spelling errors. Comments written in Spanish were reproduced as well as translated to aid the flow of the current report.

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