

# **LATINO RELIGIOUS LEADERSHIP PROGRAM EVALUATION REPORT 2011-2012**



Latino  
Religious  
Leadership  
Project



Prepared by the Research  
and Evaluation Department,  
Latino Commission on AIDS



# EXECUTIVE SUMMARY

To ensure the delivery of customized and effective HIV and AIDS health education messages and HIV testing opportunities to Latinos in New York City in non-traditional venues, the Latino Religious Leadership Program (LRLP) engages Latino communities of faith through comprehensive programming, including the allocation of small grants. All activities were conducted in Spanish or bi-lingual (English-Spanish) to meet the needs of the target population. During the 2011-2012 program year, 27 communities of faith participated, representing a range of denominations and neighborhoods of New York City. Throughout the fiscal year 2011/2012, participating communities of faith were required to conduct a minimum of one monthly health education workshop and at least 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 community of faith coordinator submitted monthly activity and fiscal reports to LRLP staff. The activities of both the LRLP staff and the communities of faith are summarized in the current evaluation report and reference benchmarks set out in and evaluation plan at the beginning of the program cycle. The current report also includes the results of a survey of community of faith coordinators that provided a global view of satisfaction of the LRLP.

Participant satisfaction was high across the capacity building sessions and citywide events, ranging between 77.8% and 95.0%. Knowledge increase on key concepts for each respective topic was also measured, with increases in scores among as many as 56.2% of participants. However, recommendations include the need for improved pre-post instruments the measure change in knowledge. In all, the capacity building sessions and citywide events were a successful way for LRLP to provide support to the community of faith coordinators as they continue to build their health ministries and disseminate information about HIV & AIDS among other health conditions affecting and impacting the Latino community. A particular highlight of this year's program was the Anti-Stigma Training Institute conducted in April 2012.

The participating communities of faith surpassed the programed participation in their activities, organizing a total of 150 workshops that reached 4,404 individuals across New York City. Though not all the communities of faith scheduled a testing event, those that did surpassed the program target in that area as well, providing 461 HIV tests on 21 separate dates. Their efforts to disseminate information and provide HIV testing to their congregations also speak to the success of the LRLP program in the 2011-2012 program year.

All (100%) of coordinators responding to the overall survey were “satisfied” or “extremely satisfied” with their participation in the LRLP. Additionally, all of the coordinators report that the members of their congregations are aware of the program and are “satisfied” or “extremely satisfied” with its presence in the community of faith. Furthermore, 100% of the coordinators report feeling supported by the LRLP staff. They offered a wealth of suggestions for introducing new health topics and skills building opportunities into the capacity building sessions, which suggests high levels of engagement.

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 2011-2012 program year, LRLP included 27 Communities of Faith spreaded in the five boroughs of New York City.

## PROMOTING THE HIV TEST

Participating Communities of Faith provided 461 HIV test and organized 150 worshops.



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# 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 among other health conditions, and to alter community norms and attitudes toward HIV/AIDS and other health conditions. LRLP, a program of the Latino Commission on AIDS, recognizes the importance of communities of faith 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 re-granting process each year. During the 2011 - 2012 program year, LRLP included 27 Communities of Faith (COF), representing a range of denominations and neighborhoods of the city. Most of the COF were returning LRLP members who had previously participated in LRLP. During 2011-2012, four of the 27 COF were new to the re-granting program, and the LRLP staff met with them individually to bring them up to speed on the program's deliverables.

Throughout the FY12, 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 monitoring 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. All of the capacity building sessions and citywide events were facilitated in Spanish. The capacity building sessions entailed targeted presentations focusing on clinical updates about HIV, STDs, asthma, and cardiovascular 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 COF. The Research and Evaluation Department (RED) at the Latino Commission on AIDS provided LRLP staff with an evaluation plan to track key program objectives. The benchmarks set forward in the evaluation plan are referenced throughout the current evaluation report.

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 April, and the Citywide Latino Religious Training Institute in June. LRLP was able to count on the support of several partners to facilitate sessions during the citywide events. These annual events have become hallmark LRLP activities throughout the years. A particular highlight this program year was the re-designed Anti-Stigma Training Institute, which was focused on addressing stigma toward men who have sex with men (MSM), and involved a number of partner organizations, including the New York City Council, Make the Road New York, and the Hetrick-Martin Institute. More information on the event appears below.

Some capacity building events took place at the offices of the Latino Commission on AIDS. The remaining (as noted below) were held at participating COF. Holding the sessions in different locations has allowed the coordinators to become more familiar with each other's COF, and thus promotes collaboration. LRLP staff commented that they heard from a number of coordinators that this was preferable to holding the sessions solely at the Commission. In addition, the spaces that the COF offer are often more convenient to accommodate larger groups.



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Council Member Rosie Mendez at Anti Stigma Training Institute

# **CAPACITY BUILDING SESSIONS & CITYWIDE EVENTS: SATISFACTION AND KNOWLEDGE CHANGE**

To assess each capacity building session and citywide event, 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 Recommendations section.

## **December 2011: 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 HIV/AIDS and to raise awareness about the impact of HIV & AIDS. On December 1, 2011, LRLP held three concurrent Latino AIDS Memorial events hosted by three congregations: Broadway Temple United Methodist Church (Washington Heights), Christ the King Roman Catholic Church (the Bronx), and First United Methodist Church of Corona (Queens). The event was slated to reach 150 participants; the actual number of participants was approximately 215, with 90 attending the event in Washington Heights; approximately 75 in the Bronx; and 50 in Queens. Holding three events in three boroughs of New York City was a milestone for the program. The events in the Bronx and Queens were initiated and planned by the respective congregations, which expressed interest in bringing the Latino AIDS Memorial to their areas. This reflects the enduring need for the World AIDS Day memorials in the Latino faith community, as well as the increasingly proactive participation of some of the COF that have been involved in the LRLP for a number of years. Due to the solemn nature of the events, no surveys were collected to further assess the memorials.

## **January 2012 : Capacity Building Session 1**

On January 14, 2012, the LRLP held an orientation meeting for the communities of faith participating in the program this year. This capacity building session was designed to serve two purposes: to explain in detail to the participants the amount of activities and responsibilities they are undertaking by participating in this program; and to explain the responsibilities of the LRLP staff in regards to this partnership. During the orientation, returning participants learned about changes in the program, grant deliverables, evaluation and reporting requirements for the program year. New participants were given an introduction to the program as well as learning the above. The program orientation was presented by Daniel Leyva, LRLP Director, and Dr. Maria Luisa Miranda, LRLP Program Coordinator; the session was held at the offices of the Latino Commission on AIDS.



## January participants

Participants who attended the January orientation session represented the communities of faith participating in LRLP during the 2011-2012 program year. Certain communities of faith sent more than one representative, thus this data reflects the responses of the 41 participants who completed the evaluation surveys. Note: we will not report demographic information for the remaining capacity building sessions, as the January participants present the most complete demographic profile of participants.

The majority (68.3%) reported their gender as female, and the remaining identified as male. Participants' ages ranged between 25 and 77 years, with an average of 50.3 (SD=14.1). In terms of race/ethnicity, 40 reported being Latino/Hispanic and 1 was African American/Black. As far as sexual orientation, most participants (n=38) identified as heterosexual, and 2 identified as homosexual. Most participants listed their primary language as Spanish (68.3%); 24.4% listed it as English; and 7.3% as both English and Spanish. Participants also reported their work affiliation; unsurprisingly, the majority reported community of faith (n=26), and 14 reported "other" work affiliations, listing a variety of occupations including daycare provider, musician, hairstylist, handyman, and dental assistant. Participants were asked about their educational background and the majority of participants (58.5%) reported having earned at least a college degree. In terms of past participation in the LRLP, respondents indicated a wide range of years they have represented their congregation in the LRLP - with a range of 1-14 years, and an average of 4.38 years (SD=3.67). We also asked about the membership of the communities of faith that the participants represented, which vary greatly in size. Their estimates of membership numbers ranged from 20 to 3000, with a mean of 441.2 (SD=814.8). Their estimates of how many individuals attend the respective congregations' weekly worship services were even more broad, with a range of 15 to 6000 (M= 375.1, SD= 970.5).

## Satisfaction: Orientation to LRLP Requirements

Of the 41 participants who filled out a satisfaction survey at the orientation session, 29 completed it in Spanish and 12 in English. Overall, participants expressed satisfaction with the orientation session, with 77.8% reporting being "satisfied" or "extremely satisfied". The majority of participants (92.5%) reported that there was "somewhat" or "definitely" a need for the workshop, and 100% thought that the need was "somewhat" or "definitely" met. The remaining satisfaction ratings appear in *Table 1* below. As mentioned above, most – 23 of 27 – participating communities of faith were returning participants of the LRLP in the 2011-2012 year, however, the individuals representing them at the capacity building events were often new and had not been exposed to the orientation information. For the January session, 62.5% of participants indicated having attended a LRLP orientation training before, and the rest had not, indicating that although 88.8% of congregations have participated in LRLP in the past, many of the individuals representing the congregations are new to the program

*Table 1. Satisfaction with the Orientation Session*

Rating	Orientation to LRLP Requirements		
	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	95.0	3.68	.57
Presenters	97.5	3.78	.48
Handouts	100	3.76	.43
Format and organization	100	3.78	.42
Level of discussion	97.5	3.76	.49
Ability of presenter to answer questions	95.0	3.80	.52
Pace	100	3.71	.46
Level of clarity of information	100	3.83	.38
Applicability to everyday work	97.5	3.75	.49

We also asked about the participants' level of comfort with the orientation material. As a result of the January orientation session, 59% of respondents felt more "much more" comfortable with the orientation material and 28.5% were "somewhat more" comfortable. When asked what three things they might do differently as a result of the training, participants mentioned how they will better plan for and organize the health education workshops in their respective congregations; how they will better prepare for the workshops; and how they will increase their outreach to the community to promote the workshops. Specifically, one participant wrote *"documentarme mas, planificar mejor"* [document my activities more, plan better]. Another wrote *"expandir mi trabajo en la comunidad, integrar lo aprendido en los workshops"* [expand my work in the community, integrate what I learn in the workshops].

Participants also had the chance to comment on what they liked best about the session and what they would change for next time. Most participants who commented stated that everything was helpful and did not single out any aspect. The ones who did tended to mention the explanation of budgeting and reporting requirements: *"the discussion about the budget sheet"*; *"conocer los cambios para el reporte del trabajo"* [learn the changes for reporting on the work]; *"how the city want to reach out the people"*. Most respondents indicated that they do not have any suggestions for changes to the capacity building session. Of those who did, several suggested more time for networking: *"add mixer time, maybe have an agenda with schedule sent before training with training reminder"* and *"some interchange among the groups & learn progress & resources among ourselves"*. Others suggested including more in the information packet that was distributed to the participants: *"a more detailed manual to accompany the workshop"*. Finally, several participants suggested using a larger, more comfortable meeting space that could better accommodate the participants.

There were no differences in satisfaction with the main elements of the session in terms of age, educational background, number of years participants have represented their congregations in LRLP, or gender. Differences in satisfaction were not analyzed by race/ethnicity, sexual orientation, or work affiliation because of the preponderance 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.

## February 2012: Capacity Building Session 2

On February 18, 2012 the LRLP held the second capacity building session of the year, which focused on HIV/AIDS updates and Sexually Transmitted Diseases (STDs). Given the huge changes in the HIV/AIDS field since the release of the National HIV/AIDS Strategy in 2010, it was important to offer an update on the new developments. This includes the renewed call to diagnose and treat all STDs. Carlos Maldonado, Director of Puente Para La Salud (Bridge to Health) at the Latino Commission on AIDS presented the updates. The session was held at the Church of Saint Jerome in the Bronx.

### Satisfaction: HIV 101 and STD Update

Of the 34 participants who filled out a satisfaction survey regarding the HIV 101 and STD Update, 32 completed it in Spanish and 2 in English. In terms of prior experience, 24 (70.6%) had previously attended a training on this topic, and the rest had not. Participants rated the session highly, with 92% being "satisfied" or "extremely satisfied" overall. All (100%) of the participants rated their learning experience as "good" or "very good". Furthermore, 96.9% 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. When asked how comfortable they felt conducting health education workshops on this topic for their congregations, 62.5% responded with "comfortable" or "very comfortable". It is likely that their comfort with

presenting this information can be enhanced by including more opportunities to practice via a skills building methodology, perhaps incorporating teach-backs. Nonetheless, 78.1% of participants reported being “somewhat more comfortable” or “much more comfortable” with the material at the end of the day. Participants were also asked to rate several other aspects of the session; these ratings appear in *Table 2* below. All aspects of the session were rated very highly, with most of them rated as “good” or “very good” by 100% of respondents.

Participants with higher level educational backgrounds were significantly more satisfied with their learning experience at this session ( $r(18) = .55, p < .05$ ). This may mean that some of the material was difficult for participants with less formal education to absorb. However, no significant relationship emerged between the participants’ rating of their learning experience and their comfort level with presenting workshops on this topic to the congregation. We observed no other differences with regard to demographic characteristics, however, we only had demographic information for 18 participants in the February session.

**Table 2. Satisfaction with HIV 101 and STD Update**

<b>Rating</b>	<b>HIV 101 Updates</b>		
	<b>% good or very good</b>	<b>Mean (0-4 scale)</b>	<b>SD</b>
Overall learning experience	100	3.82	.39
Presenter	100	3.88	.33
Handouts	97.0	3.71	.52
Format and organization	100	3.81	.40
Level of discussion	100	3.82	.39
Ability of presenter to answer questions	100	3.94	.24
Pace	100	3.76	.43
Level of clarity of information	100	3.79	.42
Applicability to everyday work	100	3.79	.41

In open-ended comments, participants reinforced the high ratings, with some stating that “*everything*” about the workshop was beneficial, and that it was “*un aprendizaje optimo e importante*” [an optimal and important learning opportunity]. Specifically, participants appreciated the new information presented about HIV and enjoyed the visual aids during the presentation. According to one participant, “*the information was priceless I learned a whole lot regarding the anatomy of the virus & ongoing improvements in the care & cure of HIV*”. Most said that they would not change anything about the workshop. The few suggested changes included “*permitiría menos preguntas del público, algunas pueden confundir*” [permit fewer questions from the audience, as some of them can be confusing].

### Pre-post data: HIV 101 and STD Update

Participants completed a 14-question pre-post test to measure change in knowledge regarding HIV and STDs ( $n=27$ ). It appears that the scores decreased significantly, from pre-test ( $M=7.56$ ) to post-test ( $M=4.30$ ),  $t(26) = 7.91, p < .0001$ . Only 11.1% of participants demonstrated an increase in knowledge on this topic. The scores were not related to any of the demographic variables. It is difficult to explain the reason for this decrease in knowledge. One possibility is that the participants gained more detailed knowledge about the topics and thus were unsure about how to respond to the questions on the post-test. In future workshops, it may be useful for the presenter to review the pre-post questions and answers after the post-test is completed and collected, and provide any necessary clarifications.



## March 2012: Capacity Building Session 3

On March 31, 2012, the LRLP held its third capacity building session for the year, covering the topic of asthma. Yamilca Alardo of WIN for Asthma, a program of the Ft. George Community Enrichment Center, presented an engaging workshop on the signs and symptoms of asthma, as well as methods of asthma control and symptom management. Ms. Alardo was recommended as a presenter to the LRLP by the NYC Department of Health and Mental Hygiene. Participants agreed that this was a crucial topic given the very high prevalence of asthma in their communities. The workshop was held at the Latino Commission on AIDS.

### Satisfaction: Asthma

Of the 29 participants who filled out a satisfaction survey regarding the asthma capacity building session, 25 completed it in Spanish and 4 in English. In terms of prior experience, only 8 (27.6%) had previously attended a training on this topic, and the rest had not. Participants rated the session highly, with 84% being “satisfied” or “extremely satisfied” overall. All (100%) of the participants rated their learning experience as “good” or “very good”. And, 100% of respondents felt that there was “somewhat” or “definitely” a need for this training; all reported that the need was “somewhat” or “definitely” met. When asked how comfortable they felt conducting health education workshops on asthma for their congregations, 78.6% responded with “comfortable” or “very comfortable”. It is possible that participants perceive asthma to be a more straightforward topic than HIV on which to present key information to their communities of faith; it is also likely that asthma presentations were perceived as less of a challenge because this is not a stigmatized condition to the same extent as HIV. Almost all, 92.8%, of participants reported being “somewhat more comfortable” or “much more comfortable” with the material at the end of the day. It appears that the presenter provided clear explanations and transferrable learning moments that the coordinators can take back to their congregations. The remaining satisfaction ratings appear in *Table 3* below. All aspects of the session were rated very highly. No differences emerged in ratings in terms of participants’ demographic characteristics.

*Table 3. Satisfaction with Asthma Capacity Building Session*

Rating	Asthma		
	% good or very good	Mean (0–4 scale)	SD
Overall learning experience	100	3.82	.39
Presenter	100	3.88	.33
Handouts	100	3.71	.52
Format and organization	96.6	3.81	.40
Level of discussion	100	3.82	.39
Ability of presenter to answer questions	93.1	3.94	.24
Pace	96.5	3.76	.43
Level of clarity of information	96.3	3.79	.42
Applicability to everyday work	96.5	3.79	.41

When asked what they will do differently following the session, participants included both what they will do to share this information with their COF, and how they plan to change their own behavior. Comments included:

*“1. Cambiar algunos detergentes para la limpieza. 2. Tratar de eliminar plagas descendentes del Asma”*  
*[1. Change certain cleaning detergents. 2. Try to eliminate effects of asthma.]*



*“Be aware of dust mite, mold and roaches.”*

*“corregir en donde estaba mal informado. Pienso ahora de diferente forma. Tomar en serio lo del asma”*

*[correct where I used to be uninformed. Now I think differently. Take asthma seriously]*

*“Iro tomar en cuenta la audiencia para escoger el topico, tomar en cuenta la edad de los participantes etc.” [first, take into account the audience when choosing topics, take into account participants’ ages, etc.]*

*“volver a dar el taller en mi iglesia, ayudar personalmente a clientes.” [give this workshop in my church, help clients individually.]*

Participants reported that they enjoyed the presentation, particularly the clear way in which causes and triggers of asthma were explained, as well as the ways of cleaning to get rid of asthma triggers. Most participants would not change any aspects of the sessions; among those who did suggest changes, several commented that the question and answer period should have been better managed in terms of time. In additional comments, one participant suggested that “While it is predominately Spanish speaking, I would like to ask that we have bilingual materials & handouts. This information is priceless and needs to be shared with community.” This comment together with the fact that many participants identify their primary language as English, suggests that the LRLP should consider making materials and training opportunities available to English-dominant coordinators. In this effort, the LRLP can collaborate with capacity building programs at the Commission and at other agencies in New York City.

### **Pre-post data: Asthma**

Participants completed a 10-question pre-post test to measure change in knowledge regarding asthma (n=21). The scores decreased slightly, but not significantly, from pre-test (M=9.38) to post-test (M=9.29); 19.1% of participants showed increase in the knowledge scores. It must be noted that both pre- and post-scores were extremely high, with means over 9 on a 10-point scale. This indicates that the test itself is too simple and does not ask questions that would truly show a change in knowledge on the topic. We recommend that the test be updated with more nuanced and difficult questions related to the presentation.

## **April 2012: Anti-Stigma Training Institute**

On April 28, 2012, the LRLP held its annual Anti-Stigma Training Institute. 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. This year’s Anti-Stigma Training Institute was a special event in which the LRLP collaborated with several key partners to highlight the issue of stigma toward the LGBT community, and create a safe space for churches to hold discussions around this topic.

The day began with key note addresses by Guillermo Chacon, President of the Latino Commission on AIDS, and NYC Councilmember Rosie Mendez. Then, Carlos Maldonado, Director of Puente para la Salud, presented on gender identity, how gender roles have evolved over time, as well as on biomedical approaches to HIV prevention for MSM. In this way, the conversation began with regard to gender and culture. A panel of presenters followed, including Daniel Puerto of Make the Road New York, who spoke about gender and discrimination, and Puerto Rican activist Pedro Julio Serrano, who spoke about hate crimes. In collaboration with Juntos Construyendo [Building Together], a statewide network organized by the Commission, two short videos on youth identity were presented at the forum. These videos were the products of Juntos Construyendo’s member organizations: Make the Road New York and the Hetrick-Martin Institute. In the afternoon, LRLP staff facilitated 7 breakout groups in which participants discussed how they will address issues of stigma in their respective COF.



The COF coordinators expressed that they truly enjoyed the Training Institute as an opportunity to present their opinions rather than just be criticized for their approaches to homosexuality. In particular, the coordinators representing Roman Catholic Churches advocated for a balance, in which they are willing to promote HIV testing but will refrain from distributing condoms. All agreed that the introduction of the biomedical information helped to reframe prevention as a medical rather than a moral or behavioral issue.

### Satisfaction: Anti-Stigma Training Institute

Of the 80 participants in attendance, 61 completed the satisfaction evaluation forms; 12 participants completed the forms in English and 49 in Spanish. Participants were split evenly in terms of prior participation in stigma trainings: 30 had attended a similar workshop before, and 26 had not. The number who had not previously attended was high in comparison with previous years; this indicates that the Anti-Stigma Training Institute attracted a number of new participants. Demographic information was not collected from the participants, so we do not have further information to characterize them.

Overall, participants were very satisfied with the Anti-Stigma Training Institute, with 87.3% reporting being “satisfied” or “extremely satisfied”. An overwhelming majority (93.1%) of participants indicated that there was “definitely a need” for the Training Institute; with an additional 5.2% selecting “somewhat of a need”; 100% agreed that the need was “somewhat met” or “definitely met”. The majority of participants (88.2%) felt “somewhat more comfortable” or “much more comfortable” with the topic following the session. *Table 4* below presents additional satisfaction ratings of the event. No differences emerged in ratings of the event between participants who had previously attended the stigma training and those who had not.

*Table 4. Satisfaction with Anti-Stigma Training Institute*

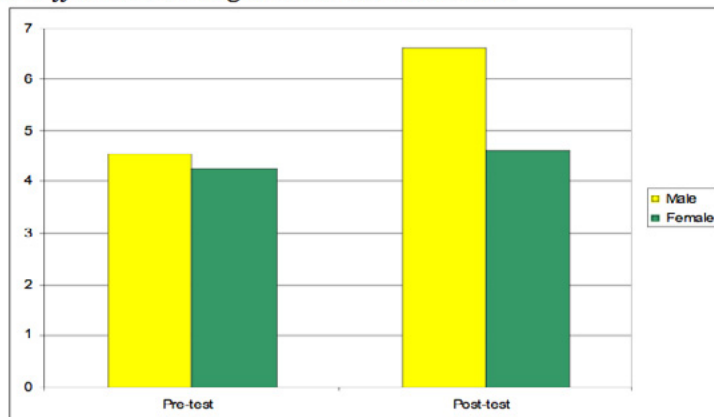
<b>Rating</b>	<b>Anti-Stigma Training Institute</b>		
	<b>% good or very good</b>	<b>Mean (0-4 scale)</b>	<b>SD</b>
Overall learning experience	100	3.63	.49
Presenter	100	3.87	.34
Handouts	98.4	3.69	.50
Format and organization	100	3.78	.42
Level of discussion	98.3	3.70	.49
Ability of presenter to answer questions	98.3	3.75	.47
Pace	100	3.70	.46
Level of clarity of information	100	3.83	.38
Applicability to everyday work	98.3	3.63	.52

As with the asthma workshop, participants found the Anti-Stigma Training Institute to be full of lessons for them on a personal level in addition to information they plan to bring to their communities. In terms of what they would do differently, one participant summed it up: “educar, aceptar, comunicar” [educate, accept, communicate]. Most participants found all the aspects of the day very useful, particularly the testimonies shared by the panelists, and the opportunity to express and share experiences. In all, the Anti-Stigma Training Institute in this new format was a highly successful event. LRLP staff should continue to partner with other providers and put together similar programs for the event in future years. As one participant stated: “Keep Carlos, keep the panel, great job. Continue it. Please don’t stop. Thank you.”

### Pre-post data: Anti-Stigma Training Institute

Training Institute participants completed a 10-question pre-post test to measure change in knowledge regarding stigma ( $n=32$ ). The scores increased from pre-test ( $M=4.69$ ) to post-test ( $M=5.13$ ), though the difference was not significant. Scores increased among 56.2% of the participants. Interestingly, male participants scored much higher on the post-test than females ( $t(47)=3.42$ ,  $p=.001$ ) but there were no differences on the pre-test. It appears that the heavy emphasis of the content on the MSM community may have resulted in these higher scores for male participants. Females' scores also increased between pre- and post-test but not as much as those of males. *Figure 1* below presents this difference visually.

*Figure 1. Gender Differences on Stigma Pre-Post Test Scores*



## May 2012: Capacity Building Session 4

LRLP held its fourth capacity building session on May 18, 2012 on the topics of obesity, cardiovascular diseases and nutrition. Given the very high prevalence of diet-related diseases in the Latino community, as well as in the population at large, it was important for this workshop to not only cover the signs and symptoms of cardiovascular diseases, but also to present the connection between these illnesses and nutrition. Dr. Maria Luisa Miranda and Daniel Leyva facilitated this session and offered suggestions on how to eat healthier foods. The session was held at the offices of the Latino Commission on AIDS.

### Satisfaction: Obesity, Cardiovascular Diseases and Nutrition

Of the 24 participants who filled out a satisfaction survey, 18 completed it in Spanish and 6 in English. Overall, 95% of participants were “satisfied” or “extremely satisfied” with this workshop. Thirteen had previously been trained on this topic, and 9 had not. Most (81.8%) felt that there was “definitely a need” for this training, and 95.2% reported that the need was “definitely met.” A majority (95.4%) felt “somewhat more comfortable” or “much more comfortable” with the topic following the training. The remaining satisfaction ratings for this session appear in *Table 5* below. All aspects of this training were rated as “good” or “very good” by 100% of the participants.

In open-ended comments, many participants stated that they plan to make changes to their diets and exercise more as a result of this workshop. Again, it appears that the workshops have an effect on the personal intentions of the coordinators. Perhaps having been personally influenced by the information, the participants become even more prepared to diffuse it to the community. Most participants did not wish to change any aspect of the workshop, but again we observed a comment asking for the materials to be available in English as well as Spanish, to be provided to English-dominant congregants. A pre-post-test was not administered during this session.

*Table 5. Satisfaction with Obesity, Cardiovascular Diseases and Nutrition*

	<b>Obesity, Cardiovascular Diseases and Nutrition</b>		
<b>Rating</b>	<b>% good or very good</b>	<b>Mean (0-4 scale)</b>	<b>SD</b>
Overall learning experience	100	3.86	.35
Presenter	100	3.91	.29
Handouts	100	3.86	.35
Format and organization	100	3.86	.35
Level of discussion	100	3.86	.35
Ability of presenter to answer questions	100	3.90	.31
Pace	100	3.86	.35
Level of clarity of information	100	3.91	.29
Applicability to everyday work	100	3.91	.29

## June 2012: Citywide Latino Religious Training Institute

The final event facilitated by LRLP during the 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 16, 2012 at the El Eden Pentecostal Church in Brooklyn, the Citywide Training Institute included two workshops and one presentation conducted by staff of the Latino Commission on AIDS. Carlos Maldonado, Director of Puente para la Salud, presented the first skill building session, Biomedical Strategies for HIV Prevention. Lina Cherfas, Program Manager of the Capacity Building Assistance Division at the Latino Commission on AIDS, presented the second skill building session on Monitoring and Evaluation, explaining the way in which the LRLP is evaluated and the coordinators' role in data collection. John Hellman, Director of Advocacy at the Latino Commission on AIDS, held a seminar with participants regarding key policy issues affecting Latinos in New York in terms of health equity, and how they might become involved. And, the Rev. Maria Isabel Santiago spoke to the group on the topic of "Health Promotion and the Church." LRLP staff distributed satisfaction surveys for the two skills building presentations; we summarize the results below.

### **Satisfaction: Biomedical Strategies for HIV Prevention**

Of the 56 participants who filled out a satisfaction survey regarding the session on Biomedical Strategies for HIV Prevention, 29 completed it in Spanish and 25 in English. Participants were fairly evenly divided in terms of prior experience: 32 had previously attended a training on this topic, and 20 had not. Participants rated the presentation highly, 88.6% were "satisfied" or "extremely satisfied" overall. In terms of need for this information, 96.2% of respondents felt that there was "somewhat" or "definitely" a need for the session, and 100% reported that the need was "somewhat" or "definitely" met. Other ratings of this session appear in *Table 6* below.

In open-ended comments, participants expressed their plans to bring this information to their respective congregations, and to "advise others" including friends and family members regarding the need to protect oneself. Participants especially appreciated that the information was so clearly presented. Once again, there were several calls for translation to English and provision of educational materials in English.



## Satisfaction: Monitoring and Evaluation

Of the 50 participants who filled out a satisfaction survey regarding the session on Monitoring and Evaluation, 33 completed it in Spanish and 15 in English. As with the other session, participants were evenly divided with regard to prior attendance: 21 had previously attended training on this topic, and 23 had not. Participants rated the presentation highly: 94.6% were “satisfied” or “extremely satisfied” overall. All respondents indicated that there was “somewhat” or “definitely” a need for the session; in addition, 100% of respondents reported that the need was “somewhat” or “definitely” met. Most, 77.5%, felt “somewhat more comfortable” or “much more comfortable” with the topic following the session. Unsurprisingly, participants who had previously attended a training on monitoring and evaluation rated their learning experience as lower than those who had not ( $t(df=41)=2.30, p<.05$ ). Other ratings of this session appear in *Table 6* below.

In terms of what they plan to do differently, many participants commented that they will continue learning about evaluation, as this was a brief introduction to the topic. One participant wrote that they will, *“Become more involved, provide better input, relay info to the community.”* Another will, *“Investigar, Estar más pendiente de las evaluaciones”* [*Explore, Be more inclined to evaluations*]. Most participants did not suggest any changes to the workshop; among those who did, several mentioned that the facilitator should have better command of Spanish [the facilitator is not fully fluent in Spanish]. One participant requested that this workshop be brought to her COF. Another realized the importance of evaluation: *“Me parece muy importante la evaluación incluso no solo por comisión sino también en los talleres que realice en la iglesia”* [*Evaluation seems very important to me, not only for the Commission but also for the workshops that I hold at the church*].

## Participatory evaluation: Thermometers

During her presentation on Monitoring and Evaluation, Lina Cherfas utilized thermometer ratings, a participatory evaluation method, to gauge participants’ thoughts on three key questions pertaining to evaluating the LRLP. The activity was designed to help move along the conversation during the presentation by showing what participants think of different aspects of evaluating the program. Participants used round colorful stickers to represent their ratings on thermometer scales that were placed on the walls (reproduced in images below). The questions and rating scales were as follows:

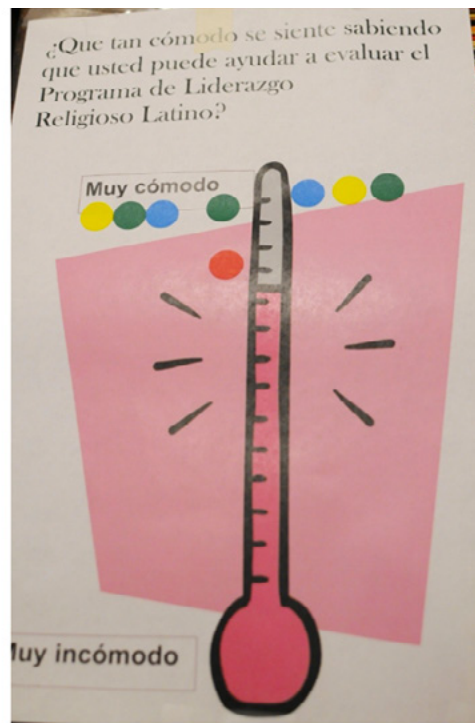
1. ¿Que tan útil cree usted que es evaluar el Programa de Liderazgo Religioso? [How useful do you think it is to evaluate the LRLP?]  
o Scale: Not useful at all – Very useful
2. ¿Que tan cómodo se siente sabiendo que usted puede ayudar a evaluar el Programa de Liderazgo Religioso Latino? [How comfortable do you feel in helping to evaluate the LRLP?]  
o Scale: Very uncomfortable – Very comfortable
3. ¿Qué tanto cree usted que los representantes de la congregación están aprendiendo acerca de educación para la salud en las sesiones mensuales? [How much do you think the congregation members are learning through the monthly health education sessions?]  
o Scale: Nothing at all – Everything they need to know

Due to the large number of participants, four copies of each thermometer were placed around the room to reduce crowding. Question 2 was repeated twice: during the beginning of the presentation and at the end, to see if there were differences in the responses.

Below are the responses to *Question 1* and *Question 2*. Because there were no differences among the four copies provided for each thermometer, nor among the two instances in which Question 2 was asked, we only provide an image of one thermometer for each, respectively. That is, the patterns of stickers on the thermometers were similar throughout these two questions. As demonstrated in the images below, respondents rated the usefulness of evaluation and their comfort with it very highly. The two thermometers presented below (*Question 1* and *Question 2*) indicate that the participants felt very comfortable with their role in evaluating the LRLP, and felt that evaluating the program is useful. It appears that they have excellent buy-in to the evaluation process.

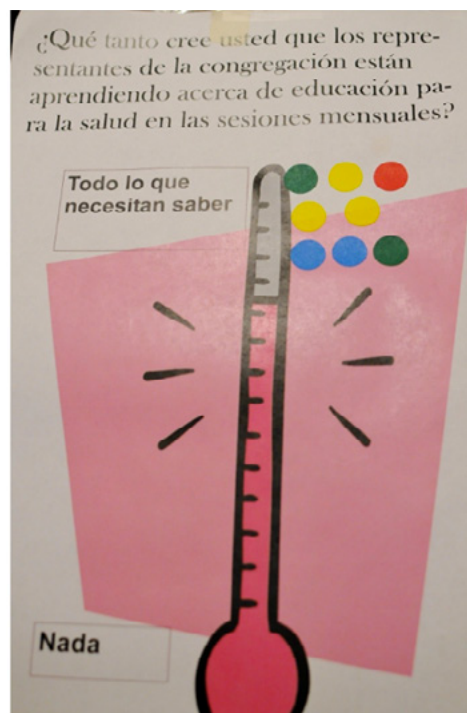


Question 1 responses.



Question 2 responses.

The only difference among the four copies of thermometers that emerged was with regard to *Question 3*: how much the coordinators felt the participants at their congregations learn from the monthly health education workshops. On three of the copies of this thermometer (one is pictured below left) the ratings were consistently high, with respondents agreeing that the monthly workshop participants learn a great deal. On one copy (pictured below on the right) there was disagreement, with some respondents placing stickers toward the middle of the “Nothing at all – Everything they need to know” scale. That is, there was some disagreement with regard to how much they feel their participants learn at the COF’s monthly workshops. See the responses to *Question 3* below.



Question 3 responses.



Question 3 responses (another copy).

Aside from helping to understand the coordinators' perspectives on evaluation of the program, the thermometers were discussed during the presentation as an option for the coordinators to monitor and evaluate their monthly sessions. Many have expressed concern with the required evaluation surveys that they administer in their COF (results of these surveys appear in the next section). Though they are brief, the surveys are challenging for many congregants and community members who have low literacy skills. The coordinators agreed that a method such as these thermometers would be a much more efficient way to monitor their workshops, and would enable the participation of all the workshop attendees. The Research and Evaluation Department has re-designed the monthly workshop evaluation using this participatory method for the 2012-13 LRLP program year. We await continued feedback from the coordinators to further understand the implementation of this method, and to tweak it as necessary.

*Table 6. Satisfaction with Sessions at Citywide Training Institute*

<b>Rating</b>	<b>Biomedical Strategies for HIV Prevention (n=54)</b>			<b>Monitoring and Evaluation (n=50)</b>		
	<b>% good or very good</b>	<b>Mean (0-4 scale)</b>	<b>SD</b>	<b>% good or very good</b>	<b>Mean (0-4 scale)</b>	<b>SD</b>
Overall learning experience	100	3.77	.42	91.7	3.56	.77
Presenter	98.1	3.68	.51	93.9	3.55	.61
Handouts	98.2	3.61	.53	89.4	3.57	.68
Format and organization	100	3.74	.44	91.4	3.64	.64
Level of discussion	100	3.81	.40	91.8	3.61	.64
Ability of presenter to answer questions	100	3.83	.38	91.8	3.57	.79
Pace	100	3.72	.45	95.9	3.65	.56
Level of clarity of information	98.2	3.72	.49	93.7	3.65	.67
Applicability to everyday work	98.2	3.74	.49	91.7	3.67	.63

No satisfaction information was collected for the two shorter presentations at the event (on policy and health education in the church) but they were both well received by those in attendance. Overall, the Citywide Latino Religious Training Institute was a successful way to end the program year.



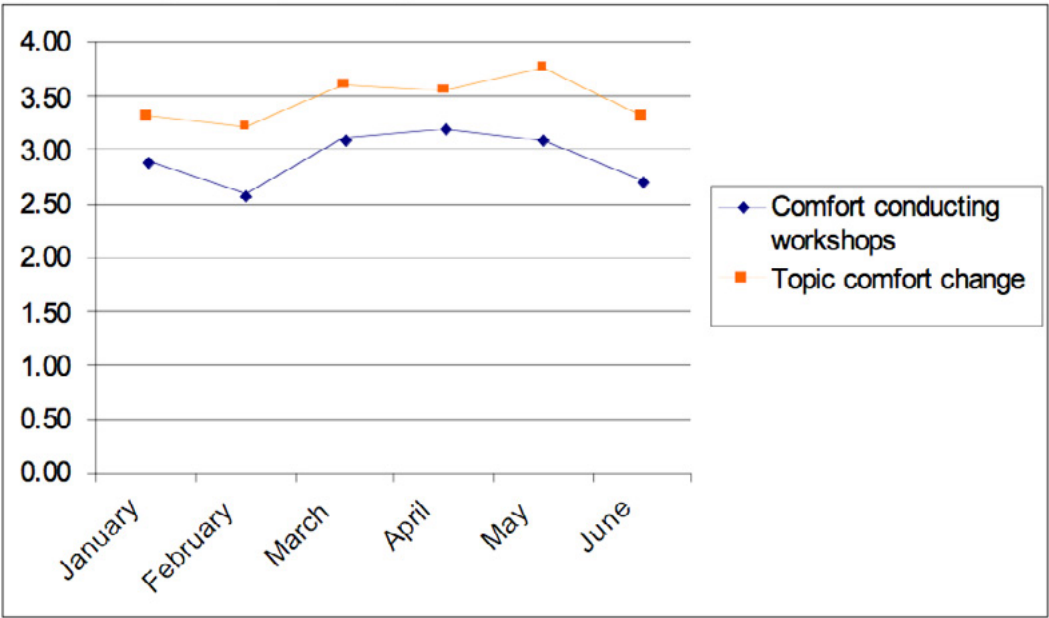


# CHANGES THROUGH THE PROGRAM YEAR

The sessions provided to the COF coordinators by LRLP staff and guest speakers are intended to build the participants’ base of knowledge and also their skills in disseminating health education information to their congregations and communities at large. *Figure 2* below presents a summary of two key questions that appeared on the satisfaction surveys each month:

- How comfortable do you feel conducting health education workshops in your congregation?
- As a result of the training, how has your comfort level changed in terms of this topic?

*Figure 2. Changes Through the Program Year*



The two lines parallel each other<sup>2</sup>. As participants became more comfortable with each topic, they also felt more comfortable conducting health education workshops in their COF. This is interesting because the question about comfort with conducting health education workshops was intended to be in regards to *overall comfort* and not related to any specific topic. We expected the participants’ overall comfort with conducting workshops to gradually increase throughout the program year as they continued these presentations and gained more skills at the LRLP capacity building sessions. However, it appears that participants interpreted this question with regard to the specific topic at hand. It is unsurprising, therefore, that the February and June sessions garnered the lowest ratings. These were the sessions with more detailed technical aspects – biomedical prevention strategies for HIV and monitoring and evaluation – and it is not surprising that coordinators felt least comfortable with them as presenters. Note that the data above is on the group level; because the attendees changed throughout the program year, we could not measure these changes on an individual level.

*Table 7* below summarizes the *projected* outcomes based on program objectives as well as the actual outcomes for the capacity building and citywide sessions offered to the coordinators.



# THE

## OLD TESTAMENT

### LAW

GENESIS

EXODUS

LEVITICUS

NUMBERS

DEUTERONOMY

### MAJOR PROPHETS

ISAIAH

JEREMIAH

LAMENTATIONS

DANIEL

EZEKIEL

### HISTORICAL

JOSHUA

JUDGES

RUTH

1 SAMUEL

2 SAMUEL

1 KINGS

2 KINGS

1 CHRONICLES

2 CHRONICLES

### POETIC

JOB

PSALMS

PROVERBS

ECCLESIASTES

THE SONG OF SOLOMON

### MINOR PROPHETS

HOSIAH

JOEL

AMOS

OBADIAH

JONAH

MICAH

NAHUM

HABAKKUK

1- What's the problem?

2- What's the solution?

3- What's the result?

4- What's the conclusion?

THE RELIGION  
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*Table 7. Projected and Actual Outcomes for Capacity Building Session and Citywide Events*

Activity	Reach (Attendance)		Overall Satisfaction		Knowledge Increase	
	<i>Projected</i>	<i>Actual</i>	<i>Projected</i>	<i>Actual</i>	<i>Projected</i>	<i>Actual</i>
December: Latino AIDS Memorial	150	215	N/A	N/A	N/A	N/A
January: Orientation	27	41	80%	77.8%	N/A	N/A
February: HIV & STD Updates	27	34	80%	92.0%	60% of participants	11.1%
March: Asthma	27	29	80%	84.0%	60% of participants	19.1%
April: Anti-Stigma Training Institute	75	80	80%	87.3%	60% of participants	56.2%
May: Obesity, CVD, Nutrition	27	24	80%	95.0%	60% of participants	Not measured
June: Citywide Latino Religious Institute – Biomedical Strategies	75	56	80%	88.6%	60% of participants	Not measured
June: Citywide Latino Religious Institute – Monitoring & Evaluation	75	50	80%	94.6%	60% of participants	Not measured

As a whole, the monthly events that aimed to enhance the capacity of the COF coordinators were very well received, with all but one surpassing the projected satisfaction rate of 80%. And, as summarized in the open-ended comments regarding each event, the coordinators felt that they gathered useful information to bring back to their congregations, and in some cases to use in their daily lives. In terms of knowledge increase, the picture was not as successful. In the case of the March session on asthma, it appears that the instrument used to measure knowledge change was not challenging enough, as described above. Knowledge change was not measured at all for the May and June events. RED will support LRLP staff on facilitating more consistent use of pre-post instruments that are at the appropriate difficulty level in order to measure changes in participants' knowledge on these topics. In addition, LRLP staff should consider reviewing the pre-post-tests with the group once they have been administered to clear up any confusion that remains regarding the questions. Finally, RED and LRLP should discuss how to better document the outcomes of the capacity building sessions and citywide events moving forward.





# PROGRAM ACTIVITIES COMPLETED BY PARTICIPATING COMMUNITIES OF FAITH

As mentioned above, in 2011-2012, LRLP again operated on a shorter program calendar due to delays in funding allocation. The 27 participating communities of faith were subject to the following requirements for the re-grant: conduct a minimum of one health education workshop per month between January and June 2012, and organize a minimum of one HIV testing opportunity for their congregants. Participating coordinators were also expected 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. These reports were the source of the data summarized below.

## Workshops

The COF coordinators planned and executed a total of 150 workshops during the program year, serving a total of 4,404 participants. As in previous years, 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 community of faith.

Table 8 displays the projected and actual number of workshops to be completed by the communities of faith, and their intended reach. A total of 162 health education events presented by 27 congregations were projected to reach 2,000 individuals during the program year. While the number of workshops – 150 – was 8% lower than projected, the total number of participants – 4,404 – was more than twice as high as initially planned, with an average attendance of 29 participants per event. Not all COF completed their requirement of one workshop during each month of the program. LRLP staff are addressing this discrepancy individually with the respective coordinators.

*Table 8. Projected and Actual Workshops Conducted by Communities of Faith (COF)*

Activity	Number of COF Conducting Workshops		Total Number of Workshops		Total Reach (Attendance)	
	Projected	Actual	Projected	Actual	Projected	Actual
Monthly health education workshops January-June 2011	27	26	162	150	2000	4404

Table 9 presents a summary of the workshops conducted by each community of faith each month, and the number of participants. It makes clear the diversity and frequency of Spanish-language health education options that the COF make available in their respective communities throughout the city. It also illustrates the very different ways in which the COF fulfill their requirements. Some larger congregations, which have been participating in the LRLP for multiple years, such as Fordham Manor Church, are able to offer many more than the required workshops. Others that are just starting out sometimes present on the same themes more than once, not having yet developed a full spectrum of workshops. Some of the coordinators follow the calendar of the capacity building sessions as they plan their workshop topics. Presenting the same topics as the capacity building sessions (e.g., asthma, nutrition) was not a requirement for the COF.



Table 10. HIV testing events

COF	Date	Activity	Individuals Served	Notes
Trinity Lutheran Parish	1/29/2012	HIV 101	24	SEX 101 and STI prevention
	2/29/2012	Diabetes prevention	39	
	4/22/2012 & 4/27/2012	Meditation and Stress reduction	18	
	6/9-28/12	Sexual Health Workshop	45	
Immanuel and First Hispanic	1/29/2012	Introduction of the Health Ministry	21	Review of topics covered during trainings
	2/18/2012	HIV 101	20	
	3/17/2012 & 3/18/2012	Cardio and Diabetes Institute	35	
	5/27/2012	Stigma and HIV	20	
	6/24/2012	Overview of the Family Health	26	
Salt and Sea Mission	2/12/2012	Introductory session and HIV 101	11	
	3/7/2012	Domestic violence awareness	11	
	4/1/2012	AIDS and the Bible	13	
	5/22/2012	Living with a chronic condition	12	
	6/19/2012	AIDS awareness and prevention	18	
Fordham Manor Church	1/14/2012	HIV and Substance Use	18	HIV testing available (VIP comm. Services) Health topics were addressed in this meeting Presentations on access to health care
	1/28/2012	Men's Fellowship	10	
	2/4/2012	National Black AIDS awareness Day	37	
	2/11/2012	Health and Nutrition Anger, Health and Spiritual Healing	22	
	2/25/2012	Healing	21	
	3/10/2012	Youth Café, Health Event	26	Presentation on the history of HIV Presentation about obesity prevention
	3/10/2012	Fitness and Health	28	
	3/17/2012	Women & Girl's Awareness Day	21	Including HIV prevention presentation Event focused on mental health issues
	3/24/2012	Men's Health Event	18	
	4/28/2012	Fellowship and Health	21	Mental health Hep. C testing available
	4/21/2012	Health Disparities presentation	19	
	4/14/2012	Women's Health/Mental Health	25	Mental/Spiritual health
	4/7/2012	HIV and Hep. C	15	
	5/12/2012	Women's Health/Mental Health	34	
	5/21/2012	Health and Teen Girls	16	
	5/22/2012	Prayer and Health Health and Chronic Pain Management	24	
	5/26/2012	Management	16	
	6/2/2012	HIV 101	24	
	6/10/2012	HIV/HVC co-infection	27	
	6/16/2012	HVC awareness	41	
	6/29/2012	Nutrition and Health	19	
Church of the Holy Spirit	1/30/2012	Effective Communication	37	
	2/26/2012	Cervical Cancer	26	
	3/25/2012	Confronting Stigma	33	
	4/29/2012	Asthma 101	35	
	5/27/2012	Hepatitis B and C	33	
	6/24/2012	Obesity	32	
Church of God Brooklyn	1/29/2012	The Basics of Asthma	26	
	2/19/2012	HIV 101	22	
	3/25/2012	Diabetes 101	24	
	4/28/2012	Stigma	27	
	5/23/2012	The Basics of Nutrition	23	
	6/23/2012	HIV prevention	36	

COF	Date	Activity	Individuals Served	Notes
<b>Muslim Women's Institute for Research and Development</b>	1/16/2012	HIV/AIDS 101	12	
	2/9/2012	Living with HIV/AIDS	12	
	3/30/2012	Sexually Transmitted Diseases	12	
	4/19/2012	HIV 101	14	
	5/31/2012	Asthma 101	10	
	6/27/2012	What is Stigma?	9	
<b>St. Augustin Church</b>	1/27/2012	HIV Prevention	37	
	2/26/2012	HIV and STIs	51	
	4/1/2012	HIV 101	51	
	4/15/2012	HIV and Nutrition	47	
	5/26/2012	Youth and HIV	29	
	6/17/2012	HIV and Nutrition	51	
<b>Church of El Eden</b>	1/25/2012	General information about access to HC	33	
	3/21/2012	Hepatitis	31	
	4/4/2012	General Health Awareness	21	
	5/16/2012	Hepatitis C	20	
	6/29/2012	Hygiene for girls	17	
<b>First United Methodist Church of Jamaica</b>	1/31/2012	Self-Esteem	13	
	2/18/2012	Asthma	17	
	3/25/2012	Mental Health	15	
	4/30/2012	Nutrition	17	
	5/29/2012	HIV 101	25	"Puente para la salud"
	6/23/2012	The respiratory system	32	
<b>Church of God Third Avenue</b>	1/26/2012	Obesity	14	
	2/28/2012	Sexually Transmitted Infections	26	
	3/27/2012	Diabetes	21	
	4/24/2012	Asthma	29	
	5/29/2012	Anti-Stigma workshop	20	
	6/19/2012	Obesity and cardiovascular diseases	28	
<b>Iglesia el Remanente</b>	1/27/2012	HIV 101	42	
	2/25/2012	Stigma and HIV	18	
	3/21/2012	Sexually Transmitted Infections	32	
	4/25/2012	Nutrition	39	
	5/30/2012	Domestic Violence	27	
<b>St. Jerome RC Church</b>	2/7/2012	Health Insurance, what you need to know	15	
	3/8/2012	Tuberculosis	36	
	3/28/2012	Breast Cancer and papanicolau awareness	23	
	5/21/2012	Ovarian and Breast cancer awareness	11	
<b>Christ the King RC Church</b>	1/26/2012	HIV 101	40	
	2/9/2012	Health Disparities	46	
	3/8/2012	Domestic Violence and HIV	67	
	4/12/2012	Asthma and the Latino Community	121	
	5/24/2012	Exercise and Nutrition	40	
	6/17/2012	Annual Health Fair	329	HIV Testing Available
<b>Metropolitan Community Church</b>	1/26/2012	Educational Dinner	12	Distribution of literature and HIV Prevention awareness
	2/28/2012	Educational Dinner	15	Distribution of literature and HIV Prevention awareness
	3/28/2012	Trans-Empowerment	18	Support Group
	4/24/2012	"Love Heals"	11	Support Group for Transgender Homeless
	6/28/2012	HIV Testing event	19	



COF	Date	Activity	Individuals Served	Notes
<b>Transfiguration RC Church</b>	1/7/2012	How to Take Medication How to Read Nutrition	50	Red flags regarding your health
	2/26/2012	Information labels	61	
	3/17/2012	Reading Food Labels Mental Health and Mental	34	
	4/29/2012	Diseases	42	
	5/6/2012	Health and Symptoms	38	
<b>First Spanish United Methodist Church</b>	1/29/2012	HIV 101	26	General introduction to women's health IWD HIV testing available
	2/19/2012	Diabetes and HIV	22	
	3/17/2012	Women's Health	25	
	4/21/2012	Asthma	18	
	5/20/2012	Nutrition	27	
<b>St. Edward</b>	6/30/2012	Obesity	19	
	1/12/2012	Diabetes 101	9	
	2/24/2012	Asthma 101	12	
<b>Community Methodist Church of Jackson Heights</b>	1/29/2012	Workshop: Health and HIV	38	Introductory presentation on health and HIV How to properly safeguard prescription medication. Obesity and its relationship to cardiovascular diseases nutrition and diabetes. Cancer prevention and awareness. ABC of nutrition for better health HIV/STIs and why we all must talk about it
	2/26/2012	Accidental Poisoning Prevention	44	
	3/25/2012	Obesity Prevention and Nutrition	45	
	4/22/2012	Cancer, Lymphoma and Leukemia	35	
	5/20/2012	Nutrition as Integral Part of Health	32	
	6/3/2012	Sexually Transmitted Infections	50	
<b>All Saints Episcopal Church</b>	1/27/2012	HIV 101 and Info session	7	HIV Testing available
	2/24/2012	Colon Cancer prevention	7	
	3/18/2012	HIV 101 Follow up	14	
	4/28/2012	Health and Colon	24	
	6/22/2012	Health Fair	12	
<b>Rescue Ministries</b>	1/17/2012	HIV 101 and HIV testing	48	HIV Testing available
	2/6/2012	Hypertension and Heart Disease	40	
	3/19/2012	Asthma 101	35	
	4/26/2012	Anti-Stigma presentation	17	
<b>First United Methodist Church of Corona</b>	1/29/2012	HIV 101	21	Yearly presentation
	2/12/2012	Alzheimers 101	32	
	3/19/2012	Nutrition Guide to Use and Store	36	
	4/15/2012	Prescription Meds	26	
	5/6/2012	Breast Cancer	30	
	6/14/2012	Diabetes and Obesity	44	
<b>Primera Iglesia Menonita de Brooklyn</b>	1/28/2012	HIV 101	27	
	2/19/2012	Domestic Violence	37	
	3/25/2012	STI 101	27	
	4/22/2012	Asthma Prevention & Treatment	24	
	5/27/2012	Self-Esteem	26	
	6/17/2012	Diabetes: The Basics	28	
<b>St. Simon Rock Church</b>	1/28/2012	Diabetes	20	Basics: Diabetes prevention, detection and treatment Focus on nutrition and how it affects people with HIV Cancer screenings and care Presentation of anti-stigma curriculum Obesity prevention
	2/11/2012	HIV and Nutrition	18	
	3/22/2012	Cancer: The Basics	24	
	4/15/2012	HIV and Stigma	19	
	5/7/2012	Obesity and Nutrition	18	

COF	Date	Activity	Individuals Served	Notes
<b>Reaching Across the World Ministries</b>	1/29/2012	HIV Pre-post Testing Counseling	40	Basic definitions and risk reduction techniques
	2/27/2012	Overview of Substance Use Screening Assessment	36	Alcohol and substance use as co-factors for HIV infection
	3/31/2012	Treatment Planning	18	Focus on the importance of discharge and referrals
	4/30/2012	Ethics	39	Relationship between client and counselor
	5/21/2012	Spirituality in Treatment	33	Recovery, cultural background and spirituality
	6/23/2012	Professional Ethics in Counseling	51	Confidentiality, transference and counter-transference
<b>St. Margaret's Episcopal Church</b>	3/21/2012	Community Dinner - Chat and Chew	24	Topics on health and HIV while people have dinner
	4/27/2012	Community Dinner - Chat and Chew	9	Topics on health and HIV while people have dinner
	5/6/2012	Joint Meeting of Sp and En Congregations	21	one hour presentation on HIV as part of the event
				Emphasis on health services for the
	5/26/2012	Street Fair on Social Services	21	Community
<b>TOTAL</b>			<b>150 workshops</b>	<b>4404</b>

### Health Education Workshops: Satisfaction

To help the communities of faith monitor the events, RED created a brief participant satisfaction survey for use at the workshops. Across the COF, 2579 surveys were completed and returned to LRLP, a 59% completion rate. This relatively low completion rate is to be expected, given the coordinators' observations that even though the surveys are short, there are congregants who have literacy issues that stand in the way of completing the survey. As discussed above, the way these workshops are monitored will change to a more participatory approach for the 2012-13 program year. The majority of the respondents, 86.6%, indicated that they were "satisfied" or "extremely satisfied" with the workshops. Almost all (96.7%) rated the presenters as "good" or "very good". And 97.8% agreed that they would recommend the workshop to others.

The majority (79.5%) of respondents indicated that they regularly attend services at the respective congregation. When asked whether they had previously attended similar workshops, 70.4% of respondents said that they had. As such, it appears that many of them repeatedly attend the workshops in their COF. This points to the need for continuously updating the topics and material that is being presented.

### HIV 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. In addition, several COF counted on the support of VIP Community Services to provide the testing. Of the 27 participating congregations, 12 held at least one testing event. As a whole, the LRLP congregations tested 461 individuals over the course of 21 testing dates. Table 10 below summarizes the number of HIV tests that were performed at each community of faith and on each date when testing was offered.

*Table 10. HIV testing events.*

COF	Date	Activity	Individuals Served
Immanuel and First Hispanic	4/21/2012	Health fair and HIV Testing Event	12
Fordham Manor Church	3/10/2012	HIV Testing	13
	3/31/2012	HIV Testing and Health Awareness	56
	4/28/2012	HIV Testing Event	19
	5/2/2012	HIV Testing Event	18
	6/13/2012	HIV Testing Event	35
Church of El Eden	2/15/2012	HIV Testing Event	44
Iglesia el Remanente	6/29/2012	HIV Testing Event	13
St. Jerome RC Church	7/7/2012	HIV Testing Event	11
Metropolitan Community Church	5/1/2012	Testing Day and Condom Demonstration	11
Transfiguration RC Church	6/30/2012	HIV Testing	34
St. Edward	3/23/2012	HIV Testing Day	14
	4/26/2012	HIV Testing Day	20
	5/24/2012	HIV Testing Day	27
	6/22/2012	HIV Testing Day	42
All Saints Episcopal Church	5/18/2012	HIV Testing Event	3
Rescue Ministries	1/17/2012	HIV 101 and HIV Testing	48
	5/29/2012	HIV Testing Event	7
	6/28/2012	HIV Testing Event	11
St. Simon the Rock Church	6/23/2012	Health Fair/HIV Testing Event	11
St. Margaret's Episcopal Church	6/25/2012	HIV Testing Event	12
<b>TOTAL</b>	<b>21 testing events</b>		<b>461</b>

As evident in the table above, some communities of faith went well over the minimum requirement for testing, providing HIV testing on as many as five separate dates. These included Fordham Manor Church, St. Edward, and Rescue Ministries. As such, the communities of faith surpassed the projected total 100 tests as planned at the beginning of the year (*Table 11*). 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. It is important for the LRLP to continue to encourage that each participating COF put together a minimum of one testing day. Perhaps the more experienced COF can share best practices with the others about how they have put on the events.

*Table 11. 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	27	12	27	21	100	461





# ASSESSMENT SURVEY OF COORDINATORS

Perhaps one of the most important achievements of the LRLP is its commitment to building the capacity of a group of COF coordinators, some of whom have been with the program for as many as fourteen years. As members of their respective congregations, the coordinators are a dedicated and constant source of information and support for their communities, whether or not a formal LRLP workshop or other activity is occurring. As such, RED wanted to explore in some detail the experiences of the coordinators and their professional growth as part of the LRLP. To that end, we put together a survey, whose results are described in this section. RED collected this data in the fall of 2012; the survey was available on paper as well as electronically through Survey Monkey. The survey included several components that examined the coordinators' participation in the LRLP: a review of each coordinator's role in the LRLP; the level of participation among congregants in LRLP-related activities; the skills development and support that the coordinators receive from the staff; overall satisfaction with the program; and demographic information. The coordinators were informed that their survey responses were anonymous and would not be shared individually with the LRLP staff.

## COF Coordinator Survey Respondents

Of the 27 COF coordinators in the program, 20 responded to the survey, a 74% response rate; 15 of them responded to the survey in Spanish and 5 in English. Nineteen of the participants reported their demographic information. Among them, 10 identified as males and 9 as females, a relatively even split. Respondents' ages ranged from 34 to 60, with an average age of 55 years ( $SD=10.0$ ). Respondents were asked to report their race/ethnicity: the majority (16) identified as Hispanic/Latino, with 4 respondents specifying other identities under that category: 2 further identified as Puerto Rican; 1 as Colombian; and 1 as "Hispano blanco" or white Hispanic. In addition, 2 respondents identified as African American/Black, and 1 as Cuban-Irish. Fifteen respondents indicated Spanish as their primary language; 4 indicated English. Of the 16 respondents who indicated their sexual orientation, 14 (87.5%) identified as heterosexual, and 2 as gay.

Respondents represented 16 zip codes throughout the city (2 respondents indicated zip codes in Malverne, NY- these were likely their home addresses). *Figure 3* is a map of the zip codes represented by the respondents: they are in several areas of Brooklyn, the Bronx, Manhattan and Queens that are hard-hit by HIV/AIDS. They represented congregations of diverse denominations, including Catholic, Episcopalian, MCC Fellowship, Methodist, Pentecostal, and non-denominational. Echoing the figures reported above, they indicated that their congregations have vastly different membership numbers, ranging from 20 to approximately 2000.



## Role and History in the LRLP

At the start of the survey, respondents were asked about their and their congregations' histories with the LRLP. There was a wide range in terms of how many years their respective congregations had participated in the LRLP at the time of the survey: between 1 and 16 years, with an average of 5.4 years (SD=4.1). In response to the question "why did your congregation become involved with LRLP?" several respondents mentioned the way in which their congregations were recruited into the program: they were evenly divided between: 1) those who were recommended to participate by a staff member of the Commission; 2) those who encountered the application on their own; and 3) those to whom the program was recommended by either a member of the congregation or another person. Others responded with the reasoning behind their decisions to apply. These responses tended to mention how LRLP fits into their congregations' missions, and how the program would be a source of information needed in their communities. They included:

*"As an LGBTQ Church for us it was really important to become visible on this Program and even more important to work together with other more traditional churches beyond doctrines or theologies on the education, treatment and prevention of the AIDS/HIV"*

*"Para recibir ayuda de información y material para poder llevar a delante los talleres. Teníamos un grave problema de SIDA en nuestra iglesia." [To receive assistance with materials and information to be able to bring it to the workshops. We had a grave problem of AIDS in our church.]*

*"We were already providing human services within the community and the LRLP help us to collaborate with other faith based communities."*

Respondents also reflected on what keeps their congregations involved in LRLP throughout the years. Approximately half of the responses had to do with the continuing need in the community and the service that this program brings. Other respondents touched on the excellent experiences they have had working with and learning from the LRLP staff members as well as the other congregations. And, two respondents mentioned the social justice aspect of the work they do as part of LRLP.

Next, respondents were asked about their personal involvement as coordinators of the LRLP in their congregations. They were asked to review the list of LRLP related activities and select the ones in which they have personally been involved. *Table 12* presents their responses. In addition to the options provided, one respondent wrote that they participated in health fairs, and another noted program promotion.

The majority of the COF coordinators participated in all the core activities of the program,

**Table 12. Activities Conducted by COF Coordinators**

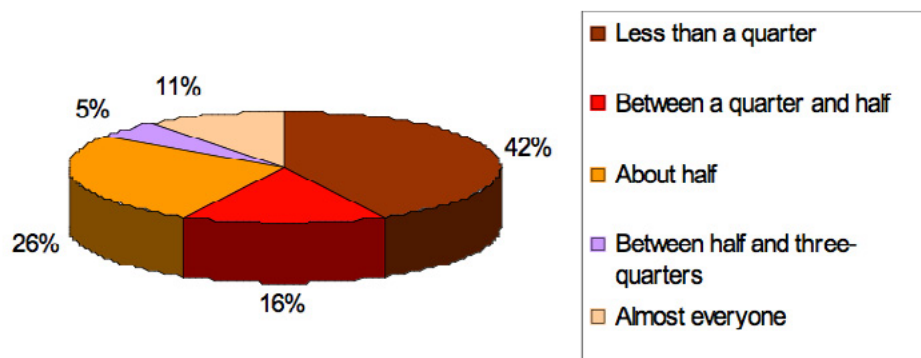
Activity	% of Coordinators
Organizing and promoting monthly health education workshops	85%
Organizing and promoting HIV testing events	80%
Presenting monthly health education workshops	75%
Participating in monthly capacity building sessions provided by LRLP staff	75%
Organizing and promoting annual citywide events (e.g., Latino AIDS Memorial; Citywide Latino Religious Summit)	65%
Participating in annual citywide events	65%
Providing referrals to members of congregation for social services	60%

with some of them concentrating more on the key COF deliverables: organizing, promoting, and presenting health education workshops and testing events. To fulfill their LRLP responsibilities, respondents reported spending between 2 and 72 hours per week, though the majority spent no more than 20 hours, with a median of 11 hours per week across respondents. The congregations vary greatly in size, as well as in the size of the staff and volunteers who work on their ministries. Respondents indicated that between 2 and 10 individuals help them coordinate the LRLP activities at their congregations. **Overall, considerable effort and human resources are dedicated by many of the congregations to participating in the LRLP. The support of the coordinators by others in the congregations is an important factor for the program's sustainability.**

### Participation from Congregants

Next, respondents were asked about the nature of participation of their congregants in the LRLP activities directed at them, including monthly health education workshops, testing events, and citywide events coordinated by the Commission. Conducting the LRLP activities is indeed a different undertaking depending on the size of the congregation. As mentioned above, the congregation sizes vary widely, between 20 and 2000. For purposes of further analysis, we categorized the congregations as small (100 members or fewer); medium (101-500 members); or large (501 and over). Respondents were asked to approximate the proportion of congregants who regularly participated in the monthly health education workshops that they organized. *Figure 4* presents the responses. Unsurprisingly, the larger congregations had the lowest proportion of congregants participating each month, while the smaller congregations had the highest proportions participating. However, this difference was not statistically significant.

*Figure 4. Proportion of Congregants Participating in Monthly Workshops*



The coordinators were asked what they thought were the biggest *benefits* to carrying out the LRLP program in their congregations. Most of the responses focused on the benefits of raising awareness and bringing prevention information to the congregants, and thereby addressing their well-being. A few respondents mentioned the benefit of leadership development. One pointed out that with the help of the Commission, the congregation was able to become an HIV testing site, which is uncommon among congregations. They were also asked to name the greatest *challenges* to carrying out the LRLP program in their congregations. Responses fell into four main areas: funding (mini-grants) and administrative challenges, engaging participation, gathering and presenting information, and stigma – both in the attitudes of the congregants and in terms of church teachings:

*“no siempre nuestra gente esta interesada en aprender. Muchos no tienen tiempo para asistir. Algunos tienen prejuicios cuando se habla de sexo. También la postura católica contra el uso de condones.” [the people are not always interested in learning. Many do not have time to attend. Some have prejudices when you speak about sex. Also, the Catholic position against condom use.]*

*“aprender mas cada día para poder ayudar mas” [learning more each day in order to be able to help more]*

*“Estigma y voluntarios comprometidos” [Stigma and committed volunteers]*

Respondents had many ideas regarding other activities or events the LRLP program should carry out, and how those would benefit the community. Some respondents suggested large-scale events like health fairs that engage the general community in addition to the congregants, others suggested expanding content to address co-infections with HIV, yet others suggested enhanced outreach, and some respondents did not see any need to change LRLP’s existing activities.

*“Abrir espacios de consejería por lo menos una vez en el ciclo de trabajo en las diferentes iglesias” [counseling spaces at least once a program cycle in the different churches]*

*“actividades social para promover PLRL” [social activities to promote LRLP]*

*“ferias de salud envolviendo a las iglesias y los recursos profesionales. No depender solo de talleres de formación y los mensuales en las iglesias. Algo grande que no envuelva y que de testimonio de un trabajo en equipo por la comunidad que todavia no busca de dios a traves de la iglesia. Musica, charlas cortas, peliculas, educativos, material, juegos y servicios medicos, presión, diabetes, prueba VIH, etc.” [health fairs involving churches and professional resources. Not to depend solely on the capacity building workshops and the monthly workshops in the churches. Something large that is not overwhelming and that involves the community of persons who are not already seeking G-d through the church.]*

*“información de inmigración” [immigration information]*

*“it is suggested that they increase their service deliver to include addressing co-factors to HIV/AIDS”*

*“Mas presencia en los medios de comunicación locales” [more presence in local media].*

## **Skills Development**

In addition to providing monthly training and citywide events, the LRLP staff are instrumental in guiding the COF coordinators in implementing the program throughout each cycle. The LRLP staff work one-on-one with each coordinator to support and monitor their activities as part of the program. They also review monthly reports, and step in as facilitators for the monthly workshops in the congregations, as needed. Thus, it was important to gauge the extent to which the coordinators feel supported by the LRLP staff, as well as to provide a space for them to give feedback on the capacity building sessions overall (in addition to the satisfaction surveys that they complete pertaining to each session individually).

First, coordinators were asked to choose the monthly training topics that were most useful to them<sup>3</sup>. In open-ended comments, one respondent wrote *“no puedo elegir uno porque todos son vitales” [I cannot choose one because they are all vital]*. Table 13 below presents the responses.

Two topics clearly stand out as the ones that coordinators considered most useful: the HIV research and treatment updates, and the skills building regarding making presentations. It is likely that these topics were considered the most useful because of their direct application



*Table 13. Most Useful Training Topics Selected by COF Coordinators*

Training Topic	% Selected as most useful
HIV Research and Treatment Updates	46.7%
Anti-Stigma Institutes	0
Motivational Interviewing	0
Obesity, Diabetes and Nutrition	6.7%
Asthma	6.7%
Cancer	0
Making Presentations about Community Health	33.3%
Hepatitis, Drug Use, and HIV	6.7%
Program Evaluation	0

to the work of organizing and presenting the health education workshops. As presented in Table 9 above, most COF include HIV 101 as part of their workshop offerings. **However, given that the monthly workshops in the congregations are meant to vary in topic, it is unclear why other topics were selected less often.** When asked which topics they would like to be trained on in addition to the above, the coordinators responded with the following:

- Bullying and its impact on young adults
- How to reach more members of the community
- Leadership development
- Hepatitis C testing and counseling
- How to expand services
- Spiritual motivation, spiritual health
- Alcohol and tobacco addiction
- More emphasis on other STIs
- Staying healthy, exercise programs, diet
- Mental health problems: depression, neurosis, obsessions, addictions, etc.
- Testimonies of those who have benefitted from the scientific advances
- HIV and mental health: how to stay healthy, depression and stigma
- Gender-based violence

LRLP staff should consider covering some of these training topics in upcoming capacity building sessions.

The majority (70%) said that they feel “comfortable” or “very comfortable” with presenting health education workshops in their congregations, and that they are more comfortable presenting since they started in the LRLP. Additionally, coordinators were asked what other skills they have developed in the course of participating in the LRLP. Responses included organizational/administrative skills (e.g., report writing and budgeting), communication and public speaking skills, and knowledge about health issues. They also named a number of areas as skills they would like to develop further, including:

- How to put together a PowerPoint
- Grant writing
- Skills in identifying a good team
- Knowing the best resources in our area for counseling and treatment

These topics lend themselves to capacity building sessions that emphasize skills development and offer opportunities to practice in the training setting. LRLP should take into account the need for such skills building to occur.

## Support from LRLP Staff

Coordinators reported seeking support from the LRLP staff to help them carry out activities in their congregations: 5.3% have asked for support “always” and 26.3% “often”, with an additional 40% selecting “sometimes.” When asked to clarify what kind of support they needed from the LRLP staff, 30% reported needing help with *planning* monthly health education workshops; 30% sought help with *promoting* monthly workshops; 30% sought help with *presenting* the workshops; 60% needed help planning HIV testing days; and 40% with promoting HIV testing days. All (100%) have felt “very supported” or “extremely supported” by the staff. It appears that the coordinators feel supported by the LRLP staff at every step of the way of implementing the activities.

In turn, we asked about the extent to which the coordinators feel that they can provide input and influence the way the program is structured. On the individual level, 29.4% of the coordinators reported feeling “very influential”. However, as a group they felt more able to provide input, with 56.3% reporting that the group of coordinators is “very influential” or “extremely influential”. When asked which aspects of the program they would change, most coordinators did not recommend anything. Several commented on the *“process of payment”* as a barrier to the effective functioning of the program. One coordinator recommended: *“to allow for as much innovation, and flexible curriculum as possible.”* It is encouraging that there is a feeling of being influential among some of the coordinators, and that they offered suggestions for the structure of the program. LRLP staff should continue to facilitate conversations (formal and informal) to allow space for those coordinators wishing to influence the program to offer their thoughts.

## Overall

We asked the coordinators how satisfied they are overall with the LRLP. As a whole, all (100%) of the coordinators responding to this question were “satisfied” or “extremely satisfied” with their participation in the LRLP. According to 100% of the coordinators, the members of their congregations are aware of the program and “satisfied” or “extremely satisfied” with its presence in the COF.

We also asked the coordinators a general question pertaining to the communities in which they work and live: “What would you say are the top three things that should be addressed in order to increase the quality of life for Latinos in your area?” We present the results in Table 14 below.

Clearly, the respondents interpreted this question in a variety of ways, with most offering their opinions about the needs of the Latino community in general, and some seeing it as an opportunity to make overall suggestions for the LRLP. Among those who offered suggestions regarding quality of life for Latinos in their areas, the theme of **jobs/employment** prevailed, appearing in most of the lists. Several others also included **education/information** in their lists. From these responses, it is clear that the coordinators are very in touch with the communities they serve, and continue to be a key resource to the LRLP.

Table 14. What would increase quality of life for Latinos.

First suggestion	Second suggestion	Third suggestion
Los servicios publicos [public services]	oportunidad de estudio [opportunity to study]	la consideracion y respeto de las autoridades [consideration and respect from the authorities]
Educacion permanente [permanent education]	Alimentacion [nutrition]	Prevencion de enfermedades [prevention of diseases]
Educacion	Trabajo	Salud
SALUD [health]	INMIGRACION [immigration]	CONOCIMIENTO [knowledge]
Educacion [education]	Empleo [employment]	Fe [faith]
una buena orientacion-y legalizacion status de salud [good orientation- and legalization of health status]	conciencitacion efectiva, sobre salud y prevencion [effective awareness-building about health and prevention]	Los recursos-economicos [economic resources]
control medico [health screening]	Nutricion [nutrition]	Educacion [education]
areas de recreacion igual de en la salud medio ambiente limpieza en las calles buses y parques [recreational spaces, environmental health, clean streets, buses and parks]		
Jobs	health care	schools that empower and challenge the students and the parents
Housing	Medical Care	Jobs opportunities
continued education	Continued collaborations with other organizations that are not Latinos	Jobs
Jobs	education	safe apartments/housing
Educacion [Education]		
mas informacion en las comunidades [more information in the communities]		
Mejores en acceder a los recursos de salud [better access to health services]	Informacion en espano [information in Spanish]	Crear programas que abran y creen * entre las comunidades de fe y las agencias de salud [create programs that open and create linkages between communities of faith and health organizations]
informacion acerca de los indocumentados [information about the undocumented]		
Mas participacion mensual en las iglesias y programas [more monthly participation in the churches and programs]	El recurso monetario, no * ms del tiempo prudente. ya que las iglesias trabajan con presupuestos * y el dinero que se usa para llevar a cabo un taller mensual significa * el presupuesto de la iglesia [monetary resources do not arrive on time. The churches work on budgets and this means that the money that's used to put together a monthly workshop must come out of the church's budget.]	Mas o igual enfasis de las enfermedades como diabetes, cancer etc. como se le da al VIH/AIDS [more or equal emphasis on diseases like diabetes, cancer, etc. as is given to HIV/AIDS]
awareness of your static prevention information provide more funds so we can do more events		

- Identificación de fondos y recursos
- Identificación de aliados o posibles aliados (redes)
- Diseño de la Campaña
- Grupo de enfoque (evaluativo) y ajuste del mensaje
- Mapeo comunitario
- Distribución de la campaña
- Evaluación de la campaña



1. CANCER

2. Inmigrantes Hispanos

3. Asociación del Cancer INRA / Fente  
Salud Dept. Comarciales

4. Educando PTA Niños  
a Bolivia  
S. Personas  
C. Comercios  
E. Empresas  
A. Asociaciones  
I. Industria





# CONCLUSIONS AND RECOMMENDATIONS

## Capacity Building Sessions and Citywide Events

Throughout the 2011-2012 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. Participants rated these sessions very highly, with mean satisfaction generally 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 start 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

One discrepancy that we observed in several of the capacity building sessions was between participants' high satisfaction level and their comfort with presenting the workshops themselves in their COF. It appears that, at least for certain topics, the presentations at the monthly capacity building sessions are not enough to ensure that the coordinators feel confident with taking the information back to their congregations. This calls for inclusion in the curricula of interactive activities that allow opportunities for practice.

- In planning the capacity building sessions for the next program cycle, LRLP staff should consider an emphasis on more interactive practice activities to maximize the participants' learning.

This year's Anti-Stigma Training Institute was a particularly successful event, bringing together several agencies as well as a City Councilmember. As suggested by the participants and echoed by LRLP staff, it is especially important to build on this momentum and diffuse anti-stigma lessons beyond the COF setting, and into surrounding geographic communities. There is an opportunity for the COF to become known in their communities as a resource in the fight against stigma.

- Together with active COF coordinators, LRLP should consider organizing a follow up event on the topic of stigma and health, with a possible resultant campaign on an issue identified by the participants.

Several participants recommended that the orientation session include more information about budgeting and a more thorough participant's workbook. It appears that participants would like more detailed information to be imparted during this crucial session, which was rated lower than the rest in terms of satisfaction.

- Prior to upcoming orientation activities, LRLP staff should include some of the more experienced COF coordinators in helping to develop clear and easy to understand materials for the orientation session.

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. Over a quarter (26.1%) of participants across the sessions chose to complete the satisfaction surveys in English. This is higher than the number of English language surveys collected during the last program cycle. These numbers, along with several open-ended comments asking for English language materials, 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.
- And, LRLP staff should provide English language resources such as informational packets, as available.

## Recommendations for evaluation data collection

For the 2011-12 program year, RED and LRLP devised a way to collect demographic information from participants of the capacity building sessions by asking the coordinators to fill out a demographic information sheet at the beginning of the year, and then linking the information via a Unique Identifier Code to the satisfaction surveys and pre-post tests. This system was put in place to avoid having to ask participants to repeatedly fill in the same demographic information. Unfortunately, the demographic information sheet was not uniformly administered, and its implementation was further hindered by the changes that COF made in who represented them at the capacity building sessions. In addition, forms asking for complete demographic information were to be used at the citywide events (reflecting their participation, not limited to COF coordinators). However, LRLP did not ensure the use of these forms and thus did not collect demographic information at these events.

- The Unique Identifier Code system will be eliminated, as it is not a successful way to ensure that all demographic information is collected from participants. There is too much variation in coordinators who attend the monthly events for this to work.
- LRLP staff should address data collection issues with RED throughout the course of the program year to avoid similar issues.
- Additionally, LRLP staff should make every effort to deliver collected surveys to RED for data entry and analysis in a timely manner.

Pre-post tests conducted at several of the sessions were a way to measure the effectiveness of the sessions in changing the participants' knowledge on the topic. Not all participants who completed a pre-test for any given session also completed a post-test, and therefore those scores could not be matched for purposes of comparison. And, pre-post tests were not conducted for several of the sessions. Finally, some pre-post tests were not sensitive enough instruments to measure the outcomes desired.

- 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 so that pre- and post-tests can be matched during data entry.
- Pre-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 asthma pre-post test instrument.
- If the pre-post test is judged not to be an adequate way to measure outcomes of these sessions, LRLP should brainstorm with RED to create better ways to do so.

## Program Activities Completed by Participating Communities of Faith

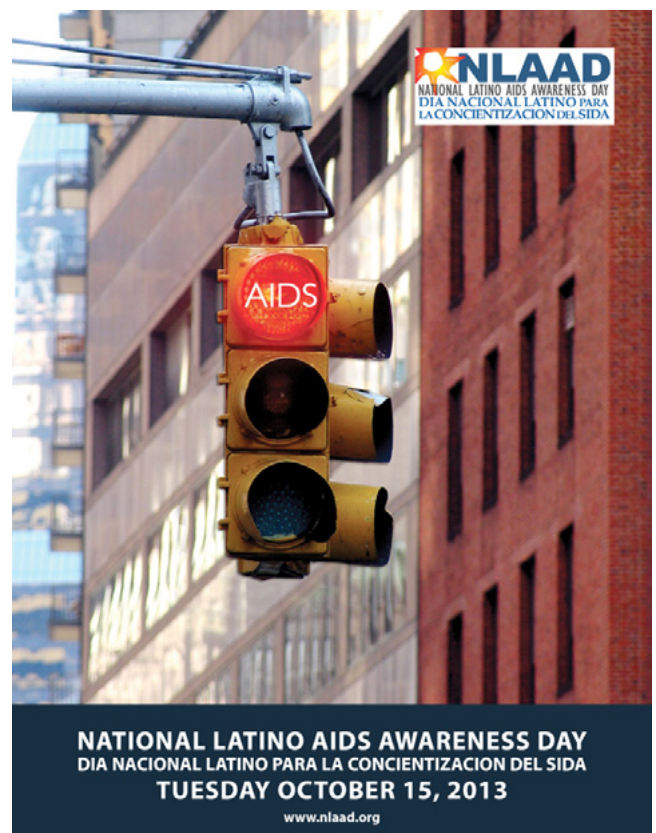
Despite the shorter program year and the condensed planning schedule, coordinators in the communities of faith were able to present monthly workshops that surpassed the projected attendance levels. The workshops attracted a much higher number of participants than projected for the year, indicating that congregants were interested in learning about the health education topics, and motivated to attend these presentations each month. Those who filled out the brief satisfaction survey appeared highly satisfied with these workshops. And, 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. As a whole, participating communities of faith were able to make available health education information and testing opportunities throughout the five boroughs of New York City.

As mentioned above, to reduce the burden on the coordinators, participants, and RED (data entry), a participatory approach to evaluating these monthly workshops has been developed for the 2012-13 program year. RED will monitor the implementation of this new method.

## Assessment Survey of Coordinators

This first assessment survey of the coordinators brought to light a group of dedicated and capable individuals who carry out the LRLP in their respective COF. It appears that the coordinators are satisfied with the program overall, and perceive the LRLP staff to be supportive.

In all, the evaluation of the LRLP for the 2011-12 year illustrates a program that continues to impart key HIV/AIDS and other health information throughout Latino communities in New York City. RED looks forward to continuing the process of evaluating the LRLP in the coming cycle.



<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.



More than  
100,000 New  
Yorkers are  
living with HIV

Every 12 seconds  
a person becomes  
infected with HIV  
throughout world

New York remains  
the epicenter  
of HIV/AIDS  
in the U.S.

THIS PROGRAM IS FUNDED BY  
THE NYC COUNCIL

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