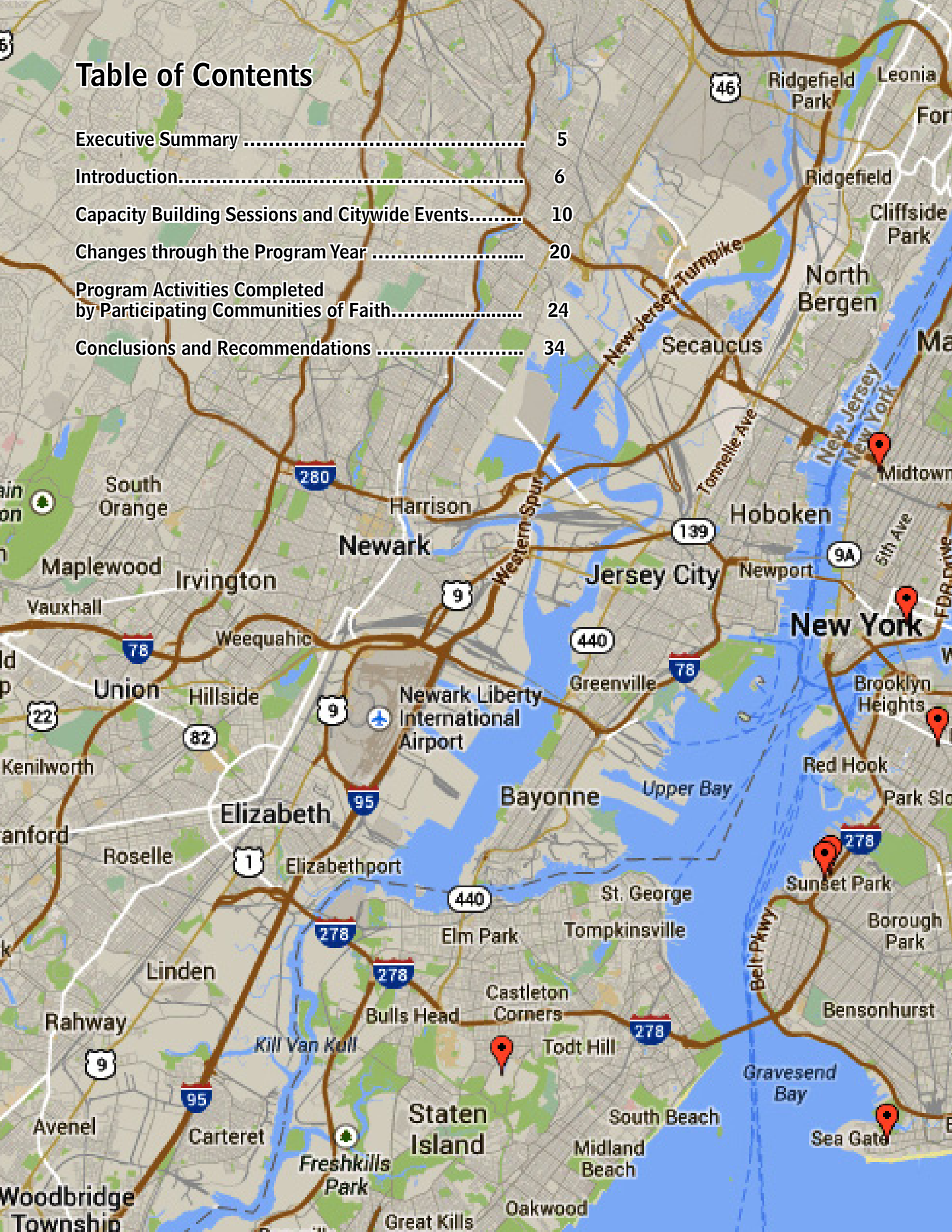




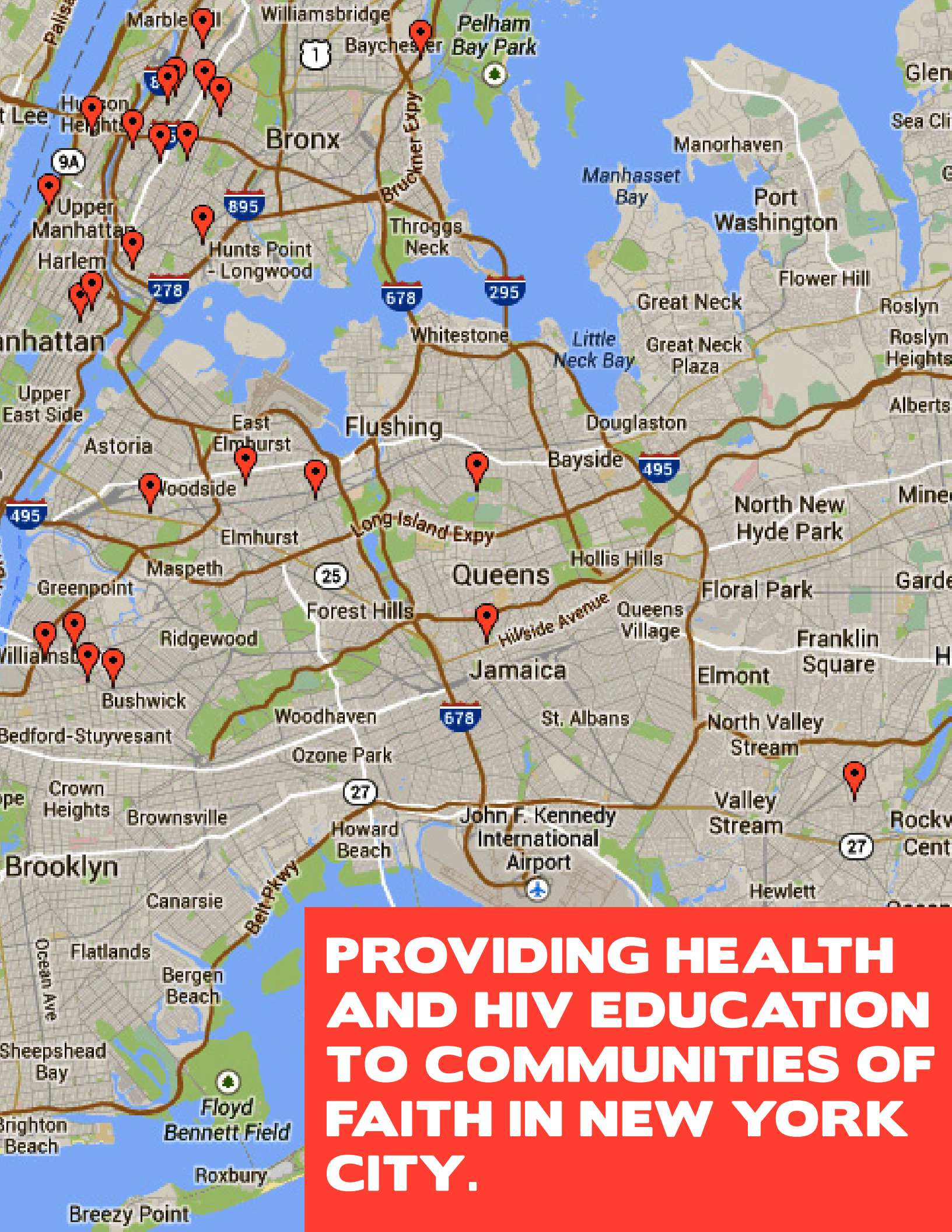
**LATINO RELIGIOUS  
LEADERSHIP  
PROGRAM  
EVALUATION  
REPORT 2012-2013**

# Table of Contents

Executive Summary .....	5
Introduction.....	6
Capacity Building Sessions and Citywide Events.....	10
Changes through the Program Year .....	20
Program Activities Completed by Participating Communities of Faith.....	24
Conclusions and Recommendations .....	34







**PROVIDING HEALTH  
AND HIV EDUCATION  
TO COMMUNITIES OF  
FAITH IN NEW YORK  
CITY.**





## EXECUTIVE SUMMARY



**MARIA LUISA MIRANDA**  
Senior Health Educator



**DANIEL LEYVA**, Director  
Latino Religious Leadership  
Program



**GUILLERMO CHACON**, President  
Latino Commission on AIDS

The Latino Religious Leadership Program was founded to provide active leadership in addressing health disparities and the impact of HIV & AIDS, Hepatitis in the Spanish-speaking religious community and to partner with the church as another resource for health related information, including HIV & AIDS and to diffuse important HIV & AIDS and health education messages to Latinos in New York City, the Latino Religious Leadership Program (LRLP) engages Latino communities of faith through a community driven process each year. During the 2012-2013 program year, LRLP included 27 communities of faith, representing a range of denominations and regions of the city. Throughout the fiscal year 2013, participating communities of faith were required to conduct one monthly health education workshop and one annual HIV testing event. LRLP staff supported these activities by offering 4 capacity building events, 3 citywide community events, and by assisting in the coordination of the workshops and testing events as requested by the communities of faith. Each 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 referenced to benchmarks set out in LRLP's evaluation plan.

Participant satisfaction was high across the capacity building sessions and citywide events, ranging between 80.4% and 88.9%. Knowledge increase on key concepts for each respective topic was also measured, with increases in scores among as many as 78.3% of participants. However, recommendations include the need for improved pre-post instruments. 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 and other health conditions affecting the Latino community.

On their part, the communities of faith surpassed the projected participation in their activities, holding a total of 137 workshops that reached 4196 individuals across NYC. Though not all the communities of faith scheduled a testing event, those that did surpassed the projected target in that area as well, providing 383 HIV tests on 14 separate dates.

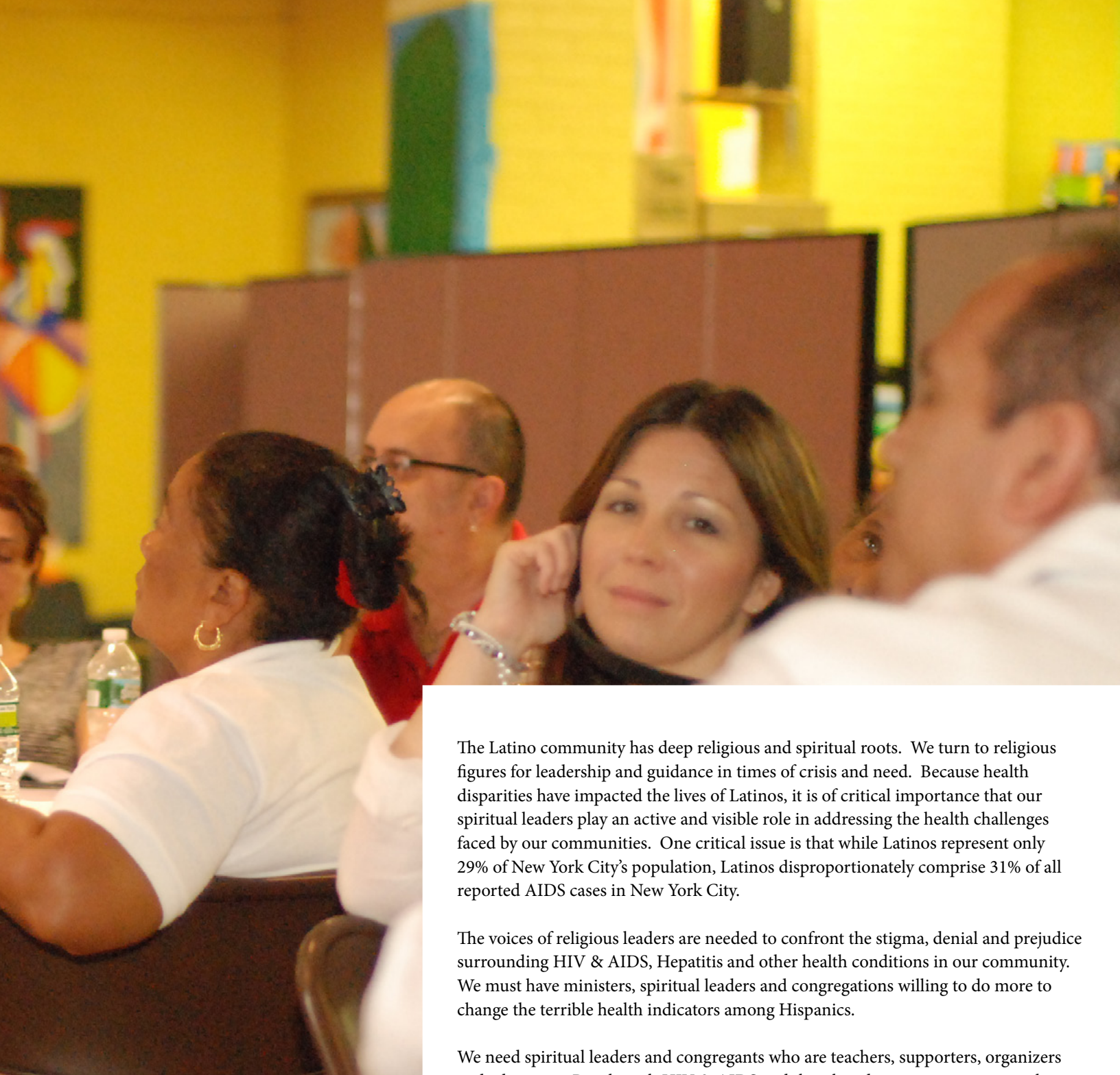
Several COFs distinguished themselves this year. Coordinators at three of the long-standing COFs – First United Methodist Church of Corona, Transfiguration Roman Catholic Church, and Broadway Temple United Methodist Church – became role models and mentors to other coordinators, sharing their strategies for community outreach. Such collaborations and member initiatives are crucial to the long-term sustainability of the LRLP. As well, the attainment of CLIA waivers by Metropolitan Community Church of New York and Fordham Manor Reformed Church ensured that these congregations will be able to provide HIV testing directly to their communities. These achievements are a testament to the ways in which the LRLP fosters relationships among its member congregations, and encourages their development as faith-based service providers.

Conclusions and recommendations focus on curriculum development as well as improvements in data collection and data entry. Teach-backs, group discussions about how to develop talking points, and other interactive skills building methods are recommended to provide practice for the participants in developing their facilitation styles, modeling upon a successful group activity at beginning of the program year.



# INTRODUCTION





The Latino community has deep religious and spiritual roots. We turn to religious figures for leadership and guidance in times of crisis and need. Because health disparities have impacted the lives of Latinos, it is of critical importance that our spiritual leaders play an active and visible role in addressing the health challenges faced by our communities. One critical issue is that while Latinos represent only 29% of New York City's population, Latinos disproportionately comprise 31% of all reported AIDS cases in New York City.

The voices of religious leaders are needed to confront the stigma, denial and prejudice surrounding HIV & AIDS, Hepatitis and other health conditions in our community. We must have ministers, spiritual leaders and congregations willing to do more to change the terrible health indicators among Hispanics.

We need spiritual leaders and congregants who are teachers, supporters, organizers and advocates. People with HIV & AIDS and their loved ones require support, love and strong voices that speak to their needs.

The Latino Religious Leadership Program was founded to provide active leadership in addressing health disparities and the impact of HIV & AIDS, Hepatitis in the Spanish-speaking religious community and to establish the church as another resource for health related information, including HIV & AIDS and support. The program is based on a unique community intervention model. This model calls for the empowerment and training of community leaders so that health disparities, HIV prevention, Hepatitis C screening and health care messages become a mainstay in religious community circles. It also encourages participants to make informed choices: to understand the basics about HIV, to get tested for HIV and Hepatitis C and to provide an outlet for basic information and referrals to community service

providers. The LRLP recognizes the importance of faith and religious institutions in the Latino community, and has promoted health education through faith-based networks as a means of preventing the spread of HIV and work together toward eliminating health disparities.

Since 1995, the Latino Religious Leadership Program (LRLP) has engaged communities of faith throughout New York City in efforts to deliver a customize health promotion education and to educate about the impact of HIV & AIDS, Hepatitis C in our communities. The Latino Religious program includes 27 Communities of Faith, representing a range of denominations and religious backgrounds in our city

Participating communities of faith identified a church organizer who conducts monthly health education workshops and several HIV and Hepatitis C testing event. The program staff supports each Church coordinator to organize these activities by offering capacity building events, and by assisting in the coordination of the workshops and testing events with materials and testing specialist.

During the fiscal year, 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, by assisting in the coordination of the workshops and testing events, and by facilitating collaborations among the member congregations. 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.

Some of the participating COFs have been members of the LRLP for a number of years; in previous years, conversations have arisen about how the congregations can promote collaboration amongst themselves to share best practices and learn from each other's ministries in how each engages the diverse Latino communities that they serve. A particular highlight of this year's program was that coordinators at three of the long-standing COFs – First United Methodist Church of Corona, Transfiguration Roman Catholic Church, and Broadway Temple United Methodist Church – became *role models and mentors* to others who are newer to the LRLP. Encouraged and supported by the LRLP staff, the more experienced COFs worked with other congregations to discuss best practices in how to organize workshops on general health topics, as well as strategies to promote testing and referrals.

Additionally, Metropolitan Community Church of New York was recognized for two key achievements. The first is for its exemplary work with the LGBTQ community, especially with runaway and homeless youth. The second is for *obtaining a CLIA waiver and thus becoming an HIV testing site*, along with Fordham Manor Reformed Church. Saint Jerome Roman Catholic Church was recognized for their *outreach to immigrant communities* and their efforts to promote collaboration with community-based organization across the city. Along with all the COFs in the program, these long-time member congregations provide essential health education and sanctuary to the Latino communities of faith that they serve.

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 orientation to the program year; clinical updates about HIV; signs and prevention of cancer; hepatitis; and addictions, as well as opportunities designed to enhance the participants' skills to disseminate information to their congregations. The attendees of the capacity building sessions were





EL PROGRAMA DE LIDERAZGO RELIGIOSO LATINO DE LA COMISIÓN LATINA SOBRE EL SIDA, COMUNIDADES DE FE LATINAS Y ORGANIZACIONES DE LA COMUNIDAD PRESENTAN:

# LA SALUD EN LA COMUNIDAD LATINA DE NUEVA YORK

## LOS RETOS QUE ENFRENTAMOS

**SABADO, 15 DE JUNIO, 2013**  
9:30 AM - 4:00 PM

**IGLESIA "EL EDEN"**  
105 MONTROSE AVENUE  
BROOKLYN

MAYOR INFORMACIÓN: DANIEL LEYVA  
DLEYVA@LATINOIDS.ORG  
(646) 375-4446



Patrocinado por el Consejo Municipal de la Ciudad de Nueva York



**LATINO RELIGIOUS LEADERSHIP PROGRAM**

# MEMORIAL LATINO PARA EL VIH/SIDA

un encuentro de fe y compromiso. ceremonia de velas, reflexiones y más.

**Sábado 30 de Nov. 10am**  
Iglesia "La Transfiguración"  
283 Marcy Ave. Brooklyn, NY 11211  
Entre Las Calles Hooper & Hewes  
[Tren J/M Hasta La Estación Hewes]

Informas: (646) 374-4444  
dleyva@latinoaids.org  
www.latinoaids.org

**REYES**

ESTE PROGRAMA ES DESARROLLADO POR EL PROGRAMA DE LIDERAZGO RELIGIOSO LATINO EN COLABORACIÓN CON LAS COMUNIDADES DE FE LATINAS Y ORGANIZACIONES DE LA COMUNIDAD. PARA MÁS INFORMACIÓN VISITEN: WWW.LATINOIDS.ORG

**SÁBADO 13 DE ABRIL**  
[9:30 AM-3:30PM]

**FIRST SPANISH UNITED METHODIST CHURCH**  
183 EAST 111TH STREET  
NEW YORK, NY 10029  
(Tráfico de Lexington & la calle 111. Tráfico tras 5)

Para mayor información: (212) 675-3288 ext. 309  
www.firstspanish.org www.usmc.org

## COMO EL ESTIGMA AFECTA A LAS COMUNIDADES MIGRANTES E INMIGRANTES

**PROGRAMA DE LIDERAZGO RELIGIOSO LATINO**

**LATINO ON AIDS**

1-800-233-7432

coordinators representing the participating COFs. The Research and Evaluation Department (RED) of 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 partner organizations to facilitate sessions during the citywide events.

The current report begins with an analysis of the process and outcome monitoring data collected by LRLP staff during the capacity building sessions and citywide events. It then presents a review of the activities conducted by the communities of faith in fulfillment of their participation in LRLP during the 2012-2013 program year. The report concludes with recommendations for subsequent program years based on the data analysis.



# CAPACITY BUILDING SESSIONS AND CITYWIDE EVENTS





As mentioned above, the LRLP staff put together monthly training sessions to build the skills and knowledge of COF Church coordinators and to support their health education work in the communities. To assess these sessions, 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. Recommendations for further developing session curricula as well as for improving the consistency of data collection in future program cycles appear in the final section.

## December: Latino AIDS Memorial

The Latino Religious Leadership Program coordinates the Latino AIDS Memorial, an annual citywide memorial service to remember those who lost their battle against HIV/AIDS. A different COF hosts the event each year, bringing it to their unique communities, and incorporating their congregation's traditions. This year's Latino AIDS Memorial was held at the Church of Saint Simon Stock in the South Bronx on December 1, 2012. With 83 individuals in attendance, the program included prayer, song, speakers living with HIV, and children from the local parish school performing music. Additionally, pastors from three denominations – Pentecostal, Methodist and Muslim – spoke at the event, with the resonating *theme of unity to celebrate diversity*. The nuns that serve in the parish and school played a large role in the event. Due to the solemn nature of the event, no surveys were collected to further assess the memorial.

# February: Capacity Building Session 1

The training calendar began on February 16, 2013 with an orientation meeting for the communities of faith participating in the program this year. This capacity building session was divided into two parts. During the Orientation section of the day, Daniel Leyva, LRLP Director, and Dr. Maria Luisa Miranda, LRLP Program Coordinator explained in detail to the participants the activities and reporting responsibilities that entail participation in this program; and the responsibilities of the Latino Commission on AIDS staff in regards to this partnership. Participants learned about changes in the program, evaluation and reporting requirements for the program year. The session was held at the offices of the Latino Commission on AIDS.

The second half of the day was devoted to a review of HIV 101 information. The COF coordinators were divided into groups of five and assigned to discuss for 30 minutes one of the following topics related to HIV/AIDS: prevention, treatment, access to care, co-infection with Hepatitis C, or stigma. Each group spoke about *strategies of collaboration and the construction of relevant messages* to communicate their issue to their congregations and communities. After the small groups finished, they presented their ideas to the overall group. The COF coordinators showed high proficiency in the topics; importantly, they were able to leverage their knowledge into designing messaging appropriate to their communities, a task that they would undertake in the following months as they put together monthly educational workshops.

## February participants

There were 38 coordinators in attendance at the Orientation/HIV 101 Review session in February. Of them, 35 completed the post-session satisfaction survey; 31 in Spanish and 4 in English. The majority of respondents who indicated their gender (60.6%) identified as female, and the rest identified as male. Participants' ages ranged between 23 and 77 years, with an average of 53.4 (SD=12.46). In terms of race/ethnicity, 27 identified as Latino/Hispanic and 3 as African American/Black. As far as sexual orientation, most participants (n=21) identified as heterosexual, and 1 identified as homosexual; 13 participants (37.1%) did not report their sexual orientation. Most participants listed their primary language as Spanish (69.7%); 21.2% listed it as English; and 9.1% as both English and Spanish. Participants reported their work affiliation; unsurprisingly, the majority reported community of faith (n=29), and 4 reported "other" work affiliations; all those who listed their work affiliation also reported COF-related occupations, such as pastor.

In terms of past participation in LRLP, respondents indicated a very wide range of years they have represented their congregation in the LRLP - with a range of 0-20 years, and an average of 5.83 years (SD=5.69). 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 7 to 2000, with a mean of 200.1 (SD= 418.0). Interestingly, coordinators from larger congregations reported having represented their congregations in the LRLP for longer periods ( $r = .53, p = .005$ ).

## Satisfaction: Orientation to LRLP and HIV 101 Review

Overall, participants expressed satisfaction with the orientation session, with 88.9% those who responded to this prompt reporting being "satisfied" or "extremely satisfied". The majority of participants (94.3%) 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. The majority, 96.9% of participants indicated having attended a LRLP orientation and HIV 101 training before. Nonetheless, the ratings were very high, indicating a need for the session.



**Table 1. Satisfaction with the Orientation session**

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	97.10%	3.68	0.53
Presenters	100%	3.82	0.39
Handouts	100%	3.91	0.29
Format and organization	100%	3.88	0.33
Level of discussion	97.10%	3.77	0.49
Ability of presenter to answer questions	100%	3.94	0.24
Pace	97.00%	3.65	0.54
Level of clarity of information	100%	3.85	0.36
Applicability to everyday work	97.00%	3.76	0.5

We also asked about the participants' level of comfort with the material. As a result of the February capacity building session, 65.7% of respondents felt more comfortable with the orientation and HIV 101 material and 22.9% were somewhat more comfortable. Furthermore, 88.6% of respondents felt "comfortable" or "very comfortable" with conducting health education workshops in their congregations.

Participants also had the chance to comment on what aspects of the session they found particularly beneficial and what they would change for next time. Most respondents wrote that the session was well facilitated. Several pointed out that the group work was beneficial: "*el trabajo en grupo del VIH*" [the group work about HIV]; "*me gusto trabajar en equipo es una experiencia buena para compartir y aprender a escuchar y dialogar*" [I liked working in a group, it is good experience for sharing and learning to learn and to dialogue]. Others focused on the simplified reporting and evaluation requirements for their workshops: "*explicacion sobre la nueva formulario*" [explanation of the new form]; "*cambios de llenar las evaluaciones*" [changes for filling out the evaluations]. The new evaluation method utilized in this fiscal year for the COFs' monthly community workshops will be discussed in more detail in the following section. Most respondents indicated that they do not have any suggestions for changes to the capacity building session. Of those who did, some suggested keeping in mind that they had already been presented with some of the information in previous years: "*no repetir las informaciones ya dadas*" [not repeating information already given].

There were no differences in terms of age, number of years participants have represented their congregations in LRLP, or between gender groups regarding overall

satisfaction or satisfaction with the learning experience during this the session. 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.

## March: Capacity Building Session 2

On March 2, 2013 the LRLP held the second capacity building session of the year on the topic of Cancer Care and Prevention. The session was guest-presented by the Ralph Lauren Center for Cancer Care and Prevention, and focused on explaining the basics regarding detection, treatment, prevention and resources. The presenter concentrated on forms of cancer prevalent among the Latino community: breast cancer, colon cancer, cervical cancer, and prostate cancer. As a result of this training, the 32 participants became involved in cancer prevention and gained an educational ally, the Ralph Lauren Center for Cancer Care and Prevention. The training was held at the offices of the Latino Commission on AIDS.

### Satisfaction: Cancer Care and Prevention

Of the 29 participants who filled out a satisfaction survey regarding the session on Cancer Care and Prevention, 24 completed it in Spanish and 5 in English. Their reported demographic characteristics were very similar to those of the February participants, and are thus not reported here.

In terms of prior experience, 46.4% had previously attended training on this topic, and the rest had not. Participants rated the session highly, with 81% being "satisfied" or "extremely satisfied" overall. Furthermore,

<sup>1</sup> Participants' open-ended comments are reproduced throughout the report exactly as written. Comments offered in Spanish are translated to facilitate the flow of the report.

**Table 2. Satisfaction with Cancer Care and Prevention**

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	93.10%	3.79	0.56
Presenter	100%	3.96	0.19
Handouts	96.30%	3.78	0.51
Format and organization	100%	3.93	0.26
Level of discussion	100%	3.96	0.19
Ability of presenter to answer questions	100%	3.96	0.19
Pace	100%	3.82	0.39
Level of clarity of information	100%	4	0
Applicability to everyday work	96.40%	3.89	0.42

100% of respondents felt that there was “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 for their congregations, 82.8% responded with “comfortable” or “very comfortable”. And, 89.2% reported being “somewhat more comfortable” or “much more comfortable” with the material at the end of the day. Participants’ other ratings appear in Table 2. All aspects of the session were rated very highly, with most of them rated as “good” or “very good” by 100% of respondents.

Older participants rated their learning experience more highly than younger participants ( $r = .59, p = .001$ ). It is possible that information about cancer was more salient to older participants, who may have witnessed loved ones struggle with the disease. We observed no other differences with regard to demographic characteristics. Participants who had previously attended a training on cancer were more satisfied with this session than those who had not ( $t = 2.63, p = .024$ ). Perhaps the March session helped to clarify concepts about cancer prevention, detection, and treatment for those who had previously received training on this topic.

In open-ended comments, participants indicated their appreciation for the information about all the aspects discussed, particularly about colon cancer: “*new information on colonoscopy*”; “*la explicacion de las diferencias entre los distintos cancer*” [the explanation of differences among the different cancers]; “*los factores hereditarios*” [genetic factors]; “*the information about the numbers of men that get cancer*”. Participants did not suggest any changes to the workshop, and repeated that they thought it was excellent. Some requested additional workshops to explore the information presented in this session in more depth, as well as resources for where to refer their congregants.

### **Pre-post data: Cancer Care and Prevention**

Participants completed a 9-question pre-post test to measure change in knowledge regarding cancer; data was available for 17 matched pairs of pre- and post-test responses. Scores increased somewhat, from pre-test ( $M = 5.41$ ) to post-test ( $M = 5.94$ ), though the difference was not significant. Eight (47%) of the matched scores demonstrated an increase; 6 (35.3%) stayed the same, and the rest decreased. There was no association between pre-post results and respondents’ gender or age.

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

On April 13, 2013, the LRLP held the Anti-Stigma Training Institute. This is an annual event consisting of a one-day workshop in which the communities of faith are invited to bring members of their congregations and other interested individuals to learn and discuss the implications of stigma related to HIV/AIDS in Latino communities.



**Table 3. Satisfaction with Anti-Stigma Training Institute**

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	92.60%	3.61	0.68
Presenter	92.60%	3.61	0.68
Handouts	90.60%	3.57	0.72
Format and organization	94.30%	3.64	0.65
Level of discussion	94.30%	3.63	0.59
Ability of presenter to answer questions	96.20%	3.75	0.52
Pace	92.60%	3.57	0.63
Level of clarity of information	96.30%	3.67	0.55
Applicability to everyday work	90.40%	3.63	0.66

This year's topic centered on *how stigma and discrimination affect the lives of undocumented immigrants and migrants, with an emphasis on barriers to accessing health care*. The 74 participants heard from presenters who are collaborators of the LRLP. Sarina Masters of the Legal AID Society discussed the legal aspects of access to healthcare for different types of migrants. Next, representatives from Voces Latinas offered actual examples of people living under fear of deportation and how this fear hinders their ability to seek healthcare and prevention services. Finally, Javier Bosque and Carlos Maldonado, of the Latino Commission on AIDS, spoke about Stigma 101 and how the COFs can make a difference in the life and health outcomes of their congregants who may be facing stigma stemming from their immigration status. The event took place at the First Spanish United Methodist Church in East Harlem.

### **Satisfaction: Anti-Stigma Training Institute**

Of the 54 participants who filled out a satisfaction survey following the Anti-Stigma Training Institute, 37 completed it in Spanish and 17 in English. Of those who indicated their gender, 64.7% identified as female and the rest as male. Participants' ages ranged from 21 to 82, with a mean of 51.4 years (SD= 13.38). Almost all participants (93.9%) identified as Hispanic/Latino, and 94.4% identified as heterosexual. In terms of primary language, 73.1% selected Spanish, 13.5% selected English, and the same percentage selected both Spanish and English. The majority, 85.7%, indicated that they work in a community of faith; the 35 participants who responded as COF coordinators in the LRLP had represented their COF in the program for an average of 4.06 years (SD=3.2).

In terms of prior experience, 56.0% had previously attended a training on this topic, and the rest had not. Participants rated the session highly, with 80.4% being "satisfied" or "extremely satisfied" overall. In terms of continuing need for conversations about stigma, 96.2% of respondents felt that there was "definitely" a

need for this event, and 100% reported that the need was "somewhat" or "definitely" met. When asked how comfortable they felt conducting health education workshops for their congregations, 74.9% responded with "comfortable" or "very comfortable". Importantly, 15.7% said that they were "very uncomfortable", perhaps reflecting the discomfort with addressing HIV stigma within their congregations and communities. And, 88.0% reported being "somewhat more comfortable" or "much more comfortable" with the material at the end of the day. The remaining ratings appear in Table 3. All aspects of the session were rated very highly, with most of them rated as "good" or "very good" by 100% of respondents.

Participants who had not previously attended a training on the same topic were more satisfied with the event than those who had ( $t= 2.35, p= .024$ ). Also, younger participants tended to be more satisfied than older participants ( $r= -.42, p= .005$ ).

Participants were asked to note things they would do differently as a result of the training. Several wrote about how they will take the lessons learned to their communities: *"organizar mas eventos relacionados a este tema" [organize more events related to this topic]; "ask more questions and don't be afraid to ask for help"; "concentrar e tema de inmigracion" [concentrate on the topic of immigration].*

For others, the lessons were of a personal nature: *"accept everyone as he or she is don't label anyone. Respect everyone"; "tratar de entender las situaciones de la personas" [try to understand people's situations]; "I would be more aware of other people differences and I'll ask myself if I'm fighting or promoting stigmatism with my words/ actions. I will no longer accept myths regarding transmitting STDs, homosexuality. I'm going to educate others to stop stigmatism."*

When asked what aspects of the day were most beneficial, many indicated that they appreciated

learning about the connections of immigration issues, healthcare, and stigma; *“continue this program. I learned a lot”; “fue un taller bien necesario para nuestra comunidad” [it was a very needed workshop for our community].* In terms of suggested changes, some asked for more handouts to go along with the presentations, particularly the one by the Legal AID Society. Some commented on the complexity of terms *“el lenguaje debe ser mas sencillo y facil de entender” [the language should be simpler and easier to understand.]* Others commented on the length of the program, requesting a shorter day that would be less packed with information; as well, some would have liked to discuss the topic in groups.

No pre-post assessment was conducted during the Anti-Stigma Training Institute due to time constraints in organizing the event.

## April: Capacity Building Session 3

The next capacity building session was held on April 27, 2013 and focused on the topic of Hepatitis. Presented by Bethsy Morales of the Latino Commission on AIDS, the training reviewed the main aspects of diagnosis, prevention and treatment for three types of hepatitis: A, B and C. As part of the training, participants learned how to promote Hepatitis C testing and the National Hispanic Hepatitis Awareness Day. There were 35 in attendance at this workshop, which was held at the Latino Commission on AIDS.

### Satisfaction: Hepatitis

Of the 34 participants who filled out a satisfaction survey at the Hepatitis capacity building session, 24 completed it in Spanish and 10 in English. Their reported demographic characteristics were very similar to those of the February and March participants, and are thus not repeated here.

In terms of prior experience, participants were split fairly evenly: 41.4% had previously attended a session on this topic and the rest had not. Participants rated the session highly, with 84.6% of respondents “satisfied” or “extremely satisfied” overall. Almost all (97.1%) of the participants rated their learning experience as “good” or “very good”. Similarly, 97.1% felt that there was “somewhat” or “definitely” a need for this training; and the same number reported that the need was “somewhat” or “definitely” met. The remaining satisfaction ratings appear in Table 4 below. Though the ratings of this session were not as high as previous capacity building sessions reviewed above, all aspects of the session were rated highly.

When asked how comfortable they felt conducting health education workshops for their congregations, 67.6% responded with “comfortable” or “very comfortable”, while 20.6%

**Table 4. Satisfaction with Hepatitis capacity building session**

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	97.10%	3.68	0.53
Presenter	94.00%	3.61	0.7
Handouts	88.20%	3.62	0.7
Format and organization	97.10%	3.76	0.5
Level of discussion	95.90%	3.7	0.59
Ability of presenter to answer questions	87.90%	3.58	0.71
Pace	94.10%	3.59	0.61
Level of clarity of information	97.10%	3.65	0.65
Applicability to everyday work	97.10%	3.79	0.48



reported being “very uncomfortable”. It is possible that some participants perceive hepatitis to be a fairly difficult topic on which to present to their communities of faith; perhaps a training approach that incorporated group work and teach-backs would have increased their comfort level with distilling the key information points and preparing for discussing hepatitis in a non-stigmatizing way. Additionally, 81.8% of participants reported being “somewhat more comfortable” or “much more comfortable” with the material at the end of the day. No ratings were associated with participants’ demographic characteristics.

When asked what they will do differently following the session, participants included both what they will do to share this information with their COFs, and how they plan to change their own behavior: *“facilitar/a documentacion en ingles y espanol” [provide documents in English and Spanish]; “taking better care of yourself; educating others; pay more attention to this problem”; “tratar de comen saludable; hablar con mi comunidad hacer preguntas a medico” [try to eat healthily; speak with my community on how to ask the doctor questions].*

Participants appreciated the information they received, particularly the call to speak to one’s doctor about hepatitis testing. As one stated, *“the stats that were given gave a reality check on how threatening this community”*. Most stated that they would not change anything about the training. Those who did commented on the trainer’s preparedness: *“la presentadora necesitaba estar un poco masinformada la senti un poco confundida” [the presenter needed to be a little more informed, she seemed a little confused]; “la presentadora creas no se veía como preparada” [the presenter did not look prepared].* Nonetheless, those who offered additional comments were pleased overall: *“el programa es excelente al igual los presentadores y he aprendida mucho” [the program is excellent as well as the presenters and I have learned a lot]; “I am please with LCOA and the vision it has for the latin community”*.

### **Pre-post data: Hepatitis**

Participants completed a 6-question pre-post test to measure change in knowledge regarding Hepatitis (n=32 matched pairs). All respondents completed the pre-post test in Spanish. The scores increased significantly from pre-test (M=3.47) to post-test (M=4.34),  $t=4.28$ ,  $p < .0001$ . Scores increased for 56.2% of participants. These data indicate that participants gained knowledge about this important topic for dissemination in the community. No demographic information was available, and thus no analysis was performed to review differences among participants with regard to knowledge gain.

## **May: Capacity Building Session 4**

LRLP held its fourth and last capacity building session on May 18, 2013 on the topic of HIV and Recreational Drug Use. Daniel Leyva led this session, with Dr. Maria Luisa Miranda co-facilitating; 27 participants were in attendance. The training focused on the basics of drug use, addiction, and prevention. The first part of the training explained the different types of illicit drugs as well as the growing epidemic of pain killer consumption. The second part examined aspects of treatment and recovery as well as what COFs can do to prevent drug use among young people, seniors and the general population. The session was held at the offices of the Latino Commission on AIDS.

### **Satisfaction: HIV and Recreational Drug Use**

All 22 respondents to the satisfaction survey completed it in Spanish. Their reported demographic characteristics were very similar to those of the participants of previous capacity building sessions, and are thus not repeated here. On the whole, 83.3% of participants were “extremely satisfied” or “satisfied” with this workshop. Eight had previously been trained on this topic, and 10 had not. All (100%) felt that there was “definitely a need” for this training, and 100% reported that the need was “definitely met” or “somewhat met”. A majority (90.5%) felt “somewhat more comfortable” or “much more comfortable” with the topic following the training. And, 72.7% felt “comfortable” or “very comfortable” with conducting health education workshops on this topic at their congregations. The remaining satisfaction ratings for this session appear in Table 5. This session was exceptionally well-received, with all aspects rated “good” or “very good” by 100% of participants.

In open-ended comments, participants wrote of their ideas for how to use the information they gathered at this workshop: *“I will be more active in helping someone off on drugs, I’m armed with hard facts of the results of drug abuse so now I will have a stronger verbal stand regarding the statement drugs are not harmful”; “llevarlo a la comunidad; compartir en informacion e inviter a participacion” [bring it to the community; share information and invite participation].* Participants found most helpful the slide presentation and testimonials. They also appreciated the dialogue and robust discussion between the presenters and the participants. Most did not suggest any changes to the workshop.

**Table 5. Satisfaction with HIV and Recreational Drug Use**

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	100%	3.95	0.22
Presenter	100%	3.86	0.35
Handouts	100%	3.95	0.21
Format and organization	100%	3.86	0.35
Level of discussion	100%	3.91	0.29
Ability of presenter to answer questions	100%	3.86	0.35
Pace	100%	3.76	0.44
Level of clarity of information	100%	3.91	0.29
Applicability to everyday work	100%	3.86	0.35

### **Pre-post data: HIV and Recreational Drug Use**

Participants completed a 7-question pre-post test to measure change in knowledge regarding HIV and Recreational Drug Use (n=23 matched pairs). All respondents completed the pre-post test in Spanish. The scores increased significantly from pre-test (M=3.61) to post-test (M=4.52),  $t= 3.18$ ,  $p= .004$ . Scores increased for 78.3% of participants. No demographic information was available, and thus no analysis was performed to review differences among participants with regard to knowledge gain.

## **June: Citywide Latino Religious Training Institute**

The final training 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 15, 2013 at El Eden Pentecostal Church in Brooklyn, the Citywide Training Institute included 78 participants. This year's Citywide Institute served as a "town hall meeting" to discuss lessons learned by the COFs participating in the program over the course of the preceding fiscal year. COF coordinators offered solutions and best practices to key issues presented, such as recruitment and retention of community members to participate with the program, and collaboration with healthcare providers. Additionally, there was a presentation about stigma, in response to a request from participants. Following the Anti-Stigma Training Institute, several coordinators asked for more specific training about stigma, as they felt it was an especially important topic for their work as part of the LRLP.

### **Satisfaction: Citywide Latino Religious Training Institute**

Of the 47 participants who filled out a satisfaction survey regarding the event, 44 completed it in Spanish and 3 in English. Two-thirds (66.7%) of those who indicated their gender identified as female and the rest as male. Their ages ranged from 21 to 86, with a mean of 51.9 (SD= 14.72). With regard to race/ethnicity, 94.9% identified as Hispanic/Latino. For 75.0%, the primary language is Spanish; followed by 18.2% who selected English, and 6.8% who selected both English and Spanish. In terms of sexual orientation, 94.3% identified as heterosexual, and the rest as homosexual. Almost all, 92.9%, selected community of faith as their work affiliation.

The majority of respondents to this question (78.4%) had attended a similar training before, and the rest had not. Overall, 82.0% indicated that they were "satisfied" or "extremely satisfied" with the training. Older participants were more satisfied with the event than younger ones ( $r= .39$ ,  $p= .016$ ).

In terms of need for this information, 97.7% of respondents felt that there was "somewhat"



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

Rating	% good or very good	Mean (0-4 scale)	SD
Overall learning experience	97.90%	3.66	0.52
Presenter	97.70%	3.65	0.53
Handouts	97.70%	3.58	0.54
Format and organization	97.70%	3.7	0.51
Level of discussion	97.70%	3.72	0.5
Ability of presenter to answer questions	97.70%	3.67	0.52
Pace	97.70%	3.65	0.53
Level of clarity of information	97.60%	3.71	0.51
Applicability to everyday work	95.10%	3.63	0.58

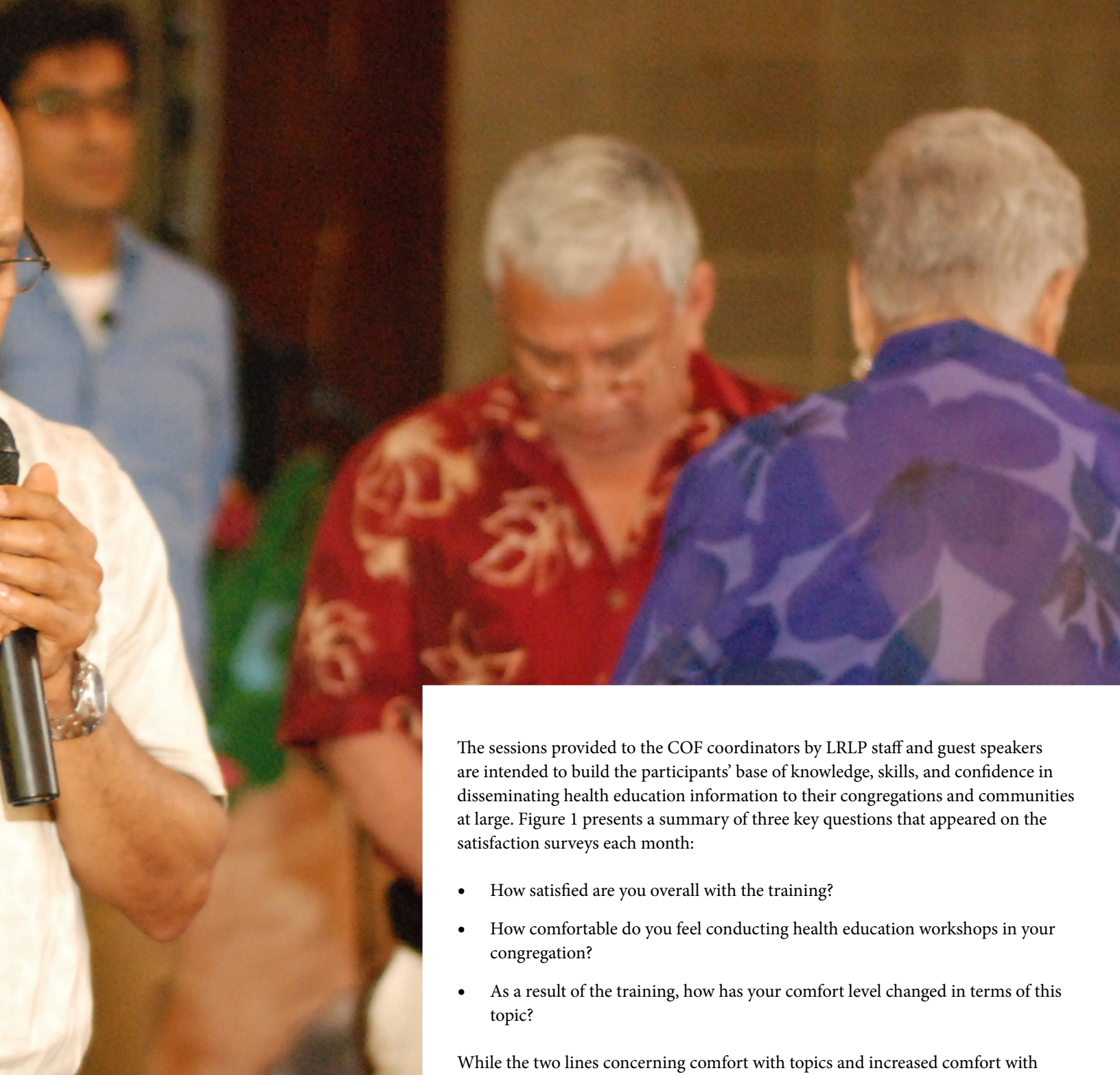
or “definitely” a need for the session, and the same percentage reported that the need was “somewhat” or “definitely” met. Most (82.2%) felt “somewhat more comfortable” or “much more comfortable” with the topic following the training. And, 77.3% felt “comfortable” or “very comfortable” with conducting health education workshops in their congregations. Other ratings of this session appear in Table 6. No pre-post test was administered at this training.

In open-ended comments, participants expressed intentions to bring the information from the day, particularly the additional stigma session, to their congregations and communities. They also enjoyed hearing from the other COF coordinators: *“cuando hablaron de lo que estan haciendo en la comunidad” [when they spoke of what they are doing in the community]*; *“cuando los panelistas hablaron de sus actividades en sus Iglesias” [when the panelists spoke about their activities in their churches]*. Again, few suggested any changes to the workshop. Those who did commented about the location and the timing of the agenda: *“el lugar por la distancia en el transporte” [the place, because of the distance going by public transportation]*; *“le daria mas tiempo a cada segmento” [I would allot more time for each segment]*. As well, one respondent suggested that more topics of community concern be added to the calendar: *“agregar mas temas de interes comunitario (ejemplo: alquiler abunio de las apartamentos/locales comerciales)” [put together topics of community interest (for example: renting apartments/commercial spaces)]*. Overall, according to the ratings and the comments, the Citywide Latino Religious Training Institute was a successful way to end the program year.



# CHANGES THROUGH THE PROGRAM YEAR





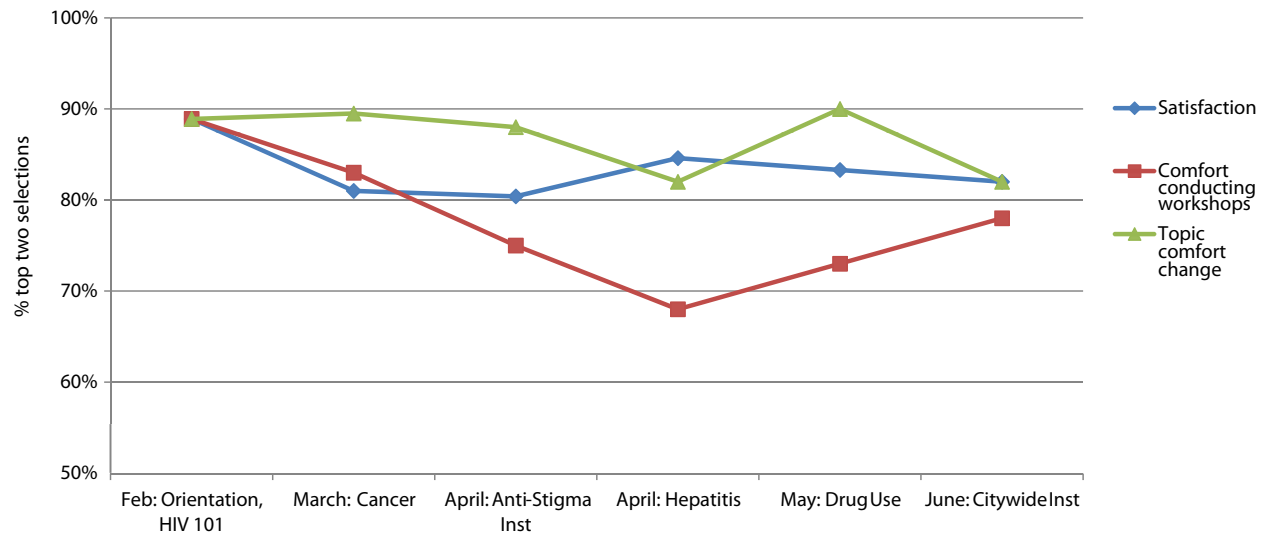
The sessions provided to the COF coordinators by LRLP staff and guest speakers are intended to build the participants' base of knowledge, skills, and confidence in disseminating health education information to their congregations and communities at large. Figure 1 presents a summary of three key questions that appeared on the satisfaction surveys each month:

- How satisfied are you overall with the training?
- 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?

While the two lines concerning comfort with topics and increased comfort with the topic as a result of the training roughly parallel each other, they are distinct from the line that pictures satisfaction. On the whole, as participants became more comfortable with each topic, they also felt more comfortable conducting health education workshops in their COFs. On the other hand, as the disparate lines above demonstrate, their high degree of satisfaction was not necessarily related to their comfort with the topic or with conducting workshops.

It is also important to note that comfort with conducting workshops was, in most cases, rated much lower than participants' change in comfort with the session's topic. As noted above, for several of the session topics, particularly ones that are very sensitive (stigma) or technical (hepatitis; cancer), *it would be useful to include teach-backs or group discussions about how to develop talking points*, with a view toward passing along this information to the communities that coordinators

**Figure 1. Changes through the program year**



serve. This type of group activity was done during the HIV 101 review at the beginning of the program year; for that session, increase in comfort with the topic and comfort with conducting workshops were rated equally.

Table 7 summarizes the projected and actual satisfaction and knowledge change outcomes for the capacity building and citywide sessions offered to the coordinators.

The monthly events that aimed to enhance the capacity of the COF coordinators were well received, with all 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. LRLP’s targets for attendance were met for almost all the events described above, with the exception of the Latino AIDS Memorial. This usually well-attended event did not garner as many participants as in previous years.

In terms of knowledge increase, in two of the three sessions during which pre-post tests were administered,

participants demonstrated statistically significant changes in knowledge. In the other session – Cancer Care and Prevention – knowledge increased as well, though not significantly and not among as many participants. Importantly, pre-post assessments were not administered at two key events whose contents had to do with various aspects of stigma faced by immigrants and individuals living with HIV: the Anti-Stigma Training Institute and the Citywide Latino Religious Institute. Given the pervasiveness of stigma in Latino communities (as participants alluded to in the open-ended comments), as well as the importance of stigma to the goals of the National HIV/AIDS Strategy, it is essential to assess more closely the outcomes of such training sessions. A pre-post test that includes not only knowledge assessment but also questions about participants’ sense of urgency and willingness to bring up the issue of stigma within their communities should be administered at future events. Additionally, such outcome data should be triangulated with observations of participants’ workshops and other efforts that aim to introduce the topic of stigma in their congregations.

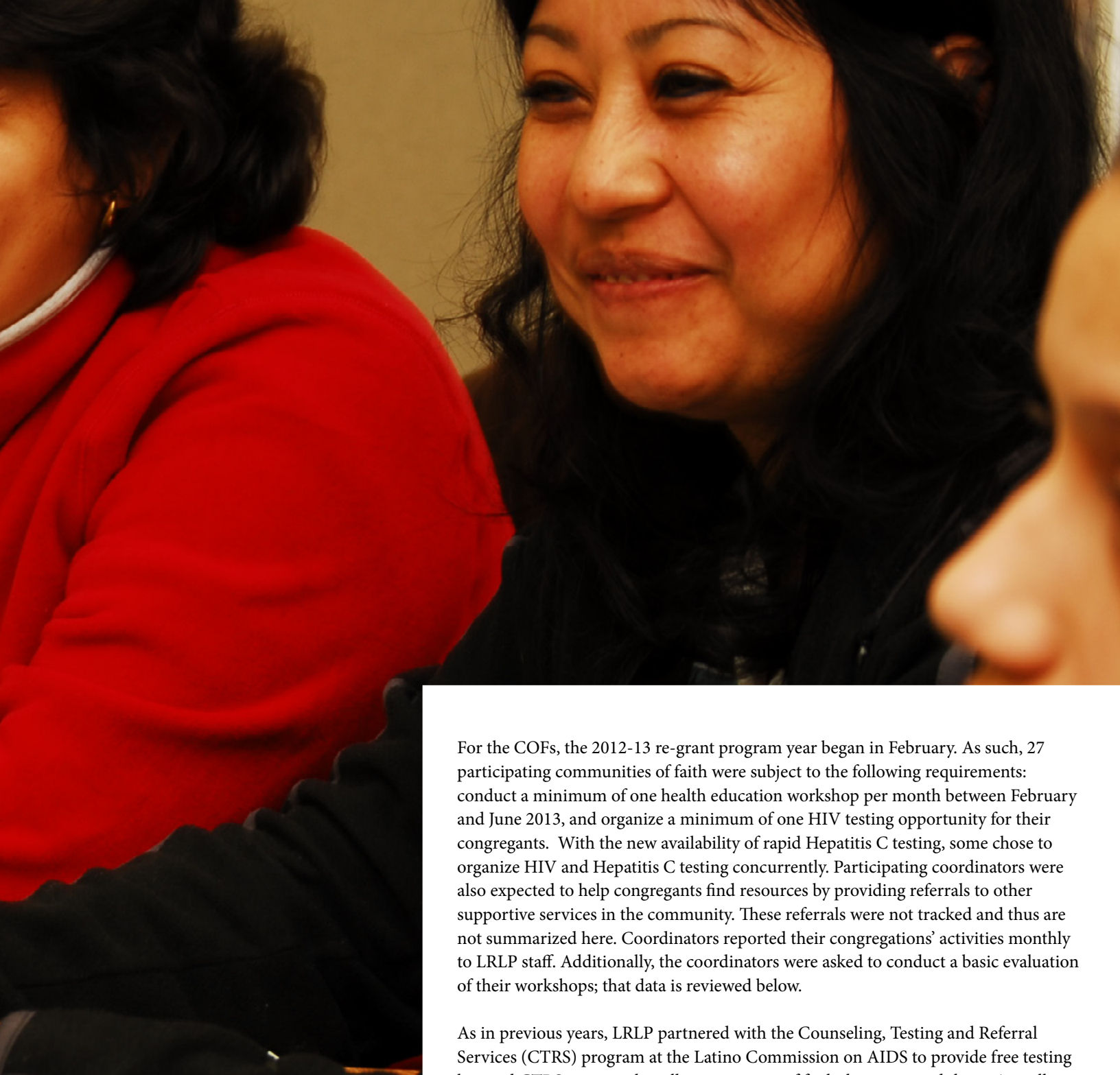
**Table 7. Projected and actual targets for capacity building session and citywide events**

Activity	Reach (attendance)		Overall satisfaction		Knowledge increase	
	Projected	Actual	Projected	Actual	Projected	Actual
December: Latino AIDS Memorial	150	83	N/A	N/A	N/A	N/A
February: Orientation & HIV 101	27	38	80%	88.90%	N/A	N/A
March: Cancer Care and Prevention	27	32	80%	81.00%	60% of participants	47% of participants
April: Anti-Stigma Training Institute	75	74	80%	80.40%	60% of participants	Not measured
April: Hepatitis	27	35	80%	84.60%	60% of participants	56.2% of participants
May: HIV and Recreational Drug Use	27	27	80%	83.30%	60% of participants	78.3% of participants
June: Citywide Latino Religious Institute	75	78	80%	82.00%	60% of participants	Not measured





# **PROGRAM ACTIVITIES COMPLETED BY PARTICIPATING COMMUNITIES OF FAITH**



For the COFs, the 2012-13 re-grant program year began in February. As such, 27 participating communities of faith were subject to the following requirements: conduct a minimum of one health education workshop per month between February and June 2013, and organize a minimum of one HIV testing opportunity for their congregants. With the new availability of rapid Hepatitis C testing, some chose to organize HIV and Hepatitis C testing concurrently. Participating coordinators were also expected to help congregants find resources by providing referrals to other supportive services in the community. These referrals were not tracked and thus are not summarized here. Coordinators reported their congregations' activities monthly to LRLP staff. Additionally, the coordinators were asked to conduct a basic evaluation of their workshops; that data is reviewed below.

As in previous years, 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. As well, Metropolitan Community Church and Fordham Manor Reformed Church, two longtime participating COFs, successfully acquired CLIA waivers and became testing providers in 2013. *Fostering the establishment of two faith-based HIV testing providers is a key long-term achievement of the LRLP*, and a needed resource for other communities of faith.

Table 8 displays the projected and actual number of workshops and testing events completed by the communities of faith, and their reach. Of the 27 participating congregations, 9 held at least one testing event. As a whole, the LRLP congregations tested 383 individuals over the course of 14 testing dates. While the number of COFs offering testing and the number of testing events is much lower than projected, likely due to the unusually short program year, the number of tests performed

**Table 8. Workshops and testing events conducted by COFs and their reach**

Activity	Number of COFs conducting activities		Total number of activities		Total reach (attendance)	
	Projected	Actual	Projected	Actual	Projected	Actual
Monthly health education workshops February-June 2013	27	25	135	137	2000	4196
Annual HIV testing events	27	9	27	14	100	383

well surpassed the projection. Nonetheless, it is important for the LRLP to continue to encourage that each participating COF put together a minimum of one testing day, thereby diffusing the availability of free and confidential testing throughout the boroughs of the city. A total of 135 health education events presented by 27 congregations (one workshop per month over five months) were projected to reach 2000 individuals during the program year. Collectively, the COFs surpassed that goal by two workshops, and served more than twice as many participants. However two of the COFs did not organize workshops.

The COF coordinators planned and executed a total of 137 workshops during the program year, serving a total of 4196 participants, and a mean of 30.6 participants per workshop. 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. Some of the coordinators put together their workshop sequences in accordance with the topics of the capacity building sessions (reviewed above), as suggested by LRLP staff. Others created their own schedules. Many of the workshop topics – especially in the area of cardiovascular diseases, nutrition and exercise – were based on capacity building sessions conducted by LRLP last year.

Table 9 on the following pages 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 COFs make available in their respective communities throughout the city. It also illustrates the very different ways in which the COFs fulfill their requirements. Almost all the participating COFs provided at least four or five workshops. Some of the larger congregations, which have been participating in the LRLP for multiple years, offered many more than the required five workshops.



**Table 9. Workshops and testing events conducted by COFs and their reach**

COF	Total Workshops	Total Testing Events	Date	Topic	Attendance
<b>All Saints Episcopal Church</b>	6	0	2/24/2013	Health and HIV	15
			3/10/2013	National Week of Prayer and Education for AIDS	43
			4/18/2013	Health & Life with HIV	14
			5/23/2013	Hepatitis Awareness	10
			6/15/2013	Health Fair	7
			6/30/2013	Autism	21
<b>Broadway Temple UMC</b>	3	0	4/20/2013	Substance Use and HIV	33
			5/27/2013	Spring Health Fair and HIV	61
			6/23/2013	Avoid Becoming Victim to Immigration Fraud	43
<b>Church of Christ the King</b>	5	0	2/21/2013	Healthy Life and Exercise	28
			3/21/2013	The Basics of Hypertension	37
			4/27/2013	Influenza	21
			5/11/2013	Domestic Violence and Immigration	40
			6/2/2013	Health Fair	171
<b>Church of God Brooklyn</b>	6	0	2/27/2013	Healthy Heart	23
			3/20/2013	Diabetes	25
			4/20/2013	Alzheimer's Disease	29
			5/22/2013	Hepatitis	25
			6/8/2013	Colon Cancer Prevention	33
			6/29/2013	Cancer Prevention	13
<b>Church of God Third Ave.</b>	5	0	2/26/2013	Exercise for a Healthier Life	28
			3/31/2013	Basic Principles of Cancer	49
			4/23/2013	Stigma and Immigrants	52
			5/28/2013	Viral Hepatitis	38
			6/25/2013	HIV and Recreational Drug use	35
<b>Church of Saint Jerome's HANDS Community Center</b>	4	2	2/20/2013	HIV Testing	8
			3/20/2013	HIV Testing	4
			3/27/2013	Nutrition Information	18
			4/26/2013	Stigma and HIV	12
			6/5/2013	Deferred Action, Immigration Reform, and Hepatitis C	42
			6/26/2013	Nutrition and Healthy Food	32
<b>Church of the Holy Spirit</b>	5	0	2/24/2013	How to Protect your Health and Live a Long Life	39
			3/17/2013	Causes of Colorectal Cancer	40
			4/14/2013	Cardiovascular Diseases and Hypertension	49
			5/26/2013	Hepatitis	38
			6/30/2013	Emotional Trauma in Children and Adolescents	37

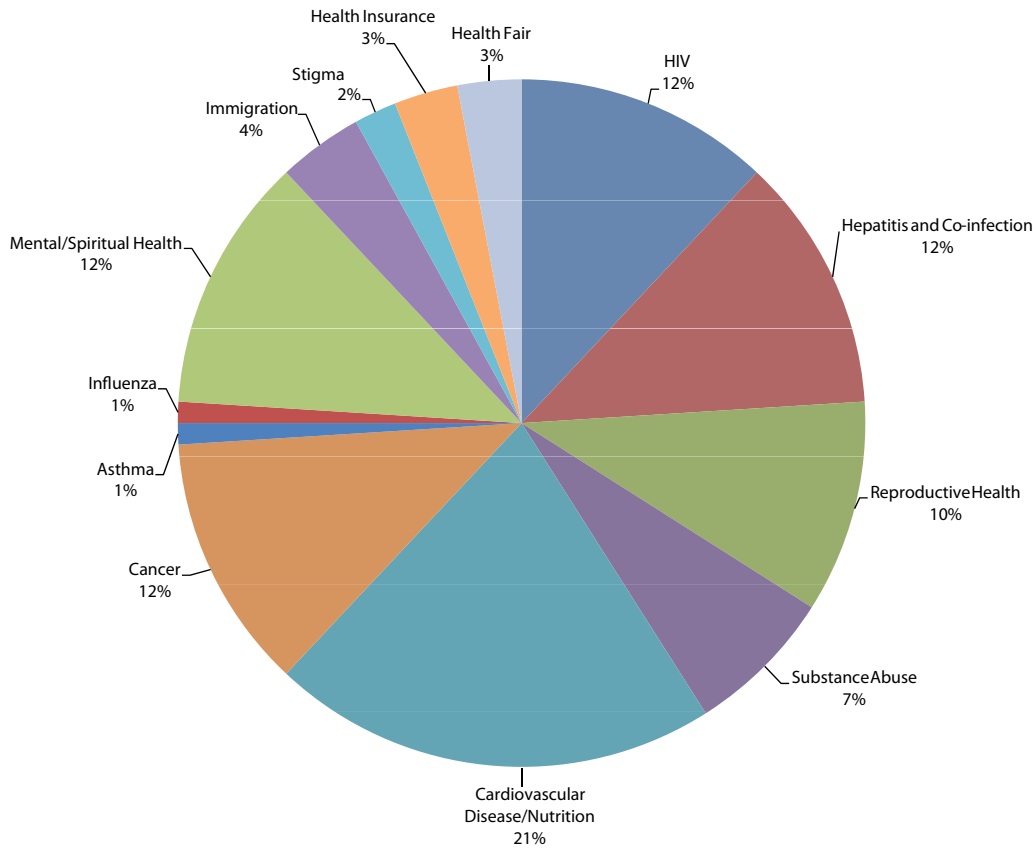
COF	Total Workshops	Total Testing Events	Date	Topic	Attendance
<b>Community Methodist Church of Jackson Heights</b>	5	0	3/10/2013	Obesity is a Disease	28
			3/17/2013	Nutritional Values in Foods	28
			4/21/2013	The Four Most Common Cancers	32
			5/19/2013	Spine Alignment and Stress	24
			6/9/2013	STIs	40
<b>First Spanish United Methodist Church</b>	5	0	2/24/2013	HIV/AIDS Basics	21
			3/30/2013	Learning about Cancer	10
			4/28/2013	Hepatitis C and HIV	31
			5/26/2013	Cancer Prevention	26
			6/23/2013	HIV and Recreational Drugs	36
<b>First United Methodist Church of Corona</b>	6	0	2/17/2013	Nutrition and Obesity	35
			3/24/2013	Cervical Cancer	27
			4/14/2013	The Benefits of Health Insurance	39
			5/11/2013	Colorectal Education	29
			6/16/2013	Stigma and HIV	32
			6/30/2013	Becoming an Organ Donor	36
<b>Fordham Manor Reformed Church</b>	14	0	2/2/2013	Healthy Eating and Living	14
			2/5/2013	HIV 101 Basics	16
			2/19/2013	Healthy Living: Prevention and Hypertension	16
			3/2/2013	Healthy Eating and Living	22
			3/5/2013	Healthy Eating and Living Part 2	16
			3/23/2013	Fitness and Health in the Community	25
			4/6/2013	Health and the Church	16
			4/27/2013	Anger, Health and Spiritual Healing	24
			5/11/2013	Bringing Awareness Concerning Cancer	17
			5/19/2013	Co-infection Awareness	22
			5/22/2013	Male and Female Health	18
			6/1/2013	Nutrition Information	24
			6/15/2013	Nutrition and Health	29
			6/29/2013	Health and the Church	16
<b>Iglesia Evangelica Libre El Remanente</b>	5	1	2/27/2013	Raising Emotionally Healthy Children	20
			3/30/2013	The Effects of Sugary Drinks	27
			4/24/2013	Hepatitis	28
			5/28/2013	Asthma	44
			6/22/2013	HIV Testing	16
<b>Immanuel and First Spanish United Methodist Church</b>	5	1	6/29/2013	Breast Cancer	17
			2/22/2013	Influenza	24
			3/23/2013	Flea Market & HIV/Hep C Testing	9
			3/24/2013	Advances in HIV Treatments	24
			4/21/2013	Hepatitis C	28

COF	Total Workshops	Total Testing Events	Date	Topic	Attendance
			5/26/2013	HIV and Recreational Drugs	18
			6/30/2013	HIV Prevention	21
<b>Metropolitan Community Church</b>	4	2	2/1/2013	HIV Testing	19
			3/16/2013	Trans in Action	11
			3/16/2013	Trans in Media	11
			4/25/2013	Love Heals	15
			5/30/2013	HIV Testing	24
			6/25/2013	Self Defense training LGBT	24
<b>Muslim Women's Institute for Research and Development</b>	5	1	2/1/2013	Asthma	8
			3/27/2013	Cancer can be Cured	8
			4/10/2013	STI and HIV 101 Basics	16
			5/8/2013	Viral Hepatitis in Our Communities	16
			6/26/2013	Harm Reduction	12
			6/27/2013	National HIV Testing Day	18
<b>Pentecostal Church El Eden</b>	4	1	2/27/2013	HIV 101	24
			3/27/2013	HIV Testing	18
			4/24/2013	Know How to Take Care of Your Health	37
			5/22/2013	Hepatitis C	39
			6/26/2013	HIV and Recreational Drugs	29
<b>Primera Iglesia Menonita de Brooklyn</b>	6	0	2/24/2013	Learning More about AIDS	32
			3/24/2013	Cancer and Prevention	26
			4/21/2013	Hepatitis C	29
			5/26/2013	Obesity and Health problems	36
			6/8/2013	Education about Immigration Issues	32
			6/23/2013	Alzheimer's Disease	40
<b>Primitive Christian Church/Urban Vision</b>	7	0	3/5/2013	Orientation about Latino Health Issues	9
			3/20/2013	Hispanic Women's Health Issues	38
			4/12/2013	Men's Health Issues	36
			5/8/2013	Diabetes and Heart Disease	57
			5/29/2013	Cancer and Cancer Prevention	58
			6/12/2013	Hepatitis and HIV	38
			6/21/2013	Men and Health Issues	47
<b>Reaching Across the World Ministries</b>	5	0	2/6/2013	Dealing with Sexual Temptation	8
			3/20/2013	Sex Outside of Marriage	8
			4/29/2013	HIV/AIDS and Men	12
			5/25/2013	Women's Conference on Social and Cultural Problems	16
			6/26/2013	HIV/AIDS Statistics and the Impact in Urban Communities	15



COF	Total Workshops	Total Testing Events	Date	Topic	Attendance
<b>Rescue Ministries</b>	7	4	1/29/2013	Stigma	15
			2/26/2013	Colon Cancer	23
			3/31/2013	HIV Testing	14
			4/23/2013	Mammogram	25
			5/15/2013	After the HIV Diagnosis	6
			5/28/2013	Hepatitis	26
			5/30/2013	HIV and Hepatitis Testing	16
			6/10/2013	Counseling for HIV+	8
			6/25/2013	Drug Use and Abuse	10
			6/25/2013	HIV Testing	10
			6/25/2013	Hepatitis Testing	2
<b>Saint Margaret Episcopal Church</b>	5	0	2/28/2013	Bullying of LGBT Youth	5
			3/15/2013	Recognizing the Signs of Bullying	17
			4/26/2013	Bullying and Controlling Behavior in Relationships	15
			5/26/2013	Women's Health and Empowerment	35
			6/14/2013	Peer Pressure	16
<b>Saint Simon Stock</b>	4	1	2/23/2013	HIV 101	18
			3/3/2013	HIV 101	35
			4/25/2013	Obesity and Exercise	32
			5/10/2013	Hepatitis	32
			6/8/2013	Health Fair HIV Testing	30
<b>St. Agustin/Our Lady of Victory RC Church</b>	6	0	2/14/2013	Nutrition and HIV	64
			3/15/2013	Prevention of HIV and STI in Older People	73
			4/12/2013	HIV Prevention	73
			4/28/2013	HIV Prevention for Men and Women	69
			5/19/2013	Hepatitis C	135
			6/28/2013	Health Fair	172
<b>Transfiguration Church South Side Mission</b>	5	1	2/3/2013	STI Prevention	40
			3/17/2013	Obesity and Health	36
			3/24/2013	Obesity and Health	27
			4/28/2013	Hepatitis	37
			5/19/2013	Recreational drugs	53
			6/2/2013	HIV Prevention and Testing	94
<b>United Methodist Church of Jamaica</b>	5	0	2/27/2013	How to Have a Healthy Life	18
			3/12/2013	Small Business Planning and Your Health	17
			4/28/2013	Cancer and its Consequences	20
			5/31/2013	HIV and Recreational Drugs	23
			6/30/2013	Vaccines	33

**Figure 2. Workshop categories presented by the COFs**



The above workshops (excluding testing events) were coded into four main types:

- 40.1% of workshops were about HIV prevention and management, and closely related issues such as reproductive health and hepatitis co-infection;
- 35.8% of workshops were on other prevalent health issues such as cardiovascular disease (including nutrition and exercise), cancer, and asthma;
- 18.2% of workshops were on societal issues like immigration and stigma, as well as mental and spiritual health; and
- 5.8% of workshops offered information and resources on health insurance, and health fairs.

Within these types, the workshops fell into 13 categories, which appear in Figure 2. The most frequently held workshops were those in the category of cardiovascular diseases, which included diabetes, hypertension, heart disease, exercise, and nutrition. This priority likely reflects the prevalence of these kinds of health issues in the communities served by the COFs, and recognition on the part of coordinators of the need to disseminate information about their prevention and management. The most frequently presented type of workshops were in the area of HIV and related issues, including reproductive health and substance use.

### **Participatory Satisfaction Assessment**

To help the communities of faith monitor the events, LRLP introduced a participatory satisfaction assessment method. The COF workshop participants used colorful stickers to represent their ratings on two large posters depicting rulers that were placed on the walls following each workshop (see image on the right). The posters were made available in English and Spanish. Both rulers had a scale of 0-4 alongside the picture to help orient responses. The questions presented on the rulers were as follows:

1. *How satisfied are you with today's workshop?*
2. *How likely are you to share what you learned today with others?*

The COF coordinators were instructed to administer these posters immediately following each of their monthly workshops. In addition to inviting feedback via sticker placement, coordinators were instructed to use this activity to begin a discussion with their participants about the workshop, and about what they would like to see in the future. Following the activity, coordinators completed a one-page wrap-up form, in which they indicated the number of workshop participants; their gender breakdown; the number who were congregation members and non-members; participants' suggestions for future workshop topics; and the coordinators' additional observations, as a debriefing of the workshop. They also counted the number of stickers placed near each number on the 0-4 scale. Coordinators then returned this form, along with the completed posters, as part of their reporting requirements to LRLP.

In the past years, many coordinators had repeatedly expressed concern with using surveys to assess satisfaction with their workshops, as many community members have low literacy skills and find them challenging to complete. As mentioned above, coordinators appreciated this simpler, more participatory method, reporting that it is easier to administer. As well, this tool allowed them to see the results of the assessments immediately, not having to wait for an analysis of survey results. Nonetheless, some confusion persisted with the change of tools and not all the coordinators completed and documented the activity correctly. Continuing reminders are needed to ensure that all coordinators use the same tools in the coming year. To utilize as much data as possible concerning the workshops, responses from all the different forms used by the COFs to assess their workshops were compiled together.

### **Satisfaction Rulers: Results**

Across the workshops for which information was available (n=131), a total of 3569 responses were offered to the question of overall satisfaction with the workshop, representing 94.6% of the total 3771 attendees of those workshops, an *unprecedented response rate*. And, 3581 responses (95.0% of attendees) were recorded to the question of likelihood to share the information learned with others. Of those in attendance, 61.6% identified as female; 37.9% identified as male; and a negligible percentage (27 individuals) identified as transgender. Data on whether attendees

were members or non-members of the respective congregations where the workshops took place was only available for 25 of the workshops. Among this non-representative sample of workshops, one-third of attendees were non-members of the congregations, and the rest were. This is encouraging, as it suggests that the COFs are reaching community members from outside the congregations with the workshops; however, more data is needed in order to make a stronger assessment.

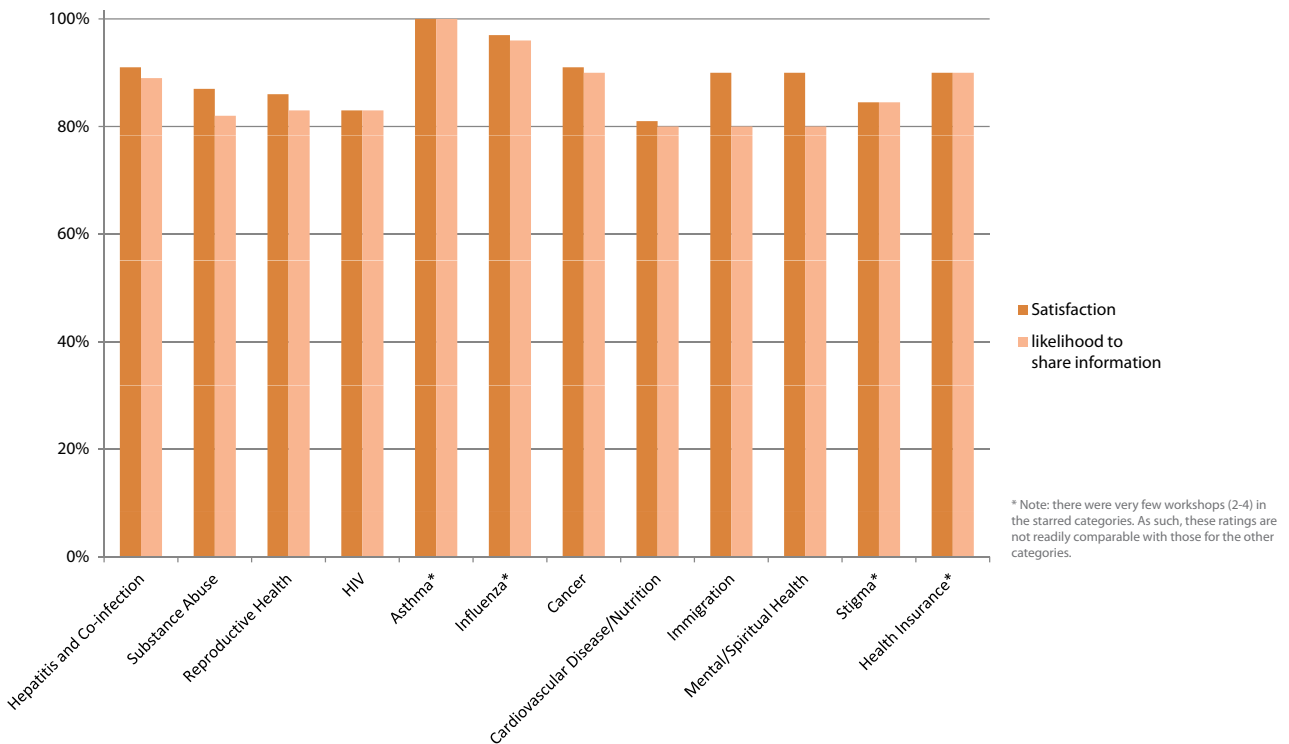
The vast majority (86.9% or 3100 respondents) placed their stickers next to the highest rating in terms of satisfaction; the same was observed for 84.7% (or 3034 respondents) in terms of likelihood to share the information. These very positive ratings indicate that the workshops were very well received. Next, these ratings were examined for each workshop category. Figure 3 displays the results.

Both satisfaction and likelihood to share the information were rated very highly across all workshop categories, with stickers placed near the highest rating (4) by no fewer than 80% of participants in any of the workshop categories. The very high ratings may reflect demand characteristics that are inherent in this type of assessment, which is meant as a starting point for discussion, entirely the opposite of an anonymous survey. Nonetheless, the high ratings speak to the positive reception that these workshops receive in the congregations and surrounding communities.

The largest discrepancy between satisfaction (darker bars in the figure above) and likelihood to share the information learned (lighter bars) was for workshops having to do with immigration, in which they were rated highly by 90% and 80% of participants, respectively. Given the difficult political climate around immigration, it is not surprising that some would be reluctant to speak about immigration issues in their communities. As well, participants may have deemed the information on immigration too complex to accurately share with their communities. It was interesting to see that for some of the topics having to do with stigmatized conditions – HIV, hepatitis, and general reproductive health – participants rated likelihood to share the information learned very highly. These topics are at the core of the LRLP program, and it is likely that over the years of disseminating information about HIV and reproductive health, the COF coordinators have developed ways to share messages about these topics in a way that their audiences feel comfortable sharing with their communities. In terms of workshops on stigma itself, likelihood to share information was very highly rated; however, there were very few workshops on stigma (a total of 3) and as such, these data are not readily comparable with data from



**Figure 3. Satisfaction and likelihood to share information among COFs workshop participants**



other workshop categories. The same holds true for influenza (2 workshops), asthma (2 workshops), and health insurance (4 workshops).

Coordinators’ debriefing notes using the wrap-up form were available for only 28 workshops. The responses, though not representative of all the workshops or audiences, touched upon a great variety of health issues, including Alzheimer’s disease, cancer, nutrition and the digestive system in general, HIV, menopause, and HPV. These requests were reflected in the variety of workshops that the COFs put together during the program year.

Similarly, only 25 responses were available in which coordinators offered a general debriefing of the session. Most of the comments had to do with the high level of participant engagement, both in the workshop and with the evaluation process:

- *“Participants were very interested in both workshop this group was very good because they all participated in the workshop by asking a lot of questions concerning Hep C. virus. I would to do another workshop of Hep C. very soon”;*
- *“I was very impressed with the staff commitment to keeping this as a safe environment for all. The conversation was lively, great ideas were shared, especially when it comes to training the youth workers and kids to be sensitive to each other”;*
- *“el nuevo sistema de evaluacion durante el taller parecio un juego para los asistentes, fueron bien participativos y lucieron que se divertieron” [the new evaluation system during the workshop seemed like a game to the participants, they were very participatory and looked like they had fun].*

Other comments included lessons learned about workshop timing and scheduling in order for workshops to be more accessible to congregants. As mentioned above, these comments were not representative of the 137 workshops in total. Efforts need to be made to make sure that all the coordinators utilize the same evaluation process in the future. As well, data from the forms must be processed and entered in a timely manner.

# CONCLUSIONS AND RECOMMENDATIONS

## Capacity Building Sessions and Citywide Events

Throughout the 2012-2013 program year LRLP again brought together representatives of the participating congregations as well as the larger community to learn together in a variety of capacity building sessions and citywide community events. These sessions were consistently rated very highly by participants, with satisfaction ratings consistently above the projected 80%. According to participants' ratings, LRLP facilitators successfully created productive and engaging learning environments in each of the sessions. Participants appreciated the breadth of information they received, on topics that are salient to their work in the communities they serve. 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

As mentioned above, comfort with conducting workshops was, in most cases, rated much lower than participants' increasing comfort with their knowledge of each session's topic, and comfort with conducting workshops was generally rated lower than overall satisfaction. This indicates that while participants enjoy the sessions and learn from them, this does not always translate to confidence in developing workshops on these topics for their congregations.

- Teach-backs, group discussions about how to develop talking points, and other interactive skills building methods should be incorporated in order to provide practice for the participants in developing their facilitation styles, and in developing ways to impart the information they gather to their communities. This type of group activity was done during the HIV 101 review at the beginning of the program year; for that session, increase in comfort with the topic and comfort with conducting workshops were rated equally.

Some differences emerged in terms of participants' age and ratings of the capacity building sessions. For the session on cancer, older participants rated their learning experience more highly; they were also more

satisfied than younger participants with the Citywide Latino Religious Training Institute. Meanwhile, younger participants tended to be more satisfied during the Anti-Stigma Training Institute. Without further data to contextualize these findings, they are difficult to interpret.

- Given the very wide age range of coordinators who attend the monthly capacity building sessions, LRLP staff should consider a more thorough examination of how the material and presenters are perceived by participants of different ages, and potentially make adjustments.

## 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. As a whole, participating communities of faith were able to make available a great variety of health education information and testing opportunities throughout the five boroughs of New York City.

Several COFs distinguished themselves this year, as discussed above. Coordinators at three of the long-standing COFs – First United Methodist Church of Corona, Transfiguration Roman Catholic Church, and Broadway Temple United Methodist Church – became role models and mentors to other coordinators, sharing their strategies for community outreach. Such collaborations and member initiatives are crucial to the long-term sustainability of the LRLP. As well, the attainment of CLIA waivers by Metropolitan Community Church of New York and Fordham Manor Reformed Church ensured that these congregations will be able to provide HIV testing to their communities. These achievements are a testament to the ways in which the LRLP fosters relationships among its member congregations, and encourages their development as faith-based service providers.

As mentioned above, to reduce the burden on the coordinators and participants, a participatory approach to evaluating the monthly workshops was developed and implemented. The Satisfaction Rulers garnered a very high response rate. The results demonstrate a high level of satisfaction among COF workshop participants. And, participants also rated highly their likelihood to pass along what they learned to others. This is a crucial aspect of the work of LRLP member congregations: to effectively disseminate health education through the social networks of their congregants and communities.

- Learning more about how this information actually travels through the community's social networks should be studied further, using qualitative methods to paint a richer picture. When thinking about health education dissemination through social networks, questions arise about how participants make the decision to speak about what they learn in the workshops, to whom, what do they say, and which topics they discuss the most. A deeper base of knowledge about this would, in turn, facilitate understanding of how messages should be crafted, and what information participants find most salient to share with others.

## **Recommendations for evaluation data collection**

Pre-post tests were not conducted for several of the capacity building sessions. In particular, a pre-post test to assess participants' knowledge outcomes as well as attitudes during the sessions on addressing stigma would have provided valuable insights into how they understand the anti-stigma trainings. Furthermore, the pre-post tests that were administered varied substantially in length and content difficulty. And, some pre-post tests did not include demographics questions.

- Pre-post tests are an important aspect of assessing the capacity building sessions. LRLP staff should review the existing pre-post tests to ensure that they are administered in as many sessions as possible, and that they accurately reflect the learning objectives for each session.
- Pre-post tests that include questions about participants' attitudes in addition to knowledge acquisition should be created when appropriate, as in the case of anti-stigma sessions.

As mentioned above, the Satisfaction Rulers were introduced in 2012-13 as a new method by which COF coordinators gathered feedback from their monthly workshop participants. The new approach was a success in that many found it to be an easier and more straightforward method than surveys, particularly with participants who struggle with literacy. However, the Satisfaction Rulers were not uniformly implemented, as some COFs continued to use older evaluation tools.

- LRLP staff should emphasize again the use of the Satisfaction Rulers and accompanying wrap-up forms to ensure uniform data collection.
- Data entry of the wrap-up forms submitted should be done as soon as the forms are made available to LRLP staff, to minimize errors.

*In all, the evaluation of the LRLP for the 2012-13 year illustrates a program that continues to impart key HIV/AIDS and other health information throughout Latino communities in New York City. In doing so, it has successfully and sustainably engaged several of its long-standing member communities of faith in becoming HIV testing sites and health resource points to other faith-based groups.*





The Latino Religious Leadership Program is  
an initiative of the Latino Commission on AIDS  
[www.latioaids.org](http://www.latioaids.org)