

# LATINO RELIGIOUS LEADERSHIP PROGRAM EVALUATION REPORT 2014-2015





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Prepared by Gabriela Santana Betancourt, MA, MPH  
Deputy Director of Research and Evaluation  
Latino Commission on AIDS  
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# PROGRAM OVERVIEW

The Latino Religious Leadership Program (LRLP) engages Latino communities of faith (COFs) through an innovative model of community engagement that includes a comprehensive and rigorous “training of trainers” education process each program year. LRLP implements a customized health promotion strategy tailored to each participating congregation in order to reach Latinos in New York City (NYC) with health education messages about HIV/AIDS and other health issues in a meaningful way that resonates with these underserved communities.

Latinos are among the fastest growing populations in the US and the second most affected by HIV among minorities in the nation. In New York City, four out of ten people living with HIV are Latino. LRLP provides HIV prevention education to Latinos in COFs located in targeted neighborhoods within the five boroughs of New York City. LRLP provides resources, skills, and strategies to the participating Spanish-speaking religious communities and promotes the establishment of the COFs as a resource for general health promotion and education, HIV/AIDS prevention and information, and support. The program uses a unique community intervention model that combines elements of the health belief and ecological models, with leadership development components.



**MARIA LUISA MIRANDA**  
Senior Health Educator, Latino Religious Leadership Program



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



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

## The goals of the LRLP are:

- *Promoting health awareness for stronger communities.* Through prevention and education, individuals can assess personal risk and modify behaviors to protect themselves against HIV and other health conditions.
- *Helping communities understand the basics about HIV, Hepatitis C, and other health issues affecting the NYC communities,* as well as the benefits of getting tested for HIV and Hepatitis C (HCV) by providing them with an outlet for information and referrals to community-based service providers.
- *Empowering and training community leaders* so that HIV/HCV prevention and health care messages become a mainstay in religious community circles.
- *Developing community awareness and mobilization against stigma* associated with HIV/AIDS.

LRLP engaged 27 COFs that represent a range of denominations and the five boroughs of NYC during the program year 2014-2015. Participating COFs agree to conduct at least one monthly health education workshop and at least one annual HIV testing event. LRLP staff supported these activities by offering four capacity-building training sessions, three citywide community mobilization events, and by assisting in the coordination of the workshops and testing opportunities as requested by the COFs. Newly introduced trainings followed the year's theme of HIV/Hepatitis C co-infection, and included a well-received panel during the annual Anti-Stigma Training Institute that engaged participants in conversations about ways to effectively educate the community about Hepatitis C detection and treatment. Each COF coordinator submitted monthly activity and fiscal reports to LRLP staff. This evaluation report summarizes the activities of both the LRLP staff and the COFs and references benchmarks set out in LRLP's evaluation plan.

The 27 COFs participating this program year have a reach of over 4000 congregants. Member COFs provide HIV prevention/health education workshops on a monthly basis, participate in citywide and borough-wide conferences and forums on HIV/AIDS issues, and distribute HIV prevention literature. Member COFs also arrange for HIV testing and other health screening activities (such as blood pressure exams, diabetes screenings, etc.) at church locations in conjunction with local health institutions, and participate in trainings on HIV/AIDS prevention which are given by the Latino Commission on AIDS, Inc. (LCOA). Please refer to APPENDIX A for a list of the 2014-2015 COF representatives by borough.

Coordinators at some of the long-standing participating COFs - First United Methodist Church of Corona in Queens and Transfiguration Church (South Side Mission) in Brooklyn - continue to mentor other coordinators, sharing their strategies for community outreach and organization of educational workshops. Such collaborations and member initiatives are crucial to the long-term sustainability of the LRLP. Other COF coordinators reported their efforts in reaching out to new populations, and seeing an increasing number of newcomers participating in their health ministries.

Conclusions and recommendations focus on curriculum considerations as well as improvements in data collection and data entry.

27

Number of communities of faith that participated in the 2014-2015 cycle of the Latino Religious Leadership Program

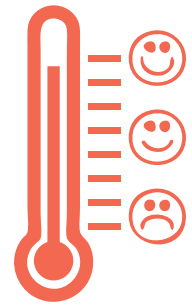
4,000

Number of congregants that participating COFs reached and disseminated information from the LRLP program

## Evaluation Methodology

Evaluation of the programmatic year employed three approaches:

1. *Intake assessment.* Participating COF representatives provide demographic information as well as information about their congregations in an intake assessment at the beginning of each programmatic year.
2. *Impact Surveys.* Participants are administered pre and post surveys to measure changes in knowledge and satisfaction at each of the capacity building sessions attended.
3. *Congregant thermometer.* Congregants attending the workshops led by the participant COF representatives rate their perceptions of the session by placing a sticker on a “thermometer” on the way out of the venue. Congregants are asked to rate their level of satisfaction and the likelihood that they would recommend the workshop to others.



The thermometer technique is a tool used to measure congregants' satisfaction

## Results

### Participant Faith-Based Leader Representatives

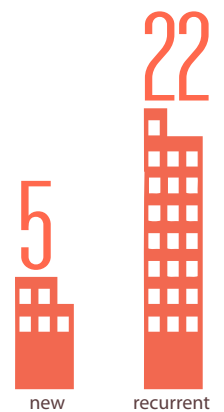
Twenty-seven COFs participated during the 2014-2015 programmatic year: eight congregations in the Bronx, 7 in Manhattan, 6 in Brooklyn, 5 in Queens, and 1 in Staten Island participated.

During the programmatic year 2014-2015, 42 faith-based leaders participated in the LRLP, representing a variety of COFs (including Roman Catholic, Pentecostal, Methodist, Episcopalian, and Muslim). Participant faith-based leaders have represented their congregations in the LRLP capacity-building sessions on average for 4 years (M: 3.65; SD: 3.34), with a range of 0-15 years of representation.

The majority (57.1%; n=24) of the representatives were female and 43% (n=18) male. Eighty-three percent (n=35) self-identified as Latino/Hispanic; 67% identified Spanish as their primary language. Seventy-nine percent self-identified as heterosexual and 12% as lesbian or homosexual. The majority (69%, n=29) identified their work affiliation as a COF. Fourteen percent (14.3%, n=6) completed a high-school level/ GED degree, 5% (4.8%, n=2) a vocational/trade degree, 12% (n=5) some college, 29% (28.6%, n=12) college, and 38% (n=16) a masters or doctoral degree.

### Participating Congregations during the 2014 - 2015 cycle:

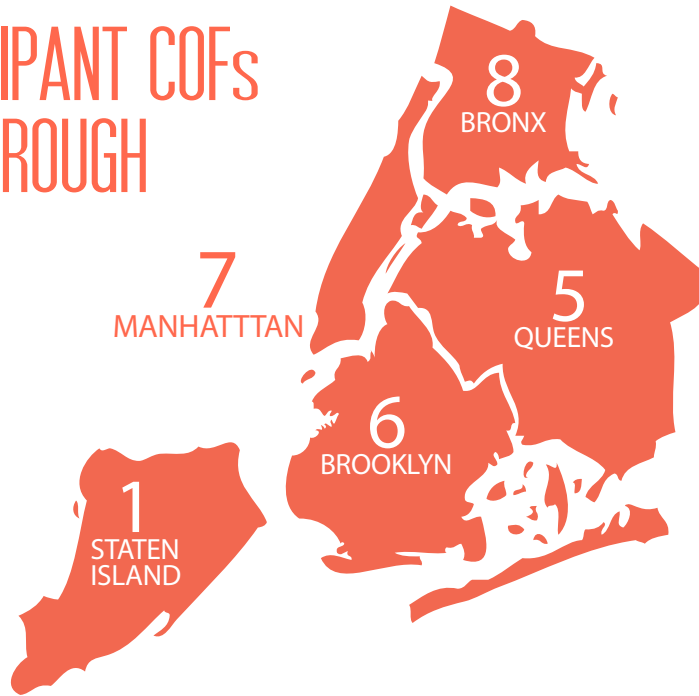
The majority of the congregations (81%, n=22) have participated in the LRLP prior to this programmatic year, and for 19% (n=5) it was their first year in the program. On average, congregations have participated in the LRLP for 7 years, with a range of 1 to 18 years of participation. The average number of reported congregation members is 460 (M: 460.30; 733.90) congregants. On average, 347 (M: 346.76; SD: 492.25) congregation members attend weekly services.



Number of COFs (new and recurrent) that participated in the current cycle of the LRLP

# CONGREGATIONS

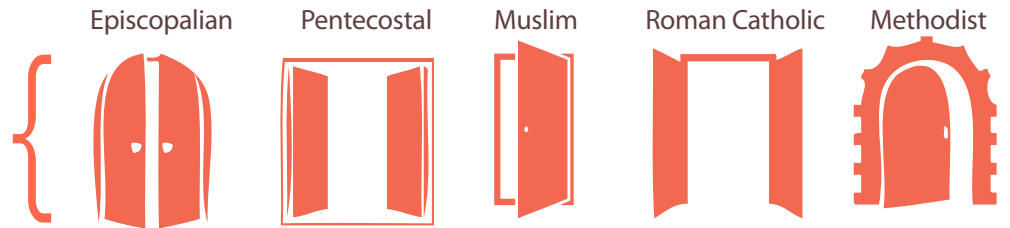
## PARTICIPANT COFs PER BOROUGH



## SEVEN

Number of years in average that a community of faith participates in the Latino Religious Leadership Program

**5** Number of denominations of communities of faith represented at the 2014-2015 cycle of the Latino Religious Leadership Program.



Average number of members per community of faith

## 460 CONGREGANTS



1 = 10

Average number of attendees at weekly service

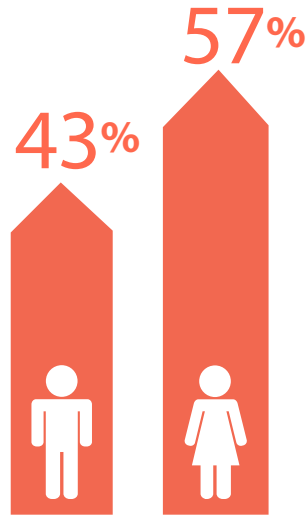
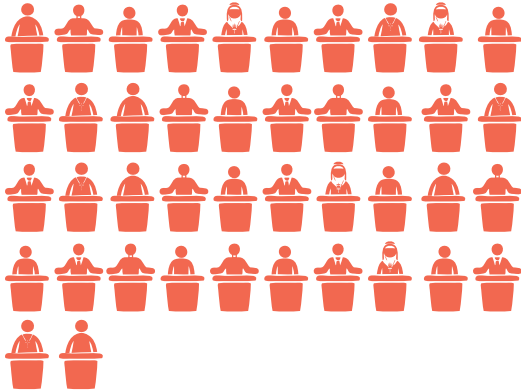
## 370 CONGREGANTS



1 = 10

# COFs LEADERS

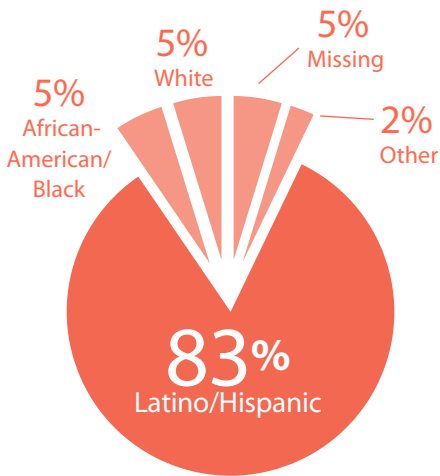
**42** Number of representatives (COFs leaders) in the Latino Religious Leadership Program 2014-2015 cycle



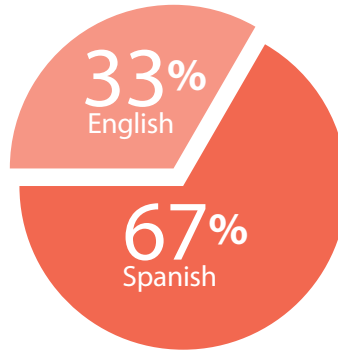
GENDER



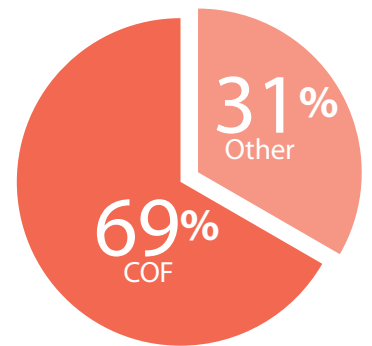
**54.76**  
MEAN AGE  
in years of a COFs representative



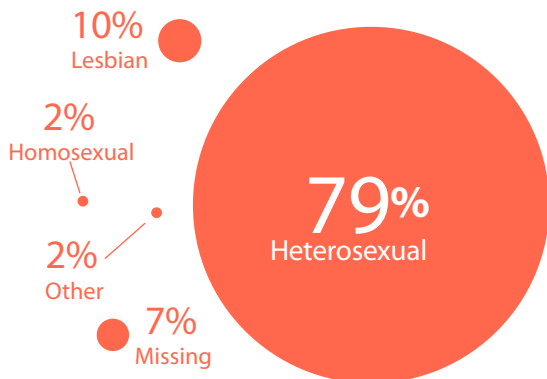
RACE/ETHNICITY



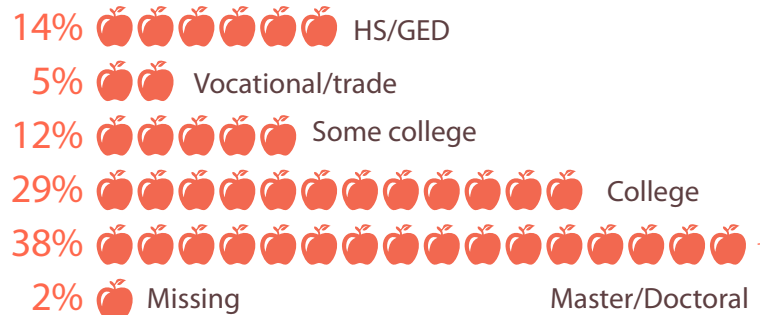
PRIMARY LANGUAGE



WORK AFFILIATION



SEXUAL ORIENTATION



EDUCATION

# CAPACITY-BUILDING SESSIONS

Six trainings were offered during the program year: October 25th 2014, November 15th 2014, January 24th 2015, February 21st 2015, May 30th 2015, and June 20th 2015. Attendance ranged from 40 to 105 participants. Capacity-building sessions focused on:

- Ebola - 45 participants
- HIV - 42 participants
- Mental Health - 40 participants
- Dental Health and nutrition- 40 participants
- Stigma - 105 participants
- Citywide Training - 85 participants

## Capacity-Building Sessions Methodology

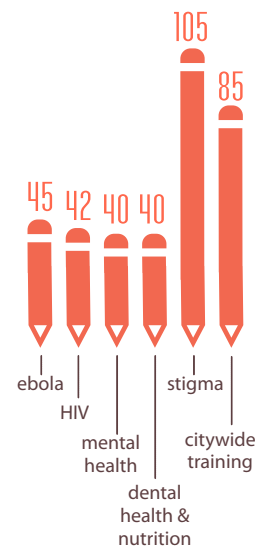
Participants completed baseline surveys as part of the registration process that included questions designed to capture:

- Demographics
- Baseline knowledge

After the training was completed, participants completed post surveys that included:

- Knowledge items
- Perceptions
- Comfort levels regarding the topic presented
- Satisfaction with the session

Facilitators administered the surveys in either English or Spanish, depending on the preference of the participant. The majority of participants completed the surveys in Spanish.



Number of participants for each of the 6 sessions of the 2014-2015 cycle of the Latino Religious Leadership Program

Language of Survey	Training 1	Training 2	Training 3	Training 4	Training 5	Training 6
English	5.3 (2)	6.1 (2)	0	0	1.5 (1)	3.3 (9)
Spanish	94.7 (36)	93.9 (31)	100.0 (32)	100.0 (64)	98.5 (66)	96.7 (262)

\*statistically-significant difference in language of survey completion across trainings;  $p < .05$ .



# First Capacity Building Session: Fiscal Orientation and Ebola

On October 25th 2014, the orientation and first training of the programmatic year was conducted, with a total of 45 participants. Church of God Third Ave hosted the event. The training focused on two topics: (1) a comprehensive orientation on the goals and fiscal responsibilities of the program participants, including details on what the participant communities of faith must do as part of their participation in the program; and (2) Ebola facts and myths.

The decision to present a basic training on Ebola stemmed from the fact that the Ebola crisis in NYC was happening at the time and pastors were increasingly worried about the possibility of misinformation and stigma against missionaries coming back from Africa. The session presented participants with basic materials and information in Spanish for dissemination to their respective congregations. LRLP staff conducted the session.

Out of the 45 participants, 38 (84%) completed the post survey, and 34 (76%) completed both pre and post surveys.

### Participant Characteristics

The majority (59%; n=26) of the participants self-identified as female; over the age of 49 years (70%; n=31); and Latino/Hispanic (93%; n=41). See table 1.

Demographics of the participants completing the post surveys closely resembled baseline demographics: sixty-percent (n=22) self-identified as female; 74% (n=26) over the age of 50 years; and 94% (n=33) Hispanic/Latino. Eighty-percent reported their (n=28) primary language as Spanish. Eighty-eight percent (n=29) self-identified as heterosexual and 6% (n=2) as homosexual or lesbian. Eighty-one percent reported their work affiliation as a community-of-faith.

45

Number of participants who attended the First Capacity Building Session



Topic of training based on the concern of pastors regarding misinformation of the virus and potential stigma

Table 1. Ebola Training. Participant Characteristics, N=45

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	42.2 (19)
	Female	57.8 (26)
<b>Age</b>	13-19	2.3 (1)
	20-29	4.5 (2)
	30-49	22.7 (10)
	50+	70.5 (31)
	Missing	(1)
<b>Race/Ethnicity</b>	Hispanic/Latino	93.2 (41)
	African-American	2.3 (1)
	White	2.3 (1)
	Other	2.3 (1)
	Missing	1

### Satisfaction, Perceptions and Comfort, n=38

After completion of the training, participants reported whether or not they had received training on the topic of Ebola previously: 77% (n=24) of the participants responding to the item (n=31) said that they had not and 23% (n=7) had.

### Satisfaction Results

A 5-point Likert scale measured satisfaction with various components of the session. On average, participants were satisfied with the training, particularly with the presenters and materials. Overall satisfaction with the session scored lower than the specific components. See table 2.

**Table 2. Satisfaction with Ebola Capacity-Building Session**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	Ebola M (SD)
Session overall*	2.88 (1.45)
Learning experience	3.56 (0.50)
Presenters	3.78 (0.42)
Materials	3.78 (0.48)
Format and organization of presentation	3.71 (0.46)
Level of discussion elicited by the presenter(s)	3.71 (0.52)
Ability of presenter to answer questions	3.71 (0.46)
Pace the material was presented*	3.47 (0.74)
Clarity of the information	3.64 (0.54)
Applicability of the training to everyday work	3.61 (0.49)

\*statistically-significant difference across trainings,  $p < .05$



Participants were most satisfied with the knowledge of the presenters and the quality of the materials.

### Perceptions and Comfort

Perceptions of whether there was a need for the training and if that need was met were measured on a 4-point Likert scale. On average, participants felt that there was a need for the training, and that the training met this need. See table 3.

**Table 3. Perceptions of Training Need - Ebola**

0=Not at all – 3=Very much	Ebola M (SD)
Do you feel there was a need for this training?*	2.74 (0.72)
Do you feel that we met that need?	2.84 (0.44)

\*statistically-significant difference across trainings,  $p < .05$



49%

Increase in knowledge by measuring pre correct and post correct questions about ebola.

A 4-point Likert scale measured comfort with the topic presented during the training. On average, participants reported feeling comfortable conducting health workshops with their congregations, and being more-to-much more comfortable with the topic after the training. See table 4.

**Table 4. Comfort with the Training Topic - Ebola**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	Ebola M (SD)
Conducting health workshops with congregation.	3.03 (1.34)
As a result of the training, how has your comfort level changed in terms of the topic?	3.40 (0.93)

## Impact – Knowledge

Eleven items measured knowledge of the various topics presented in the Ebola workshop. A summary score was created with each item answered correctly (see Figure 1) and mean scores were compared from pre to post. Knowledge at baseline was relatively low – about 55%. Statistically significant increases in knowledge occurred for the first capacity-building training centering on Ebola (82% at post). See table 5.

**Figure 1: Itemized knowledge questions - Ebola**

Itemized questions measuring knowledge for Training #1	Pre % Correct	Post % Correct
1. The Ebola is a microorganism that belongs to a:		
A virus that can infect humans and primates	66.7 (28)	78.6 (33)
2. The Ebola virus is transmitted by secretions except for:		
Sweat	52.4 (22)	66.7 (28)
3. The Ebola Virus is not transmitted.		
Through the water		
Through the polluted air		
Through food well processed of parasites, fungi, bacteria etc.		
All of the above	38.1 (16)	40.5 (17)
4. What kind of disease is Ebola:		
An acute short-term illness	40.5 (17)	61.9 (26)
5. The incubation period of the Ebola virus ranges from:		
2 to 21 days	54.8 (23)	85.7 (36)
6. The most infectious period of the person infected with Ebola is:		
When one begins to feel symptoms	57.1 (24)	83.3 (35)
Please answer "True" or "False" to each of the following statements.		
7. The Ebola is a virus that quickly kills the person affected. [true]	57.1 (24)	85.7 (36)
8. Persons infected with Ebola that have diarrhea and going to the bathroom infected water. [false]	54.8 (23)	90.5 (38)
9. The Ebola virus lives only 24 hours outside the body. [true]	33.3 (14)	78.6 (33)
10. the Ebola can be cured with antifungal if given five days. [false]	47.6 (20)	71.4 (30)
11. All persons who have returned from Africa are asymptomatic (no symptoms of the virus of the Ebola). [false]	61.9 (26)	85.7 (36)

**Table 5. Ebola Knowledge, Paired Sample T-Tests.**

Out of 11 items...	Pre M (SD)	Post M (SD)	N
1 <sup>st</sup> training – Ebola*	6.09 (1.75)	9.29 (1.64)	34

\* $p < .05$

## Conclusions – Ebola Capacity-Building Session

Evaluation results of the first capacity-building session offered during the programmatic year indicate successful outcomes. The training reached its target audience, had high attendance, and met a need expressed by the participants. Overall, participants were satisfied with the training, reported feeling more comfortable with the topic because of the training, and had statistically significant increases in knowledge compared to baseline assessment.



# Second Capacity Building Session: HIV 101

On November 15<sup>th</sup> 2014, the second capacity building session was conducted, with a total of 42 participants. The Church of Saint Simon Stock hosted the event. The second capacity-building session concentrated on the basics of HIV (HIV 101) including information on transmission and prevention. Leaders of COFs, although well versed on the basics of HIV prevention, testing, and treatment, are required to take a refresher course that is updated every year as part of their participation in this program. The session is very interactive and challenging. This year’s focus was on the basics of PrEP (i.e. what PrEP is, etc.) and why it is important that CFOs help educate the community on PrEP as a tool for HIV prevention.

Out of the 42 participants, 33 (78%) completed the post survey, and 31 (74%) completed both pre and post surveys. Mr. Carlos Maldonado, Director of Treatment Education of the Latino Commission on AIDS, conducted the training.

### Participant Characteristics

The majority (54%; n=22) of the participants self-identified as male and 46% (n=19) female; over the age of 49 years (56%; n=22); and Latino /Hispanic (98%; n=40). See table 1.

Demographics of the participants completing the post surveys slightly differed from baseline demographics: fifty-two-percent (n=16) self-identified as female; 72% (n=23) over the age of 50 years; and 97% (n=28) Hispanic/Latino. Seventy-eight percent (n=25) reported their primary language as Spanish. Seventy-three percent (n=19) self-identified as heterosexual and 15% (n=4) as lesbian. Eighty-seven percent (n=26) reported their work affiliation as a community-of-faith. Not all of the participants completed all of the demographics at post.

42

Number of participants who attended the Second Capacity Building Session



Topic of training as part of the participation in the LRLP program (this year the focus was on PrEP as a tool for HIV prevention)

Table 1. HIV 101 Training. Participant Characteristics, N=42

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	53.7 (22)
	Female	46.3 (19)
	Missing	(1)
<b>Age</b>	13-19	0
	20-29	7.7 (3)
	30-49	35.9 (14)
	50+	56.4 (22)
	Missing	(1)
<b>Race/Ethnicity</b>	Hispanic/Latino	97.6 (40)
	African-American	0
	White	0
	Other	2.4 (1)
	Missing	(1)

### Satisfaction, Perceptions and Comfort, n=33

After completion of the training, participants were asked to report whether or not they had received training on the topic of HIV 101 before: 17% (n=5) of the participants responding to the item had not; 83% (n=25) said that they had.

### Satisfaction Results

Satisfaction with the various components of the training was high on average. The presenters received particularly high ratings, including their ability to answer questions from the participants, as did the materials. See table 2.

**Table 2. Satisfaction with HIV/AIDS 101 Capacity-Building Session**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	HIV M (SD)
Session overall*	3.07 (1.30)
Learning experience	3.52 (0.56)
Presenters	3.79 (0.42)
Materials	3.76 (0.44)
Format and organization of presentation	3.61 (0.50)
Level of discussion elicited by the presenter(s)	3.67 (0.48)
Ability of presenter to answer questions	3.76 (0.44)
Pace the material was presented*	3.70 (0.47)
Clarity of the information	3.66 (0.48)
Applicability of the training to everyday work	3.56 (0.56)

\*statistically-significant difference across trainings,  $p \leq .05$

### Perceptions and Comfort

On average, participants felt that there was a need for training on HIV/AIDS, and that the training met this need. Average comfort levels indicate that participants felt relatively comfortable conducting health education workshops with their congregations, and because of the training, they felt more-to-much more comfortable with the topic. See tables 3 and 4.

**Table 3. Perceptions of Training Need – HIV 101**

0=Not at all – 3=Very much	HIV M (SD)
Do you feel there was a need for this training?*	2.56 (0.95)
Do you feel that we met that need?	2.87 (0.57)

\*statistically-significant difference across trainings,  $p \leq .05$

**Table 4. Comfort with the Training Topic – HIV 101**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	HIV M (SD)
Conducting health workshops with congregation.	2.88 (1.54)
As a result of the training, how has your comfort level changed in terms of the topic?	3.36 (1.08)



Increase in knowledge by measuring pre correct and post correct questions about HIV 101

## Impact – Knowledge

Twelve items measured knowledge of HIV. A summary score was created for each item answered corrected (see Figure 1), and mean scores were compared from pre to post. Baseline knowledge of HIV 101 was moderately high – 67%. Slight, statistically significant increases in knowledge occurred for the HIV 101 training (75% at post). See table 5.

**Figure 1. Itemized questions measuring HIV 101 knowledge**

	Pre % Correct	Post % Correct
HIV can be transmitted through casual contact with an infected person [false]	83.3 (30)	83.3 (30)
It is impossible to know if someone is HIV positive, unless a special antibody test of the virus is performed (true)	83.3 (30)	88.9 (32)
Heterosexual individuals are not at risk for HIV [false]	88.9 (32)	91.7 (33)
A person with a past history of STIs is at higher risk for getting HIV (true)	58.3 (21)	75.0 (27)
Individuals that have engaged in high risk behavior should take an HIV test after 72 hours of possible exposure [false]	25.0 (9)	33.3 (12)
HIV is a [virus]	91.7 (33)	91.7 (33)
HIV is transmitted via bodily fluids except [urine]	55.6 (20)	66.7 (24)
The HIV test should be [voluntary, confidential, counseled and informed]	72.2 (26)	72.2 (26)
HIV 1 is characterized by: [none of the above]	27.8 (10)	30.6 (11)
Lentiviruses are characterized by [causing immunodeficiency in the host, causing lengthy and progressive wasting, degeneration and death of neurons]	38.9 (14)	41.7 (15)
HIV is treated with [antiretrovirals]	72.2 (26)	88.9 (32)
Patients with AIDS are at risk for developing various opportunistic illnesses, including (tuberculosis, toxoplasmosis, Pneumocystis Jiroveci pneumonia)	63.9 (23)	69.4 (25)

**Table 5. HIV 101 Knowledge, Paired Sample T-Tests.**

Out of 12 items	Pre M (SD)	Post M (SD)	N
2 <sup>nd</sup> training - HIV*	8.29 (2.02)	9.03 (1.54)	31

\* $p < .05$

## Conclusions – HIV 101 Capacity-Building Session

Evaluation results of the second capacity-building session offered during the programmatic year indicate successful outcomes. The training reached its target audience, had high attendance and met a need expressed by the participants. Overall, participants were satisfied with the training, and reported feeling more comfortable with the topic because of the training. Although baseline knowledge was relatively high, statistically significant increases at post indicate an improvement in knowledge.



# Third Capacity Building Session: Mental Health

On January 24<sup>th</sup> 2015, the third Capacity Building Session was conducted, with a total of 40 participants. The Episcopal Church of All Saints hosted the event. The overarching theme of the capacity-building session was mental health. Many participant religious leaders have identified mental health as one of the most important topics related to health care. This session focused on trauma related to family separation, immigration status, poor access to health care services and the reluctance of some community members to seek mental health care services. Important components of the training focused on the stigma attached to mental health, as well as ways religious leaders can help community members to overcome fear and seek services. Ms. Julia Andino, MSW, with over 30 years of counseling experience working with new immigrants living and affected by HIV / AIDS, conducted the training.

Out of the 40 participants, 32 (80%) completed the post survey, and 31 (78%) completed both pre and post surveys.

## Participant Characteristics

The majority (54%; n=21) of the participants self-identified as female; over the age of 49 years (58%; n=23); and Latino /Hispanic (98%; n=39). See table 1.

Demographics of the participants completing the post surveys closely resembled baseline demographics: fifty-two percent (n=15) self-identified as female; 57% (n=17) over the age of 50 years; and 93% (n=27) Hispanic/Latino. Seventy-three percent (n=22) reported their primary language as Spanish. Eighty-eight percent (n=22) self-identified as heterosexual and 8% (n=2) as homosexual. Ninety-three percent (n=27) reported their work affiliation as a community-of-faith.

**Table 1. Mental Health Training. Participant Characteristics, N=40**

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	46.2 (18)
	Female	53.8 (21)
	Missing	(1)
<b>Age</b>	13-19	0
	20-29	15.0 (6)
	30-49	25.0 (10)
	50+	57.5 (23)
	Missing	(1)
<b>Race/Ethnicity</b>	Hispanic/Latino	97.5 (39)
	African-American	2.5 (1)
	White	0
	Other	0

40

Number of participants who attended the Third Capacity Building Session



Mental Health was the topic of the session, focusing primarily on trauma related to family separation and immigration status.

### Satisfaction, Perceptions and Comfort, n=32

After completion of the training, participants were asked to report whether or not they had received training on the topic of mental health before: 59% (n=13) of the participants responding to the item had not; 41% (n=9) said that they had.

### Satisfaction Results

Satisfaction with the various components of the training was high on average. Particularly high ratings were given for the presenters, including their ability to answer questions from the participants, the level of discussion elicited by the presenters, and the clarity of the information presented. See table 2.

**Table 2. Satisfaction with Mental Health Capacity-Building Session**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	MH M (SD)
Session overall*	2.71 (1.72)
Learning experience	3.78 (0.42)
Presenters	3.87 (0.34)
Materials	3.77 (0.50)
Format and organization of presentation	3.61 (0.62)
Level of discussion elicited by the presenter(s)	3.81 (0.48)
Ability of presenter to answer questions	3.87 (0.74)
Pace the material was presented*	3.74 (0.51)
Clarity of the information	3.81 (0.48)
Applicability of the training to everyday work	3.77 (0.62)

\*statistically-significant difference across trainings,  $p < .05$

### Perceptions and Comfort

On average, participants felt that there was a high need for training on mental health, and that the training met this need well. Average comfort levels indicate that participants felt relatively comfortable conducting health education workshops with their congregations, and that they felt more-to-much more comfortable with the topic because of the training. See tables 3 and 4.

**Table 3. Perceptions of Training Need – Mental Health**

0=Not at all – 3=Very much	MH M (SD)
Do you feel there was a need for this training?*	2.97 (0.18)
Do you feel that we met that need?	2.90 (0.30)

\*statistically-significant difference across trainings,  $p < .05$

**Table 4. Comfort with the Training Topic – Mental Health**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	MH M (SD)
Conducting health workshops with congregation.	3.06 (1.21)
As a result of the training, how has your comfort level changed in terms of the topic?	3.34 (1.18)



Participants were most satisfied with the knowledge of the presenters and que quality of the materias.

### Impact - Knowledge

Knowledge of the topic presented in the workshop was measured using 9 items for mental health. A summary score was created for each item answered corrected (see Figure 1), and mean scores were compared from pre to post. Baseline knowledge was relatively low (63%) and did not statistically-significantly change at post. See table 5.

**Figure 1. Itemized questions measuring mental health knowledge**

	Pre % Correct	Post % Correct
"Mental health" is defined by...positive self-image, ability to face challenges, state of wellbeing.	75.0 (27)	77.8 (28)
The following impacts mental health...acculturation, employment, and religion	13.9 (5)	8.3 (3)
The emotional rodeo is...a recurring cycle of symptoms	55.6 (20)	58.3 (21)
In order for someone to be affected by depression...none of the above		
The migration process is a process that brings mental health difficulties such as... anxiety, stress, and depression; learning a new language, culture and customs; isolation and abandonment.	72.2 (26)	75.0 (27)
There are no socio-cultural barriers in the community with respect to mental health.	80.9 (29)	72.2 (26)
Stress and depression are a chain reaction affecting the body.	91.7 (33)	86.1 (31)
The routine exercise and good nutrition can be good ways to reduce depression.	86.1 (31)	86.1 (31)
The friends and family support are the best cure for depression.	5.6 (2)	11.1 (4)

**Table 5. Knowledge, Paired Sample T-Tests.**

Out of 9 items	Pre M (SD)	Post M (SD)	N
3 <sup>rd</sup> training – Mental Health	5.69 (1.11)	5.79 (1.01)	29

\* $p \leq .05$

### Conclusions – Mental Health Capacity-Building Session

Evaluation results of the third capacity-building session offered during the programmatic year indicate successful outcomes. The training reached its target audience, had high attendance and met a need expressed by the participants. Overall, participants were satisfied with the training, and reported feeling more comfortable with the topic because of the training. Baseline knowledge did not significantly improve at post.



# Fourth Capacity Building Session: Dental Health, Nutrition and Exercise

On February 21<sup>st</sup> 2015 the fourth training was conducted, with a total of 40 participants. The Episcopal Church of the Holy Cross hosted the event, which focused on the topics of dental health, nutrition and exercise. Pastors and religious leaders specifically requested a session about these topics. Speaking about obesity alone may not give educators in religious settings all of the tools necessary to advocate for behavior modification overall, dissemination of information incorporating specific habits, like better nutrition, exercise and oral hygiene can help facilitate conversations about obesity, which can lead to diabetes, respiratory diseases, gastro-intestinal diseases, and generally poor health outcomes. Dr. Jorge Martinez- Jorkas, MD, specialist in preventive health conducted the training.

Out of the 40 participants, 37 (92%) completed the post survey, and 35 (88%) completed both pre and post surveys.

### Participant Characteristics

The majority (66%; n=25) of the participants self-identified as female; over the age of 49 years (62%; n=25); and Latino /Hispanic (91%; n=31). See table 1.

Demographics of the participants completing the post surveys closely resembled baseline demographics: 69% (n=24) self-identified as female; 64% (n=23) over the age of 50 years; and 86% (n=31) Hispanic/Latino. Sixty-seven percent (n=24) reported their primary language as Spanish; 22% (n=8) as English, and 11% (n=4) as “other.” Eighty-one percent (n=26) self-identified as heterosexual and 16% (n=5) as homosexual or lesbian. Ninety-four percent (n=34) reported their work affiliation as a community-of-faith.

40

Number of participants who attended the Fourth Capacity Building Session



Dental health, nutrition and exercise were the topics of the training; topics that were requested by the religious leaders specifically.

**Table 1. Dental Health/Nutrition/Exercise. Participant Characteristics, N=40**

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	34.2 (13)
	Female	65.8 (25)
	Missing	2
<b>Age</b>	13-19	0
	20-29	7.5 (3)
	30-49	30.0 (12)
	50+	62.5 (25)
<b>Race/Ethnicity</b>	Hispanic/Latino	91.2 (31)
	African-American	2.9 (1)
	White	5.9 (2)
	Other	0
	Missing	6

### Satisfaction, Perceptions and Comfort, n=37

After completion of the training, participants were asked to report whether or not they had received training on the topics of dental health, nutrition and exercise before: 61% (n=19) of the participants responding to the item had not; 39% (n=12) said that they had.

### Satisfaction Results

Satisfaction with the various components of the training was high on average. Particularly high ratings were given for the presenters, including their ability to answer questions from the participants, the level of discussion elicited by the presenters, and the clarity of the information presented. See table 2.

**Table 2. Satisfaction with Dental Health/Nutrition/Exercise Capacity-Building Session**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	DH M (SD)
Session overall*	3.40 (1.22)
Learning experience	3.75 (0.50)
Presenters	3.89 (0.32)
Materials	3.73 (0.45)
Format and organization of presentation	3.80 (0.40)
Level of discussion elicited by the presenter(s)	3.81 (0.40)
Ability of presenter to answer questions	3.83 (0.38)
Pace the material was presented*	3.78 (0.42)
Clarity of the information	3.86 (0.35)
Applicability of the training to everyday work	3.72 (0.45)

\*statistically-significant difference across trainings,  $p < .05$

### Perceptions and Comfort

On average, participants felt that there was a high need for training on dental health, nutrition and exercise, and all of the participants reported that the training *definitely* met this need. Average comfort levels indicate that participants felt relatively comfortable conducting health education workshops with their congregations, and that they felt more-to-much more comfortable with the topic because of the training. See tables 3 and 4.

**Table 3. Perceptions of Training Need – Dental Health, Nutrition, and Exercise**

0=Not at all – 3=Very much	DH M (SD)
Do you feel there was a need for this training?*	2.94 (0.23)
Do you feel that we met that need?	3.00 (0.00)

\*statistically-significant difference across trainings,  $p < .05$



Participants were most satisfied with the knowledge of the presenters and the clarity of the information.



14%

Increase in knowledge by measuring pre correct and post correct questions about dental health, nutrition and exercise

**Table 4. Comfort with the Training Topic - Dental Health, Nutrition, and Exercise**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	DH M (SD)
Conducting health workshops with congregation.	3.11 (1.39)
As a result of the training, how has your comfort level changed in terms of the topic?	3.51 (1.14)

### Impact- Knowledge

Ten items measured knowledge of dental health, nutrition, and exercise. A summary score was created for each item answered correctly (see Figure 1), and mean scores were compared from pre to post. Baseline knowledge was moderately high (70%) and statistically-significantly increased at post (80%). See table 5.

**Figure 1. Itemized questions measuring dental, nutritional, and exercise knowledge.**

	Pre % Correct	Post % Correct
Acute dental illnesses include...inflammation of the gums	80.6 (29)	66.7 (24)
Examples of periodontal diseases are...loose/separated teeth; persistent bad breath; sensitive gums	72.2 (26)	86.1 (31)
Eating foods that contain vitamins C and A can help take care of your gums [true]	75.0 (27)	80.6 (29)
Two-percent of the Hispanic population is obese [true]	47.2 (17)	44.4 (16)
Factors influencing obesity include...pregnancy, age, genes, hormones.	72.2 (26)	75.0 (27)
A symptom of diabetes is...urinating more often	80.6 (29)	75.0 (27)
One in three deaths in the United States is caused by high blood pressure. [true]	83.3 (30)	88.9 (32)
Synthetic sugar causes brain damage, such as memory loss and blindness. [true]	52.8 (19)	80.6 (29)
Water helps the human body by...toning the skin, eliminating toxins, cleaning the organs.	88.9 (32)	86.1 (31)
Standards of beauty and fashion, magazines and television often exclude people suffering from overweight or obesity [true]	86.1 (31)	91.7 (33)

**Table 5. Knowledge, Paired Sample T-Tests.**

Out of 10 items	Pre M (SD)	Post M (SD)	N
4 <sup>th</sup> training – Dental Health*	7.43 (2.13)	7.97 (1.82)	35

\* $p < .05$

### Conclusions – Dental Health, Nutrition, and Exercise Capacity-Building Session

Evaluation results of the fourth capacity-building session offered during the programmatic year indicate successful outcomes. The training reached its target audience, had high attendance and met a need expressed by the participants. Overall, participants were satisfied with the training, and reported feeling more comfortable with the topic because of the training. Although baseline knowledge was relatively high, statistically significant increases at post indicate an improvement in knowledge.

# Anti-Stigma Training Institute: HIV/AIDS and Hepatitis C

On May 30<sup>th</sup> 2015, the Anti-Stigma Training Institute took place with a total of 105 participants. Community Methodist Church of Jackson Heights hosted the event. Each year, the LRLP dedicates one session to address the stigma attached to health conditions and health determinants that pose barriers to the community in accessing health care services. This training also addresses attitudes, beliefs, and practices that impact health outcomes in our communities.

Out of the 105 participants, 61% (n=64) completed the post survey, and 50% (n=52) completed both pre and post surveys. The low response percentages are due to many participants arriving late to the training and/or leaving early and thus not completing the surveys.

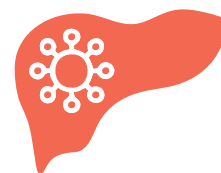
## Participant Characteristics

The majority (57%; n=59) of the participants self-identified as female; over the age of 49 years (69%; n=70); and Latino/Hispanic (95%; n=94). See table 1.

Demographics of the participants completing the post surveys closely resembled baseline demographics: 64% (n=35) self-identified as female; 63% (n=37) over the age of 50 years; and 98% (n=55) Hispanic/Latino. Sixty-six percent (n=44) reported their primary language as Spanish; 21% (n=12) as English, and 3% (n=2) as bilingual English and Spanish. Ninety-five percent (n=37) self-identified as heterosexual and 3% (n=1) as homosexual. Eighty-six percent (n=50) reported their work affiliation as a community-of-faith.

105

Number of participants who attended the Anti-Stigma Training Institute



The session addressed the stigma attached to people living with HIV/AIDS and/or Hepatitis C

**Table 1. Stigma: HIV/AIDS and HCV. Participant Characteristics, N=105**

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	43.3 (45)
	Female	56.7 (59)
	Missing	1
<b>Age</b>	13-19	2.9 (3)
	20-29	3.9 (4)
	30-49	22.5 (23)
	50+	68.6 (70)
	Missing	5
<b>Race/Ethnicity</b>	Hispanic/Latino	94.9 (94)
	African-American	4.0 (4)
	White	0
	Other	1.0 (1)
	Missing	6



## Satisfaction, Perceptions and Comfort, n=64

### Satisfaction

Satisfaction with the various components of the training was high on average. The presenters, including their ability to answer questions from the participants, the clarity of the information presented, and the materials used in the training all received particularly high ratings. See table 2.

**Table 2. Satisfaction with HIV/AIDS and HCV Capacity-Building Session: Stigma**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	Stigma M (SD)
Session overall*	3.13 (1.43)
Learning experience	3.75 (0.47)
Presenters	3.82 (0.38)
Materials	3.82 (0.38)
Format and organization of presentation	3.81 (0.40)
Level of discussion elicited by the presenter(s)	3.79 (0.44)
Ability of presenter to answer questions	3.86 (0.40)
Pace the material was presented*	3.81 (0.43)
Clarity of the information	3.86 (0.35)
Applicability of the training to everyday work	3.76 (0.53)

\*statistically-significant difference across trainings,  $p \leq .05$

After completion of the training, participants were asked to report whether or not they had received training on the topics HIV and HCV stigma before: 33% (n=18) of the 54 participants responding to the item had not; 67% (n=36) said that they had.

### Perceptions and Comfort

On average, participants felt that there was a high need for the stigma training and that the training met this need well. Average comfort levels indicate that participants felt relatively comfortable conducting health education workshops with their congregations, and that they felt more-to-much more comfortable with the topic because of the training. See tables 3 and 4.

**Table 3. Perceptions of Training Need – HIV/AIDS and HCV Stigma**

0=Not at all – 3=Very much	Stigma M (SD)
Do you feel there was a need for this training?*	2.87 (0.34)
Do you feel that we met that need?	2.90 (0.31)

\*statistically-significant difference across trainings,  $p \leq .05$



Participants were most satisfied with the ability of presenter to answer questions.



Increase in knowledge by measuring pre correct and post correct stigma questions about stigma

**Table 4. Comfort with the Training Topic – Stigma**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	StigmaM (SD)
Conducting health workshops with congregation.	3.24 (1.30)
As a result of the training, how has your comfort level changed in terms of the topic?	3.20 (1.37)

### Impact-Knowledge

Ten items measured knowledge of stigma. A summary score was created for each item answered correctly (see Figure 1), and mean scores were compared from pre to post. Baseline knowledge was moderately high (68%) and statistically-significantly increased at post (75%). See table 5.

**Figure 1. Itemized questions measuring HIV and HCV Stigma knowledge.**

	Pre % Correct	Post % Correct
What is stigma? It is a negative label, which is awarded to someone based on their characteristics	86.5 (45)	90.4 (47)
Prejudice ... is an adverse opinion is formed without the knowledge of the facts	78.8 (41)	84.6 (44)
Discrimination is: a. it is the treatment given to a person based on class or category	69.2 (36)	71.2 (37)
The Human Immunodeficiency Virus is: a retrovirus that affects the immune system.	65.4 (34)	73.1 (38)
What is the immune system... The immune system is the body's natural defense against infections like; viruses, parasites, fungi, bacteria etc.	63.5 (33)	69.2 (36)
The HIV virus is transmitted through the following channels except for: urine	34.6 (18)	46.2 (24)
The hepatitis C virus infects: the liver	96.2 (50)	96.2 (50)
To learn how the liver is functioning, your doctor may do...blood tests, liver enzymes; biopsy; ultrasound	30.8 (16)	40.4 (21)
The hepatitis C virus is only spread via blood. [true]	42.3 (22)	61.5 (32)
It is impossible to know if a person is infected with the Hepatitis C virus, unless you undergo a special test to detect antibodies to the virus. True	80.8 (42)	82.7 (43)

**Table 5. HIV/AIDS and Hepatitis C Stigma. Knowledge, Paired Sample T-Tests.**

Out of 10 items	Pre M (SD)	Post M (SD)	N
5 <sup>th</sup> training – Stigma*	6.79 (1.67)	7.54 (1.79)	33

\* $p < .05$

# Citywide Training Capacity Building Session

On June 20<sup>th</sup> 2015 the sixth training was conducted, with a total of 85 participants. The Church of Our Lady of Guadalupe at Saint Bernard hosted the event. The citywide training followed a town hall meeting style format as a debriefing of the programmatic year with participants. Participants did not receive pre and post surveys measuring knowledge. The session focused on addressing concerns of the participant religious leaders regarding best practices to promote education that leads to better health outcomes in their respective communities. There were presentations related to free cancer screening opportunities from the American Cancer Society and a conversation about reproductive health conducted by the Bronx Teens Connection, a program of the NYC DOHMH/ Bronx Field Office.

Out of the 85 participants, 79% (n=67) completed satisfaction (post) surveys.

### Participant Characteristics

The majority (62%; n=52) of the participants self-identified as female; over the age of 49 years (50%; n=42); and Latino/Hispanic (95%; n=75). See table 1.

Demographics of the participants completing the post survey closely resembled those of the participants attending the training. The majority self-identified as female: 63%, n=32; 58% (n= 31) over the age of 50; and 96% (n=46) Latino. Seventy-four percent (n=39) reported their primary language as Spanish, 13% (n=7) as bilingual English/Spanish, and 13% (n=7) as English. Eight-four percent (n=43) reported their primary work affiliation as a community of faith. Forty-six percent (n=25) of those responding to the item had not attended a training session on the topics presented in the Citywide Training before and 54% (n=29) had.

**Table 1. Citywide Training Participants; N=85.**

Demographic Characteristics of Participants		% (n)
<b>Gender</b>	Male	38.1 (32)
	Female	61.9 (52)
	Missing	1
<b>Age</b>	13-19	1.2 (1)
	20-29	16.7 (14)
	30-49	29.8 (25)
	50+	50.0 (42)
	Missing	3
<b>Race/Ethnicity</b>	Hispanic/Latino	94.9 (75)
	African-American	2.5 (2)
	White	0
	Other	2.5 (2)
	Missing	6

85

Number of participants who attended Citywide Training Capacity Building



The session, in a town hall meeting format, focused on best practices to promote education that leads to better health outcomes.

## Satisfaction Results

Satisfaction with the various components of the training was high on average. The presenters, as well as the materials, applicability of the training to everyday work, and clarity of the information presented, received particularly high ratings. See table 2.

**Table 2. Satisfaction with Citywide Training, N=67**

Satisfaction with... SCALE (0=Not at all – 4 = Very much)	NY Citywide M (SD)
Session overall*	3.61 (0.71)
Learning experience	3.72 (0.49)
Presenters	3.78 (0.42)
Materials	3.73 (0.45)
Format and organization of presentation	3.67 (0.54)
Level of discussion elicited by the presenter(s)	3.67 (0.47)
Ability of presenter to answer questions	3.72 (0.49)
Pace the material was presented*	3.70 (0.46)
Clarity of the information	3.73 (0.45)
Applicability of the training to everyday work	3.73 (0.45)

\*statistically-significant difference across trainings,  $p < .05$



## Perceptions and Comfort

On average, participants felt that there was a high need for the citywide stigma training and that the training met this need well. Average comfort levels indicate that participants felt relatively comfortable conducting health education workshops with their congregations, and that they felt more-to-much more comfortable with the topic because of the training. See tables 3 and 4.

**Table 3. Attitudes and Perceptions, N=67**

0=Not at all – 3=Very much	NY Citywide M (SD)
Do you feel there was a need for this training?*	2.84 (0.57)
Do you feel that we met that need?	2.86 (0.46)

\*statistically-significant difference across trainings,  $p < .05$

**Table 4. Comfort, N=67**

Comfort level with... SCALE (0=Not at all -4=Much more comfortable)	NY Citywide M (SD)
Conducting health workshops with congregation.	3.48 (0.97)
As a result of the training, how has your comfort level changed in terms of the topic?	3.69 (0.74)



# Overall 2014-2015 Evaluation Results

Evaluation of the 2014-2015 programmatic year as a whole was conducted by aggregating all of the data and running statistical analyses to determine if statistically significant differences were found across the sessions.

## Demographics

We analyzed demographic characteristics of the LRLP programmatic year by aggregating the results of the following participants and percentages (see Appendix B) resulting in a sample size of 271 participants (note that these participants are not necessarily unique individuals). The overall program activities reached 47% (n=104) of the audience that had never received training on the particular topic previously. The majority (87%, n=208) reported their affiliation as a COF, and 13% (n=31) other. The majority (75%, n=182) of the participants were primarily Spanish speakers, 19% (n=47) were primarily English speakers, 4% (n=9) were bilingual English/Spanish, and 3% (n=6) identified another primary language. Sixty-percent (n=144) self-identified as female and 40% (n=94) as male. The majority of the participants were over the age of 50 (64%, n=157); 2% (n=4) under the age of or 21, 5% (n=12) between 22 and 30 years of age, 11% (n=27) between 31 and 40 years of age; and 18% (n=43) between 41 and 50 years of age. The majority (94%, n=220) self-identified as Hispanic/Latino, 3% (n=6) as African-American/Black, 0.4% (n=1) as white, and 3% (n=6). Eighty-six percent (n=170) of the participants self-identified as heterosexual, 5% (n=10) as homosexual, 4% (n=8) lesbian, and 0.5% (n=1) as bisexual; four percent (n=8) identified as other.

## Knowledge

In terms of knowledge, statistically significant improvements were found for 4 out of the 5 sessions designed to impact knowledge. Eleven items for Ebola, 12 items for HIV, and 10 items for mental health, dental health, and stigma, respectively measured knowledge. We created a summary score for each item answered correctly, and compared mean scores from pre to post. Statistically significant increases in knowledge occurred for Ebola, HIV, dental health, and stigma. See table 1.

**Table 1. LRLP 2014-2015 Knowledge, Paired Sample T-Tests.**

	Pre M (SD)	Post M (SD)	N
1 <sup>st</sup> training – Ebola*	6.09 (1.75)	9.29 (1.64)	34
2 <sup>nd</sup> training - HIV*	8.29 (2.02)	9.03 (1.54)	31
3 <sup>rd</sup> training – Mental Health	6.39 (1.43)	6.55 (1.46)	31
4 <sup>th</sup> training – Dental Health*	7.43 (2.13)	7.97 (1.82)	35
5 <sup>th</sup> training – Stigma*	6.79 (1.67)	7.54 (1.79)	33

\*p<=.05

## Satisfaction

We analyzed satisfaction with the LRLP programmatic year by aggregating the following participants and percentages (see figure 1) resulting in a sample size of 271 participants (note that these participants are not necessarily unique individuals).

**Figure 1. Satisfaction Post-Survey Respondents**

Capacity-Building Session	Frequency	Percent
Ebola	38	14.0
HIV/AIDS 101 (PPLS)	33	12.2
Mental Health	32	11.8
Dental Health, Nutrition and Exercise	37	13.7
Stigma on HIV/AIDS and HEP C	64	23.6
NY Citywide	67	24.7
Total	271	100.0

Total satisfaction was high across all of the sessions (average participant satisfaction was high to very high). Statistically significant differences in overall satisfaction with the sessions occurred: overall satisfaction with mental health and Ebola trainings was lower, and the highest satisfaction was for the citywide training. Statistically significant differences in relation to the pace of the materials presented occurred: Ebola garnered the lowest satisfaction with the pace of the materials presented, and HIV / AIDS and HCV Stigma the highest satisfaction. See table 2.

**Table 2. LRLP 2014-2015 Satisfaction, N=271**

Satisfaction with... SCALE (0=Not at all -4=Very satisfied)	Ebola M (SD)	HIV M (SD)	MH M (SD)	DH M (SD)	Stigma M (SD)	NY Citywide M (SD)	Total M (SD)
Session overall*	2.88 (1.45)	3.07 (1.30)	2.71 (1.72)	3.40 (1.22)	3.13 (1.43)	3.61 (0.71)	3.22 (1.28)
Learning experience	3.56 (0.50)	3.52 (0.56)	3.78 (0.42)	3.75 (0.50)	3.75 (0.47)	3.72 (0.49)	3.69 (0.49)
Presenters	3.78 (0.42)	3.79 (0.42)	3.87 (0.34)	3.89 (0.32)	3.82 (0.38)	3.78 (0.42)	3.82 (0.39)
Materials	3.78 (0.48)	3.76 (0.44)	3.77 (0.50)	3.73 (0.45)	3.82 (0.38)	3.73 (0.45)	3.77 (0.44)
Format and organization of presentation	3.71 (0.46)	3.61 (0.50)	3.61 (0.62)	3.80 (0.40)	3.81 (0.40)	3.67 (0.54)	3.71 (0.49)
Level of discussion elicited by the presenter(s)	3.71 (0.52)	3.67 (0.48)	3.81 (0.48)	3.81 (0.40)	3.79 (0.44)	3.67 (0.47)	3.74 (0.46)
Ability of presenter to answer questions	3.71 (0.46)	3.76 (0.44)	3.87 (0.34)	3.83 (0.38)	3.86 (0.40)	3.72 (0.49)	3.79 (0.43)
Pace the material was presented*	3.47 (0.74)	3.70 (0.47)	3.74 (0.51)	3.78 (0.42)	3.81 (0.43)	3.70 (0.46)	3.71 (0.51)
Clarity of the information	3.64 (0.54)	3.66 (0.48)	3.81 (0.48)	3.86 (0.35)	3.86 (0.35)	3.73 (0.45)	3.77 (0.44)
Applicability of the training to everyday work	3.61 (0.49)	3.56 (0.56)	3.77 (0.62)	3.72 (0.45)	3.76 (0.53)	3.73 (0.45)	3.71 (0.51)

\*statistically-significant difference across trainings,  $p \leq .05$

## Perceptions and Comfort

Overall participants felt that there was a need for the trainings, and that trainings met these needs well. Statistically significant differences occurred across the trainings: participants reported relatively less need for the HIV 101 training, and a higher need for the mental health capacity-building session. See table 3.

**Table 3. LRLP 2014-2014 Perceptions, N=271**

0=Not at all – 3=Very Much	Ebola M (SD)	HIV M (SD)	MH M (SD)	DH M (SD)	Stigma M (SD)	NY Citywide M (SD)	Total M (SD)
Do you feel there was a need for this training?*	2.74 (0.72)	2.56 (0.95)	2.97 (0.18)	2.94 (0.23)	2.87 (0.34)	2.84 (0.57)	2.83 (0.56)
Do you feel that we met that need?	2.84 (0.44)	2.87 (0.57)	2.90 (0.30)	3.00 (0.00)	2.90 (0.31)	2.86 (0.46)	2.89 (0.39)

\*statistically-significant difference across trainings,  $p < .05$

On average, participants of the 2014-2015 LRLP capacity-building sessions felt comfortable conducting workshops related to health with their congregations (M=3.19, SD=1.27) and felt more to much more comfortable as a result of the training (M=3.44; SD=1.08). There were no statistically significant differences in comfort across the trainings. See table 4.

**Table 4. LRLP 2014-2015 Comfort, N=271**

Comfort level with... SCALE (0=Not at all – 4=Much more)	Ebola M (SD)	HIV M (SD)	MH M (SD)	DH M (SD)	Stigma M (SD)	NY Citywide M (SD)	Total M (SD)
Conducting health workshops with congregation.	3.03 (1.34)	2.88 (1.54)	3.06 (1.21)	3.11 (1.39)	3.24 (1.30)	3.48 (0.97)	3.19 (1.27)
As a result of the training, how has your comfort level changed in terms of the topic?	3.40 (0.93)	3.36 (1.08)	3.34 (1.18)	3.51 (1.14)	3.20 (1.37)	3.69 (0.74)	3.44 (1.08)

## Latino AIDS Memorial (World AIDS Day)

On November 29<sup>th</sup> 2015 the LRLP hosted the annual Latino Memorial for HIV and AIDS (Memorial Latino Para el VIH/SIDA) in commemoration of World AIDS Day. Community Methodist Church of Jackson Heights, in Queens, New York held the memorial, which included a candlelight vigil and service with music, prayer and reflections. Over 95 community members participated in the event. Attendees included participating churches and community members.

There was another event held in tandem by the Church of Christ the King in the Bronx on December 1<sup>st</sup> 2015. This event had similar attendance with close to 75 participating attendees. Between the two services, approximately 170 people participated in this year's AIDS memorial. Due to the solemn nature of the events, we collected only names and zip codes of attendees and did not administer surveys.

# FAITH-BASED ACTIVITIES

Twenty-eight FBOs offered 224 workshops led by their LRLP representatives throughout the 2014-2015 program year. On average, 30 congregants participated in the workshops (M=30.59; SD=28.88) – comprised of 33% males (M=10.60; SD=8.78) and 67% females (M=20.27; SD=23.48).

## **Faith-Based Workshop Satisfaction and Intentions**

Congregants attending the workshops are asked to rate their perceptions of the session by placing a sticker on a “thermometer” on the way out of the venue. Congregants are asked to rate their level of satisfaction and the likelihood that they would recommend the workshop to others on a scale rated 1 to 4 – with the lowest represented with number 1 and the highest number 4.

Out of an average 30 participants, 76% (M= 23.29; SD=16.87) rated their level of satisfaction as a “4” and 10% (M=3.22; SD=5.53) rated their level of satisfaction as “3.” Less than 2% (M=.531; SD=1.65) rated their level of satisfaction as either a “2” or “1.” Out of an average 30 participants, 73% (M=22.41; SD=16.90) rated the likelihood that they would recommend the workshop to others with a “4” and 12% with a “3.” Less than 3% (M=.848; SD=2.15) rated their likelihood as either a “2” or a “1.”

## **Topics Presented to COF Congregants**

See Appendix C for a list of the COFs and the number of workshops offered by each. Topics ranged in theme and frequency. See Appendix B. The most popular topics presented included:

- Ebola - 19
- HIV / AIDS - 22
- Mental Health - 16
- Cancer - 11



# 2014-2015 CONCLUSIONS

Evaluation results indicate highly successful outcomes for the LRLP in program year 2014-2015, and reflect that both COF coordinators and congregants well received the activities. For example, satisfaction ratings were high for the capacity-building sessions on average. Eighty-one percent (n=218) of the participants completing surveys reported being *satisfied-to-very satisfied* with the capacity building session overall, and 96% (n=260) reported being *satisfied-to-very satisfied* with the presenters. Similarly, perceptions of the needs to be met, and the achievement of meeting those needs were also high: 94% (n=255) reported a *high-to-very high* need for the training, and 96% (n=260) reported that this need was *well-to-very well* met by the training. Ratings of comfort after the training sessions were also high, with 80% (n=217) of the participants indicating that they felt *more-to-much more comfortable* conducting health workshops with their congregation, and 86% (n=233) reporting that they felt more-to-much more comfortable with the topic of the training as a result. Impact from pre- to post- was also evident in the evaluation results, with a 15% increase from baseline knowledge (an average of 7 questions correctly answered out of an average of 10 questions at pre, and an average of 8 questions answered correctly at post). Four out of the five (80%) capacity-building sessions resulted in statistically significant improvement of knowledge on average for participants.

The majority (86%) of the workshop congregant participants was *satisfied-to-highly satisfied* with the activities and 85% indicated that they would recommend the workshop to others. As most of the LRLP participants report that Spanish is their primary language, it is critical that LRLP offers sessions in both English and Spanish. This programmatic feature addresses an unmet need in the community, and contributes to the success of the program.



**PROMOTIONAL MATERIAL**  
 During the 2014-2015 program year, the Latino Religious Leadership Program reached COFs and community members with colorful and appealing graphic materials.

## Next steps

As we are constantly looking to improve our programming, we also consider evaluation results when designing the new programmatic year. Moving forward, we will incorporate the measures of intentions, comfort and attitudes/perceptions as part of the pre-post assessment, along with knowledge to better measure impact before and after the capacity-building sessions.

The late arrival and/or early departure of both participants and congregants affect survey completion and underestimates evaluation efforts. We are in the process of simplifying and streamlining tracking of individual/unique participants throughout sessions.

Literacy is also a barrier for some of the COFs. We are in the process of reviewing all of our instruments to simplify language as much as possible, and use visual and pictorial representations as appropriate. For example, the item asking about “overall satisfaction” may be confusing for participants.

Statistically significant differences occurred across some of the sessions. Participants reported relatively less need for the HIV 101 training, and a higher need for the mental health capacity-building session. However, knowledge gain occurred in the HIV 101 training but not in the mental health training. The seemingly discordant results of the “high” need for mental health training and “low” need for HIV 101 may indicate the need to update and tailor curricula. The COF leaders are quite well versed in the basics of HIV prevention, education and treatment. However, the mental health workshop may be more appropriate for presenting and addressing information in a “practice” oriented fashion, and as a venue to demystify and destigmatize common mental and emotion health issues, such as anxiety, depression, and post-traumatic stress disorder (PTSD) as well as less prevalent psychiatric disorders.

## APPENDIX A

### 2014-2015 LRLP Participating Congregations

Bronx	Brooklyn	Manhattan	Queens	Staten Island
Church Christ the King	Immanuel-First Spanish UMC	Broadway Temple United Methodist Church	All Saints' Church	Rescue Ministries Church
Church of St. Jerome	Iglesia la Santa Cruz/ Church of the Holy Cross	Church of God Third Ave	First United Methodist Church of Corona	
Holy Spirit Church	Pentecostal Church el Eden 105 Montrose Ave	First Spanish United Methodist Church	United Methodist Church of Jackson Heights	
Iglesia Metodista Libre el Remanente	Primera Iglesia Menonita de Brooklyn	Metropolitan Community Church of New York	United Methodist Church Jamaica Queens	
Muslim Women's Institute for Research and Development	Reaching Across the World Ministries INC.	St. Elizabeth Parish	St. George Episcopal Church	
St. Simon Stock Church	Transfiguration Church/ Southside Mission	Primitive Christian Church / Vision Urbana		
St. Margaret Episcopal Church		St. Cecilia Parish		
St Augustine & Our Lady Victory				

## APPENDIX B

Have you previously attended a training on this topic before?		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
no	Count	24	5	13	19	18	25	104
	% within Training_Title	77.4%	16.7%	59.1%	61.3%	33.3%	46.3%	46.8%
yes	Count	7	25	9	12	36	29	118
	% within Training_Title	22.6%	83.3%	40.9%	38.7%	66.7%	53.7%	53.2%
Total	Count	31	30	22	31	54	54	222
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gender		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
male	Count	15	15	14	11	20	19	94
	% within Training_Title	40.5%	48.4%	48.3%	31.4%	36.4%	37.3%	39.5%
female	Count	22	16	15	24	35	32	144
	% within Training_Title	59.5%	51.6%	51.7%	68.6%	63.6%	62.7%	60.5%
Total	Count	37	31	29	35	55	51	238
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Age Coded		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
<21	Count	0	0	1	0	2	1	4
	% within Training_Title	0.0%	0.0%	3.3%	0.0%	3.4%	1.9%	1.6%
22-30	Count	1	0	3	2	3	3	12
	% within Training_Title	2.9%	0.0%	10.0%	5.6%	5.1%	5.7%	4.9%
31-40	Count	3	4	4	5	5	6	27
	% within Training_Title	8.6%	12.5%	13.3%	13.9%	8.5%	11.3%	11.0%
41-50	Count	5	5	5	6	11	12	43
	% within Training_Title	14.3%	15.6%	16.7%	16.7%	18.6%	22.6%	17.6%
51+	Count	26	23	17	23	38	31	157
	% within Training_Title	74.3%	71.9%	56.7%	63.9%	64.4%	58.5%	64.1%
Total	Count	35	32	30	36	59	53	245
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Race/Ethnicity coded		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
African American/ Black	Count	0	0	0	3	1	2	6
	% within Training_Title	0.0%	0.0%	0.0%	8.3%	1.8%	4.2%	2.6%
Caucasian/ White	Count	0	0	0	1	0	0	1
	% within Training_Title	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	0.4%
Hispanic/Latino	Count	33	28	27	31	55	46	220
	% within Training_Title	94.3%	96.6%	93.1%	86.1%	98.2%	95.8%	94.4%
other	Count	2	1	2	1	0	0	6
	% within Training_Title	5.7%	3.4%	6.9%	2.8%	0.0%	0.0%	2.6%
Total	Count	35	29	29	36	56	48	233
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Primary Language coded		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
English	Count	7	6	7	8	12	7	47
	% within Training_Title	20.0%	18.8%	23.3%	22.2%	20.7%	13.2%	19.3%
Spanish	Count	28	25	22	24	44	39	182
	% within Training_Title	80.0%	78.1%	73.3%	66.7%	75.9%	73.6%	74.6%
Other	Count	0	1	1	4	0	0	6
	% within Training_Title	0.0%	3.1%	3.3%	11.1%	0.0%	0.0%	2.5%
Bilingual English/Spanish	Count	0	0	0	0	2	7	9
	% within Training_Title	0.0%	0.0%	0.0%	0.0%	3.4%	13.2%	3.7%
Total	Count	35	32	30	36	58	53	244
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Sexual orientation		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
heterosexual	Count	29	19	22	26	37	37	170
	% within Training_Title	87.9%	73.1%	88.0%	81.3%	94.9%	88.1%	86.3%
homosexual	Count	1	0	2	2	1	4	10
	% within Training_Title	3.0%	0.0%	8.0%	6.3%	2.6%	9.5%	5.1%
lesbian	Count	1	4	0	3	0	0	8
	% within Training_Title	3.0%	15.4%	0.0%	9.4%	0.0%	0.0%	4.1%
bisexual	Count	0	0	0	0	0	1	1
	% within Training_Title	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	0.5%
other	Count	2	3	1	1	1	0	8
	% within Training_Title	6.1%	11.5%	4.0%	3.1%	2.6%	0.0%	4.1%
Total	Count	33	26	25	32	39	42	197
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Work affiliation		Training Title						Total
		Ebola	HIV/AIDS 101 (PPLS)	Mental Health	Dental Health, Nutrition & Exercise	Stigma on HIV/AIDS and HEP C	NY Citywide	
community of faith	Count	28	26	27	34	50	43	208
	% within Training_Title	80.0%	86.7%	93.1%	94.4%	86.2%	84.3%	87.0%
other	Count	7	4	2	2	8	8	31
	% within Training_Title	20.0%	13.3%	6.9%	5.6%	13.8%	15.7%	13.0%
Total	Count	35	30	29	36	58	51	239
	% within Training_Title	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

## APPENDIX C1

COFs	Number of workshops offered	Percent
All Saints Episcopal Church	8	3.6
Broadway Temple UMC	8	3.6
Church of Christ the Kind RC	9	4.0
Church of God (3rd Ave.)	9	4.0
Church of the Holy Spirit	8	3.6
Comm. Methodist Church of Jackson Heights	8	3.6
First Spanish Methodist Church	8	3.6
First UMC Corona	9	4.0
Iglesia Evangelica Libre El Remanente	9	4.0
Iglesia Episcopal La Santa Cruz	9	4.0
Immanuel & First Spanish UMC	8	3.6
Metropolitan Community Church	9	4.0
Ministerio Rescate (Rescue Ministries)	8	3.6
Muslim Women Institute for Research and Dev.	9	4.0
Pentecostal Church "El Eden"	9	4.0
Primera Iglesia Menonita de Brooklyn	8	3.6
Primitive Church/Urban Vision	7	3.1
Reaching Across the World Ministries	9	4.0
Saint Augustin and Our Lady of Victory	8	3.6
Saint Cecilia	8	3.6
Saint Elizabeth Parish Church	8	3.6
Saint Margaret's Episcopal Church	8	3.6
Saint Simon Stock RC Church	9	4.0
St. George's Episcopal Church	6	2.7
St. Jerome's Church	8	3.6
Transfiguration RC Church	9	4.0
UMC Jamaica	8	3.6
Total	224	100.0

## APPENDIX C2

Topics ranged in theme and frequency, N=224

Theme	Frequency	Percentage	Topic
Abuso familiar	1	.4	
Accion Ejecutiva Salud	1	.4	
Addiction (Drugs and Alcohol)	1	.4	Addiction
Addictions	1	.4	Addiction
Adolescence	1	.4	
AIDS Awareness Day	1	.4	
Alcoholism	2	.9	Addiction
Allergies	1	.4	Allergies
Allergies and cold	1	.4	Allergies
Allergies and the flu	1	.4	Allergies
Alternative medicine	1	.4	
Alzheimers	1	.4	Aging
Aneurism	3	1.3	
Anxiety & Depression	2	.9	MH
Asthma	3	1.3	
Authism	1	.4	
Black AIDS Prevention Day	1	.4	
Blood preasure	1	.4	BP/Hypertension
Blood pressure	1	.4	BP
Blood pressure/Diabetes	1	.4	Diabetes
Breast Cancer	2	.9	Cancer
Cancer	2	.9	Cancer
Cancer 101	2	.9	Cancer
Cancer disparities	1	.4	Cancer
Cardiovascular Diseases	1	.4	CVD
Celebrating life	1	.4	
Cervical cancer	1	.4	Cancer
Chiropractic and stress	1	.4	
Colon cancer	1	.4	Cancer
CPR	1	.4	
Cuida tu Corazon	1	.4	CVD
DAPA/Immigration	1	.4	
DAPA/Nutrition	1	.4	
Deferred Action (Adults)	1	.4	
Dental health	2	.9	DH
Depression	3	1.3	MH
Depression 101	1	.4	MH
Depression and mental Health	1	.4	MH
Depression	1	.4	MH
Diabetes	8	3.6	Diabetes
Diabetes type II	1	.4	Diabetes

Theme	Frequency	Percentage	Topic
Dialysis	1	.4	Diabetes
Disaster preparedness	1	.4	
Domestic violence	1	.4	IPV
Domestic Violence	2	.9	IPV
Eating healthy	1	.4	Nutrition
Ebola	17	7.6	Ebola
Ebola/Anxiety/HIV	1	.4	Ebola
Ebola/Stigma	1	.4	Ebola
Enfermedades Cardiacas	1	.4	CVD
Excercise/Obesity Prevention	1	.4	Exercise
Fatherhood	1	.4	
Good health	1	.4	
Health and Obesity	1	.4	Nutrition
Health Care changes	1	.4	
Health fair	4	1.8	
Health Fair	3	1.3	
Health Fair and HIV Testing	1	.4	
Health Prevention (teens)	1	.4	
Health Program to heal ppl	1	.4	
Health resources NYC	1	.4	
Healthy Cocking	1	.4	Nutrition
Healthy hearts	1	.4	CVD
Heart Diseases	1	.4	CVD
Hearth Disease and overview	1	.4	CVD
Hepatitis	1	.4	HCV
Hepatitis 101	1	.4	HCV
Hepatitis C	1	.4	HCV
High Blood Preassure	1	.4	HBP
High Blood pressure	1	.4	HBP
HIV 101	5	2.2	HIV
HIV 101 and Testing	1	.4	HIV
HIV and COFs	1	.4	HIV
HIV and Hep C. Testing	1	.4	Testing (HIV/HCV)
HIV and Medical advances	1	.4	HIV
HIV and people over 50	1	.4	HIV
HIV Discrimination	1	.4	HIV
HIV Prevention	1	.4	HIV
HIV Prevention and Info	1	.4	HIV
HIV Risk reduction	1	.4	HIV
HIV Screening	1	.4	HIV
HIV testing	2	.9	HIV
HIV Testing	2	.9	HIV
HIV/AIDS	1	.4	HIV

Theme	Frequency	Percentage	Topic
HIV/AIDS and Stigma	1	.4	HIV
HIV/HVC Testing	1	.4	Testing (HIV/HCV)
Hormones	1	.4	
HPV	1	.4	
HVC/HIV Education	1	.4	
Hypertension	6	2.7	HBP
Immigration	1	.4	Immigration
Immigration and health	1	.4	Immigration
Immigration and Stigma	1	.4	Immigration
influenza	2	.9	Flu
Influenza	3	1.3	Flu
Influeza	1	.4	Flu
Know your body	1	.4	
Know your status	1	.4	
Latina women's health	1	.4	
Latino Health NYC	1	.4	
LGBT self-defense training	1	.4	
Liver disease	1	.4	HCV
Love Heals Workshop	1	.4	
Lupus and women	1	.4	
Mamography	1	.4	
Medication Education	1	.4	
Medication interaction	1	.4	
Meningitis	1	.4	
Mental health	3	1.3	MH
Mental Health	2	.9	MH
Mental health (part II)	1	.4	MH
Mental Health (part IIO	1	.4	MH
Mental Health/Depression	1	.4	MH
Nutrition	3	1.3	Nutrition
Nutrition and Health (II)	1	.4	Nutrition
Nutrition and HIV	1	.4	Nutrition
Nutrition workshop	1	.4	Nutrition
Obamacare 2015	1	.4	
Obesity	2	.9	Obesity
Obesity prevention	1	.4	Obesity
Oral health	1	.4	DH
Orientation	1	.4	
OSHA	3	1.3	
OSHA/Nutricion	1	.4	Nutrition
Ovarian cancer	1	.4	Cancer
Pharmacology	1	.4	
Physical Activity	1	.4	Exercise



Theme	Frequency	Percentage	Topic
Poison at home in products	1	.4	
PrEP and PEP	1	.4	
Public Safety	1	.4	
Public Safety (NYPD)	1	.4	
Re-cap of workshops	1	.4	
Remembrance : WAD	1	.4	
Review of health topics	1	.4	
Salud: reduccion de azucar	1	.4	Nutrition
Self Esteem	1	.4	
Sex secrets and diseases	1	.4	
Skin diseases	1	.4	
Speech impediments	1	.4	
Stigma	1	.4	Stigma
Stigma &HIV	1	.4	Stigma
Stigma in COFs	1	.4	Stigma
Stress	1	.4	Stress
Stress and anxiety	1	.4	Stress
Stress management	1	.4	Stress
Sugary drinks	1	.4	Nutrition
Teen Pregnancy	1	.4	
Vaccines	1	.4	
VIH 101	1	.4	HIV
Viral hepatitis	1	.4	HCV
Viral Infections	1	.4	IDs
Viral Replication	1	.4	IDs
Wellness	1	.4	
Women's health	3	1.3	
Women's HIV Awareness	1	.4	
World AIDS Day	2	.9	
Zumba Class (Exercise)	1	.4	Exercise
<b>Total</b>	<b>224</b>	<b>100.0</b>	

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