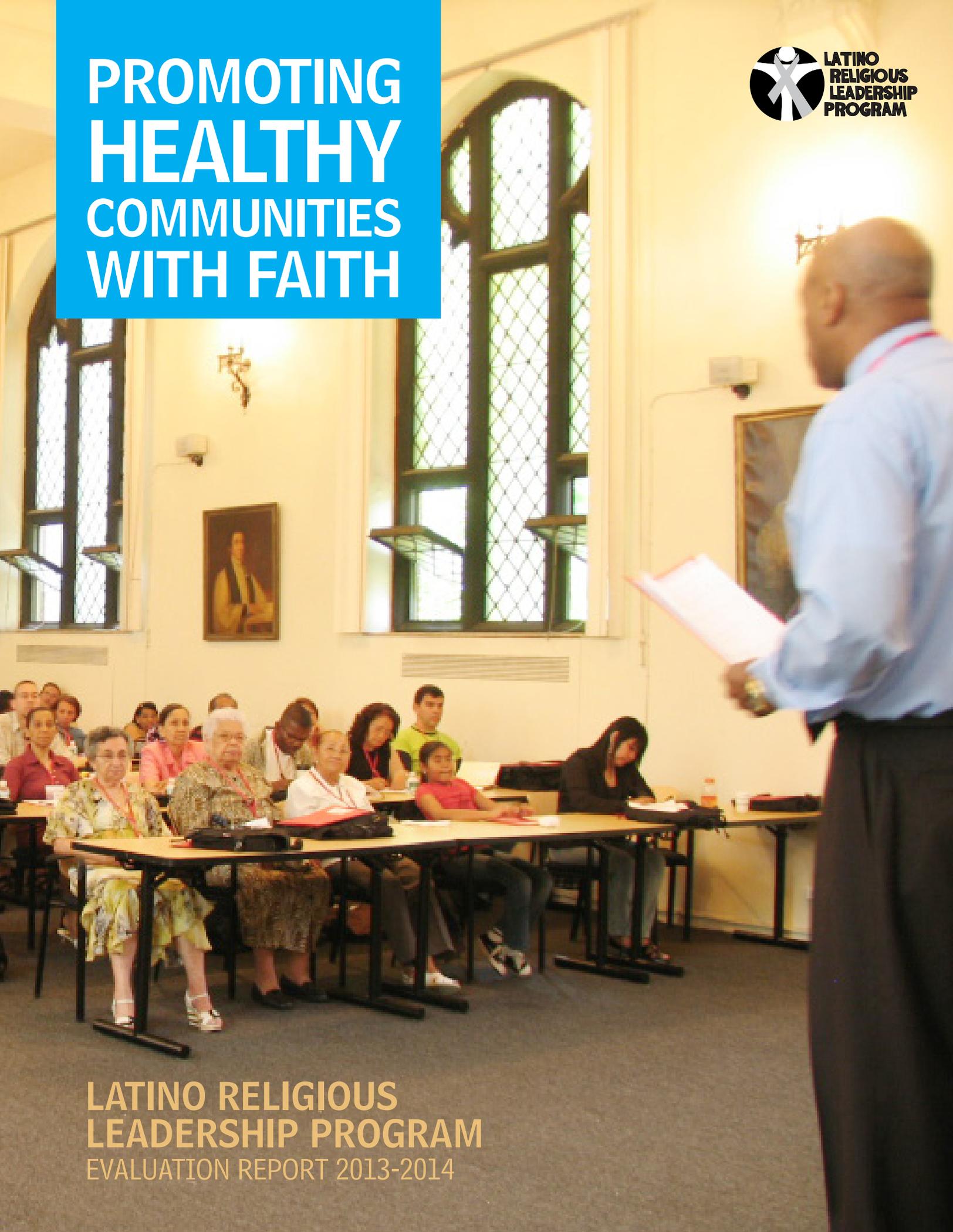


# PROMOTING HEALTHY COMMUNITIES WITH FAITH



LATINO RELIGIOUS  
LEADERSHIP PROGRAM  
EVALUATION REPORT 2013-2014

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Report prepared by Lina Cherfas, M.Sc.  
Independent Consultant  
New York, November 2014



# EXECUTIVE SUMMARY

The Latino Religious Leadership Program (LRLP), a program of the Latino Commission on AIDS, was established in 1995 to engage Latino-Hispanic communities of faith through a unique community engagement model. This model reaches Latinos/Hispanics in New York City with health education and prevention messages about HIV & AIDS and other prevalent health issues. In the 2013-2014 program year, LRLP reached 27 communities of faith, representing a wide range of denominations throughout all five boroughs. 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 four capacity building training sessions, ongoing technical assistance that included three citywide community trainings, and by directly assisting in the coordination of the workshops and testing events as requested by the communities of faith. Newly introduced trainings followed this year's theme of People Living with Disabilities in the Community, and included a well-received panel during the annual Anti-Stigma Training Institute that engaged participants in conversations about whether their spaces are truly welcoming to individuals with various disabilities. 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.

Satisfaction was high across the capacity building sessions and citywide events, ranging between 88% and 100% of participants. Participants' comfort level with conducting workshops in their congregations was also high, ranging from 73% to 95% across sessions. Knowledge increase on key concepts for each respective topic was also measured, with increases in scores among as many as 55% 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 training to the community of faith coordinators as they continue to build their health ministries.

On their part, the 26 active communities of faith surpassed the projected participation in their activities, holding a total of 197 workshops that reached 6,666 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 545 HIV tests on 17 separate dates.

Coordinators at four of the long-standing communities of Faith (COFs) – First United Methodist Church of Corona, Transfiguration (South Side Mission), Metropolitan Community Church, and Broadway Temple United Methodist Church – continued to offer mentoring and coaching opportunities to other coordinators, sharing their strategies for community outreach and for development and implementation of workshops. Such collaborations and member initiatives are crucial to the long-term sustainability of the LRLP. Other 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.

**THE SCOPE OF OUR WORK**  
During the 2013-2014 program year, LRLP included 27 Communities of Faith spreaded in the five boroughs of New York City.

**PROMOTING THE HIV TEST**  
Participating Communities of Faith provided 545 HIV test and organized 197 workshops.

**LATINO RELIGIOUS LEADERSHIP PROGRAM**

# MEMORIAL LATINO PARA EL VIH/SIDA



*Un encuentro de fe y compromiso. ceremonia de velas, reflexiones y más.*

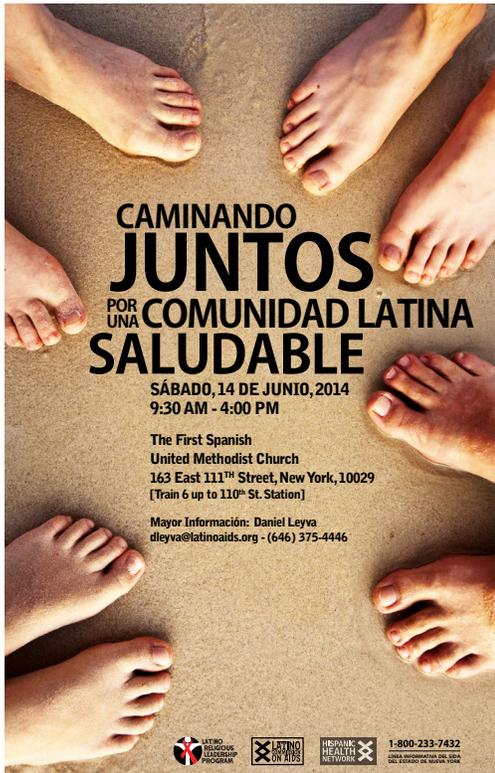
**Sábado 30 De Nov. 10am**

Iglesia "La Transfiguración"  
263 Marcy Ave. Brooklyn, Ny 11211  
Entre Las Calles Hooper & Hewes  
[Tren J/M Hasta La Estación Hewes.]

Informes: (646) 374-4446  
dleyva@latinoaids.org  
www.latinoaids.org

**RED DE SALUD HISPANA**

ESTE EVENTO ES ORGANIZADO POR EL PROGRAMA DE LIDERAZGO RELIGIOSO LATINO DE LA COMISION LATINA SOBRE EL SIDA Y PATROCINADO POR EL CONSEJO DE LA CIUDAD DE NEW YORK.



## CAMINANDO JUNTOS

POR UNA COMUNIDAD LATINA SALUDABLE

SÁBADO, 14 DE JUNIO, 2014  
9:30 AM - 4:00 PM

The First Spanish  
United Methodist Church  
163 East 111<sup>th</sup> Street, New York, 10029  
(Train 6 up to 110<sup>th</sup> St. Station)

Mayor Información: Daniel Leyva  
dleyva@latinoaids.org - (646) 375-4446

**LATINO RELIGIOUS LEADERSHIP PROGRAM** **LATINO ON AIDS** **HISPANIC HEALTH NETWORK** **1-800-233-7432**

UNA INICIATIVA DEL SIDA DEL ESTADO DE NEW YORK.



# PERSONAS COMO TU

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# PERSONAS COMO YO

## EL ESTIGMA HACIA PERSONAS CON DISCAPACIDADES

**SÁBADO 17 DE MAYO**  
[9:30 AM-4:00PM]

**INMANUEL - FIRST SPANISH UNITED METHODIST CHURCH**  
424-422 DEAN STREET, BROOKLYN, NY 10029

**PROMOTIONAL MATERIAL**  
During the 2013-2014 program year, LRLP reached CFOs and community members with colorful and appealing graphic materials.

# INTRODUCTION

Beginning in 1995, the Latino Religious Leadership Program (LRLP) has worked with Latino-Hispanic communities of faith throughout New York City. LRLP, a health prevention and education program of the Latino Commission on AIDS, is based on a “train the trainer” model, in which community of faith (COF) coordinators receive training, materials and presentation packages on specific health topics from the Latino Commission on AIDS, and then teach about these topics in their respective congregations and communities. Throughout the program’s nineteen-year history, this has been a successful way to disseminate health information, and particularly, to gradually de-stigmatize HIV and AIDS across faith communities of diverse denominations.

Recognizing the centrality of communities of faith in many individuals’ lives, representatives from these institutions play an important role in delivering up to date information about health issues to their constituents in a non-traditional health setting. The program is designed to increase people’s awareness about health issues, prevention strategies and to support them in changing risk behaviors for certain health conditions. Funded until 2013-14 by the Communities of Color Faith-based Initiative of the New York City Council,<sup>1</sup> LRLP brings together Latino-Hispanic communities of faith through a unique community engagement model that include a re-granting resources process each year. For the 2013-2014 program year, LRLP had 27 participating Latino-Hispanic COFs representing all five boroughs of New York City: 9 in the Bronx, 7 in Brooklyn, 6 in Manhattan, 4 in Queens and 1 on Staten Island. Most (26) COFs were returning to the program, and one new COF was included during this program year.

During the 2013-2014, LRLP staff at the Latino Commission on AIDS hosted four skills-building workshops and three city-wide events to raise awareness about HIV/AIDS and other important health issues affecting the Latino-Hispanic community. The program kicked off its year with an orientation session for participants in October in 2013, following by skills-building sessions on Community Mapping, HIV/AIDS Update, and Rare Diseases. The three city-wide events included the annual Latino AIDS Memorial held in conjunction with World AIDS Day in December; the Anti-Stigma Training Institute, focused on the year’s overall theme, People with Disabilities in the Community; and the Citywide Latino Religious Training Institute held in June, with speakers who presented community health resources available during the summer season.

In turn, COF coordinators held monthly workshops and annual HIV testing events to bring conversations about salient health issues to Latino-Hispanic communities. Their participants included congregants as well as other community members from the areas surrounding the COFs. Four congregations that have been part of the LRLP for multiple years continued a process started last year, in which they worked closely with newer congregations in a mentorship role, while one congregation made new inroads to reach Latinos-Hispanics in underserved areas of Staten Island. These included United Methodist Church of Corona, Transfiguration (South Side Mission), Broadway Temple United Methodist Church, and Metropolitan Community Church. Transfiguration (South Side Mission), located in Williamsburg, Brooklyn, was the longest-participating COF in the program. The coordinator, who is knowledgeable in producing workshops, has stepped up to help other coordinators execute presentations



**MARIA LUISA MIRANDA**  
Senior Health Educator



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



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

on topics related to HIV/AIDS and mental health, as well as offering support to churches outside the program. United Methodist Church Broadway Temple is located in Washington Heights, Manhattan. Having accumulated a long list of providers willing to participate in health fairs whom he screened for cultural competency in working with faith communities, Broadway Temple's coordinator provides support to newer COFs in organizing health fairs. United Methodist Church of Corona counts among its strengths the ability to work with a very mixed group of immigrants in the Corona, Queen area. The church, through its health ministry, has become a unifying force among immigrant communities that allows them to ease tensions and learn together. The coordinator has shared these experiences with other COFs in the program as best practices. Metropolitan Community Church has been working with individuals of transgender experience and gender non-conforming individuals. The church has been enlisted on multiple occasions by COFs looking to become more welcoming of the LGBTQ community, particularly of gender non-conforming individuals, when talking about HIV, access to healthcare, and providing testing. Additionally, Rescue Ministries Church, located in the Port Richmond area, was the only participating COF on Staten Island. Its coordinator reached out to other congregations to build a network for monolingual Spanish-speaking Latinos, who are often lost in the gaps in services on Staten Island, where there are few Spanish-speaking congregations.

Furthermore, several COFs have been *embracing social media*, such as Facebook and Twitter, to promote their health education activities alongside other congregation events. This has helped to amplify their reach; twenty of the COFs reported **an** increase of newcomers to their congregations who participated in the educational activities. While the program continues providing education and resources for a monolingual (Spanish speaking) audience, participant communities of faith are requesting more information and resources in English to provide information to all congregants.

As part of their efforts to connect with the larger scope of health promotion, COF coordinators are increasingly including *important community dates*, such as *National HIV Testing Day* (June 27th) and the National Week of Prayer for the end of AIDS (March), in their activity calendars. Since rapid Hepatitis C testing became available last year, several COFs have continued to provide *Hepatitis C testing* as well as education about Hepatitis C and HIV/Hepatitis C co-infection.

The current report begins by summarizing the evaluation data collected by LRLP staff during the capacity building sessions and citywide events, as well as during a brief mid-program assessment conducted in February 2014. It then presents a review of the activities conducted by the communities of faith in fulfillment of their re-grant requirements as participants in LRLP during the 2013-2014 program years. The report concludes with recommendations for subsequent program years based on the analysis.

# CAPACITY BUILDING SESSIONS & CITYWIDE EVENTS

The LRLP staff put together monthly training sessions to build the skills and knowledge of COF coordinators, and to support their health education work. All capacity building sessions were held at the Latino Commission on AIDS offices, and were required for at least one coordinator from each participating COF to attend. Some COFs sent multiple representatives of their health ministries for certain sessions. The three city-wide events attracted larger audiences comprised of COF coordinators, other congregants, and community members.

For each skills-building workshop, we examined two key dimensions of the session: change in knowledge and satisfaction. When applicable, participants were given a brief pre-test prior to the beginning of the workshop, and the same test after having completed the workshop. We assessed to what extent participants' knowledge on the subject improved from the pre-test to the post-test. Additionally, we assessed each participant's satisfaction with each workshop by using a standardized satisfaction survey across all workshops. Participants had the choice of completing surveys in English or Spanish, according to their linguistic comfort level. This section of the report summarizes the data gathered. Recommendations stemming from the data for further developing the training aspect of the program appear at the end of the report.

## October: Capacity Building Session 1: Orientation

On October 26, 2013, LRLP held its first capacity building session of the 2013-2014 program years, which was an orientation session for program participants. The session was facilitated by Daniel Leyva, LRLP Director and Dr. Maria Luisa Miranda, LRLP Senior Health Educator. The session was focused on roles and responsibilities for participants as well as key activities for the upcoming program year. The staff reviewed programmatic and reporting requirements for the year, and ways in which the Latino Commission on AIDS would support the COFs in carrying out their required activities.

### Participant Characteristics

Among the 27 COF coordinators who attended the orientation session, 52% were female, and 48% were male. Participants' ages ranged widely, from 27 to 71, with an average age of 53.8 years. Most participants, 67%, fell into the 51 and over age range. The majority of participants, 88.5%, reported their race/ethnicity as Hispanic or Latino, while 11.5% identified themselves as African American or Black. Most participants (77%) also indicated that their primary language was Spanish, and 23% indicated their primary language as English. In terms of sexual orientation, 90.5% of the 21 participants who responded to this question identified as heterosexual, while 9.5% of participants identified as homosexual. The number of years spent

participating in LRLP varied considerably, ranging from 1 to 17 years, with the average being 5.88 years (SD=4.77 years). Congregation size also varied quite a bit amongst participants, ranging from 2 to 1500 members, and an average of 269.7 congregation members. The demographic makeup of participants was similar for the remaining capacity building sessions reviewed below, and is therefore not repeated.

### Satisfaction: Orientation Session

At the end of the orientation session, participants were asked to complete a brief survey to rate its various aspects. The survey was comprised of 12 questions including rating scales and short answer sections. A slight majority of participants, 56%, completed the survey in Spanish, while 44% of participants completed the survey in English. When asked about overall satisfaction with the session, 100% of respondents indicated that they were either satisfied or extremely satisfied, among whom 78% were extremely satisfied. Participants went on to rate other aspects of the session, on a scale of 1 (very poor) to 5 (very good).

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

Rating	Good	Very Good	Good or Very Good	n
Ability of presenter(s) to answer questions from the audience	15%	85%	100%	27
Overall rating of presenter(s)	19%	82%	100%	27
Overall learning experience	22%	78%	100%	27
Level of discussion elicited by presenter(s)	22%	78%	100%	27
The level of clarity of the information (how clearly presented)	26%	74%	100%	27
The applicability of this training to everyday work	33%	67%	100%	27
Overall rating of format and organization of presentation	41%	59%	100%	27
The pace at which the materials were presented	41%	56%	97%	27
Overall rating of training materials	42%	54%	96%	26

*Note: Figures may add up to over 100% due to rounding. 'n' refers to the number of responses received to each respective question.*

As seen above in Table 1, participants were most satisfied with the presenters and their ability to answer questions from the audience. Pacing, training materials and the format/organization of the presentation were rated slightly less highly. Despite this, participants were still highly satisfied with the session in general, with 78% of participants rating their overall learning experience as very good, and 100% rating this dimension as either good or very good.

Participants were also asked to rate if they felt there was a need for the orientation training. Despite the fact that 89% of participants had previously attended an orientation training (in past program years), all participants replied that there was 'somewhat of a need' or 'definitely a need' for it. As a follow-up question, participants were asked; whether they thought we met that need. In response, 93% of participants indicated that the need was 'definitely met', and 7% responded that the need was 'somewhat

met'. Overall it appears that participants felt there was a need for the orientation training and that the need was fulfilled by the session.

Participants were also asked how comfortable they felt conducting health education workshops in their congregations; 63% responded that they were 'very comfortable', 22% were 'comfortable', 4% said they were 'neutral', and 11% said they were 'very uncomfortable'. When asked how their comfort level had changed as a result of the training, 70% indicated that they were 'much more comfortable' and an additional 19% indicated that they were 'somewhat more comfortable'. These comfort ratings appeared on the post-workshop surveys for the subsequent workshops to assess how participants' comfort with presenting the health education workshops changed throughout the program year.

Participants also responded to short-answer questions around a few aspects of the session: what they will do differently as a result of the training, what aspects of the session were particularly beneficial, and what aspects of the training they would change. When asked what they will do differently, the most frequent response was that they will improve their completion of the reports required for the program as well as submission of receipts. The most frequent responses around what session aspects were beneficial included explanation about how to fill out forms and the workshop evaluation process. When asked what they would change, most replied that that they would not change anything. A few suggested that the training be shorter.

Analyses were conducted to determine if there were differences in how sub-groups of participants rated various aspects of the session according. Participants who completed the survey in Spanish indicated a higher level of satisfaction with the training overall ( $t= 3.00, p= .015$ ), likely because the session was conducted in Spanish, their language of greater comfort. No differences were found in the ratings in terms of gender, or number of years participating in LRLP. Differences in satisfaction were not analyzed by race/ethnicity, primary language, sexual orientation or age due to the largely homogenous sample in regards to these characteristics.

## **December: Annual Latino AIDS Memorial**

On November 30, 2013 the LRLP hosted the annual Latino Memorial for HIV and AIDS (Memorial Latino para el VIH/SIDA) in commemoration of World AIDS Day. The memorial was held at the Parish Church of Transfiguration in Brooklyn, New York and included a candlelight vigil and service with music, prayer and reflections. Close to 80 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 November 29, 2013. This event had similar attendance with close to 80 participating attendees. Between the two services, approximately 160 people participated in this year's AIDS memorial. Due to the solemn nature of the events, no surveys were collected to further assess the memorial.

# January Capacity Building Session 2: Community Mapping

The topic for the second skills-building workshop, held on January 25, 2014, was community mapping. A participatory assessment technique, community mapping focuses on identifying key characteristics of a population before implementing a program. These include identifying who a target population is, where the target population is found, the needs and behaviors of the target population, and social marketing methods appropriate for the population. During the session, participants discussed how they could utilize community mapping to broaden their reach into the communities they serve, learn about rapidly changing communities, and identify the health education needs of specific populations whom they seek to serve. Michael Diaz, Capacity Building Specialist at the Commission and Daniel Leyva facilitated this session. Thirty-five participants attended the training.

## Satisfaction: Community Mapping

When asked about overall satisfaction with the session, 96.9% of respondents indicated that they were either satisfied or extremely satisfied, among whom 77% were extremely satisfied. The remaining satisfaction ratings appear in Table 2 below.

**Table 2: Satisfaction with the Community Mapping Session.**

Rating	Good	Very Good	Good or Very Good	n
The applicability of this training to everyday work	34%	66%	100%	35
Ability of presenter(s) to answer questions from the audience	27%	71%	98%	34
Overall rating of presenter(s)	17%	80%	97%	35
Overall rating of format and organization of presentation	30%	67%	97%	33
Overall rating of training materials	37%	60%	97%	35
The pace at which the materials were presented	31%	63%	94%	35
Overall learning experience	37%	57%	94%	35
Level of discussion elicited by presenter(s)	29%	63%	92%	35
The level of clarity of the information (how clearly presented)	29%	63%	92%	35

*Note: Figures may add up to over 100% due to rounding. 'n' refers to the number of responses received to each respective question.*

The majority of respondents (80%) indicated that they had not previously attended a training on the topic of community mapping. And importantly, 100% agreed that the material was applicable to their everyday work; that is, they appreciated the opportunity to newly learn this useful technique. As well, they rated highly the presenters and their ability to answer questions. While those aspects still garnered more than 90% satisfaction, participants were slightly less satisfied with their overall learning experience, the level of discussion solicited during the training, the level of clarity, and the pace.

Furthermore, 82% of respondents indicated that there was ‘definitely a need’ for training on this topic, and 15% indicated that there was ‘somewhat of a need’ for it. When asked if the need was met during the session, 82% indicated that the need was ‘definitely met’, while 18% indicated that the need was ‘somewhat met’. When asked how comfortable they felt conducting health education workshops in their congregations, 52% indicated that they were ‘very comfortable’ and 30% that they were ‘comfortable’. When asked how their comfort level had changed as a result of the training, 50% said that they felt ‘much more comfortable’ and 47% felt ‘somewhat more comfortable’.

When asked what three things participants would do differently as a result of the training, about 20% of participants indicated that they would be more observant of their community surroundings. Specifically, one participant wrote that he or she would “*Comenzar a re-evaluar los servicios que hoy por hoy ofrecemos*” [Start to re-evaluate the services that we currently offer.]<sup>2</sup> Another participant remarked, “*I never thought of outreach effects through community mapping. This training has given me some ideas as to how we can better our efforts.*” These ideas demonstrate that participants can see a way to directly apply the learning.



When asked what elements of the training were particularly beneficial, about a quarter of respondents indicated that all aspects were helpful. A few mentioned that the hands-on exercise of mapping implemented during the session was especially useful. When asked what aspects of the training they would change, most responded ‘nothing’. Two participants relayed that more time was needed for the training, and another two participants recommended leaving questions until the end of the session. One participant wrote in to request English language materials and training translation. In additional comments, some participants asked that the training be continued. As well, a participant remarked, “*Este adiestramiento es muy interesante, mas personas deberian de participar*” [This training is very interesting, more people should participate].



Participants who completed the survey in Spanish again rated their learning experience more highly than those who completed it in English ( $t= 2.18, p= .036$ ); they also rated the level of clarity more highly ( $t= 2.28, p= .029$ ). Participants newer to representing their COFs in the LRLP rated the format and organization of the session more highly than those who had been with the LRLP longer ( $r= .41, p= .023$ ). No other differences emerged based on participants’ characteristics.

### **Knowledge change: Community Mapping**

To assess participants’ growth in knowledge on the topic of community mapping, we administered pre-post tests. Before in the training, participants answered an average of 5.5 questions (out of 10) correctly; after the training, the average was 6.1. This reflects a small but statistically significant increase in knowledge ( $t= 2.23, p= .034$ ). That the difference is statistically significant means that it is not simply due to chance and reflects a true, however moderate, increase in knowledge. Among the 29 participants for whom both pre-tests and post-tests were available, 16 (55.2%) improved in their scores, 6 (20.7%) scores remained the same, while 7 (24.1%) decreased. Overall, most participants demonstrated some increase in learning about community mapping. In further examination, the majority of participants answered the following questions about community mapping correctly at pre-test, despite the majority never having been trained on this topics before:

- Mientras se realiza una observación comunitaria, usted debería de mezclarse con la comunidad que usted está observando y participar en sus actividades [While doing community observations, you should integrate with the community you are observing and participate in their activities] – true or false
- La evaluación formativa es un proceso que usted debería realizar solamente una vez, antes de implementar el programa [Formative assessment is a process that you should conduct only once, prior to implementing a program] – true or false
- Hay dos tipos de indicadores: indicadores de datos e indicadores físicos [There are two types of indicators: data indicators and physical indicators] – true or false
- Las experiencias personales son un ejemplo de fuente de datos [Personal experiences are an example of a data source] – true or false
- ¿Cuál de los siguientes es un aspecto importante de observación comunitaria? [Which of the following is an aspect of community observation?]
- ¿Cuál de los siguientes puede ayudarle en la observación comunitaria? [Which of the following can help you in community observations?]

With the large number of questions that many participants answered correctly at pre-test, there was not much room for participants to demonstrate their learning on the post-test. These findings point to a need for careful examination of the pre-post tests in relation to the training curricula, and an evaluation of their potential to illustrate participants' knowledge gain in terms of the training objectives.

## February: Capacity Building Session 3: HIV/AIDS Update

On February 22, 2014, LRLP held its third capacity building session, which was focused on HIV/AIDS. Although many participants are not new to the disease, this session was held in order to present up-to-date information about the virus and the most current advances in HIV research. Carlos Maldonado, Director of Puente Para La Salud (Bridge to Health) and Tratamiento Ahora (Treatment Now) at the Latino Commission on AIDS, was the main presenter for the session. Eighteen participants attended the session. In addition, the participants contributed to a Mid-Program Assessment conducted as an addendum to the training. The details of the assessment are described below, in the next section.

### Satisfaction: HIV/AIDS Update

Overall satisfaction with the session was fairly varied, with 33% of respondents indicating that they were extremely satisfied, 33% selecting satisfied, and 33% selecting extremely unsatisfied (n=15). It is important to note that of those who selected extremely unsatisfied, it appears as though they selected this response in error; these

five participants rated all other aspects of the training as ‘very good’, indicating that they likely may have meant to select ‘extremely satisfied’. The remaining satisfaction ratings appear in Table 3 below.

**Table 3. Satisfaction with HIV/AIDS Update Session**

Rating	Good	Very Good	Good or Very Good	n
Overall rating of presenter(s)	6%	94%	100%	18
Overall rating of format and organization of presentation	6%	94%	100%	17
Ability of presenter(s) to answer questions from the audience	11%	89%	100%	18
The level of clarity of the information (how clearly presented)	11%	89%	100%	18
Level of discussion elicited by presenter(s)	12%	88%	100%	17
Overall rating of training materials	15%	85%	100%	13
The pace at which the materials were presented	18%	82%	100%	17
Overall learning experience	22%	78%	100%	18
The applicability of this training to everyday work	28%	72%	100%	18

Note: Figures may add up to over 100% due to rounding. ‘n’ refers to the number of responses received to each respective question.

As can be seen from the table above, *participants were overwhelmingly satisfied with the HIV/AIDS Update*; 100% of participants rated each aspect of the training as good or very good. This is especially impressive because 88% of respondents had attended training on the topic before. Participants rated both the presenter and format and organization of the workshop most highly, with 94% of participants selecting the highest rating, ‘very good’ for this aspect. In terms of whether a need was felt for this topic, 83% of participants replied that there was ‘definitely a need’, while 17% of participants replied that there was ‘somewhat of a need’. Similarly, 72% of participants felt that the need was ‘definitely met’, while 28% of participants felt that the need was ‘somewhat met’.

In open-ended comments, a number of respondents indicated that they would share the information they learned, and some indicated that they wished to seek out more information and learn more about the topics discussed. Lastly, a few respondents indicated that the session motivated them to commit more to HIV/AIDS education and promotion, and take their commitment to the community more seriously, *“Comprometerme mas, aprender mas y utilizar los conocimientos existentes” [Commit myself more, learn more and use existing knowledge]. “Tomar mas en serio mi compromiso en la comunidad” [Take my commitment to the community more seriously].*



In terms of specific beneficial aspects, about one quarter of participants reported that they appreciated learning about new medical and technical advances relating to HIV. Similarly, half of participants highlighted the format and dynamic of the training as beneficial. The training included a ‘game show’ activity which presented some true and some false information with different supporting arguments for each perspective. In particular, one participant remarked *“I think today was successful because they took a new*



*approach to giving us the info.” And another stated, “Su format de hoy fue muy interesante y motivador” [Your format today was very interesting and motivating].*

When asked what they would change, participants had several ideas. Two participants requested that printed materials be given out to all workshop attendees. Another requested that a translator be present for those who do not speak Spanish. A few participants also remarked that all of the COF representatives should be present for all sessions (this training only had 18 in attendance). Other suggestions included making the second part of the workshop more structured and eliciting more audience participation. Other comments again highlighted the format of the presentation. “The format of using humor to present information was an ingenious idea. It allows people to relax a lot more, and, thereby lead to a more involved discussion & participation.” Along similar lines, another participant wrote: “El programa de hoy me sirve como idea para hacer algo asi en nuestra iglesia. Estuvo muy ameno e instructivo” [Today’s program gave me the idea to do something like this in our church. It was very pleasant and instructive.]”

When asked how comfortable they felt conducting health education workshops in their congregations, 56% indicated that they were very comfortable, and 17% were comfortable. And when asked how their comfort level had changed as a result of the training, 39% responded that they became much more comfortable, and 44% that they became somewhat more comfortable.

### **Knowledge change: HIV/AIDS Update**

To assess the change in knowledge prior to participating in the workshop as compared to after, participants completed 10-question pre- and post-tests. Surprisingly, participants’ average knowledge scores **decreased** slightly from the pre-test (4.8 questions answered correctly) to the post-test (4.4 questions answered correctly). Only 20% of participants saw an increase in their knowledge scores, and for two of these three participants, the change was minimal (only one more question answered correctly at post-test). For 47% of participants the knowledge score stayed the same.

In sum, although participants rated the format of the presentation and their learning experience remarkably highly, this satisfaction did not translate into knowledge acquisition, despite the fact that most had previously participated in training on HIV/AIDS. One reason for the lack of growth may have been the difficulty level of the test. In open-ended comments, one participant wrote that some of the questions on the test were not discussed in the training. This comment is important to take into account for LRLP program staff *when creating the pre- and post- surveys; the tests should cover the most important learning objectives for the session.*

# March: Capacity Building Session 4: Rare Diseases

The fourth capacity building training, held on March 29, 2014, focused on rare diseases and less commonly known diseases that affect the Latino-Hispanic community. Topics covered included information on diseases that included Barrett’s Syndrome, Autism, Crohn’s Disease, and Muscular Dystrophy. The facilitators, Maria Luisa Miranda and Daniel Leyva of the LRLP, described the causes, symptoms and treatment options for these health conditions. The topic was consistent with the program year’s theme, People with Disabilities in the Community, with a focus on disabilities that result from rare diseases. The 32 participants discussed how to speak about these diseases in their congregations.

## Satisfaction: Rare Diseases

When asked about overall satisfaction with the session, 88% of the 21 respondents to the question indicated that they were either satisfied or extremely satisfied, among whom 66% were extremely satisfied. Almost all (90%) of respondents indicated that they had not previously attended a training on this topic. The remaining satisfaction ratings appear in Table 4 below.

**Table 4. Satisfaction with Rare Diseases Session**

Rating	Good	Very Good	Good or Very Good	n
Overall learning experience	19%	81%	100%	32
Overall rating of presenter(s)	19%	81%	100%	32
Overall rating of training materials	16%	81%	97%	32
Level of discussion elicited by presenter(s)	16%	81%	97%	32
Ability of presenter(s) to answer questions from the audience	16%	81%	97%	32
The applicability of this training to everyday work	19%	75%	94%	32
Overall rating of format and organization of presentation	9%	84%	93%	32
The level of clarity of the information (how clearly presented)	9%	84%	93%	32
The pace at which the materials were presented	9%	81%	90%	32

*Note: Figures may add up to over 100% due to rounding. 'n' refers to the number of responses received to each respective question.*

As with the preceding capacity building sessions, this training received very high satisfaction ratings. In particular, 100% of respondents rated their overall learning experience as well as the presenters as good or very good. The remaining ratings were also high, with the pace of the training rated lower than the others, but still high at 90% good or very good. Participants agreed that this topic was needed, with 81.3% responding that there was ‘definitely a need’ for the training and 15.6% that there was

‘somewhat of a need’. Almost all participants (84.4%) indicated that the need was ‘definitely met’, and an additional 12.5% indicated that the need was ‘somewhat met’.

Participants elaborated that they appreciated all the information imparted during the training, including *“learning the statistics of diagnosis”*. Some also pointed out the question and answer period as beneficial. In terms of how the training will influence their practice, participants gleaned both personal lessons and ideas for disseminating the information in the community. One participant mentioned that she would use the power of social networks in spreading the knowledge, *“Crear una red de colaboradores para difundir esto a través de las redes sociales”* [Create a network of collaborators to distribute this through social networks]. Others planned to look for more information, *“Inform people on how it’s important to be careful with diseases. Push for more training such as this. Educate myself more on topics like this”*; *“Informar a la comunidad y la iglesia buscar información adecuada”* [Inform the community and the church to look for adequate information]. Another participant planned to: *“Go to the doctor to get a checkup. Speak to people about rare diseases. Study for the origin of the disease.”*



While most participants suggested no changes to the training, several again included their requests for English translation during the training as well as for English-language materials. A few also suggested that more time for discussion and group work would have improved the format of the training.

When asked how comfortable they felt conducting health education workshops in their congregations, 66% indicated that they were very comfortable and 16% were comfortable. When asked how their comfort level had changed as a result of the training, 75% felt ‘much more comfortable’ and 9% ‘somewhat more comfortable’.

### Knowledge change: Rare Diseases

Participants’ average scores on the 10-question pre-post test increased slightly, from 4.28 to 4.5 questions answered correctly, though the difference was not significant. Among the participants 53% demonstrated at least some increase in knowledge, while for 25% the scores stayed the same, and for 22% they decreased. The amount of knowledge change was unrelated to participants’ demographic characteristics.

Again, despite the very high satisfaction ratings, knowledge change was modest. It is important to note that although 90% of participants had not previously attended a training on rare diseases, participants answered almost half of the questions correctly on the pre-test. In examining pre-test responses, almost all participants answered the following questions correctly at **pre-test and post-test**:

- ¿Qué es una “enfermedad rara”? [What is a rare disease?]
- El grado y severidad del autismo son características diferentes de persona a persona. [The type and severity of autism vary from person to person.] – true/false

Two additional questions were answered correctly at pre-test by almost half of participants. Meanwhile, on the post-test, almost no participants answered the following questions correctly:

- Señale que caracteriza a las enfermedades raras. [Identify what characterizes rare diseases.]

- Señale cuales son las dificultades médicas para diagnosticar y tratar una enfermedad rara [Identify what are the medical difficulties in diagnosing and treating a rare disease]
- El síndrome de Barret es un trastorno donde el revestimiento del esófago presenta daño a causa del ácido gástrico y se vuelve similar al del estómago [Barrett's Syndrome is a disorder in which the lining of the esophagus is damaged by stomach acid and changed to a lining similar to that of the stomach] – true/false

These findings again point to a need for more careful examination of the pre-post tests and how they relate to the training curricula.

## May: Anti-Stigma Training Institute

On May 17, 2014, LRLP held the annual Anti-Stigma Training Institute, with 88 participants in attendance. Centered on the theme of People with Disabilities in the Community, the institute included four panelists who each presented a different perspective of disability, dispelling various myths around the issue. Carlos Maldonado, of the Latino Commission on AIDS, helped participants to understand stigma, discrimination, and its consequences, when it comes to disability. John Hatchett, a person living with a disability spoke about enduring discrimination regarding transportation and mobility. Paulina Adames, mother of a child with disabilities, spoke about the bullying that her child has endured. And, Ana Gladys Barrera, a person living with a disability spoke about her experience navigating the social services system and finding many barriers in the very agencies created to provide services to people with disabilities. After the panel presentation, the audience was divided into groups and asked to brainstorm strategies on how their COF can become friendlier and more accommodating toward people with disabilities. For many participants, this was an eye-opening moment: among other realizations, few could recount whether their COFs are handicapped-accessible. The sense of a new awareness was stronger than in past anti-stigma workshops because not many participants had initially understood people with disabilities to be targets of stigma and discrimination.

### Participant Characteristics

Of the 88 participants, 53 completed the satisfaction survey, in which they completed a section on demographic information. All 53 surveys were completed in Spanish. Of the 37 respondents to the demographic questions, 70% indicated their gender as female, and 30% as male. Respondents' average age was 51 years (SD= 16.6 years). Furthermore, 94% indicated their background as Hispanic/Latino; and 88% indicated their sexual orientation as heterosexual. In terms of primary language, 74% indicated Spanish, 18% English, and 8% indicated that they were bilingual in English/Spanish. Of 39 respondents to this question, 72% had not previously attended a training on the topic of disability, and 28% had.

### Satisfaction: Anti-Stigma Training Institute

When rating their overall satisfaction with the session, 71% of participants indicated that they were extremely satisfied (n=38), 26% indicated that they were satisfied, and one participant selected extremely unsatisfied, most likely a mistake because that participant rated all other aspects of the training as good or very good. The remaining ratings are in following Table 5.

**Table 5. Satisfaction with Anti-Stigma Training Institute**

Rating	Good	Very Good	Good or Very Good	n
The level of clarity of the information (how clearly presented)	19%	81%	100%	32
Overall rating of training materials	19%	81%	100%	32
Overall rating of presenter(s)	16%	81%	97%	32
Overall rating of format and organization of presentation	16%	81%	97%	32
Level of discussion elicited by presenter(s)	16%	81%	97%	32
The pace at which the materials were presented	19%	75%	94%	32
Ability of presenter(s) to answer questions from the audience	9%	84%	93%	32
The applicability of this training to everyday work	9%	84%	93%	32
Overall learning experience	9%	81%	90%	32

*Note: Figures may add up to over 100% due to rounding. 'n' refers to the number of responses received to each respective question.*

As seen in the table above, on the whole, participants were pleased with the training session. Participants rated most highly the level of clarity of the training. Almost all (88%) of respondents, felt that there was 'definitely a need' for training on this topic, and 8% felt there was 'somewhat of a need'. And, 82% of attendees felt that the need was 'definitely met' through the event, while 16% felt that the need was 'somewhat met'. Older participants indicated greater satisfaction with the event ( $r = .46$ ,  $p = .019$ ). They also rated the training materials, the format and organization of the presentations, the clarity, and the level of discussion elicited by the presenters, and the presenters' ability to answer questions from the audience significantly higher than younger participants ( $r = .34$  to  $.51$ ).

In open-ended comments, participants overwhelmingly stated that the testimonies of the panelists were the most beneficial aspect of the session. They also appreciated the question and answer period and discussion among audience members. Several pointed out that they learned to think about disabilities that are not directly visible. Of the 41 respondents to this question, 73% reported that they felt 'very comfortable' conducting health education workshops in their congregations, and 15% felt 'comfortable' doing so. And, 71% of respondents felt 'much more comfortable' with the topic as a result of the training, while 21% felt 'somewhat more comfortable'.

The information presented at the Anti-Stigma Training Institute was not only very well received, but also replicated by several communities of faith in their community workshops (reviewed below). According to LRLP staff, interest in the situation of people with disabilities and an understanding of disabilities is a new feature in the program. They are exploring ways to integrate this issue more, as a result of the overwhelming interest showed by the participant communities of faith.

## Knowledge change: Anti-Stigma Training Institute

To measure changes in participants' knowledge of disabilities, we administered 8-question pre-post tests. A total of 54 pre-tests and 52 post-tests were collected, though only 27 could be matched. The following analysis only concerns the 27 matched pairs of pre- and post-tests. Scores were very high on both the tests, with an average of 6.7 (out of 8) questions answered correctly on the pre-test and 7.2 (out of 8) answered correctly on the post-test. The modest change was not statistically significant. Most participants' scores (55.6%) remained the same on the pre- and post-tests; 33.3% of the scores increased, and 11.1% decreased. The preponderance of scores that remained the same is not surprising given the very high pre-test average; that is, participants who answered questions correctly on the pre-test again answered them correctly on the post-test. This indicates that the test questions were likely not sufficiently difficult to effectively demonstrate how much participants learned during this session.

## June: Citywide Latino Religious Training Institute

The final event of the 2013-2014 program year was the annual Citywide Latino Religious Training Institute, which included 112 participants. Its five presenters spoke about various resources available to support the COFs' continuing community health work during the summer season (after the end of the LRLP program year). Francesca Padilla of the Greater New York Hospital Association Foundation (GNYHA) reviewed referral resources that the COFs can utilize as needed for their congregants. Stefany Cecilia Rojas of the NYC Office to Combat Domestic Violence spoke about referral resources and reporting procedures for cases of domestic abuse. Dr. Fernando Camacho and Laura Ortiz, both of the Montefiore Einstein Center for Cancer Care, spoke about the different types of cancer prevalent in the community. Finally, Claudia Ureña of the Coalición Mexicana did a presentation about shopping for healthy and wholesome foods.

### Participant Characteristics

Of the 112 participants, 46 completed satisfaction surveys; 91% of the surveys were submitted in Spanish and 9% in English. About half, 49%, indicated that they had attended a training on the topic before, while 51% had not. Of the 37 respondents to the demographic section of the survey, 62% identified as female, and 38 as male. Respondents' average age was 55 years (SD= 9.6 years), and 70% were 51 years of age or older. The vast majority, 91%, identified as Hispanic/Latino, and the same percentage identified as heterosexual. In terms of primary language, 81% indicated Spanish, 14% English, and 6% bilingual Spanish/English.

### Satisfaction: Citywide Latino Religious Training Institute

Overall satisfaction with the session was highly rated by the 30 respondents to this question: 83% of respondents were extremely satisfied, and 13% were satisfied. The remaining satisfaction ratings appear in following Table 6.



EXIT



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

Rating	Good	Very Good	Good or Very Good	n
Ability of presenter(s) to answer questions from the audience	18%	82%	100%	45
Overall rating of presenter(s)	13%	85%	98%	46
Overall rating of format and organization of presentation	16%	82%	98%	45
The level of clarity of the information (how clearly presented)	16%	82%	98%	45
The applicability of this training to everyday work	16%	82%	98%	44
Level of discussion elicited by presenter(s)	22%	76%	98%	46
Overall rating of training materials	24%	74%	98%	46
Overall learning experience	17%	80%	97%	46
The pace at which the materials were presented	24%	73%	97%	45

*Note: Figures may add up to over 100% due to rounding. 'n' refers to the number of responses received to each respective question.*

As with all the trainings reviewed here, satisfaction with the elements of the Citywide Institute was very high, with a minimum of 97% of respondents rating each aspect as good or very good. In terms of need, 93% of respondents felt that there was 'definitely a need' for a training on this topic, while 7% felt there was 'somewhat of a need'. In addition, 93% of respondents indicated that the need for the training was 'definitely met', while 5% felt the need was 'somewhat met'.

In open-ended comments, participants confirmed their satisfaction with the session, stating that they appreciated the breadth of information presented and will utilize the information moving forward. Most stated that 'nothing' should be changed about the session. Those who did suggest changes mentioned staying on time according to the day's schedule. Again, there were some calls for presentations and materials in English.

In terms of comfort, 81% of 43 respondents to this question indicated that they felt 'very comfortable' conducting health education workshops in their congregations, and 14% felt 'comfortable', while 5% felt 'neutral'. As a result of the training, 72% felt 'much more comfortable' presenting workshops, and 17% felt 'somewhat more comfortable' doing so. Overall, according to the ratings and the comments, the Citywide Latino Religious Training Institute was a successful way to end the program year.

Following the panel presentation, LRLP staff hosted an informal town hall meeting with participants to talk about the accomplishments and challenges they faced during the program year. Speaking of successes, they pointed out the ways in which churches are collaborating and mentoring each other (some of which is reviewed in more detail in the Introduction section above). To deepen collaborations, they mentioned the need to work more with youth ministries in their congregations and across congregations. Participants agreed that the unusual amount of snowy days hurt attendance at their community workshops. In terms of overall suggestions, they would like a greater diversity of panelists and trainers, to include advocates alongside health professionals.

# MID-PROGRAM ASSESSMENT

As mentioned above, the February activities included a brief Mid-Program Assessment conducted by the Commission's Research and Evaluation Department to learn more about the coordinators' overall thoughts on the program at the mid-year mark. The assessment entailed a focus group discussion with participants of the February capacity building session, and written responses to the same questions collected from coordinators who were unable to attend, as well as additional comments from those who attended. LRLP Director Daniel Leyva facilitated the focus group. In addition to quality assurance, the assessment was intended to assist LRLP staff to prepare for the year's two culminating city-wide events (described below), and as a space to address coordinators' programmatic questions for which there is typically no time during regular capacity building sessions. During the focus group and in anonymous written questionnaires, the assessment asked the following basic questions:

- What do you like the best about participating in our program?
- What has been most challenging about our program?
- How prepared do you feel to do your work with your congregations?
- What would help you feel better prepared?
- What has been most helpful to you in our program?
- In what ways could we support you better?
- Is there anything else you'd like to mention in terms of what's working well or what could be improved?

Respondents' comments were translated and coded during analysis to illustrate the emergent themes. In terms of what they liked best about the program, respondents mentioned learning from the program's educational activities; helping the community; interacting across communities of faith; and receiving funding for their congregations to implement the workshops. In terms of challenges, their concerns included: the program's lack of acceptance in the congregation;<sup>3</sup> the low level of funding; the slow reimbursement; lesson planning; and not having access to materials and training in English. When asked how prepared they felt to work with their congregations, 50% of respondents indicated that they were 'very prepared', 39% were 'somewhat prepared', and 11% were 'neutral'. When asked how supported they felt by LRLP staff, 82% of respondents chose 'very supported', and an additional 6% chose 'somewhat supported'. Their suggestions for how they can be better supported mirrored the challenges they mentioned, including: faster reimbursement; email reminders; more LRLP staff; continuing to attend trainings; trainings in English; more new information; and an HIV testing schedule.

On the whole, the Mid-Program Assessment echoed the satisfaction on the part of the coordinators with the program as well as the LRLP's infrastructural challenges. *While the vast majority felt supported by the LRLP staff, only half felt prepared to work with their congregations.* To better prepare themselves, they mentioned that they would engage in more self-directed research on the topics introduced during capacity building sessions; they would also appreciate additional information and training in English.

The results of this assessment were made available to LRLP staff in May 2014, which was too late for any programmatic changes to be implemented during the 2013-14 year. The staff are currently looking into changes that can be implemented for the 2014-15 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 below 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?

**Figure 1. Training satisfaction, comfort presenting workshops, and increased comfort presenting workshops as a result of the training.**

	Overall Satisfaction	Comfort Presenting	Increased Comfort Presenting
June: Citywide Institute	96%	95%	89%
May: Anti-Stigma Institute	97%	88%	92%
March: Rare Diseases	88%	82%	84%
February: HIV/AIDS Update	100%	73%	83%
January: Community Mapping	97%	82%	97%
October: Orientation	100%	85%	89%

In the 2013-14 program years, participants' high levels of satisfaction with the training sessions roughly paralleled their comfort in bringing the information to their communities in the form of workshops. Importantly, by June's Citywide Latino Religious Training Institute, almost all (95%) of the respondents felt comfortable presenting workshops in their COFs, the highest rating of the year. Participants' comfort in presenting workshops grew the most following the Community Mapping session in January, with 97% reporting feeling 'much more comfortable' or 'somewhat more comfortable' taking the workshop back to their COFs. Participants' comfort with presenting workshops was, on average, higher than in the previous program year.

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

**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
October: Orientation	27	27	80%	100%	N/A	N/A
December: Latino AIDS Memorial	150	160	N/A	N/A	N/A	N/A
January: Community Mapping	27	35	80%	97%	60% of participants	55%
February: HIV/AIDS Update	27	18	80%	100%	60% of participants	20%
March: Rare Diseases	27	32	80%	88%	60% of participants	53%
May: Anti-Stigma Training Institute	75	88	80%	97%	60% of participants	33%
June: Citywide Latino Religious Institute	75	112	80%	96%	60% of participants	not measured

The monthly events that aimed to enhance the capacity of the COF coordinators were well received, with every one of them surpassing the projected satisfaction rate of 80%. LRLP’s targets for attendance were met for almost all the events described above, with the exception of February’s HIV/AIDS Update session, which had only 18 in attendance. In terms of knowledge change, the targets were not met, with at most 55% of participants demonstrating increased scores – during the Community Mapping capacity building session. Some of the issues with the design of the pre-post tests were discussed above. Assuming that participants’ enthusiasm for the learning during the training sessions is reflected in their retention of the information imparted, the change in knowledge should more closely track the high satisfaction ratings. On the whole, there is a need for more accurate measurement of participants’ knowledge growth.

# PROGRAM ACTIVITIES COMPLETED BY PARTICIPATING COMMUNITIES OF FAITH

For the COFs, the 2013-14 re-grant program year began in November, following October's orientation to the program. As such, the 27 participating communities of faith were subject to the following requirements: conduct a minimum of one health education workshop per month between November 2013 and June 2014, and organize a minimum of one HIV testing opportunity for their congregants, for a total of eight workshops and one testing event. With the 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. Coordinators reported their congregations' activities monthly to LRLP staff. Additionally, the coordinators were asked to conduct a basic participatory evaluation of their workshops; all the available data pertaining to the COFs' activities 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. As well, LRLP secured partnerships with AID for AIDS, the Hispanic AIDS Forum, and the After Hours Project as additional community-based testing providers. Last year, Metropolitan Community Church and Fordham Manor Reformed Church, two longtime participating COFs, successfully acquired CLIA waivers and became testing providers. During the 2013-14 year, they provided some of the HIV testing services reviewed below. In particular, Metropolitan Community Church conducted testing in other COFs upon request, while Fordham Manor Reformed Church primarily provided testing within its congregation.

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 COFs, 9 held at least one testing event. The LRLP congregations tested 545 individuals over the course of 17 testing dates. While the number of COFs offering testing and the number of testing events is much lower than projected, the number of tests performed well surpassed the projection. LRLP's goal of providing free access to HIV testing in faith-based settings throughout the city was partially met. According to the LRLP staff, some COFs' requests for testers to hold an event were denied, in part due to confusion regarding the Commission's testing schedule. As well, during the informal town hall held at the end of the Citywide Latino Religious Institute, some participants commented that they would have liked for a set HIV testing schedule to be established, to avoid the misunderstanding.

A total of 216 health education events presented by 27 congregations (one workshop per month over eight months) were projected to reach 2000 individuals during the program year. The COF coordinators planned and executed a total of 197 workshops during the program year, serving a total of 6,666 participants, and a mean of 33.8 participants per workshop. That is, *the COFs served more than three times as many participants as projected*. However one COF did not organize workshops and was inactive in the program despite repeated outreach from LRLP staff. 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. Most of the workshop topics were based on capacity building sessions conducted by LRLP. For the first time, several COFs held workshops on Rare Diseases and on Disability Myths, topics that were introduced during 2013-14 training events.

**Table 8. Projected and actual activities conducted by communities of faith.**

Activity	Number of COFs conducting activities		Total number of activities		Total reach (attendance)	
	Projected	Actual	Projected	Actual	Projected	Actual
Monthly health education workshops	27	26	216	197	2000	6666
Annual HIV testing events	27	9	27	17	100	545

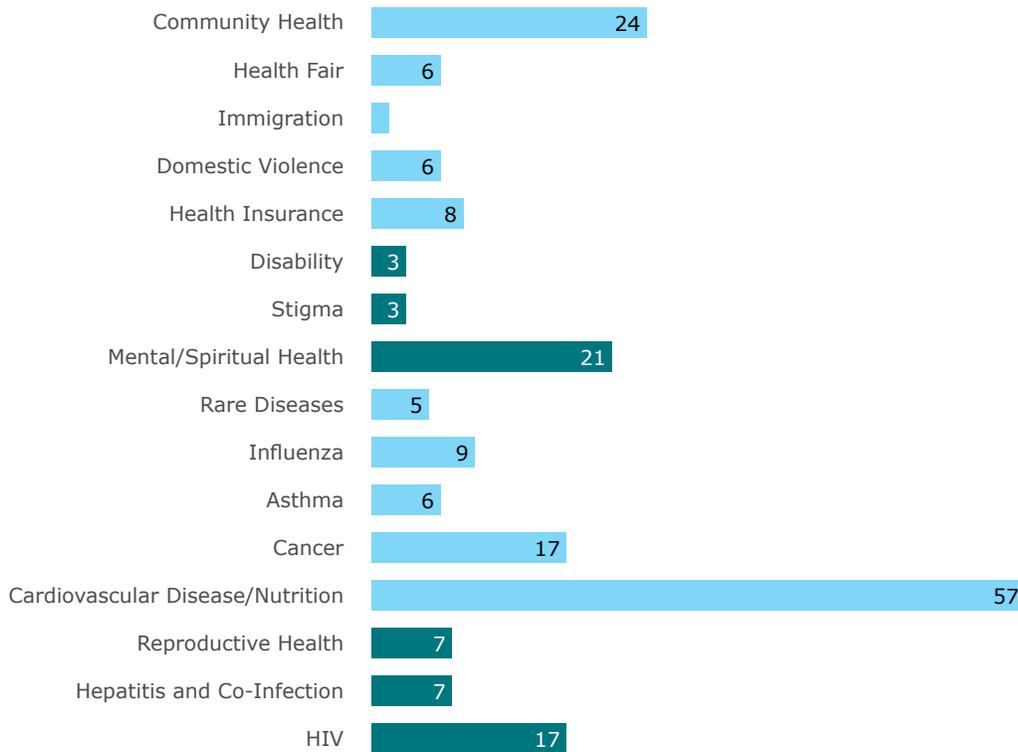
Appendix A presents a summary of the workshops conducted by each community of faith each month, and the number of participants in each. It illustrates the different ways in which the COFs fulfill their re-grant requirements. Most COFs, with the exception of Coney Island Cathedral of Deliverance completed all required community education workshops; several large congregations went beyond this requirement, while a few fell slightly below.

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

- 47.7% of workshops were on prevalent health issues such as cardiovascular disease (with the majority focused on nutrition), cancer, influenza, and asthma;
- 22.8% of workshops offered information and resources on health insurance, immigration, and domestic violence, or discussed community health overall;
- 15.7% of workshops were about HIV prevention and management, and closely related issues such as reproductive health and hepatitis co-infection; and
- 13.7% of workshops were on mental and spiritual health and stigma, including stigma specific to disability.

Figure 2 illustrates the categories of the workshops. Unlike in previous years, the workshops on prevalent health issues in the Latino-Hispanic community were the most frequently presented. Within this type, most centered on healthy nutrition and prevention of obesity-related diseases such as diabetes and heart disease. As well, there was an increase in workshops discussing Community Health overall, with topics such as “Health and Safety” and “Health and the Latino-Hispanic Community.” The breadth and amount of workshop offerings across the city is impressive.

Figure 2. Community workshop categories. Workshop types are indicated by color.



## Participatory Satisfaction Assessment

To help the communities of faith monitor the events, LRLP utilized a participatory satisfaction assessment method, which was introduced during the previous program year. 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 as needed. 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?

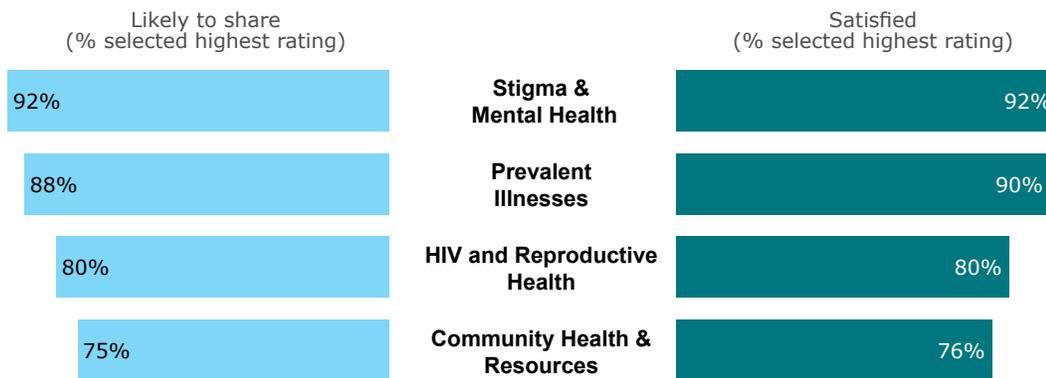
The COF coordinators were instructed to administer these posters immediately following each of their monthly workshops. In addition to inviting feedback via sticker placement, coordinators were instructed to use this activity to begin a discussion with their participants about the workshop, and about 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.

## Satisfaction Rulers: Results

Across the 197 workshops, a total of 6,431 responses were offered to the question of overall satisfaction with the workshop, representing 96.5% of the total 6,666 attendees, an *extremely high response rate for community workshops*. Of those in attendance, 61.8% identified as female; 37.8% identified as male; and a small portion (33 individuals) identified as transgender. Approximately one-fourth of attendees were non-members of the respective COFs, indicating that the information presented is penetrating into communities outside of the congregations' usual membership. However, there were problems with data entry regarding this question, so the information is not conclusive.

The vast majority (81.6% or 5,437 respondents) placed their stickers next to the highest rating in terms of satisfaction; the same was observed for 80.9% (or 5,390 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 below displays the results.

**Figure 3. COF participants' satisfaction with each type of workshop, and their likelihood to indicate that they would share the information learned.**



All four types of workshops were well-received among the participants. According to the data, the most positive ratings were garnered for workshops having to do with stigma and mental health, which represented just 13.7% of workshops conducted. Figure 3 demonstrates that participants' likelihood of sharing the information they learn at the COFs' workshops closely mirrors their overall satisfaction with the workshop. That is, they are more likely to tell someone what they learned if they enjoy learning it. It was encouraging to see that participants rated the likelihood of sharing information about stigmatized conditions such as mental health, HIV/AIDS, and reproductive health very highly.

Only some coordinators completed the full wrap-up worksheet that accompanied the Satisfaction Rulers. Those who did reflected on the high level of participant engagement, the great interest among community members in the workshops, along with admissions by workshop participants that they did not know as much as they thought about a given topic. For example, one coordinator wrote, *"The group was very interested and there is a great need to continue this discussion"*. A further analysis of these comments is not possible because few wrap-up worksheets were fully completed, and the open-ended data was not entered. However, the comments that were shared confirm the positive ratings of the workshops.

# CONCLUSIONS AND RECOMMENDATIONS

## Capacity Building Sessions and Citywide Events

Throughout the 2013-2014 program year LRLP brought 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 rated very highly by participants, with satisfaction ratings well above the projected 80% for every session. According to participants' ratings and other feedback, LRLP facilitators successfully created productive and engaging learning environments in each of the sessions. Participants appreciated the information they received, on topics that are salient to their work in the communities they serve. The year's focus on the stigma surrounding disability was well-received, bringing a new awareness about various forms of disability to the training participants. Several recommendations emerge from the review of the data collected during the events.

### Recommendations for curriculum development

Across the open-ended comments offered by training participants, there was a consistent call by several for English-language training materials and translation of the presentations. The need for English-language facilitation was also illustrated by the higher satisfaction ratings for some of the trainings among respondents to the Spanish-language version of the survey, compared with the English-language version. Four of the 27 COFs are English-dominant Latino-Hispanic congregations. In speaking with LRLP Director Daniel Leyva, it was apparent that the LRLP staffs are aware of the requests for English-language materials, and the diverse demographics of some of the COFs, including the four English-dominant ones. While the program has traditionally served mostly monolingual (Spanish) congregations, the staff has been taking steps to meet the needs of all congregants in participant communities of faith, providing translation of materials and live translation of presenters during the sessions, which requires significant resources. The staff acknowledges, however, that the programs designed to serve monolingual Spanish speaking communities of faith are few. To accommodate English-dominant participants, COF coordinators are given some English-language presentation slide decks (for use in conducting their own workshops).

- While the LRLP serves primarily Spanish-language dominant congregations and should remain so given the dearth of comparable services in Spanish, the staff continue to have a conversation about what accommodations are made for English-dominant coordinators among their participants. Engaging the coordinators themselves in this conversation may yield creative solutions.

### Recommendations for evaluation

It is interesting to note the growing comfort that coordinators report when they are asked in each satisfaction survey how comfortable they feel with providing workshops

in their communities. As this is a main feature of the train-the-trainer model employed by the program, it would be good to have more detailed information regarding their comfort.

- A question should be added to the standard satisfaction survey asking what would help coordinators feel more comfortable in conducting the workshops.

The Mid-Program Assessment yielded some useful feedback about COF coordinators' experiences in the program. However, its results were not made available to LRLP staff until May, very late in the program.

- A mid-program check-in of this nature should be implemented again in future years. Feedback with concrete recommendations should be available more immediately after the assessment, so that staff have more time to adjust elements of the program if needed.
- Additionally, if a focus group method is once again employed, it is important to ensure participants' comfort to fully express their opinions during the focus group, and a different facilitator who is not part of the LRLP should be selected to lead the group.

As discussed above, little (if any) increase in knowledge was illustrated in the pre-post tests administered before and after each training session. Looking at specific questions, it appears that some of the questions were too simple, given the very high number of correct responses to them on the pre-tests, and some were unrelated to the training material, especially in the case of the HIV/AIDS Update.

- Pre-post tests are an important aspect of assessing the capacity building sessions. LRLP staff should review pre-post tests to ensure that they reflect the learning objectives for each session and are sufficiently sensitive to accurately demonstrate knowledge change.
- 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.

# PROGRAM ACTIVITIES COMPLETED BY PARTICIPATING COMMUNITIES OF FAITH

Coordinators in the communities of faith were able to present monthly workshops that surpassed the projected attendance levels, indicating that congregants were interested in learning about the health education topics, and motivated to attend these presentations each month. This held true despite loss of attendance due to snowstorms, as described by the coordinators. 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. Furthermore, several COFs distinguished themselves in continuing mentorship to COFs newer to the program, as described in the Introduction (above). 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.

While LRLP staffs were able to gather several HIV testing providers to collaborate with the COFs on Saturdays and Sundays as they scheduled monthly testing events, it appears that there was some confusion with regard to scheduling the testing events and calling upon all the partners. As such, only 9 COFs scheduled testing events, though they did hold 17 events among them.

- LRLP staff should coordinate among the various testing providers, including community-based organizations and the two COFs with CLIA waivers, to create a schedule of availability of testers. This schedule should be communicated to the COFs to reduce confusion and to facilitate the availability of testing events on weekends at COFs throughout the city.

For the second year, the COF coordinators successfully implemented the participatory Satisfaction Rulers activity to assess their workshops. However, there were some inconsistencies in reporting back on the activity, particularly in terms of the number of congregants and non-congregants, as well as the absence of open-ended responses on some of the wrap-up forms.

- LRLP staff should emphasize the use of the activity wrap-up forms as a key activity on behalf of the coordinators.
- 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 2013-14 year illustrates that the program has successfully and sustainably engaged 26 of its long-standing member communities of faith in imparting HIV/AIDS, disability, and other health information throughout Latino-Hispanic communities in New York City. For the long-term, the emergence of several communities of faith as mentors to other groups speaks to the reach of the program beyond its direct grantees.

Appendix A: List of COF activities

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>All Saints Church</b>	10	0	11/21/13	Nutrition and HIV	21
			12/8/13	HIV/AIDS Memorial	15
			12/22/13	Roundtable: HIV, Mental Health, and the Community	16
			1/26/13	Diabetes and Hypertension	23
			2/16/14	The Affordable Care Act	35
			2/20/14	Early Assessment of Children's Mental Health	15
			3/23/14	Immigration Reform and Workers' Rights	42
			4/24/14	Colon Cancer	12
			5/24/14	Asthma and Allergies	40
6/14/14	Health Fair	66			
<b>Church of Christ the King</b>	9	0	11/22/13	The Basics of Blood Pressure	12
			11/29/13	World AIDS Day Event	79
			12/12/13	Obesity	48
			2/22/14	Domestic Violence and HIV	29
			3/20/14	A Healthy Heart	44
			4/24/14	Nutrition and Health	27
			5/10/14	Cancer and Our Community	43
			5/24/14	Colon Cancer	24
6/15/14	Health Fair	328			
<b>Church of God Brooklyn</b>	7	0	11/19/13	HIV Prevention 101	24
			12/16/13	HIV Prevention 101: HIV and Drug Use	38
			1/31/14	Viral Hepatitis	29
			2/28/14	10 Signs of Alzheimer's Disease	42
			3/31/14	Sexually-transmitted Infections	31
			4/29/14	Rare Diseases	37
			6/27/14	Domestic Violence	57
<b>Church of God Third Avenue</b>	8	0	11/26/13	General Precautions for Avoiding the Flu	36
			12/17/13	HIV 101	32
			1/28/14	Diabetes	35
			12/25/14	Asthma	39
			3/25/14	Obesity and Vascular Diseases	28
			4/18/14	Rare Diseases	48
			5/31/14	Disability Myths	28
			6/24/14	Shopping Tasty and Healthy	41

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>Church of St. Cecilia</b>	6	0	1/26/14	Health and the Latino Community	18
			2/16/14	Mental Health and Domestic Violence Prevention	22
			3/30/14	HIV 101	21
			4/27/14	Flu Prevention	15
			5/18/14	Asthma	20
			6/8/14	Asthma 2	25
<b>CMC of Jackson Heights</b>	8	0	11/17/13	Nutrition	25
			12/13/13	Bone Marrow Seminar	27
			1/31/14	Health and Nutrition	32
			2/22/14	Poisoning Prevention	32
			3/15/14	Cancer Prevention	25
			4/27/14	Chiropractic and Its Health Benefits	55
			5/18/14	How to Reduce Stress	52
			6/29/14	Depression and Anxiety	28
<b>First Spanish UMC</b>	8	0	11/24/13	Exercise for a Healthy Life	26
			12/29/13	Thyroid Functioning	36
			1/26/14	The Heart and Its Functions	26
			2/22/14	Fibromyalgia: Symptoms and Care	21
			3/30/14	The Digestive System	28
			4/27/14	What is Stroke?	31
			5/26/14	People Like You and Me Know about Health	25
			6/24/14	My Life, My Legacy, and Health	16
<b>Fordham Manor Church</b>	11	2	1/25/14	Nutrition and Your Body	17
			2/3/14	Nutrition and Your Body: Food Safety	16
			2/10/14	Nutrition and Your Body 2	16
			3/3/14	Nutrition and Your Body: Food Safety	19
			3/10/14	How Much Are You Eating	18
			3/24/14	Food Labels	20
			3/31/14	Nutrition and Your Body	22
			4/12/14	HIV and Hepatitis C Testing	25
			4/28/14	HIV and Hepatitis C Testing	58
			5/17/14	Nutrition and Juicing	26
			5/24/14	Nutrition and Juicing 2	25
			6/6/14	Health and Safety	18
			6/14/14	Fruit of the Spirit	24

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>FUM Church of Corona</b>	8	0	11/17/13	Becoming an Organ Donor	40
			12/15/13	Mammograms and Prostate Exams	40
			1/12/14	Changes in Health Insurance (Obama Care)	40
			2/16/14	Nutrition Starts in the Kitchen	32
			3/23/14	Alzheimer's Disease	42
			4/27/14	Depression	52
			5/18/14	Pulmonary Health	44
			6/8/14	Latinos Against Obesity	56
<b>Holy Spirit Church</b>	7	1	11/17/13	Obama Care	30
			12/15/13	Flu Prevention	34
			1/19/14	How to Improve Your Health Insurance Coverage	44
			2/9/14	Diabetes Mellitus	33
			3/9/14	Cancer Prevention	32
			4/19/14	Improving Family Communication	40
			5/25/14	Hepatitis C Test	32
			6/29/14	HIV and Hepatitis C Prevention	55
<b>Iglesia Metodista Libre el Remanente</b>	7	1	11/27/13	Good Nutrition	39
			12/18/13	Health and Diabetes	25
			1/5/14	Preventative Healthcare	38
			2/12/14	Oral Health	20
			3/12/14	Obama Care	18
			4/23/14	Cancer	27
			5/28/14	Nutrition and Lifestyle	25
			6/7/14	HIV Screening	9
<b>Immanuel and First Spanish UMC</b>	8	0	11/17/13	Awareness and Preparation to Serve the Community	20
			12/7/13	New Ways to be Healthy	21
			1/19/14	Influenza	31
			2/23/14	Talking about Diabetes	19
			3/30/14	Breast & Ovarian Cancer	30
			4/27/14	Mental and Physical Health	20
			5/25/14	Disability Myths	23
			6/29/14	Health Resources	15

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>Metropolitan Community Church</b>	6	2	11/21/13	It is Sexy to Know Your Status	18
			12/14/13	Love Heals at Trans-in-action	16
			1/31/14	HIV Testing Report	41
			2/27/2014	Domestic Violence in the LGBT Community	15
			3/27/14	HIV and Hep C Testing	15
			4/24/14	Nutrition Good Eating Habits	16
			5/8/14	Family Dinner: Nutrition and Eating Habits	20
			6/12/14	Family Dinner: Nutrition and Eating Habits	8
<b>Muslim Women's Institute</b>	7	1	11/29/13	Flu Prevention	16
			12/30/13	HIV 101	16
			1/31/14	Cancer can be Cured	16
			2/28/14	Asthma	16
			3/31/14	Hepatitis Basics	18
			4/30/14	Rare Diseases	22
			5/27/14	A Healthy Heart	24
			6/27/14	Sexually-transmitted Infections and HIV Testing	24
<b>Pentecostal Church El Eden</b>	5	4	10/16/13	NLAAD and HIV Testing	37
			11/20/13	Influenza	35
			12/11/13	Heart Diseases	48
			1/29/14	Cancer	58
			2/26/14	HIV Testing After Hours Project	38
			3/19/14	Prostate Cancer	43
			4/30/14	Hepatitis C Testing	25
			5/28/14	Rare Diseases	26
6/25/14	HIV Testing	23			
<b>Primera Iglesia Menonita de Brooklyn</b>	8	0	11/17/13	Depression and Self-therapy	32
			12/22/13	Stigma Prevention	33
			1/26/14	Self-esteem	34
			2/28/14	Sexually-transmitted Infections	35
			3/30/14	Combating Obesity	40
			4/20/14	Rare Diseases	32
			5/25/14	Diabetes and Young People	25
			6/29/14	Taking Care of Your Heart	28

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>Reaching Across the World Ministries</b>	8	0	11/27/13	AIDS is About Secrets	16
			12/30/13	Part of The Solution	16
			1/29/14	Part of The Solution	11
			2/26/14	Meaning of Integrity / Infidelity	14
			3/26/14	It's Our Community	16
			4/30/14	Alcohol, Drugs, and HIV/AIDS	16
			5/28/14	Reducing Stress Related Illnesses	16
			6/25/14	Pulling It All Together	14
<b>Rescue Ministries Church</b>	6	2	11/15/13	HIV 101	25
			12/3/13	Influenza	28
			1/14/14	Immigration Stigma and HIV	24
			2/25/14	Heart Diseases	16
			3/27/14	HIV Testing	12
			4/15/14	Liver Damage	21
			5/22/14	HIV Testing	8
			6/12/14	Diabetes	27
<b>St. Augustine &amp; Our Lady Victory Catholic Church</b>	8	0	11/17/13	The Heart and Diabetes	85
			12/8/13	World AIDS Day Event	82
			1/12/14	Affordable Health Care Act	90
			2/9/14	Health Basics and Resources	112
			3/9/14	Good Health	88
			4/6/14	Health Fair	102
			5/10/14	Breast Cancer	89
			6/7/14	Health Fair	147
<b>St. Jerome RC Church</b>	7	2	11/24/13	Balanced and Nutritious Food	35
			12/8/13	Balanced and Nutritious Food	15
			1/29/14	Sugary Beverages	27
			2/22/14	Health Insurance	21
			3/19/14	HIV Testing	10
			4/11/14	HIV Testing After Hours Project	4
			5/21/14	Nutritious Food and Blood Pressure	39
			5/30/14	Cancer Basics	38
6/7/14	Nutritious Food / Occupational Safety & Health Administration	43			

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>St. Simon Stock Church</b>	8	0	11/13/13	Cholesterol	29
			12/1/13	Obama Care	54
			1/12/14	Influenza	32
			2/12/14	Prostate, Breast, and Cervical Cancer	40
			3/29/14	Autism	34
			4/20/14	Venereal Diseases	75
			5/25/14	Health Fair	40
			6/20/14	Child Sexual Abuse	48
<b>St. Margaret's Episcopal Church</b>	6	1	12/13/13	Depression	17
			1/31/14	Human Trafficking Prevention	14
			2/23/14	After Church Chat and Chew	20
			3/28/14	Women, Girls, and Self-esteem!	17
			4/25/14	The Death Penalty and Gun Control!	16
			5/30/14	What is a Man?	9
			6/21/14	Street Fair and HIV Testing	31
<b>Transfiguration &amp; South Side Mission</b>	8	0	11/15/13	Positive Attitude and Health 1	58
			12/15/13	Positive Attitude and Health 2	41
			1/26/14	Positive Attitude and Health 3	43
			2/23/14	HIV/AIDS Workshop	43
			3/31/14	Food Labels and Good Nutrition	45
			4/27/14	Pain and Its Treatment	51
			5/18/14	Pain and Its Treatment	38
			6/22/14	Alternative Medicine and Therapies	42
<b>UMC Broadway Temple</b>	6	2	11/23/13	Domestic Violence	32
			12/1/13	World AIDS Day Event	37
			1/30/14	Cholesterol and Nutrition	16
			2/20/14	Care for Your Heart	17
			3/20/14	Health Fair and HIV Testing	79
			4/28/14	Dialogue with HIV-positive Women	15
			5/9/14	Colon Cancer	28
			6/27/14	Health Fair and HIV Testing	106

COF	Total Work-shops	Total Testing Events	Date	Topic	Attendance
<b>UMC Jamaica Queens Hispanic</b>	8	0	11/16/13	Diabetes	33
			12/30/13	Asthma	18
			1/26/14	Hypertension	19
			2/24/14	Influenza	23
			3/30/14	Nutrition	16
			4/27/14	Viral Hepatitis in Our Communities	18
			5/18/14	Stigma	16
			6/21/14	Disability Myths	18
<b>Visión Urbana / Primitivo Christian Church</b>	8	0	1/22/14	Health Initiative Planning Committee	8
			2/26/14	Hearth Disease and High Blood Pressure	62
			3/26/14	A Day for Safety, Health and Wellness	45
			4/4/14	Men's Health Issues: HPV, Hepatitis C & Cancer	19
			4/23/14	Diabetes	43
			5/28/14	Hearing and Vision Care	39
			6/13/14	Men's Health and Stress	24
			6/25/14	Hepatitis C and Cancer	43

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

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

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



The Latino Religious Leadership Program  
is an initiative of the Latino Commission on AIDS  
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