

2008 LATINO/HISPANIC AIDS LEADERSHIP SUMMIT EVALUATION REPORT



LATINO
HISPANIC
AIDS Action
agenda 
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2008 LATINO/HISPANIC AIDS LEADERSHIP SUMMIT EVALUATION REPORT

EXECUTIVE SUMMARY

On January 29th and 30th 2008, a historic Latino/Hispanic Leadership Summit was held where a National Latino AIDS Action Agenda document and its accompanying recommendations were presented, discussed, and agreed upon. Over 300 individuals from throughout the U.S. and Latin America attended the Summit to lend voice to the Action Agenda which was divided into 8 topics including access-to-care; research; funding; prevention; and treatment. To make the process as inclusive, community-driven, and participatory as possible, individuals were active in two of the workgroup-topic sessions while at the summit. Each workgroup session prioritized recommendations which were presented to the entire Summit for discussion and rank ordering. These prioritized recommendations included the need to: increase Latino HIV-testing programs; make HIV/AIDS services available regardless of legal status, enhance community-level interventions; and fund research initiatives ensuring inclusion of Latinos in critical trials. There were a total of 62 prioritized recommendations across the eight workgroups; of which 24 were ranked within the top three of the respective workgroup topics.

Because of the historic nature and importance of this event the Summit was evaluated by four different methods: overall Summit evaluation survey; workgroup session evaluations; post-Summit teleconference, and media analyses. Additionally, the first post-Summit meeting held in February was also evaluated. The Summit and the first post-Summit meeting were evaluated through surveys that asked about overall satisfaction, perceived usefulness, and perceived likelihood of actions resulting from the Summit.

Overall Summit:

In terms of the overall Summit evaluation, there was a 94% satisfaction rate. Satisfaction was associated with how well the Summit promoted the sharing of ideas. Furthermore, overall, 99% rated the Summit somewhat to completely useful. The level of commitment expressed by the participants was extraordinary in that 99% noted that their level of commitment was moderate to high, with 58% noting that it was high. Those that rated the usefulness of the Summit more highly also rated their overall level of commitment to the action items more highly ($r = .40, p = .000$). Individuals also rated their learning experience and networking experience very highly. The lowest rated item was the decision-making process, which was associated with the ratings of the workgroup sessions.

Participants were asked to rate the likelihood that they would engage in certain specific future actions in relation to the Summit. The highest rated items were that of participating in a national congressional AIDS agenda education day and recruiting more individuals to help with the action items. The lowest rated future action item was the monthly teleconference.

Participants were asked to rate the likelihood that a response to the Summit would continue at a national, state and local level. Overall, respondents were more confident that action would occur at a local level.

Workgroups:

At the end of the 12 workgroup sessions (8 workgroups with two tracks each), participants were asked to complete an evaluation survey that assessed participant's satisfaction, content experience, likelihood personal action and perceived likelihood of future events at a national level. Overall, the respondents were satisfied with the workgroup, with 76% noting that they were satisfied to extremely satisfied. In addition, 76% rated the fruitfulness of the workgroup discussion as good to very good. Furthermore, 72% of participants noted their overall learning experience in the workgroups as good to very good. The highest ranked workgroups were consistently the Access to Care and Immigration groups; with the funding workgroup consistently ranked the lowest. The Epidemiology workgroup had the highest recommendation endorsement.



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Participants were asked how well the final workgroup recommendations reflected opinions voiced during the workgroup discussion and 81% reported that the reflection was either “good” or “very good”. There was a strong positive significant association between level of endorsement for the prioritized recommendations and how well the recommendations reflected the opinions expressed during the workgroup ($r = .65, p=.000$), their overall learning experience ($r =.61, p=.000$) and fruitfulness of the discussion ($r =.60, p=000$). Furthermore, level of endorsement was associated (though less so) with how willing they are to encourage implementation of the recommendations at the organizational level ($r = .53, p =.000$). Thus, level of endorsement depends on level of diversity and relevance of the workgroup discussion.

Participants in the workgroups were also asked about six specific actions that they may be willing to take in the future ranging from informing local politicians to contacting the local health department. The action item that had the highest percentage of participant endorsement was that of informing a local advisory committee (62%) and the item with the lowest endorsement was that of contacting local media (33%).

Media Analyses:

In order for the Summit to have some degree of success it needs media coverage to help generate buzz and maintain the agenda items in the public mind. To evaluate this aspect of the Summit, we gathered through a media service, articles a month before the Summit, during the Summit, and a month after the Summit. As of the date of this report, we gathered 150 articles to be content analyzed. The articles were from 19 different states, plus the District of Columbia and the Commonwealth of Puerto Rico. Close to 74% of the articles were in English, with the remainder in Spanish.

In terms of articles about the Summit, a plurality (40%) just cited the meeting in the title. Furthermore, 24% of the Summit articles referenced the historic nature of the Summit and another 16% cited the number of infected Latinos in their headline. In terms of specific content of the articles, a plurality (37%) focused on local issues surrounding HIV and/or Latinos. Furthermore, 24% focused on social justice issues and another 22% presented data/latest findings. While the plurality of articles focused on local issues, the highest average circulation number was that of the social justice articles. Furthermore, the plurality of the social justice articles was from the web; while the majority of the prevention articles were from local issues. In terms of the broader areas, a majority (74%) focused on Latinos and another 18% were on the Summit. However, while a majority focused on Latinos, the category with the greater circulation number was that of the Summit.

The highest percentage of articles came from the South (27%), closely followed by the West (26%). In the Northeast, the majority of articles were in magazines (52%), while in the South they were in Newspapers (54%). In terms of regional coverage and broad article content areas, the Mid-Atlantic region had the most Summit coverage and the South had the highest percentage of coverage of Latinos. In terms of language and region, the South had the largest percentage of articles in Spanish (37%), followed by the West (26%).

Teleconference:

On February 13th (two weeks post-Summit) there was a Latino Summit follow-up call to launch the post-Summit process. This teleconference also served as an information-gathering session on how well they perceived the Summit to have gone and how they were all planning to continue the Summit momentum. A majority of the participants noted that their experiences at the Summit were positive and appreciated the opportunity to continue discussing it during this call. As one participant noted:

The fact that you decided to schedule a call after the Summit indicates the process is open. Hands to all that worked on this process, makes me more committed to this process.



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Another participant noted a theme that should be at the back of the Summit organizers' minds throughout the coming year:-

We need to take little steps; start walking; then running.

First Post-Summit National Steering Committee Meeting: On February 23-24, 2008, the National Steering Committee for the Latino Hispanic AIDS Action Agenda convened in Washington, DC to discuss the recent National Latino AIDS Leadership Summit held on January 29-30, 2008 in Washington, DC. The purpose of this meeting was to develop a plan for completing the agenda, develop a plan to draft a two-year action plan and assess the organizing process at the National Summit. Overall, participants showed a very high level of satisfaction with the national organizing process, they recognized the strong commitment and accomplishments of the process thus far and recognized the need to continue these efforts. In terms of what participants liked most about the national meeting, there were several themes that emerged. The majority of participants reported positive comments on the process itself including comments about the quality of facilitation and recognized the process as collaborative and a participatory process. Participants also recognized the accomplishments of the initiative thus far, the group commitment, and the supportive environment that promoted discussion and interest.

In conclusion, we see through the analyses, that media coverage at the local level (which is highest in the South) will be key to highlighting the National Agenda's intersection with local HIV/AIDS needs. However, contacting the local media should be part of what the National steering committee members commit to as individuals who participated in the Summit appeared reluctant to contact the media themselves. Throughout these different venues and evaluation measures we see that individuals are highly committed to the process, are satisfied with the process and want to take the next step: making the national agenda part of their local agenda.



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INTRODUCTION

On January 29th and 30th 2008, a historic Latino/Hispanic Leadership Summit was held where a National Latino AIDS Action Agenda document and its accompanying recommendations were presented, discussed, and agreed upon. Over 300 individuals from throughout the U.S. and Latin America attended the Summit to lend voice to the Action Agenda which was divided into 8 topics including access-to-care; research; funding; prevention; and treatment. Specifically, there were 336 individuals that registered for the Summit representing a wide range of organizations and agencies from community based organizations and universities, to local, state and federal government agencies. The 336 individuals were from 27 states, 84 cities, and 161 different zip codes. Close to 23% of the registrants were from Washington, DC and 19% from the city of New York. Another 9% were from different areas within California.

To make the process as inclusive, community-driven, and participatory as possible, individuals were active in two of the workgroup-topic sessions while at the Summit. Each workgroup session prioritized recommendations which were presented to the entire Summit for discussion and rank ordering. These prioritized recommendations included the need to: increase Latino HIV-testing programs; make HIV/AIDS services available regardless of legal status, enhance community-level interventions; and fund research initiatives ensuring inclusion of Latinos in critical trials. A National Steering Committee will follow up and move forward with an action plan that takes into account Summit participants' feedback and input.

Because of the historic nature and importance of this event, the Summit was evaluated by four different methods: overall Summit evaluation survey; workgroup session evaluations; post-Summit teleconference, and media analyses. Additionally, the first post-Summit meeting held in February was also evaluated. The Summit and the first post-Summit meeting were evaluated through surveys that asked about overall satisfaction, perceived usefulness, and perceived likelihood of actions resulting from the Summit. Recommendations and discussion of the findings are also included. Before we present the evaluation findings, we will first review the prioritized recommendations. The prioritized recommendations reviewed here are those that were rank ordered by the participants during the afternoon session of the second day of the Summit.



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RANKED ORDERED RECOMMENDATIONS

On January 30, 2008, participants at the Summit were asked to rank order their top three workgroup topic recommendations out of a total maximum of 10 prioritized across the two workgroup-sessions that occurred on January 29, 2008. There were a total of 62 prioritized recommendations across the workgroups of which 24 were ranked ordered as the top three of the respective workgroup topics. Below we list the 24 top ranked recommendations.

Table 1: The 24 Top-Ranked Recommendations

RANK	%	RECOMENDATION
IMMIGRATION		
1	73%	HIV/AIDS services available regardless of legal status (federal, local). Develop local response that includes: Education, publicize and advocate available services regardless of legal status; protect current services and remove barriers created from new laws from states.
2	63%	Lift the HIV Bar
3	50%	Establish local regional and/or state relations/partnerships/collaborations to protect services and/or remove barriers for eligible services for immigrants, using strategies including but not limited to public education campaigns, providing trainings, work with the school system, etc.
PREVENTION		
1	63%	HIV Testing Training all doctors, integration of HIV testing into all health messages, increase prevention resources, increase testing in non-traditional settings.
2	60%	Levels of HIV knowledge among Latinos Enhance and/or create culturally appropriate education for Latinos over 50. Community Level interventions that address prevention in non-traditional settings and develop an HIV 101 for Latinos by Latinos.
3	47%	Stigma Reduction
ACCESS TO CARE		
1	56%	There is a great need to launch numerous social marketing campaigns that are culturally and linguistically appropriate and target various interest groups at high risk for HIV/AIDS. This includes local and state governments who provide HIV funding, health care providers, promotores, the Office of Minority Health and the Latino community. These social marketing campaigns should focus on encouraging early testing, encouraging early entry into HIV medical care, emphasizing partnerships between the physician and patient and promoting use of promotores as health educators.
2	47%	The Ryan White HIV/AIDS Treatment Modernization Act of 2006 should be amended to remove references to requiring 75% of funds allocated to medical care and allow more funding for comprehensive services (e.g. case management) to address the various barriers to care.
3	40%	Provide services that are culturally and linguistically competent services



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RANK	%	RECOMENDATION
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EPIDEMIOLOGY

- | | | |
|---|-----|--|
| 1 | 71% | Establish an advisory committee of Hispanics to examine the impact of surveillance and epidemiology |
| 2 | 66% | Better identification of risk groups (revisit risk categories/labels and look at behaviors and not the labels such as heterosexual, IDU and transgender) |
| 3 | 63% | CDC should provide accurate information on Latinos in its yearly surveillance report |

FUNDING AND RESOURCES

- | | | |
|---|-----|---|
| 1 | 76% | Establish a plan with funding mandates; this may include national health coverage that provides HIV/AIDS funding from the cradle to the grave |
| 2 | 93% | Fund research programs and initiatives that ensure the inclusion of Latinos in critical trials, as well as interventions that focus on Latino transgender populations, day laborers and migrant workers, MSM populations, and that take into account racial, ethnic, and cultural differences among Latinos as they relate to HIV risk factors. |
| 3 | 68% | Fund needle exchange programs. |

RESEARCH

- | | | |
|---|-----|--|
| 1 | 58% | Engage federal officers in funding research that uses socio/ecological/biological approach and Community Based Participatory Research (CBPR) strategies and principles |
| 2 | 47% | Increase flexibility with CDC funding to evaluate and develop homegrown interventions for Latinos |
| 3 | 45% | Conduct literature reviews of existing research on Latinos. Particular attention should be given (but not limited to) the following research areas: Latinas, Latino heterosexual males, MSM, over 50 population, poverty, structural factors, youth and stigma). |

LEADERSHIP

- | | | |
|---|-----|---|
| 1 | 62% | Increase appointments of experienced Latinos to government advisory bodies, committees, etc. to ensure that Latino voices are heard in the decision-making process |
| 2 | 57% | Increase financial, political and philanthropic involvement of corporate Latinos. They should use their position/status as directed by advocates. |
| 3 | 56% | Make the PR crisis an issue and propose to Rangel to develop a fiduciary like MHRA model in NYC to distribute RW money and manage the contracts and oversee expenditures; also to appoint an advisory board to oversee this work. |

TREATMENT, ADVOCACY, & EDUCATION

- | | | |
|---|-----|--|
| 1 | 53% | HRSA, SAMHSA, NIH and private health insurers must prioritize treatment education and must provide funding for education of patients and providers on treatment and disease progression in English and Spanish |
| 2 | 50% | CDC and other agencies need to advocate funds for basic HIV education for the general population |
| 3 | 38% | Ryan White must provide funding for treatment education and patient empowerment. |



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EVALUATION

In the following pages we will report on the results of the overall Summit evaluation, the Summit workgroups, the first post-Summit teleconference, the first post Summit meeting and the media analyses. We will begin with the results of the overall evaluation survey.

I. Overall Summit Evaluation Survey

There were a total of 110 Summit evaluation surveys completed of which 73% (N = 80) were completed at the Summit and 27% (N =30) were completed after the Summit through fax and email. Participants were asked to rate the Summit along several dimensions: logistics; content experience; likelihood personal action and perceived likelihood of future events at a national level resulting from the Summit and subsequent agenda document.

Overall, the respondents were satisfied with the Summit, with 50% noting that they were extremely satisfied and another 44% noting they were satisfied. Thus, there was a 94% satisfaction rate. Satisfaction was associated with how well the Summit promoted the sharing of ideas ($r = .38, p=.000$).

Overall, 99% rated the Summit somewhat to completely useful. Furthermore, the level of commitment expressed by the participants was extraordinary in that 99% noted that their level of commitment was moderate to high, with 58% noting that it was high.

a. Demographics

There were 100 respondents, of which 54% were male and 45% were female. Close to 83% were Hispanic/Latino, 7% were African-American, 4% Caucasian and 6% other. The average age of respondents was 43, ranging from 22 through 64 years (SD = 9.90). The plurality of the respondents (47%) noted that their primary language was English, while 42% noted that it was Spanish.

Respondents were from 20 states, Washington, D.C. and Puerto Rico. The largest contingencies were from NY (28%), Florida (9%), California (8%), Virginia (7%) and D.C. (7%). The states respondents were from were recoded to fit within CDC's region breakdown, although we left Puerto Rico as a separate category.

Table 2: Overall Survey Respondents' Region

<i>West</i>	<i>MidWest</i>	<i>Northeast</i>	<i>Mid-Atlantic</i>	<i>South</i>	<i>Puerto Rico</i>
10%	6%	31%	25%	24%	4%

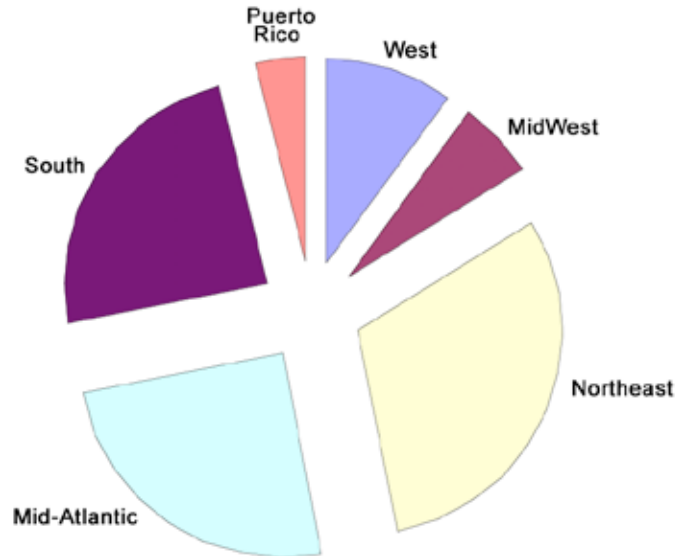
Respondents were asked to provide their job titles so that we can have better understanding of who came to the Summit and what actions they could follow through with. Close to 28% were part of middle management, 12% were at the executive level and 51% were program staff.

Within this group of participants, 40% have participated in similar processes in the past. Thus, 60% have never participated in such a process. Furthermore, close to 22% of the respondents were involved in the agenda-writing process that occurred before the Summit. There were no differences in the ratings by whether the person participated in a similar process in the past or participated specifically in the Agenda writing process. There was also no gender, regional, primary language, or age differences in how the Summit was rated overall. Thus, in the sections that follow only when there are significant differences will moderator variables be noted.



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Figure 1: Respondents Region



b. Ratings of Summit Logistics

In terms of Summit logistics, from the point of view of the participants, the Summit was perceived fairly well. The Summit staff (consisting mostly of the Latino Commission on AIDS) was very highly rated. The items that were not as highly rated (although still rated well) were the Summit facilities and the hotel. Although, a high percentage felt that the information provided beforehand was good, not as many rated it as very good and thus it was the lowest rated item in terms of Summit logistics. See Table 3 below.

Table 3: Ratings of Summit Logistics

	<i>% Good or Very Good</i>	<i>Average Score</i>
Registration Process	97%	3.53
Meals and refreshments	91%	3.55
Location	95%	3.59
Summit facilities	88%	3.41
Information before the Summit	94%	3.16
Hotel	82%	3.24
Summit staff	98%	3.76
Lunch/networking	93%	3.46
Dinner (celebrating victories)	95%	3.50

There were differences in how the Summit logistics were rated depending on whether registration occurred by email or not. In general those that registered via email (not through the website) rated the Summit logistics more highly. For example, those that registered via email rated the amount/quality of the information provided before the Summit more highly ($M = 3.34$) than those that did not register by email ($M = 3.0$).

There were some differences in how the Summit logistics were rated by ethnicity (Hispanic or non-Hispanic). In general, those that were non-Hispanic rated the Summit logistics slightly higher than those that were Hispanic.



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c. Ratings of Summit Content

Participants were asked to rate how good the content of the Summit was. The lowest rated items were those related to the workgroup sessions. See Table 4 below.

Table 4: Ratings of Summit Content

	<i>% Good or Very Good</i>	<i>Average Score</i>
Quality of information provided at the Summit	91%	3.43
Welcoming	90%	3.47
Setting our AIDS agenda opening/community forum	93%	3.42
Developing strategies (workgroup sessions)	85%	3.15
Sharing ideas session	93%	3.39
One voice, one action plan session	92%	3.36
Closing	94%	3.43
Effectiveness of the speakers	95%	3.52
Workgroup sessions	84%	3.13
Workgroup facilitators	81%	3.17
Summit structure	92%	3.43

There were differences in how the Summit experience was rated depending on whether registration occurred by email or not. In general, those that registered via email (not through the website) rated their Summit experience more highly. Specifically, the closing, the sharing ideas session, the Summit structure and the one voice session were rated more highly by those that registered by email than those that did not.

Furthermore, there were some differences in how the Summit experience was rated by ethnicity (Hispanic or non-Hispanic). In general, those that were non-Hispanic rated their Summit experience slightly higher than those that were Hispanic. For example, those that are Hispanic rated the developing strategies sessions ($M = 3.03$) lower than non-Hispanic ($M = 3.50$) did ($F = 8.71, p=.004$).

Age, for the most part, was not associated with how the Summit experience was rated. There was a marginally significant association between age and how the developing strategies session was rated ($r = .19, p=.06$).

d. Ratings of Personal Experience at the Summit

Participants were asked to rate their Summit experiences in terms of learning and perceived usefulness. In terms of usefulness, 90% of the participants reported that the Summit was either very useful (54%) or completely useful (36%). On a scale of 0 to 4, the average usefulness rating was 3.25. Those that rated the usefulness of the Summit more highly also rated their overall level of commitment to the action items more highly ($r = .40, p=.000$).

Table 5: Personal Experience at the Summit

	<i>% Good or Very Good</i>	<i>Average Score</i>
Learning experience	93%	3.34
Level of involvement	85%	3.15
Networking experience	93%	3.42



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	<i>% Good or Very Good</i>	<i>Average Score</i>
Diversity of ideas expressed at the Summit	94%	3.44
Decision-making process	81%	3.10
New ideas provided at the Summit	81%	3.15

Individuals also rated their learning experience and networking experience very highly. The lowest rated item was the decision-making process, which was associated with the ratings of the workgroup sessions ($r = .55, p = .000$).

There were differences in rated usefulness of the Summit depending on how the person first heard of the Summit. Specifically, those that heard of the Summit through a personal invitation rated the usefulness of the Summit more highly ($M = 3.31$) and those that heard of the Summit through email ($M = 2.88$) rated the usefulness of the Summit the lowest ($F = 4.90, p = .003$).

Age was associated with overall level of involvement at the Summit, with those that were older rating their level of involvement more highly ($r = .20, p = .045$).

e. Ratings of Likelihood of Personal Future Action Related to the Summit

Participants were asked to rate the likelihood that they would engage in certain specific future actions in relation to the Summit. The highest rated items were that of participating in a national congressional AIDS agenda education day and recruiting more individuals to help with the action items. The lowest rated item was the monthly teleconference. See Table 6 and Figure 2 below.

Table 6: Likelihood of Personal Action

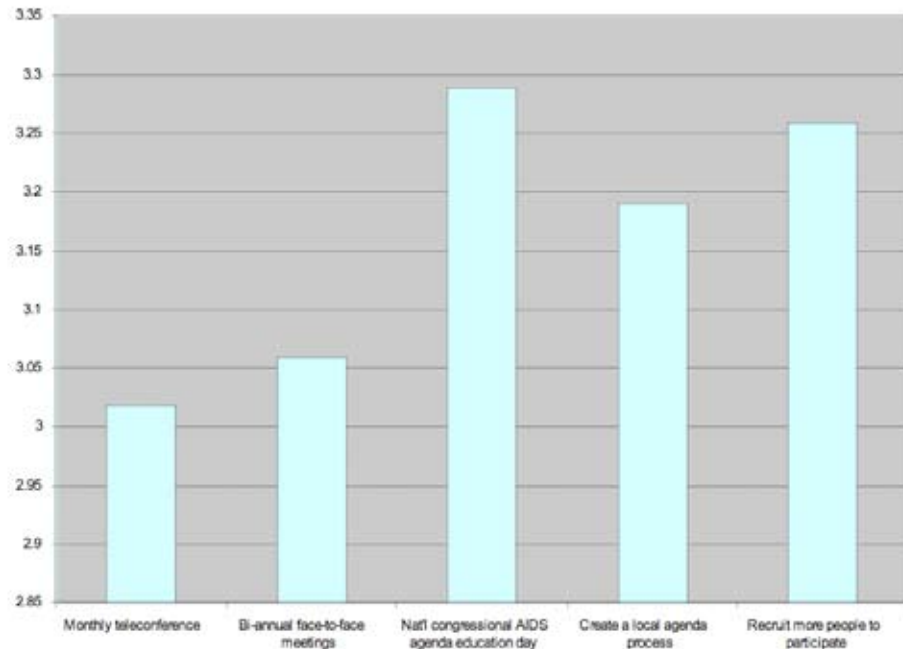
	<i>% very likely or definitely</i>	<i>Average Score</i>
Monthly teleconference on the action items	73%	3.02
Bi-annual face-to-face meetings	76%	3.06
National congressional AIDS agenda education day	81%	3.29
Create a local agenda process	81%	3.19
Recruit more people to participate in the action items	83%	3.26

There were age differences in likelihood of personal action. For instance, those in the age range of 40 through 49 rated their likelihood of participating in monthly teleconferences more highly than all other age groups ($F = 2.44, p = .070$); meanwhile those in the age range of 20 through 29 rated their likelihood the lowest ($M = 2.29$). The same pattern existed for total personal actions (a sum across all actions) the participant perceives as likely. There is also a positive association between age and likelihood of participating in bi-annual meetings ($r = .20, p = .048$).



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Figure 2: Likelihood of Personal Action



f. Ratings of Likelihood of Action Resulting from Summit

Participants were asked to rate the likelihood that a response to the Summit would continue at a national, state and local level. Overall, respondents were more confident that action would occur at a local level. Respondents were not as confident about future legislative action. They were also less confident of continued media coverage. They were confident that Summit coordinators will continue to provide guidance, which shows that the Summit participants saw the conference coordinators as the leaders to take this effort forward. See Table 7 below.

Table 7: Ratings of Perceived Likelihood of Future National Events

	<i>% very likely or definitely</i>	<i>Average Score</i>
Implementation of items at a national level	63%	2.87
Implementation of action items at the state level	70%	2.90
Implementation of action items at the local level	78%	3.10
Legislative action	62%	2.81
<hr/>		
Continued media coverage	68%	2.85
Interest at the national level	69%	2.97
Interest at the state level	74%	2.99
Interest at the local level	78%	3.09
Guidance from Summit officials on next steps	80%	3.09



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II. Summit Workgroup Sessions

At the Summit, there were two tracks of eight workgroups held the afternoon of January 29th. Each workgroup represented an agenda focus area—Immigration/Migration; Prevention; Access to care; Epidemiology; Funding and Resources; Research; Leadership; Treatment, Advocacy and education. The purpose of the workgroups was to discuss the recommendations listed under the workgroup focus area in the National Summit Agenda and narrow them down to at most five prioritized recommendations.

At the end of the workgroup, participants were asked to complete an evaluation survey that assessed participant's satisfaction, content experience, likelihood personal action and perceived likelihood of future events at a national level.

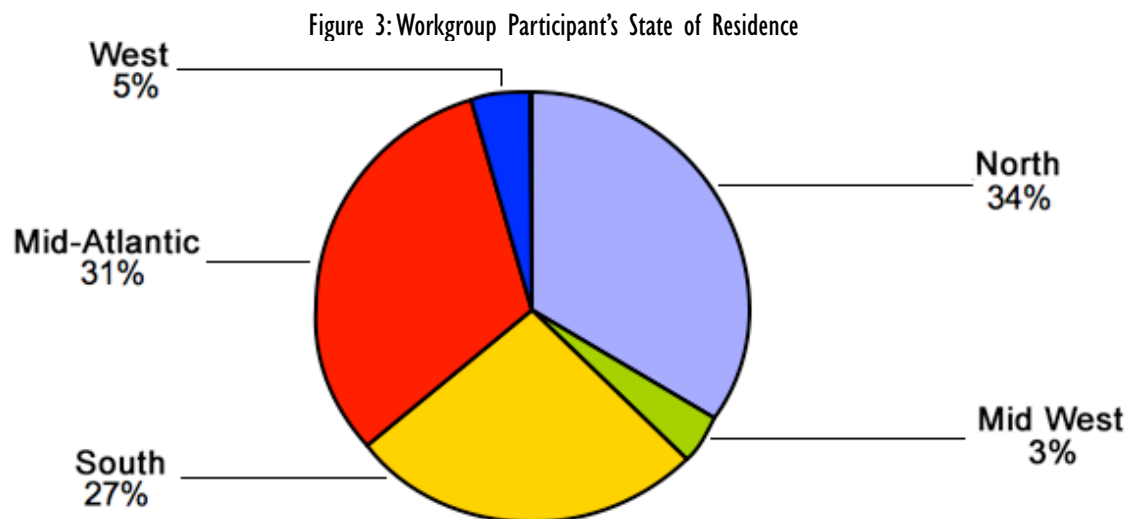
Overall, the respondents were satisfied with the workgroup, with 76% noting that they were satisfied to extremely satisfied. In addition, 76% rated the fruitfulness of the workgroup discussion as good to very good; another 19% noted it as average. Furthermore, 72% of participants noted their overall learning experience as good to very good, 20% responded that it was average.

a. Demographics

There were a total of 260 participants who completed surveys in track I and II of the Summit workgroups; 135 were completed in track I and 125 in track II. All surveys were completed in English; a Spanish survey was not offered. All workgroup surveys were administered, completed and collected immediately after the end of the workgroup discussion.

Of the participants who noted their gender, 48% were male, 41% were female and 2% transgender. The average age of the respondents was 41, ranging from 20 through 61 years (SD = 8.71). The plurality of the respondents (43.5%) noted that their primary language was Spanish, 33.8% noted English and 11% Spanish and English; please note that 11% (n=29) of respondents did not answer this question.

Respondents were from 21 states, Washington, D.C. and Puerto Rico. The largest contingencies were from NY (22%); North Carolina and California (10%); Washington DC (8%); and Florida, Texas and Maryland (5%). The respondents' states of residence were recoded to fit within CDC's region breakdown, although we left Puerto Rico as a separate category.





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b. Ratings Across the Workgroups of Workgroup Format

When asked to rate their level of satisfaction with the workgroups overall, using a 5-point scale with end-points of extremely unsatisfied (1) and extremely satisfied (5), a majority of the respondents (76%) noted that they were satisfied to extremely satisfied. The average satisfaction rating was 3.84.

See Table 8 below for how various aspects of the workgroups were rated by the participants. The ability of the facilitator to incorporate different opinions had a high percentage (80%) of respondents reporting it was good or better. However, the highest rated workgroup item was the diversity of opinions ($M = 3.79$). The lowest rated item was the length of time for workgroup discussion.

Table 8 : Workgroup Format Ratings

	<i>% of respondents that noted it was good or better</i>	<i>Average Rating</i>
Adequate length of time for discussion	62%	2.63
Ability of facilitator to incorporate different opinions	80%	3.17
Session Format and Organization	74%	2.95
Fruitfulness of session discussion	76%	2.98
Level of diversity of opinions expressed	72%	3.79

When asked how informed they felt about the topic beforehand, 59% noted that they felt very informed to definitely informed, 30% felt somewhat informed and 11% felt definitely not informed. There was an association between age and reporting feeling informed ($r = .16$, $p = .022$), with older individuals also rating the level of information higher than those that are younger.

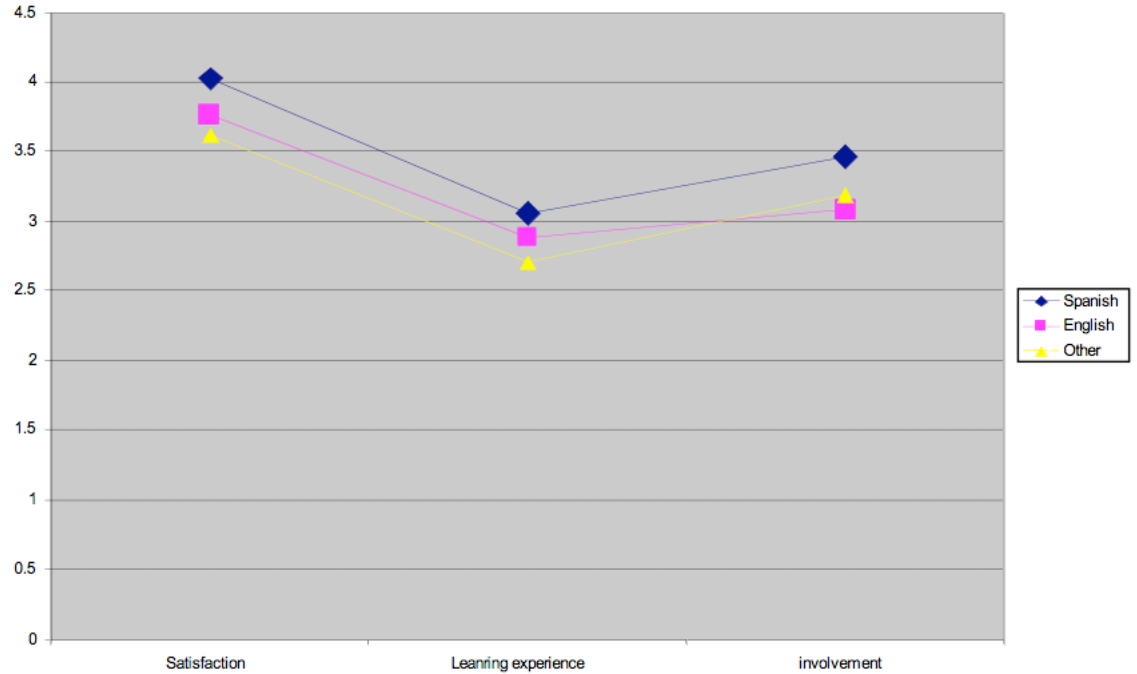
Correlational and one-way anovas were run to better understand the partner of rating for the workgroups. There were no statistically significant differences in how the workgroups were rated according to gender. There was a slight trend for men to rate the adequacy of the length of workgroup discussion length lower ($M = 2.53$) than did women ($M = 2.71$).

There were differences by primary language (Spanish vs. English vs. other) in how some of the key variables were rated. Specifically, there was a difference in how satisfaction with the workgroup was rated ($F = 4.18$, $p = .016$) due to primary language, with those whose primary language was Spanish ($M = 4.03$) rating their satisfaction higher than the others. The same pattern existed for rated overall learning experience ($F = 2.95$, $p = .05$) and level of discussion involvement ($F = 2.82$, $p = .06$). See Figure 4 below.



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Figure 4: Workgroup Rating Differences by Primary Language



Overall satisfaction ratings for the sessions were associated with ratings on the fruitfulness of the discussion ($r = .68, p = .000$) and session format ($r = .64, p = .000$). Satisfaction was not associated with age of the respondent. Ratings for overall learning experience were also similarly, but more strongly associated, with fruitfulness of the discussion ($r = .79, p = .000$) and session format ($r = .82, p = .000$). Thus, it seems as if the workgroup satisfaction ratings and learning experience depended on the facilitator's ability to manage the format of the session and the degree of depth to the discussion.

c. Ratings across the Workgroups of the Prioritized Recommendations

Participants were asked how well the final recommendations reflected opinions voiced during the workgroup discussion and 81% reported that the reflection was either "good" or "very good".

Respondents were also asked about their level of endorsement of the prioritized recommendations. Of the respondents who answered, 83% reported a "very high" to "high" endorsement of the prioritized recommendations.

Table 9: Workgroup Recommendation Ratings

	<i>% reported as good/very good or High/very high</i>	<i>Average Rating</i>
Final recs reflect opinion expressed	81%	3.95
Level of endorsement	83%	3.94
Likelihood that recommended steps will be implemented	50%	3.50
How realistic do you think the action steps are	60%	3.63



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There was a strong positive significant association between level of endorsement for the prioritized recommendations and how well the recommendations reflected the opinions expressed during the workgroup ($r = .65, p=.000$), their overall learning experience ($r =.61, p=.000$) and fruitfulness of the discussion ($r =.60, p=.000$). Furthermore level of endorsement was associated (though less so) with how willing they are to encourage implementation of the recommendations at the organizational level ($r = .53, p =.000$). Thus, level of endorsement depends on level diversity and relevance of the workgroup discussion.

There were differences by primary language in how the perceive likelihood of action steps being implemented ($F = 2.90, p=.05$) and likelihood of participating in future meetings ($F = 6.82, p=.001$). Specifically, those whose primary language was Spanish rated these items higher.

d. Likelihood of Future Participation and Action Item Implementation Across Workgroups

Participants were asked how likely they were to participate in future meetings related to this topic, 72% noted that they were very likely to definitely likely; 21% noted somewhat likely.

Participants in the workgroups were also asked about six specific actions that they may be willing to take in the future ranging from informing local politicians to contacting the local health department:

- Inform local political officials
- Inform local HIV advisory committees
- Inform local public health planning bodies
- Inform regional planning bodies
- Contact local media
- Inform the local health department of health

The action item that had the highest percentage of participant endorsement was that of informing a local advisory committee (62%) and the item with the lowest endorsement was that of contacting local media (33%).

Table 10: Likelihood of Specific Actions

<i>Inform political Officials</i>	<i>Inform local advisory committee</i>	<i>Inform local public health planning bodies</i>	<i>Inform local DOH</i>	<i>Inform Regional planning bodies</i>	<i>Contact local media</i>
44%	62%	49%	37%	41%	33%

There were some gender differences in terms of frequency of action step endorsement. For example, a higher percentage of males (71%) selected “inform local advisory committee” as an action step while only 57% of women did ($\chi^2 = 4.89, df = 1, p=.027$).

Participants were asked about other future steps they may take. Several of the respondents noted that they would take this information to the faith-based communities and networks. See Table 11 below.



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Table 11: Other Future Actions

Inform Immigrant LGBT Communities
Various Latino Communities
Inform and approach churches and schools etc
Inform local Latino legal groups
I am able to share the information on the federal level
Try to get my organization to adopt the intent of his recommendations
Use this information in my radio program
Get the faith based organizations more involved in direct prevention/intervention/education
Church
Labor
Local Networks
Inform CDC Federal Office of Minority Health and HRSA
Inform federal officials
Working with faith based organization
Pharma Initiatives
Will inform federal officials
Inform state health officials and Latina physician colleagues
Inform local business and corporation to lobby-colleagues and other to push for more funding
Activism Civil disobedience
We shouldn't depend exclusively on federal funding. If we are creative, we can become self sufficient
Bring back info on the funding barriers or may be a voice to implement changes to the policy makers
University Level
Incorporate recommendations into my own research
HIV Network
Collaborate
Involve more youth and social network
Create a leadership mentor program within a youth program
Inform international community and collaborate with the local communities more on these issues
Implement at CBO Level
Community members and law enforcement
Offer Education workshops on HIV/AIDS basic facts more often
State authorities open treatment clinics
Work with local Latino HIV groups and providers
Support Groups

e. Comparison of the Workgroups

There were eight workgroups at the Summit and two tracks for each. There were differences on the majority of variables of interest by workgroup topic. For example, with satisfaction, participants noted the highest satisfaction with the Access to Care workgroup and the lowest satisfaction with the funding workgroup ($F = 5.30, p = .000$). In terms of overall learning experience, participants in the Immigration



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workgroup rated it the highest and participants in the funding workgroup rated it the lowest ($F = 5.06$, $p = .000$). Interestingly, participants in the Immigration workgroup felt the least informed of the topic beforehand and the participants in the Access to Care workgroup felt the most informed ($F = 2.21$, $p = .034$).

Overall, the funding workgroup was rated the lowest across the variables of interest and Immigration and Access to care were rated fairly highly across the variables. See Tables 12 and 13 below.

Table 12: Overall Comparison of Workgroup Ratings

	<i>Satisfaction</i>	<i>Learning experience</i>	<i>Informed of topic beforehand</i>	<i>How involved were you</i>
Immigration	3.97	3.18	3.30	3.30
Prevention	3.89	3.00	3.79	3.14
Access to care	4.09	3.04	3.89	3.63
Epi	3.94	2.89	3.59	3.53
Funding	2.97	2.04	3.38	2.78
Research	3.79	3.03	3.67	3.47
Leadership	4.03	3.16	3.36	3.33
Treatment	4.05	2.88	3.78	3.15

Table 13: Comparison of Workgroup Format Ratings

	<i>Fruitfulness of session discussion</i>	<i>Adequate length of time for discussion</i>	<i>Ability of facilitator to incorporate different opinions</i>	<i>Session Format and Organization</i>	<i>Level of diversity of opinions expressed</i>
Immigration	3.08	2.35	3.38	3.15	3.93
Prevention	3.09	2.49	3.29	3.11	3.80
Access to care	3.04	2.96	3.19	3.08	4.11
Epi	3.21	2.84	3.26	3.16	3.95
Funding	2.23	2.15	2.88	2.00	3.31
Research	3.07	2.68	3.17	3.00	3.86
Leadership	3.09	2.56	3.16	2.87	3.78
Treatment	2.97	3.05	3.00	3.07	3.63

There were also significant differences by workgroup in regards to the prioritized recommendations and likelihood of encouraging future implementation at organizations. In terms of which workgroup was rated consistently highly across these variables pertaining to the prioritized recommendations, the Epidemiology workgroup participants rated it the highest. See Table 14 Below.



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Table 14: Comparison of Workgroup Recommendations

	<i>How well final recs reflect opinions</i>	<i>Level of endorsement for prioritized recs</i>	<i>How likely to participate in future topic meeting</i>	<i>Likely to encourage org to implement action steps</i>	<i>How realistic are the action steps</i>
Immigration	4.05	4.03	4.11	4.08	3.46
Prevention	4.09	4.06	4.18	4.16	3.68
Access to care	3.92	3.92	3.93	3.86	3.74
Epi	4.16	4.32	4.05	4.21	3.83
Funding	3.55	3.09	3.48	3.04	3.29
Research	3.93	3.96	3.97	3.81	3.69
Leadership	3.90	4.17	4.12	4.09	3.72
Treatment	3.92	3.90	3.72	4.06	3.76

While the Access to Care and Immigration workgroups were rated the highest in terms of how the workgroup was facilitated, it was the Epidemiology workgroup that was rated the highest in terms of recommendation endorsement. Lastly, across the workgroups those in Track One rated the adequacy of the length of time for discussion lower than those in Track Two.

III. Media Analyses

In order for the Summit to have some degree of success it needs media coverage to help generate buzz and maintain the agenda items in the public mind. To evaluate this aspect of the Summit, we gathered through a media service articles a month before the Summit, during the Summit, and a month after the Summit. The evaluation consisted of counting the number of articles and coding the articles on the extent of the coverage (content, acknowledgement of historic event, etc). To gather the articles we used the key search words of Hispanic, Latino, HIV, and Summit. We thus gathered articles that were not only about the Summit but also about Hispanics/Latinos and HIV.

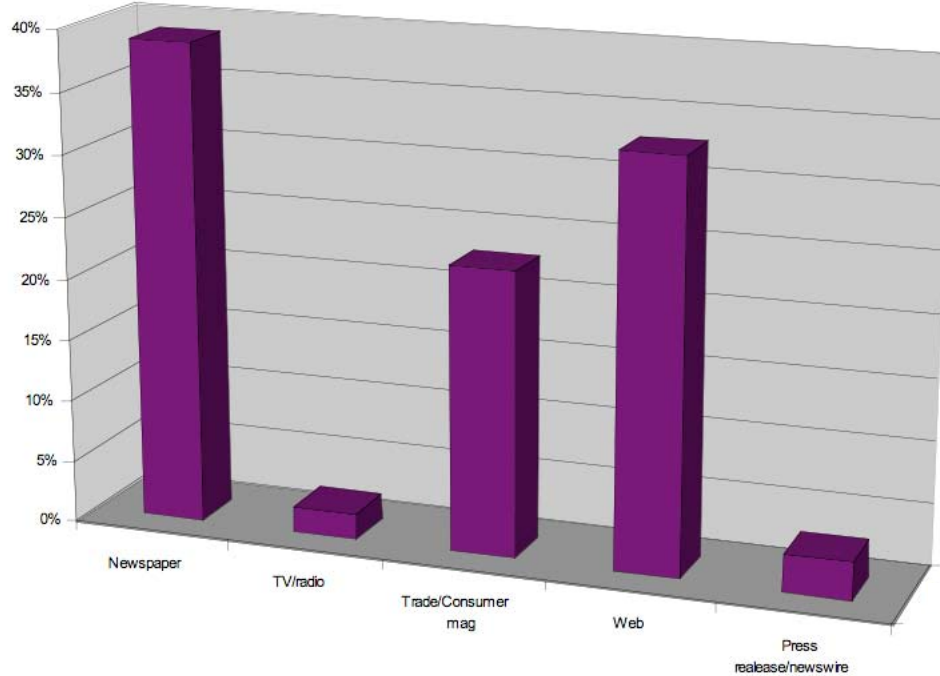
As of the date of this report, we gathered 150 articles from December 27, 2007 up through March 17th 2008. There were 17 articles that we gathered that were past March 1st. We decided to leave these articles in since the number of articles pre-December 29th and past February 29th were roughly equal in that 45% of the 150 articles were pre Summit and 44% were post Summit, with 11% during the Summit. The articles were from 19 different states, plus the District of Columbia and the Commonwealth of Puerto Rico. Close to 74% of the articles were in English, with the remainder in Spanish.

The articles were categorized into six media types: newspaper; TV/radio; trade/consumer magazine; web; newswire/press release. The highest percentage of article media type was that of Newspaper (39%) closely followed by the web (33%). See Figure 5 below.



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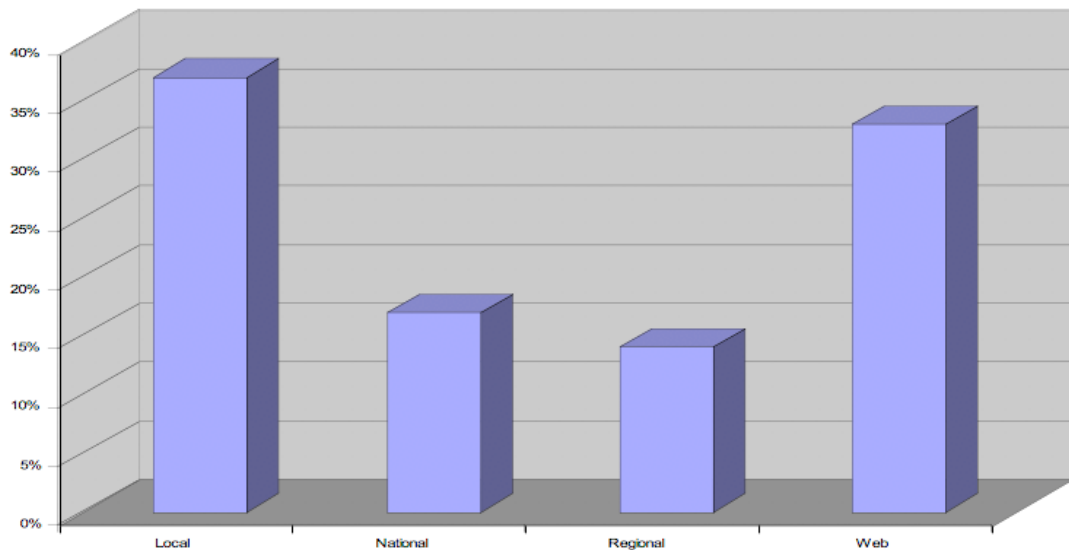
Figure 5: Article Media Type



The articles were also categorized by media type frequency: daily; weekly; bi-weekly; monthly; and bi-monthly. Close to two-thirds of the articles appeared in issues that were daily (61%), another 31% appeared in weekly issues and lastly another 7% appeared in monthly issues.

Of the articles in Spanish, 61% appeared in daily issues and 39% appeared in weekly issues. There were no Spanish articles that were in monthly, bi-monthly, or bi-weekly issues. Furthermore, the articles were categorized by their locality: national; regional; local; and the web. The plurality of the articles was local (37%). See Figure 6 below.

Figure 6: Locality of the Articles





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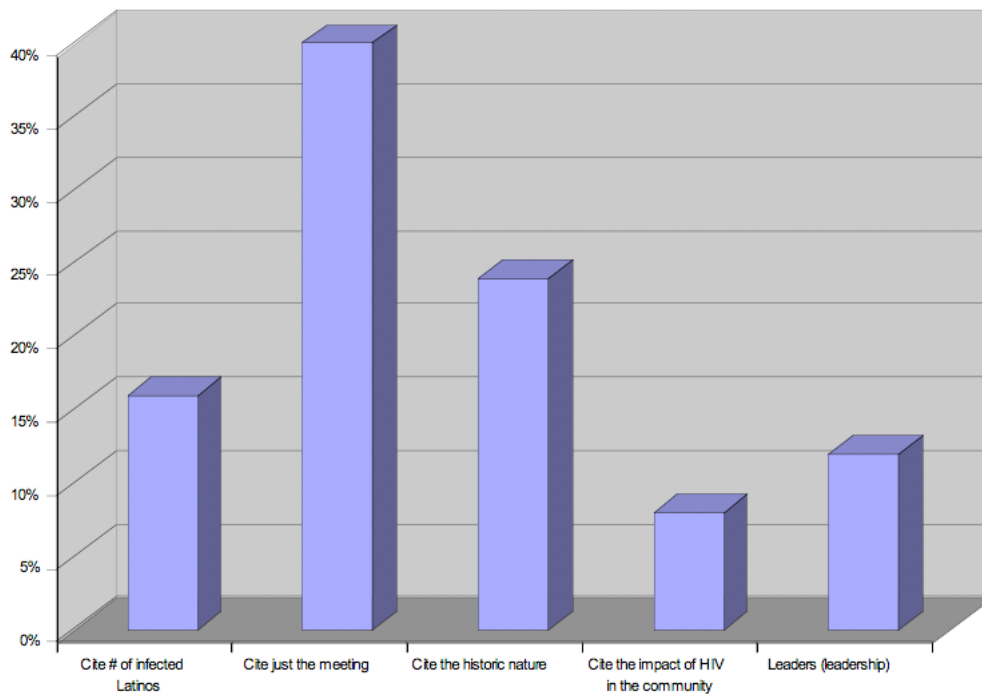
a. Overall Content Analyses

The titles of the Summit articles were coded to capture what was the emphasis of the headline. In terms of articles about the Summit, a plurality (40%) just cited the meeting in the title. Furthermore, 24% of the Summit articles referenced the historic nature of the Summit and another 16% cited the number of infected Latinos in their headline. See Table 15 and Figure 7 below.

Table 15: Coded Titles of Media Articles about the Summit

	%
Cite number of infected Latinos	16%
Cite just the meeting (including the name)	40%
Cite the historic nature of the meeting	24%
Cite the impact of HIV in the community	8%
Leaders (leadership)	12%

Figure 7: How the Summit was Highlighted by the Media



We also created two different coding schemes for all articles: (1) the specific content of the articles, and (2) the broader categories of issues that the Commission has focused on the last few months. There were five specific categories created under the specific content coding scheme. Examples are provided of each specific category in Table 16 below.



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Table 16: Title Examples of Specific Content Areas

	<i>Examples of titles</i>
Social Justice	Piden ayuda de vivienda para personas con SIDA
Data/findings	HIV/AIDS Cases Higher than Previously Thought
Prevention	Male circumcision may not be a universal HIV prevention tool
Ecological	Latino Community Services
Local Issue	Sex-ed effort in Glen Cove focuses on Latinos
Other	Grant awarded for HIV research

In terms of specific content of the articles, a plurality (37%) focused on local issues surrounding HIV and/or Latinos. Furthermore, 24% focused on social justice issues and another 22% presented data/latest findings. While the plurality of articles was focused on local issues, the highest average circulation number was that of the social justice articles. Furthermore, the plurality of the social justice articles was from the web; while the majority of the prevention articles were from local issues.

In terms of media type, the social justice articles were dispersed evenly throughout newspapers, consumer magazines and the web. While prevention articles were mainly in newspapers. Ecological perspective articles were evenly distributed in newspapers and the web.

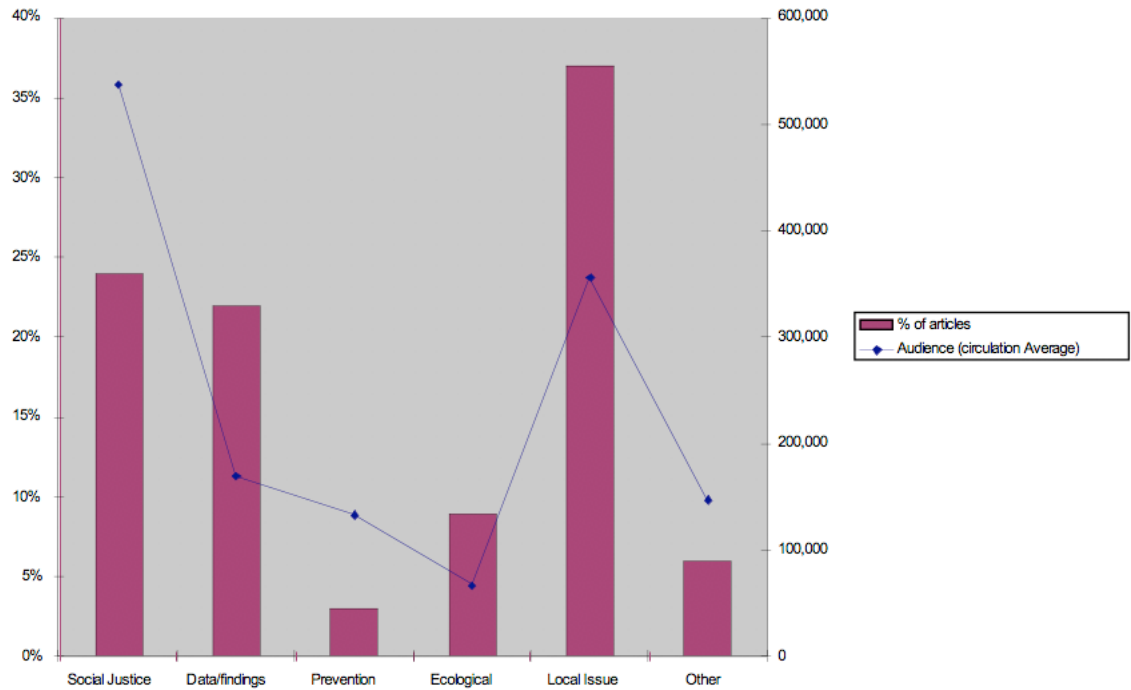
Table 17: Percentage of Specific Content of the Articles

	<i>% of articles</i>	<i>Audience (circulation Average)</i>	<i>Locality (plurality)</i>
Social Justice	24%	537,525	Web (33%)
Data/findings	22%	169,698	Web (50%)
Prevention	3%	133,177	Local (50%)
Ecological	9%	67,059	Web/Local (33%)
Local Issue	37%	356,541	Local (42%)
Other	6%	147,660	Local (50%)



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Figure 8: % of Content Specific Area and Audience Circulation #s



In terms of the broader areas, a majority (74%) focused on Latinos and another 18% were on the Summit. See Table 18 below. However, while a majority focused on Latinos, the category with the greater circulation number was that of the Summit.

Table 18: Broader Categories

	<i>% of articles</i>	<i>Audience (circulation Average)</i>
Summit	18%	701,593
Latinos	74%	285,861
Puerto Rico	2%	158,111
Commission	6%	154,374

b. Analyses by Region

The articles were also classified according to region of the United States. The classification scheme follows that of the Center for Disease Control and Prevention's (CDC) HIV Capacity Building Assistance (CBA) regional breakdown (with the exception of Puerto Rico which we left as its own category as opposed to categorizing it as northeast). The highest percentage of articles came from the South (27%), closely followed by the West (26%). In the Northeast, the majority of articles were in magazines (52%), while in the South they were in Newspapers (54%).



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Table 19: Regional Breakdown of Articles, Circulation Numbers and Top Content Area

	<i>Northeast</i>	<i>Midwest</i>	<i>South</i>	<i>Mid-Atlantic</i>	<i>PR</i>	<i>West</i>
% of articles	21%	5%	27%	17%	4%	26%
Circulation #s	293,502	19,901	235,590	76,750	147,500	406,929
Plurality/majority of Specific content	Local Issue	Social Justice	Local Issue	Social Justice	Data	Local Issue
Media type	Magazine	Web	Newspaper	Newspaper	Web	Web

In terms of regional coverage and broad article content areas, the Mid-Atlantic region had the most Summit coverage and the South had the highest percentage of coverage of Latinos and the Commission. See Table 20 below.

Table 20: Broad Content Areas by Region

	<i>Area that covered the topic the most</i>
Summit	Mid-Atlantic
Latinos	South
Puerto Rico	Puerto Rico
Commission	South

In terms of language and region, the South had the largest percentage of articles in Spanish (37%), followed by the West (26%).

IV. Post-Summit Teleconference

On February 13th (two weeks post-Summit) there was a Latino Summit follow-up call to launch the post-Summit process. This teleconference also served as an information-gathering session on how well they perceived the Summit to have gone and how they were all planning to continue the Summit momentum.

There were 26 participants on the call, representing 14 organizations, one community planning group, and five health departments across the nation. There were 15 males and 11 females on the call.

A majority of the participants noted that their experiences at the Summit were positive and appreciated the opportunity to continue discussing it during this call. As one participant noted:

The fact that you decided to schedule a call after the Summit indicates the process is open. Hands to all that worked on this process, makes me more committed to this process.

Most of the call focused on the issue of the recommendations that were discussed during the workgroups and subsequently prioritized at the Summit. Several mentioned that the workgroups need facilitators that understand policy and can help streamline the prioritization process. Specifically, the facilitators should be able to turn recommendations into concrete policy recommendations. It was also noted throughout the call



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that there was a mixture of programmatic and policy recommendations discussed at the Summit that may have made it more difficult to prioritize. Another participant noted that she, like others, will need help in making decision since they may not be as aware of the policies up before Congress. Thus, a policy guide of sorts is needed.

Another theme in the call was that of keeping involved both at the national agenda level and at the local level. As one participant noted:

How do I keep up my involvement with my local agenda? I don't want this to be the end of it.

A participant noted in response that “*We will try to use national conferences to have chance to meet i.e. USCA, HPLS.*” Another responded by saying “*we have to foster more leadership. Help and push to move leadership.*” Lastly, another respondent noted: *I foresee more support for national community-create this national platform, activating people in the local communities; we have an opportunity to start igniting some interest that will impact our local community.*

The final theme that emerged during this call was that of taking this Summit in small steps. One participant noted

We need to take little steps; start walking then running.

V. First Post-Summit Meeting

On February 23-24, 2008, the National Steering Committee for the Latino Hispanic AIDS Action Agenda convened in Washington, DC to discuss the recent National Latino AIDS Leadership Summit held on January 29-30, 2008 in Washington, DC. The purpose of this meeting was to develop a plan for completing the Agenda, develop a plan to draft a two-year action plan and assess the organizing process at the National Summit. We assessed participants’ overall experience at the meeting, satisfaction with the organizing process and satisfaction with the Latino AIDS Action National Agenda. Below we report on the participants’ overall experiences at the national meeting, differences in perceptions of the meeting based on date of participation and gender.

a. Demographics

There were a total of 18 participants that attended the two day event. A total of 16 surveys were completed for each day of the event.

On Day 1, a total of 16 participants completed surveys. The majority of the participants identified as male (75%) and the self-reported ages ranged from 28-58 with the average self-reported age being 47. The majority of participants reported their ethnicity as Latino (88%). There was some variation when reporting primary language, 25% reported English, 31.3% reported Spanish and 25% reported both English and Spanish as their primary languages. In terms of work affiliation, the majority of participants reported being affiliated with either a CBO or Health Department, each 31.3% respectively, and other participants reported being affiliated with a university or other type of organization.

On day 2, a total of 16 participants completed surveys. The majority of the participants identified as male (75%) and the self-reported ages ranged from 28-59 with the average self-reported age being 46. The majority of participants reported their ethnicity as Latino (98%). There was some variation when reporting primary language, 38% reported English, 25% reported Spanish and 19% reported both English and Spanish as their primary languages. In terms of work affiliation, participants reported being affiliated with a CBO (47%), Health Department (33%), University (7%) or other type of organization (13%).



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b. Overall Experience

At the end of each day, participants were asked to complete evaluation surveys that assessed their experience and perception of the national meeting. Overall, participants reported very positive experiences at the national meeting on both days.

At the end of Day 1, when asked to rate their experience at the national meeting using a 5-point scale with end points of “very poor” and “very good”, the majority of participants reported positive experiences at the national meeting. More specifically, 69% reported their experience at the national meeting as “very good” and an additional 25% reported it as “good.” Only 6% reported their experience as “average”.

At the end of Day 2, there was an increase in the number of participants that reported having positive experiences at the national meeting. Specifically, 94% reported their experience at the national meeting as “very good” and 6% as “good.”

An ANOVA analysis was conducted to better understand if there were differences in responses based on the date of participation and gender. We found that there was a marginally significant difference in how participants rated their experience at the national meeting ($F = 3.5, p = .071$) based on which date it was. Specifically participants rated their experience higher for Day 2 ($M = 3.9$) than for Day 1 ($M = 3.6$). We did not find any statistically significant differences in how participants rated their experience based on gender.

In terms of participants’ ratings of the meeting’s facilitators, relevancy of topics, structure and organization, participants reported overall very favorable experiences at the national meeting. Two factors that participants rated consistently high were the meeting’s facilitators and the relevancy of the topics discussed at the meeting. In terms of facilitators, participants rated them “very good” on both days.

Table 21: Day One Ratings of Participants’ Experiences at the National Meeting

	<i>% of respondents that noted “good” or “very good”</i>	<i>Mean</i>
How would you rate your overall experience at the national meeting?	94%	3.6
How would you rate the materials?	88%	3.1
How would your rate the meeting location?	88%	3.6
How would you rate the relevancy of the topics?	100%	3.8
How would you rate the facilitator?	100%	3.7
How would you rate the meeting structure (mix of topics, discussion & participation)?	94%	3.6



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Table 22: Day Two Ratings of Participants' Experiences at the National Meeting

	<i>% of respondents that noted "good" or "very good"</i>	<i>Mean</i>
How would you rate your overall experience at the national meeting?	100%	3.9
How would you rate the materials?	100%	3.5
How would you rate the meeting location?	81%	3.3
How would you rate the relevancy of the topics?	100%	3.9
How would you rate the facilitator?	100%	3.9
How would you rate the meeting structure (mix of topics, discussion & participation)?	100%	3.6

ANOVA analyses were conducted to better understand if there were any differences in responses based on the date of participation. We found that there was a marginally significant difference in how participants rated the facilitator based on the date of participation ($F = 3.5$, $p = .072$), specifically participants rated the facilitator higher for Day 2 ($M = 3.9$) than for Day 1 ($M = 3.7$). There was also a slight increase in how the relevancy of the topics was rated from Day 1 ($M = 3.8$) to Day 2 ($M = 3.9$).

Participants also reported high ratings for meeting structure, meeting location and meeting materials. In terms of meeting structure, which includes the mix of meeting topics, discussion and participation, participants rated it overall very positive on Day 1 ($M = 3.6$) and Day 2 ($M = 3.6$). In terms of meeting materials and meeting location participants rated them high but not as high as other factors of the meeting. Participants reported on Day 1 that the meeting materials were "good" ($M = 3.1$) and ratings did slightly increase in Day 2 ($M = 3.5$). As for meeting location, there was actually a slight decrease in the rating from Day 1 to Day 2. Participants rated the location as "good" in day 1 ($M = 3.6$) and reported a slight decrease in Day 2 ($M = 3.3$). We also conducted ANOVA analyses on the ratings for meeting structure, location and meeting materials and we found that there was no statistically significant difference in how participants rated their experience at the national meeting based on their date of participation or gender.

c. Participants' Ratings of the Latino Hispanic AIDS Agenda

When asked to rate the [Latino Hispanic AIDS Action] agenda on a 5 point scale, with end points of "very poor" and "very good," overall we found that participants rated that agenda positively on both days. At the end of Day 1, the majority of participants (81%) rated the agenda good. More specifically, 38% rated the agenda as "very good" and 44% rated the agenda as "good." At the end of Day 2, there was a slight increase in participants' ratings of the agenda. The majority of participants (93%) rated the agenda positively. 47% of participants rated the agenda as "very good" and another 47% rated the agenda as "good".

Table 23: Ratings per day based on the question, "How would you rate the agenda?"

	<i>% of respondents that noted "good" or "very good"</i>	<i>Mean</i>
Day 1	81%	3.1
Day 2	93%	3.4



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ANOVA analyses was also conducted to better understand if there were any differences in responses based on the date of participation and gender. We found that there was no statistically significant difference in how participants rated their experience at the national meeting based on their date of participation or gender.

d. Satisfaction with Information Provided Before the Meeting

Participants were asked to rate how informed they felt about the meeting topics and meeting structure prior to the event using a 4 point scale, with end points of “completely informed” and “not at all informed.” Overall participants reported high rates of feeling “informed” of the meeting topics and the meeting structure.

At the end of Day 1, the majority of participants did report that they felt “informed” about the meeting topics prior to the national meeting. Specifically, 81% reported feeling “completely informed” and 13% reported feeling “somewhat informed.” At the end of Day 2, participants reported similar rates of feeling informed about the topics at the meeting. The majority of participants reported feeling “completely informed” (80%) and 20% reported feeling “somewhat informed” about the topics discussed at the meeting.

When asked to rate how informed they felt about the meeting structure of the event using the same 4 point scale as the question above, participants reported high rates of feeling “informed.” Ratings for feeling informed about the meeting structure were actually slightly higher in Day 1 (M = 2.7) than in Day 2 (M = 2.6). ANOVA analyses was also conducted to better understand if there were any differences in responses based on the date of participation and gender. We found that there was no statistically significant differences in how participants rated how informed about the meeting topics or meeting structure based on their date of participation or gender.

Table 24: Ratings per day on how Informed of Meeting Topics

	<i>% of respondents that noted “completely informed” or “somewhat informed”</i>	<i>Mean</i>
Day 1	94%	2.9
Day 2	100%	2.8

Table 25: Ratings per day based on how Informed of Meeting Structure

	<i>% of respondents that noted “completely informed” or “somewhat informed”</i>	<i>Mean</i>
Day 1	93%	2.7
Day 2	88%	2.6



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e. Qualitative data

Participants were asked three open ended questions to assess what they liked most and least about the meeting and any suggestions or comments they may have about the meeting. Overall, participants showed a very high level of satisfaction with the national organizing process, they recognized the strong commitment and accomplishments of the process thus far and recognized the need to continue these efforts.

In terms of what participants liked most about the national meeting, there were several themes that emerged. On Day 1, the majority of participants reported positive comments on the process itself including comments about the quality of facilitation and recognized the process as collaborative and participatory process. Participants also recognized the accomplishments of the initiative thus far, the group commitment and the supportive environment that promoted discussion and interest. On Day 2, participants reported similar positive comments overall about the process being collaborative, participatory, engaging and that the meeting was facilitated well. Participants also recognized the historical accomplishments and commitment of the initiative and as one participant described “[it was] history in the making.”

In terms of what participants liked least about the national meeting several themes also emerged. Overall for both days, the majority of comments were about meeting structure and length of the meeting. For Day 1, participants commented that what they liked the least was length of time for the meeting and that at times the discussion turned off topic. On Day 2, there were also similar comments about timing and also expressed the desire to have more opportunity to network. The other major theme in comments was the facilities and accommodations.

In terms of suggestions and comments about the meeting, there again were three emerging themes. Overall most of comments for both days were congratulatory and expressed gratitude to the organizers of the events. There were also comments that recognized the initiatives efforts and the need to continue these efforts in the future. Finally, there was one comment made on both days about logistics, specifically about the scheduling of the event on weekends.



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Table 26: Day One Participants' Responses to Open Ended Questions

<i>What did you like the most about the national meeting?</i>	<i>What did you like the least about the national meeting?</i>	<i>Additional suggestions or comments, if any:</i>
<p><i>Comments on Process</i></p> <ul style="list-style-type: none"> o “collaboration” o “discussion” o “everything including the facilitator” o “facilitation energy” o “facilitator, passion of participants, process” o “fine facilitation” o “flexibility adjusted” o “having a facilitator” o “how engaged we were” o “member participation” o “participatory; open process; democratic” o “team work & exchanges” o “very participatory” 	<p><i>Meeting Structure, Organization and Process</i></p> <ul style="list-style-type: none"> o “agenda (but we fixed [it])” o “too long; more lunch time & breaks!” o “lack of time” o “lengthy” o “getting off topic” o “nature of work; development of process guidelines is necessary but not extremely exciting” o “people were talking too much/too long” o “over achieving feeling (trend) among participants” o “we became a movement of 4 people. We became NASTAD (just another organization)” 	<p><i>Congratulations and Thanks</i></p> <ul style="list-style-type: none"> o “congrats!” o “kudos” o “thank you” o “Thanks for Latino Commission and NASTAD”
<p><i>Commitment and Accomplishments</i></p> <ul style="list-style-type: none"> o “commitment of group” o “moving forward with clarity” o “everything” o “accomplished and clarified a lot” o “sense of unity and commitment” 	<p><i>Facilities and accommodations</i></p> <ul style="list-style-type: none"> o “room too warm” 	<p><i>Recognition of Efforts and Need to continue movement</i></p> <ul style="list-style-type: none"> o “immediate plan” o “very productive meeting; robust conversation” o “we are moving forward” o “more participation”
<p><i>Environment</i></p> <ul style="list-style-type: none"> o “climate of interest” o “meeting other members” o “safe climate” 	<p><i>Did not like anything the “least” about the meeting</i></p> <ul style="list-style-type: none"> o “none” o “nothing” 	<p><i>Logistics Comments</i></p> <ul style="list-style-type: none"> o “please no more weekends”



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Table 27: Day Two Participants' Responses to Open Ended Questions

<i>What did you like the most about the national meeting?</i>	<i>What did you like the least about the national meeting?</i>	<i>Additional suggestions or comments, if any:</i>
<p><i>Comments on Process</i></p> <ul style="list-style-type: none"> o "collaboration" o "moving forward with clarity" o "everything" o "everything including the facilitator" o "facilitator energy" o "facilitator, passion of participants, process" o "fine facilitation" o "having conversations with people [at] the table" o "invigorating" o "stayed on target" o "team works" o "the possibility to learn from others" 	<p><i>Meeting Structure, Organization and Process</i></p> <ul style="list-style-type: none"> o "no breaks, no social networking, open to volunteer participation for new participants" o "need more members to attend" o "no social planned events" o "no enough time would have appreciated a full day meeting" o "Not having a better chance to know more about my peers" o "timing it was difficult time for me to come here" 	<p><i>Congratulations and Thanks</i></p> <ul style="list-style-type: none"> o "kudos" o "thank you"
<p><i>Commitment and Accomplishments</i></p> <ul style="list-style-type: none"> o "commitment of group" o "history in the making" o "passion and commitment" o "sense of accomplishment" 	<p><i>Facilities and accommodations</i></p> <ul style="list-style-type: none"> o "heat and water" o "it was on a weekend" o "lack of water" o "location" 	<p><i>Recognition of Efforts and Need to continue movement</i></p> <ul style="list-style-type: none"> o "immediate plan"
		<p><i>Logistics Comments</i></p> <ul style="list-style-type: none"> o "please no more weekends"



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f. Discussion of First post-Summit Meeting

Overall it appears that participants were very satisfied with the first post Summit national meeting. For both days, participants reported positive experiences at the national meeting and reported high ratings for facilitation, meeting structure and organization. Participants also acknowledged the organizing process and characterized the process as “participatory, collaborative, engaging and inclusive”. More importantly participants recognized the historic nature of this initiative. Participants characterized the initiative as “historic” and shared a great sense of “accomplishment and commitment” of the work accomplished to date.

Based on the open-ended data collected, participants do have suggestions and comments about how future meetings can be improved. One of the most frequently cited themes in the participants’ comments was the length of time of the meeting. Several participants commented that the meetings were too lengthy, the meeting needed more breaks and expressed that they did not want future events scheduled on the weekend. They also commented that they did want more opportunities to network with their peers. Another common comment was about the facilities, for future meetings organizers may want to consider doing periodic “process checks” at least once or twice during the meeting to just assess if there are any specific needs (e.g. temperature of room, need for the group to take a break, etc.). Another suggestion for improvement may be to do a “delta plus check” at the end of the meeting to further explore areas of improvement. For example, one of the items that participants rated lower, in comparison to other items, was the meeting materials. During a delta plus check, the facilitator could further explore participants’ specific suggestions on how to improve items like the materials or other areas for improvement.



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OVERALL DISCUSSION

Bringing together such a diverse group of individuals to discuss a National Latino Agenda was a historic grand feat. The Summit represented a community effort to create a current HIV/AIDS action agenda that identifies the key needs of Hispanics on care and prevention, sets out specific recommendations, mobilizes Hispanic leadership and produces an increase in access to services, resources and better quality of life for Hispanics in the United States.

Overall, individuals were satisfied with the Summit, finding it to be a very good learning and networking experience. Because of the collaborative nature of an agenda setting process it is important that individuals feel that they were able to network and get to know each other and possible other resources. Respondents that completed the survey indeed felt that the networking experience was very good. Participants rated the diversity of opinions very highly.

Furthermore, more than three-quarters of the participants reported that the prioritized recommendations reflected the workgroup session discussions. However, they wished they had more time for the workgroup discussions. A future Summit will want to take into account the need for participants' expression and allocate more time for the workgroup discussions and perhaps limit the time of the invited guest speakers. While the Access to Care and Immigration workgroup were rated the highest in terms of how the workgroups were facilitated, it was the Epidemiology workgroup that was rated the highest in terms of recommendation endorsement. Summit leaders will want to review the epidemiology notes and determine how to keep that momentum going and transfer that sense of endorsement to the other workgroup participants.

There were some differences by demographics in how the various parts of the Summit were rated. For example, those that registered by email rated the Summit more highly overall than those that did not register by email. Registering by email, as opposed to registering by the website, may give the individual a more personal connection to the Summit and there may have been more specific information provided via email communication than what was communicated via the website. Although email is a great way for people to get more specific information when they register, those that got a personal invitation instead of a mass email invitation rated the usefulness of the Summit more highly. Also, there were differences in the workgroup ratings by primary language, with those speaking Spanish as their primary language rating the workgroups more highly. This is a finding that we have consistently found in other such settings and could signal either that those whose primary language is Spanish acquiesce more in surveys or that they genuinely feel more connected to the network.

Maintaining monthly teleconferences may be a hard task. Also, although the first post-Summit meeting was successful some participants noted it was too lengthy, needed some better materials and they hope that future meetings will not occur on the weekend. Thus, if future post-Summit meetings are to continue they should be shorter and/or not on the weekend. Another key issue is making the recommendation concrete in terms of policy and providing a policy guide to the Summit network.

However, there is very high level of commitment on the part of the participants to the Agenda. They have recognized the historic accomplishment of organizing an Agenda on the national level and expressed a great desire to support the current momentum of these efforts. Participants seem willing to participate in a National Congressional AIDS Agenda Education Day and thus the organizers may wish to start planning that now in order to maintain momentum. Part of the Summit goal included generating interest for a local agenda process. That goal seems to have been cemented in the minds of the participants for



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the respondents noted that they perceived action at a local level to be more likely than at state or national level. The networking aspects of the Summit and future endeavors must always be remembered as a key component of the success of this movement.

A high level of endorsement of the prioritized recommendations depends on the level of opinion diversity expressed during and relevance of the workgroup discussion. Thus, in future meetings enough discussion time has to be allocated for a diverse number of opinions to be expressed and when promoting the recommendations it would be wise to promote how these priority recommendation were selected through vigorous debate.

To help with the Agenda implementation an understanding of how to enhance media coverage will be key. We have begun to content analyze the media coverage received for the past three months and will have to continue to monitor and use the trends we discover through this monitoring process to further enhance media coverage at national, regional and local level. We analyzed 150 articles covering Latinos, HIV, or the Summit since December and found that the South has the highest frequency of articles and that the majority of those Southern articles are in newspapers. We also found that the plurality of articles cover local issues. Thus, there needs to be guidance from the Agenda coordinators and leaders on how to pitch the National Agenda as a local issue in order to get media coverage. Lastly, while a majority of the articles focused on Latinos, the category with the greatest circulation number was that of the Summit. Again, a communication/media strategy must target those with higher circulation numbers. While the number of articles content analyzed was modest (150) this analysis should serve as the basis for a communication plan that enhances the reach of the National Agenda. Furthermore, because participants seemed hesitant to contact the local media, the National Steering Committee should organize a sub-committee devoted to enhancing media coverage at the national, regional and local levels.

An endeavor this historic requires commitment from all, which was difficult when bringing together participants with such diverse national backgrounds and unique cultural experiences. At the Summit, however, the level of commitment was strong and through a united voice participants expressed a great desire to continue the efforts of this initiative and were eager to implement the national action agenda locally. Participants expressed a desire to involve more people in the national organizing process and want to continue the process of working collaboratively on the National Agenda.

For the first time in the history of the HIV/AIDS epidemic, we are working in a national health and prevention policy document that responds to this crisis in the Latino / Hispanic communities. Be part of it! Join the Latino Network! Visit www.latinoaidagenda.org



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Be part of the **Latino AIDS Network** Make the agenda happen.

Comprehensive description of all the topics of the summit.

ACTIONS

Signatures of Support

call to action!



- ✓ Congress Member Hilda L. Solis - U.S. House of Representatives
- ✓ Congress Member Nydia Velázquez - U.S. House of Representatives
- ✓ Congress Member Ed Pastor - U.S. House of Representatives
- ✓ Congress Member Lucille Roybal-Allard - U.S. House of Representatives

provided by kaisernetwork.org

watch webcast of the summit

Historic National Latino/Hispanic AIDS Summit conclude in unity, commitment and embracing a National AIDS Action Agenda in response to the AIDS emergency among Hispanics nationwide

Washington, DC, Thursday, January 31, 2008 - The summit participants adopted a national AIDS action agenda, with an action plan developed by a national network that agrees to meet again in the year 2010. The Latino/Hispanic AIDS Action Network is coordinated by a national steering committee that will follow up and move forward with an action plan to revert this public health crisis.
[\[click here\]](#)[\[haga click aqui\]](#)

- ▶ [Images from the Welcoming Reception, Jan. 28th, 2008](#)
- ▶ [Images from the First Day of Activities, Jan. 29th, 2008](#)
- ▶ [Images from the Second Day of Activities, Jan. 30th, 2008](#)

NEWS FROM AGENDA

PRESS RELEASE:



WASHINGTON, D.C. (September 26, 2007) Congress members Hilda Solis and Nydia Velázquez together with local, regional and national Latino/Hispanic leaders release the Call to Action and Mobilization to address the nation's HIV/AIDS prevention and care

SUMMIT IN THE NEWS

▼ [The Summit in Reuters](#)

[see all](#)

UPCOMING EVENTS

1/29/08 National Latino/Hispanic AIDS Leadership Summit in Washington, DC.

All calls will dial in to: 888-387-8686 Pin: 4926909

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