

Mobilizing People of Color with HIV: The BLOC Program

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Share results and significant quantitative and qualitative findings from two BLOC evaluations
2. Discuss best practice and lessons learned in implementing a leadership program for people of color with HIV
3. Explain the BLOC partnership and development of the BLOC program by people with HIV

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Our Mission Statement



NMAC leads with race to urgently fight for health equity and racial justice to end the HIV epidemic in America.

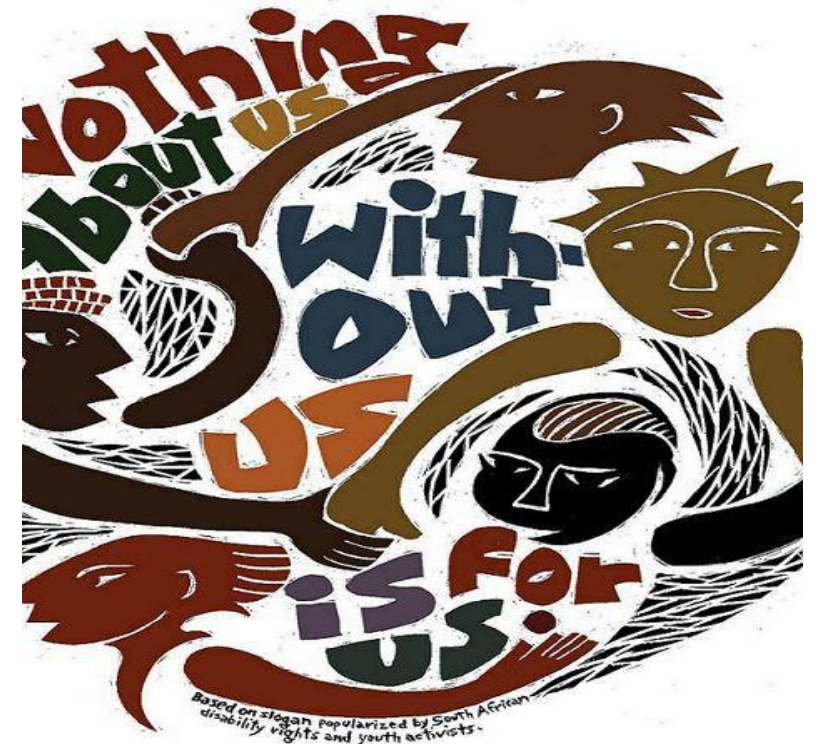
Building Leaders of Color Intentional Leadership



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Rationale for BLOC

The rationale for BLOC is to contribute to the national HIV goals by ensuring people of color living with HIV, including transgender women of color, are equipped to provide meaningful input and guidance on achieving these goals via their participation on HIV planning bodies.



Purpose of BLOC Program

The purpose of the Building Leaders of Color (BLOC) program is to reduce health disparities by mobilizing communities of people of color with HIV through leadership training to meaningfully participate in and lead HIV planning activities to better inform and shape responses to social and structural barriers to HIV prevention, care, and treatment in their communities.

- People of color with HIV, particularly transgender women of color with HIV, face persistent barriers to equitable care resulting in HIV-related health disparities including lower rates of viral load suppression when compared to white and cisgender people with HIV respectively.

The National HIV/AIDS Strategy (NHAS) identified elimination of health disparities as a critical step in ending the domestic HIV epidemic.



BLOC Program Goal Attainment

NMAC developed a **three-day leadership training program for people of color with HIV**, including subpopulation adaptations for transgender women of color with HIV, people of color with HIV between the ages of 18-24, people of color of transmasculine experience, and Spanish-language translations of the program. Additionally, NMAC developed a **five-day Train the Trainer (TOT) Session** for BLOC and produced a Spanish-translation version of the TOT session.

- BLOC trained **241** people of color with HIV through BLOC, BLOC TOT, and BLOC subpopulation adaptations (transgender women of color with HIV, people of color with HIV aged 18-24 years, people of color of transmasculine experience with HIV).
- An additional **34** people of color, including people of color with HIV, were trained through the BLOC-Español program (BLOC-Español participants were all people of color with HIV and BLOC-Español TOT included RW provider partners).

BLOC Program Objective Attainment

BLOC Workplan Objective	Proposed	Actual	Percent
Deliver National BLOC Trainings for transgender women of color with HIV	3	3	100%
Recruit transgender women of color with HIV to attend National BLOC Training	30	40	134%
Deliver Regional BLOC Trainings for people of color with HIV	10	10	100%
Recruit people of color with HIV to attend Regional BLOC Training	180	241	134%
Deliver BLOC Train the Trainer sessions	3	3	100%
Recruit dyads of RW providers and people of color with HIV to attend BLOC TOT sessions	39	39	100%
Deliver Building Young Leaders of Color 2-session Trainings	2	2	100%
Deliver BLOC Transmasculine Pre-Training Institute	1	1	100%
Deliver BLOC-Español Train the Trainer (TOT) session	1	1	100%
Deliver BLOC-Español Pilot Trainings	2	2	100%

BLOC Program Trainings by Date, Location, & Number of Participants

Training	Date	Location	n
Yr1 National BLOC	March 16-18, 2017	Orlando, FL	12
Yr2 National BLOC	December 6-9, 2017	Washington, DC	15
Yr3 National BLOC	October 24-26, 2018	Memphis, TN	13
Yr1 Regional BLOC	April 20-22, 2017	New Orleans, LA	20
Yr1 Regional BLOC	May 16-20, 2017	Phoenix, AZ	18
Yr1 Regional BLOC	July 13-15, 2017	Detroit, MI	19
Yr2 Regional BLOC	January 24-26, 2017	Atlanta, GA	18
Yr2 Regional BLOC	February 6-8, 2018	Baltimore, MD	20
Yr2 Regional BLOC	March 14-16, 2018	Houston, TX	19
Yr3 Regional BLOC	November 15-17, 2018	Chicago, IL	18
Yr3 Regional BLOC	January 9-11, 2019	Baltimore, MD	20
Yr3 Regional BLOC	February 27-March 1, 2019	Austin, TX	25

Training	Date	Location	n
Supp Regional BLOC	March 15-28, 2021	Virtual	14
BLOC TOT	August 24-27, 2017	Washington, DC	13
BLOC TOT	June 18-23, 2018	Baltimore, MD	13
BLOC TOT	January 27-February 1, 2019	Tampa, FL	13
Yr2 BYLOC Session 1	May 14-19, 2018	Baltimore, MD	16
Yr2 BYLOC Session 2	June 21-24, 2018	Baltimore, MD	15
Yr3 BYLOC Session 1	November 14-17, 2019	Baltimore, MD	11
Yr3 BYLOC Session 2	January 30-February 1, 2019	Baltimore, MD	11
BLOC Transmasculine	January 24-25, 2019	Tampa, FL	6
BLOC-Español TOT	July 27-31, 2020	Virtual	8
BLOC-Español Pilot Training	May 24-28, 2021	Virtual	21
BLOC-Español Pilot Training	June 21-25, 2021	Virtual	5

BLOC Results

BLOC program results are presented in two separate analyses. The data and results of BLOC programs occurring between September 1, 2016 – August 31, 2019, were collected and analyzed by ICF (**BLOC Evaluation Results**). The data and results of BLOC programs occurring between September 1, 2019 – August 31, 2021 were collected and analyzed by TRX (**BLOC Supplemental Evaluation Results**)

BLOC Evaluation Results

All BLOC participants who voluntarily completed forms were eligible for inclusion in the study. A total of 241 pre outcome assessments were received. Demographic information was collected by NMAC and shared with ICF. These data were collected on the BLOC training application form used to select BLOC trainees from pool of those expressing interest in training.

Age range was revised in 2018-2019 to be more consistent with the HRSA age range data collection practices; 2017 data reflect the initial methodology with 2018-2019 data reflecting the new age categories.

BLOC Results 2

HHS Region of Residence	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
Total Population	241 (100)	40 (100)	138 (100)	36 (100)	27 (100)
1 NH, ME, VT, MA, CT, RI	3 (1)	--	1 (1)	1 (3)	1 (4)
2 NY, NJ, PR, VI	19 (8)	3 (8)	6 (4)	8 (22)	2 (7)
3 PA, WV, VA, MD, DC	25 (10)	2 (5)	15 (11)	6 (17)	2 (7)
4 KY, TN, NC, SC, GA, AL, FL, MS	72 (30)	13 (33)	39 (28)	7 (19)	13 (48)
5 MN, WI, IL, MI, IN, OH	39 (16)	6 (25)	22 (16)	6 (17)	5 (19)
6 NM, TX, OK, AR, LA	32 (13)	4 (10)	21 (15)	5 (14)	2 (7)
7 NE, KS, MO, IA	8 (3)	1 (3)	5 (4)	1 (3)	1 (4)
8 MT, WY, ND, SD, UT, CO	6 (3)	1 (3)	5 (4)	--	--
9 CA, NV, AZ, GU, PW, FM, MH, MP, HI	32 (13)	10 (25)	19 (14)	2 (6)	1 (4)
10 AK, WA, OR, ID	5 (2)	--	5 (4)	--	--

Sex and Gender	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
Total Population	241 (100)	40 (100)	138 (100)	36 (100)	27 (100)
Female	64(27)	--	50(36)	10 (28)	4 (15)
Male	120(50)	--	77(56)	20 (56)	23 (85)
Gender Non-conforming	1(0.4)	--	1(1)	--	--
Gender Queer	1(0.4)	--	1(1)	--	--
Transgender Man/FTM Spectrum	8(3)	--	8(6)	--	--
Transgender Woman/MTF Spectrum	46(19)	40(100)	--	6 (17)	--
Other	1(0.4)	--	1(1)	--	--

BLOC Results 3

Race & Ethnicity	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
Total Population	241 (100)	40 (100)	138 (100)	36 (100)	27 (100)
African American or Black	198 (82)	30 (75)	110 (80)	33 (92)	25 (93)
American Indian or Alaska Native	5 (2)	2 (5)	3 (2)	--	--
Asian	3 (1)	1 (3)	2 (1)	--	--
Latina/o or Hispanic	28 (12)	4 (10)	19 (14)	3 (8)	2 (7)
Mixed Race or Other	5 (2)	4 (3)	4 (3)	--	--
Native Hawaiian or Other Pacific Islander	2 (1)	--	--	--	--

Employment	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
Total Population	241 (100)	40 (100)	138 (100)	36 (100)	27 (100)
Not Employed	57 (2)	5 (13)	32 (23)	11 (31)	9 (33)
Yes, full time	157 (62)	30 (75)	85 (62)	24 (67)	11 (41)
Yes, part time	29 (12)	5 (13)	16 (12)	1 (3)	7 (26)
Missing	5 (2)	--	5 (7)	--	--

BLOC Results 4

Age Group	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
Total Population	241 (100)	40 (100)	138 (100)	36 (100)	27 (100)
18-24	3 (1.2)	2 (5)	1 (1)	--	--
25-29	10 (4)	3 (8)	7 (5)	--	--
30-39	11 (5)	1 (3)	9 (7)	1 (3)	--
40-49	15 (6)	4 (10)	9 (7)	2 (6)	--
50-59	22 (9)	2 (5)	14 (10)	6 (17)	--
60-64	4 (2)	--	3 (2)	1 (3)	--
≥65	2 (2)	--	5 (4)	--	--

Age Group	Total n (%)	National n (%)	Regional n (%)	TOT n (%)	BYLOC n (%)
18-25	31 (13)	1 (3)	2 (1)	1 (3)	27 (100)
26-34	42 (17)	9 (23)	26 (19)	7 (19)	--
35-44	37 (15)	13 (33)	19 (14)	5 (14)	--
45-54	30 (12)	4 (10)	20 (15)	6 (17)	--
55-64	22 (9)	1 (3)	14 (10)	7 (19)	--
≥65	3 (2)	--	5 (4)	--	--
Missing	9 (4)	--	9 (7)	--	--

National, Regional, and Train the Trainer Session Results

National and Regional BLOC

Evaluation Question 1: Was there an increase in knowledge, skills, and comfort related to the training content and leadership for BLOC Leaders and TOT participants?

National and Regional BLOC

Participants rated their knowledge, skills, and comfort related to the following items:

- Identify areas to increase leadership skills
- Deal with situations where people are being judged or treated unfairly
- Decide whether community level disclosure is comfortable and appropriate
- Understand how data can be used to monitor and improve health
- Choose government and advisory groups to get involved with
- Decide the best way(s) to increase engagement in HIV services and groups in the community
- Talk about HIV stigma to healthcare agencies in the community
- Encourage people to talk about different forms of oppression

Results from retrospective pre-post evaluation data for both National and Regional participants indicated statistically significant ($p < 0.05$) increases in knowledge, skills, and comfort across trainings.

National and Regional BLOC 2

Quantitative Results:

National BLOC Training (n=40)

Domain	Pre-Training Evaluation	Post-Training Evaluation
Knowledge	2.89	3.76*
Skills	2.85	3.78*
Comfort	2.71	3.72*

*Indicates statistically significant result (p<0.05)

Regional BLOC Training (n=138)

Domain	Pre-Training Evaluation	Post-Training Evaluation
Knowledge	2.80	3.70*
Skills	2.76	3.75*
Comfort	2.73	3.74*

*Indicates statistically significant result (p<0.05)

National and Regional BLOC 3

Qualitative Results:

Theme: BLOC training increased participant's knowledge and understanding of the importance and use of data. This included the ability to interpret, gather and use data to apply for funding opportunities and the importance of evaluating programs.

The BLOC leader can now look at data, understand it, and explain the outcomes of research studies.

~ 2019 Regional Training Participant

Data stood out because she wanted to find a way for them to get data for transwomen and separate that number as women. Empowered her enough to convince her HIV planning group to set aside a budget for transgender women who are positive. She convinced her group members to tell their doctors to mark them as HIV positive Transwomen so they would have the data at the community level. She developed a support network through BLOC.

~ 2018 National Training Participant

Theme: Participants felt the training increased their comfort and confidence in public speaking, specifically the importance of POCLWH using their voice.

The BLOC leader learned the importance of people of color taking on a leadership role and building leaders to come behind you and help them grow.

~ 2017 Regional Training Participant

BLOC Train the Trainer Sessions

Participants rated their knowledge, skills, and comfort related to the following items:

- Identify areas to increase leadership skills
- Define what facilitation is
- Understand the skills, roles, and responsibilities of a facilitator
- Identify the traits and qualities of a facilitator
- Identify and use ways to manage conflicts during the training
- Identify best practices and activities for conducting your training
- Use BLOC activities and energizers
- Develop strong relationships with participants

Results from retrospective pre-post evaluation data for the BLOC Train the Trainer participants indicated statistically significant ($p < 0.05$) increases in knowledge, skills, and comfort across trainings

BLOC Train the Trainer Sessions 2

Quantitative Results: BLOC Train the Trainer Session (n=36)

Domain	Pre-Training Evaluation	Post-Training Evaluation
Knowledge	2.36	3.63*
Skills	2.42	3.66*
Comfort	2.44	3.65*

*Indicates statistically significant result ($p < 0.05$)

Qualitative Results:

Theme: TOT participants realized they have the power to get involved with planning boards and the importance of keeping communication open within the community. One participant shared that the training allowed for her to hone-in on what she does as a leader in a more organized way.

Coming from being a client and from the consumer perspective, the passion and interest is there, but get in the room and we are overwhelmed with the government language and policy talk. The ability to speak the same language is an important key take way from BLOC TOT , it helps to allow people to be their authentic selves, helps to let people find their own voice, and this type of training reminds people that everyone's lived experience is valuable, just as valuable as someone else's degrees.

~ 2018 TOT Dyad Participant

National and Regional BLOC 2

Evaluation Question 2: Have BLOC Leaders and TOT participants personally benefitted from the BLOC training by reporting increased quality of life, reduced feelings of HIV-related stigma, and increased resiliency?

- Data from pre/post outcome assessments and individual interviews were used to describe how BLOC leaders were impacted by BLOC trainings. The impact of the training was assessed related to quality of life, stigma, and resiliency.
- Quantitative findings demonstrated statistically significant changes among some participant cohorts related to reduced stigma and increased resiliency, and one related to quality of life.
- There was a significant change related to HIV stigma among the overall National and Regional 2017-2019 participants, from pre to 6-month post training. This finding was for both a) personalized stigma; consequences of other people knowing their status and b) disclosure; concerns about disclosing their HIV status to others.

National and Regional BLOC 4

There were similar findings for the combined 2018 National and Regional participants. In addition, there was a statistically significant change for personalized stigma for 2018 National and Regional participants from pre to 12-month post training (p-value=.023). The 2017 National and Regional participants reported a change in personalized stigma from pre to 6-month post.

We saw a change in resilience among 2018 National and Regional participants. Results revealed a statistically significant decrease in participants' response to "having a hard time making it through stressful events". Results for this cohort also indicated a statistically significant change for quality of life, in the wrong direction. Participants reported an increase in frequent mental distress days in their post assessment.

National and Regional BLOC 5

Quantitative Results:

Concept	National & Regional 2017-2019 Pre Mean	National & Regional 2017-2019 6-M Post Mean	National & Regional 2017 Pre Mean	National & Regional 2017 6-M Post Mean	National & Regional 2018 Pre Mean	National & Regional 2018 6-M Post Mean
Stigma, personal	2.17	1.81*	2.22	1.83*	2.05	1.64*
Stigma, disclosure	2.35	2.19*	-	-	2.35	2.12*
Resilience	-	-	-	-	4.10	3.73*
Quality of Life	-	-	-	-	0.00	10.26*

*Indicates statistically significant result (p<0.05)

National and Regional BLOC 6

Qualitative Results:

Theme: Participants reported having a better understanding of the causes, effects, and forms in which people of color with HIV experience stigma. Several participants cited the stigma tree as a helpful tool to understand the roots of stigma.

Both in his own life and in the community, he feels like he is armed with additional information from the stigma tree to communicate the effects of stigma to different people. He had been talking about these things, but now has names and concepts to use.

~ 2017 Regional Training Participant

Theme: BLOC participants identified specific ways that stigma impacts their lives. This includes self-stigma, building relationships, including with the medical team and how addressing these issues can equal better care for them and their community.

Stigma is high in the Native American community and prior to BLOC she self-stigmatized and stigmatized others. BLOC made her re-evaluate herself and helped her overcome her own stigma and acknowledge what she was doing to others. She discusses stigma in her support group using some of the BLOC materials and information.

~ 2017 Regional Training Participant

Findings from analysis of TOT participant retrospective pre post training evaluations revealed a statistically significant change in perceived stigma related to public attitude; beliefs about what people think about HIV. TOT interviews did not include questions related to quality of life, resilience, and stigma.



Quantitative Results: BLOC Train the Trainer Sessions

Domain	Pre Mean	6 Month Post Mean
Stigma, Public Attitude	2.39	2.08*

*Indicates statistically significant results (p<0.05)

National and Regional BLOC 7

Evaluation Question 3: In what other ways has the training and involvement in the community impacted BLOC Leaders and TOT participants?

Qualitative Results:

Theme: Some BLOC participants were not comfortable disclosing their HIV status prior to attending BLOC but were more open to doing so as a result of the training.

The BLOC program made her a bit more open with disclosing her status and doing more speaking engagements. She was featured in the POZ Magazine 100 Women's Issue and she doesn't know if she would have done it without BLOC.

~ 2017 National Training Participant

BLOC made her more open to disclose her status. Before BLOC she would disclose in work-related situations where she felt it was necessary, but since BLOC she has become more comfortable disclosing to her partner (for the first time) and to newly diagnosed individuals.

~ 2019 National Training Participant

National and Regional BLOC 8

Theme: As noted previously, BLOC participants identified the “call-in” method as a useful tool to feel empowered to speak up and address stigma in their communities. This includes in participants personal lives, on planning boards and with healthcare providers.

BLOC gave her skills to circumvent stigma with a different approach. At her job that she started after the BLOC program at a non-profit organization that provides HIV-related services, she thought the people who worked there would be knowledgeable, but instead they would ask intrusive questions and use the wrong gender pronoun. She said prior to the BLOC training she would have addressed it but not in a way that would have been appropriate at work. But with the skills she developed at BLOC she was able to inform her colleagues about the issue and let them know that the way they treat people like calling them by the wrong gender keeps people out of care. They won't come back to a place where they don't feel valued or respected. This also led to the organization having a transgender sensitivity training for the employees.

~ 2018 National Training Participant

Qualitative Results:

Theme: TOT participants were excited to go back into their community and build leaders of color.

We are excited about building leaders of color, there is a disparity in people of color being around the table making decisions in government and setting policy.

~ 2018 TOT Dyad Participant

Theme: TOT dyads conducted BLOC training that have helped community members gain interest in participating in community boards and planning councils.

We are already seeing consumers sitting on CABs at hospitals and other places. You used to not hear their voices and now that's changed. We want people to speak with an empowered voice, and in an organized way use their voice.

~ 2018 TOT Dyad Participant

National and Regional BLOC 9

Evaluation Question 4: In what kinds of new community engagement and mobilization activities did the trained BLOC Leaders become involved?

- Community engagement and mobilization activities related to HIV were measured based on trained leaders' reports of how often they were involved in a variety of activities within their communities. There were statistically significant increases in the trained leaders' involvement in community work. Among National and Regional participants from 2017 through 2019 who reported "never" having been involved in HIV-related community, there was a significant increase in involvement in several activities related to community work. 2018 National and Regional trained leaders also reported an increase in trained leaders who were ever involved in community work related to HIV. 2019 National and Regional trained leaders reported an increase in how frequently they were involved in activities related to community work.
- Across the trainings, only the National Regional 2019 cohort reported any significant changes in their active engagement in planning bodies. The National Regional 2019 participants reported increases in how often they: spoke out and engaged leadership, were able to increase the knowledge of those with the power to make changes, and offered innovative thinking and creative solutions for community partners

National and Regional BLOC 10

Quantitative Results: National and Regional Findings Related to Community Work

Since you got involved with the BLOC initiative, how often have you...	National & Regional 2017-2019 Pre Mean	National & Regional 2017-2019 6M Post Mean	National & Regional 2018 Pre Mean	National & Regional 2018 6M Post Mean	National & Regional 2019 Pre Mean	National and Regional 2019 6M Post Mean
Been on a committee or planning group in a community organization or health organization serving persons of color with HIV?	0.85	0.92*	0.80	0.94*	1.9	2.23*
Served as a source of HIV information to others in your community?	-	-	0.71	0.86*	1.36	1.93*
Educated peers/others in HIV treatment options, side effects, or adherence?	0.91	0.97*	-	-	-	-
Educated community leaders about ways to increase services or resources for persons of color with HIV?	0.76	0.88*	0.76	0.90*	1.48	2.20*

*Indicates statistically significant results (p<0.05)

National and Regional BLOC 11

Quantitative Results: National and Regional Findings Related to Involvement with Planning Bodies

Since you got involved with the BLOC initiative, how often have you...	National & Regional 2019 Pre-Mean	National & Regional 2019 6M Post Mean
Spoken out and engaged with leadership?	2.90	2.20*
Been able to increase the knowledge of those with the power to make changes?	2.53	3.30*
Offered innovative thinking and creative solutions for community partners you work with?	2.62	3.21*

*Indicates statistically significant result (p<0.05)

Qualitative Results:

Trained leaders across all National and Regional trainings **increased the number of community organizations and planning bodies they engaged in related to HIV healthcare and services**. Trained BLOC leaders reported being involved with **138 new community organizations or planning bodies** since attending the BLOC training.

Following are qualitative findings related to new community engagement and mobilization activities in which trained BLOC leaders became involved:

- BLOC participants identified various ways that they have increased their community engagement and mobilization activities following BLOC training. This included joining advisory boards, employment in HIV-related serving organizations, speaking engagements, and working to start large campaigns.
- BLOC participants stated that their increased community engagement has led them to explore implementing large campaigns like the U=U campaign at the state level.

Qualitative Results:

Most interviewees shared that they have joined community advisory boards and work groups to increase advocacy and leadership presence following the BLOC training. Joining these groups included revamping them to better serve people of color with HIV and making sure that topics like data and intersectionality are covered in those spaces.

Some BLOC participants described job growth which followed the BLOC training, while others had started completely new roles working in the HIV field or had expanded roles that existed prior to attending BLOC. Examples included serving as a health education prevention outreach worker at a youth emergency shelter educating people on HIV 101 and PREP and working with their current employer to address case management systems to address stigma and intersectionality.

- Participants shared that following the BLOC training they have helped design research studies, applied for grants, and submitted abstracts to present at conferences like United States Conference on HIV/AIDS.
- Participants also reported having increased community engagement with specific communities like the transgender community.

BLOC Train the Trainer Sessions

Evaluation Question 5: Were there any benefits to the community of people with HIV resultant from the TOT provided to community-organization teams? What were the nature of the benefits to the HIV services delivery systems?

TOT participants provided information in the post outcome assessments on trainings they conducted or planned to conduct with their organization partners in their communities, following their participation in the TOT. Participants also described activities they were involved in to prepare for conducting trainings for POCLWH, to benefit their local communities and improve HIV service delivery.

At the time of the post assessment, of the valid responses (n=22), 12 TOT participants reported they had conducted or planned dates to conduct a training in their community. Forty-nine percent had talked to other organizations or groups to see if they would be interested in having a training. Forty-one percent of the TOT participants reported having talked about what they had learned at the TOT to other organizations or groups.

Building Young Leaders of Color (BYLOC) Results

BYLOC Results 2

BYLOC Results:

Participants rated their knowledge, skills, and comfort related to the following items:

- Identify areas to increase leadership skills
- Deal with situations where people are being judged or treated unfairly
- Decide whether community level disclosure is comfortable and appropriate
- Understand how data can be used to monitor and improve health
- Choose government and advisory groups to get involved with
- Decide the best way(s) to increase engagement in HIV services and groups in the community
- Talk about HIV stigma to healthcare agencies in the community
- Encourage people to talk about different forms of oppression

BYLOC Results 3

BYLOC Results:

Quantitative Results: BYLOC Training (n=27)

Domain	Pre-Training Evaluation	Post-Training Evaluation
Knowledge	2.50	3.74*
Skills	2.54	3.77*
Comfort	2.49	3.71*

*Indicates statistically significant result (p<0.05)

BLOC en Espanol Results

BLOC en Espanol

BLOC en Español Results 2

BLOC-Español Train the Trainer Session:

Sample

- Results show that on average seven of the eight participants took the daily survey each day, a response rate of 87.5%. The average age of participants was 45.1 years, with a range from 27 to 55. Four, or 50% of all eight participants, were 52 or older. Of the eight participants, 2 were managers or administrators, 3 were Program Managers, and 2 were Program Coordinators.

BLOC en Español Results 3

BLOC-Español Train the Trainer Session:

Race & Ethnicity	n (%)
Total Population	8 (100)
Latina	1 (12.5)
Latinx	1 (12.5)
Latino Blanco	1 (12.5)
Blanco/a	3 (37.5)
Mexicano	1 (12.5)
Missing	1 (12.5)

Gender Identity	n (%)
Total Population	8 (100)
Transgender Woman	1 (12.5)
Woman	1 (12.5)
Man	2 (25)
Masculine	1 (12.5)
Cisgender Male	1 (12.5)
Male/GNS	1 (12.5)
Missing	1 (12.5)

Sexual Orientation	n (%)
Total Population	8 (100)
Heterosexual	2 (25)
Gay	3 (37.5)
Pansexual	1 (12.5)
Queer	1 (12.5)
Missing	1 (12.5)

BLOC-Español Pilot Trainings:

Sample

- The training in San Juan was attended by 21 participants, and Texas was attended by five. Approximately three-quarters (19 of 26, 73%) identified as male, and 65% (17 of 26) reported their sexual orientation as gay. Participants varied in terms of employment. Seven (37%) were employed (full or part-time), with one of the seven also in school while working.
- Three were unemployed, while the rest were on disability, retired, volunteering, or involved in other circumstances. Participants' self-reported health status was measured on the standard five-point scale from Poor to Excellent. The BLOC-E training participants, in general, reported health status somewhat below the national average as measured by the Centers for Disease Control and Prevention.

BLOC en Espanol Results 5

BLOC-Español Pilot Trainings:

Sex and Gender	Total n (%)	Texas n (%)	Puerto Rico n (%)
Total Population	26 (100)	5 (100)	21 (100)
Female	6	-	6 (28.6)
Male	19	5 (100)	14 (66.7)
Transgender Woman/MtF Spectrum	1	-	1 (4.8)

Age Group	Total n (%)	Texas n (%)	Puerto Rico n (%)
Total Population	26 (100)	5 (100)	21 (100)
26-34	6 (23)	1 (20)	5 (23.8)
35-44	7 (27)	1 (20)	6 (28.6)
45-54	5 (19)	3 (60)	2 (9.5)
55-64	6 (23)	-	6 (28.6)
≥65	2 (8)	-	2 (9.5)

Sexual Orientation	Total n (%)	Texas n (%)	Puerto Rico (%)
Total Population	26 (100)	5 (100)	21 (100)
Gay	17 (65)	5 (100)	12 (57.1)
Heterosexual	5 (19)	-	5 (23.8)
Bisexual	3 (12)	-	3 (14.3)
Asexual	1 (4)	-	1 (4.8)

Implementing a leadership program for People of Color with HIV

Best Practice & Lessons Learned 2

Summary of Key Findings:

- The evaluation findings demonstrate overwhelmingly that BLOC participants perceived an increase in their knowledge, skill, and comfort in topics related to leadership in HIV-related services as a result of the training they attended.
- The impact of the trainings on participants as revealed through the outcome assessments and qualitative interviews identified changes in personalized stigma, resilience, and engagement in community work and planning bodies. While these changes were not consistent across training cohorts by year or type (National, Regional, BYLOC, and TOT), they demonstrate that participation in the BLOC program benefited training participants. Individual interviews and dyad interviews corroborated these findings. Interview participants described positive experiences from the BLOC program as well as challenges and suggestions for improvements.

Best Practice & Lessons Learned 3

Summary of Key Findings (Continued):

- Most importantly, BLOC participants demonstrated an increase in involvement in HIV-related planning bodies and community work. Results revealed that BLOC participants increased the knowledge of those with the power to make changes, served as a source of HIV information to others, and educated community leaders about ways to increase services or resources for persons of color living with HIV. These changes were demonstrated through quantitative data as well as through experiences shared by BLOC interview participants.
- This analysis provides some additional findings that can provide insight for future BLOC program activities. The results suggest that participation in the BLOC program did impact participants' response to different forms of HIV stigma, including: consequences of other people knowing their status, disclosure concerns, and what people think about HIV. BLOC participants were empowered to address stigma in their communities and to speak publicly about their experiences to help others.

Best Practice & Lessons Learned 4

BLOC results have also been utilized by NMAC in the development of Engage Leadership through Employment, Validation, and Advancing Transformation & Equity (ELEVATE) Training program, also funded by HRSA HAB. The ELEVATE program leverages several HRSA HAB funded curricula for people with HIV, including the BLOC program.



BLOC Partnerships & Curriculum Development

BLOC partnerships and the development of the BLOC program by people with HIV

BLOC Partnerships

BLOC Partnerships:

NMAC convened a multi-stakeholder partnership of nationally recognized coalitions and networks of people with HIV to design and inform the development of the BLOC curriculum and training programs.

- **T+** seeks to mobilize and promote resilience of transgender people impacted by or living with HIV/AIDS, particularly transgender women of color, through research, policy advocacy, legal advocacy, and leadership strengthening.
- **TLC** works to change law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression.
- **THRIVE SS** is a non-profit based in Atlanta, GA with a mission to improve health equity for Black gay men living with HIV through direct support, advocacy, and building collective power.
- The **HIV Caucus** is a federation of organizations, coalitions, networks, and client groups of people living with HIV (“institutions”) and independent advocates living with HIV.
- **PWN** is a national membership organization led by and for women living with HIV (WLHIV), inclusive of transgender women. PWN-USA's mission is to prepare and involve WLHIV, in all their diversity, including gender identity and sexual expression, in all levels of policy and decision-making to ensure that the rights of WLHIV are upheld.

BLOC Partnerships 2

BLOC Partnerships (Evaluations):

- NMAC partnered with **ICF International** (ICF), a research and evaluation consulting firm and provider of professional services and technology-based solutions to government and commercial clients, to conduct the evaluation of the BLOC program activities from September 1, 2016 – August 31, 2019.
- NMAC partnered with **TRX Development Solutions** (TRX) to evaluate the Building Leaders of Color – Español, the Spanish-language translation of BLOC and BLOC trainings for the supplemental and no-cost extension funding period September 1, 2019 – August 31, 2021. NMAC partnered with PROCEED INC for Spanish language translation services for the BLOC-Español training.

BLOC Curriculum Development

BLOC Curriculum Development:

- The BLOC curricula development process began by convening the BLOC program partners to identify the content areas, skills, and/or competencies that would best facilitate their communities to participate in and lead HIV planning activities for inclusion into the training.
- The BLOC partners identified the following topical areas for inclusion in the curriculum: intersectionality, HIV data & policy, effective leadership, self-efficacy, & self-care.

BLOC Curriculum Development 2

BLOC Curriculum Development:

NMAC recruited two contractors to design and develop the three-day BLOC training, including subpopulation adaptations, incorporating the recommendations from the BLOC partners, and informed by original contract proposal.

- **Dottie Rains-Dowdell**, MHS a cisgender black woman with HIV with over twenty years of experience in curriculum development and capacity building, including serving as adjunct faculty for Rutgers University teaching classes on *Diversity and Oppression* & *The Social Work Perspective on HIV and AIDS*.
- **Adam Thompson**, a cisgender white man with HIV with a history of housing instability, injection drug use, and sex work who has also developed national training programs to support meaningful engagement of people with HIV in HIV planning activities and has served in leadership positions on Ryan White Planning Councils and HIV Integrated Planning Groups.

BLOC Curriculum Development 3

BLOC Curriculum Modules:

- Leadership, Intersectionality, Health Literacy, Introduction to Data, Performance Measurement, The Ryan White HIV/AIDS Program, Structures of Involvement, & Personal Goal Statement Development

BLOC Curriculum Development 4

BLOC Subpopulation Adaptions:

National BLOC Training for Transgender Women of Color with HIV

- The National BLOC Training for transgender women of color with HIV was designed in collaboration with Positively Trans (T+). The training was delivered in advance of BLOC trainings and offered exclusively to transgender women of color with HIV to support the development of a national peer network of transgender leaders of color with HIV to address HIV-related health disparities in this community. The National BLOC training incorporated BLOC content as well as additional material related to trauma-informed care, transformational leadership, and self-regulation as a leadership skill. Participants from the National BLOC were invited to participate in BLOC by attending one of the Regional BLOC trainings.

National BLOC Modules

- The National HIV/AIDS Strategy & the Ryan White HIV/AIDS Program, Leadership, Intersectionality, Trauma-informed care, Health literacy, Introduction to Data, Performance Measurement, Structures of Involvement, HIV-related Stigma, Transformational Leadership, & Personal Goal Statement Development

BLOC Curriculum Development 5

BLOC Subpopulation Adaptions:

Building Young Leaders of Color (BYLOC) Program

- Responding to participant feedback from Regional BLOC trainings, the NMAC team developed the Building Young Leaders of Color (BYLOC) program which support people of color with HIV between the ages of 18-24. Youth participant feedback from BLOC Regional Trainings in year one indicated a generational disconnect which affected participant satisfaction. To address this process evaluation finding, BYLOC was developed as a two-session training program with an initial 4-day training followed by the 3-day BLOC training.

BYLOC Modules

- Session One: Leadership, Critical Thinking I & II, Introduction to Public Health, HIV/AIDS Timeline, Wellness, Vision Boarding, Assuming Leadership Roles, Personal Branding & Messaging, Personal Brand Development
- Session Two: Session two of BYLOC utilizes the standard BLOC curriculum modules

BLOC Curriculum Development 6

BLOC Subpopulation Adaptions:

National BLOC Transmasculine Pre-Training Institute

- Responding a lack of representation in the program for people of color with HIV of transmasculine experience, NMAC recruited community stakeholders with experience and expertise in transmasculine communities to adapt the BLOC curriculum into a pre-training institute. The training was delivered in advance of a Regional BLOC training and participants from the Transmasculine training were invited to attend Regional BLOC trainings. The purpose of the pre-training institute was to replicate the national network created for transgender women of color with HIV for people of color of transmasculine experience with HIV.

National BLOC Transmasculine Modules

- Overview of the BLOC Program, Collective Impact, RWHAP Overview, Leadership, Call In to Call Out

BLOC Curriculum Development 7

BLOC Subpopulation Adaptions:

BLOC-Español Program

- BLOC-Español is a Spanish-language pilot implementation of the BLOC curriculum. BLOC-Español provides leadership and other professional development training for people with HIV (PWH) whose primary language is Spanish, with the purpose of increasing the number of individuals in this population able to participate in leadership roles and other activities in the provision of HIV-related services. NMAC partnered with PROCEED INC. for Spanish-translation services.
- BLOC-Español materials include Spanish-language translation of the BLOC Facilitator Guide, Participant Guide, and presentation slides. The BLOC-Español program included a Train the Trainer Session and two pilot trainings. The BLOC-Español TOT also utilized the BLOC Train the Trainer session design. Due to the emergence of coronavirus and the COVID-19 pandemic, the BLOC-Español Train the Trainer and pilot trainings were conducted virtually using Zoom. Results from the BLOC-Español program include participant feedback on the virtual deliver of the BLOC content.

BLOC Curriculum Development 8

BLOC Subpopulation Adaptions:

BLOC Train the Trainer Sessions

- The BLOC Train the Trainer (TOT) sessions were designed to increase access to the BLOC curriculum modules through wide dissemination of the curriculum. Dyads of Ryan White HIV/AIDS Program recipient or subrecipients with people of color with HIV from their community served were recruited, screened, and invited to participate in the five-day TOT program. Dyads attending the BLOC TOT were asked to commit to implementing 1 training or engagement activity using the BLOC curriculum with their home communities. BLOC TOT participants were provided with a specialized guide for specific BLOC modules identified as the “core” BLOC modules. These modules focused on leadership, the Ryan White HIV/AIDS Program, Data and Performance Measurement, and Structures of Involvement.

BLOC TOT Modules

- The Art of Facilitation Energizers & Activities, Adult Learning Principles, Designing Effective Trainings Parts I-III, BLOC Module Demonstration Sessions, Training Nightmares and Mishaps, Team Action Planning, & Expectations of Community Leadership

Thank You



To Learn More



To learn more about BLOC please visit:

<http://www.nmac.org/programs/thecenter/bloc/>

Get in Touch



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