



MEN OF COLOR HEALTH AWARENESS



12/16/2010

First Quarter Assessment

A report on the performance and outcomes of the Men of Color Health Awareness initiative in Springfield, MA through its first three months.

Men of Color Health Awareness

FIRST QUARTER ASSESSMENT

Table of Contents

ABOUT THIS REPORT 2

EXECUTIVE SUMMARY..... 2

PROGRAM DESCRIPTION 5

 Mission..... 5

 Goals..... 5

 Initial Planning 6

GOVERNANCE..... 6

 Administration 6

 Staff..... 7

PROJECT OUTCOMES 8

 Pilot Health Class 8

 Description 8

 Measurements 8

 Physical Condition 9

 Self-Perceptions..... 10

 Substance abuse..... 12

 Knowledge and Confidence..... 12

 Social Activities..... 13

ORGANIZATIONAL PERFORMANCE..... 13

 Internal Communications..... 13

 Meeting Dynamics..... 14

 Marketing, Branding and Image..... 15

 Community Outreach 16

 Movement Building..... 17

 Program Evaluation 19

ANEXES..... 21

 Physical Fitness Self-Assessment 22

 Vitality Scale..... 23

 Cohen Perceived Stress Scale..... 24

 Substance Use Assessment..... 25

 Knowledge & Confidence Survey..... 27

ABOUT THIS REPORT

The MOCHA steering committee set out to assess the movement's progress in order to evaluate its performance, gauge its impact on the community and document their progress for the benefit of similar initiatives in the future. To that end, this document is the first in a series of quarterly reports on MOCHA's effectiveness and outcomes.

The report and accompanying video interviews were prepared by The Springfield Institute in close collaboration and with the input of MOCHA partner organizations and stakeholders. The evaluators reviewed programmatic documents relevant to the physical and psychological changes in the men who engaged the movement's health programming, while also collecting qualitative information through a series of one-on-one interviews, notes and testimonies.

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EXECUTIVE SUMMARY

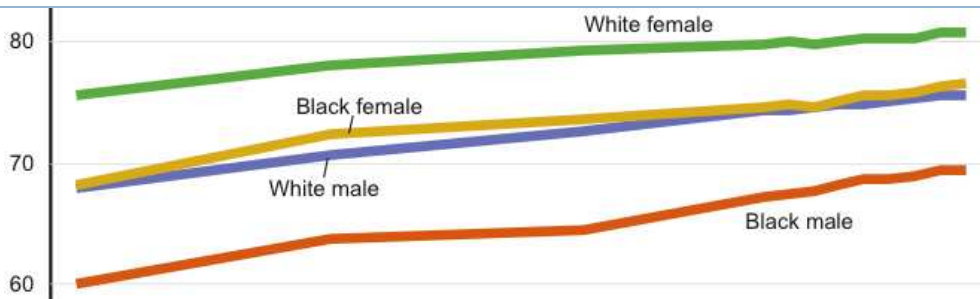
About: MOCHA is an innovative health movement in Springfield, Massachusetts which seeks to reduce health disparities in the City by creating health-conscious norms and diffusing them through men of color's personal and social networks. The initial planning of the organization employed a series of "focus groups" where men of diverse ages and incomes could converse about their health concerns, what they would like to learn, and how they thought the movement should grow.



CONCEPTUAL DIAGRAM OF MOCHA

Governance & Administration: The program is governed by a Steering Committee composed of decision makers and staff from MOCHA's founding organizations. From its inception it has relied on the efforts of the working committees, support staff from the YMCA, a part-time consultant and, since November 2010, a project coordinator. Stakeholders have described MOCHA's governance and people involved as accountable, inclusive and transparent.

Project Outcomes: The first quarter of the MOCHA roll out focused on putting a first cohort of men through a pilot health class, which consisted of a 10 week curriculum that covered one health-related topic every week, including fitness, food reproductive, financial, mental and emotional health. Men who completed this course showed improvements in their physical conditioning, strength and flexibility. They also showed improved attitudes towards their fitness level and vitality. While the organization made efforts to engage other men from the community in health activities separate from the class, there was little short term success, a matter that will be the focus of planning going forward.



HEALTH DISPARITIES DEMONSTRATED BY LIFE EXPECTANCY AT BIRTH BY ETHNICITY AND GENDER
SOURCE: CDC 2005 NATIONAL STATISTICS

Organizational Performance: The organization's performance was assessed on the basis of six practices: internal communications, meeting dynamics, marketing & branding, community outreach, movement building and its program evaluation. The following is a series of best practices and suggestions that came out of various stakeholder interviews and direct observation:

Internal Communications

Best Practices

- Organizational cooperation
- Agenda setting and timing
- Scheduling and follow up
- Meeting minutes

Suggestions to Consider

- Marketing committee coordination
- Awareness of member's contact information

Meeting Dynamics

Best Practices

- Inclusiveness of opinion and diversity
- Committee reports
- Decision-making by consensus

Suggestions to Consider

- Inclusion of other ethnicities & cultures
- More engagement of members

Marketing, Branding & Perceptions

Best Practices

- Provide inspiration
- Strength of brand

Suggestions to Consider

- More content on website
- Design a media strategy
- Reflect on image of masculinity

Community Outreach

Best Practices

- Reached the largest populations of color
- Identified connectors
- Scheduling during vacation / holiday season

Suggestions to Consider

- Outreach to new communities
- Improve membership definition
- Launch neighborhoods meetings
- Identify new connectors

Movement Building

Best Practices

- Bonding between men
- Space for mutual learning and leadership

Suggestions to Consider

- Schedule more activities
- Overcome language barriers
- Understanding the concept “of color”
- Reconnect with men from focus groups
- Include women, family
- Link to other initiatives

Program Evaluation

Best Practices

- Being self-critical
- Use of various indicators
- Use of multimedia

Suggestions to Consider

- Defining measures of success
- Other indicators
- Collect more qualitative information



A powerful reminder of urgency

During the last MOCHA community focus group, a newcomer who introduced himself as Hakeem explained how inspiring it was to see so many men of color gathered for such an important purpose. He said he hadn't seen a movement like this since he participated in the Million Man March in 1995. He also made a special point of saying that he felt he was meant to be there....

A few minutes later, Hakeem collapsed and lost consciousness. Despite the attempts of his peers to revive him, and the rapid 911 response time, he never regained consciousness. A massive heart attack was the cause of death.

Edward Douglas "Hakeem" Duke, a karate master and Nation of Islam devotee, lived a remarkable life. He left behind a wife, 3 brothers, 2 sisters, 32 grandchildren, 5 great grandchildren, and many, many friends. He was only 61.

And he was part of a larger trend. Nationally, life expectancy is 70 for African-American men, 76 for White men. In Massachusetts, life expectancy for African-American men is 73. The fact that Hakeem died even before his peers in other parts of the state and country may be partly explained by trends in his hometown. Among the 30 largest communities in Massachusetts, Springfield has the highest rates of premature death per capita (Source: MADPH).

Hakeem's life and death are powerful reminders of MOCHA's critical and urgent charge.

PROGRAM DESCRIPTION

Mission

MOCHA is an innovative health movement in Springfield, Massachusetts which seeks to reduce health disparities in the City by creating health-conscious norms and diffusing them through men of color's personal and social networks.

The clear need for novel health projects that target this community is made evident by alarming health statistics. There are an estimated 26,222 men of color age 20 and over in Springfield; 49% are Hispanic/Latino, 45% African-American, and 5% are Asian¹, while there is also a significant refugee population in the City which is comprised of Somali Bantu, Burundian, Vietnamese and Hmong. Men in these communities experience significant health disparities, as seen through the disproportionately high rates of chronic conditions such as heart disease and diabetes. For example, despite representing less than 3% of the entire Massachusetts men of color population², they represented 12% of heart disease deaths and 11% of diabetes-related deaths amongst men of color throughout the State.

With this in mind, a group of local non-profit organizations, which included the Springfield YMCA, Men's Resource International, Caring Health Center, Tapestry Health Systems and the South End Community Center founded MOCHA with resources made possible thanks to an initial \$250,000 grant from the Massachusetts Department of Public Health.

Goals

In order to implement its mission, MOCHA set out to achieve five goals:

1. Reduce barriers to healthcare for men of color
2. Utilize the strengths intrinsic to social and cultural beliefs and norms regarding the role of men in caring for their own health and the health of their family
3. Enhance leadership among men of color in motivating changes in behaviors among their peers that contribute to the development of chronic diseases
4. Engage men of color in chronic disease self-management and wellness activities through peer-led activities
5. Reduce poor health outcomes by building partnerships, implementing environmental strategies and developing policies that create conditions for men of color to reach their full potential

“What we've started will outlast many of us. It's a virus, a positive virus”

James Arana
Men's Resource International

MOCHA intends to focus on five strategies that, when combined, will improve health behaviors by changing the environment that impacts men of color: Media, Access, Point of Decision, Price and Social support/services. Together, these are referred to as MAPPS.

The coalition also intends to work with other community groups, such as the Mason Square Health Task Force, the North End Campus Coalition and other neighborhood councils, the Springfield Mass in Motion project and it's Wellness Leadership Council, amongst others, in order to reach and organize 500 men across the City by the end of 2013.

¹ 2005 data from MDPH MassCHIP Custom Report accessed 1/10/2010 and presented in the original grant proposal

² Approximate calculation based on the 2005 American Community Survey Data from <http://www.epodunk.com/cgi-bin/popInfo.php?locIndex=22>

“Agencies have collaborated, they’ve communicated, they have shared resources, they have put their ego’s and their arrogance to the side to focus on the greater good for the community... it’s something that has not been abundant in Springfield at all in my time here, so I’m very excited about that”

Patrice “Ché” Swan, South End Community Center

Initial Planning

In order to make MOCHA a successful movement, the founding organizations decided that it had to be based on the concerns and interests of the City’s men of color. Therefore, from May to July 2010, the planning phase started by arranging a series of “focus groups” where men of diverse ages and incomes could converse about their health concerns, what they would like to learn, and how they thought the movement should grow.

Participants in the focus groups were paid a small stipend each session as a compensation of their time. However, it was evident from the discussions that, if compensation was bringing them to the room, what kept them engaged was their passionate opinions about the health issues that afflicted their communities, and their convictions that an ethnically diverse movement such as MOCHA could serve as an example of how to overcome social problems in Springfield.

The meetings, which on most occasions hosted over 30 African American and Latino residents, allowed the men to talk frankly amongst themselves and suggest concrete actions to the MOCHA organizers. The men suggested designs for the MOCHA logo and voted on its final version and colors, indicated the themes that they wanted to learn in MOCHA’s health class and even indicated some metrics that should be considered by the program’s evaluators.

GOVERNANCE

Administration

The program is governed by a Steering Committee composed of decision makers and staff from MOCHA’s founding organizations. Additionally, organization members, city officials, subcontractors and other stakeholders attend their regular meetings, which have been open and welcoming to the community. Decisions in the body are taken by consensus and on equal footing.

MOCHA hired a Project Coordinator at the end of November, 2010. However, the initiative’s planning and initial execution was done through active participation amongst all steering committee members and subcontractors with coordination provided by the YMCA and a hired consultant.

Programmatic work was divided amongst three committees: Curriculum, which was charged with developing and providing the pilot health class, preparing events for members that were not in the pilot group and guiding the MOCHA’s evaluation process; Outreach, which was charged with all recruitment and mobilization activities; and Marketing, which was charged with outgoing communications, the website and propaganda material.

“It doesn’t seem like ‘politics as usual’ ... I can’t believe how much we’ve accomplished in such a short amount of time, and I love that”

Julie Costello
Springfield YMCA

“I feel like even being the youngest person with the least amount of experience in this area, if I feel like I’m being heard then I’m more apt to talk and make my opinion known. And I’ve always felt very comfortable in our meetings doing that.”

Jeffrey Markham, Caring Health Systems

Three common themes came across in meetings and stakeholders interviews as characteristic of the administrative process:

- **Accountability:** Instead of a hierarchical structure where committee members were reporting “up”, working relationships emphasized cooperation and mutual accountability. This was a strong incentive for getting tasks done while allowing everyone to participate on equal footing.
- **Inclusiveness:** The working committees made a considerable effort to have as much diversity included in the process as they could. The commitment to include people of different ethnicities, genders, ages and socioeconomic backgrounds reinforced a culture of mutual respect, accountability and broad community support.
- **Transparency:** The cooperative nature of the working committees and the inclusiveness in the decision making led to rapid sharing of all types of organizational information, from budget expenditures to curriculum content and marketing strategies.

Staff

Until November, 2010 MOCHA did not employ any full time staff. Instead, it relied on the efforts of the working committees as well as support staff from the YMCA for things such as e-mail reminders and meeting logistics. The movement did benefit from having a part-time consultant who served as group facilitator of the committees and was an essential part of the coordination amongst participants.

However, once MOCHA programming started by the end of the summer, 2010, the lack of a full-time project coordinator was evident amongst steering committee participants as with the first cohort of men to attend the organization’s pilot health class. For the working committees, the absence of a full-time coordinator at times made them feel overburdened with work, while the men in the pilot class felt that they were not receiving enough weekly follow-up from the steering committee. One of the men even went as far to describe this problem as “the most disappointing part of the program”.

Going forward, the first cohort of men have suggested that there be someone from the steering committee – like the coordinator or the heads of the founding non-profits – that checks in often with them so that they feel connected with the rest of the organization’s efforts. At their request, the

“Like, if I had started a new business and I was the CEO, and after I get you guys started you never see me anymore... you’d be like, uh, is this a real business? We haven’t seen the CEO no more”

Antonio Delesline
MOCHA member

“Fortunately for you guys, you had people like us that don’t mind voicing that kind of opinion... we said: ‘well, [the lack of follow-up with the men] ain’t gonna happen for the next group”

Brian Thomas
MOCHA member

steering committee has also included the men in the steering committee and in the working committees. MOCHA has also hired a project coordinator at $\frac{3}{4}$ of a full-time equivalent, which will be taking on vital parts of the organizations work load, including having a visible leadership role.

PROJECT OUTCOMES

The first quarter of the MOCHA roll out focused on putting a first cohort of 15 men through a pilot health class, while maintaining other men engaged through social, health related activities. This section documents the near-term outcomes of those efforts.

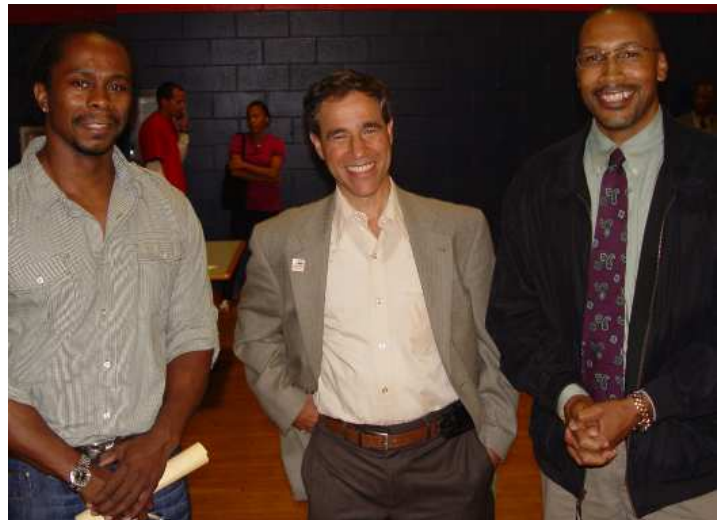
Pilot Health Class

Description

The cohort of 15 men in the pilot class was selected amongst all the focus group members (see “Initial Planning” section) on the basis of demonstrated attendance; however, men in the class were no longer paid for their participation. While focus group attendance was a “self-selection” criterion, MOCHA organizers felt that this would be more likely to provide greater participation in the pilot and lead to the first group of community health organizers, a critical step in the program.

The pilot health class consisted of a 10 week curriculum that covered one health-related topic every week. The course, taught mostly by staff from Men’s Resource International and Tapestry Health Systems, included topics such as:

- Setting goals
- Exercise & fitness
- Food & lifestyle
- Male masculinity
- Mental & emotional health
- Cycles of violence
- Substance abuse
- Reproductive health
- Financial health & literacy
- Healthy relationships



FROM LEFT TO RIGHT: PERSONAL TRAINIER BRIAN BAKER, AND CLASS INSTRUCTORS STEVEN BOTKIN & SANFORD JAMES

Additionally, the men would also participate in a joint work-out session guided by a personal trainer at the YMCA. They were also granted a pass to the gym for the duration of the class so that they could work out on their own during other moments of the week, if they so desired.

Measurements

The pilot class was measured on the basis of three surveys: an assessment of the men’s physical health; perceptions of their own fitness, vitality and stress levels; and the participants’ perceived knowledge and attitudes towards health and male identity. In general, the fitness, perceptions and attitude indicators all showed improvements in participant’s health.

One of the suggestions from the men in the class was that the final measurements should have been done immediately after finishing the last class, since some men did not take their final physical assessment until several weeks afterwards. Their concern was that the data would not accurately document their physical transformation, since they had momentarily stopped working out and may have regressed in their conditioning.

Out of the 15 men that participated in the pilot, 13 were available for assessment at the start of the class and 8 were available for assessment at the end of the class. Only 6 men were available for measurements both prior to and at the end of the class, which is a significantly small data set for any evaluation. Despite that limitation, there are various observations that can be made from which men were available for measurement, what the men thought of the class and what was the impact of the class on the men who stuck with the program.

	Recurring	Non-Recurring
Average Classes in Attendance	5.1	2.3

ATTENDANCE CONTRAST AMONGST MEN WHO WERE FULLY ASSESSED OR ONLY AT THE START

While the absence from post-class evaluation is not indicative in and of itself of participant attrition, an overview of attendance records for the class sessions led by Men’s Resources International (8 of the total 11 sessions) shows that the men who were present for both pre and post class evaluation had double the attendance rate than the group of men that were not present for the final evaluation – a fact does point to participant attrition. For this reason, the outcome analysis will compare the “recurring” group, which on average attended many more sessions than the “non-recurring” group.

Physical Condition

The most promising statistics were that recurring participants on average lost 1.4 pounds, reduced their BMI by a quarter point and reduced their Body Fat by about 2.4 percentage points. Blood pressure readings on average remained almost constant, with systolic pressure declining and diastolic pressure increasing slightly.

- While BMI remained in the “overweight” category, it was reduced on average by .25 points.
- Blood pressure indicators were troubling, as 5 of the 6 participants maintained hypertension or pre-hypertension levels after the class.
- Heart rates increased on average from 67 bpm to 72 bpm, but remained in normal ranges.
- All measures of physical activity improved. For example, bench and leg press increased on average 35 and 34 pounds respectively, and flexibility (measured by stretching length while sitting) increased on average up to three quarters of an inch.

Group Average	Recurring	Non-Recurring
Age	50	39
Bench Press (lbs.)	220.5	191.67
Leg Press	308	241.4
Distance Walked (mi)	0.83	0.63

INITIAL FITNESS ASSESSMENT COMPARISON BETWEEN RECURRING AND NON RECURRING MEN

By comparing the group of 6 men who were evaluated at the beginning and at the end of the pilot class (the “recurring” group) against the group that was only assessed in the beginning (“non-recurring”) it is possible to note differentiating physical characteristics. Mainly:

- There was an 11 year age gap: The recurring group is on average 50 years old, while the non-recurring group was on average 39 years old.

- On average, the younger non-recurring group fared worse in all the physical activity measures: distance walked, bench press, leg press, and flexibility. This could be a sign that they were in worse physical condition at the start of the class or that this group was less motivated going into the program and hence did not try too hard in the assessment.



MOCHA men from the pilot health class receive their certificates of participation during their completion ceremony

Self-Perceptions

FITNESS

Participants were asked to rate their physical fitness based on their impressions of overall fitness, strength in legs, arms, endurance, energy level, weight and muscle tone on a scale from 1 (Very poor) to 6 (Excellent). On average, recurring participants improved perceptions of their own fitness in 5 of the 7 categories by around half a point. Two additional findings are worth highlighting:

- Weight perception was the highest ranked category and remained unchanged through the 10 week period between assessments.
- The lowest ranked fitness area at both start and end of the class was “muscle tone” with a 3.8 average rating at the start and a 4.8 rating average at the end. This ranking experienced the disproportionately largest gain in the men’s perception.

This measurement also showed a significant difference amongst the recurring and non-recurring groups, as the non-recurring group consistently ranked their own fitness as being lower than the recurring group:

- They ranked all categories much lower than the recurring group, on average 1.8 points worse than the recurring group.
- “Muscle tone” was also the lowest ranked category amongst this group, at a 2.29 average.

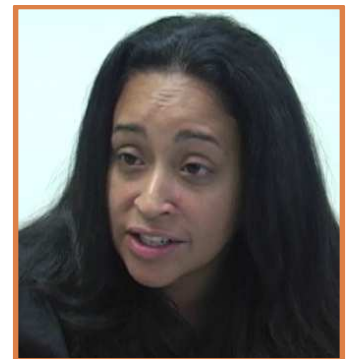
VITALITY

Participants were asked to rate how they were feeling under eight vitality measures: time it takes to sleep, quality of sleep, tiredness, appetite, aches, energy, relaxation and general “good or bad” feeling. On average, men in the recurring group increased their vitality perception by .3 scale points.

- The highest vitality gain over the 10 week period was on the question about feeling relaxed or agitated. On average, the men improved by .9 scale points. The general “feel good” question followed with a .67 scale improvement and “feel rested” improved .53 scale points. They also reported feeling more energized by a magnitude of .4 scale points.
- On average, the men decreased their measurement of time it took them to sleep (it took them longer to sleep), although the value was affected by one outlier, which could be due to particular circumstances in that participant’s life. Excluding that outlying value, the men slightly improved in that category as well – falling to sleep quicker.
- The non-recurring group had lower vitality measurements going into the program than the recurring men by an average of about 1.75 scale points.

“It’s been great to see men come together, have heart-to-heart conversations about their life struggles about what they’re going through, how they’re going to deal with it... and being able to say ‘I want to get to the next phase’... I think that takes a lot from a man”

Vanessa Pabón
WGBY



STRESS

Participants were asked to gauge their stress level through 10 questions on a scale of 0 to 4. Four of the questions were intended to measure negative stress influences, while six of the questions were intended to measure positive responses to stress.

- For both types of questions, stress levels generally remained stable at the end of the 10 week period, with five stress categories showing very slight improvement: dealing with unexpected events, perception of problems piling up, perception of things going their way, ability to control irritations and ability to be on top of things increased by an average magnitude of .37 scale points.
- Feeling “on top of things” showed the highest improvement with a .67 gain, followed by ability to control irritations, with a .5 scale gain in the scale.
- Ability to control important things in life, recurrence of nervousness and stress, dealing with hassles, ability to cope with changes and ability to handle personal problems worsened by a magnitude of .46 scale points.

- The poorest outcomes were seen in the men's perceived ability to handle personal problems (.67 scale reduction), followed by successfully dealing with hassles (.5 scale point reduction).
- Once again, the non-recurring group fared much worse in their stress perception than the recurring group. In the initial assessment non-recurring men ranked their negative stress influence 1.1 scale points higher, while they reported their positive responses to stress .51 scale points lower.

Substance abuse

Participants were asked about their use of alcohol, tobacco and drugs over the past month, week and 24 hours. They were also asked about the quantities consumed and how much it affected their daily life. The most notable findings were:

- Recurring and non-recurring men showed a wide gap on substance abuse. On average and on a scale of 0 to 4, recurring men reported almost no effect (.33) of substances in their daily lives, while non-recurring men reported that substances had a higher average effect of 2.38 on the scale.
- Non-recurring men on average also reported a higher use of substances in almost every category in the initial assessment, compared to recurring men.
- In general, recurring participants slightly reduced their use of substances. However, given the small data set and the diversity of substance use combinations, it is not possible to reach more specific conclusions on this category at this time.

Knowledge and Confidence

Participants were asked to anonymously rank their perceived knowledge and confidence on fitness and masculine identity issues on a scale of 1 to 7.

On average, men's perceived knowledge increased by two scale points, while their confidence increased by 1.76 scale points. The highest gains in each category came from knowledge about healthy relationships and confidence about their ability to maintain mental and emotional health.

Unfortunately, because this data set was anonymous, it is not possible to tease out the responses from the group of men that only answered in the initial assessment, versus those who participated in the final assessments or only the final one. Given that the data for other questionnaires show a clear difference between the responses of the recurring men and the non-recurring men in the class, it would not be possible at this time to ascertain whether these improvements in knowledge and confidence levels are due to the effect

of the MOCHA class or the attrition of men with lower ranked perceptions. The next assessment should provide a method of identification in order to tease out the different groups and be able to reach conclusions from this data.

"I heard Ronn say we were going to shoot for the moon... nah, we're going to miss, because we're all going to be a bunch of stars"

Brian Thomas
MOCHA member

Social Activities

While most of the steering and working committee's time went into planning and executing the pilot health class, MOCHA organizers also made an effort to find opportunities that involved other members with periodic health related activities. For example:

- MOCHA had its official launch in front of City Hall with the presence of over 100 men;
- Members also had a strong presence during a father's day march in the Mason Square neighborhood;
- MOCHA had a team that competed and won that championship in the "Over 40" Basketball Tournament at Springfield Technical Community College (STCC); and
- The organization created "MOCHA Mondays", a programming day when men could get together for a walk, to talk or hear a guest speaker.

Although the first three events were very well attended, MOCHA Monday's only lasted for a few sessions before it was stopped due to lack of attendance. Looking back at this aspect of the movement, some organizers indicated regret that there were not more efforts to provide opportunities for the broader community to be involved with MOCHA. Others pointed to possible problems in timing due to the vacation time, lack of a clearly defined point-person for the activities, or poor communication between the organizers and the men.

Moving forward, most of the interviewees prioritized planning more activities that involve men from the community in the MOCHA movement, beyond the pilot health class.

ORGANIZATIONAL PERFORMANCE

Stakeholder interviews and direct observation has provided a set of best practices and suggestions for improving MOCHA's performance moving forward. This section documents both of them in the areas of internal communications; meeting dynamics; marketing, branding and perceptions; community outreach; movement building; and program evaluation.

Internal Communications

One of the keys to running an effective initiative is having effective communication amongst the people working in an organization. Here are the most prominent issues that were observed:

BEST PRACTICES

- **Organizational cooperation:** One theme that has come up on occasion is the effectiveness of MOCHA partner organizations in sharing resources with each other in an open and selfless way. The founding organizations have consistently shown a commitment to share funding, facilities, staff time, office materials and expenses.
- **Agenda setting and timing:** Steering or working committee meetings were guided by written agenda's that were distributed to participants, many times a day before the meeting. This allowed participants to have input and suggest modifications to the agenda if they felt there were other issues that needed discussion. This

Men of Color Health Awareness

practice was repeated at the start of every meeting, which – as previously observed under the “Governance” section – contributed to an open and transparent sharing of ideas and opinions. Meeting chairs were also respectful of everyone’s time, as meeting would generally finish at the agreed upon hour.



FROM RIGHT TO LEFT: JAMES MORTON, YMCA CEO; RONN JOHNSON, MOCHA CONSULTANT; AND BRIAN THOMAS, MOCHA MEMBER

- **Scheduling and follow up:** Committees had the discipline of scheduling follow-up meeting days and times at the end of all meetings. These were usually scheduled on predictable days and intervals (i.e. Thursday mornings), which made it easy for participants to remember and reduced the need for constant reminders from organizers. However, when reminders were prudent, they were sent via e-mail either from YMCA staff or by committee chairs. Communication to the MOCHA members was filtered through social networks, like implementing a “calling tree” where organizers could call a handful of men and each of them would contact their peers.
- **Meeting minutes:** One practice that was implemented early on was designating one person each meeting to take notes or minutes. Those minutes would document the most important deliberations and the decisions that were taken at the meeting and later on would be distributed to the group, either at the next meeting or via e-mail. When distributed electronically, it also provided people the opportunity to revise and provide modifications or corrections as needed.

IMPROVEMENTS TO CONSIDER

- **Marketing committee:** Several interviewees pointed out that the marketing committee seemed to have had a communication breakdown by the end of summer, likely due to the loss of its coordinator around that time, who had to move away from the City. At one point it, some of its members were unsure if the committee was still in existence or whether it had been disbanded. The issue has since been resolved, but it demonstrated the importance of maintaining appropriate communication and feedback between working committee members and the steering committee.
- **Sharing men’s contact information:** The decentralized nature of MOCHA’s “communication tree” meant that at times it was not clear who had access to every member’s contact information. Stakeholders should be made aware of which working committee or person has been explicitly charged with the responsibility of keeping a clear record of members’ contact information.

Meeting Dynamics

Group interactions at meetings play a pivotal role in what priorities are considered, who holds influence and how internal decisions are made final. A few of the practices that are worth noting are:

BEST PRACTICES

- **Inclusiveness of opinion and diversity:** MOCHA meetings and activities use a deliberative method of discussing ideas from everyone in attendance. Interviewees expressed that everyone's concerns were taken into consideration and that they felt that their opinions respected. Given the diverse nature of the group's composition, these deliberations also enjoyed input from various perspectives. Meetings are also generally open to any community member that wants to participate, and above all else the steering and working committees always hold the MOCHA members' opinions – either those present or expressions from prior meetings – in the highest regard when considering any action.
- **Committee reports:** One of the staples of steering committee meetings is allotting time for each working committee to report on the tasks they have recently accomplished, recommendations they may have for the organization, and issues they understand need to be considered at the steering committee level. This supports the environment of accountability alluded to earlier.
- **Decision-making by consensus:** Although many decisions are brought to a formal vote at the steering committee level, issues are usually hashed out through open and positive deliberation amongst everyone present so that there is a consensus or at least understanding from everyone on the direction that the group wants to take. This practice leads members and organizers to feel greater ownership for the project.

IMPROVEMENTS TO CONSIDER

- **Inclusion of other ethnicities & cultures:** As MOCHA's recruitment depends on building networks amongst communities of color in Springfield, expanding the diversity of the steering committee even further could be an appropriate step in expanding the organization's reach amongst men of color; particularly non-Puerto Rican Latino's, Asians and African immigrants.
- **Engagement of members:** For the most part, committee meetings are held during the day in order to accommodate the normal working schedule of the MOCHA organizers. If incorporating community input to particular meetings is a matter of interest, the steering committee may consider holding some meetings at times where more community members can show up, like during the afternoons or on weekends.

Marketing, Branding and Image

Although most members and organizers interviewed agreed that it was still too early to know how well MOCHA's marketing efforts was working and what people outside of the movement thought about it, there were a few common threads that were noted:

Best Practices

- **Provide inspiration:** All interviewees and members that were consulted for this evaluation expressed a great sense of personal inspiration and hope about what MOCHA can do to revitalize communities of color as a vital part of the City of Springfield. From deeply personal accounts to utopic visions of what this movement can become, MOCHA has become a canvas where stakeholders are drawing up a vision for a better city.



- **Brand:** The organization’s logo and colors were designed from the ideas and concepts that the men in focus groups expressed as the images that should represent the MOCHA movement. That exercise set the tone for MOCHA’s work moving forward, as men in the community are reminded, every time they look at the image, that they have ownership of the organization and a stake in what it does. Men in the group and organizers have reported very positive feedback on the brand and it is now being featured on the uniform of Springfield’s “Living Legends” basketball team, which MOCHA sponsors.

IMPROVEMENTS TO CONSIDER

- **Website:** Members have expressed a desire to see more content on the organizations website, and some organizers have suggested that the men could provide some content themselves. Their view is that it can be used more effectively as a marketing tool and can provide instructional material for men in the movement.
- **Media strategy:** Several members felt that a targeted media strategy would be a good way to incorporate new men into the movement. Some low-cost suggestions were given, such as placing ads in newspapers and radio shows that cater to communities of color. One suggestion put forth also included recognizing the men of MOCHA at high-profile sporting events, such as local basketball and hockey games, or big league games in the greater Boston area.
- **Image of masculinity:** At least one interviewee expressed that, although the logo enjoyed a creation process based on what the community wanted, it reinforces certain aspects of male masculinity that MOCHA might want or need to surpass in the long run. For example, the movement is currently focused on building and involving a strong brotherhood of men – which is fitting for the current logo image. One long-term goal is also to reinforce norms on sharing with family, responsibility and having healthy relationships. It is not yet clear whether the current brand would be a problem in the long term, but it is an observation worth having in mind for the future.

Community Outreach

From its inception, MOCHA has worked to be a community based movement through strategic outreach efforts. The following is a summary of some of the most important reactions from interviewees on this topic:

BEST PRACTICES

- **Reached the largest populations of color:** The organization concentrated its efforts on recruiting men from the largest populations of color in Springfield: African American and Puerto Rican communities. Most thought this was appropriate, given the difficulty of starting an initiative of this magnitude, because it allowed MOCHA to have a presence in a large base without overextending its resources.
- **Identified connectors:** Given the desire to spread healthy norms through men’s social networks, it was key for MOCHA to identify people and institutions that serve as nodes or connectors for other men. These people and institutions exerted their leadership and communication skills to get men through the door. Through the focus groups and pilot health class, it was evident how some of the men were natural connectors in their community,

while the steering and outreach committees also identified other institutions that serve as nodes of information in the city. There are also some topic issues that served as connectors. For example, a few of the members mentioned that helping out youth was a big motivation for them to join MOCHA.

- **Scheduling during vacation / holiday season:** By the end of the summer of 2010 the organization had a low-activity period due to unforeseen vacations from many of its organizers. Although many recognized this as a problematic time for the movement build up, they also recognized that moving forward, the steering and working committees have taken this into consideration and adjusted the schedule of activities for the 2010-2011 winter holiday period.

IMPROVEMENTS TO CONSIDER

- **More diversity:** Most interviewees recognize that one of the organizations next steps should be recruiting members from other groups, like non-Puerto Rican Latino's, Asians and African immigrants, and also make inroads with the LGBTT community.
- **Membership definition:** To some it is still unclear what is required to become a MOCHA member: graduating from the health class, taking the MOCHA pledge or assisting to certain activities? It is also unclear what that membership will directly give the men: organization paraphernalia, gym membership, entrance to certain activities, others? These have been matters of partial discussion before, but may merit some specific decisions in the near future.
- **Neighborhoods meetings:** All interviewees expressed how effective the initial focus groups were to the creation of MOCHA. At least one interviewee suggested that meetings like those, or other organizational meetings, could be held in facilities closer to communities where people live instead of the YMCA. This could make people feel more comfortable and get a better sense of their concerns and interests.
- **New connectors:** Although “word of mouth” has been a powerful tool for outreach, relying on a small set of connectors for this task may risk isolating MOCHA amongst certain social networks in the community. Continually identifying new individual and institutional connectors can help word of mouth reach new networks of people.

Movement Building

The core of MOCHA's strategy and success hinges on creating a movement that spreads healthy behaviors throughout communities of color. The following are the issues that interviewees that were the biggest strengths and opportunities for this movement:



**FROM LEFT TO RIGHT: MOCHA MEMBERS
LUIS RODRÍGUEZ, DAVID EDWARDS AND
ANDRÉS FERRER**

BEST PRACTICES

- **Bonding between men:** The members who went through the pilot health class developed a strong bond and friendship amongst themselves. They made several references to empathizing with each other, giving themselves feedback and relying on each other. The strongest bonds were created amongst a group of mostly African American men, which referred to themselves as a “core group” because they attended most of the class sessions. The class data reinforce that conception, as that “core group” highly correlates with the previously discussed “recurring” group of men. However, there were also anecdotes of strong bonds forged between African American men and Latino’s, even when language barriers could have been a problem.
- **Space for mutual learning and leadership:** MOCHA provided a space for open discussion amongst men which was ideal for peer learning and development of leadership opportunities that they will be able to apply in subsequent activities, such as talking to groups about good health practices and what initiatives they have taken in their own lives to remain healthy.



THE MEN OF MOCHA PARTICIPATED AND WON THE FIRST ANNUAL “OVER 40” BASKETBALL TOURNAMENT AT SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

IMPROVEMENTS TO CONSIDER

- **Schedule more activities:** Perhaps one of the most persistent concerns amongst all interviewees was the need to provide men of color with more opportunities to participate in MOCHA activities. Although the health class has had great success so far, many have expressed that it will not have the capacity to engage enough men, or generate enough momentum to create a broad movement in the city. Furthermore, concern was shown that at absence of enough activities would hinder outreach and marketing activities, as the organization would have a hard time channeling men’s desire to become active. Lastly, future activities could serve as a vehicle to feature the skills that men learn in the health and leadership classes.
- **Overcome language barriers:** One of the biggest challenges identified by interviewees was communicating and connecting with some Latino men who are not proficient in English. Although ad-hoc translations were

sometimes done by peers or volunteers and some written material has been translated to Spanish, large communication gaps remain between the organization and the Spanish speaking Latino community.

- **Understanding “of color”:** Understanding this concept is key to shaping an identity that men of color in the city can identify with in order to join and build the MOCHA movement. However, the concept of “men of color” may not be as widely understood as is assumed by the organization. While it is commonly used to refer to minority or non-white populations, it was evident from some members’ expressions that the term “men of color” was being made in reference to African American males in distinction to Latino or Hispanic men. One interviewee went as far as to point out that this unintended distinction may have led to higher attrition from some Latino members. It may well be that this concept is misunderstood by immigrant populations due to different ethnic/racial dynamics or discourses in their originating countries.
- **Reconnect with men from focus groups:** Various interviewees have also pointed to the need to re-engage with focus group participants. The general sense is that these men are more likely to join than new recruits because they already have a stake in MOCHA, but that they need to be provided with activities that empower them and capture their interests.
- **Include women, family:** MOCHA has experimented with including women and family members into the organization’s activities, such as the pilot health class graduation ceremony and the father’s day march. However, some interviewees felt that this was an area that organizers should be mindful of expanding in the near future as a way of reinforcing positive and productive images of masculinity and healthy relationships.
- **Link to other initiatives:** A few interviewees expressed an interest in seeing the men of MOCHA, and its health curriculum, somehow engaged with other initiatives and issues. For example, some mentioned participating in activities aimed at raising awareness for women’s health, such as cancer walks. Others mentioned linking up with state-wide or national initiatives such as the White House’s “Let’s Move!” campaign for childhood health. Another suggestion included expanding the health class curriculum to include socioeconomic aspects that systematically affect the health and well-being of communities of color.

“We can move forward as long as we are together. Being Latino, American, it doesn’t matter; we are human. It doesn’t matter where we are or where we come from, what matters is where we’re going”

Sammy Lozada
MOCHA member

Program Evaluation

Self-reflection and criticism is an important part of successfully growing an organization, which is why MOCHA decided to perform an evaluation process. But it is equally important to make sure that the evaluation is taking into consideration appropriate aspects of the program’s success, as defined by its own stakeholders. For that reason the evaluators asked interviewees for feedback on the best practices and suggestions for improvement in this area, the most common of which are detailed under this section:

BEST PRACTICES

- **Being self-critical:** Interviewees thought that actually doing the evaluation was a good first step towards being self-critical and improve the effectiveness of the project. Everyone interviewed was very positive about the need to be reflective on the work accomplished thus far and, consequently, gave honest feedback even when it meant pointing out deficiencies.
- **Use of various indicators:** Interviewees were glad that the evaluation was not only taking into consideration physical health indicators such as weight, body mass index or blood pressure, but that it also included measurements on other important elements of health and well-being such as stress, vitality and self-perception.
- **Multimedia:** Surprisingly, no one objected to being on camera to give their feedback on MOCHA and most interviewees pointed out that they looked forward to seeing the video portion of the evaluation. The evaluators anticipate that the multimedia component of the evaluation will receive just as much, if not more attention, than the written component.

IMPROVEMENTS TO CONSIDER

- **Defining measures of success:** Most interviewees seemed unaware of the specific indicators for success of the MOCHA program. For example, other than having a notion of physical and emotional surveys to measure progress in the pilot health class, it was not very clear to them what issues MOCHA would use as a measuring stick for broader success: reduction of specific chronic diseases, increases in life span, expanding access to healthcare or others.
- **Other indicators:** Interviewees suggested different indicators that they believed should be considered by MOCHA as they relate to health in the community, including: violence, education, employment, crime and spirituality. Another suggestion included emphasizing existing indicators in graphic form in order to create strong visual impacts.
- **Qualitative information:** Interviewees expressed a desire to see the organization benefit from more qualitative information from its members, like documentation of anecdotes, transformations and experiences in the movement. Mediums like video journals or written journal – which did not succeed during the first health class, likely due to lack of emphasis or lack of enthusiasm to write – could be useful for this purpose, although budget constraints limit the use of video in the short term. Other suggested options include giving a few interested men the opportunity to write specific reactions for the MOCHA website, or performing additional interviews with individual members about their experienced changes from being in MOCHA.

ANEXES

Physical Fitness Self-Assessment

Please circle your answer:

How would you rate your overall level of physical fitness?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate the muscle strength in your legs?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate the muscle strength in your arms?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate your level of endurance or stamina?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate your overall energy level?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate your weight compared to others your age and gender?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

How would you rate your muscle tone?

1	2	3	4	5	6
Very poor	Poor	Fair	Good	Very Good	Excellent

Vitality Scale

This scale is about how you are currently feeling. For each statement, circle the number from 1 to 6 that best describes you. For instance, if you usually fall asleep quickly when you want, circle 5. Otherwise circle the number from 1 – 4 depending on the extent to which you have trouble falling asleep.

Please circle your answer:

Takes a long time _____ Fall asleep quickly
To fall asleep 1 2 3 4 5 6

Sleep poorly _____ Sleep Well
1 2 3 4 5 6

Tired or drowsy _____ Feel rested
During the day 1 2 3 4 5 6

Rarely Hungry _____ Excellent Appetite
1 2 3 4 5 6

Often have aches _____ Have no aches and
pains
And pains 1 2 3 4 5 6

Low energy level _____ Full of pep and
energy 1 2 3 4 5 6

Often restless _____ Feel relaxed
or agitated 1 2 3 4 5 6

Often do not feel _____ Feel good
good 1 2 3 4 5 6

Cohen Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should try to read each one as a separate question. That is, don't try to count up the number of times you felt a particular way, but rather circle the answer that seems like a reasonable estimate. The best approach is to answer each question rather quickly. Please circle your answer

In the last month, how often have you been upset because of something that happened unexpectedly?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt that you were unable to control important things in your life?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt nervous or stressed?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you dealt successfully with irritating life hassles?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt that you were effectively coping with important changes occurring in your life?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt confident about your ability to handle your personal problems?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt things are going your way?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you been able to control irritations in your life?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt that you are on top of things?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

Substance Use Assessment

The questions in this scale ask you about substance use during the last month, week, and day. In each case, you will be asked to indicate how often you used drugs, alcohol, and tobacco. Although some of the questions are similar, there are differences between them and you should try to read each one as a separate question. That is, don't try to count up the number of times used, but rather circle the answer that seems like a reasonable estimate. The best approach is to answer each question rather quickly. Please circle your answer

In the last month, how often have you used alcohol?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you used drugs?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last month, how often have you used tobacco?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last week, how often have you used alcohol?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last week, how often have you used drugs?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last week, how often have you used tobacco?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last 24 hours, how often have you used alcohol?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last 24 hours, how often have you used drugs?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

In the last 24 hours, how often have you used tobacco?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

When you use alcohol, how many drinks do you have per day?

0-3	3-6	7-9	10+
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When you smoke, how many cigarettes do you smoke per day?

Less than 10 10-20 20-30 30+

On average, how many drinks do you have per week?

0-6 7-12 13-18 19-24 25+

On average, how many cigarettes do you smoke per week?

Less than 1 pack 1-3 packs 4-6 packs 7+ packs

How often does your drug, alcohol, or tobacco use effect your daily life?

0 1 2 3 4
Never Almost Never Sometimes Fairly Often Very Often

Knowledge & Confidence Survey

	Not at all		A little		Somewhat		A lot
1. How knowledgeable are you about physical fitness?	1	2	3	4	5	6	7
2. How knowledgeable are you about mental and emotional health?	1	2	3	4	5	6	7
3. How knowledgeable are you about sexual and reproductive health?	1	2	3	4	5	6	7
4. How knowledgeable are you about healthy relationships?	1	2	3	4	5	6	7
5. How knowledgeable are you about positive masculinity and being a positive male role model?	1	2	3	4	5	6	7
6. How confident do you feel in your ability to maintain your physical fitness?	1	2	3	4	5	6	7
7. How confident do you feel in your ability to maintain your mental and emotional health?	1	2	3	4	5	6	7
8. How confident do you feel in your ability to maintain your sexual and reproductive health?	1	2	3	4	5	6	7
9. How confident do you feel in your ability to have healthy relationships?	1	2	3	4	5	6	7
10. How confident do you feel in your ability to be a positive male role model?	1	2	3	4	5	6	7