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WHAT DO MEN WHO SERVE AS LAY HEALTH ADVISERS REALLY DO?: IMMIGRANT LATINO MEN SHARE THEIR EXPERIENCES AS *NAVEGANTES* TO PREVENT HIV

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HoMBReS was a lay health adviser (LHA) intervention designed to reduce sexual risk among recently arrived, nonEnglish-speaking Latino men who were members of a multicounty soccer league in central NC. Our community-based participatory research (CBPR) partnership collected, analyzed, and interpreted qualitative life-story narratives to characterize the roles of male LHAs known as *Navegantes*. Nine *Navegantes* were interviewed. Their mean age was 39 years (range: 26-62 years); six were from Mexico and three from El Salvador. *Navegantes* described the function and facilitators of serving as LHAs and identified leverage points for future HIV and STD prevention strategies. They highlighted psychosocial and sociocultural influences on HIV risk, settings for risky behavior, and personal changes from serving as *Navegantes*. This study provides preliminary evidence that an LHA approach is feasible and appropriate for Latino men, and can be effective in reaching men who might otherwise be difficult to reach.

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The southeastern United States is experiencing both unprecedented growth of immigrant Latino communities and consistently higher case rates of AIDS, HIV, gonorrhea, and chlamydia when compared with other regions of the country (Southern State Directors Work Group, 2003). North Carolina in particular has one of the fastest-growing Latino populations in the US (U.S. Census Bureau, 2005), with nonmetropolitan areas experiencing the most dramatic demographic change (Kandel & Brown, 2006). In relation to nonLatinos in North Carolina, this population is less educated (median 7.5 vs. 12 years of school), is disproportionately male, and comprises of a higher percentage of working-age adults 18-44 years of age (Kasarda & Johnson, 2006).

HIV and sexually transmitted disease (STD) infection rates are 3 and 4 times higher among Latinos living in NC, respectively, than rates among nonLatino Whites (NC Department of Health and Human Services, 2005; North Carolina Institute of Medicine, 2003). Available data may underrepresent the magnitude of the HIV/AIDS epidemic among Latinos, given the multilevel barriers to accessing counseling and testing services (Kandel & Brown, 2006; Lopez-Quintero, Shtarkshall, & Neumark, 2005; Pippins, Alegria, & Haas, 2007; Rhodes et al., 2006).

New immigrant destinations in the Southeast and nonmetropolitan areas across the United States also are associated with low use of preventive services among Latinos (Asamoa et al., 2004; Berdahl, Kirby, & Stone, 2007; Rhodes, Hergenrather, Zometa, Lindstrom, & Montaño, 2008). Spanish-speaking Latinos who responded to the North Carolina Behavioral Risk Factor Surveillance Survey (BRFSS) reported limited access to health care and preventive services and poor health status (Herrick & Gizlice, 2004). Furthermore, the current capacity of public health departments and other health care providers is limited because of no prior history of planning for and providing services that are bilingual and bicultural (Asamoa et al., 2004; Bender, Clawson, Harlan, & Lopez, 2004; Rhodes et al., 2008).

One strategy used to reduce or eliminate disproportionate burden of disease and illness and increase use of available healthcare services among vulnerable populations, including Latinos, has been to recruit and train lay health advisers (LHAs; Donovan, 1997; Eng, Parker, & Harlan, 1997; Rhodes, Foley, Zometa, & Bloom, 2007). The success of LHAs comes from their being members of the communities in which they work, possessing an intimate understanding of community strengths and needs, understanding what is meaningful to those communities, communicating in a similar language, and incorporating culture (e.g., cultural identity, spiritual coping, traditional health practices) to promote health and health outcomes within their communities (Eng, Rhodes, & Parker, in press; Rhodes et al., 2006; Rhodes et al., 2007).

Although health-focused LHA interventions targeting Latino communities have been published, to date none have focused on Latino men either as LHAs or intended beneficiaries of an LHA intervention (Rhodes et al., 2007). The purpose of this study was to explore the experiences of male Latino LHAs within an HIV and STD prevention intervention, using abbreviated in-depth life-story interviews.

METHOD

HOMBRES: A LAY HEALTH ADVISER INTERVENTION

HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men: Men Maintaining Well-being and Healthy Relationships) was an LHA intervention

to reduce HIV and STD risk and increase use of HIV and sexually transmitted disease (STD) health care services among recently arrived, nonEnglish-speaking Latino men who were members of a multicounty Latino soccer league in central North Carolina. *HoMBReS* was delivered over the course of 3½ years and developed in partnership with the local Latino community using an iterative and colearning community-based participatory research (CBPR) approach with a core group of partners, as previously described (Rhodes et al., 2006).

LHA RECRUITMENT AND TRAINING

During spring 2005, 15 men from 15 different teams of the soccer league were recruited to serve as LHAs (known as *Navegantes* [Navigators]) through a team-nomination and election process. To be eligible to serve as a *Navegante,* a participant (a) self-identified as Latino or Hispanic, (b) belonged to the soccer league, (c) was 18 years of age or older, (d) had some Spanish-language literacy, and (e) provided informed consent. Eligible participants completed four 4-hour training sessions over 2 weeks to become *Navegantes*. They were trained to serve as: (1) health advisers to provide information, referrals, and condoms; (2) opinion leaders to bolster positive and reframe negative attitudes about what it means to be a man; and (3) advocates to organize and mobilize for change within the community. *Navegantes* received a framed certificate upon graduation. They were supported by a CBPR partnership that included a Project Coordinator (native Spanish speaker with a similar immigration history). *Navegantes* received materials (e.g., condoms and other risk reduction materials) and held monthly meetings to plan, coordinate, and evaluate their activities.

LIFE-STORY INTERVIEWS

In February 2007, *Navegantes* were recruited to complete an in-depth interview, guided by an abbreviated in-depth Life-Story Interview Guide (Atkinson, 1998). This guide was developed, reviewed, and approved by a subcommittee of the CBPR partnership. It was developed iteratively through literature review; brainstorming potential domains and constructs; and development, review, and revision of potential interview questions and probes. The final draft was translated into Spanish using a "committee approach" to translation and assessment (Rhodes et al., 2006). A reconciled version was created and reviewed by an adjudicator prior to pretesting. Sample domains, items, and probes in the guide are outlined in Table 1.

Human subject protection and oversight was provided by the institutional review board (IRB) of Wake Forest University Health Sciences. All interview participants provided written consent and were paid $50 for their participation. The length of each interview ranged from approximately 60 to 120 minutes; such variations are consistent with life-story interview methodology (Atkinson, 1998). The interviews were completed between March and April 2007, at the conclusion of the intervention.

DATA ANALYSIS AND INTERPRETATION

All interviews were transcribed verbatim and maintained in both Spanish and English. Rather than beginning the inquiry process with a preconceived notion of what was occurring, grounded theory was used, focusing on understanding a wide array of experiences and building understanding on real-world patterns inductively to generate theory that is based in empirical data. (Glaser & Strauss, 1967). Open coding was used to explore, examine, and organize the transcript data into broad

TABLE 1. Sample Domains, Items, and Probes From LHA Life-Story Interview

Background

Tell me about your birthplace, relatives and how they are doing now.

Cultural considerations

Tell me about your family's traditions and what it means to be Latino.

What role does masculinity play in the lives of Latino men?

Social factors

In the lives of Latino men, what are the roles of: documentation status; religion; alcohol and other drugs; tiendas; stigma; brothels?

HIV and STD risk and prevention

What are the risks Latino men in this community face in terms of getting HIV and STDs?

Tell me about commercial sex work that you are aware of in this community and how does it differ from commercial sex work back home?

Thoughts about the HoMBReS Intervention

What opportunities have you had to talk to anyone about HIV, AIDS, or STDs?

Describe your role as a Navegante as it really happened, not how you think we want to hear how it happened.

Describe a situation when you talked to someone so I will understand how information is getting to the community.

Individual empowerment

Describe any changes you have had, since being trained as a Navegante, in your thinking; knowledge; skills; confidence.

Evaluation

How did the intervention change you, do you think?

What would you change about this project to make it better?

Information sources

Where do you go for updates on HIV, AIDS, and STDs?

Conclusions

Can you think of anything else you can share with me about your life as a Latino man living in the U.S.?

conceptual domains (Spradley, 1979). Codes were reviewed and revised to identify common themes (Miles & Huberman, 1994). Subsequently, themes were finalized and interpreted by the authors. In this analysis we use the terms *domains* and *themes* to organize the findings. Following Spradley (1979), domains refer to topical areas drawn from our data and relevant to our discussion. Within those areas, themes were developed. Themes are common areas of meaning that that express a perception, action, or belief.

RESULTS

DEMOGRAPHICS

Of the participating *Navegantes* (n = 9), six reported being born in Mexico and three in El Salvador. Mean age was 39.4 (range: 26-62) years. Four had completed high school; the remainder reported completing Grades 6-10. Spanish was the primary and preferred language for all. Three also spoke limited English. All *Navegantes* reported being married and self-identified as heterosexual and Catholic. Eight reported currently living with their wives; one supported a wife who lived in Mexico. The *Navegantes* reported first immigrating to the United States between the ages of 13 to 40 (mean: 21.8) years. All reported living and working in other US

TABLE 2. Domains and themes identified from male Latino lay health advisors

Domain 1: Function and facilitators of serving as Navegantes
Navegantes clarified community misconceptions.
Health fairs and soccer games were recommended as opportunities for HIV testing.
Health advising accompanied condom distribution.
Culturally appropriate materials supported and validated health advice.
Sports and jokes facilitated conversation among men.
Community recognition expanded reach.
Domain 2: Further community insights into risk behaviors among immigrant Latino men
Psychosocial and sociocultural influences on risk:
Perceptions about condoms remain barriers to their use.
U.S. culture moderates machismo.
Homophobia inhibited interactions with Latino gay men and Latino MSM.
Settings for HIV risk behavior, including:
Tiendas and brothels
Domain 3: Personal changes from being trained and serving as *Navegantes*
Increased knowledge about and skills in HIV and STD prevention, care, and treatment.
Self-recognition as opinion leaders for sexual health among men in the community.
Problem-solving and public-speaking skills were developed and strengthened.

states before coming to North Carolina. Overall, they had lived in North Carolina an average of 12.3 (range: 3-22) years. All reported immigrating to North Carolina in search of jobs and most *Navegantes* reported joining either family members or friends, some of whom provided money or lodging to help them settle in. All reported being currently employed: five worked in construction, one in food processing, one in landscaping, and two in *tiendas* (Latino grocery stores).

QUALITATIVE THEMES

Fourteen themes emerged from the analysis and are presented within three general domains: function and facilitators of serving as *Navegantes*, further community insights into risk behaviors among immigrant Latino men, and personal changes from being trained and serving as *Navegantes*. Domains and their corresponding themes are presented in Table 2.

Domain 1: Function and Facilitators of Serving as Navegantes

Navegantes Clarified Community Misconceptions. Navegantes noted several community misconceptions about HIV and STDs that they corrected. These included beliefs among Latino men that healthy-looking women cannot have STDs; HIV infection is recognizable by immediate onset of symptoms; and only two types of STDs exist: crabs/lice and gonorrhea. *Navegantes* also reported that they corrected misconceptions after men in their communities returned from seeing medical providers. For example, *Navegantes* reported that after seeing a medical provider, a Latino man may not have asked for needed clarification or may have misunderstood what he had been told. Thus, *Navegantes* educated community members, corrected misconceptions about HIV and STDs, and helped men in their communities understand what they had been told by providers across a variety of health issues.

Health Fairs Were Recommended as Opportunities for HIV Testing. Although health departments were acknowledged as a low-cost resource for HIV and STD testing and treatment, none of the *Navegantes* reported accompanying teammates or friends to testing sites other than local community-based Latino health fairs. As a *Navegante* commented, "I have never referred anyone to health departments but I have brought people to [a local] health fair for testing." *Navegantes* reported that well-publicized health fairs that were held during nonwork hours and outreach during soccer games on weekends were more effective approaches than clinic-based approaches.

Health Advising Accompanied Condom Distribution. Some *Navegantes* reported organizing meetings weekly or biweekly to discuss sexual health among teammates. Meetings occurred at the soccer field (postgame), at players' homes over dinner, and at restaurants. Other *Navegantes* did not organize formal team meetings but reported discussing sexual health more frequently (two to three times per week) and they engaged community members outside their soccer teams. Some *Navegantes* felt more comfortable providing one-on-one health advice while others preferred working with groups of men. A *Navegante* originally from Mexico recalled, "Latinos are accustomed to living four or five or six in an apartment. I would look for an opportunity to talk to them all together."

Navegantes often distributed condoms during the course of these meetings and discussions. Specific instructions on condom use were offered at times, and men who were known to go to commercial sex workers (CSWs) were given special attention and risk counseling. One *Navegante* described distributing condoms from his car window to strangers on the street. Thus, *Navegantes* used their social roles to advise, role model, and engage the community as opinion leaders. Furthermore, two *Navegantes* noted that their wives assisted them during condom distribution and counseled women in the community about HIV, STDs, and condom use based on what they had learned from their husbands.

Culturally Appropriate Materials Supported and Validated Health Advice. *Navegantes* distributed pamphlets and showed pictures of the effects of STD infection as they educated community members. *Navegantes* reported that carrying graphic reference materials satisfied immediate curiosities. *Navegantes* reported that in order to provide the prevention messages and skills building they were trained to provide, they first needed to answer basic questions. Moreover, culturally and educationally appropriate Spanish-language resources, combined with training, allayed the *Navegantes'* expressed fears of "not having the right answer" and being perceived as incompetent.

As a *Navegante* reported, "In some cases, I showed them the pictures [in STD pamphlets] . . . and it helped them a lot. Many of them reacted when seeing them . . . and were frightened because they had been involved with women without condoms. Two or three even decided to get tested."

The graduation certificate, which each *Navegante* received upon completion of training, also was identified as validating their knowledge and expertise. *Navegantes* reported displaying their graduation certificates in their homes as evidence of their training and expertise.

Sports and Joking Facilitated Conversation Among Men. Because initiating sex-related conversations was difficult, *Navegantes* reported that discussion of sports served as effective ice-breakers. As a *Navegante* reported, "With strangers, you have

to find a way to broach the subject to talk to him. Because, at first, if you begin to talk to them about sexual relations with certain people, and they know you, they'll give you a bad response or they will leave or they will say something bad to you."

Navegantes also used jokes to disarm those who might be reluctant to accept condoms, asking if they had been "running around like roosters" or if "the meat" (in reference to CSWs) had been by that week.

Community Recognition Expanded Reach. *Navegantes* reported that they felt most successful when they were recognized in the community as *Navegantes*, and when men requested condoms and health advice. A *Navegante* originally from Mexico reported that his personal goal, to work with 12 teammates on an ongoing basis, grew when friends' friends began to attend his educational and HIV prevention meetings, at times attended by more than 20 community members. Such spillover effects, beyond the league membership, were identified as common. Groups that the *Navegantes* reported intervening upon are described in Table 2. These included their teammates and others who attended their soccer games, their own families, coworkers, teammates' friends, and CSWs. One *Navegante* reported providing information about HIV, AIDS, and STDs to family members in his country of origin during a visit to his country of origin during *HoMBReS* implementation.

Domain 2: Further Community Insights into the Context of Being an Immigrant Latino Man

LHAs draw both from their own life experiences and their understanding of community culture and social networks to effect change. The *Navegantes* in this study provided rich detail into context and experiences of being an immigrant Latino man in the United States. This detail included psychological and sociocultural influences on risk, including but not limited to sexual risk, and behavioral settings and leverage points identified as potentially key for health promotion. *Navegantes* developed an increased understanding of risk that moved from affirming that Latino men should protect themselves and their sexual partners to recognizing, appreciating, and articulating the multiple and multilevel influences on risk among Latino men.

Psychological and Sociocultural Influences on Risk. *Navegantes* reported that Latino immigrants may feel lonely, missing family and their familiar culture. Being away from their support networks and culture were identified as a potential cause of risk behavior, particularly for unaccompanied men who leave wives and children, and younger men who may be unattached. When describing the risks for involvement with CSWs, a Mexican *Navegante* explained, "If I am on drugs or drunk, I don't even know what I'm doing . . . Men are lonely and they want to relieve themselves, so they don't take certain precautions, and that's when it's bad." HIV and STD infections were often described as resulting "because of drugs" and "because of alcohol" since men in the community may visit CSWs while intoxicated. Local bars, community dances, workplaces, and family events (including birthday parties and weddings) also were identified as places where Latino men might ideally go to find sex partners. Often, female CSWs were described as a customary and acceptable outlet for single Latino men. As a *Navegante* from El Salvador reported, "Because, as you know, when there is a woman over there and you haven't had relations for a long time, you are hot. You don't think in that moment. Your reaction comes much

TABLE 3. Groups in Which Navegantes Intervened

1. Teammates
2. League fans
3. Families of *Navegantes*
4. Teammates' friends
5. Female coworkers (among *Navegantes* who reported working in poultry processing)
6. Male coworkers (among *Navegantes* who reported working in construction and landscape)
7. Commercial sex workers (CSWs)
8. *Navegante*'s nephews and other teens living in their countries of origin

later after the moment has passed."

Perceptions About Condoms Are Barriers to Their Use. Navegantes reported that immigrant Latinos often viewed condoms primarily as birth control, not a method of disease prevention. This perspective, they concluded, may inhibit the purchase and use of condoms. To reduce confusion, more informative health promotion messages may be required for these Latinos. Other barriers to using condoms included the belief that condoms are uncomfortable, too small or ill fitting, and overpriced. A Salvadoran *Navegante* asserted that stores had prohibitive prices for condoms. He felt that the men he knew who used CSWs were unwilling to pay for condoms.

Impatience and ignorance about how to use a condom also were identified as barriers to use, along with the embarrassment about buying condoms, and Latino beliefs that religion and machismo discourage family planning. *Navegantes* also reported a belief among some Latinos that if a woman carrying condoms is stopped by the police, she may be accused of and arrested for prostitution. "They are afraid that the police will stop them and find it [condoms], you know. Because they're doing something that is prohibited." This belief was held whether or not the woman was in fact a CSW.

U.S. culture moderates machismo. Although *Navegantes* recognized that machismo includes positive aspects such as being a responsible male and caring for one's family, they emphasized its negative aspects, such as tolerance for violence against women. However, *Navegantes* also reported that the negative aspects of machismo change as one lives in the United States for a longer time. One *Navegante* originally from Mexico explained,

"I think that is almost gone! Before, yes, there was, in Mexico, but I don't think it's there anymore, because one sees for himself here that if you beat your wife or anything like that, here the culture here will put you in jail. It's harder here to be more macho, as I say. Here the wife even helps you, and everything."

Homophobia Inhibited Navegante Interactions With Latino Gay Men and Latino Men Who Have Sex With Men (MSM). None of the *Navegantes* self-identified as gay, and about half reported being unaware of such behavior prior to participating in the *HoMBReS* intervention. Three *Navegantes* (one of whom reported having gay friends) reported that MSM behavior was "very bad" and "not right." Overall, the *Navegantes* expressed widely varying beliefs about male homosexuality, comparing it to the desire for black women, a by-product of childhood sexual abuse, a sin

against God, a temporary affliction, and a choice to be respected.

In their roles as *Navegantes*, all reported that they were willing to help gay Latino men; however, they reported that Latino gay men did not come to them for help. Mistrust and fear of being "outed," according to *Navegantes*, inhibited Latino gay men's interactions with *Navegantes*. Furthermore, some *Navegantes* felt that they needed more training to understand and overcome assumptions and biases about gay men in order to serve this community better. Latina women also were mentioned by one *Navegante* as potentially better suited to discuss sexual health with Latino gay men and MSM.

Behavioral Settings and Leverage Points for HIV Risk Behavior. *Navegantes* identified a variety of locations that could be utilized for intervention delivery. They reaffirmed the use of soccer fields and traditional media outlets (e.g., Spanish-language radio, television, and newspapers) for health education. *Navegantes* emphasized the influential roles of *tiendas* and brothels.

Tiendas. *Tiendas* were described as a source of comfort and community support. Access to difficult-to-find traditional foods and medicines, recognizable product labeling, and Spanish-speaking employees were reported by the *Navegantes* to be particularly appealing for recently arrived immigrant Latinos. Furthermore, the *Navegantes* reported that a key factor in the use of *tiendas*, for those without documentation, is the fact that many tiendas will cash checks without identification as long as the patron buys a certain amount of groceries, usually about $50. Tiendas were identified as being particularly influential and untapped places to disseminate health resources to and impact beliefs of less acculturated Spanish-speaking Latinos who come to North Carolina without family or other social supports.

Brothels. Some *Navegantes* reported that households of men, or groups of friends, collectively hire one or two CSWs. *Navegantes* reported prices in North Carolina generally ranging from $5 to $25 for 15 minutes. They reported that some CSWs charge an additional $1 to provide a condom for the man to use.

One Salvadoran *Navegante* described brothels as a culturally tolerated, if not acceptable, place for Latino men to begin their "sexual journey," recalling the use of CSWs as common in his country of origin. Another *Navegante* reported that within North Carolina, Latino men visit brothels because it is the best venue to find Latinas and, "They [the patrons] get upset with the same ones. So they change them, those that have those houses . . . and at times, they come from Mexico, they say, they get the women from Mexico."

Other *Navegantes* from Mexico noted that the number of CSWs in the US was higher than in Mexico. One postulated, "Well, really, in my country, I didn't know any prostitutes . . . I think the difference is that here they earn more money than what they earn there, but I never knew a prostitute there. I came to know them here."

The *Navegantes* reported that partnerships with brothel owners, managers, and workers would be challenging; this community would be difficult for "outsiders" to identify and challenging to build trust with. However, the *Navegantes* felt that focusing prevention efforts on brothels may make a profound impact on sexual risk behaviors and thus HIV and STD infection rates.

Domain 3: Personal Changes From Being Trained and Serving as *Navegantes*

Increased Knowledge About and Skills in HIV and STD Prevention, Care, and Treatment. All *Navegantes* reported that before the *HoMBReS* training they would not have had the knowledge, skills, or capacity to engage their peers in sexual health discussions. Nearly 2 years after the 16-hour training, *Navegantes* reported correct knowledge about HIV and STD prevention. They accurately described the major transmission routes for HIV and STDs and understood the disproportionate impact of these epidemics on Latinos. *Navegantes* also reported that they felt they had increased their confidence in their abilities to approach a teammate or a stranger, initiate discussions of safer sex, disseminate health promotion materials, including condoms, and make appropriate referrals. As a *Navegante* originally from Mexico concluded,

> About 3 months after [being trained], I felt more confident about talking to them [other men] and telling them, "This is like this and like this" and always talking about the Americans trying to help us . . . I didn't feel secure about what I talked about before, and after the [training], I felt more and more secure about what I was saying to people. Then, I wasn't so afraid people would accuse me of coming and wasting their time talking bullshit . . . My ability to express myself in front of other people changed.

Self-Recognition as Opinion Leaders for Sexual Health among Men in the Community Increased. *Navegantes* also reported appreciating the opportunity to discuss "something important" with other Latinos. As a *Navegante* originally from El Salvador reported, "For me, [*HoMBReS*] was very effective because I changed in every way. I changed my way of thinking, my life, my sexual relations, how I live my life with regard to sexual relations. I helped a lot of people. And I think I helped a lot of people because when I talked, many people would begin to talk . . . and they would talk seriously."

Problem-Solving and Public-Speaking Skills Were Developed and Strengthened

Furthermore, *Navegantes* related how their experiences serving as *Navegantes* increased their own capacity to problem solve. They reported that they had used their new understanding of systems (e.g., health systems) in the United States and their newly developed skills in other arenas of their lives. They also identified developing their public-speaking skills as an outcome of being trained and serving as *Navegantes*.

DISCUSSION

Using an abbreviated life-story narrative approach and grounded theory, our CBPR partnership collected, analyzed, and interpreted qualitative data to better understand and characterize the LHA experiences of immigrant Latino men who were trained and served for nearly 18 months as LHAs, known as *Navegantes*. The partnership also identified further insights into the lives of Latino men as they related to Latino men's sexual health and the implementation of the *HoMBReS* intervention.

The *Navegantes* were ethnically, socioeconomically, and experientially similar to the target community where the intervention took place. Compared with other published LHA interventions, these *Navegantes* were somewhat older, all male, and received fewer hours of training (Rhodes et al., 2007). Self-reported activities of *Navegantes* did not differ from primary LHA roles described elsewhere, including providing health information and correcting misconceptions, supporting resource utilization; distributing culturally appropriate materials, using existing networks and informal communication styles, building community member skills, and serving as role models (Eng et al., in press; Rhodes et al., 2007).

Navegantes also provided insights into the lives of the men they worked with. They identified psychological and sociocultural influences on risk, including loneliness, barriers to condom use, and machismo. They identified homophobia as a challenge to working with Latino gay men and MSM, and suggested utilizing *tiendas* and brothels as potential intervention sites.

Navegantes described CSWs as ubiquitous in Latino immigrant communities, and alcohol was blamed as a trigger for sexual risk, including the use of CSWs and inconsistent condom use. Price and negative expectancies were common barriers to condom purchase. Many of these HIV risk factors have been described in other studies of Latino migrants (Bronfman, 1998; Carrier, 1989; Magis-Rodriguez et al., 2004; Mishra, Connor, & Magana, 1996).

Navegantes also identified key aspects of their own growth and development that resulted from their being trained and serving as LHAs. They highlighted their new found understanding of the prevention of HIV and STDs, the skills they developed to successfully impact the sexual heath of other community members, and the problem-solving and public-speaking skills that they applied in other arenas of their lives. By creating a new structure of mentorship and personal growth, the *HoMBReS* intervention promoted health and well-being through naturally occurring social networks of Latino men, as they interacted in their daily routines, and in a way that may be sustained beyond the intervention. They developed knowledge and reputations that could continue after implementation was concluded. With their training, skills, and experiences, they may continue to be a source of education, skills building, and referral for their teammates and other community members.

These in-depth life-story interviews with *Navegantes* provide unique insights about immigrant Latino men from a perspective that is often hard to reach or missed. Given the newly emerging and rapidly growing immigrant Latino population in the southeastern United States, these insights are important for the future success of preventing HIV and STD infections within this community.

Our CBPR partnership has modified the *HoMBReS* curriculum, since the intervention was first delivered, based, in part, on the findings from this study. A Spanish-language DVD to assist with training of the *Navegantes* developed and added using a CBPR approach. The *Navegantes* also can use this DVD as a supplemental resource as they educate other in the community. Three DVD components, in the form of vignettes, were intended to “demystify” the HIV testing process, correct popular misconceptions about condom efficacy, and model public-speaking skills. Additional role play activities also were developed to supplement *Navegante* training, and low-literacy condom “tips” cards were designed as *Navegante* resources. These modifications were intended to increase *Navegantes*’ comfort with their roles and expedite community recognition of expertise.

LIMITATIONS

Not all *Navegantes* who participated in the *HoMBReS* intervention were available for this study; 6 of 15 *Navegantes* could not be interviewed because they were away for work or had immigrated back to their counties of origin. The 9 *Navegantes* successfully located at follow-up for this study recounted similar challenges regarding men within their teams who moved during intervention implementation. Such losses to follow-up are challenging to intervention evaluation but potentially beneficial in extending LHA intervention reach. However, given the small number of available *Navegantes*, abbreviated life-story interviews were an appropriate methodology for data collection, capturing rich detail.

The sixth author's role as trainer, project coordinator, and life-story interviewer may have introduced bias; however, these existing relationships may have promoted more candid responses from *Navegantes* about legal status, MSM behavior, discrimination, and CSW networks.

CONCLUSIONS

Given the important roles that networks serve for immigrant Latinos to find jobs and housing, as examples, LHA approaches within the emerging immigrant community, particularly in the southeastern United States, must be further tested and expanded. Furthermore, LHA approaches that target sexual health, specifically HIV and STDs, may be more effective in reducing infection rates than other individually based or small-group interventions because they may reach larger numbers of persons, including those at increased risk. However, the evidence base for using LHAs as an intervention strategy for men, especially Latino men, must be strengthened. This study provides preliminary evidence that a LHA approach is feasible and appropriate for use with Latino men and can be effective in reaching men who might otherwise be difficult to reach.

To reduce HIV- and STD-related health disparities among some of the most vulnerable communities, we must act creatively, developing new partnerships and utilizing mixed frameworks to improve community health. The *HoMBReS* intervention is the only published LHA intervention to specifically target Latino men with a health issue they prioritize. This study described LHA activities from an emic perspective. *Navegantes* reported what they did and provided meaning of these actions from their own perspectives. They described the working environment for male Latino LHAs in rural North Carolina and identified potentially high-impact leverage points for future interventions.

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