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Latino men’s qualitative perspectives on a lay health advisor intervention to promote their sexual health

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Abstract

Lay health advisor (LHA) approaches are a promising strategy to reduce health disparities among communities considered “hard to reach” by researchers and practitioners. LHAs have addressed a variety of health issues, but limited studies have included men as LHAs. The purpose of this study was to better understand the roles of male LHAs and their male-helping relationships. We used an inductive approach to explore Latino men’s perspectives on serving as LHAs for other Latino men and Latino men’s views on receiving sexual health information from a male LHA. We collected qualitative data in 2009 and 2010 as part of an LHA intervention designed to reduce the risk of HIV infection among immigrant Latinos through the social networks of soccer teams. We analyzed and interpreted data from 30 in-depth interviews with Latino men who served as LHAs and their social networks in North Carolina, USA. Participants shared perceptions on social network importance for immigrant Latinos, facilitators and challenges of helping other men, recommendations for intervention modification, and suggestions for future work involving the Latino community. Findings revealed that Latino men are receptive to fulfilling the roles of health advisors and opinion leaders and can effectively serve as LHAs. Social network members valued the social support they received. Working through sports teams and identifying existing leaders to be LHAs may be a culturally congruent approach to meeting Latino community needs. More research is needed on the potential of male LHAs to address other health issues.

Keywords

Men’s Health; Latinos; Lay Health Advisor; Sexual Health

Introduction

Over the past 20 years, the southeastern United States (US) has seen a tremendous growth in the Latino population. In North Carolina, for example, the Latino population rose 111%

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between 2000 and 2010 (Pew Research Center 2012). These recently arrived immigrants have different needs and characteristics compared to those living in established Latino communities in other parts of the country. For example, those residing in the southeastern US are more likely to be young, male, and foreign born (Pew Research Center 2012).

In 2010, Latinos represented the largest ethnic or racial minority in the US, making up about 16% of the country's population (Pew Research Center 2012). However, they account for 20% of new HIV infections and 17% of people living with HIV (Kaiser Family Foundation 2012). Moreover, young Latinos, ages 20–24, have twice the rate of gonorrhea and chlamydia as their white counterparts (Centers for Disease Control 2010). These disproportionate burdens may be due to the disparities facing the Latino community including misconceptions and lack of information about prevention, care, and treatment; lack of health care access and bi-cultural and bilingual resources; and stigma, which may prevent those who need care from seeking care.

Lay health advisor (LHA) approaches have been suggested as promising to reduce health disparities, including sexually transmitted diseases (STDs) and HIV (Institute of Medicine 2001, Ayala et al. 2010). In addition, they have been suggested as an effective strategy to reach members of immigrant Latino communities in the US (McQuiston et al. 2001, Gonzalez and Ortiz 2004, Nies et al. 2004, Rhodes et al. 2007), in part due to LHAs ability to understand their community's assets and needs, and their ability to deliver culturally congruent messages. Although LHAs have been used to address a variety of health issues in many communities, there are limited studies that have trained and supported men as LHAs, and even fewer that have engaged immigrant Latino men in this role (McQuiston & Flaskerud, 2003; Rhodes et al, 2006; Rhodes et al, 2009; Vissman et al, 2009; Ayala et al, 2010; Viswanathan et al, 2010; Trejo et al, 2013).

The goal of this analysis was to better understand and characterize the roles of male LHAs and their male-helping relationship by analyzing interviews conducted with Latino men participating in an HIV prevention intervention study. Specifically, this analysis focused on Latino men's perceptions of serving as LHAs, how they delivered messages on sexual health to other men within their social networks, and how the men within their social networks felt about receiving sexual health information from male LHAs.

Methods

The Parent Study

To address the HIV and STD epidemics in NC, our community-based participatory research (CBPR) partnership developed, implemented and is evaluating the efficacy of an HIV/STD prevention intervention known as *HoMBReS: Por Un Cambio (Men: For Change)*. The partnership is comprised of community based organizations (CBOs), AIDs service organizations (ASOs), businesses, public health departments, universities, and recently-arrived, Spanish speaking Latinos. The intervention was designed to increase condom use and enhance the determinants of prevention behaviors among sexually active Latino men using an LHA approach. The intervention was based in community soccer leagues because they are a significant component of Latinos lifestyle in North Carolina. Recognizing the

soccer leagues have an existing infrastructure with complex social networks, we sought to identify the existing natural helpers, or men who were well- connected within the league and were already helping others. For example, men who served in a leadership role within the league or were seen as an advisor or mentor by others, were considered natural helpers. Using elements of the natural helper model (Eng and Parker 2002), the intervention trained these men to become LHAs, known as Navegantes (navigators), to provide advice and assistance and peer-to-peer social support. In addition, they reframed negative and bolstered positive socio-cultural expectations about risk and prevention.

Recruiting soccer teams and Navegantes

Each team met with the study's project coordinator to learn more about the study and determined if they wanted to participate. Once they agreed to participate, the study's project coordinator described key characteristics of successful LHAs, such as having a good community reputation, exhibiting wise judgment, offering sound advice, being discrete, and being connected with community resources. Teams nominated and ranked members who they felt were natural helpers and exhibited the aforementioned qualities, to serve as their team's Navegante. The project coordinator followed up with the individuals recommended for the Navegante position to explain the intervention and required time commitment, answer questions and obtain informed consent. After being selected, Navegantes received training on modeling correct HIV prevention behavior. Activities focused on proper condom use and how to share HIV prevention resources and information with their teammates. We trained 10 LHAs, each from a different soccer team, to work within the naturally existing social networks of their soccer teams.

Recruiting social network members

Upon completion of the trainings, Navegantes scheduled group sessions with men from his soccer team to lead intervention activities. All men on each soccer team were invited to attend the intervention activities, but not required to. The Navegantes supported teammates informally, one-on-one, and in smaller groups. Navegantes tracked all of the activities they conducted using forms developed for the study (Rhodes, Daniel, Alonzo et al., 2012).

Members of the study team conducted ethnographic semi-structured individual in-depth interviews with Navegantes and a random sample of their social network of soccer players, for a total of 22 participants. Inclusion criteria for participation were self-identifying as Latino or Hispanic and greater comfort speaking in Spanish (as opposed to English or other indigenous languages); being a member of a soccer team that was selected to participate; being 18 years of age or older; and providing informed consent.

All ten Navegantes were interviewed at baseline in fall 2009, and 8 completed post-interview follow-up interviews (fall 2010) after serving as Navegantes for 12 months. Twelve soccer team members within the Navegantes' social networks were randomly selected and interviewed in fall 2010, after their participation in the intervention. There were no refusals from Navegantes or social network members, and each team had at least one social network member participate. Each participant received \$50 at the completion of his interview. Human subject review and study oversight were provided by the Wake Forest

School of Medicine Institutional Review Board (IRB), as well as approval by community partners.

Interview methods

This study used open-ended, semi-structured individual in-depth interviews in Spanish to provide opportunities for participants to use their own words in describing the process by which the relationship between the Navegante and his social network emerged. Our inductive approach, which allows participants to introduce new ideas that the researchers may not have anticipated (Patton 1990; Rhodes and Benfield 2006), was used to identify novel concepts regarding gender roles and culture within helping relationships among Latino men in the context of this intervention.

Prior to conducting the interviews, a semi-structured interviewer's guide was developed covering the order and content of the interview (Patton 1990). Potential questions were developed and revised based on literature review and input from the CBPR partnership. Included in the guide were questions about the individual's personal experiences and culture; how and when Latino men interact with one another; perspectives on how Latinos provide support to one another in the US; and HIV and STD risk prevention behaviors. Follow-up interviews included these questions along with questions about recruitment to the study; successes and challenges faced by the Navegantes and social network members; characteristics of male-helping relationships; empowerment; and emerging issues facing the Latino community. The guides were used in each interview.

Interviews were conducted one-on-one, in Spanish by a male native Spanish speaker who was part of the research team. Interviews were audio-recorded and averaged 60 minutes in length. All interviews were transcribed, translated, and verified with personal identifiers removed.

Analysis

Rather than beginning the inquiry process with a defined perception of what was occurring, an inductive approach was used, focusing on identifying a wide array of experiences and building understanding of real-world patterns (Glaser and Strauss 1967). Transcripts were explored using a multi-stage analysis. First, four research team members read the same two transcripts (one Navegante interview and one social network interview). Each research team member developed preliminary codes on their own. Open coding was used to explore, examine, and organize the transcript data into broad conceptual domains (Spradley 1979). These conceptual categories were compared and contrasted in subsequent meetings of the research team. A data dictionary was created to document the coding structure. Subsequently, the remaining transcripts were distributed to each researcher. All transcripts were read, reread and coded by at least two researchers, who had the ability to add new codes as needed. The research team met after coding the assigned transcripts to review the codes and begin the process of identifying common themes (Miles and Huberman 1994). Similarities and differences across transcripts were examined and themes were finalized and interpreted.

Findings

Participant Characteristics

Ten Navegantes and 12 social network members were interviewed, for a total of 30 interviews (Only 8 Navegantes were re-interviewed at 12-month follow up. Two Navegantes returned to their country of origin during the study period). Among the Navegantes, nine were from Mexico and one was from Guatemala. Ages ranged from 29–42. Their average number of years residing in the US was 12 years. Five were in a monogamous relationship with a female and three reported being partnered, but not monogamous. All of the Navegantes were the Captains of their soccer teams.

Among the participating social network members from their soccer teams, 11 were from Mexico, and one from Guatemala. They were slightly younger than the Navegantes, ranging in age from 19–31. Three-quarters of these men were partnered and their average number of years residing in the US was six (See Table I).

Qualitative Findings

Twelve themes emerged and were grouped into five domains: 1) context for helping among social networks of immigrant Latinos; 2) Navegantes' roles as lay health advisors; 3) facilitators of helping; 4) challenges of helping; and 5) recommendations from the LHAs (See Table II).

Domain 1: Context for helping among social networks of immigrant Latinos

In order to best understand the male LHA role, we need to understand the context in which these relationships are built. During the interviews, participants were asked about personal experiences, immigration and living in the US. Many reported some key challenges to living in the US including loneliness, racism, and limited access to prevention resources. They also reported relying on naturally existing social networks to help one another, perceived differences in helping relationships between men and women, and suggested that culture discourages discussions of sex and thus, sexual health and HIV and STD prevention.

Loneliness

Although some Latinos arrive in the US and join their friends and families who are established here, others come to the US leaving family and friends behind in their native country. One man explained:

The first time I came to the United States was in 1985, and I came alone for several years until I was able to legalize my family in 1999 to come here... to this country.

Some men in the social networks reported feeling lonely and wanting companionship, despite having spouses in their native country:

... because they are alone here, and they have their wives in Mexico... they want a sexual relationship here...

Perceived racism

Once in the US, some participants reported that they experienced racism, mostly in the workplace. One explained:

One time, we were working and we were pushing loads with little carts [wheelbarrows] and they told a guy to help us. And then he said, he wasn't Hispanic...that he wasn't Mexican... That's why we have 'them' [Hispanics] here. That was the time I felt discriminated against, because I thought (to myself) this is work for everybody! Not just for Mexicans or Hispanics.

Limited access to prevention information and services

Participants reported that living in the US did not afford them open access to prevention information and services. They did not know where to go to receive health information or condoms and did not intentionally seek this information out, as they thought it simply was not available to them. They explained how they relied on others who were more established in the country to advise them and help them “get on their feet.”

Relying on social networks

Most participants reported that family and friends helped them in some aspect of their life including getting settled and finding a job, providing transportation, and helping with documentation. Some reported, however, that Latinos helping one another was not always the norm. One participant reported:

There are some people that do support others, but that is odd. Based on my experience here in the states, it is very rare to find a Latino who has a good job trying to help or advise someone else. I think that Latinos have a different mentality or culture; if you see someone struggling, people want to see him struggle even more – that is true specially for those that have a good job or are doing well. Look at me, for instance, nobody is helping me at this time.

Differences between male and female helping relationships

Participants reflected on the differences between Latino men and Latina women in regards to how they help each other. Participants talked about how Latina women seem to help each other, especially emotionally and financially. A participant explained:

Oh, yes, there is a big difference [between Latinos and Latinas]! It seems to me that Latina women have an additional “chip” in their brain [like the sixth sense], and they help each other. For instance, in the religious arena, if a Latina needs women to come for the celebration of The Virgin of Juquila or The Virgin of Guadalupe, then she calls her Latina friends, and they all come to help out and participate. It seems like they have a “chip” that we Latino men do not. On the other hand, if a Latino asks another Latino [male] friend to help him out, it will be difficult to get the help.

Domain 2: Navegantes' roles as lay health advisors

Initial perceptions about the intervention, from the Navegantes' perspective, centered on the roles of LHAs as information liaisons. For example, they expected to provide information and trainings to individuals and groups, distribute condoms, and provide technical skills building for condom use. They reported that referring men and accompanying them to a health department or clinic would also be an important role because participants did not know where the facilities were located or were apprehensive about visiting them alone. However, at baseline, none of the Navegantes discussed plans or examples of how they would conduct these activities. One Navegante explained,

[I think my role is to] inform other people about infections. How to prevent them. How to treat them; try to change that idea in some people or try to direct them to treatment.

Another said the Navegante's role was to:

...educate the Latin community...give them information...give them the basic things that I know by giving a talk...and go where they are.

Domain 3: Facilitators of helping

Navegantes and members of their social networks identified three primary facilitators of male-helping relationships: 1) that the LHA have similar demographic characteristics; 2) establishing trust between the LHA and the social network members; and 3) offering help on basic needs before discussing sexual health issues.

Demographic characteristics

Navegantes and their social networks reported that race, ethnicity and gender were important factors to them when discussing sexual health. Talking with someone who is similar to them made sharing sensitive information and helping someone easier. A soccer player explained,

I think that Latinos are known for helping each other and helping others [who are not Latinos too]. That's why one feels more [comfortable] when asking another Latino for help than someone from another race.

Another said,

I have seen other Latinos help each other, even if they are not from the same country of origin. [When people] speak the same language, people understand each other.

When asked, "Would it be easier to talk to man about these topics or to a woman?" one participant explained,

...to a man! Because a man will have more confidence in another man than a woman. He may think that the woman may feel it's somewhat aggressive what he shares with her; or that he may molest her. It would be more embarrassing.

Building trust

Participants reported that the most important skill required to be in an effective male-helping relationship was the ability for the LHA and social network member to trust one another. When asked what skills were needed to be an effective LHA, the most common skill reported by participants was the ability to build trust. A Navegante explained:

With their sexual experiences, many of them sometimes do not have trust in others to talk to [about those topics] ... and I am inspiring trust in them. They feel they can trust and dare to talk about their problems, concerns, doubts... And I think that my role is very important.

It was important for the members of the social network to trust the Navegante, but it was equally important to facilitate trust among the members, as these men were discussing issues that could be awkward. One participant explained:

At first, it was uncomfortable. When we started talking about these topics, sometimes, it was embarrassing to say if one wears a condom or not. We started understanding and trusting each other. And he [the Navegante] would tell us the importance of protecting ourselves. Yes, I then started to feel more comfortable.

Helping with basic needs, then sexual health

In order to build trust among participants, Navegantes reported using incremental steps to bring up the topic of sexual health and build social support. Although Navegantes were seen as leaders, members of their social networks may not have relied on him for issues related to sexual health previously. Initially, the Navegante provided educational materials and condoms to the social network members, showing them that they could depend on him to provide needed items. Subsequently, social networks members would turn to them for more in-depth support. When probed to explain the strategies used to initiate conversations about sexual health, one Navegante explained how he used incremental steps:

What can I tell you? ...Inspiring them to trust me, first. And then continue making comments about these topics [STDs, HIV, condom use], so that they would take it like a normal conversation.

Domain 4: Challenges of helping

Latino culture discourages discussion of sex and prevention

Although Navegantes were able to facilitate a trusting relationship within their social networks, there were some challenges in helping members of their social networks. First, participants reported that it was difficult for some to talk about sex because it is not a topic that is openly discussed within the Latino culture. A Navegante explained,

Sometimes it was difficult to talk with them. It was a little difficult with those [men] that did not feel comfortable with me. However, little by little, they gained trust, and they got used to the conversations and types of topics and that were being discussed.

Participants commented that they felt “*embarrassed*” to talk about sex and condom use, and described the expectation in the Latino culture for men have many female sexual partners. Participants blamed machismo that is “*so strong in many Latin American countries*” for Latinos’ unwillingness to wear condoms or discuss their use.

A participant explained:

Well, it’s a culture that is very machista... to see how many women I can go to bed with in my life... one could say that from the time you were a little kid and begin to grow up, that is what one sees, not so much among one’s friends... but from what one hears.

Another explained,

...if one has relations with more women, that makes him more of a man. Or if one has many women, he is more of a man.

Reluctance to participate

Some social network members reported that Latinos just did not want to use condoms or discuss the benefits of using them. They attributed reluctance to lack of information; misconceptions about prevention and correct condom use; being in a monogamous relationship; and making sex “*feel different*.”

Despite the initial reservations to discuss sexual health, most social network members gradually became more comfortable in the topics. Participants reported there was more openness and willingness to discuss and ask questions about HIV and other STDs.

Domain 5: LHA Recommendations

Intervention modification

Navegantes reflected on their role as LHAs and felt that activities they described at the beginning of the study (e.g. distributing information and condoms and technical assistance) were the key functions they served. However, they witnessed needs that the project was not currently addressing, and several LHAs offered suggestions to improve the intervention, including adding additional topics to the curriculum and becoming familiar with local health clinics before conducting the intervention. A Navegante explained:

I believe that we missed not having the opportunity to personally visit a health clinic before facing the problems that our people had. That way, we would have been able to help them in a much better way.

These findings from the interviews were used to modify the study intervention by adding a focus on a different theme each month. Additionally, the study team created DVDs for the Navegantes to use during their trainings covering expectations when visiting the local health department and how to navigate potential pitfalls in the HIV and STD screening process.

Receptivity to other health topics

Navegantes held numerous informal and formal activities with members of their social networks. During these activities, the social network members identified the need for further training on HIV and STDs and additional programming on other health-related topics, such as alcohol and diabetes. One Navegante reported:

The participants ask me about the diseases there is no cure for, which ones are infectious, which ones can be contained, which ones will never be cured, things like that. They come to me with any questions they have... we start to talk, and I share with them what I know.

Although social network members reflected on the help they received from the Navegante, they also identified the need for similar programs for youth and women. This may be due to the support from their wives/girlfriends that many participants brought up during the interviews. A Navegante explained:

At first, she [my wife] did not believe that I was going to do this. But I said, 'Why would I not do it if this is very interesting to me?' And now, she knows all of this [information] too. She is cool with it, and wishes me very well... She has even participated with me!

Discussion

This analysis revealed that Latino men are willing to serve as LHAs in their community and provide sexual health information to other Latinos within their social networks, in this case, to members of their soccer team. While many interventions have used LHAs to address important health and social issues, few have successfully trained men to fill this role (Rhodes et al, 2007). We found that with proper training, Latino men engaged in supportive activities to help and successfully shared information on sexual health to other Latino men. This evaluation lends support to purposefully seeking Latino men to serve in the LHA role to implement community health interventions.

We also found Latinos are eager to obtain information about their sexual health and willing to receive it from other Latino men. Often immigrant Latinos arrive in the US to better their lives; thus, it makes sense that wanting to obtain health information was a priority. However, they did report it was difficult to talk about sex, primarily due to cultural beliefs, a finding that others have reported (de la Vaga, 1990). Navegantes recognized this barrier and made incremental steps to discussing sexual health. For example, Navegantes described building trust in stages and shared their knowledge on what was most important to the social network members. For some, that was soccer. For others, it was help on finding a job or documentation issues. Once trust was built, however, they were able to bring up more sensitive issues, such as HIV, STDs, and condom use. McQuiston and Flaskerud (2003) had similar findings in their LHA program, *Protegiendo Nuestra Comunidad* (Protecting Our Community), where LHAs bridged educational discussions about HIV/AIDS by starting with a value-free, non-threatening introduction of the project.

The Navegantes performed their role as LHAs and opinion leaders throughout the course of the intervention. However, several Navegantes felt empowered to move beyond the role of information liaison and served as a community advocate. They used their cultural knowledge, along with their knowledge of the community, to identify and promote non-related study issues that needed attention. For example, they saw a need to accompany men to the local health departments because they recognized that men were not going alone. They offered recommendations to improve the intervention for the men and advocated for additional interventions focused on alcohol and diabetes. They also advocated for similar efforts aimed at youth and women because they recognized that others in their community could benefit from the information. Others have similar findings in which LHAs felt empowered to suggest improvements to an existing intervention or program or do things outside of the intervention or program that could have an impact on their community (McQuiston & Flaskerud, 2003; Vissman et al, 2009; Trejo et al, 2013).

Although most public health research with Latinos in the U.S. has been conducted with samples in established Latino communities including California, New York, and Texas (Elder et al, 2009), it is not clear how generalizable these communities are to immigrant Latinos who are settling in the southeastern U.S. The southern U.S. has one of the fastest growing immigrant Latino communities in the country; these immigrant Latinos tend to be younger, more recently arrived, have lower educational attainment, and come from more rural communities in southern Mexico and Central America (Painter, 2008). Our study suggests that Latinos in the southeastern U.S. are willing to help other recently arrived immigrant Latinos and provides an example of how an LHA strategy can be integrated into the existing Latino community in the Southeast. In our study, the Navegantes used the multi-county soccer league and activities associated with it to engage men in discussions. We not only successfully integrated into the soccer league to reach Latinos, but also developed the capacity of soccer team captains to expand their natural helping role to include HIV and STD prevention. While a few others have tapped into athletic clubs and organized sports to promote healthy lifestyles among men (Pringle, Zwolinsky, McKenna, et al., 2013), there are also successful examples of health education campaigns and interventions for Latinos through apartment communities in the southeast (McQuiston & Flaskerud, 2003) and through farmworker families (Trejo et al, 2013). These are all promising avenues for reaching Latinos.

Interestingly, our findings reveal some contradictions that would benefit from future research. For example, while many Latinos reported that their language and culture was enough to connect them to other Latinos, others reported that they were lonely and had a difficult time finding help from anyone, including other Latinos. While we expect variation in respondents' lived experiences, it reminds us how complex the individual situations are and the need for our intervention models to reflect these realities. While it was outside the scope of this study, future work could focus on whether integration with the sports teams and connecting with the team leaders helped to mitigate some of the issues highlighted in our study, such as helping other Latinos and loneliness.

Implications for practice

Findings from this study have implications for developing interventions focused on Latino men. First, this study shows that Latino males are open to serving in the LHA role. Initially, our CBPR-partnership was not convinced that men would agree to serve in the role. However, we found that Navegantes embraced the role of sharing sensitive information with others and helping men to understand the importance of prevention after receiving the appropriate training. Additionally, this study shows that Latino males are receptive to receiving information on sexual health and prevention from other Latino men, whom they trust or feel that they can build a trusting relationship with. Finally, this work demonstrates how the social networks in organized sports can be used as an entrée to reach vulnerable populations.

Future studies should examine attributes of Latino men who successfully assume the LHA role. Even though our sample was limited to Latinos residing in North Carolina, thus limiting its generalizability to other parts of the country, we were able to interview a diverse group of men and begin documenting key facilitators and challenges of a successful male-helping relationship. Future work is also needed to determine if there are differences by gender among LHAs in how they approach the role and implement programs so that interventions can be planned appropriately. Finally, while our study utilized the Navegantes' social network through a multicounty soccer league, we were unable to determine the extended reach of the intervention outside of the immediate social network. Future efforts should document that extended reach, as well as determine the ideal social network size to most efficiently distribute health information.

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What is known about this topic?

- Latinos are disproportionately affected by HIV and STDs.
- Lay health advisor (LHA) approaches are a promising strategy to reduce health disparities.
- Limited studies have included men, especially immigrant Latino men, as LHAs.

What this paper adds

- Latino men are receptive to fulfilling the roles of health advisor and opinion leader and can effectively serve as LHAs.
- Social network members value the social support they received.

Table 1

Select Demographic Characteristics of Interviewed Participants (N=22)

Characteristic Mean or n (%)	Full Sample (N=22)	Navegantes (N=10)	Social Network Members (N=12)
Age	27 (range 19–41)	32 (range 29–42)	26 (range 19–31)
Country of Origin			
Mexico	20 (91%)	9 (90%)	11 (92%)
Guatemala	2 (9%)	1 (5%)	1 (8%)
Years in the United States	7 (range 1–25)	12 (range 2–25 years)	6 (range 1–12 years)
Years in North Carolina	7 (range 1–21)	9 (range 2–21 years)	5 (range 1–10 years)
Partnered			
Yes/ monogamous	12 (54%)	5 (50%)	7 (58%)
Yes/ not monogamous	5 (22%)	3 (30%)	2 (16%)
No	5 (22%)	2 (20%)	3 (25%)
Employment			
Construction	11 (50%)	4 (40%)	7 (58%)
Manufacturing	8 (36%)	5 (50%)	3 (25%)
Farm Worker	1 (4%)		1 (8%)
Service	1 (4%)	1 (10%)	
Unemployed	1 (4%)		1 (8%)

Table 2

Domains and Themes Related to Latino Helping Relationships

1	Context for helping among social networks of immigrant Latinos
	<ul style="list-style-type: none"> ▶ Loneliness ▶ Perceived racism ▶ Limited access to prevention information and services ▶ Immigrant Latinos naturally rely on social networks to help one another (e.g., finding work, housing, and reliable transportation) ▶ Differences between male and female helping relationships
2	Navegantes' roles as lay health advisors
	<ul style="list-style-type: none"> ▶ Navegantes served as lay health advisors and opinion leaders by: <ol style="list-style-type: none"> 1. Distributing information 2. Conducting activities (individual vs. group) 3. Providing technical skills for condom use 4. Distributing condoms 5. Referring men and providing transportation to clinics
3	Facilitators of helping
	<ul style="list-style-type: none"> ▶ Facilitating trust among all members of the social network ▶ Helping with basic needs first, then sexual health
4	Challenges to helping
	<ul style="list-style-type: none"> ▶ Hispanic culture discourages discussion of sex and prevention ▶ Reluctance to use condoms
5	LHA recommendations
	<ul style="list-style-type: none"> ▶ Intervention modification <ol style="list-style-type: none"> 1. Added themes of the month 2. Updated DVDs 3. Added visits to local agencies (e.g., health department) ▶ Future work <ol style="list-style-type: none"> 1. More trainings about HIV and STDs 2. Interest in other topics <ol style="list-style-type: none"> 1. Alcohol, diabetes 2. Need for more programming for youth and women
