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ADAPTATION AND IMPLEMENTATION OF HoMBReS: A COMMUNITY-LEVEL, EVIDENCE-BASED HIV BEHAVIORAL INTERVENTION FOR HETEROSEXUAL LATINO MEN IN THE MIDWESTERN UNITED STATES

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Abstract

Over the past decade, the midwestern United States has witnessed a dramatic increase in its Latino population. The lack of culturally and linguistically congruent resources coupled with high incidence and prevalence rates of HIV among Latinos living in the Midwest merits attention. HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men Maintaining Wellbeing and Healthy Relationships) is a community-level social network intervention designed for Latino men. We describe the adaptation and implementation of HoMBReS for Latino men living in Indianapolis, Indiana, the second largest city in the Midwest. Five *Navegantes* (lay health educators) were trained; they provided a total of 34 educational *charlas* (small group didactic sessions). A total of 270 Latino men attended the *charlas* and were offered no-cost screening for HIV and sexually transmitted infections (STI). Three participants tested HIV positive and 15 screened positive for STI. The *charlas* coupled with the testing initiative, served as a successful method to increase sexual health knowledge among Latino men and to link newly-diagnosed HIV/STI-positive individuals to treatment and care. The adaptation and implementation of HoMBReS respond to the CDC and NIH call to increase HIV testing and service provision among vulnerable populations.

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The HoMBReS intervention is included in the HIV/AIDS Prevention Program Archive (HAPPA) developed by Sociometrics. The intervention is available from Sociometrics in English and from the Wake Forest School of Medicine in Spanish.

HIV AMONG LATINOS IN THE UNITED STATES

Latinos in the United States (U.S.) are disproportionately affected by HIV/AIDS. Of the nearly 1.1 million people living with HIV/AIDS in the U.S., 18% are Latinos, although they account for only 14% of the total U.S. population (An et al., 2012; Tung, 2012). Latino men, in particular, are disproportionately impacted by HIV/AIDS accounting for 5.6% of the total U.S. population but 20% of HIV/AIDS cases (Tung, 2012). Among Latinos ages 35–44, AIDS is the third leading cause of death (Martínez-Donate et al., 2010; Qian, Taylor, Fawal, & Vermund, 2006). In Indiana, the rate of infection for Latinos is 201.1 per 100,000, compared to Whites who have a rate of 95.3 per 100,000 and African Americans 579.8 per 100,000 (Indiana State Department of Health, 2010). Locally, data from the Marion County Public Health Department (MCHPD) demonstrates a rapid increase of HIV/AIDS among Latinos in the Metropolitan Statistical Area (MSA), comprised of Marion, Hamilton, Hancock, Hendricks, Johnson, Morgan, Shelby, Brown, Boone, and Putnam counties (Indiana State Department of Health, 2010).

Important cultural factors have been associated with HIV risk behaviors among Latino men including stigma associated with HIV (Carballo-Diequez, 1998; Pérez-Jiménez, Seal, & Serrano-García, 2009; Sanchez, 1998), stigmatized sexuality including traditional gender roles for women fueled by *machismo* (Anderson, Lopez, & Sorensen, 2001; Hillman, 2008; Lo, Reisen, Poppen, Bianchi, & Zea, 2011), and *marianismo* that promote risk behaviors as normative among men and relegate women to subservient positions to men in a traditional hierarchy (Doll, Petersen, White, Johnson, & Ward, 1992; Wood & Price, 1997). Furthermore, Latinos who have recently immigrated to the U.S. face issues associated with transience, a lack of formal education, undocumented immigration status, inadequate access to health insurance and quality health care, and low wages—all of which hinder their access to HIV prevention, screening, testing, and care (Garcia & Duckett, 2009; Hillman, 2008; Martinez et al., 2011; Rhodes, Hergenrather, Bloom, Leichter, & Montaña, 2009). Behavioral data also suggest that Spanish-speaking Latinos are disproportionately at risk for HIV compared to their English-speaking Latino and non-Latino counterparts (Rhodes et al., 2010; Wohl, Tejero, & Frye, 2009; Wolff & Ellis, 2009). Spanish-speaking Latino men are less likely to report: using a condom at most recent intercourse; seeking or accessing health services; and having a personal doctor and health insurance when compared to English-speaking Latino men or non-Latino men (North Carolina Department of Health and Human Services, 2004; North Carolina Institute of Medicine, 2003). In addition, research suggests that less acculturated Latinos are more likely to engage in risk behaviors because of pre-and-post migration experiences including discrimination, stigma and isolation (Hines & Caetano, 1998; Marsiglia & Navarro, 1999).

While these factors continue to drive the high rates of HIV among vulnerable Latinos, Latinos have the fewest, population-specific, rigorously-tested HIV interventions reported in the scientific literature as of 2012 (Holloway, Cederbaum, Ajayi, & Shoptaw, 2012; Johnson et al., 2002; Semaan et al., 2002). There is a compelling need for renewed efforts to address sexual HIV transmission—and, concomitantly, the spread of STIs—among Latinos, and particularly among Spanish-speaking Latinos.

HoMBReS PROJECT DESCRIPTION

The HoMBReS intervention aims to decrease HIV transmission among Latino men by selecting, training, and supporting peer educators (known as *Navegantes* [Navigators]) to debunk myths about HIV, decrease cultural barriers to HIV prevention behaviors such as condom use, and increase access to HIV testing within their soccer team-based social networks (Rhodes et al., 2009, 2012). HoMBReS utilizes empowerment education and social cognitive theory to train Navegantes (Rhodes et al., 2006). Details of the intervention have been described elsewhere. The executive director of Casa Mateo with knowledge of resources and relations with community stakeholders identified the Navegantes. The Navegantes attended four training sessions held over one weekend. Navegantes were instructed to serve three key roles: health advisors, opinion leaders, and community advocates. Training also included: (a) how to effectively provide information to others; (b) mastering skills and developing self-sufficiency; (c) enhancing social skills to treat individuals with respect, honesty, and compassion; and finally, (d) social support (Locke, 1987; Rhodes et al., 2012; Rhodes, Foley, Zometa, & Bloom, 2007; Rhodes et al., 2010; Rhodes et al., 2006). Upon completing their training, the Navegantes provided charlas in soccer leagues on a wide range of topics, including sexually transmitted infections and HIV prevention, how to correctly use condoms, and dispel common myths about sex, sexuality, and overall sexual health.

MAP OF ADAPTATION PROCESS

The Map of Adaptation Process (MAP) was used to systematically adapt HoMBReS intervention. MAP involves five key steps in the adaption of interventions: (1) assessment, which involves collecting information on the target population, considering the appropriateness of the evidence-based intervention, building agency capacity in order to implement the intervention, and assessing the role of potential stakeholders; (2) selection of the intervention, which involves determining whether the intervention matches the HIV prevention needs of the target population and the agency; (3) preparation for adapting and implementing the intervention, including building agency capacity and pre-testing the adapted intervention with the population; (4) piloting, which involves pre-testing adapted intervention components and developing an implementation plan; and (5) implementation, involving the delivery of the adapted intervention (McKleroy et al., 2006).

The purpose of our project was to improve the HIV and health outcomes of Latinos in the midwestern U.S., an underserved area, by adapting and implementing the HoMBReS intervention. HoMBReS originally had been implemented and found efficacious in rural North Carolina, funded by the Centers for Disease Control and Prevention (CDC); we used MAP to adapt the intervention for an urban setting in the Midwest as a small-scale pilot project implemented by startup funding from a local not-for-profit. We adapted several components of this intervention during both implementation and evaluation phases. In this paper, we examine the adaptation processes as well as the modifications to activities and core elements of the intervention. In addition, we highlight the success of the intervention as it relates to the public health impact on the targeted population. To our knowledge, no previous interventions and programs on sexual health among recently arrived Latino men have been implemented in midwestern areas such as Indianapolis, Indiana.

METHODS

COMMUNITY-ACADEMIC PARTNERSHIP

This project was facilitated by the development of a community-academic public health partnership including: (1) staff from a community-based organization serving the Latino community who implemented the project; (2) academic researchers who adapted and evaluated the project; (3) public health providers who facilitated STI screening and treatment for participants at no cost; and (4) representatives from local soccer leagues. The community-based partner was Casa Mateo/Latino Action League, Inc. Staff and volunteers at Casa Mateo provide bilingual public health services to Latinos in Indianapolis and surrounding areas across a broad range of services including: HIV prevention and supportive services, medical interpretation, and domestic violence. In 2011, the Executive Director of Casa Mateo approached members of the research team to develop an intervention to improve sexual health outcomes of the local burgeoning Latino community. Though an iterative process, partners adapted the intervention, provided training, intervention materials, and technical support including conducting the process evaluation. Staff from the Marion County Public Health STD Clinic and the Bell Flower Clinic provided no-cost HIV and STI screening and treatment for all program participants, and access to a large Latino soccer league to recruit program participants. A major success of our project included the participation and buy-in of the director of the soccer league in Indianapolis, who was trained to serve as a *Navegante* as well. As a result of the inclusion of this soccer league, our partnership was able to build new partnerships with other soccer leagues that enabled us to increase our outreach and the scope of HIV/STI testing services provided.

ADAPTATION PROCESS

In order to adapt HoMBReS, we followed the five steps included in MAP. During Step 1, assessment, we conducted an assessment of the characteristics of Latinos in and around Indianapolis, who are more likely to be recently arrived. We also assessed the health needs affecting Latino men in regards to HIV, STI, and risk and their existing social structures as well as Casa Mateo's capacity to conduct such an intervention. Step 2, selection, required the selection of the intervention, but because HoMBReS was selected prior to the assessment phase due to the existing network of partners who had had ongoing discussions about the HoMBReS intervention and its strengths and weaknesses, this step was quickly completed. Furthermore, the CDC has determined that the HoMBReS intervention is a best-evidence community-level intervention and is an appropriate intervention to prevent HIV among Latino men. The intervention is included in the CDC Compendium of Evidence-Based HIV Behavioral Prevention Interventions available at: <http://www.cdc.gov/hiv/prevention/research/compendium/rr/>. Step 3, preparation, required the preparation for implementing the intervention, which involved training community-based organization staff to deliver the intervention, recruiting and training Navegantes, and ensuring that the project space, in the soccer fields for example, was sufficiently comfortable for the targeted population. We wanted to ensure that men would be comfortable with and accept delivery of sexual health information and HIV and STI testing in the places that soccer teams meet and play. Step 4, piloting, required the pilot and development of an implementation plan. Due to the limited funding and the complexity of community-level interventions, it was not feasible

to pilot the entire intervention. However, the intervention had previously proved to be successful among recently arrived, predominately heterosexual, Latino men in rural North Carolina. In this context, the population being reached and the demographics of the community had largely the same characteristics as the community in North Carolina. We followed the sample implementation plan conducted in the original HoMBReS intervention, which included training Navegantes and providing informational materials. Step 5, the implementation, required the implementation of the intervention. As the original intervention suggests, Navegantes conducted charlas for soccer players. However, during the implementation phase, we included on-site HIV and STI testing, a component not included in the original intervention.

NAVEGANTE TRAINING

To be eligible to participate as a Navegante, a participant had to: (a) self-identify as Latino or Hispanic, (b) be a member of a soccer league, (c) be over 18 years of age, and (d) have some Spanish-language literacy. Our partnership chose a level of Spanish-language literacy as a requirement because of the need to use low-literacy printed materials as supplemental resources and for process data collection. Navegantes also had a community reputation for exhibiting good judgment, offering sound advice, lending a caring ear, and being discrete (Rhodes et al., 2007, 2006).

The Navegante training phase of the intervention took approximately 16 hours and was structured in modules outlined in Table 1. A training manual was used to guide the training of Navegantes. The manual includes an introduction to the conceptual model, facilitation dos and don'ts, and examples of real challenges that may be faced by the Navegantes as well as techniques to handle these individual- and group-level training challenges. In order to maintain fidelity to the original HoMBReS intervention, a representative from Wake Forest University came to Indianapolis to conduct a training session for the five Navegantes who served as project coordinators. Navegantes were exposed to a wide range of learning activities, including simulation of condom use, simulation of a rapid HIV test, condom use negotiation skills, and a video explaining how to address barriers in accessing HIV and STI services, to mention a few.

As part of the training, Navegantes also received a resource manual, which was specifically adapted for the community, including local referrals and testing venues. During the training, each Navegante received module-specific materials to add to the resource manual. During the training, each Navegante also received a black satchel to store his or her resource manual and risk-reduction supplies (e.g., low-literacy, Spanish-language, and illustrated brochures, condoms, lubricant, and plastic penis models).

The Navegante training was completed over the course of 3 sequential days. After the training, Casa Mateo sponsored a graduation dinner where all participants were awarded a signed certificate to recognize their completion of the training program in HIV prevention and skills development (Figure 1).

IMPLEMENTATION OF THE INTERVENTION

After being trained, the Navegantes began to recruit Latino men from the Indianapolis soccer leagues (indoor in winter and outdoor in summer) to attend HIV and sexual health education and testing sessions. Sessions lasted approximately two hours and covered a variety of topics including: impact of HIV, AIDS, and STIs within the Latino community; comprehensive HIV and STI information; the negotiation of condom use with a sexual partner; and how cultural and community norms might affect sexual health outcomes. During the sessions, the Navegantes taught critical HIV prevention information and risk-reduction skills using experiential learning including role-playing situations, during which participants mastered these skills. Sessions took place either in a community-based location, soccer league venue, or at Casa Mateo/Latino Action League, Inc. As an incentive, lunch was provided to those who attended the sessions that were held during lunchtime. Furthermore, all participants were offered on-site HIV and STI testing (gonorrhea, chlamydia, syphilis, and hepatitis C) at no cost. Participants testing positive for STI were provided a referral for no cost treatment at the local public health STD clinic. Participants were tested for HIV using the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test. Those who tested HIV positive were referred to the HIV Case Management services and given confirmatory tests. The Project Coordinator and the Navegantes helped participants make initial appointments and offered to accompany them for social support. Further, individuals testing positive for HIV were immediately enrolled in Casa Mateo/Latino Action League, Inc. HIV support services for wraparound care services, which included nonmedical case management and translation services.

DATA COLLECTION

Participants completed a demographic assessment that included age, race/ethnicity, and country of origin. Navegantes completed monthly activity logs as part of the evaluation process. These logs documented participant interactions, including: activity type (e.g., distributing condoms, referrals to health department, education, etc.), date of interaction, whether it was a group or a one-on-one interaction, and whether the interaction was with a male participant or female non-participant. Pre- and post-test counseling was offered to those who decided to test for HIV to provide critical information about HIV itself and about the testing process which sometimes carries stigma and misconceptions that need to be addressed. Finally, the number of individuals receiving free HIV/STI counseling and testing and all referrals for follow-up care were tracked.

RESULTS

Table 2 illustrates the socio-demographic characteristics of the Navegantes and the participants. In total, five Navegantes were recruited and trained to facilitate the HoMBReS intervention, including four males and one female. Over the course of 12 months, 270 men participated in 34 charlas. Each charla covered a particular topic including: increasing awareness of the magnitude of HIV and STI infection; providing information on types of infections, modes of transmissions, signs and symptoms; offering guidance on local counseling, testing, care, and treatment services, eligibility requirements, and what to expect in healthcare encounters; building condom use skills (e.g., how to properly select, use, and

dispose of condoms); building supportive relationships and sense of community; and providing skills-building to successfully help others. Participants were encouraged, but not required, to attend each of the charlas. Most (84%) participants were between the ages of 20 and 49. Multiple Hispanic nationalities were represented, however the vast majority (84%) were Mexican. Most (53%) participants had a high school or equivalent education and the vast majority (64%) reported being in a relationship. The majority (92%) identified as heterosexual, 6% identified as bisexual, and 2% as gay.

Approximately 54% of participants consented to rapid HIV testing and 70% consented to urine STI screening (Table 3). Of those tested, 2% screened positive for HIV and 8% for STIs including nine cases of chlamydia, and six of gonorrhea, all of whom were referred for follow-up HIV case management or no-cost STI treatment.

DISCUSSION

As our national budget shrinks and fewer funds are allocated toward prevention and public health initiatives, the goal expressed by former U.S. Secretary of State Hillary Clinton—to achieve an AIDS-free generation—becomes an even greater challenge. Therefore, there is a need to implement successful, innovative HIV prevention approaches that are cost effective and culturally and linguistically congruent. The adaptation and implementation of proven HIV prevention interventions may be a key component in the fight against the HIV/AIDS epidemic (Hamdallah, Vargo, & Herrera, 2006; Mahoney, Bien, & Comfort, 2013; Parker et al., 2013; Robinson, Galbraith, Lund, Hamilton, & Shankle, 2012; Veniegas, Kao, & Rosales, 2009).

Through our adaptation of HoMBReS we leveraged local funds and a community-academic partnership to implement an evidenced-based, community-level intervention. By partnering with the local public health department we were able to provide no-cost testing and treatment for STI. The addition of testing and treatment were key components of the intervention. Three individuals tested positive for HIV and were connected to HIV services and care. The staff at Casa Mateo provided language assistance services (English/Spanish interpretation and translation) for these participants and all three participants have continued in care since HIV diagnosis. The 15 individuals screening positive for STIs received free treatment. In this study, testing at soccer leagues improved case findings for HIV and STI among Latinos; HIV and STI prevalence (urethral chlamydia and gonorrhea) were .05% and .03%, respectively. Although this pilot intervention successfully engaged a hard-to-reach population of immigrant Latino men, future directions include expanding program coverage to more individuals and attempting to make inroads with higher-risk Latino populations (e.g., gay, bisexual, transgender, and men in same-sex relationships; Beougher, 2011; Martinez et al., 2011; Young, Szekeres, & Coates, 2013). In fact, a revised version of HoMBReS intervention has been adapted for gay, bisexual, other MSM, and transgender persons and is currently being tested (Rhodes et al., 2013).

Of note, no participant accessed rectal STI screening or venipunctures for blood-borne pathogens. These participants may be a low risk for rectal infections given most identified as heterosexual (Hocking & Fairley, 2006). However, cultural norms may decrease the

likelihood Latino men will disclose same-sex sexual activity (Siegel, Schrimshaw, Lekas, & Parsons, 2008). For venipuncture screenings for blood-borne pathogens, participants were referred to Casa Mateo or Bellflower Clinic for this procedure. This referral may have added transportation and time constraints preventing participants from seeking this particular service.

HoMBReS's community-based approach and its use of lay health advisors, or Navegantes, to engage hard-to-reach populations, might prove useful for also reaching out to drug users. Among HIV-infected individuals, drug use may reduce access to healthcare services and affect initiation and adherence to ART regimens (Reback, Larkins, & Shoptaw, 2003), as well as impede the effectiveness of antiretroviral medications in suppressing viral replication via drug-drug interaction (Ellis et al., 2003). Such issues are important not only for the effects of drug use on the well-being of HIV-positive individuals, but also because of the positive association found between HIV viral load and sexual transmission risk (Kaplan et al., 1996; Operskalski et al., 1997; Pedraza et al., 1999; Quinn et al., 2000; Ragni, Faruki, & Kingsley, 1998; Tovanabutra et al., 2002). The HoMBReS intervention offers an opportunity to reach and serve potentially hard-to-reach drug users and vulnerable individuals.

Furthermore, intervention approaches that harness existing community assets (e.g., natural helpers trained to serve as lay health educators or Navegantes) may increase impact and sustainability, even after funding has ended. In our case, many of the Navegantes have continued to refer individuals for testing and condoms to Casa Mateo/Latino Action League, Inc. Some of the participants who participated in the charlas have gone back to their native countries and have reported that they have become a source of knowledge and information regarding HIV in their communities. In addition, as a result of the successful testing initiative, Casa Mateo/Latino Action League, Inc. has partnered with the Damien Center—the largest HIV/AIDS organization in Indiana—to continue off-site HIV and STI testing in soccer leagues. The collaboration between nonprofits and academic institutions has served to build up the public health infrastructure in Indianapolis and expand HIV/AIDS services for Latino men. The staff at Casa Mateo/Latino Action League, Inc. who received the HoMBReS training are now capable of training other Navegantes to continue increasing community outreach and access and utilization of public health services.

CONCLUSION

In this paper we described the adaptation and implementation of the HoMBReS intervention, a CDC-funded intervention aimed at preventing HIV transmission among recently-arrived Latino men in Indianapolis. One of the advantages of the adaptation process was that the original community for which the intervention was designed—recently arrived, predominantly heterosexual, Latino men in rural communities enrolled in soccer leagues—was similar to our community in terms of cultural context, risk determinants, risk behaviors, and unique circumstances affecting the population, enabling us to maintain fidelity to the core elements of HoMBReS. However, we felt the need to include HIV and STI testing at the venues in order to increase the outreach initiatives and incorporate new testing and

treatment initiatives recommended by the CDC. This strategy proved to be successful because participants were receptive to testing and saw this as a positive resource.

In addition, many individuals attend soccer games, including children, wives, and partners of the soccer players. Many women showed interest in participating in the charlas and were very pleased to see their partners being trained, empowered, and educated about HIV and STIs. Although this intervention is designed to train men using the empowerment education method, it is also important to note that perhaps women could also stand to benefit by receiving training as part of the ongoing outreach initiatives associated with the intervention. Furthermore, a small but significant number of participants identified themselves as bisexual or gay. It is important to note that the challenges and barriers to care and HIV screening might be more problematic among this hard-to-reach population in the midwestern U.S. Therefore, new initiatives are needed to reach this population, access their unique needs and challenges, and intervene to meet their needs and priorities.

We recognize limitations in our study. We did not know how many of the charlas a participant received and/or required to effect behavioral change (i.e., consistent condom use and seeking HIV and STI testing). We also did not measure whether there was an increase in condom use after delivery of the charlas. However, the efficacy of the intervention in modifying behavioral change and the success of the Navegantes in reaching Latino men, have been published elsewhere (Rhodes et al., 2006, 2012; Vissman et al., 2009). In addition, our study only reached individuals engaged in seasonal soccer leagues and did not reach out to other recently-arrived immigrants settling in Indianapolis who might be at higher risk, including MSM and transgender individuals.

This project is the result of intensive and iterative decision-making about the program, its objectives, evaluation, program strategies, and implementation and dissemination plans. We successfully implemented HoMBReS in an urban midwestern city through initiating, nurturing, and maintaining partnerships with community-based organizations; recruiting recently-arrived, Spanish-speaking men to participate as equal partners and participants; and using formative findings from previous studies to adapt and implement the intervention. It has been suggested that the most successful interventions to prevent HIV may need to be based on responding to immediate community priorities and needs while building capacity for communities to act on their own behalf. The HoMBReS intervention does just that; its focus and approach come from the community and it provides key skills (e.g., communication, problem-solving, leadership, social support) that may be lifelong and transferable to other community concerns.

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FIGURE 1. Navegantes receive their certificate of HoMBReS training completion by Mario Down, HoMBReS project coordinator at Wake Forest University.

TABLE 1*HoMBReS* Training Modules and Abbreviated Learning Objectives.

Modules (≈4 hours each)	Upon completion of the sessions, participants will be able to:
Intervention Overview	1) Explain the purpose of the intervention; 2) Describe Navegante roles and responsibilities; and 3) Use the HoMBReS resource manuals
Sexual Health: HIV, STIs, and Prevention	1) Identify common STIs, symptoms, and treatment; 2) Identify and model correct HIV/STI prevention strategies; 3) Distinguish facts from myths regarding the symptoms, treatment, and prevention of HIV/STI infections; and 4) Share resources within the community to address HIV/STI infection
<i>Navegante</i> Roles and Responsibilities	1) Describe their roles as Navegantes; 2) Provide education and referrals within their naturally occurring social networks; 3) Reframe health-compromising norms and expectations about being a man; and 4) Advocate on behalf of the community
Evaluation: How Effective is the Program?	1) Explain why evaluation is important; and 2) Explain what types of evaluations will be completed

TABLE 2

Participant Demographics

Demographics	Navegantes N = 5	Participants N = 270 (%)
Age (years)		
18–19	1	35 (13)
20–29	2	90 (33)
30–39	1	80 (30)
40–49	1	57 (21)
50–59	0	8 (3)
Race		
White	5	270 (100)
Black	0	0
Other	0	0
Hispanic/Latino Ethnicity	5	270 (100)
Country of Origin		
Mexico	3	227 (84)
Dominican Republic	1	0
El Salvador	0	23 (9)
Venezuela	0	12 (4)
Colombia	1	8 (3)
Highest Level of Education		
Less than high school	0	117 (43)
High school or equivalent	4	143 (53)
More than high school	1	10 (4)
Relationship status		
Single	2	97 (34)
In a relationship	3	173 (64)
Sexual Orientation		
Bisexual	1	15 (6)
Heterosexual	3	250 (92)
Homosexual	1	5 (2)
Recruitment locations		
Soccer field	1	270 (100)
Community event	3	0
Others	1	0

TABLE 3

Summary of the Services Provided by HoMBReS HIV Prevention Intervention

Services	Number Conducted N = 270 (%)
Educational sessions	34
Urine STI screen *	190 (70)
Rectal STI screen **	0
Venipuncture for blood-borne pathogens ***	0
OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test	146 (54)
Diagnosed positive for STI	
Urethral STI	15 (8)
Rectal STI	0
Syphilis	0
Hepatitis C	0
Referred for no-cost STI treatment	15 (8)
Diagnosed positive for HIV	3 (2)
Referred to HIV care coordination & medical care	3 (2)
Remain in care coordination at the end of year 1	3 (2)

Note.

* CT, GC, TV;

** CT, GC;

*** HIV, syphilis, hepatitis C.