Published in final edited form as:

Health Promot Pract. 2015 May ; 16(3): 329–337. doi:10.1177/1524839914559777.

Latino sexual and gender identity minorities promoting sexual health within their social networks: Process evaluation findings from a lay health advisor intervention

Christina J. Sun, PhD, MS¹, Manuel García¹, Lilli Mann, MPH¹, Jorge Alonzo, JD¹, Eugenia Eng, DrPH, MPH², and Scott D. Rhodes, PhD, MPH¹

¹ Division of Social Sciences and Health Policy, Department of Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, NC

² Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina, Chapel Hill, NC

Abstract

The HOLA intervention was a lay health advisor intervention designed to reduce the disproportionate HIV burden borne by Latino sexual and gender identity minorities (gay, bisexual, and other men who have sex with men, and transgender persons) living in the United States. Process evaluation data were collected for over a year of intervention implementation from 11 trained Latino male and transgender lay health advisors (Navegantes) to document the activities each Navegante conducted to promote condom use and HIV testing among his or her 8 social network members enrolled in the study. Over 13 months, the Navegantes reported conducting 1,820 activities. The most common activity was condom distribution. Navegantes had extensive reach beyond their enrolled social network members, and they engaged in health promotion activities beyond social network members enrolled in the study. There were significant differences between the types of activities conducted by Navegantes depending on who was present. Results suggest that lay health advisor interventions reach large number of at-risk community members and may benefit populations disproportionately impacted by HIV.

Keywords

community intervention; health disparities; health promotion; community-based participatory research; HIV/AIDS; lay health advisors/community health workers; Latino; LGBT; process evaluation; sexual health

Introduction

Latinos are disproportionately affected by HIV/AIDS. Latinos accounted for over one-fifth (21%) of all new infections in the United States (US; Centers for Disease Control and Prevention [CDC], 2012), despite representing 16% of the total US population (US Census

Bureau, 2011). The rate of new HIV infections among Latinos in 2010 was more than 3 times that of non-Latino whites (CDC, 2012). Latinos have the second highest rate of HIV and AIDS diagnoses and the third highest number of HIV infections of all racial and ethnic groups in the US in 2011 (CDC, 2013).

Subpopulation analyses reinforce the severity of the HIV epidemic among gay, bisexual, and other men who have sex with men (MSM) across all races and ethnicities (CDC, 2008, 2012). In 2010, 87% of new HIV infections among Latinos occurred among men and the majority (79%) of new HIV infections among Latino men occurred from male-to-male sexual contact (CDC, 2012). Transgender persons are also at high risk for HIV (Baral et al., 2013; Herbst et al., 2008). Based on data from CDC-funded HIV testing sites, in 2009, among transgender persons, the highest percent of newly identified HIV infection was among blacks and Latinos (CDC, 2011).

The Latino population is also growing rapidly in the US and North Carolina. Between the 2000 and 2010 census, the Latino population in the US grew by 43%, while in North Carolina, the Latino population grew by 111%, representing the sixth fastest-growing Latino population in the US (Ennis, Rios-Vargas, & Albert, 2011). Addressing the HIV epidemic among Latino MSM and transgender persons must be a priority, especially in states experiencing rapid Latino population growth, such as North Carolina

One promising approach to reducing health disparities is working with lay health advisors (LHAs) to deliver health interventions and programs (Ayala, Vaz, Earp, Elder, & Cherrington, 2010; Mcquiston, Choi-Hevel, & Clawson, 2001; Rhodes, Foley, Zometa, & Bloom, 2007; Rhodes, Hergenrath, Bloom, Leichter, & Montano, 2009; Viswanathan et al., 2010). In general, LHAs are community members who link community members lacking adequate health care access to health providers and health service systems (Eng, Parker, & Harlan, 1997; Witmer, Seifer, Finocchio, Leslie, & Neil, 1995). LHA serve as health advisors who offer advice, guidance and referrals to available services, distribute health-related materials, function as community role models, and advocate on behalf of their communities (Eng et al., 1997; Eng, Rhodes, & Parker, 2009; Rhodes et al., 2007). LHAs can be effective because they are part of the communities in which they work, ethnically, socio-economically, and experientially; possess an intimate understanding of social networks, strengths, and health needs; understand what is meaningful to those communities; communicate in a similar language; and recognize and incorporate culture (e.g., cultural identity, spiritual coping, and traditional health practices) to promote health. Generally, LHAs are community members who work almost exclusively in community settings, connect healthcare consumers to providers, and promote health and prevent diseases among those who have traditionally lacked access to adequate care. LHA approaches can also reach many more people within a community, including individuals who are not easily accessed by health professionals.

Latino LHAs living in the US have been able to address a variety of health issues, including general health promotion and disease prevention, prenatal health, chronic diseases, and harmful environmental exposures (Ayala et al., 2010; Rhodes et al., 2007). However, men

have rarely been involved as LHAs (Eng et al., 2009; Rhodes et al., 2007, 2009; Villa-Torres, Fleming, & Barrington, 2014).

Although LHA approaches have been found to be effective, it is not clear how positive outcomes are achieved and what LHAs, particularly male LHAs, do to encourage positive changes in health behaviors and health outcomes. Therefore, the purpose of this analysis is to examine process evaluation data from the HOLA intervention, a LHA intervention designed to reduce the disproportionate HIV burden borne by Latino MSM and transgender persons (Rhodes et al., 2013).

Methods

HOLA was developed and is being implemented and evaluated by a community-based participatory research (CBPR) partnership in North Carolina (Rhodes et al., 2013). This authentic, co-learning CBPR partnership has existed for more than 10 years and is comprised of lay community members, organization representatives, and university health professionals and researchers (Rhodes et al., 2014). Members of the partnership have been involved in all phases of the research, starting with identifying priorities, developing intervention and evaluation plans, and, now, analyzing, interpreting, and disseminating findings.

Briefly, the implementation phase of HOLA included 21 Latino gay, bisexual, and other MSM and transgender persons who were selected and trained to serve as lay health advisors (Navegantes) and each recruited 8 non-overlapping members of their social networks who were sexual and gender identity minorities (i.e., gay, bisexual, other MSM, and transgender persons) to participate in the study. Selection of Navegantes focused on three characteristics that the CBPR partnership identified as being essential to Navegante success: personal, performance, and situational characteristics. Personal characteristics included attributes such as having a sense of humor and being a natural leader, dedicated, and respectful. The potential Navegante had to be (or have the potential to be trained to be) comfortable talking and offering sound advice about sensitive issues (e.g., sexual health and condoms) and remaining discreet. Performance characteristics included the ability to read low literacy study materials, complete process evaluation data collection forms, communicate orally in Spanish, participate in meetings, and work with member of his/her social networks. Situational characteristics included time availability and access to regular transportation. Additionally, the potential Navegante had to be able to recruit 8 sexual and gender identity minority social network members to be a part of the study. Eleven Navegantes were randomized to an intervention arm and 10 were randomized to a delayed-intervention arm.

Over the course of a 4-session, 16-hour Navegante training, the 11 intervention Navegantes randomized to the intervention arm were trained to increase their skills and capacity to serve as health advisors, opinion leaders, and community advocates. Training covered the impact of HIV and sexually transmitted diseases (STDs) on Latinos and sexual and gender identity minorities; the roles and responsibilities of Navegantes; HIV and STD prevention knowledge and strategies; the correct use of male and female condoms; how to communicate with others about condom use; how to be effective opinion leaders; factors that influence

health focusing on cultural expectations, cultural values, and reciprocal determinism; the process of seeking public health department services and getting testing for HIV and STDs; and what it is like to live with HIV as a Latino MSM.

Training sessions were interactive and included opportunities for Navegantes to role play and practice both informal and formal helping. Each Navegante received a briefcase, which contained training supplies and materials for distribution, including all presentations used during the training, condoms, individually packaged water-based lubricants, a penis model, pocket-sized carrying cards depicting how to correctly use a condom and where to find HIV and STD testing sites, brochures about HIV and other STDs, and a DVD with five different videos that summarized key points and could be screened with their social network. Navegantes then met monthly for about a year as a group with the project coordinator to obtain additional peer and project support, training, and feedback, and restock briefcases with necessary supplies (e.g., condoms, water-based lubricants, and informational brochures). During this time period, Navegantes were expected to promote sexual health, particularly condom use and HIV and STD testing, among the social network members who were enrolled in the study by carrying out informal and formal helping using the skills and materials gained through the training.

Assessments

Prior to training, Navegantes and the 8 members of their social networks who were sexual and gender identity minorities and enrolled in the study completed a baseline assessment, and will complete 12-month and 24-month follow-up assessments. Participants reported their sociodemographic characteristics, HIV and STD knowledge, sexual and condom use behaviors, and psychosocial correlates (e.g., condom use efficacy, acculturation, social support) using previously validated measures.

Process Evaluation Data

During the development of the intervention, members of our CBPR partnership developed a Spanish-language activity log to collect process evaluation data as part of our process evaluation to examine fidelity and reach. Navegantes documented their activities on the “activity log,” which we designed to be brief, be easily completed, and not require high levels of literacy (See Figure 1). Each time a Navegante conducted a health promotion event, he or she used the activity log to record the date of the event, the number and gender identity of those present, whether participants were social network members enrolled in the study, and the types of activities conducted (more than one activity could occur per event). An entry was made whenever a Navegante promoted sexual health by engaging in one or more types of formal or informal helping activities. The activity log captured 16 different types of activities: discussing health in general, sexual health, or sexual problems; disseminating information about HIV and STDs; distributing condoms; discussing condom access or condom negotiation; demonstrating how to use a condom correctly; providing referrals to a partner community-based organization, the local public health department, or other health providers; and screening videos about the magnitude of HIV and STDs in the Latino community, condom negotiation, how to use the female condom, HIV and STD

testing, and living with HIV/AIDS. Activity logs were collected every month for the year the intervention was implemented.

During their training, Navegantes practiced completing the activity log. During intervention implementation, Navegantes met each month with the project coordinator to develop ties with each other, obtain project and peer support as Navegantes, plan activities, share experiences, resolve problems, and submit activity logs. Each Navegante received a monthly \$50 incentive for his or her activity log. Navegantes were told that incentives was in return for the activity log itself and that if no activities were completed, they should turn in a blank activity log; nevertheless, they still would be paid. This approach was designed to reduce the risk of process data being falsified.

Demographic data presented in this paper are from the baseline assessment. Process evaluation data are from the activity logs completed by the intervention group from May 2012 - May 2013. Data were double-entered into an Excel spreadsheet. Descriptive, t-test, and ANOVA analyses (with Tukey's honest significant different posthoc test) were conducted using SPSS version 21.

Human subject review and study oversight were provided by the Institutional Review Board of Wake Forest School of Medicine.

Results

Description of Navegantes

On average, the 11 intervention Navegantes were 34.3 years old (SD = 12.1, range: 23-61) and all self-identified as Latino and were native Spanish speakers. About two-thirds (63.6%) had obtained a minimum of a high school education. Nearly all were employed (90.9%). Nearly all identified as gay (90.9%) with the exception of one Navegante who identified as a transgender woman.

Description of Events and Activities

Training ended April 2012 and from May 2012 to May 2013, the intervention Navegantes held 691 events and conducted 1,820 activities, as recorded on a total of 122 submitted activity logs. The fewest events took place during the first month (May 2012; n=16), as most Navegantes started carrying out events the following month (see Figure 2). On average, 53.2 events were held each month, and each Navegante held, on average, 3.8 to 8.1 events per month. The highest number of events were held in July 2012 (n=65). From June 2012 to May 2013, all but two Navegantes held at least one event each month. There were no significant differences in the number of events held per month between June 2012 and May 2013.

Saturday was the most common day for events to occur; 19.3% of events occurred on a Saturday (see Figure 3). Navegantes held the fewest events on Tuesday and Wednesday; 10.9% and 10.6%, respectively.

The most frequent activity Navegantes conducted was condom distribution, consisting of one-quarter (25.6%) of all activities (see Table 1). The next most frequent activities were discussions about sexual health (14.7%) and general health (12.8%).

Video screening and referrals occurred far less often, 8.7% and 4.9%, respectively. Of the videos screened, magnitude of HIV and STDs, condom negotiation, and how to use the female condom videos were screened the most (25.2%, 24.5%, and 24.5% of videos screened, respectively). Of referrals made, most were to the health department (58.4%).

Description of Reach to Social Network Members

Navegantes were able to reach many types of social network members with their health promotion activities, including those who were enrolled and not enrolled in the study. Of the 691 events, 33.3% included only enrolled social network members, 14.8% included both enrolled and non-enrolled social network members, and 51.8% included only non-enrolled social network members.

Over three-quarters (78.4%) of events consisted of men only; 7.8%, women only; and 10.1%, men and women. Transgender persons were present during 3.6% of events. Navegante's identity was not associated with whether transgender persons were in attendance. Transgender persons were present during 25 events; 80.0% of these events were hosted by 4 different male-identified Navegantes.

Two-fifths (42.9%) of events occurred one-on-one. The average size of group events was 3.9 (SD = 2.8, range: 2 to 25).

Association between Type of Social Network Member in Attendance and Activity Delivered

There were significant differences in the activities depending on who was present (see Table 1). Navegantes were less likely to discuss sexual health problems ($p < .05$) or condom negotiation ($p < .001$) during events with only enrolled network members compared to events with either both enrolled and non-enrolled members or events with only non-enrolled network members present. However, the videos were more likely to be screened more when only enrolled social network members were present (magnitude of HIV and STDs ($p < .01$), condom negotiation ($p < .05$), and living with HIV/AIDS ($p < .05$)).

There was a significant difference in the frequency of activities that occurred based on the gender identity of the attendees. Condom distribution ($p < .001$) and discussions about condom access ($p < .05$) and condom negotiation ($p < .01$) were more likely to occur when there were only men present. However, screening the how to use the female condom video occurred more often with women-only groups or when both men and women were present compared to when only men were present ($p < .01$).

Finally, there were significant differences in the activities that occurred during one-on-one events compared to group events. Condom use demonstrations were more likely to occur in groups ($p < .01$). Referrals to the health department were more likely to occur one-on-one ($p < .01$).

Discussion

Little is known about the activities of LHAs and what they do after being trained to promote behavior change within their social networks (Ayala et al., 2010; Eng et al., 2009; Mann, Foley, Tanner, Sun, & Rhodes, under review; Pascoe & Smart Richman, 2009; Rhodes et al., 2007). This analysis provides insight into the activities conducted by Latino male and transgender LHAs, who were part of the HOLA intervention. Each LHA was trained to promote health to his or her 8 social network members who were enrolled in the study; however, their reach was more extensive and they engaged in health promotion activities with their larger social networks.

Saturdays were a common day for Navegantes to hold events. Navegantes tended to be busy with work during the weekdays, and some activities, such as condom distribution, were more conducive on a Saturday, the main day that Navegantes spent with their friends, paralleling the naturally occurring socialization patterns.

Additionally, there appears to be a “startup period” between the training and initiation of Navegante roles. Only 3 of the 11 Navegantes began holding events immediately after their training. In post-hoc analyses, these 3 Navegantes were significantly younger (24.7 years versus 34.5 years, $p < .05$), but there were no differences in educational attainment, employment and sexual identity. These “earlier initiators” may have had different motivations, self-efficacy, access to resources, and social support. Future research should seek to understand these differences and identify strategies to support moving Navegantes from completing training to taking action.

Referrals were more likely to occur during one-on-one sessions, because this format may have allowed social network members to disclose more personal and private information, which in turn may have led the Navegante to provide specific guidance and referrals to meet identified needs, such as referrals for free HIV and STD testing. Conversely, condom use demonstrations were best done as a group activity. During the first part of this activity, each attendee put a condom on the penis model and others present generally cheer and provide good-hearted commentary. The jovial vibe, which adds fun to and lightens the mood around a potentially sensitive and uncomfortable topic, would be lost without the participation of others.

Another finding worth highlighting is the ability for this intervention to reach transgender persons. Other research experiences and input from community partners suggested that among some communities of color, transgender persons do not often socialize and interact with gay, bisexual, and other MSM, and thus it would not be possible to create an intervention that brings these communities together (Wilson, Arayasirikul, & Johnson, 2013). However, in this analysis, we found the opposite to be true; most events with transgender persons in attendance were hosted by the gay-identified male Navegantes. The social and political environments experienced by Latinos in North Carolina may shape with and from whom MSM and transgender persons socialize and seek and receive help.

One of the limitations of this analysis is not knowing which social network members were present during the activities. There was no measurement of how often each person interacted

with the Navegantes and no dose-response relationship between frequency of interaction and subsequent change in HIV and STD testing and condom use can be measured. However, as guided by the CBPR partnership and philosophies of being an action-oriented research team, all assessments balance the burden of data collection to knowledge gained. Activity logs needed to be simple, easy, and quick to complete; otherwise, Navegantes may not have fully reported all the events and activities. Future social network analysis research would be useful to gain a better understanding of the influence LHAs have on their networks.

An additional limitation is this process evaluation data only allows us to record a finite number and types of activities. Navegantes may have engaged in other activities not captured by the activity log. While the HOLA intervention conceptualizes three roles of LHAs, health advisors, opinion leaders, and community advocates, the activity log is focused on the health advisor role and does not capture ways they were an opinion leader or community advocate.

Finally, it is not possible to assess the quality and impact of the Navegantes' reach to those not enrolled in the study. Subsequent analysis of follow-up assessments will provide information about how much condom use and testing changed for enrolled social network members. However, no assessments are done with social network members not enrolled in the study.

Overall, despite these limitations, one of the strengths of this process evaluation was the close relationship of the CBPR partnership, including the project coordinator, with the community particularly around the identification of process evaluation research questions and subsequent interpretation of the findings. The project coordinator comes from the community and works most closely with the Navegantes. Interpretations are guided by his observations and close ties with the Navegantes for over a year. An additional example of his insightfulness was his ability to explain why one of the Navegantes had engaged in the fewest health promotion events. The project coordinator was able to explain that this Navegante was employed in different states outside of North Carolina, which precluded him from attending the monthly meetings and holding events with his enrolled social network from North Carolina. Additionally, this account emphasizes that the role of Navegante is but only one aspect in these men's lives and they juggle many priorities simultaneously.

Conclusion

This study demonstrates that male and transgender LHAs engage in a variety of activities to address the disproportionate burden of HIV and STDs facing Latinos in the South. The Navegantes used a variety of strategies including discussion, demonstration, referral, and video screening, and with different size groups and types of attendees to promote condom use and HIV and STD testing to MSM, women, and transgender persons. The results of this analysis suggest that Latino male and transgender LHAs reach large numbers of community members, beyond those enrolled in the study. Given that there are 40,000-50,000 new HIV infections annually in the US, there is profound need for approaches that reach large numbers of at-risk community members; LHA interventions may be an effective and efficient approach to promote sexual health within vulnerable communities.

Acknowledgments

We would like to thank the study participants for their participation, time, and willingness.

This research was sponsored by the National Institute of Mental Health, National Institutes of Health, R01MH087339; PI: Dr. Scott D. Rhodes.

References

- Ayala GX, Vaz L, Earp JA, Elder JP, Cherrington A. Outcome effectiveness of the lay health advisor model among Latinos in the United States: an examination by role. *Health Education Research*. 2010; 25(5):815–40. [PubMed: 20603384]
- Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*. 2013; 13(3):214–22. [PubMed: 23260128]
- Centers for Disease Control and Prevention. Subpopulation Estimates from the HIV Incidence Surveillance System - United States, 2006. *MMWR*. 2008; 57(36):985–989. [PubMed: 18784639]
- Centers for Disease Control and Prevention. HIV Testing at CDC-Funded Sites, United States, Puerto Rico, and the U.S. Virgin Islands, 2008-2009. 2011:1–43.
- Centers for Disease Control and Prevention. Estimated HIV incidence in the United States, 2007-2010. *HIV Surveillance Supplemental Report*. 2012; 17(No. 4)
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2011. 2013; 23 Retrieved from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports>.
- Earp JA, Eng E, O'Malley MS, Altpeter M, Rauscher G, Mayne L, Qaqish B. Increasing use of mammography among older, rural African American women: Results from a community trial. *American Journal of Public Health*. 2002; 92(4):646–54. [PubMed: 11919066]
- Eng E, Parker E, Harlan C. Lay Health Advisor Intervention Strategies: A Continuum from Natural Helping to Paraprofessional Helping. *Health Education & Behavior*. 1997; 24(4):413–417. [PubMed: 9247821]
- Eng, E.; Rhodes, SD.; Parker, E. Natural helper models to enhance a community's health and competence.. In: DiClemente, RJ.; Crosby, RA.; Kegler, M., editors. *Emerging theories in health promotion practice and research*. Jossey-Bass; San Francisco, CA: 2009. p. 303-330.
- Ennis SR, Rios-Vargas M, Albert NG. *The Hispanic Population*. 2011:2010.
- Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*. 2008; 12(1):1–17. [PubMed: 17694429]
- Mann L, Foley KL, Tanner AE, Sun CJ, Rhodes SD. Increasing Cervical Cancer Screening Among US Hispanics/Latinas: A Qualitative Systematic Review. *Journal of Cancer Education*. 2014 Advance online publication. doi: 10.1007/s13187-014-0716-9.
- Mcquiston C, Choi-Hevel S, Clawson M. Protegiendo Nuestra Comunidad: Empowerment Participatory Education for HIV Prevention. *Journal of Transcultural Nursing*. 2001; 12(4):275–283. [PubMed: 11989218]
- Pascoe EA, Smart Richman L. Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin*. 2009; 135(4):531–54. [PubMed: 19586161]
- Rhodes SD, Daniel J, Alonzo J, Duck S, García M, Downs M, Marsiglia FF. A systematic community-based participatory approach to refining an evidence- based community-level intervention: the HOLA intervention for Latino men who have sex with men. *Health Promotion Practice*. 2013; 14(4):607–16. [PubMed: 23075504]
- Rhodes SD, Foley KL, Zometa CS, Bloom FR. Lay Health Advisor Interventions Among Latinos: A Qualitative Systematic Review. *American Journal of Preventive Medicine*. 2007; 33(5):418–27. [PubMed: 17950408]
- Rhodes SD, Hergenrather KC, Bloom FR, Leichter JS, Montañó J. Outcomes from a community-based, participatory lay health adviser HIV/STD prevention intervention for recently arrived

- immigrant Latino men in rural North Carolina. *AIDS Education and Prevention*. 2009; 21(5 Suppl):103–8. [PubMed: 19824838]
- Rhodes, SD.; Mann, L.; Alonzo, J.; Downs, M.; Abraham, C.; Miller, C.; Reboussin, BA. CBPR to prevent HIV within ethnic, sexual, and gender identity minority communities: Successes with long-term sustainability.. In: Rhodes, SD., editor. *Innovations in HIV Prevention Research and Practice through Community Engagement*. Springer; New York, NY: 2014.
- US Census Bureau. Annual estimates of the resident population for the United States, regions, states, and Puerto Rico. 2011
- Villa-Torres L, Fleming PJ, Barrington C. Engaging Men as Promotores de Salud: Perceptions of Community Health Workers Among Latino Men in North Carolina. *Journal of Community Health*. 2014 epub ahead.
- Viswanathan M, Kraschewski JL, Nishikawa B, Morgan LC, Honeycutt AA, Thieda P, Jonas DE. Outcomes and Costs of Community Health Worker Interventions: A Systematic Review. *Medical Care*. 2010; 48(9):792–808. [PubMed: 20706166]
- Wilson EC, Arayasirikul S, Johnson K. Access to HIV Care and Support Services for African American Transwomen Living with HIV. *International Journal of Transgenderism*. 2013; 14(4): 182–195. [PubMed: 24817835]
- Witmer A, Seifer SD, Finocchio L, Leslie J, Neil EHO. Community Health Workers: Integral Members of the Health Care Work Force. *American Journal of Public Health*. 1995; 85(8):1055–1058. [PubMed: 7625495]

Navegante _____ Actividad durante _____
(Nombre) (Mes)

Tipo de Interacción	Condomes	Recursos de salud	Uso de DVD
A. Hablar de salud en general	E. Repartir condones	I. Referir a Chatham Social Health Council	L. Escena 1: La magnitud del VIH y ETS en la comunidad latina
B. Hablar de salud sexual	F. Donde encontrar los condones	J. Referir al Departamento de Salud	M. Escena 2: Negociando el uso de condones
C. Hablar de problemas sexuales	G. Cómo usar los condones correctamente	K. Referir a otro centro de salud	N. Escena 3: Uso del condón femenino
D. Folletos de ETS	H. Como negociar el uso de condones con las parejas sexuales		O. Escena 4: Haciéndose las pruebas
			P. Escena 5: Viviendo con el VIH/SIDA

[illegible]

Figure 1.
Blank Monthly Activity Log, Pages 1 and 2*

Figure 2.
Number of Events per Month

Figure 3.
Number of Events per Day of the Week

Table 1

Frequency of LHA Activity by Attendee Composition

Activity	Total (%)	Only enrolled (%) ¹	Men only (%) ²	One-on-one (%) ³
Discuss health generally	233 (12.8)	69 (11.5)	181 (12.5)	96 (12.3)
Discuss sexual health	268 (14.7)	74 (12.4)	211 (14.5)	119 (15.3)
Discuss sexual problems	176 (9.7)	45 (7.5)	132 (9.1)	70 (9.0)
Discuss HIV/STD basics	145 (8.0)	52 (8.7)	113 (7.8)	55 (7.1)
Condom distribution	466 (25.6)	150 (25.1)	385 (26.5)	204 (26.2)
Discuss condom access	110 (6.0)	37 (6.2)	94 (6.5)	52 (6.7)
Condom use demonstration	114 (6.3)	30 (5.0)	87 (6.0)	37 (4.7)
Discuss condom negotiation	60 (3.3)	26 (4.3)	54 (3.7)	22 (2.8)
Referral to Chatham Social Health Council	15 (0.8)	6 (1.0)	10 (0.7)	7 (0.9)
Referral to health department	52 (2.9)	22 (3.7)	42 (2.9)	34 (4.4)
Referral to other health centers	22 (1.2)	6 (1.0)	20 (1.4)	9 (1.2)
Magnitude of HIV/STDs video	40 (2.2)	24 (4.0)	35 (2.4)	22 (2.8)
Condom negotiation video	39 (2.1)	22 (3.7)	32 (2.2)	20 (2.6)
Female condom video	39 (2.1)	11 (1.8)	19 (1.3)	16 (2.1)
HIV testing video	28 (1.5)	14 (2.3)	25 (1.7)	12 (1.5)
Living with HIV/AIDS video	13 (0.7)	10 (1.7)	11 (0.8)	5 (0.6)
Total	1820	598	1451	780

 $p < .001$.**
 $p < .01$.*
 $p < .05$.¹ As compared to events with either only non-enrolled social network members or both enrolled and non-enrolled social network members in attendance.² As compared to events in which only women, only transgender persons, both men and women, both men and transgender persons, or men, women, and transgender persons were in attendance.³ As compared to events between the Navegante and at least two social network members.