

HIV Behavioral Intervention: Hombres-Soccer

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Dr. Antonia Novello] At Wake Forest University, Dr. Scott Rhodes and colleagues are working with men's soccer leagues in the Winston-Salem area of North Carolina. The intervention they have developed demonstrates one example of an innovative venue for delivering HIV prevention and uses the natural helper model of lay health advisors. They call their program Hombres.

[Scott Rhodes] Here at Wake Forest University, I have been partnered with community-based organizations and lay community members to develop innovative interventions to address HIV prevention among the emerging Latino community in central rural North Carolina. North Carolina is different from other parts of the country, that have a history of Latino immigration. Our Latinos tend to be from Central America or Southern Mexico, tend to be less acculturated and more recently arrived. They also come into a community that does not have a history of infrastructure and is unaccustomed and unprepared to provide Spanish-language services. So together we are developing what we call Hombres, which is an intervention developed in partnership with the soccer league that really builds on natural helper models. And natural helper models have been in existence for years, 50 years or so, and definitely used in an international arena. So, we have tweaked that and are using lay health advisors representing the soccer league or teams from the soccer league. And these lay health advisors provide educational outreach, address sort of the norms and expectations around what it means to be a man, and serve as conduits for community activism.

[Jaime Montana] My name is Jaime Montana, and I've been working with Dr. Rhodes in the design and implementation of the project Hombres. This project is to prevent HIV and STDs with the Latino community. And the success -- the success of this program is because we have taken into consideration the cultural aspects of the Latino man's daily situations. We have trained 50 lay health advisors in the soccer leagues. I trained these lay health advisors, or *navagantes*, to work with their team members as community advocate opinion leaders and lay health advisors to work with their teammates. It is very important to take into consideration when you create the program, the cultural aspects of the community that you're working with, because usually, what happens is, most projects are translated to the language, and that doesn't work, because it doesn't reflect daily situations.

[Scott Rhodes] We had two main challenges with this project. First, when we developed the intervention, we were partnered with the soccer league, but by the time we were ready to implement the intervention, the soccer league had split into two. And so, we had to renegotiate those relationships with new leadership, and that took some time. The other issue had to do with immigration. Immigration is an issue in the United States currently, and a lot of our men did not trust us or the institutions we were representing or the other community-based organizations with whom we were partnered. So, that took some time to build trust with such a vulnerable population.

We had two wonderful unintended outcomes from this study. First, we tracked the work of our lay health advisors, our *navagantes*, and we learned their reach was extending way beyond the soccer teams whom they were trained to work with. They were actually -- half of their activities -- were out in the community, beyond the soccer league, which is a wonderful outcome. The next unintended outcome had to do with what our lay health advisors told us, and that was the importance of the project in developing skills that they didn't know they had -- leadership skills, communication skills -- and the pride they felt in being associated with a project and contributing to the community.

We have also been working to understand the social and sexual networking of rural gay Latinos and Latino men who have sex with men. And this is important because, although we know they have prevention needs, we really don't have a good understanding of how we reach them. This work is exciting because it builds on existing community assets and existing community networks and it is only through community-based approaches that are authentic to community experiences that we will make a long-lasting difference in the epidemic.

[Dr. Antonia Novello] The last segment really shows that to take the message of prevention, we really have to go the places where Latinos are. All the ones that we have seen really work. Is there any other thing of intervention that you think we can use?

[Dr. Raul Romauera] Absolutely. I think there are other possible venues that should be considered to do HIV prevention work. For example, bars and clubs, laundromats, Latino grocery stores, and day labor hiring sites.

[Announcer] To access the most accurate and relevant health information that affects you, your family and your community, please visit www.cdc.gov.