

Adapting the Popular Opinion Leader Intervention for Latino Young Migrant Men Who Have Sex With Men

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Young Latino migrant men who have sex with men are at high risk for HIV infection. The Popular Opinion Leader intervention, shown to be effective with White gay men, was adapted by the Farmworker Justice Fund, Inc., for this Latino migrant population. This project, called the Young Latino *Promotores*, was implemented over a 2-year period by community-based organizations in Vista, California, and McAllen, Texas, with capacity building assistance from the Farmworker Justice Fund, Inc. We report on challenges, preliminary findings, and lessons learned from adapting this intervention.

The association between migration and the risk for HIV/AIDS transmission has long been known (Castro et al., 1988; Jones et al., 1991; National Commission to Prevent Infant Mortality [NCPIM], 1993; Organista, Balls Organista, Garcia de Alba, Castillo Moran, & Carillo, 1996; Organista, 2004). Some of the underlying reasons include social vulnerability, low literacy in any language, the need for companionship, reduced social controls on behavior, poverty, exploitative employment relationships, and social inequality. For migrant farmworkers, the rate of HIV/AIDS infection is estimated to be 5%, nearly 10 times greater than the U.S. average of 0.6% (Castro, 1988; Jones, 1991; NCPIM, 1993).

Of the estimated 4.17 million migrant farmworkers and their dependents living in the United States, most (83%) are Latino. Risks for infection from HIV/AIDS and other sexually transmitted infections are high, owing to risky sexual behaviors, financial, geographic, cultural, and logistic barriers to receiving accurate HIV prevention information and from lack of access to health care services. These risks are exacerbated by the migrant lifestyle, characterized by lengthy separation from family and home, a high rate of mobility (sometimes staying in one locality for less than 2 months), and lack of cultural and social support for safer sex practices.

For young Latino migrant men who have sex with men (MSM), the stressors of migration are compounded by homophobia and discrimination (Diaz, 1997; Diaz & Ayala, 2001). These persons may face rejection from their families and communities of origin and discrimination in their new environments. It has been well documented that MSM and young MSM of color in the United States are at an increased risk for HIV infection. For example, although in the year 2000 all men of color accounted for about a fourth (25%) of

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the male population, MSM of color accounted for nearly half of all AIDS (48%) and HIV (45%) cases acquired by male-to-male sex reported to the Centers for Disease Control and Prevention (CDC) in 2000 (Greenberg, 2005; Kennedy, 2003).

The combination of migration issues and the increased exposure to HIV poses serious challenges to public health practitioners trying to promote protective behaviors for young Latino migrant MSM (Organista, Balls Organista, Garcia de Alba, Castillo Moran, & Ureta Carillo, 1997). Meeting this challenge requires the development, adaptation, and implementation of an intervention program specifically designed to address the needs of the young MSM migratory population. Farmworker Justice Fund, Inc. (FJF), with support from CDC's Division of HIV and AIDS Prevention, sought to meet this challenge by adapting the Popular Opinion Leader (POL) intervention for young migrant MSM and providing capacity building assistance to two community-based organizations (CBOs) that implemented the program.

Capacity-building assistance contributes to increasing the quality, quantity, and cost-effectiveness of intervention activities and sustainability of organizational infrastructure. It is delivered through information transfer, skills building, technical consultation, technical service, and technology transfer. Capacity-building assistance is critical for reducing the disproportionate effect of HIV infection on racial and ethnic minority populations.

CDC has designed a strategy and framework for providing capacity-building assistance to ensure the success of CDC-funded HIV prevention programs. CDC funds national minority organizations in four focus areas. The goals of each focus area are as follows:

- Focus Area 1: increase core competencies of CBO staff responsible for fiscal and administrative management
- Focus Area 2: increase ability to adapt, implement, and evaluate behavioral interventions
- Focus Area 3: increase community access and utilization of HIV prevention services
- Focus Area 4: identify and train leaders to increase awareness of and support for HIV prevention and community planning

In 2003 CDC's Advancing HIV Prevention initiative refocused HIV prevention capacity building efforts to CBOs working with persons who are HIV infected and with their sex partners and needle-sharing partners; persons who are at high risk for HIV infection, including persons of color and young MSM; and persons unaware of their HIV status. Advancing HIV Prevention reaches communities of color through the Diffusion of Effective Behavioral Interventions (DEBI), an initiative to increase use of science-based behavioral interventions in order to improve the capacity of CBOs and health departments to adapt, implement, and evaluate effective HIV prevention interventions. In adapting POL for young Latino migrant MSM, FJF integrated components from Focus Area 2, such as cultural competence; problem identification; strategy development and implementation; and program monitoring, evaluation, and quality assurance using the DEBI approach.

ADAPTING THE POPULAR OPINION LEADER INTERVENTION

The POL intervention, created by Jeff Kelly et al. in 1986, uses social networks to deliver HIV prevention messages. As originally conceived, POL was designed to influence White gay men and to be implemented in gay venues frequented predominantly by Whites in midsized southern cities (Kelly, 1992). Although they have since been modified, the original POL core elements were as follows:

1. Identify and enlist the support of popular and well-liked opinion leaders to take on risk reduction advocacy roles.
2. Train cadres of opinion leaders to disseminate risk reduction endorsement messages in conversations within their own natural social networks.
3. Support and reinforce successive waves of opinion leaders to help reshape social norms to encourage safer sex.

In 2003 FJF developed the Young Latino *Promotores* (YLP) project for young Latino migrant MSM by incorporating some concepts from the *promotores de salud* (community health worker) model. This model has been successfully used to deliver health messages in Latino communities. Members of the adaptation team received training from the University of Wisconsin Medical College, where Jeff Kelly and his staff currently coordinate implementation of POL.

Throughout the adaptation process, the core elements and many of the key characteristics of POL were retained. For example, the YLP project started by gathering information on the preferences of the target population (Kelly et al., 1991). The YLP planners, consisting of staff from FJF and its CBO partners, conducted a two-pronged community assessment. They met with community leaders and conducted focus groups and interviewed key informants. The planners asked community leaders what kinds of promotional materials and venues would best be suited for social marketing activities aimed at young Latino migrant MSM, how the program should be implemented, and which people they viewed as opinion leaders. One surprising yet frequent response was the need to include women, both straight and gay, as part of the opinion leader group. One male focus group participant said: “Women are also part of our community, and we want to see them involved.” This sentiment became even clearer when the young MSM informants asked that both male and female figures be included in the logo for the community poster. Women who were influential and popular with the target population were invited and trained as YLPs. Even though women were not specifically targeted with the risk reduction messages, they often were present in the intervention venues and received the information along with the men.

Although a number of key characteristics were maintained, others had to be modified to make YLP culturally appropriate for Latino migrant young MSM. To begin the project, all materials—survey instruments, trainer and participant manuals, and educational materials used by the young Latino *promotores* (YLPs) recruited for the project—were translated into Spanish.

TRAINING

In addition to POL components, those used in a variety of successful Latino-focused HIV prevention training programs were integrated into YLP (See Table 1).

INTERVENTION THEORY

One key characteristic of POL that was modified was the requirement of an explanation of the theory and philosophy of the intervention. Although researchers found it useful for POL, the target population of YLP had a low level of education and no frame of reference to understand the theory behind the intervention. Nevertheless, the philosophy of the intervention was explained to respondents using simple terms that they would understand. For example, instead of providing statistically significant information, respondents were informed that according to recent findings their community was at risk for HIV infection and that this could be prevented if they helped. Similarly, they were told about the philosophical underpinnings of the *promotora* approach, using people from the community to provide information in a culturally appropriate manner.

TABLE 1. Training Components Integrated into the Young Latino *Promotores* Curriculum

Curricula Reviewed	Components Used Without Modification	Components Modified
Popular Opinion Leader	<ul style="list-style-type: none"> Risk reduction messages Idea of making a logo and using handouts 	<ul style="list-style-type: none"> Role-play activities (to reflect issues relevant to target issues) Preintervention tests, postintervention tests, and other surveys
<i>Lideres Campesinos por la Salud</i> (Migrant Leaders for Health)	<ul style="list-style-type: none"> Leadership section HIV section 	<ul style="list-style-type: none"> Logistics of project
ENLACES	<ul style="list-style-type: none"> Communication module 	
<i>Cara a Cara</i> (Face to Face)	<ul style="list-style-type: none"> PLISSIT Model 	<ul style="list-style-type: none"> Modules on sexual identity (changed images to reflect target population)
Centers for Disease Control and Prevention	<ul style="list-style-type: none"> STD information in English 	<ul style="list-style-type: none"> STD information (added pictures)

Note. PLISSIT = permission, limited information, specific suggestions, intensive therapy.

HIV INFORMATION

Because young Latino migrant MSM do not have a sufficient level of knowledge of the modes of HIV transmission, the module on HIV information had to be expanded to provide more background information for the opinion leaders to share with their friends and peers. The gay White men in Kelly's original study already knew about HIV transmission; therefore, basic information about HIV was not discussed in depth in the original POL curriculum. However the results of an HIV knowledge survey, conducted by FJF in 2002 demonstrated the misconceptions migrant workers have about HIV transmission. For example, 40% of respondents stated that HIV could be transmitted by mosquitoes. The module on basic HIV information that was originally written for FJF's *Lideres Campesinos por la Salud* curriculum has proven to be informative for other FJF projects with the Latino migrant population (FJF, 2004). This module explains HIV prevention and transmission information in uncomplicated terms, using interactive exercises.

COMMUNICATION

Changes were also needed for the communication module of Kelly's original program. Even though the role plays and core messages from the original POL study were maintained, the delivery and situations used for the YLP project were modified to be more culturally appropriate. Communication in the Latino culture differs from that in other cultures. Latino communication is not linear as in the mainstream U.S. culture, and care must be taken to not offend the Latino listener. FJF used a communication module developed by the U.S.–Mexico Border Health Association (USMBHA) for its *ENLACES* curriculum. The module explains in straightforward terms the basics of communication to a Latino audience (USMBHA, 2000). It teaches the prospective YLPs communication techniques that they can use with their peers. For example, it uses a simple graphic representation to explain the mechanics of communicating a message from a sender to a listener and how the message's meaning can change according to the situation and context in which it occurs.

SEXUAL ORIENTATION

Another area that Kelly did not address in his original work is sexual orientation. During the past 3 decades, White gay men have established their cultural niche in the United States, gaining more visibility and acceptance in popular culture. This is not the case for Latino MSM, and it is even less so for young Latino MSM. It is well documented that stigma and discrimination against homosexuals and persons affected by HIV is preva-

lent in Latino communities (Diaz & Ayala, 2001). We saw the need for an open discussion about sexual identity in order to increase the self-awareness and self-confidence of the YLPs and to increase their credibility when promoting the risk reduction messages. Many YLPs had not thought through their own sexual identity as MSM, which put them in conflict with a whole constellation of gender-specific characteristics generally attributed to males by the traditional Latino culture such as gait, inflection of speech, mannerisms, and sexual practices. For those who don't engage in a self-analysis of their sexual identity, not being able to live up to these gender characteristics may leave them in conflict with their families and communities of origin and can lead to loss of self-esteem.

For YLPs to gain more knowledge and awareness of their sexual identity and to help them understand why they and their peers may engage in risky behavior, a culturally adapted module on sexual health from the USMBHA (2001) *Cara a Cara* curriculum was integrated into the YLP project. This module uses exercises that are culturally appropriate for addressing the issues of Latino MSM, such as the explanation of the role of *machismo* in the Latino culture. This instills in the YLPs a sense of ownership of the program, helping them better understand the pressures that they had faced from a very young age to act and behave like heterosexual men. One of the participants commented that it was the first time that he had had an opportunity to discuss issues of sexual identity and orientation with anyone. The YLPs also came to recognize how this social imperative devalues them in the eyes of their families and communities and eventually in their own eyes as well. Once these negative sentiments are internalized and an individual starts rejecting himself and feeling inferior, he is more likely to put himself at risk for a moment of acceptance by other men (Rosser, Mazin, & Coleman, 2001). One of the YLPs tried to explain his reluctance to use protection by saying: "During the sexual act there is no talking, just touching and caressing and doing. That way the magic of the moment will not be broken." Once the YLPs begin identifying some of these issues for themselves, they and their friends may come to understand why they are placing themselves at risk for HIV infection.

REFERRAL

Another modification was the integration of the PLISSIT model, adapted for USMBHA's *Cara a Cara* curriculum by Rosser, Mazin, and Coleman (2001). PLISSIT stands for the following: *P* is for permission, in which the YLP would ask a peer for permission to talk about HIV and sexually transmitted infection (STI) prevention issues. It also stands for permission from the peer for the YLP to discuss these issues. *LI* is for limited information, in which the YLP would provide only the information that is asked of him or her. All questions are answered with facts. *SS* is for specific suggestions, in which these suggestions are about technical issues of prevention. For example, to increase sensitivity when using a condom, place a drop of water-based lubricant inside the condom before putting it on. Finally, *IT* is for intensive therapy, which is needed when any psychosocial issues arise, such as feeling blue, lonely, or anxious. In these instances, the person will be referred to a professional provider or agency. The YLPs will not attempt to solve these issues themselves.

PLISSIT was used as the basis for helping the YLPs learn when they should provide information and when they should provide referrals for professional assistance. The communities in which the YLPs would be sharing information are rural areas with scarce resources. The CBO partners considered the YLPs to be volunteers and wanted to be certain that they would be referring their friends for services when needed instead of attempting to solve the problems themselves.

INFORMATION ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS

One final modification for the YLP curriculum was the inclusion of a module on STIs. Originally, all the POL information referred exclusively to HIV prevention. After the first year of the YLP project, the YLPs asked that a module on STIs be included in the program because without it they were not prepared to answer factual questions from their peers about STIs. A module on STIs was developed using the educational information available from CDC (2005). Educational postcards with pictures and STI information in English and Spanish were developed with the input from the YLPs. They were trained in the use of the postcards and given a set of them to use when sharing information with friends. It was made very clear to the YLPs, however, that they were not allowed to use any of these materials to diagnose anyone's STD symptoms. Once the curriculum contents were developed, the curriculum was pretested in one of the target communities, and modifications were made on the basis of participant feedback.

IMPLEMENTATING THE YOUNG LATINO PROMOTORES INTERVENTION

FJF decided to implement the project in two U.S.–Mexico border communities with large migrant populations. To do so, it enlisted the assistance of two community partners that were capable of reaching the target population: the Valley AIDS Council in McAllen, Texas and Vista Community Clinic in Vista, California, both of which are located in or near agricultural communities. Both organizations hired young Latino MSM to serve as project coordinators, who conducted the community-level surveys and knew where the target population congregated and where the project could be implemented. In McAllen, Texas, there are a handful of gay venues where young Latino migrant MSM gather and become involved in the young MSM community. In Vista, California, such venues do not exist, and the young Latino migrant MSM go to venues that are not identified as gay venues but that are known to welcome gay and transgender patrons. This influenced the design of the data-gathering strategy. Convenience samples rather than venue samples were sought to assess the effectiveness of the intervention because the funding required that young Latino MSM be targeted with this intervention.

RECRUITMENT

Partner CBOs played a key role by recruiting the YLPs and holding monthly follow-up meetings for them. The YLP enrollment process followed the same approach as that outlined by Kelly in the original POL. Gatekeepers and bartenders were asked to identify the most popular persons within the target population. The coordinators recruited these persons to be part of the YLP project. Initially, there was some trepidation on the part of prospective YLPs, and some of those invited to participate declined to be part of a new project. However, once the project got under way and the target community members saw the materials developed and had conversations with some of the YLPs, the coordinators were often approached by people who had heard about the YLP project and wanted to participate and learn more about HIV/STI prevention.

TRAINING

The training of the YLPs was conducted in Spanish and English as some of the selected YLPs were more comfortable speaking English than Spanish. All the training materials were made available in both languages.

The community partners scheduled trainings to occur within each community at the time of year when most migrant workers would be present. The original POL trainings were scheduled for 2-hour sessions, occurring over a period of several weeks. The YLP

trainings were modified to accommodate the migrant workers' schedules and took into account that YLPs have very little free time, that they would have to travel long distances to the training, and that they lacked ready access to transportation. A 2-day YLP training was scheduled during weekend hours when it would be less likely that the prospective YLPs would have to work. Nonetheless, the YLPs were offered incentives to participate in the program because some of them were sacrificing work time and others were giving up their limited leisure time to participate. During the training, the YLPs used role-play exercises to practice their newly acquired HIV knowledge and communication skills. At the end of the training, they were given T-shirts, incentives, bags, buttons, and condom packets to distribute to their peers.

To track the effectiveness of the intervention, the YLPs were asked to share information with at least 15 peers per month and complete contact forms. The contact forms collected information about the information shared and the venue where the sharing occurred. Posters with the project logo were placed in the venues where the intervention took place, and the YLPs wore T-shirts that sported the project logo. Once a month all the YLPs would get together to recount their experiences, practice their skills, and learn about related topics such as tuberculosis and hepatitis. These meetings helped maintain group cohesion and foster the YLPs' continued participation in the program. While most YLPs completed the entire 6-month implementation period, some dropped out because they left the area or for other reasons. When this occurred, replacement YLPs were trained.

EVALUATING THE YOUNG LATINO PROMOTORES INTERVENTION

The intervention was evaluated during the different stages of the project. The trainings were evaluated using satisfaction survey tools and pretraining tests and posttraining tests to assess the knowledge gained by the YLPs during the 2 days of training. The partner CBOs tracked the YLPs' interactions through monthly meetings and conducted follow-up surveys. The surveys were collected for 2 consecutive years. At the time of writing this article, data were still being collected for a third year of data and will be analyzed and reported at a future date.

The effect at the community level was measured using a survey tool similar to the one used by Kelly in his original work with POL, with the addition of items from the HIV knowledge survey used by FJF in migrant communities in El Paso, Texas. The surveys were administered to a convenience sample that fit the profile of the target population (i.e., being 18–30 years old, being Latino, and having engaged in male-to-male sex). The convenience sample approach met the requirements set by the project's funding agency for measuring the effects of these activities among Latino migrant MSM. Venue sampling would have been problematic because in Vista, California, the venues selected did not cater exclusively to migrant MSM, and in both sites many of the patrons were more than 30 years old. The contact forms completed by the respondents, along with transcripts from meetings and focus groups, were used to measure intervention implementation process and outcome.

The community-level survey instrument had 98 items that could be answered in the following five parts: (a) demographic data (geographic region, date when the survey was conducted, language, age, years of schooling, and ethnicity), (b) relational variables (relationship status, where sexual partners are sought, peer practices, and beliefs and perceptions regarding safer sex), (c) risk assessment (number of male and female sexual partners and types of sexual activities during the previous 2 months), (d) HIV knowledge (respondents' level of knowledge of HIV infection and prevention), and (e) project visibility (visibility of the promotional materials and the contact that respondents may have had with the YLPs). The surveys were conducted twice during each project year: before the YLPs were trained and after the YLPs had had the opportunity to share the risk reduction information

with their peers in each community. To measure change in risk reduction, the same survey was conducted both times. The surveys were collected where the target population congregated for social meetings, for example, bars that catered to young MSM. Some of the venues were identified gay bars; others were not. Respondents were selected by the project coordinators, who themselves were members of the target community. The coordinators approached prospective respondents who fit the profile and offered them an incentive for answering the survey. Most of the surveys were conducted in the late evening when the prospective respondents would most likely be found in the targeted venue. The data were analyzed using SPSS, version 11.5. Analysis of variance tests were run on the data to find any statistically significant relationships.

RESULTS

A total of 37 YLPs were trained in four waves. All of the YLPs responded on the training evaluation form that the information they learned was either useful or very useful, and all of them rated the training as being either good or excellent. Each project period lasted 7 months, the length of a regular picking season in the areas targeted, with two waves of YLPs in each one. Each YLP committed himself or herself to talk to at least 15 friends per month and averaged 22 contacts per month, for a total of 2,376 educational contacts. In 2003 and 2004, project years 1 and 2, respectively, 766 Hispanic male respondents completed the YLP survey; 79% were the ages 18 to 25 years old, most (68%) had either some high school education or were high school graduates, and 56% had worked as farmworkers.

Most (73%) community respondents completed the preintervention and postintervention in Spanish. Most (96%) respondents reported having had sex with a man in the past 2 months, 67% reported having had sex with someone across the border, 62% reported having had receptive anal sex in the past 2 months, and 30% reported having had sex with a woman during the same time span. More than half (59%) of the respondents reported having a negative HIV test result.

HIV/AIDS KNOWLEDGE

Respondents' preintervention responses reflected an understanding of some sexual practices that increase one's risk for HIV infection as well as some that lower one's risk. Most respondents correctly identified having sex without a condom and anal sex as high-risk behaviors and identified being monogamous and using condoms during anal sex as behaviors that reduce the risk for HIV transmission. Analysis of variance revealed no significant differences between respondents' preintervention and postintervention answers to these questions.

There were, however, significant differences in preintervention and postintervention responses to other questions assessing HIV/AIDS knowledge. For example, analysis of variance revealed a significant increase ($F = 6.671$; $p < .01$) in respondents' awareness that sharing clothes or hats is not a mode of HIV transmission. Post hoc analysis demonstrated that significantly more Year 2 respondents answered this question correctly on the postintervention than on the preintervention surveys (Table 2).

SOCIAL NORMS

For years 1 and 2, most respondents reported on the preintervention and postintervention surveys that their friends completely accept safer sex. Analysis of variance highlighted a significant increase in these reports from preintervention to postintervention ($F = 4.811$; $p < .05$). Post hoc analysis showed that significantly more Year-1 respondents agreed with this question during the postintervention (76.9%) than during the preintervention (58.7%). Analysis of variance also revealed a significant differ-

TABLE 2. HIV Risk Behavior Knowledge

Question	Preintervention (%)	Postintervention (%)
Having sex without a condom can transmit HIV.		
Year 1		
True	98.8	94.7
False	1.2	3.6
Year 2		
True	92.5	93.3
False	3.0	6.2
Anal penetration can transmit HIV.		
Year 1		
True	84.0	80.6
False	14.8	13.5
Year 2		
True	60.5	81.4
False	22.0	14.4
HIV infection can be prevented by having sex with only one partner and being faithful.		
Year 1		
True	67.1	73.8
False	32.9	20.8
Year 2		
True	69.8	65.3
False	19.1	30.1
HIV infection can be prevented by using a condom when having anal sex.		
Year 1		
True	85.4	81.8
False	15.4	12.9
Year 2		
True	72.3	76.2
False	12.8	19.7
Sharing clothes or hats can transmit HIV.		
Year 1		
True	15.9	15.4
False	79.3	80.0
Year 2		
True	34.1*	16.6*
False	58.8*	74.9*

* $p < .01$.

ence between respondents' preintervention and postintervention responses regarding the extent to which they agreed that their friends use condoms every time they have sex ($F = 5.314$; $p < .01$). Post hoc analysis demonstrated that significantly more Year 1 respondents agreed with this question during the postintervention (46.2%) than on the preintervention (31.4%).

HIV RISK BEHAVIORS

During Years 1 and 2, respondents' preintervention responses highlighted the low frequency of condom use during anal sex when the respondent was the insertive partner. Use of condoms when being the insertive partner was reported by 36% of Year 1 and 38% of Year 2 respondents. Analysis of variance highlighted no significant difference between preintervention and postintervention responses.

Respondents' preintervention responses also demonstrated a low frequency of condom use during anal sex when the respondent was the receptive partner. Use of condoms when being the receptive partner was reported by 27% of Year 1 and 34% of Year 2. Analysis of variance highlighted a significant increase in respondents reporting using condoms

TABLE 3. Frequency of Receptive Anal Sex with Condoms in the Past 2 Months

Year	Preintervention (%)	Postintervention (%)
Year 1		
Yes	26.5	38.5
No	73.5	61.5
Year 2		
Yes	33.8*	50.3*
No	66.2*	49.7*

* $p < .01$.

for anal sex when the participant was the receptive partner ($F = 5.797$; $p < .01$). Post hoc analysis determined that more year 2 respondents reported this behavior during the postintervention than during the preintervention (Table 3).

Most respondents reported having given and received oral sex within the past 2 months. Analysis of variance revealed a significant increase from preintervention to postintervention of reports of giving oral sex ($F = 3.928$; $p < .01$). Post hoc analysis demonstrated that more Year 2 respondents reported this behavior during the postintervention than during the preintervention (Table 4). Oral sex as an activity carries considerably less risk for HIV infection than does unprotected anal sex (Del Romero et al., 2002; Detels et al., 1989; Page-Shafer et al., 2002; Vittinghoff et al. 1999.) Even though the respondents reported an increase in this activity, it does not mean that their overall risk for HIV infection would increase significantly.

LIMITATIONS

During our 2-year reporting period, a number of other HIV risk reduction interventions were being aimed at the local migrant populations with the goal of reducing risk behaviors for HIV infection. It is possible that those projects may have augmented the effect of the YLP project.

A challenge to determining effectiveness of YLP is the population's mobility. The data were evaluated as cross-sectional because every time the survey was conducted, the population in each targeted community was different. Nevertheless, the findings point to the probability of a residual effect of the information originally disseminated.

The theory of diffusion, on which POL is based, suggests that to achieve a change in a given population, 15% of the population should be trained as opinion leaders. Owing to the pilot nature of the project and the limited resources available, this benchmark was not reached. Nevertheless, the findings demonstrate a marked reduction in risk behavior in the targeted communities.

The findings of this project, as well as the adapted materials, are limited to the two communities in which the project was implemented. As a consequence the adapted materials and results cannot be generalized to all the young Latino migrant MSM communities in the United States. We will have to await the replication of the YLP project in different communities to learn whether it can produce similar results in a variety of settings.

CONCLUSION

YLP provides a good example of the process followed to adapt HIV prevention interventions with proven effectiveness for a high-risk marginalized racial/ethnic community. The results of reduction in risk behavior, namely the use of condoms for insertive and receptive

TABLE 4. Frequency of Receiving and Giving Oral Sex Without Using Condoms in the Past 2 Months

Activity	Preintervention (%)	Postintervention (%)
Receiving oral sex		
Year 1		
Yes	73.4	72.8
No	26.6	27.2
Year 2		
Yes	76.0	72.2
No	23.4	27.8
Giving oral sex		
Year 1		
Yes	65.3	61.5
No	34.7	38.5
Year 2		
Yes	58.4*	73.7*
No	40.4*	26.3*

* $p < .01$.

anal sex, increased from before to after the intervention and were similar to the findings from other POL projects. The adaptation of the YLP program took into consideration the barriers typically faced by young Latino migrant MSM: language; low literacy skills; lack of knowledge about STIs and HIV; limited access to HIV prevention, treatment, and care; poverty; depression; racism; homophobia; and high mobility. In addition, the integration of culturally appropriate models such as the *Promotores de Salud* and the sexual health models added to the success of the project as demonstrated in findings that show an increase in knowledge and condom use in the targeted communities.

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