

Pasa La Voz: Using Peer Driven Interventions  
to Increase Latinas' Access to and Utilization of  
HIV Prevention and Testing Services

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*Summary:* *Promotoras* along the U.S.-Mexico border in the role of *animadoras* (motivators) used a chain referral strategy called *Pasa la Voz* (Spread the Word). Latinas at high to moderate risk of HIV infection became better informed about prevention, accessed prevention services, and referred other at-risk Latinas for services.

*Key words:* Latinas, women, *promotoras*, peer-driven interventions, HIV prevention, HIV testing.

According to the Centers for Disease Control and Prevention (CDC), Hispanics in the United States are affected disproportionately by HIV and AIDS. In addition to being seriously affected by HIV, Latinos continue to face challenges in accessing health care, prevention services, and HIV treatment.<sup>1</sup> Furthermore, Latinas in the U.S.-Mexico border region are at risk for HIV and other sexually transmitted diseases due to many complex factors including language barriers, poverty, lack of health insurance, lack of culturally appropriate materials, emotional/physical abuse, and withdrawal of financial support from their partners.<sup>2</sup>

*Promotoras*, female community health workers, are trained to conduct outreach and education among populations that often are unaware of their health risks, or are unable to access needed services for social, cultural, or institutional reasons. *Promotores* is the generic Spanish term for community health workers who bridge the gap between patients and providers of HIV/AIDS care.<sup>3</sup> Besides having relevant linguistic skills and cultural knowledge, *promotores* help decode and interpret disease prevention messages. Use of *promotores* has been recognized as an effective way to reach underserved minority populations in the U.S. Southwest since the late 1980s.<sup>4</sup> However, previous programs have focused on *promotores* as individual one-on-one advocates.

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## The Healthy Women Project

The United States–Mexico Border Health Association (USMBHA) designed the Healthy Women project to increase awareness and knowledge among Latinas about HIV/AIDS, including the reduction of stigma associated with participation in prevention and treatment services. Instead of traditional one-on-one outreach, Healthy Women *Promotoras* are called *animadoras* (motivators) and their role is to motivate and encourage low-income Latinas at risk for HIV infection to use HIV/AIDS prevention services, and to spread the word about these services within their social networks (relatives, friends, neighbors, and co-workers).

In March 2005, the USMBHA, with Centers for Disease Control and Prevention (CDC) Supplemental Funds for Addressing Health Disparities among Latinas, implemented the Healthy Women project as a six-month pilot study in response to the evaluation question: Will employing *promotoras* as *animadoras* (motivators) result in increased utilization of HIV prevention services among Latinas in border communities? Healthy Women placed *promotoras* in the unique role of *animadoras* who used a chain referral strategy called *Pasa la Voz* (Spread the Word) based on peer-driven intervention methodology.<sup>5</sup> Project participants who agreed to spread the word were called *seeds*, a word connoting growth and expansion. The pilot study found that as a result of the Healthy Women project, Latinas at high to moderate risk of HIV infection became better informed about HIV prevention services in their community, accessed available services, and referred other at-risk Latinas from their social networks to HIV prevention services. See Figure 1 for a flow chart illustrating the project.

In this report we describe: (1) recruitment of seeds who agreed to spread the word within their social networks, (2) demographics and number of Latinas contacted overall, (3) number of Latinas at moderate-to-high risk of HIV infection, (4) number of Latinas who received HIV prevention services (including testing), and (5) observations about the socio-cultural contexts that affect Latinas derived from in-depth interviews with the *animadoras*.

**Recruitment of seeds.** The USMBHA contracted a community-based organization to hire and supervise four *animadoras* who were assigned in pairs to an urban area (El Paso, Texas) and a semi-rural area (Chaparral, New Mexico). Each *animadora* conducted extensive community outreach among Latinas in parks, bus stops, schools, and laundromats; provided information on HIV prevention services; and assessed the women's HIV risk factors (sexually active, having multiple sex partners, and not using condoms). The *animadoras* reviewed *Role Model Stories* with the seeds to reinforce HIV prevention messages. The *Role Model Stories*, brief one-page illustrated Spanish and English publications, gave examples of women who had started carrying condoms, had talked to a partner about condom use, used condoms consistently, and avoided sharing needles.

The women who agreed to become seeds signed consent forms and completed brief Spanish and English surveys with questions on demographics, HIV/AIDS knowledge, risk behaviors, and access to HIV prevention services. Each seed developed a personal, achievable plan for behavior change; promoted awareness of HIV as a Latina issue; educated other high-risk women about the availability of services; and linked them with

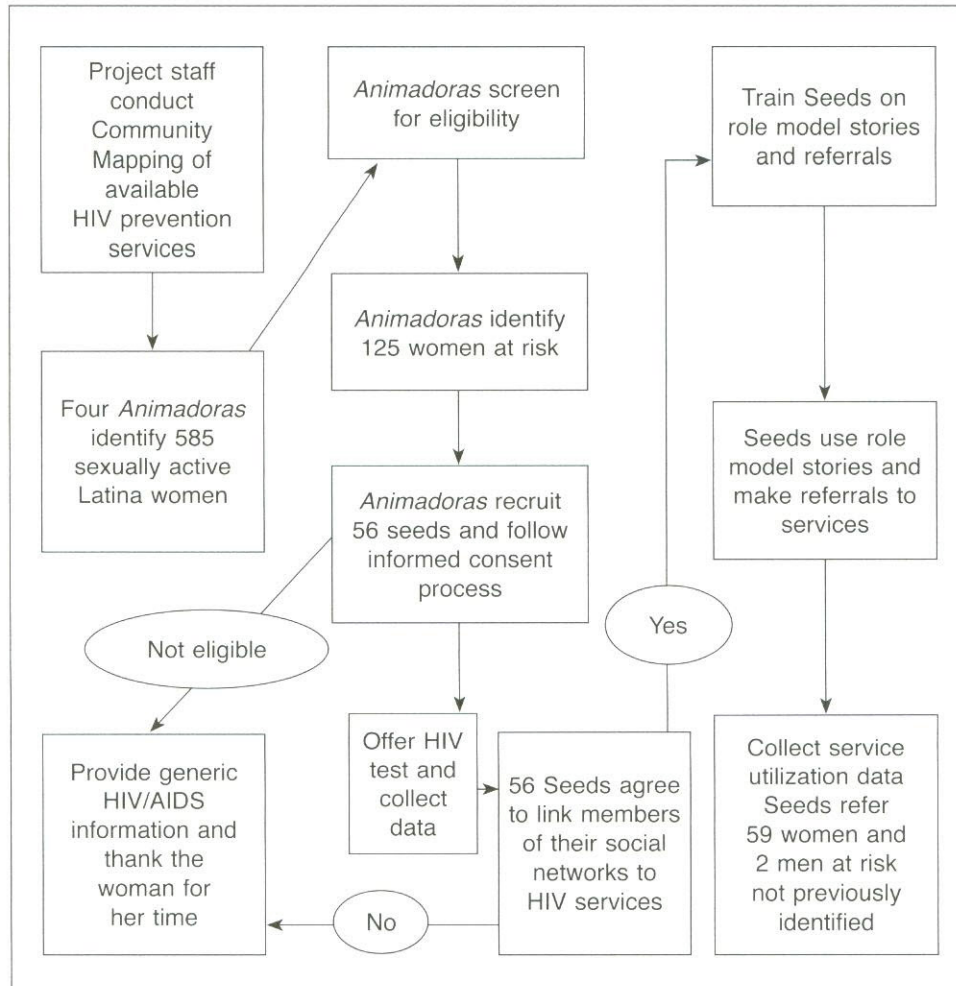


Figure 1. Flow diagram of recruitment for pilot.

those services. The seeds were recent immigrants from Mexico or Latin America, lived or worked in the urban area or semi-rural setting (an outlying rural area adjacent to an urban center), and received health services in the United States and Mexico. Spanish was the native language of all the seeds and 90% were monolingual Spanish speakers. In the semi-rural area, the seeds had husbands or partners who worked temporarily away from home (farm workers, meat packers, truckers), and might have had unprotected sex with other women or men while they were away from home. In the urban area, the seeds worked primarily as domestic workers or sex workers, and some lived in shelters for battered women and homeless families.

The *animadoras* gave each seed a yellow coupon, referred her to a health clinic for HIV education and testing, and instructed her to turn in the yellow coupon at the clinic when she went in for services. The *animadoras* also gave each seed up to five green

coupons to recruit additional Latinas for HIV prevention services, including testing. The seeds received a \$5 incentive for each referral who turned in a green coupon to the service providers.

An evaluation consultant used the coupon data to track utilization of services and conducted in-depth interviews with the *animadoras* to shed light on the cultural contexts of the border region; these data were used to revise the project training manual and the *Role Model Stories*. The process evaluation examined why, how, and who the project had positively or negatively affected; the internal and external dynamics of the project; the effectiveness of *animadoras* as agents of change; and the potential for replicating the *animadora* role in other sites where *promotoras* currently work.

**Demographics and number of Latinas contacted overall.** From March through September 2005, four *animadoras* made 322 direct contacts with Latinas in the urban area and 263 contacts in the semi-rural area. A majority of the women were between 25 and 49 years of age and met preliminary criteria outlined in the risk assessment. Of the total 585 women contacted, 125 met the moderate- to-high-risk target range and 56 agreed to become seeds. The 42% acceptance rate to become seeds exceeded the expectation of 33%.

**Number of Latinas at moderate to high-risk of HIV infection.** Of the 56 Latinas recruited to become seeds, 80% indicated they were currently sexually active, and 94% indicated that they had been sexually active within the last 12 months. One limiting factor was that 22 of the 56 seeds did not respond to the questions on condom use or did not complete the entire questionnaire. The *animadoras* reported that this was due primarily to the fear of being stigmatized and to cultural norms that prohibit discussions about sex. Of the 34 seeds who responded to the questions on condom use, 19 (56%) reported that they never used condoms while two (6%) reported that they always used condoms. Only five seeds (15%) indicated that they had multiple sex partners in the last 36 months, but none (0%) used condoms with all partners.

**Number of Latinas who received HIV prevention services.** Despite the barrier of stigma, the *animadoras* recruited 56 seeds within the first three months of the pilot study. The seeds then made 61 referrals (59 Latina women and two Latino men) in the following three months, with some making as many as seven referrals. It is significant that 53 (95%) of the seeds and all 61 (100%) individuals referred were tested for HIV. The risk assessments that the seeds made were validated by the risk assessments that the service providers made before providing HIV testing services.

Initially, only 31 (55%) of the 56 seeds had any information about HIV prevention services in their area, but within six months, all 56 seeds (100%) had received information about HIV prevention services and had disseminated information about available services to at least 61 members of their social networks.

**Observations about the socio-cultural context.** In-depth interviews with the *animadoras* increased our understanding of cultural factors that affect Latinas along the U.S.-Mexico Border:

(1) *Poverty increases the vulnerability of Latinas in both urban and semi-rural target areas.* Latinas who earn very low wages are vulnerable to offers of sex in exchange for money from male employers, co-workers, acquaintances, and sexual predators

who may also threaten them with violence or deportation. Some requests for sexual favors include having unprotected sex for additional money. Latinas whose husbands or partners do temporary work away from home and have unprotected sex with other sexual partners are vulnerable to HIV infection.

(2) *In semi-rural areas, the inconsistent provision of services, along with issues of stigma and confidentiality, present distinct challenges.* Service providers in isolated semi-rural communities are not very visible and must travel long distances to deliver HIV education and testing services. The coupon system did not work well because services were inconsistent or not available. The *animadoras* reported that some women refused to speak with them because of the stigma associated with HIV/AIDS. Families from semi-rural areas tend to live in clusters, and relatives often disclose sensitive information to other family members, thus compromising confidentiality.

(3) *In the urban area, the main recruitment barrier was difficulty with transportation.* Some women indicated that they did not go in for services, even though the service provider's office was in front of a bus stop, because they were tired, anxious to get home to care for their children, or couldn't afford to pay additional bus fare. Another provider was located five miles from the bus depot, making it more difficult for the women to access services. However, this provider offered periodic testing services in a mobile unit that was more accessible to working women.

## Discussion

*Pasa la Voz* proved to be an effective strategy to reach Latinas at risk for HIV infection. On-going planning and coordination with HIV prevention service providers were central to the success of the project. A single provider with the capacity to deliver all or most of the needed services in the semi-rural area would have made recruitment efforts more effective.

The selection of *animadoras* was another factor that led to the success of the project. The most important characteristics of the *animadoras* were their ability to maintain confidentiality and to communicate in Spanish. The *animadoras* participated in a focus group and recommended changes to the *Role Model Stories* so that women with limited formal education could better understand the stories. The *animadoras* used their knowledge of existing community resources and maintained a flexible work schedule.

Effective training of the *animadoras* was vital to the success of the project. The evaluation consultant and project coordinator held team meetings to discuss project goals and objectives, to review the Healthy Women training manual, to analyze the target population, and to conduct community mapping activities. The team shared observations, discussed effective strategies, and analyzed the community's response to HIV education and testing services. The evaluation consultant assessed the *animadoras'* capacity to collect data and conducted trainings on documentation procedures. The *animadoras* attended regional events and community forums where local health providers offered trainings on HIV/AIDS, other sexually transmitted diseases, hepatitis, and tuberculosis. The *animadoras* effectively educated the seeds on HIV prevention as a Latina issue, how to use role model stories to increase awareness, and how to

link women with HIV/AIDS prevention services. In the future, the partner organizations would benefit from training on effective service delivery strategies and bilingual communication.

Latinas in the U.S.-Mexico border region continue to be at risk for HIV and other diseases due to many complex factors. The Healthy Women Project is now in its third year of implementation. Preliminary evaluation suggests that the use of the *Pasa la Voz* peer-driven intervention strategy can be a valuable tool for reaching Latinas and other high-risk populations.

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### Notes

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