



Viviendo Valiente

This fact sheet contains highlights from the Viviendo Valiente intervention, designed to link Latinos with HIV and those who are at high risk for contracting HIV to high quality HIV primary care in Dallas County, Texas.

INTERVENTION OVERVIEW: A unified multi-level intervention focused on linking Latinos with HIV and those at high risk for contracting HIV to high quality HIV primary care.

PRIORITY POPULATION: Latinos of Mexican origin who have HIV or are vulnerable to HIV acquisition

ORGANIZATIONAL SETTING: Non-profit/community-based AIDS service organization (Dallas County, Texas)

FUNDING SOURCE(S): HRSA RWHAP Part F: SPNS "Culturally Appropriate Interventions of Outreach, Access and Retention Among Latino/a Populations" Initiative

INTERVENTION PURPOSE/GOAL: This intervention aims to increase testing, engagement, and treatment retention among Latinos of Mexican origin who have HIV or are vulnerable to HIV acquisition.

INTERVENTION SUCCESSES: Viviendo Valiente served a total of 123 clients. Of the 123 clients who participated in individual-level intervention activities:

- 97% reported client satisfaction
- Approximately 74% were retained in care
- Approximately 79% achieved viral suppression

SUSTAINABILITY: Sustainability is supported by prioritizing the development of enhanced strategies that fit within an agency's mission and practices; engaging internal and external stakeholders to sustain essential elements; refining processes and elements that can be sustained; and ensuring that *promotores* receive a standard, minimum level of training and are cross-trained to provide the same services.



INTERVENTION CORE ELEMENTS:

Assess your resources. Assess organizational capacity and resources. Key considerations include a deep understanding of the needs, barriers, and preferences of the community, as well as the ability to provide comprehensive and integrated HIV/AIDS prevention, medical care, and psychosocial support services. Conduct a local community needs assessment. A strong research base is essential for effective program development and message creation. Research methodologies may include: literature review, review of local epidemiology, stakeholder surveys, and focus groups with the priority community.

Engage local stakeholders. Establish relationships with those in the community who represent or serve the priority population to help identify potential clients, provide referrals, or assist with in-kind resources. Use feedback from partners to inform the intervention design and refine its implementation. Build and train the right team. Assess staff capacity and select appropriately skilled individuals to fill roles across all levels of the organization. Train and educate staff on HIV and the theoretical models.

Secure buy-in and build Advisory Board. Build an Advisory Board that represents the priority population's perspectives to include volunteer health workers, program staff, and other community stakeholders who can provide access to priority population networks.

Market and recruit. Integrate cultural elements into the social marketing and recruitment strategy to increase HIV awareness and community engagement.

Refine and sustain. Replicate steps that promote the improvement and sustainability of the intervention including evaluating staff training and engaging internal and external stakeholders to sustain essential elements.



INTERVENTION STAFFING:

- **Program Director—Overall operations.** Responsible for the development, management, and cultivation of relationships with stakeholders. Oversees program staff at priority community events, activities, and health fairs.
- **Lead Promotor de Salud (1)—Programs and partnerships.** Manages assigned special programs. Develops and maintains partnerships within the priority community. Also provides individual- and group-level guidance as well as support to other promotores.
- **Promotores de Salud (2)—Partnerships.** Develops and maintains partnerships within priority community. Provides individual- and group-level guidance.



IMPLEMENTATION CHALLENGES:

Structural and other barriers to care. Structural issues, stigma, medical mistrust, and other barriers often prevent HIV care providers from adequately engaging Latinos in care. It is important to establish relationships with organizations that are trusted within the priority community to circumvent barriers.

Reaching the priority population. Reaching individuals who could benefit from participating in *Viviendo Valiente* is challenging without a network of providers that will generate referrals. Building a robust external referral network is helpful for ensuring that eligible participants are aware of and have access to the intervention.

Recruitment efforts. Recruitment efforts often fall short when they are not tailored to address the unique cultural considerations of the priority community. The integration of cultural elements into the social marketing and recruitment processes proved very successful in terms of increasing awareness related to HIV, including available resources to access HIV prevention and treatment.

RESOURCES:

Viviendo Valiente Monograph:

https://targethiv.org/sites/default/files/supporting-files/Latino-SPNS-Viviendo-Valiente-Monograph-508-9_0.pdf

Viviendo Valiente Webinar PowerPoint Presentation:

https://targethiv.org/sites/default/files/supporting-files/ihip_508_SPNS_IHIP_Prism_Health_18April2019_SLIDES.pdf

HRSA IHIP Viviendo Valiente Intervention Implementation Guide:

<https://targethiv.org/ihip/viviendovaliente>