



Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

Innovative HIV Care Strategies for Priority Populations
July 27, 2022

Agenda

- *Project Overview*
 - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Continuing Education Credit Availability*
- *Intervention Overview*
 - Text Me Girl! – presented by: Cathy Reback
 - Viviendo Valiente – presented by: Martha Guerrero
- *Q&A*
- *Participant Feedback*

Project Overview: About the Project

- **Funded By:** The U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.
 - HRSA oversight provided by: Melinda Tinsley and Adan Cajina
- **Awarded To:** The MayaTech Corporation
 - Subcontractor: Impact Marketing + Communications
 - Contract Period of Performance: September 27, 2021 – September 26, 2023
- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.

Framework for RWHAP SPNS

Demonstrate or Implement	Evaluate & Document	Coordinate, Replicate & Integrate
<p>Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions</p> <p>Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data</p>	<p>Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients</p> <p>Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites</p>	<p>Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers</p> <p>Streamline access to materials and promote replication through the Best Practices Compilation</p>

Enhancements to the Integrating HIV Innovative Practices Project

- Focusing on RWHAP innovative strategies in HIV care and treatment (not just SPNS innovations)
- Aligning with the Best Practices Compilation
- Coordinating the delivery of peer-to-peer capacity building technical assistance (TA)
- Delivering one-on-one TA in the development and dissemination of implementation tools and resources
- Providing continuing education (CE) credits for live webinars

Key Support to RWHAP Providers

- Implementation tools and resources
- Capacity building TA webinars
- Peer-to-peer TA on the featured interventions
- Support in the development and dissemination of implementation tools and resources
 - Webinars
 - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)

Continuing Education Credits

Jointly provided by Postgraduate Institute for Medicine and
The MayaTech Corporation



Postgraduate Institute
for Medicine



Continuing Education Credits Offered

- Physicians
- Nurses
- Physician Assistants
- Dentists
- Dietitians
- Health Education Specialists
- Social Workers
- Pharmacists

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Cathy Reback

Nothing to Disclose

Martha M Guerrero

Nothing to Disclose

**Text Messaging Improves HIV Care
Continuum Outcomes among
Young Adult Trans Women Living
with HIV: “Text Me, Girl!”**

**Cathy J. Reback, Ph.D.
Friends Research Institute
July 27, 2022**



Friends Community Center

A Division of Friends Research Institute, Inc.

Friends Research Institute: Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #H97HA28889 SPNS Engagement and Retention Initiative, awarded at \$1,189,500 over four years with 0% non-governmental sources used to finance the project. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Polling Question #1

Has your agency/program utilized a technology-facilitated intervention? (Yes / No)

Polling Question #2

What type of technology-facilitated intervention has your agency/program utilized?

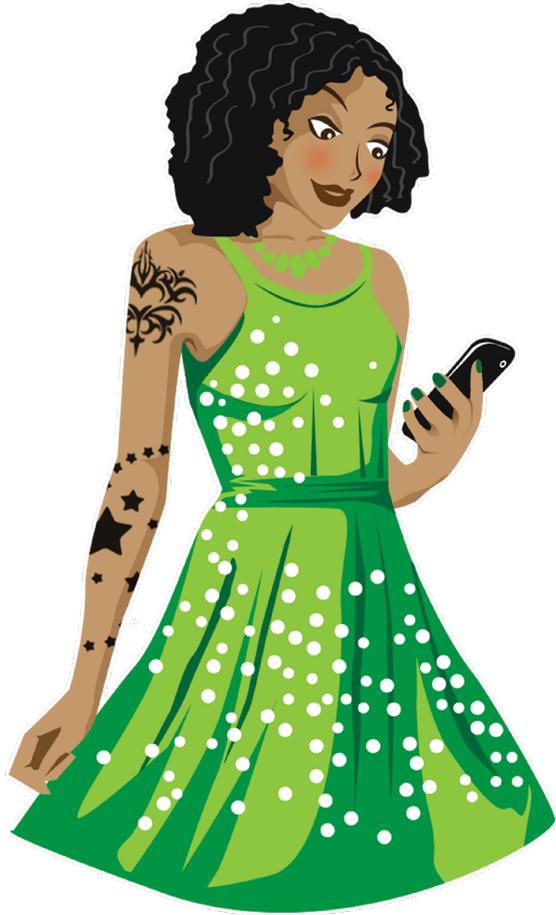
1. Text messaging support with behavioral or medical health
2. A mobile app with behavioral or medical health
3. Chatbot with behavioral or medical health
4. Text messaging alone
5. Mobile app alone
6. Chatbot alone
7. Other

Why A Text Messaging Intervention For Young Adult Trans Women Living With HIV?

- Address obstacles and challenges to linkage and retention in HIV care and ART medication adherence
- Research has demonstrated that trans women are less likely to receive ART, be ART adherent, or be virally suppressed than cisgender persons (Baguso, et al. (2019); Kalichman, SC. (2017); Mizuno, et al. (2017))
- mHealth interventions hold particular promise for populations that experience structural and individual barriers to quality HIV care (Reback & Runger (2020); Gerke, et al. (2020); Reback, et al. (2021); Sevelius, et al. (2014))
- Widespread use of smartphones (Shapiro, E. (2003))



Goals



- Assess the impact of a 90-day theory-based, trans-specific, text-messaging intervention to improve linkage to and retention in HIV care
- Increase ART adherence and virological suppression
- Improve health outcomes along the HIV Care Continuum

The Hollywood sign is a large, white, three-dimensional sign on a hillside. The letters are spaced out and mounted on a green hillside. The sign reads "HOLLYWOOD" in all caps. The background shows a clear blue sky and some trees on the hillside.

Implement Site

Friends Community Center is the community research site of Friends Research Institute, located in Hollywood, CA

We work with sexual and gender minority individuals that are experiencing health disparities



Development of the Text Messages

- Study team, two focus groups with trans women and five trans-specific CAB meetings yielded a potential text message library bank
 - Trans-identified CAB members reviewed, refined, edited and approved the text messages
- Study team made minor revisions to apply a theoretical foundation to each text message
- Qualtrics designed and developed the delivery platform
- Pilot Testing
 - Pilot test was conducted (twice) with 8 trans-identified staff members
 - Pilot testing focused on accuracy of the messages, delivery time, functionality, errors

Text Message Intervention Design

**270 scripted theory-based text-messages along the:
HIV Care Continuum**

- HIV positivity/physical and emotional health
- Linkage/retention in HIV care
- ART adherence/viral load suppression

Theoretical Foundation

- Social Support Theory
- Social Cognitive Theory
- Health Belief Model

Text Messages Along the HIV Care Continuum

Theoretical Foundation	HIV Positivity/ Physical and Emotional Health	Linkage/ Retention in HIV Care	ART Medication Adherence/ Viral Load Suppression	Total
Social Support	30	30	30	90
Social Cognitive	30	30	30	90
Health Belief Model	30	30	30	90
Total	90	90	90	270

Delivery Methods and Frequency



- Delivery method: SMS/text messages or email
- Type of messages: automated, unidirectional and a graduated delivery system
- Duration: 90-day intervention (3 messages/day x 90 days = 270 scripted messages)
- Delivery time: messages were delivered 3 times/day, every 5 hours within a 10-hour period (default time period: 12:00 noon, 5:00 PM, 10:00 PM; the delivery time period can be personalized)

Formative Stage Results

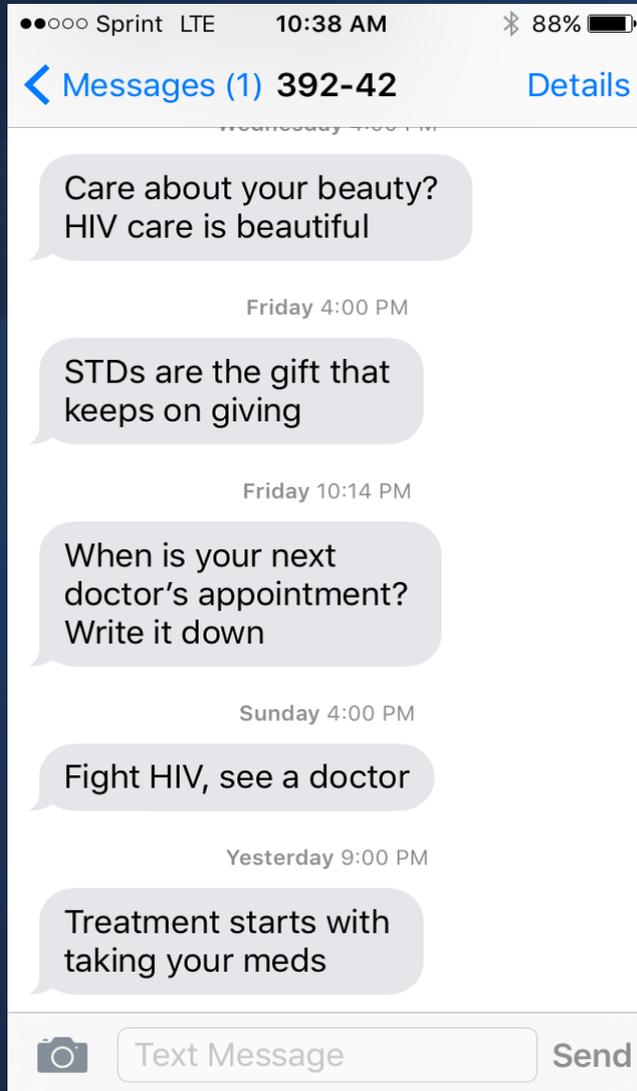
Example of revisions to make messages targeted, tailored, and personalized, and to apply a theoretical foundation to each text message

Original “General” Message	Trans-specific Revised Message
“Take care of yourself” (HIV Positive/Physical Emotional Health)	“Trans pride is taking care of yourself” (Social Support Theory)
“See your doctor” (Linkage/Retention in HIV Care)	“Protect your trans-beautiful body, see your doctor” (Health Belief Model)
“Take your meds” (ART Medication)	“Take your meds, girl! You can do it!” (Social Cognitive Theory)

Sample Text Messages

Applicable Theories	HIV Positivity / Physical and Emotional Health	Linkage / Retention in HIV Care	ART Medication Adherence / VL Suppression
Social Support	“Make no compromise. You can protect yourself girl.”	“Stay on top of your numbers with your doctor’s help, now that’s trans pride.”	“You can take care of yourself and your trans community, take your meds.”
Social Cognitive	“Trans women, living positive, loving life.”	“When you stay in HIV care, you can expose your heart, not your partner.”	“HIV meds work, your trans beautiful body is worth protecting.”
Health Belief	“One night of fun, a lifetime with herpes.”	“Missing an HIV appointment can mean missing out on life.”	“HIV meds can keep your trans body strong and healthy.”

Screenshots



Text Me, Girl! Recruitment Flyer



TEXT ME, *Girl!*

If you're a transgender woman living with HIV, and you are between 18-34 years old, you may be eligible to participate in a 90-day text-messaging intervention. Participation also includes an initial assessment and 4 follow-up assessments all at the study site in Hollywood. You may earn up to \$245 in gift cards for completing the assessments and you may earn up to \$60 in gift cards for referring potential participants to the study.

FOR MORE INFORMATION, TO FIND OUT IF YOU ARE ELIGIBLE AND TO LEARN HOW TO GET INVOLVED
CALL OR TEXT US AT: 323-422-2913

Friends Community Center
1419 N. La Brea Avenue - Hollywood
FriendsCommunityCenter

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A project of Friends Research Institute, funded by the Health Resources and Services Administration (HRSA).

Sociodemographic Characteristics of Participants (N=130)



		N	(%)
Age	18-24	16	12%
	25-29	38	29%
	30-34	76	59%
Racial/Ethnic Identity	Hispanic/Latina	56	43%
	African-American/Black	52	40%
	Caucasian/White	16	12%
	Multiracial/other	6	5%
Education	< High school	53	41%
	High school / GED	45	35%
	> High school	32	24%
Income (monthly) n=120	< \$500	60	50%
	≥ \$500	60	50%
Housing Instability	Yes	57	44%

HIV Care Continuum and ART Adherence at Baseline (n=130)

- Diagnosed with HIV – 100%
- Ever linked to care? – 78%
- Engaged/retained in care – 62%
- ART uptake – 48%
- Viral Suppression – 35%

Ability to take HIV medication as prescribed in the past 30 days

- Very poor / poor – 14%
- Fair / good / very good – 81%
- Excellent – 5%

HIV Care Continuum Outcomes

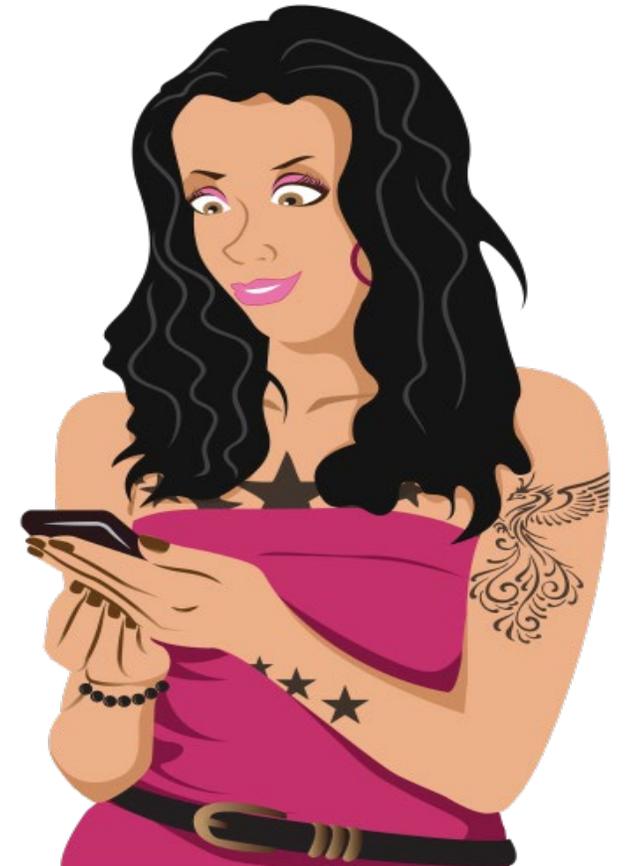
	Baseline (n=130) (n%)	6-month Follow-up (n=116) (n%)	12-month Follow-up (n=117) (n%)	18-month Follow-up (n=117) (n%)
HIV Care Visit (past 6 months)	81 (62%)	79 (68%)	72 (61%)	70 (60%)
ART Uptake	63 (49%)	78 (67%)	86 (74%)	91 (78%)
“Excellent” ART Adherence (past month)	3/63 (5%)	26/78 (33%)	22/86 (26%)	40/91 (44%)
Undetectable Viral Load	45 (35%)	58 (50%)	57 (49%)	60 (51%)

Primary Outcomes

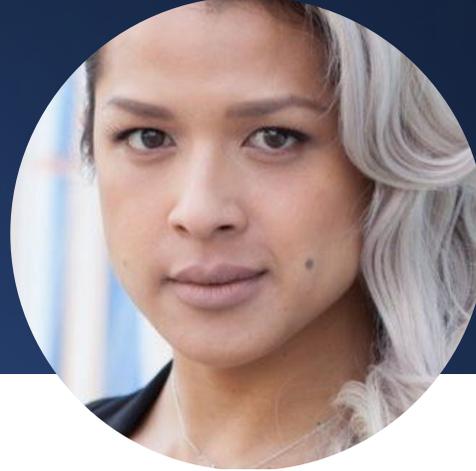
Text Me, Girl! participants demonstrated significant increases in ART uptake, significant improvements in ART adherence, and significant increases in achievement of an undetectable viral load, and these improvements were ***durable through 18-month follow-up.***

Challenges and Solutions

- Stigma related to disclosing HIV status
 - Carry flyers for multiple projects including PrEP
 - Do not ask status but, rather, ask when was the last time tested?
- One participant reported fear that her boyfriend would read the text messages; stated her boyfriend had possession of her phone
 - Switched delivery method from SMS to email
- A few participants reported fear of unwanted HIV status disclosure
 - Helped participants lock their phone, change passcode often, and delete messages after reading



Lessons Learned



- Exposure to ***unidirectional*** text messages increased HIV Care Continuum outcomes
- SMS interventions are highly scalable, replicable and low cost
- Smartphone is not needed
- A strength of the *Text Me, Girl!* text message library is that the 270 text messages are equally distributed along the HIV Care Continuum
- Intervention content is a critical strength of SMS interventions like *Text Me Girl!*, especially among highly impacted populations

Sustainability and Expansion

Original Message	Focus Group Feedback	Adaptation
Empower Yourself	Suggest delete, some people can't empower themselves, too vague	N/A deleted
Use a condom, you can be in control	Add "or barrier"	Use a condom or barrier, you can be in control
Don't miss out on a great trans experience. Stay healthy!	What does "trans experience" mean? Rewrite all but "Stay Healthy!"	You worked so hard to get where you are today. Stay healthy!
PrEP and play!	Add a "winky" face	PrEP and play! ;)
Anal sex is riskier than oral	Clarify message and add link	It is easier to get HIV from anal sex than oral sex (https://www.cdc.gov/HIV)
Being trans can be hard, but being sick makes it harder! Talk to your doctor	Wordsmith	Navigating the world as a trans person can be hard, but talking to your doctor can make it easier
N/A	Write a positive message about taking care of self	Keeping your doctor's appointments? Keep up the good work!
No protection + sex = BAD COMBO	Change "bad" to "a risky" and no caps	No protection + sex = a risky combo
One pill, one life, TAKE PrEP	Wordsmith for clarity	One pill a day, one life to live, TAKE PrEP

Text Me, Girl! was adapted for HIV- negative trans masculine, trans feminine and gender expansive youth and young adults, ages 15-24, via focus groups (15-20 and 21-24 years) in New York, Philadelphia and YAB (Youth Advisory Board) meetings in Los Angeles.

Resources

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Contact Info



Cathy J. Rebak, PhD

Friends Research Institute

reback@friendsresearch.org

323-463-1601



FRIENDS RESEARCH INSTITUTE

TEXT ME, *Girl!*

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Viviendo Valiente Health Education Course – Shifting the CHW Role from Supplemental to Elemental

Prism Health North Texas - SCAETC

Martha A. Guerrero | BA, CHW-I

July 27, 2022

Viviendo Valiente Disclaimer

The Viviendo Valiente program was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA26497, SPNS Culturally Appropriate Interventions of Outreach, Access, and Retention Among Latino/a Populations Initiative, awarded at \$1,489,500 over 5 years, with no non-governmental sources used to finance the project. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Martha Ann Guerrero



Martha Guerrero works cross functionally to develop, direct and execute initiatives focused on promoting health equity and building capacity to provide culturally & linguistically appropriate services at Prism Health North Texas and other systems of health care. She also directs Prism Health's regional partner site responsibilities of the South-Central AIDS Education & Training Center. After concluding her role as the director of a Latino SPNS project in 2019, Mrs. Guerrero continued to disseminate Prism Health's Viviendo Valiente health education course as lead trainer of Community Health Workers and Community Health Worker Instructors. She earned a B.A. in French from Austin College but chose to work in the non-profit sector to serve the Latino community. Her professional experience includes having served as Minority AIDS Initiative & Special Projects Coordinator for the Texas/Oklahoma AETC, training of behavioral interventions, as well as program development, implementation and adaptation of programs (health and education) for Latinos. Mrs. Guerrero has certifications as a Master Trainer from Langevin Learning Services, and as a Community Health Worker Instructor in the state of Texas.

A Personal Call To Action

- Finding context for one's work
- A personal story of realizing the value of one's own culture as elemental vs. supplemental



Overview of Prism Health North Texas

PHNTX serves 12 North Texas counties with goals to:

- Prevent HIV
- Test those at high risk for HIV/STIs
- Engage and retain PLWH in medical care
- Help PLWH achieve viral suppression and optimal health

Services provided at several sites in Dallas, TX

- 5 health centers – primary HIV medical care and integrated behavioral health care with co-located pharmacy at one site
- 3 pharmacies
- 3 dental clinics
- Mobile and onsite – case management, psychosocial support services, testing and risk reduction counseling

Overview of Viviendo Valiente

Funding

Original funding through the HRSA RWHAP SPNS Initiative “Culturally Appropriate Interventions of Outreach, Access, and Retention Among Latino(a) Populations”

Goal

To link persons of Mexican origin and living with HIV, to HIV care expeditiously by reducing barriers to services

Objectives

To increase HIV testing, engagement, and retention in HIV treatment

- Implemented as a unified, multi-level intervention
- Designed to identify people of Mexican origin, 18+ years of age, living with HIV, to link them to HIV medical care
- Tailored to address the priority population’s concerns and needs related to HIV

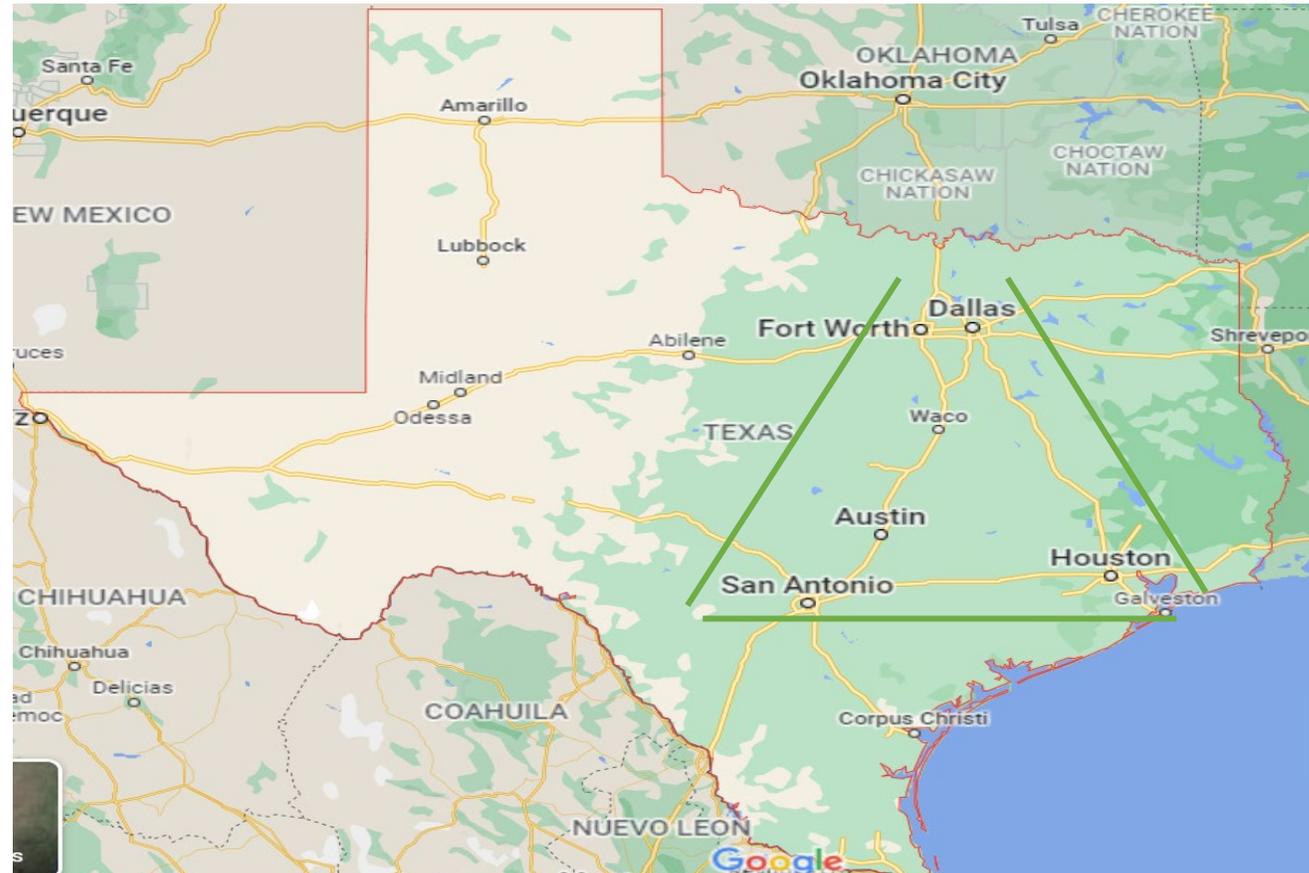
Learning Objectives

- **Illustrate** a call to action for community-specific HIV education
- **Illustrate** the application of a culturally-relevant community health education course – Viviendo Valiente
- **Demonstrate** how the Viviendo Valiente curriculum is applied to train community health workers (CHW) and CHW instructors
- **Share** outcomes and lessons learned from training CHW and CHW-Instructors on the Viviendo Valiente curriculum

Statistics, challenges in the State of Texas

Objective 1 - Illustrate a call to action for community specific HIV education

Growth in Texas



Dallas, Texas Demographics

In Texas in 2016 (at the time of intervention implementation), over one-third of Dallas county residents were Latino (38 percent)

- The largest portion of Latino residents were people of Mexican descent (85 percent)
- Latinos made up 40 percent of new HIV diagnoses in Dallas County in 2017, which also had the highest rate of new HIV infections and number of people with HIV in the state

2019 People With HIV

In 2019, there were 97,844 people **with HIV** in the state of Texas

Of the 97,844 people with HIV in Texas:

- 33,530 (34.3%) were Hispanic
- 35,834 (36.6%) were Black
- 23,209 (23.7%) were White
- 1,075 (1%) were Asian
- 25 were NHPI
- 1 were AIAN

2019 HIV Diagnoses

In 2019, 4,203 people were **diagnosed with AIDS** in the state of Texas

Of the 4,203 diagnosed with AIDS:

- 1,698 (40.4%) were Hispanic
- 1,498 (35.6%) were Black
- 785 (18.7%) were White
- 60 (1.4%) were Asian
- 3 (0.1%) were NHPI
- 2 (0.0%) were AIAN

Viviendo Valiente's Roots

Objective 2 - Illustrate the application of a culturally-relevant community health education course

Community Needs Assessment—Stakeholder Survey Results

High Perception of Risk

- Heart disease
- Cancer
- Stroke
- Diabetes

Low Perception of Risk

- Sexually transmitted infections
- HIV/AIDS
- Mental health
- Substance use

Focus Groups

- Host partners
 - Church
 - Community Colleges
- 5 focus groups
- 92 participants
- Mexican (by birth or origin)

Top Health Concerns

- Heart disease
- Cancer
- Stroke
- Diabetes
- STIs
- HIV/AIDS
- Mental health
- Substance use

Focus Group Data

Rank by 'Mention' Frequency	Taboo Health Topics
1	STIs/ HIV
2	Sexuality
3	Mental Health
4	Substance Use
5	Cancer
6	Nutrition/ Fitness
7	Women's Health
8	Abortion
9	Men's Health
10	Domestic Violence
11	Teen Pregnancy

Sexual and reproductive health topics represented more than ½ of the total responses mentioned

Viviendo Valiente's Framework

- Built on key strategies:
 - *Inform yourself – Talk about it – Take action*
- Designed to *broaden awareness of the scope of health & wellness to include HIV prevention & treatment* as a component of health & well-being of Latino community
- Leaned on practices familiar to the community in order to introduce difficult topics

Implementation of Viviendo Valiente

Multi-level intervention for people of Mexican origin:

- Individual - Provide ongoing support for PWH to address linkage and retention in care, treatment adherence, and other concerns
- **Group - Educate community about HIV and how to engage in health care through a four-session health education course**
- Community - Provide messaging and information through engaging activities to encourage testing for HIV/STIs (tagline, 5-minute brief community education session)

Interventions unified by the 3-point strategy—Inform yourself, Talk about it, Take action

Models Used to Guide Intervention

- Anti-Retroviral Therapy and Access to Services (ARTAS)
- Motivational Interviewing
- Transnational and Cultural Assessment tool
 - To identify key transnational factors affecting engagement and retention in HIV medical care

Activities were tailored for the priority community to:

- Increase knowledge of HIV
- Increase perception of risk for HIV
- Decrease stigma related to HIV

Successes/Outcomes

During the implementation of Viviendo Valiente, PHNTX achieved the following outcomes at each intervention level

- Individual intervention outcomes:
 - 104 clients enrolled in study
 - 123 total clients served
 - 97% client satisfaction
- Group intervention outcomes:
 - 18 full health education courses (4 sessions per course)
 - 956 total course attendees
- Community intervention outcomes:
 - 9,833 individuals reached, 3,728 engaged, and 2,989 educated
 - 607 individuals tested (570 Latino)
 - Increased testing among Latinos rose from 444 in 2014 to 721 in 2017

Note: Course was approved for 14 CE units for community health workers (CHW) and CHW Instructors

Challenge/Solution/Next Steps

- **CHALLENGE:** highly-focused, time limited intervention provided by CHW/Promotores
- **SOLUTION:** Expand role of CHW/Promotores to ensure engagement and retention in care
- **NEXT STEPS/SUSTAINABILITY:** Train CHWs

Innovative Approaches For Community Engagement

Objective 3 - Demonstrate how the Viviendo Valiente curriculum is applied to train CHW and CHW Instructors

Partnerships and Rethinking the role of CHW

- Prism Health North Texas and Valley AIDS Council are partners in the training and capacity building of CHW and CHW-I using Viviendo Valiente health education course
- CHW and CHW instructors...
 - Can serve front-line defense, not secondary or post clinical workforce
 - Often form part of the communities of focus
 - Can introduce, address or normalize discussions about taboo subjects like STIs/HIV in anticipation of clinical need/visits



Poll Question #3

Do you currently rely on/utilize community health workers/promotores de salud for community engagement/education?

- Yes
- No
- Not currently, but we have when grant funding has been available

Poll Question #4

Does your state currently require CHWs to be certified to use the term community health worker?

- Yes
- No
- Don't know

Investment In EXISTING Resources

Current limitations on traditional SCAETC audiences mandate an additional, innovative approach to increase the workforce trained to champion HIV prevention

- There are 3,776 CHW & 295 CHW-I (TX)
- DSHS does not mandate topic-specific learning tracks
- With focused education & training, CHWs can be the most adept in cultural and linguistic approaches to combating HIV

CHW/CHW-I Training Objectives

Participants:

1. Identify the curriculum for the CHW-Instructor. (CHW-I)
2. Identify the resources and activity cards that form part of the program implementation manual
3. Participate in an interactive learning of the health education program
4. Conduct educational presentations, lead group discussions, and facilitate individual and group activities using the curriculum of the health education program
5. Identify opportunities to modify activities based on available local resources
6. Identify strategies to involve the priority community in the health education course

Using Culture to Tackle Taboo Subjects

Viviendo Valiente tackles difficult subjects through culturally familiar, comforting experiences

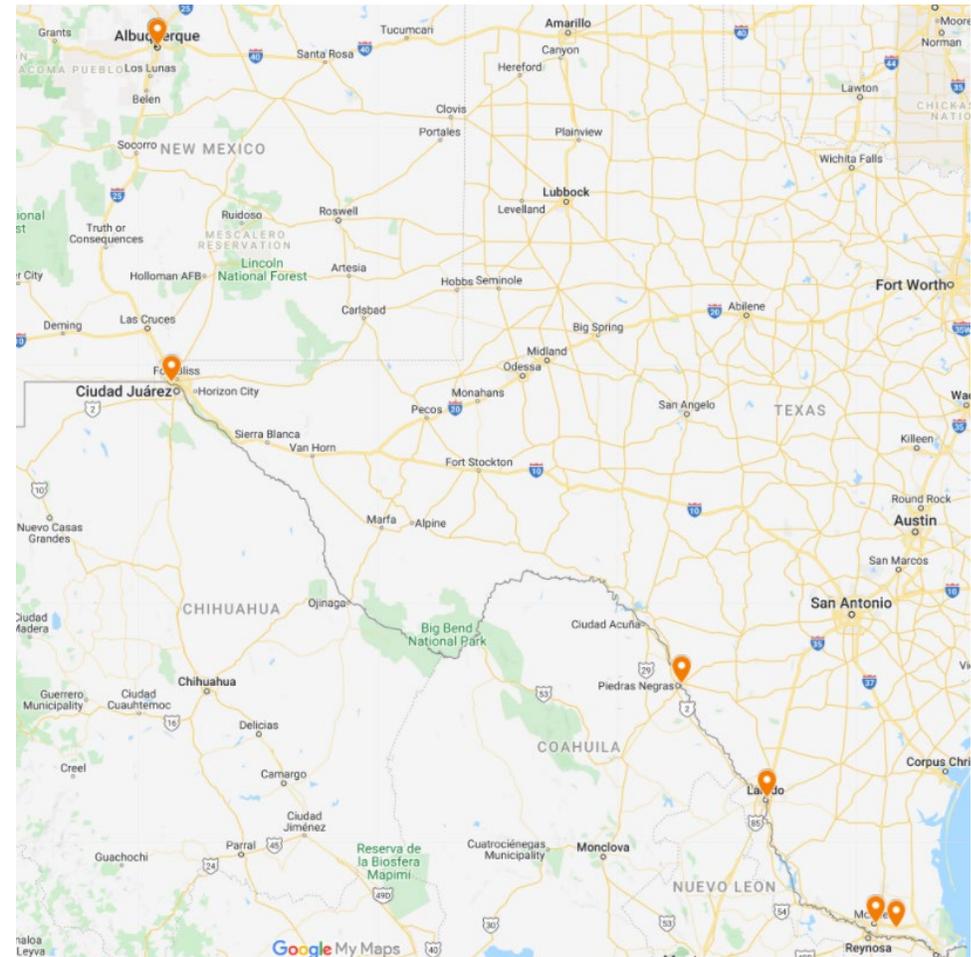
- Lotería
- Telenovelas
- Engaging in listening to and sharing of personal story

Results

Objective 4 – Share outcomes from training CHW and CHW-Instructors on the Viviendo Valiente curriculum

CHW Trainings

- Conducted 10 CHW/CHW-Instructor trainings between 11/15/2021 -06/30/2022
- Trained 105 CHW and CHW Instructors



Results

Self -Assessment of Learning Objectives After the Training	Nothing/ Very little	Basic	Inter- mediate	Advance	Mean	Point Change
AFTER- Identify the resources and activity cards available in the implementation manual for the health education program. (n= 76)	0 0%	0 0%	5 7%	71 93%	3.9	▲ 1.5
AFTER- Participate in interactive learning for the Viviendo Valiente program. (n= 77)	0 0%	0 0%	3 4%	74 96%	4.0	▲ 1.5
AFTER- Identify opportunities to modify activities according to available resources. (n= 76)	0 0%	0 0%	6 8%	70 92%	3.9	▲ 1.4
AFTER- Identify strategies to involve the prioritized community in the health education course. (n= 77)	0 0%	0 0%	5 7%	72 97%	3.9	▲ 1.3
AFTER- Using the curriculum of the health education program, we modeled educational presentations, conducted group discussions, and facilitated activities at the group or individual level. (n= 76)	0 0%	0 0%	4 5%	72 95%	3.9	▲ 1.4

Feedback – Strengths of Training

- The way to approach the subject in a very professional way and the way not to get off the subject and not to lose focus of the training. The Viviendo Valiente program will lead you to perform an excellent training
- ***Me gusto como abordaron el tema del VIH; a pesar de que es un tema "tabú" en nuestra comunidad, ellos lo hacen parecer muy "sutilmente"***
- *...lo sencillo que fue el curso y fácil de entender y lo preciso que es y lo que nos va ayudar a tocar estos temas tabú, que no es tan difícil de hablar sobre este tema*

Feedback – Suggestions for Improvement

- *Me encantaría que fuera mas seguido el entrenamiento. Gracias Sra. Martha y Sr. Pedro. Dios les de vida, salud. Así abra un mundo mejor*
- *Que lo den más seguido*
- Customize statistics and carry out training sessions more frequently
- That this type of training is more recurrent
- Just remind them to bring comfortable clothing
- I want to make sure that the African Americans can have this same high-quality training and I understand it starts with me. I am so glad I came. It was worth the drive from Dallas

Sustainability

- Certification of curriculum through the Texas Department of State Health Services' CHW and CHW Instructor training and capacity department
- Dissemination through the South-Central AIDS Education & Training Center region

Lessons Learned/Recommendations

- A prevention message's cultural relevance and delivery matters
- Build on a culturally relevant message by finding a culturally relevant dissemination plan
- Share your work – but do not water down the message!

Resources

1. Altamed. (n.d.). *Sin Vergüenza (Without Shame) | AltaMed*. Retrieved March 23, 2022, from <https://www.altamed.org/svseries>
2. Astudillo, C., Essig, C., Kao, J., & Ura, A. (2021, September 17). *People of color drive 95% of Texas' population boom, 2020 census shows*. The Texas Tribune. <https://www.texastribune.org/2021/08/12/texas-2020-census/>
3. Texas Department of State Health Services, HIV/STD Epidemiology and Surveillance Branch. (2019). Texas HIV Surveillance Report – 2019 Annual Report. <http://www.dshs.texas.gov/hivstd/reports/>. Retrieved 12/4/2021.
4. Viviendo Valiente Mexican Community Needs Assessment. December 2014.

Martha Guerrero Contact Info

Contact Info:

Martha Guerrero

Martha.Guerrero@prismntx.org

Agency/program web page: www.phntx.org/scaetc

Participant Feedback

Please use the following link to give your feedback

<https://www.surveymonkey.com/r/S63YHK6>

Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP listserv:

<https://targethiv.org/ihip>

Contact Information

Melinda J. Tinsley, MA
Senior Public Health Analyst
Division of Policy & Data (DPD)
HIV/AIDS Bureau (HAB)
Health Resources and Services
Administration (HRSA)
Mtinsley1@hrsa.gov
301-443-3496
hab.hrsa.gov

Shelly M. Kowalczyk, MSPH, CHES
IHIP Project Director
The MayaTech Corporation
Silver Spring, MD 20910
skowalczyk@mayatech.com
301-587-1600
mayatech.com