



Viviendo Valiente

Intervention Implementation Guide

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Table of Contents

Getting Started	6
Setting the Stage	9
Description of the Intervention Model	11
Replication Tips for Intervention Procedures and Client Engagement	19
Securing Buy-in	21
Overcoming Implementation Challenges	23
Promoting Sustainability	24
Conclusion	26

Viviendo Valiente

This guide examines the Viviendo Valiente intervention, launched by Prism Health North Texas (PHNTX). This intervention was first funded through the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP), Special Projects of National Significance (SPNS), "Culturally Appropriate Interventions of Outreach, Access and Retention Among Latino/a Populations" initiative.

Viviendo Valiente is a multi-level intervention focused on linking Latinos with HIV to high quality HIV primary care in Dallas County, Texas. Individual-, group- and community-level strategies are designed to function as stand-alone efforts or together as a cohesive effort to engage the local Latino community with seamless, culturally responsive, and non-threatening messages created specifically for the community of Mexican origin.

This guide includes key components of the Viviendo Valiente intervention, outlines the capacity required by organizations/clinics to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U.S. (EHE) initiative goals and support clients along the stages of the HIV care continuum is key to future programmatic and client success in HIV care.¹



Ending the HIV Epidemic in the U.S. Pillar: Treat & Respond



HIV Care Continuum Stage: Linkage to Care



Priority Population: Latinos of Mexican Origin



Setting: CBO/ASO



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving healthcare for people who are geographically isolated, economically, or medically vulnerable. The Ryan White HIV/AIDS Program, Part F: Special Projects of National Significance (SPNS) is administered by the HRSA HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations with HIV. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.






About the Culturally Appropriate Interventions of Outreach, Access and Retention Among Latino/a Populations Initiative

The featured intervention was part of the RWHAP Part F: SPNS “Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations” initiative, a multi-site demonstration and evaluation of culturally specific service delivery models focused on improving health outcomes among Latinos/as with HIV. The initiative funded 10 demonstration sites for up to five years to design, implement, and evaluate innovative methods to identify Latinos/as with HIV and improve their access, timely entry, and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions prioritizing Latino/a subpopulations with HIV living in the U.S. that are specific to their country or place of origin.



To learn more about this initiative, visit: <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/culturally-appropriate-interventions-outreach>

Getting Started

This table provides a general overview of the Viviendo Valiente intervention so readers can assess the necessary steps required for replication. This intervention facilitates linkage and engagement to HIV care and treatment for Latinos of Mexican origin (i.e., born in Mexico or of Mexican descent).

INTERVENTION AT-A-GLANCE	
<p>Step 1</p> 	<p>Assess your Resources</p> <p>Assess your organization’s 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 prevention, medical care, and psychosocial support services.</p>
<p>Step 2</p> 	<p>Conduct a Local Community Needs Assessment</p> <p>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.</p>
<p>Step 3</p> 	<p>Engage Local Stakeholders</p> <p>Identify who in your community represents and/or serves your priority population and establish relationships with them. Use feedback from your partners to help inform your intervention design and refine its implementation. Community groups may also help identify potential clients, provide referrals, or assist with in-kind resources, such as providing space for a group education event.</p>
<p>Step 4</p> 	<p>Build and Train the Right Team</p> <p>Select the appropriately skilled individuals to fill roles across all levels of the organization. Staffing and training include an evaluation of the staffing capacity, the characteristics to identify in candidates, as well as training and education around HIV and the theoretical models.</p>
<p>Step 5</p> 	<p>Secure Buy-in and Build Advisory Board</p> <p>Identify and engage with community partners and other stakeholders. In addition to building an Advisory Board that represents the priority population’s perspectives, this network must include volunteer health workers, program staff, and other community stakeholders who can provide access to priority population networks.</p>

INTERVENTION AT-A-GLANCE

<p>Step 6</p> 	<p>Market and Recruit</p> <p>Integrate cultural elements into the social marketing and recruitment strategy to increase HIV awareness and community engagement. Viviendo Valiente developed messaging and education for clients with HIV, including basic information related to HIV, HIV resources, and HIV medical care.</p>
<p>Step 7</p> 	<p>Refine and Sustain</p> <p>Conduct regular process evaluation. Replicate steps that promote the improvement and sustainability of the intervention. This includes the enhancing of strategies that fit within the agency's mission and practices, evaluation of staff training, and the engagement of internal and external stakeholders to sustain essential elements. Data-driven assessments are a key component of effective service delivery and sustainability. Use a dashboard or other reporting system to communicate results in real time to the intervention team, management, and advisory board(s).</p>



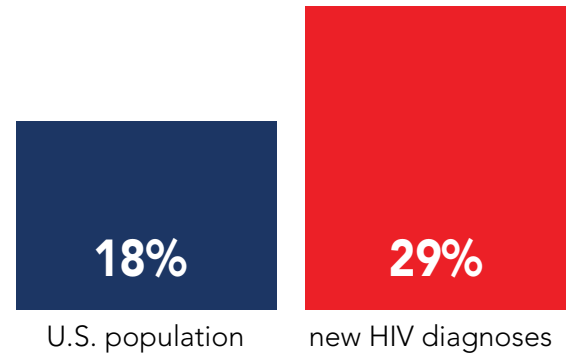
RESOURCE ASSESSMENT CHECKLIST

Prior to implementing Viviendo Valiente, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

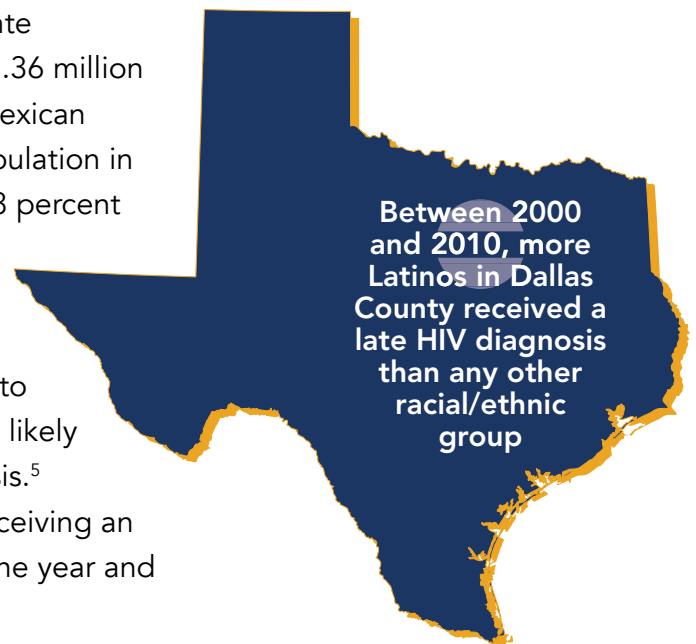
- Does your organization have a deep understanding of the needs, barriers, and preferences of Latino people of Mexican origin? This must be achieved through the engagement of the priority population itself and not solely from literature or staff analysis.
- Is your staff interaction with Latino people of Mexican origin rooted in unwavering respect, careful listening, and bi-directional influence?
- Does your organization have an established history of conducting HIV care linkage efforts and providing prevention, education, or support services to those who are of Mexican origin and living with HIV?
- Does your organization have the capacity to offer comprehensive and integrated HIV prevention, medical care, and psychosocial support services? If not, are you able to partner with other community organizations with an established history of working with Latino people?
- Does your organization have the capacity to assign full-time dedicated community health workers/*promotores de salud* to the multi-level intervention efforts?
- Does your organization have an inclusive mission that addresses the needs of diverse populations and provides care and treatment services that are culturally and linguistically tailored for each component of the HIV care continuum?
- Does your staff have the necessary expertise required to engage the priority population in care and treatment and to meet Culturally and Linguistically Appropriate Services (CLAS) Standards?
- Does your organization have the flexibility to tailor programming and services to emerging needs of the community?
- Is your organization able to engage both community members and stakeholders? If not, are you able to partner with an organization which does engage with community members and stakeholders? Are you willing to undergo training to become aware of the unique needs facing Latino communities?
- Is your organization viewed as a credible and trustworthy organization by the priority population? If not, are you able to partner with an organization that is or are you willing to undergo training to become aware of the unique needs facing Latino communities?

Setting the Stage

Viviendo Valiente addresses the unique unmet needs of Mexicans and Mexican Americans related to HIV testing and treatment. Latino communities in the U.S. are disproportionately affected by the HIV epidemic. While Latino individuals account for 18 percent of the U.S. population, Latino people represent 29 percent of new HIV diagnoses.² Latino people are also more likely to die of an HIV infection than non-Hispanic white people. More than 100,000 Latinos with AIDS (stage 3 HIV) have died since the start of the epidemic.³



In Dallas County, Texas, where the Viviendo Valiente intervention is based, 38 percent of the county's 2.36 million residents are Latino—almost all of whom are of Mexican descent.⁴ Between 2000 and 2010, the Latino population in Dallas County increased from 29.9 percent to 38.3 percent of the total population.³ During the same period, more Latinos in Dallas County received a late HIV diagnosis than any other racial/ethnic group.⁴ Compared to other groups, Latinos are less likely to test for HIV, and when they do test, they are more likely to test late, increasing the risk of an AIDS diagnosis.⁵ Between 2005 and 2009, 36 percent of Latinos receiving an HIV diagnosis were diagnosed with AIDS within one year and 29 percent were diagnosed within one month.⁶



Prism Health North Texas (PHNTX), formerly known as AIDS Arms, Inc., was established in 1986 to address the HIV crisis in North Texas. As a 501(c)(3) nonprofit and the largest community-based AIDS service organization (ASO) in North Texas that provides coordinated, comprehensive HIV services, PHNTX combats HIV in the community by improving the lives and health of individuals living with the disease and preventing its spread. PHNTX conducted focus group research that identified stigma about HIV and AIDS among their audience of interest for Viviendo Valiente. Focus group participants did

not label HIV as a major health concern for them. When prompted to discuss HIV, study participants expressed a low perception of risk (e.g., being in a monogamous relationship) or visible discomfort with the topic.⁷

Viviendo Valiente was one of 10 demonstration projects funded by the RWHAP SPNS “Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations” initiative. This initiative supported the creation and evaluation of innovative local service models designed to link Latinos with HIV to testing and supportive services. As one of the first public health adaptations of the transnational approach, the initiative encourages the design of intervention activities for Latino subpopulations living in the U.S. that are specific to their country or place of origin.⁸



Achievements

The intervention featured individual-, group-, and community-level activities that resulted in increased HIV testing, retention in care, viral suppression, and overall client satisfaction among Latinos visiting PHNTX in partnership with Viviendo Valiente. In the original individual-level intervention, 123 clients were served and reported 97 percent client satisfaction. In year one of implementation of the individual-level intervention, approximately two-thirds of Viviendo Valiente’s clients were retained in care and achieved viral suppression. Successes at the group- and community- level were most notably seen in client engagement with services and programs.

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: Increase testing, engagement, and treatment retention among individuals of Mexican origin in Dallas County, Texas who have HIV or are vulnerable to HIV acquisition.

Viviendo Valiente is a unified multi-level intervention that employs strategies at three levels: individual, group, and community. This approach aims to increase knowledge and perception of risk for HIV, as well as decrease stigma related to HIV among the priority population. In addition, interventions at each level focus on accomplishing specific objectives:

- **Individual**—Provide ongoing support to address linkage and retention in care, treatment adherence, and other concerns
- **Group**—Educate the community about HIV and how to engage in health care
- **Community**—Provide messaging and information to encourage testing for HIV and sexually transmitted infections (STI)

See **Appendix 1** for a Logic Model of the Viviendo Valiente intervention.

VIVIENDO VALIENTE KEY MESSAGES

Each intervention level incorporates elements of Viviendo Valiente’s key messages:

- Inform yourself
- Talk about it
- Take action

These messages promote action (e.g., HIV awareness, HIV testing, engagement in HIV treatment, retention in HIV treatment) regardless of the client’s stage of change at the time the message is received.





Theoretical Frameworks and Models

Viviendo Valiente is grounded in four theoretical models:

- 1 Transnational Framework:** Under this RWHAP SPNS initiative, HRSA recommends that HIV interventions utilize the transnational framework to recognize, acknowledge, and build upon connections that Latinos use to maintain ties to their places of origin while living in the continental U.S.⁹ Transnational factors include characteristics that

influence or are influenced by a person’s connectedness to two or more nations, societies, or cultures. Viviendo Valiente encourages clients to consider how transnational factors at the community-level may impact their HIV care, both positively and negatively. Viviendo Valiente focuses on four domains as they relate to transnationalism (Table 1). Clients explore each domain as appropriate in sessions, and domains are documented on an assessment tool developed to help the client process the information.

Table 1: Transnational Domains Explored by Viviendo Valiente

 <p>Social</p>	<p><i>Social factors</i> relate to relationships with family and friends, support networks, social environments and social outlets. Examples include reporting no friends or family in the local area and/or communicating daily with family in the country of origin.</p>	 <p>Economic</p>	<p><i>Economic factors</i> relate to an individual’s employment, saving and spending behaviors and/or financial status. Examples include living with others to share expenses and/or sending money to family.</p>
 <p>Migrational</p>	<p><i>Migrational factors</i> relate to an individual’s patterns or migration between countries of origin and current residence. This may include the frequency of, or nature of migration in individuals’ social networks and visiting from or traveling between countries of origin and residence. Examples include documentation status and reporting sexual orientation as reason for migrating.</p>	 <p>Other</p>	<p><i>Other transnational factors</i> include education, involvement, and an individual’s political practices. Examples include expressing interest in trade school, expressing desire to help others living with HIV, and a low level of education.</p>

Transnational domains explored by the Viviendo Valiente Program.

2 The Social Ecological Model: The Social Ecological Model (SEM) describes complexities and interdependences between an individual and their environment. Numerous studies have shown that understanding the various factors that influence at-risk individuals' attitudes and actions around HIV can lead to better prevention and treatment.^{10,11,12} Viviendo Valiente used this model to examine how multi-level factors may influence an individual's health. In this model, social and economic factors are identified at four levels: individual-level, interpersonal-level/network (group), community-level, and societal factors/public policy (Table 2). Viviendo Valiente focuses primarily at three levels: individual, group, and community.

3 Transtheoretical Stages of Change and Motivational Interviewing: The Stages of Change framework examines how prepared an individual is to change based on their ability to move through the five-stage process designed to help individuals achieve positive behavior change.⁸ The stages include: precontemplation, contemplation, preparation, action, and maintenance.¹³ Motivational Interviewing (MI) is an approach that helps an individual progress through specific stages of change to achieve positive health outcomes.¹⁴ This approach has been associated with greater participation in treatment and positive treatment outcomes.^{15,16} While originally developed for people with

Table 2: Social Ecological Model Related to HIV in the Mexican Community

Societal Factors/Public Policy	<ul style="list-style-type: none"> • Immigration laws • Health care policy • Human and social services policy • Funding for HIV treatment and prevention
Community Level	<ul style="list-style-type: none"> • Transnationalism • Mexican cultural values and norms • Locale • Access to services and availability of resources • Stigmatizing action and behaviors
Interpersonal Level/Network	<ul style="list-style-type: none"> • Social networks • Family networks • Resource networks • Social stigma
Individual Level	<ul style="list-style-type: none"> • HIV risk behaviors • HIV knowledge • Health literacy • Individual transnational factors • Internalized stigma

substance use disorders, MI has been adapted for many other populations, including people with HIV or vulnerable to HIV acquisition.^{17,18,19} Applying MI can help create an environment that is client-centered, culturally responsive, and therapeutic.²⁰ Using this approach has effectively reduced disparities in access to care among Latinos. MI is also effective for long-term engagement, offering greater flexibility than traditional outreach because it can be provided in a clinic or office.^{21,22,23,24}

4

Cultural Tailoring: Focusing an intervention on a specific cultural group can be as much as four times more effective than interventions that include clients from a variety of cultural backgrounds.²⁵ The Centers for Disease Control and Prevention (CDC) recommends that HIV interventions should be tailored to the characteristics and needs of Latinos in different geographic areas.²⁶ Viviendo Valiente interventions are culturally tailored based on the results of the Viviendo Valiente Needs Assessment of the local Mexican community as well as guidance from the “Cultural Tailoring of Public Health Interventions for the Latino Community” tool (see *Appendix 2*).

Intervention Steps By Level:

1

Individual-level Activities

Individual-level activities focus on improving linkage and retention in

care, treatment adherence, and other concerns. *Promotores* provide culturally responsive support services and guidance to engage people with HIV in proper medical care and treatment and to help them stay in care. *Promotores* also promote retention by helping clients find access to HIV care and obtain the necessary referrals for support services (e.g., transportation assistance, food).

- a. *Responsible staff:* *Promotores*, Program Director, and evaluation team
- b. *Clients:* Individuals with newly diagnosed HIV, know their HIV status but are not engaged in care, or have fallen out of care for six or more months in the 24 months prior. They are identified from community linkage efforts, HIV testing events, as well as internal and external referrals
- c. *Duration:* Each session can take 15 minutes to 1 hour, depending on the purpose of the visit and specific needs of the client. The initial welcome visit (intake) can take up to one and a half hours
- d. *Process overview:*
 - i. *Welcome Session & Intake:* Program Director assigns a *promotor* to meet with the referred individual; *promotor* meets with the referred individual to conduct the welcome session
 - ii. *Conduct Anti-Retroviral Treatment and Access to Services (ARTAS) Intervention:* *Promotor* connects with the client as soon as possible

to begin to conduct the ARTAS intervention to help:

- (1) Link the client to care
- (2) Confirm linkage to care prior to ARTAS graduation
- (3) If the client does not feel the need for additional services from the *promotor*, the *promotor* continues ARTAS intervention to:
 - (a) Assess additional needs
 - (b) Link client to additional resources, as needed
 - (c) Graduate client and close file

iii. *Advanced ARTAS Intervention and Other Support*: If the client is willing to continue working with the *promotor*, the *promotor* continues ARTAS intervention to:

- (1) Work with client to remove barriers to retention in HIV medical care
- (2) Assess client needs, and review and update care plan upon client graduation from ARTAS and as needed

iv. *ARTAS Graduation and Next Steps: Promotor*, upon client's graduation from the ARTAS intervention:

- (1) Determines contact schedule based on need and care plan established at ARTAS graduation
- (2) Provides ongoing support to address retention in care, treatment adherence and other concerns
- (3) Promotes ongoing engagement in Viviendo Valiente

v. *When Applicable, Client Re-engagement or Disengagement*:

- (1) If lost to care, *promotor* tries to locate and re-engage the client in care
- (2) If wanting to discontinue participation in Viviendo Valiente, *promotor* addresses concerns and connects the client to other resources prior to inactivating client from the program

2

Group-level Activities

Group-level activities educate the community about HIV and how to engage in health care.

- a. *Responsible Staff*: *Promotores*, Program Director, and community volunteers
- b. *Clients*: Individuals who may be at risk for HIV infection
- c. *Group Size*: 8–12 individuals
- d. *Duration*: Four 2-hour sessions
- e. *Overview of Process*: Host sites provide the meeting space and recruit participants. Sessions include educational presentations, group discussion, and individual and group-level activities. Participants are encouraged to attend all four sessions. Sessions are broken down by topic:
 - i. Defining Health and Wellness
 - ii. HIV/STI Transmission and Risk Reduction
 - iii. HIV/STI Testing and Treatment as a Key Component of Healthcare
 - iv. Engagement and Retention in Care

3

Community-level Activities

Community-level activities (e.g., conference presentations, education sessions at health fairs) provide messaging and information to encourage testing for HIV and STIs. The role of *promotores* in priority community-focused events is to provide culturally responsive education to reduce stigma associated with HIV. By promoting HIV resources and services, the goal is to serve as a direct link to individuals who are not connected to needed HIV services.

- a. *Responsible Staff: Promotores, Program Director*
- b. *Overview of Process:* There are three primary types of messaging: three-point messaging, brief community education sessions, and the dissemination of program messaging through social media, print media and radio campaigns
 - i. *Three-point messaging—Inform yourself, talk about it, take action:* Messaging is tailored for the Mexican community, and presents non-threatening and health-

oriented messages (*para la salud y el bienestar de la comunidad/* for the health and well-being of the community), and emphasizes messages focused on reducing HIV related stigma in the priority community

- ii. *Brief community education sessions:* The presentation focuses on six topics over five minutes
 - (1) Introduction (45 seconds)
 - (2) How HIV is transmitted (45 seconds)
 - (3) How HIV is *not* transmitted (1 minute)
 - (4) How to reduce the risk of acquiring HIV (1 minute)
 - (5) Free condom distribution and HIV testing resources (30 seconds)
 - (6) Wrap up/Q&A (1 minute)
- iii. *Dissemination of program messaging through social media, print media and radio campaigns:* All messages include information about how to communicate with a Viviendo Valiente staff member about HIV, HIV testing, and medical care

Cost of Intervention

While the cost of implementing the intervention may vary (particularly if being done on a smaller scale), the below table reflects approximate costs of key intervention elements with the use of RWHAP SPNS funds.

Approximate cost of intervention annually (not to include evaluation costs)

	Yr1	Yr2	Yr3	Yr4	Yr5	Avg/Yr
Staff Salaries						\$175,000
Fringe Benefits						\$44,470
Stipends, community volunteer			\$160	\$320		\$96
Incentives, tangible reinforcements	\$14,598	\$17,709	\$2,910	\$343		\$7,112
Equipment/Supplies	\$26,646	\$4,280	\$3,743	\$2,449	\$4,447	\$8,313
Rent	\$7,751	\$39,527	\$16,306	\$16,118	\$15,033	\$18,947
Other*	\$12,301	\$63,451	\$5,968	\$3,005	\$14,216	\$19,788
TOTAL AVERAGE (Yr1–5)						\$273,726

* *Other*—Includes cost of trainings, translation services for intervention materials, media fees, student response system used for the group-level intervention, conference registrations and event participation, printing, postage, communication, equipment, event fees, networking.

Note: PHNTX staff salaries included evaluation staff and a Chief Program Officer which are not denoted as key for replication in the table below.



STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

The minimum staff requirements and competencies needed to successfully implement Viviendo Valiente intervention include the following:

- *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 and during individual- and group-level activities.
- *Lead Promotor de Salud (1) – Programs and partnerships.* Manages assigned special programs. Develops and maintains partnerships within the priority community and supports community-level activities. 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.



Staff Characteristics

Core competencies include:

- Fluency in Spanish
- Identifies as Latino (preferably of Mexican descent)
- Empathetic
- Collaborative



Staff Training

Each *promotor* must complete:

- **HIV 101 education.** [Sources: online courses, literature review, and presentations]
- **Anti-Retroviral Treatment and Access to Services (ARTAS) Training.** [Source: <https://effectiveinterventions.cdc.gov>]
- **Community Health Workers/Promotor de Salud Certification Course.** [Source: Texas certification provided by the Texas Department of State Health Services]
- **Confidentiality, HIPAA Privacy and Security.** [Source: Prism Health North Texas training]
- **HIV Case Management 101.** [Source: <https://tx.train.org>]
- **Motivational Interviewing.** [Sources: Mountain Plains AIDS Education and Training Center (AETC) and the South-Southwest Addiction Technology Transfer Center (ATTC) in collaboration with the Northeast and Caribbean ATTC]
- **Understanding Transnationalism.** [Source: SPNS Evaluation and Technical Assistance Center and literature review]
- **Use of Viviendo Valiente Transnationalism and Cultural Assessment Tool.** [Source: Prism Health North Texas]

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention, and where applicable, examples for further context.

Successful replication of Viviendo Valiente involves the following:



Build and nurture strategic partnerships. Strategic partners can act as important gatekeepers and can open doors for bi-directional referrals. In fact, 44 percent of referrals to the Viviendo Valiente individual-level intervention came from external referrals. A few tips for finding the most effective partners include:

1. Select trusted members of the priority community or individuals/ organizations that serve this community (i.e., community advocates or activists, church group leaders, community advisory board members, recreation center directors)
2. Identify opportunities for the mutual exchange of services
3. Learn about the potential partner's mission and community efforts to understand the benefits of a collaboration
4. Be collaborative and actively nurture and sustain these relationships
5. Be patient. Successful engagement of trusted, local stakeholders takes time; it may take several reminder phone calls, emails and face-to face meetings for them to actively engage



Build a community advisory board. Feedback from internal and external community advisory board members can provide valuable insight into common barriers to care and services faced by the priority population as well as potential solutions.



Create a designated phone line for the intervention. Establishing a designated phone line to the Viviendo Valiente program helps to better connect with monolingual, Spanish speaking individuals.



Assess agency capacity and resources. Assess your resources and capacity to offer comprehensive and integrated HIV prevention, medical care, and psychosocial support services.



Improve your understanding of the community and its needs. Develop a deep understanding of the needs, barriers, and preferences of the community and focus intervention efforts to address these nuances. Educate the community about HIV and how to engage in health care through culturally relevant marketing and recruitment strategies.

Securing Buy-In

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in for the Viviendo Valiente intervention:



- ⦿ A deep understanding of a potential partner's values, vision, and mission
- ⦿ A cogent overview of the agency's experience and commitment to the community
- ⦿ A thorough description of the agency's program
- ⦿ A clear explanation of how the program will work hand in hand to support the partner's mission

Securing buy-in also requires program staff to educate and communicate with the stakeholders. In addition to conducting presentations that inform stakeholders about the intervention, program staff should also solicit feedback from community stakeholders.

Description of Community Partners and Roles

<p>Prism Health North Texas program staff</p>	<p>Provides outpatient HIV medical care and behavioral health services at two clinics onsite and mobile case management and outreach, testing, and other services.</p>
<p>Viviendo Valiente advisory board</p>	<p>Represents the priority population’s perspectives and informs the design of the program and the planning of events, gives ongoing feedback, and provides leadership to help fulfill program objectives.</p>
<p>Volunteer community health workers</p>	<p>Support the <i>promotores’</i> community and group-level efforts. Volunteer(s) must a) complete assigned trainings related to HIV; b) promote agreed upon health messages; c) help maintain partnerships within the Mexican community; and d) assist with the delivery of programs and events. They should be Mexican born or of Mexican descent, 18 years or older, bilingual in English and Spanish; knowledgeable of the local priority community, connected to extensive networks within the local priority community, and able to commit to the volunteer position for a minimum of 18 months.</p>
<p>Stakeholders</p>	<p>Stakeholders provide access to priority population networks for dissemination efforts. This strategy allows <i>promotores</i> to leverage the trust that already exists between the partners and the populations they serve. The Program Director in collaboration with the <i>promotores</i> presents the program to strategically selected stakeholders. The Chief Program Officer offers critical support in opening doors to key community stakeholders.</p>

Overcoming Implementation Challenges

Despite successful implementation of the project, some challenges were experienced, including:

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 those barriers. *Viviendo Valiente* leverages partnerships with many service organizations—both HIV service organizations and others—to gain access to the priority community. Partners include churches, clinics, a substance abuse treatment center, a Latino-focused behavioral health agency, community colleges, a Latino youth soccer league, Latino LGBT nightclubs, and the local AIDS Education & Training Center (AETC). As a result of these partnerships, *Viviendo Valiente* reached more than 8,500 persons between June 2015 and April 2017. Additionally, the partnerships played a role in distributing more than 14,000 condoms, facilitating 11 health education courses and one health education course to train *promotores*.

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. *Viviendo Valiente* receives referrals for the individual-level intervention from both internal and external sources. Forty-four percent of referrals to the *Viviendo Valiente* individual-level intervention come from external referrals. For example, as a result of *Viviendo Valiente*'s partnership development efforts with the Los Barrios Unidos Federally Qualified Health Center (FQHC), the FQHC elected to refer people to *Viviendo Valiente* to assist with care coordination and HIV education.

Recruitment effort

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. Processes for marketing and community engagement are detailed in Appendix 2: Cultural Tailoring of Public Health Interventions for the Latino Community: Findings from the Mexican Community Needs Assessment Report.

Promoting Sustainability

To successfully sustain *Viviendo Valiente*, consider the following recommendations:

1. Prioritize the development of enhanced strategies that fit within the agency's mission and practices
2. Engage internal and external stakeholders to sustain essential elements
3. Refine processes and elements that can be sustained, such as:
 - A direct phone line for monolingual Spanish speakers
 - Incentives: snacks, bus/rail passes; educational scripts
 - Assessment strategies such as: how questions are posed about language preference; developing a visual assessment tool
4. Ensure that *promotores* receive a standard, minimum level of training and are cross-trained to provide the same services. If a *promotor* leaves the program, client care will be provided by remaining staff and the Program Director, and other assignments will be similarly addressed.

VIVIENDO VALIENTE: BY THE NUMBERS

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

Individual-level intervention outcomes:

123 clients enrolled in the study

104 clients served (i.e., completed all intervention steps)



Group-level intervention outcomes:



954 health education courses

973 total course sessions

956 total course attendees

Community-level intervention outcomes:

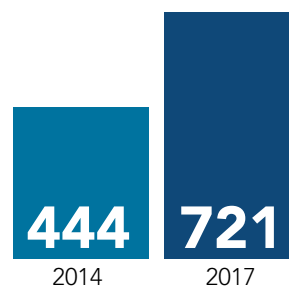
9,833 individuals reached

3,728 engaged

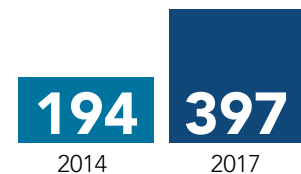
2,989 educated



HIV testing among Latinos

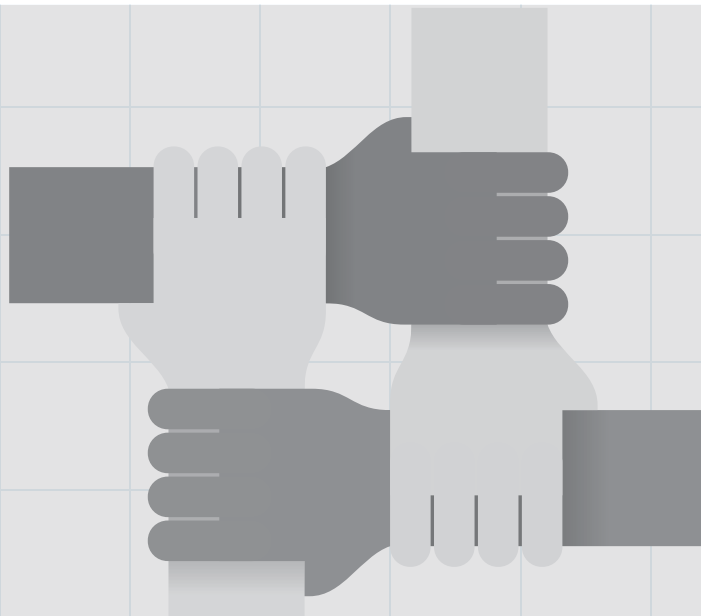


HIV testing among Latino MSM



Conclusion

Latino communities are disproportionately affected by the HIV epidemic. As the result of social and structural issues, it is often more difficult for some Latino people to find and receive high-quality health care. When executed correctly the *Viviendo Valiente* intervention helps to link Latino individuals, particularly those of Mexican origin, to high quality HIV primary care. When replicating *Viviendo Valiente*, organizations should utilize the appropriate theoretical frameworks outlined in this implementation guide, specifically the Transnational Framework which empowers *promotores* with innovative tools for engaging this population. Of the 123 clients served by the original *Viviendo Valiente* individual intervention, 97 percent reported client satisfaction. At one year of implementation of the individual intervention, 74 percent of clients were retained in care and 79 percent achieved viral suppression. Outcomes of the group- and community-level interventions include an increase in Latinos who tested for HIV in partnership with *Viviendo Valiente*; PHNTX testing numbers increased from 444 Latinos in 2014 prior to implementation of the intervention to 721 Latinos in 2017 during implementation of the intervention. Testing increased among Latino men who have sex with men (MSM) from 194 in 2014 to 397 in 2017.



OTHER AVAILABLE RESOURCES

Viviendo Valiente & Initiative Resources

The Access, Care, and Engagement Technical Assistance (ACE TA) Center:

<https://targethiv.org/ace>

Anti-Retroviral Treatment and Access to Services (ARTAS):

<https://www.cdc.gov/hiv/effective-interventions/treat/artas/index.html#>

Explore Evidence-Informed Interventions from the SPNS Latino Initiative:

<https://targethiv.org/ihip/webinar-latino-initiative>

Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations Initiative: Intervention Monographs:

<https://targethiv.org/library/spns-latino-access-initiative>

From Theory to Application: A Description of Transnationalism in Culturally-Appropriate HIV Interventions of Outreach, Access, and Retention Among Latino/a Populations:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6239987>

Additional Replication Resources

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

Integrating HIV Innovative Practices (IHIP):

<https://targethiv.org/ihip>

HIV Care Innovations:

<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Appendix 1: Viviendo Valiente Logic Model

Viviendo Valiente Problem Statement:	People of Mexican descent in Dallas, TX are not getting tested for HIV and/or accessing medical care.	
Viviendo Valiente Strengths and Facilitators:		
<ul style="list-style-type: none"> • Internal AAI resources 	<ul style="list-style-type: none"> • Community feedback 	<ul style="list-style-type: none"> • Resilient priority population
<ul style="list-style-type: none"> • Certified <i>Promotores de Salud</i> 	<ul style="list-style-type: none"> • Stakeholder feedback 	<ul style="list-style-type: none"> • Establishing community partnerships with trusted Latino-serving groups

COMMUNITY LEVEL ACTIVITIES:	BARRIERS	ACTIVITIES	OUTPUTS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
	Lack of HIV knowledge (transmission, acquisition, testing resources, health care options) Low perceived risk	Provide HIV/STI prevention messages through partnerships Distribute HIV/STI education materials Disseminate HIV/STI prevention messages through media Disseminate individual messages at community events	# partnerships development # materials distribution sites # outreach events # presentations at community events	# people reached # people engaged # people referred to HIV testing # HIV positive people linked to care	Increase in # of priority population that test for HIV Increase in # of people engaged in HIV care

Viviendo Valiente Intervention Implementation Guide

	BARRIERS	ACTIVITIES	OUTPUTS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
GROUP LEVEL ACTIVITIES:	<p>Lack of HIV knowledge (transmission, acquisition, testing resources, health care options)</p> <p>Low perceived risk</p> <p>HIV Stigma</p>	<p>4-week Group-Level Health Promotion Intervention</p>	<p>32, 4-week interventions facilitated</p>	<p>% of participants will identify HIV testing resources</p> <p>% of participants will identify HIV treatment resources</p> <p>% of participants will correctly identify modes of transmission and acquisition of HIV</p> <p>% of participants will graduate</p>	<p>Increase in # of priority population that test for HIV</p> <p>Increase in # of people engaged in HIV care</p>
INDIVIDUAL LEVEL ACTIVITIES	<p>Lack of HIV knowledge (transmission, acquisition, testing resources, health care options)</p> <p>Low perceived risk</p> <p>HIV Stigma</p>	<p>Incentivize those who refer friends to test and those who test</p> <p>Counsel individuals at high-risk for HIV</p> <p>Assess HIV+ clients for on-going engagement in medical care and client acuity/need</p> <p>Utilize ARTAS, MI, and SBCM with HIV+ people who are not ready to engage in care</p>	<p># people will be referred for HIV testing</p> <p>Eligible participants will be referred to ARTAS intervention</p> <p>Client contact frequency based on client acuity level</p>	<p># people will test for HIV</p> <p>% of participants successfully complete ARTAS intervention</p> <p># people linked to HIV care</p>	<p>Increase in # of priority population that test for HIV</p> <p>Increase in # of people that become engaged in HIV care</p> <p>Increase in # of people that become retained in HIV care</p>

Note: Logic model should reflect goal numbers for the life of the project. The work plan should reflect goal numbers for the current year.

GLOSSARY:

Engaged: A conversation between a *Promotor de Salud* and a potential VV Participant for 5 minutes or longer.

Graduate: An individual who participates in _____ % of the Group-Level Health Promotion Intervention.

Outreach event: Health fairs, community events.

Partnership development: An opportunity to collaborate / that requires an agreement of services.

Presentations: Speaking engagements before an audience.

Appendix 2: Cultural Tailoring of Public Health Interventions for the Latino Community

Findings from the Mexican Community Needs Assessment Report

The Mexican Community Needs Assessment was conducted in 2014 as a formative activity for Prism Health North Texas’ (formerly AIDS Arms, Inc.) *Viviendo Valiente* intervention. Findings include information gathered from 3 primary community assessment activities, which include:

- A semi-structured literature review;
- A stakeholders’ survey distributed to Latino-serving service providers in the Dallas area; and
- Focus groups among Latinos in the Dallas Community.

Cultural Tailoring of Latino Focused Interventions	
Community Assessment Findings	Program Application
Lack of language skills is a barrier to accessing services	<ul style="list-style-type: none"> • Use of culture-specific language • Bilingual staffing • Bilingual material development
Lack of cultural proficiency is a barrier to accessing services	<ul style="list-style-type: none"> • Culturally and linguistically appropriate services, materials, venues • Agency CLAS assessment prior to program implementation • Staff training on providing culturally and linguistically appropriate care • Recruitment of culturally congruent staffing
Primary source of health services/ resources included: <ul style="list-style-type: none"> • Community-based Clinics • Hospitals • Natural & Alternative Care Providers 	<ul style="list-style-type: none"> • Collaboration with existing healthcare systems, including local community clinics, hospitals, holistic care providers serving the Latino population. • Promotion of CLAS standards among service and care providers in the Latino communities. • Address natural & alternative care components in prevention education.

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Cultural Tailoring of Latino Focused Interventions	
Community Assessment Findings	Program Application
<p>Health messages for the Mexican community are not presented in accessible settings. Primary source of health information included:</p> <ul style="list-style-type: none"> • Web-based forums • Friends & family • Media • Health fairs 	<ul style="list-style-type: none"> • Social media • Peer education • Opinion leaders • Promotion/ Messaging via Latino media outlets • Participation in health fairs, specifically placed in the Latino community
<p>Health professionals are the primary source of information for “taboo” topics, including:</p> <ul style="list-style-type: none"> • STIs • Safe sex practices • Mental health concerns • Substance addictions 	<ul style="list-style-type: none"> • Community Capacity Building: • Provider education on discussing “taboo” topics with patients • Provider education on communicating importance of prevention and early screening
<p>Mexican cultural values can serve as a motivator for health care management</p>	<p>‘-ismos’ and Cultural Values should be integrated as a strengths-based strategy</p>

Viviendo Valiente Intervention Implementation Guide

Intervention Topics & Messaging	
Community Assessment Findings	Program Application
Low Health Literacy	<p>Intervention development:</p> <ul style="list-style-type: none"> • Appropriate reading levels (6th–8th grade education level) • Simple, clear, and repetitive messages • Visual re-enforcement • Interactive intervention activities <p>'How to' education for:</p> <ul style="list-style-type: none"> • Navigating the health care system • Identifying health resources • Building a relationship with your provider • Health Resource Options
<p>Barriers to accessing health services/ resources</p> <ul style="list-style-type: none"> • Cost is a barrier to accessing care • Time • Competing priorities 	<p>Education Topics:</p> <ul style="list-style-type: none"> • Planning ahead, fitting healthcare into your life (Health care time management) • What does healthcare look like before the onset of symptoms? • Promotion of no/ low-cost health resources • Health prevention as a cost-saving strategy
Non-communicable diseases are the primary health concern among the population	<ul style="list-style-type: none"> • HIV messages must be integrated into health and wellness discussions and normalized as a component of health no different than diabetes, obesity, cardiovascular health, etc.
Late access to healthcare services	<ul style="list-style-type: none"> • Intervention focusses on prevention, health maintenance, and accessing care easily
Low perception of risk- generational differences High HIV stigma	<ul style="list-style-type: none"> • Identification of HIV risk behaviors • Emphasis on risk reduction behaviors • Dispelling of myths and misconceptions regarding the transmission and acquisition of HIV
Strong presence of cultural values	<ul style="list-style-type: none"> • Use of cultural values in strengths-based messaging • Use of cultural values as a motivator for behavior change

Viviendo Valiente Intervention Implementation Guide

Intervention Design	
Community Assessment Findings	Program Application
<p>Barriers to accessing medical care:</p> <ul style="list-style-type: none"> • Service provider hours • Competing priorities 	<ul style="list-style-type: none"> • Limit to 2-hour sessions • Design standalone sessions • Faith-placed intervention • Community-based intervention • Use of incentives
<p>The lived experiences of a family members or friends is a viewed as a source of health information</p>	<ul style="list-style-type: none"> • Case examples presented in fotonovelas or telenovelas • Social networking
<p>Use of visual reinforcements and interactive activities are key for this population due in part to low literacy among population.</p>	<p>Use of visual activities/ medians:</p> <ul style="list-style-type: none"> • Infographics • Telenovelas • Fotonovelas • Posters • Social Media Forums: Facebook, Twitter, Instagram, Linked-In, YouTube, Grinder, etc. <p>Innovative data collection techniques</p> <ul style="list-style-type: none"> • Student response systems/ Response Clickers—Personal Interviewing (facilitated in preferred language) • Audio Computer-Assisted Self-Interview (ACASI)

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project and want to see if you qualify for technical assistance, please email: ihiphelpdesk@mayatech.com

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Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Endnotes

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