

# Starter Kit



## ***A Small-Group Intervention for HIV/STD Prevention Among Black Gay Men***



## **IMPORTANT INFORMATION FOR USERS**

This HIV/STD prevention intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV or STDs, or both, and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes an implementation manual, training and technical assistance material, and other items used in intervention delivery. The package also includes the following: (1) the Centers for Disease Control and Prevention (CDC) fact sheet on male latex condoms, (2) the CDC Statement on Study Results of Products Containing Nonoxynol-9, (3) the Morbidity and Mortality Weekly Report article “Nonoxynol-9, Spermicide Contraception Use—United States, 1999,” and (4) CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before you conduct this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators who will implement the intervention.



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## **ABOUT THE STARTER KIT**

### **WHO IS THIS KIT FOR?**

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The Starter Kit was developed for agencies that need information to make a decision about implementing Many Men, Many Voices (3MV). Agency staff members who select and manage interventions within their agencies can use the kit when deciding whether to adopt 3MV.

### **WHAT IS THIS KIT FOR?**

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This kit describes the organization infrastructure needed to make 3MV successful. It describes how to prepare for the intervention and how it is implemented to ensure that the intervention is a good match with the agency's mission and the needs of the populations served. This document contains information administrators need for developing a budget, selecting or hiring appropriate staff, and preparing for implementation. The information in this kit also can be used to answer questions from stakeholders, community members, and media.

## BACKGROUND AND PROGRAM GUIDELINES

### INTRODUCTION: ABOUT MANY MEN, MANY VOICES

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#### What Is 3MV?

Many Men, Many Voices (3MV) is a seven-session, group-level behavioral intervention that attempts to reduce HIV and sexually transmitted disease (STD) risk behaviors and increase related health-promotion behaviors among black men who have sex with men (MSM). Through a series of facilitator-led discussions, exercises, and presentations, participants learn about factors that may influence their behavior and put them at risk. The factors include challenges related to dual identity as black gay men; the effects of racism and homophobia; cultural and religious norms; lack of familial support and acceptance for same-sex behaviors; the roles and risks related to Tops, Bottoms, and Versatiles; and the interactions between STDs and HIV. Participants also learn about STD/HIV prevention and harm reduction options and discuss their intentions and motivations to try an option. The dynamics of power and control in sexual relationships are discussed, as well as partner communication and negotiation. Participants also practice behavioral skills related to partner communication and condom negotiation. Please see page 4 for more information about 3MV's goals and objectives.

#### Who Is 3MV For?

Many Men, Many Voices is an intervention for black MSM. The intervention is appropriate for men who identify as gay, same-gender-loving, bisexual, queer, and so forth, as well as for MSM who do not identify with any of these terms or labels. The intervention is not appropriate for other MSM who do not have sexual or emotional attractions to other men, such as inmates who have situational sex or men who trade sex for money or drugs. Although the intervention was designed for and is targeted to a broader range of MSM, the term black gay men is used throughout this manual, primarily to reflect that affiliations and connections among members of the target population are organized more around personal, relational, social, and societal characteristics, and less around behavioral ones. MSM is a behavioral classification that may not be personally relevant to members of your community. Significant numbers of participants in your program may not identify as gay; therefore, you will have to make linguistic choices that best suit your programmatic needs.

In the context of 3MV, black refers to the racial or ethnic group of people who are of African descent living in the African diaspora (i.e., African Americans; Africans [e.g., Senegalese, Nigerian, Kenyan]; Afro-Caribbean/West Indian [e.g., Jamaican, Trinidadian, Haitian, Guyanese]; and black Latino or Hispanic [e.g., Dominican, Puerto Rican, Cuban]). Many Men, Many Voices was not specifically designed for other racial or ethnic minority groups (e.g., Asian or Pacific Islanders, nonblack Latinos, and Native Americans), but could be adapted for these populations.

## Why Target Black Gay Men?

Black gay men account for a significant number of existing and new HIV infections and are the demographic group most disproportionately affected by the virus (Millett, Peterson, Wolitski, & Stall, 2006). From 2001 to 2004, black MSM accounted for 48% of all HIV infections diagnosed among black men (CDC, 2007). A 2008 CDC analysis of trends in HIV diagnoses among MSM in 33 States concluded that between 2001 and 2006, HIV was diagnosed in black MSM at twice the rate of their white MSM counterparts. The results of the analysis also showed a 93% increase in HIV diagnoses among black MSM aged 13 to 24 years (CDC, 2008). In one CDC study of MSM in five U.S. cities, 46% of black MSM study participants were infected with HIV. The results also showed that more than two-thirds of infected black MSM were unaware of their HIV status (CDC, 2005). A more recent report of the National HIV Behavioral Surveillance System's 2008 data from 21 cities stated that among the 8,153 MSM interviewed and tested, black MSM had the highest prevalence rate of HIV (28%). In addition, 59% of black MSM with HIV were not aware of their status (CDC, 2010).

African American communities are also experiencing higher rates of STDs than any other racial or ethnic group within the United States. In 2008, the rate of gonorrhea among African Americans was 20.2 as great as whites. Research has also shown that black men have disproportionately higher rates of STDs such as chlamydia. According to a 2008 CDC STD surveillance report, the chlamydia rate among black men was almost 12 times as high as the rate among white men (CDC, 2009a). Infection with certain STDs significantly increases one's risk for HIV. Coinfection with HIV and certain STDs increases a person's chance of spreading HIV infection to sexual partners (CDC, 1998).

Black gay men are at risk for HIV infection due to HIV risk behaviors (e.g., engaging in unprotected anal intercourse) and lower levels of health-promotion behaviors (e.g., seeking treatment for STDs). Various social, cultural, and personal factors influence their behaviors (CDC, 2009b). Many black gay men struggle with a perceived negative self-image and low self-esteem, often as a result of internalized racism and homophobia as well as other forms of discrimination and isolation. Men who experience homophobia develop varying levels of stress and distress, and are more likely to report risky sexual behaviors (Bridges, 2007). Many of these men also feel a sense of isolation from their communities, families, and religious organizations and do not have social support systems that help to promote positive self-concept, self-image, and self-esteem.

Many black gay men lack knowledge of STDs, HIV, and their interactions (Sexuality Information and Education Council of the United States, 2001). They may also feel uncomfortable accessing health care services as a result of social, cultural, and personal factors.

Because rates of STDs are disproportionately high among black gay men and STDs are known to facilitate HIV transmission, health-promotion behaviors such as accessing STD testing and treatment and HIV testing are important prevention goals. However, there is little information about the health-promotion behaviors of black gay men. One study (Malebranche, Peterson, Fullilove, & Stackhouse, 2004) examined the health care experiences of black MSM in New

York City and Atlanta, Georgia. The results of the study suggested that social determinants such as race and sexual discrimination influenced whether or not black MSM sought health care. The authors of the study also suggested that barriers to seeking health care, such as HIV testing, were affected by internalized, negative perceptions of the medical establishment on the basis of past experiences when seeking care and communicating with providers (Malebranche et al., 2004). In an analysis by Bernstein et al. (2008) of MSM in New York City, 39% did not disclose their MSM status to their medical provider, and black MSM were much less likely to disclose than white MSM (60% and 19%, respectively).

Despite the existence of numerous interventions focused on HIV prevention, there are few evidence-based interventions (EBIs) developed by or for black gay men that address both STD and HIV risk behaviors and related health-promotion behaviors. There is a critical need for more HIV prevention interventions that specifically address the needs of black gay men. In the United States, reductions in HIV incidence and prevalence rates among black gay men will require a combination of prevention strategies, including the promotion and adoption of culturally specific EBIs tailored to their needs (National AIDS Treatment Advocacy Project, 2009). Many Men, Many Voices was developed with and for black gay men and designed to help address their unique prevention needs. It is currently one of two evidence-based HIV prevention interventions disseminated by CDC specifically designed for black gay men.

## Intervention Overview

### Goals and Objectives of 3MV

The goals of 3MV are to promote changes that reduce HIV and STD risk and encourage health-promotion behaviors among black gay men. The intervention focuses on helping participants to better understand the social and behavioral determinants (i.e., influencing factors) that put black gay men at increased risk for HIV and other STDs.

The primary objectives of the intervention are to positively influence or increase participants'

- ▶ identity, values, and self-standards as black gay men;
- ▶ perception of personal susceptibility to HIV and STDs;
- ▶ knowledge of STDs and the interrelationships between STDs and HIV;
- ▶ knowledge of risk-reduction and health-promotion behaviors;
- ▶ intentions to reduce their risk and adopt health-promotion behaviors;
- ▶ skills and self-efficacy (i.e., belief about their ability and capacity to engage in a certain behavior) related to consistent condom use, condom negotiation, and partner communication;
- ▶ STD and HIV testing behaviors; consistent condom use.

## Intervention Structure and Format

Many Men, Many Voices is a seven-session intervention conducted over a 7-week period. It can also be delivered in a weekend-retreat format. Regardless of the format used, it is important that 3MV be delivered in a setting that is private, accepted, and considered safe. All 3MV sessions are designed to be delivered by two culturally competent facilitators, one of whom needs to be a member of the target population (i.e., a black gay man). It is recommended that 6 to 12 participants be included in each session. Each session takes 2 to 3.5 hours to complete and is delivered using an interactive, participatory format (i.e., the use of role-play, group exercises and activities, facilitated discussions, and behavioral skills practice). Facilitators guide participants through discussions, exercises, and activities, which are processed using discussion questions and prompts to help participants better understand the information and how it applies to their unique circumstances. Participants are encouraged to share personal experiences, attitudes and beliefs, and emotions. The 3MV intervention curriculum is designed so each session builds upon the discussion and exercises of prior sessions.

## Intervention Phases

Many Men, Many Voices is implemented in four phases:

- ▶ **Preparation.** During this initial phase, you will determine whether your agency has the ability and resources to implement 3MV. Next, you will develop detailed plans to implement and evaluate your 3MV program. During this phase, you will identify an appropriate venue or venues for conducting sessions; recruit and train staff to implement 3MV; secure necessary materials and equipment; and identify, recruit, and screen participants.
- ▶ **Implementation and Facilitation.** This phase consists primarily of delivering intervention sessions using either the weekly or weekend-retreat format. You will also collect data on how the facilitators delivered 3MV sessions; participants' satisfaction with the 3MV sessions; and changes in their knowledge, attitudes, and behaviors.
- ▶ **Maintenance.** Primary activities during this phase include monitoring participants during the course of the seven sessions and during any postintervention follow-up activities. While they are not required, if you conduct any postintervention activities, it may be helpful to follow up with intervention participants on their progress toward accomplishing their long-term goals regarding HIV and STD prevention. You may also want to check in with participants on their progress in linking with a supportive network of black gay men locally. During this phase, it may also be useful to seek assistance from intervention participants to recruit new, prospective participants for future intervention cycles.
- ▶ **Monitoring and Evaluation (M&E).** M&E activities are implemented before, during, and after your implementation of 3MV. These activities will help you to track and manage your intervention implementation and will provide information that can help you to improve current and future 3MV implementation activities.

## Contents of the 3MV Package

The 3MV package contains the following materials to support your agency's implementation of the intervention:

- ▶ **3MV Implementation Manual and 3MV CD-ROM.** The CD-ROM includes printable copies of the intervention materials. It also contains copies of all handouts, slides, and a video titled *The Party* that are used in the sessions; tools for intervention planning, implementation, and monitoring; and marketing materials, including posters and flyers.
- ▶ **3MV Facilitator's Guide.** The Facilitator's Guide provides information on how to conduct each 3MV session. The guide includes descriptions of each session's purpose and objectives, facilitator tips, brief overviews of each session (session-at-a-glance), lists of session materials needed to facilitate each session, and detailed outlines of talking points facilitators can use to help guide session activities.
- ▶ **3MV Marketing and Recruitment Materials.** Included in the package are sample marketing and recruitment posters and flyers. Agencies can use these materials to recruit participants. Health departments and other funders can use them to market 3MV to agencies working with black gay men.

## Benefits of Implementing 3MV

### Benefits to Participants

Black gay men who participate in 3MV may assume a more active role in reducing their personal risk for HIV and STDs and engaging in health-promotion behaviors. Specifically, 3MV participants may be more inclined to get tested and screened for HIV and STDs, use condoms consistently during insertive or receptive anal intercourse, and reduce the number of male sex partners. The practice of such behaviors will reduce their risk for HIV and STDs.

As mentioned earlier, black gay men often experience a greater sense of isolation from their families and communities as a result of discrimination, and therefore may lack social support. Many Men, Many Voices creates an environment in which participants can form supportive relationships with other black gay men who are also working to change their HIV and STD risk behaviors. The peer-based support networks formed by 3MV participants may continue even after the intervention is over, and can help to reduce the sense of isolation many black gay men often feel. This ongoing social support can help to maintain behavior change over time. The small, group-level intervention format also allows experienced peer facilitators to share their experiences and provide support to other black gay men who deal with similar issues about HIV and STD risk behavior. The peer facilitators are often seen as role models, which can help participants maintain their own safe behaviors.

## Benefits to the Community

Black gay men who participate in 3MV and eventually take steps to reduce their personal risk behaviors will hopefully translate into reduced HIV and STD incidence and prevalence among members of the population at large. Implementation of 3MV can also help to raise awareness about the importance of STD and HIV prevention, testing, and treatment among black gay men beyond those who participate in the intervention (i.e., partners and friends).

## Benefits to Your Agency

Many Men, Many Voices provides your agency with multiple opportunities to build positive relationships with black gay men and increases support for your agency among their communities. Successful implementation of 3MV enhances your agency's reputation among black gay men and opens the door for additional prevention activities with that population.

## BACKGROUND

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### History of 3MV's Development

#### Initial Development

Many Men, Many Voices was developed by the Center for Health & Behavioral Training (CHBT) at the University of Rochester in partnership with the Men of Color Health Awareness Project (MOCHA) and People of Color in Crisis (POCC), which are community-based organizations (CBOs) serving the HIV and STD prevention needs of black gay men in New York. Gary English, executive director of MOCHA and later POCC, and Patricia Coury-Doniger, director of CHBT, were the codevelopers of 3MV. The CHBT provides STD and HIV prevention services for the Monroe County Department of Public Health in Rochester, NY, and provides training in evidence-based behavioral interventions. In 1998, in recognition of the need for more culturally specific HIV prevention interventions for black gay men, Mr. English, then executive director of MOCHA in Rochester, requested technical assistance from CHBT in developing a group-level HIV prevention behavioral intervention that would be culturally appropriate for black gay men. He emphasized the need for black gay men to feel safe to talk about their personal circumstances and behaviors in an interactive format using group exercises, activities, and discussion (Coury-Doniger, English, Jenersen, McGrath, & Scahill, 1998).

To inform the development of the new intervention curriculum, members of CHBT and MOCHA met regularly to identify the unique prevention needs of black gay men. During these meetings, they also discussed how to incorporate lessons learned and best practices on the basis of the experiences of MOCHA staff members who work within communities of black gay men (e.g., effective outreach, participant recruitment, and retention strategies). CHBT and MOCHA also conducted a needs assessment to identify key factors that influence HIV and STD risk behaviors of black gay men. In addition to the assessment, CHBT reviewed literature on evidence-based HIV prevention interventions for black gay men; conducted an analysis of current epidemiological data; and conducted focus groups and interviews with black gay men (Coury-Doniger et al., 1998).

CHBT identified and reviewed three HIV/AIDS intervention curricula developed for MSM that had demonstrated positive outcomes. Two of the three interventions reviewed were tested in samples where the majority of participants were white gay men, whereas one was specifically developed for black gay men. Table 1 provides a summary of these interventions.

**Table 1. Summary of Three Intervention Models for Men Who Have Sex With Men**

Researcher	Kelly	Kegeles	Peterson
Name of intervention	Behavioral Self-Management and Assertion Skills	Mpowerment	African-American Men's Health Study
Year published	1989	1996	1996
Research center	Center for AIDS Intervention Research (CAIR)	Center for AIDS Prevention Studies (CAPS)	CAPS
Theory	Social cognitive theory	<ul style="list-style-type: none"> <li>• Social cognitive theory</li> <li>• Empowerment theory</li> </ul>	Social cognitive theory
Model	Behavioral skills acquisition model	Multisystem, multilevel community mobilization and empowerment	AIDS risk reduction model
Essential elements	<ul style="list-style-type: none"> <li>• HIV risk education and sensitization</li> <li>• Risk reduction strategies</li> <li>• Behavioral skills</li> <li>• Sexual assertiveness</li> <li>• Social support and relapse prevention</li> </ul>	<ul style="list-style-type: none"> <li>• AIDS risk education</li> <li>• Cognitive behavioral skills</li> <li>• Assertiveness skills</li> <li>• Self-identity</li> <li>• Social support</li> <li>• Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• AIDS risk education</li> <li>• Behavioral skills and commitment</li> <li>• Assertiveness</li> <li>• Self-identity</li> <li>• Social support</li> </ul>
Length of intervention	12 weekly sessions, 75 to 90 minutes each	Ongoing	1 to 3 sessions, 3 hours each
Intervention curriculum	Yes, available on CAIR Web site, now called <i>Partners in PREVENTION</i> , and condensed to six sessions <a href="http://www.mcw.edu/display/docid6269/PartnersinPrevention.htm">http://www.mcw.edu/display/docid6269/PartnersinPrevention.htm</a>	Yes, available from CDC via the DEBI program Web site <a href="http://www.effectiveinterventions.org">http://www.effectiveinterventions.org</a>	Yes
Published in CDC's compendium?	Yes	Yes	No

Several components common to all three intervention models were identified and seen as essential for the development of a culturally specific HIV/STD intervention targeting black gay men—HIV risk education and sensitization, behavioral skills training, sexual assertiveness training, and social support. However, components of the behavioral skills acquisition model (Kelly, St. Lawrence, Hood, & Brasfield, 1989) and the AIDS risk reduction model (Peterson et al., 1996) were initially selected to serve as the framework for this new intervention model because Kelly’s intervention had been shown to be effective for MSM and Peterson’s addressed some of the factors unique to black gay men (Wilton et al., 2009). It was also believed that a culturally specific HIV intervention targeting black gay men would need to focus on STD risk education and sensitization because black men experience disproportionately higher rates of STDs, which have been shown to facilitate HIV transmission. In addition, the intervention would need to integrate content that addresses the social and behavioral determinants that put black gay men at risk (e.g., racism; homophobia; dual identity as black gay men; familial, community, and religious norms; and isolation and lack of social support for behavior change). To assess the social and behavioral determinants that put black gay men at risk for HIV and STDs, CHBT used focus groups and interviews with key informants from MOCHA and local communities of black gay men to determine the cultural relevance of the Behavioral Self-Management and Assertion Skills and Mpowerment interventions (Coury-Doniger et al., 1998; Peterson et al., 1996).

On the basis of findings from the literature reviews, epidemiological analysis, interviews, and focus groups, CHBT and MOCHA began development of the 3MV intervention curriculum. Elements of the behavioral skills acquisition model that would serve as the framework for 3MV were tailored to address black gay men and STD risk; the interrelationships between STDs and HIV; family, cultural, and religious norms within black communities; social factors that affect black gay men, such as racism and homophobia; and sexual relationship dynamics specific to black gay men. In addition, the developers of 3MV integrated into the curriculum content that addressed the role of dual identity as black gay men; issues about the self-concept (i.e., self-image, self-esteem, and self-standards) of black gay men and HIV and STD risk behavior; STD treatment as an important HIV prevention strategy; and partner communication and negotiation within the context of sexual-relationship dynamics between black gay men (Coury-Doniger et al., 1998).

The intervention curriculum was written in 1998 and named *Many Men, Many Voices*. In early 1998, CHBT staff, with assistance from MOCHA staff, pretested each intervention session. After pretesting, CHBT staff facilitated debriefing meetings with the participants and MOCHA staff members to identify areas for revision. CHBT trained MOCHA staff as 3MV facilitators and piloted the complete intervention to get feedback for additional revisions. Final revisions to the initial intervention curriculum were completed in March 1998, and the first training of 3MV was conducted by CHBT for MOCHA peers during summer 1998. In 1999, under the direction of Mr. English, then executive director of POCC in Brooklyn, New York, MOCHA began implementing 3MV on a quarterly basis with approximately 20 participants per intervention cycle. Subsequently, the New York State Black Gay Network endorsed the 3MV intervention model and provided training and technical assistance to member CBOs to encourage the use

of 3MV among the network's 10 affiliate organizations. It was diffused to other CBOs that serve black gay men in the United States (Coury-Doniger et al., 1998).

### **Efficacy Trial**

From August 2005 through November 2006, a CDC-supported outcome evaluation study was conducted to assess the efficacy of the 3MV intervention. Facilitators at POCC delivered the intervention in the weekend-retreat format to 164 black gay men (174 were assigned to a wait-list comparison group).

The results of the study showed 3MV to be efficacious in reducing the HIV and STD risk behaviors of black gay men. Intervention participants reported a significant reduction in the frequency of unprotected anal intercourse with casual male partners, a positive trend in using condoms consistently during receptive anal intercourse with causal partners, a significant reduction in the number of male sex partners, and a significant increase in HIV testing.

During the review conducted by CDC's Prevention Research Synthesis project, 3MV was determined to meet criteria for a best-evidence intervention and was repackaged for further national diffusion. Many Men, Many Voices is the only integrated STD/HIV prevention intervention with proven efficacy for black gay men in the United States.

## **How Does 3MV Work?**

### **Theoretical Foundation**

The 3MV intervention is founded on and supported by three behavioral change theories and models:

- ▶ Social cognitive theory
- ▶ Behavioral skills acquisition model for risk reduction counseling
- ▶ Transtheoretical model of health behavior change and stages of change

### **SOCIAL COGNITIVE THEORY**

Social cognitive theory suggests that human behavior is mostly influenced by a person's environment, how the person thinks (i.e., cognitive processes), the behaviors he or she observes, and what he or she believes will be the expected outcomes. According to social cognitive theory, how an individual thinks is affected by his or her perceptions of reality and values, which are developed on the basis of information received from the person's environment. These thought processes lead to a set of behaviors on the basis of the individual's expectations of perceived outcomes. Social cognitive theory suggests that, through feedback and observation of anticipated outcomes, an individual's behavior can be better understood, predicted, and changed (Stone, 1998).

### **BEHAVIORAL SKILLS ACQUISITION MODEL FOR RISK REDUCTION COUNSELING**

According to Kelly's (1995) behavior skills acquisition model for risk-reduction counseling, several factors challenge HIV counseling for risk reduction. These factors include use of established, effective principles of behavior change to address risk activities associated with HIV infection; the cultural context in which risk-reduction efforts occur; and HIV risk-reduction efforts targeted to individuals who may not seek out behavior-change assistance. The model suggests that there are critical elements to HIV risk behavior change that must be addressed to overcome these challenges. These include a counselor who

- ▶ assesses a person's knowledge of risk behaviors and risk-reduction strategies appropriately;
- ▶ ensures that an individual accurately appraises his personal degree of risk;
- ▶ helps an individual build confidence in his ability to reduce his risk for HIV infection;
- ▶ ensures that an individual makes a commitment to change and has the intention to change his behavior;
- ▶ ensures that an individual acquires the necessary technical, interpersonal, or self-management skills for behavior change to occur;
- ▶ helps an individual develop strategies to reinforce his own change efforts;
- ▶ incorporates specific counselor characteristics and attitudes such as
  - showing regard for the person being counseled,
  - being comfortable with discussing sex and drug use,
  - forming an advocacy alliance with a person,
  - applying reinforcement through praise, encouragement, commendation, and show of enthusiastic support, using active listening skills.

### **TRANSTHEORETICAL MODEL OF HEALTH BEHAVIOR CHANGE AND STAGES OF CHANGE**

Unlike many other health-promotion models, which address social or biological factors that influence behavior, the transtheoretical model (TTM) is considered an integrative model of behavior change; that is, it focuses on emotional, cognitive, and behavioral factors that influence an individual's decision to change behavior. Stages of change, a concept central to the TTM, suggests that a person moves through a series of five stages when changing behaviors: precontemplation, contemplation, preparation, action, and maintenance (Velicer, Prochaska, Fava, Norman, & Redding, 1998). This model also identifies processes of change that can help a person move from one stage to another.

Decisional balance, another TTM behavior-change construct integrated into 3MV, suggests that cognitive and motivational factors influence a person's perceptions about making decisions. Decisional balance assumes that behavior change occurs when an individual perceives change as a gain rather than a loss. The balance between the pros and cons will depend on the stage of change in which an individual currently finds himself (Janis & Mann, 1977). In one 3MV exercise, participants assess the potential gains, or pros, of a particular behavior against the potential losses, or cons, of that behavior.

## 3MV Core Elements and Key Characteristics

### Core Elements

Core elements are the essential components of an intervention and represent its internal logic. They are thought to be responsible for the intervention's main effects, and they are typically identified by the intervention's developers through research and practice. Core elements, which may relate to an intervention's pedagogy, content, or activities, must be implemented with fidelity (i.e., as intended, and as implemented in efficacy trials) to increase the likelihood that implementers will have program outcomes similar to those in the original research.

Many Men, Many Voices has the following nine core elements:

- ▶ Enhance self-esteem related to racial identity and sexual behavior
- ▶ Educate clients about HIV risk and sensitize to personal risk
- ▶ Educate clients about interactions between HIV and other STDs and sensitize to personal risk
- ▶ Develop risk-reduction strategies
- ▶ Build a menu of behavioral options for HIV and STDs and risk reduction, including those that one can act on individually and those that require partner involvement
- ▶ Train in risk-reduction behavioral skills
- ▶ Enhance self-efficacy related to behavioral skills
- ▶ Train in partner communication and negotiation
- ▶ Provide social support and relapse prevention

## Key Characteristics

Key characteristics are those parts of an intervention (i.e., activities and delivery methods) that can be adapted to meet the needs of the implementing agency, the target population, or both.

Many Men, Many Voices has the following key characteristics:

- ▶ Foster positive identity development and self-esteem for black MSM by
  - exploring the dual identity culture of black MSM
  - addressing social influences and family, religious, and cultural norms within the black community
  - exploring the concept of internalized racism and homophobia
- ▶ Discuss sexual relationship roles and risks, addressing knowledge of interactions between HIV and other STDs and transmission risk, and exploring beliefs about those risks
- ▶ Address perceived personal risk and personal susceptibility for infection with HIV and other STDs, as well as perceived barriers to remaining HIV negative
- ▶ Increase skills, self-efficacy, and intentions with regard to protective behaviors
- ▶ Explore the dynamics of sexual relationships, including the dynamics of power and the concept of Tops and Bottoms for black MSM
- ▶ Address the importance of peer support and social influence on maintaining healthy behaviors

In the context of the 3MV intervention, behavioral determinants are factors that influence behavior as described in behavioral theories. In 3MV, risk factors are other behaviors or circumstances that can increase the chances that an HIV risk behavior or an HIV transmission will occur. Social determinants are external factors that can affect peoples' behaviors through their connection (or lack thereof) with their friends, families, communities, and other social networks. Targeted outcomes are the determinants and behaviors 3MV attempts to change. The behavioral determinants, social determinants, risk factors, and targeted outcomes addressed in 3MV follow.

## **Behavioral Determinants**

- ▶ Knowledge of HIV, STDs, and their interrelations
- ▶ Perceived risk of HIV and STD infection
- ▶ Perceived severity of STDs and HIV
- ▶ Personal attitudes and beliefs
- ▶ Perceived self-concept (global, overarching view of the self)
- ▶ Perceived self-image
- ▶ Level of self-esteem
- ▶ Social support for behavior change
- ▶ Identity, values, and self-standards related to internalized racism and homophobia
- ▶ Intention to adopt HIV and STD prevention options
- ▶ Self-efficacy related to behavioral skills
- ▶ Perceived social norms

## **Social Determinants**

- ▶ Cultural, social, and religious norms
- ▶ Degree of connectedness of black gay men to both black and gay communities
- ▶ Sexual relationship dynamics

## **Risk Factors**

- ▶ High rates of STDs
- ▶ HIV/STD interrelations
- ▶ Low levels of health-promotion behaviors

## Targeted Outcomes

### Immediate

- ▶ Increased knowledge of STD/HIV interrelations
- ▶ Increased perceived risk of HIV/AIDS and other STDs
- ▶ Increased intentions for condom use and partner negotiation
- ▶ Increased skills related to condom use and partner negotiation
- ▶ Increased self-efficacy for condom use and partner negotiation

### Intermediate

- ▶ Increased number of participants who engage in protected (i.e., condoms used consistently) insertive and receptive anal sex with their main male partner
- ▶ Increased number of participants who engage in protected (i.e., condoms used consistently) insertive and receptive anal sex with casual male partners
- ▶ Increased number of participants who engage in protected vaginal and anal intercourse (i.e., condoms used consistently) with women
- ▶ Increased number of participants within a mutually monogamous relationship who get tested or screened for HIV and STDs with their partners, and share their results
- ▶ Increased number of participants who get tested for HIV
- ▶ Increased number of participants who get tested and treated for STDs
- ▶ Reduced number of sexual partners among participants

### Long-Term

- ▶ Reduced HIV and STD incidence and prevalence among black gay men

## Intervention Models

There are several tools to help agencies better understand how the 3MV intervention is implemented. These include a program implementation summary and a behavior change logic model. The program implementation summary describes the key inputs needed, activities conducted, and outputs generated as a result of implementing a 3MV program in a given agency. The behavior change logic model identifies the root of the problem addressed by the intervention and illustrates the relations among behavioral determinants, the intervention’s activities, and the anticipated behavioral outcomes. The logic model provides a graphic representation of how 3MV works.

## Is 3MV RIGHT FOR YOUR AGENCY?

Before you decide to implement 3MV, you should determine whether 3MV is right for your agency and the target populations it serves. This section will help you think through the structures, processes, and resources needed to successfully implement 3MV activities. Table 2 is a checklist of questions you need to consider before deciding whether you should implement 3MV. This checklist will guide your decisions by stimulating thought and dialogue. If you answer “no” to any of the questions, it will be important to address those areas (e.g., seek additional technical assistance to help build your agency’s capacity) before moving forward with implementation.

**Table 2. Checklist of Intervention Appropriateness**

Question	Yes	No
Has your agency conducted a community assessment and used the results to identify HIV risk factors (e.g., behavioral determinants) of a population of black gay men your agency intends to target with 3MV?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency intend to target black men, both gay- and non-gay-identified, who have sexual or emotional attractions to other men?	<input type="checkbox"/>	<input type="checkbox"/>
Has your agency obtained and reviewed the 3MV intervention materials?	<input type="checkbox"/>	<input type="checkbox"/>
Does 3MV match the HIV prevention needs of the black gay men your agency intends to target?	<input type="checkbox"/>	<input type="checkbox"/>
Are the 3MV intervention materials’ content, exercises, and activities appropriate for your agency’s norms and values?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have the capacity to identify and recruit black gay men for your 3MV program?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have the capacity and resources (staff, funds, and materials) to conduct 3MV preimplementation, implementation, maintenance, and M&E activities?	<input type="checkbox"/>	<input type="checkbox"/>
Can your agency send two facilitators to the 3MV Training of Facilitators (TOF) course?	<input type="checkbox"/>	<input type="checkbox"/>

## Is 3MV's Goal Consistent With Your Agency's Mission?

It will be important to determine whether the goal of 3MV (i.e., to promote changes in risk reduction and health-promotion behaviors among black gay men) complements your agency's overall programmatic focus and intent. This will help to ensure continuity of services your agency delivers, efficient use of agency resources, and more-effective management of your programmatic and administrative activities.

## Are There Existing HIV Prevention Interventions for Black Gay Men in Your Area?

You should determine whether 3MV would fill an unmet need and not duplicate or compete with other HIV prevention interventions. If HIV interventions for black gay men, especially group-level interventions, are already available in your area, you may have some difficulty recruiting enough participants. However, 3MV can complement and support other prevention interventions.

## Do You Have Access to the Target Population?

Many Men, Many Voices was designed to reach black gay- and non-gay-identified men who have sexual or emotional attractions to other men. It will be important to ensure that recruitment for 3MV does not include other MSM who do not have sexual or emotional attractions to other men, such as inmates who have situational sex and men who trade sex for money or drugs, because these are inappropriate populations for this intervention. It will also be important to ensure black gay men recruited are available to participate in your agency's 3MV session activities, whether sessions are carried out over the course of 7 weeks or in the weekend-retreat format.

## Is There Support for 3MV Implementation?

### Community Support

If there are communities of black gay men in your area, you will want their members to have a vested interest in the intervention's success. If there is no defined community, you will need to assess interest and support for 3MV within local black communities of black gay men.

### Agency Support

If you decide that you want to implement 3MV, it is crucial to get the support of agency administrators and to have access to agency resources. The most effective way to obtain support is to identify at least one agency administrator or staff person to champion or advocate for 3MV's integration into the agency's existing services. A *champion* can be one person or a group of people and is typically a mid- to upper-level administrator who can serve as a link between an agency's leaders, administration, and staff members. The champion needs to be adept at answering questions and mediating changes in agency structure and can serve as a negotiator for any necessary tradeoffs or compromises. The champion becomes the

intervention's spokesperson, anticipates the reservations of staff members, and answers questions about the intervention's resource needs. The champion must have a thorough knowledge of the intervention to field any questions or concerns.

Regardless of the number of champions, the main issue is to convince both internal and external stakeholders that implementation of 3MV will enhance the quality of your agency's services. In addition, it will be important to convince them that your agency will be capable of implementing 3MV. Stakeholders include your funders, your agency's board of directors or executive board, and all agency staff members who will have a role in the operation of the intervention.

### **Stakeholder's Checklist**

Your agency's champion can use the example stakeholder's checklist in Table 3 to enlist support for implementing 3MV. The checklist lists the steps to take to convince stakeholders that 3MV is an intervention that your agency can and should implement.

**Table 3. Stakeholder’s Checklist**

Step	Checklist
Step 1	Assess the community to determine whether its members (e.g., community leaders, black gay men who live and work in the target community, staff from local STD clinics and HIV/AIDS service organizations) will support 3MV.
Step 2	<p>Identify your stakeholders to determine whether they will support 3MV. Stakeholders may include the following. Check the box(es) next to the stakeholder(s) you plan to include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Board of directors or executive board</b></li> <li><input type="checkbox"/> <b>Staff members who have a role in implementing 3MV</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Administrators who will give support</li> <li><input type="checkbox"/> Supervisors who may oversee the implementation of 3MV</li> <li><input type="checkbox"/> Staff who facilitate the delivery of the 3MV intervention</li> <li><input type="checkbox"/> Staff who will interact with participants at any level</li> <li><input type="checkbox"/> Other staff: _____</li> </ul> </li> <li><input type="checkbox"/> <b>Local agencies from which you could recruit participants, facilitators, or both</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agencies offering support groups for black gay men</li> <li><input type="checkbox"/> Health care providers and mental health professionals serving black gay men</li> <li><input type="checkbox"/> Social service agencies reaching black gay men</li> <li><input type="checkbox"/> Organizations of black gay men and organizations that may have members who are black gay men</li> <li><input type="checkbox"/> Other agencies: _____</li> </ul> </li> <li><input type="checkbox"/> <b>Organizations that could provide assistance or other resources</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Merchants for incentives or refreshments</li> <li><input type="checkbox"/> Agencies, merchants, printers, publishers, and others that can advertise the intervention</li> <li><input type="checkbox"/> Businesses that can provide a venue for the intervention</li> <li><input type="checkbox"/> Agencies that can provide transportation</li> <li><input type="checkbox"/> Advisers to help adapt the intervention</li> <li><input type="checkbox"/> Others: _____</li> </ul> </li> <li><input type="checkbox"/> <b>Agencies with which your agency needs to maintain good community or professional relations</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local health department</li> <li><input type="checkbox"/> Local medical and mental health associations</li> <li><input type="checkbox"/> Others: _____</li> </ul> </li> </ul>

**Table 3. Stakeholder’s Checklist (continued)**

Step	Checklist
Step 3	<p>Get stakeholders informed, supportive, and involved.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inform stakeholders about 3MV. Decide in advance what specific roles you want each stakeholder to play (who you will ask to do each of the following):</li> <li><input type="checkbox"/> Provide financial support</li> <li><input type="checkbox"/> Identify other stakeholders</li> <li><input type="checkbox"/> Help to adapt the intervention for your target population of black gay men</li> <li><input type="checkbox"/> Identify and provide a venue where the intervention sessions can be delivered</li> <li><input type="checkbox"/> Help to identify participants for the intervention</li> <li><input type="checkbox"/> Supply refreshments for intervention participants during 3MV sessions</li> <li><input type="checkbox"/> Donate small incentives for participants (e.g., gift certificates or cards, coupons for discounts at local retail stores, complimentary train or bus cards)</li> <li><input type="checkbox"/> Speak supportively about 3MV in conversations with peers</li> <li><input type="checkbox"/> Send letters that tell stakeholders about 3MV and its importance; that your agency is (or will be) implementing the intervention; the specific role(s) that they might play in the implementation of the intervention; and a point of contact for learning more about 3MV</li> <li><input type="checkbox"/> Call stakeholders in 2 weeks and assess their interest and, if they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members)</li> <li><input type="checkbox"/> Hold the meeting, show 3MV promotional materials or the intervention package if the setting and time allow, and answer questions</li> <li><input type="checkbox"/> <b>Get support from the stakeholders</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe several specific roles they could play</li> <li><input type="checkbox"/> Emphasize the benefits of their involvement to themselves, their agency, the community, and the community of black gay men, and answer their questions</li> <li><input type="checkbox"/> Invite them to commit to supporting 3MV by taking on one or more roles and keep track of their commitments (e.g., obtain formal letters of support, establish formal agreements such as a memorandum of understanding [MOU] between your agency and the respective stakeholder)</li> </ul> </li> </ul>

**Table 3. Stakeholder’s Checklist (continued)**

Step	Checklist
Step 3 (continued)	<ul style="list-style-type: none"> <li data-bbox="370 386 740 415">❑ <b>Get stakeholders involved</b></li> <li data-bbox="418 426 1421 554">❑ Soon after meeting, send each a thank-you letter that specifies the role(s) to which they committed or, if they did not commit, send a letter thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later</li> <li data-bbox="418 564 1421 627">❑ Put persons who committed to roles that are important to preimplementation to work as soon as possible</li> <li data-bbox="418 638 1421 701">❑ Send persons who committed to involvement later in the process brief progress updates and an idea of when you will be calling on their support</li> <li data-bbox="418 711 1421 808">❑ Hold periodic celebratory meetings for supporters to acknowledge your appreciation for and the value of their contributions, update them on the intervention’s progress, and keep them engaged</li> </ul>

### Does Your Agency Have the Resources to Implement 3MV?

To implement 3MV, you will need the following basic resources and supplies:

- ▶ Two or three project staff to identify and recruit black gay men eligible for the intervention
- ▶ At least two culturally competent staff members to facilitate 3MV in either the 7-week session or weekend-retreat format; one facilitator must be a black gay man. Your agency can also consider contracting with external consultants to facilitate the sessions
- ▶ Administrative or management staff to supervise, assess fidelity of the intervention sessions, and debrief the facilitators
- ▶ Meeting space to implement the intervention:
  - Large enough for 6 to 14 people and audiovisual equipment such as easels and laptops
  - Safe with comfortable seating
  - Easily accessible using public transportation and near where black gay men live, work, and socialize (and feel safe attending); it is not recommended to have the intervention at a place identified as a gay venue, since non-gay-identified participants may not feel comfortable coming to that venue
  - Private and secure, so confidentiality can be maintained

- Quiet and without interruptions (e.g., people entering and exiting the room or outside noise)
- Clear and open space big enough to conduct the “Sex in the City” exercise
- ▶ Flyers, brochures, posters, and other marketing materials
- ▶ DVD player, TV, laptop computer, and LCD projector
- ▶ Incentives for participants (if needed)
- ▶ Intervention materials and handouts for participants
- ▶ Refreshments for participants during sessions
- ▶ Office equipment (e.g., telephones, computers, photocopier)
- ▶ Markers, newsprint, easels, masking tape, poster boards, clothespins, sticky notes, index cards, colored yarn, copy paper

### Sample Implementation Budget

To determine if your agency can afford or acquire the necessary funding to implement 3MV, you should draft a budget and itemize the required equipment, supplies, and personnel. Your agency can use the 3MV sample implementation budget (Table 4) to get a sense of what it might cost to implement 3MV. The sample implementation budget is based on delivering six interventional cycles (weekly format) over a 12-month period and assumes livable wages on the basis of May 2010 estimates. If you already have some equipment and space, you may want to use them if they are available when needed. Otherwise, you should consider purchasing new equipment and securing free or low-cost meeting space.

This sample implementation budget will help you to estimate intervention-specific costs of implementing 3MV in your agency or community. However, you may want to include costs that may be covered by donations, volunteers, or in-kind contributions in case intervention-specific costs do not get covered. The rates included in the budget for fringe benefits for employees and agency overhead expenses vary by agency. If your rates are lower than those published, your costs for implementation may be significantly lower.

**Table 4. 3MV Sample Implementation Budget (12-Month)**

<b>Budget Assumptions</b>
<ul style="list-style-type: none"><li>• Assumes a projection of six group cycles per year. Costs will vary by geographic location and agency's total budget size.</li><li>• The implementing agency will have available space that is sufficient to host group sessions for up to 20 people (e.g., a large meeting or conference room).</li><li>• Prevention managers will provide both oversight and, if needed, assistance with recruitment, retention, and intervention support.</li><li>• Facilitators should attend the CDC-supported 3MV Trainings of Facilitators.</li><li>• Salaries reflect estimates of appropriate and livable wages as of April 2010, but will vary on the basis of the local cost of living.</li><li>• This budget is based on weekly implementation of 3MV sessions. Implementation in the retreat format carries additional expenses.</li></ul>

**Table 4. 3MV Sample Implementation Budget (12-Month) (continued)**

<b>Personnel</b>	<b>Annual Salary (\$)</b>	<b>FTE (%)</b>	<b>Amount (\$)</b>
Executive Director	70,000	5	3,500
Prevention Manager	50,000	15	7,500
Project Coordinator or Group Facilitator	42,500	100	42,500
Group Facilitator or Intervention, Recruitment, and Retention Support	32,500	50	16,250
<b>Total Salaries</b>	<b>TOTAL FTE</b>	<b>1.7</b>	<b>69,750</b>
Fringe Benefit Rate = 25%			17,438
<b>Total Personnel Costs</b>			<b>87,188</b>
<b>Other Direct Costs</b>	<b>Description</b>	<b>Number</b>	<b>Amount (\$)</b>
Program Supplies	\$200 per month	12 months	2,400
Printing (intervention, recruitment, and retention materials)	\$400 per cycle	6	2,400
Furniture and Equipment			2,500
Travel (trainings, conferences, meetings)	\$1,200 per trip	3 trips	3,600
Travel (local mileage)			500
Travel (reimbursement for participant travel to group sessions)	\$420 per cycle	6	2,520
Conference Fees	\$400 per conference	2 registrations	800
Incentives for Participants	\$1,000 per cycle	6	6,000
Postage	\$50 per month	12 months	600
Computer, Computing, and Network Expenses for 1.7 FTE	\$300 per month	12 months	3,600
Telephone for 1.7 FTE	\$100 per month	12 months	1,200
Rent and Utilities for 1.7 FTE	\$850 per month	12 months	10,200
<b>Total Other Direct Costs</b>			<b>36,320</b>
<b>Total Personnel + Other Direct Costs</b>			<b>123,508</b>
<b>Overhead (15% of Personnel + Other Direct Costs)</b>			<b>18,526</b>
<b>Total Budget</b>			<b>142,034</b>

## Does Your Agency Have the Time to Implement 3MV?

The time it will take to implement 3MV will depend on the number of participants you want to reach. For example, if you target 75 black gay men within a 12-month period, you will need to implement at least six cycles of the intervention (using the seven-session weekly format). Table 5 summarizes the major activities for each phase of 3MV. Use this as a guide to determine if you have the time to implement 3MV. Please note that some of these activities will occur simultaneously and that some of the preimplementation activities may occur before receiving funding for 3MV.

**Table 5. Summary of 3MV's Major Activities**

Activity	Person(s) Responsible	Timeline
<b>Preimplementation</b>		
Obtain 3MV intervention kit and become familiar with all its materials	Program staff	6 to 9 months before implementation
Identify and gain access to a population of black MSM to target	Program staff	6 to 9 months before implementation
Determine whether 3MV meets the HIV prevention needs of that target population	Program staff	6 to 9 months before implementation
Assess the applicability and feasibility of implementing 3MV (i.e., agency capacity) <ul style="list-style-type: none"> <li>Determine the number of black gay men you can target and how many cycles of the 3MV intervention you can implement with available resources</li> <li>Assess available resources and probable costs and develop a proposed budget</li> <li>Assess the need to adapt materials and activities from 3MV</li> </ul>	Administrative, management, and program staff	6 to 9 months before implementation
Enlist community support and involvement from gatekeepers <ul style="list-style-type: none"> <li>Begin developing key community relationships</li> <li>Market the intervention to key stakeholders</li> </ul>	Administrative, management, and program staff	6 to 9 months before implementation
Develop job and role descriptions for the 3MV program positions	Administrative and management staff	3 to 6 months before implementation
Identify, recruit, and hire 3MV program staff	Administrative and management staff	3 to 6 months before implementation
Adapt 3MV intervention materials and activities, if needed	Program staff	3 to 6 months before implementation

**Table 5. Summary of 3MV’s Major Activities (continued)**

Activity	Person(s) Responsible	Timeline
<b>Preimplementation</b>		
Develop necessary program policies and procedures	Administrative and management staff	3 to 6 months before implementation
Develop 3MV implementation plans <ul style="list-style-type: none"> <li>• Develop participant recruitment plans and procedures</li> <li>• Develop a retention plan and procedures</li> <li>• Develop a support and maintenance plan</li> </ul>	Program staff	3 to 6 months before implementation
Develop 3MV M&E plans	Program staff	3 to 6 months before implementation
Identify staff training needs to prepare for intervention delivery	Administrative and management staff	3 to 6 months before implementation
Ensure facilitators are trained and have practiced delivery of intervention sessions	Administrative coordinator and intervention facilitators	3 to 6 months before implementation
Ensure staff are trained in other relevant 3MV program-related responsibilities (e.g., documentation, reporting)	Administrative and management staff	3 to 6 months before implementation
Develop brochures, posters, flyers, and other marketing materials	Program staff	1 to 3 months before implementation
Recruit and screen potential intervention participants	Program staff	1 to 3 months before implementation
Plan and prepare the logistics of the 3MV group sessions <ul style="list-style-type: none"> <li>• Determine size of 3MV groups and the number of facilitators needed</li> <li>• Secure space to conduct 3MV sessions</li> <li>• Set dates for the 3MV intervention cycle to begin</li> </ul>	Program staff	1 to 3 months before implementation
Have facilitators practice facilitating 3MV with mock participants	Program staff	1 to 3 months before implementation
Plan retention activities <ul style="list-style-type: none"> <li>• Consider program incentives at each session</li> <li>• Plan to have facilitators make individual phone calls to each participant midweek between sessions</li> <li>• Plan for refreshments</li> </ul>	Program staff	1 to 3 months before implementation

**Table 5. Summary of 3MV’s Major Activities (continued)**

Activity	Person(s) Responsible	Timeline
<b>Preimplementation</b>		
Schedule 3MV series for program implementation period (e.g., funding cycle, calendar year)	Program staff	1 to 3 months before implementation
Develop a plan and schedule for intervention sessions	Program staff	1 to 3 months before implementation
<b>Implementation</b>		
Conduct 3MV intervention sessions	Intervention facilitators	After completion of preimplementation phase (ongoing throughout program implementation period)
<b>Maintenance</b>		
Continue identification of new participants for subsequent intervention cycles (if applicable)	Program staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)
Continue ongoing retention, follow-up, and support activities	Program staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)
Meet with each facilitator to provide assessments of facilitator’s skills and feedback on intervention delivery (debriefing)	Administrative and management staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)
Coordinate additional training and technical assistance to improve intervention delivery, if needed	Administrative and management staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)

**Table 5. Summary of 3MV’s Major Activities (continued)**

Activity	Person(s) Responsible	Timeline
<b>Maintenance</b>		
Continue to provide trainings for facilitators to update their knowledge in STD and HIV prevention	Administrative and management staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)
Train other agency staff as 3MV facilitators to ensure agency capacity even with staff turnover	Administrative and management staff	After completion of the first intervention cycle of 3MV (ongoing throughout program implementation period)
<b>Monitoring and Evaluation</b>		
Conduct process M&E; collect data <ul style="list-style-type: none"> <li>• Monitor intervention participants and session activities</li> <li>• Monitor intervention objectives</li> </ul>	Program staff	During preimplementation, implementation, and maintenance phases
Conduct quality assurance assessment of intervention sessions; collect data <ul style="list-style-type: none"> <li>• Assess adherence to core elements and key characteristics</li> </ul>	Administrative coordinator	After the completion of every intervention cycle
If resources allow, conduct outcome monitoring of 3MV; collect data <ul style="list-style-type: none"> <li>• Assess changes in outcomes</li> </ul>	Program staff	At least 6 to 9 months after several intervention cycles of 3MV have been completed
Analyze collected data	Program staff	Quarterly
Review M&E data and identify intervention areas and activities for improvement	Program staff	Quarterly
Report findings to stakeholders, staff, and funders	Administrative coordinator	At least once every 6 months
Use program monitoring and process evaluation data to analyze, revise, and refine this plan and the intervention between each delivery of the 3MV intervention	Administrative, management, and program staff	Quarterly

## Staff Recruitment and Retention

For the successful implementation of 3MV, you will need, at a minimum, the following personnel:

- ▶ One full-time program manager or coordinator whose time is wholly devoted to 3MV
- ▶ One half-time program staff to support recruitment, retention, and other intervention activities
- ▶ Two facilitators, who are often the same two staff persons identified above

Ideally, all staff members should have extensive experience working with black gay men. At least one facilitator should be a black gay man, which can help to increase the acceptability of 3MV among your participants and ensure that the intervention is delivered in a culturally appropriate manner.

The program manager or coordinator will be responsible primarily for overseeing, coordinating, and evaluating the implementation of 3MV. Your intervention facilitators will be responsible for identifying, recruiting, and monitoring intervention participants as well as for organizing and facilitating the 3MV sessions.

When recruiting staff to facilitate 3MV intervention sessions, you will need to identify at least two facilitators. Both need to be skilled in facilitating groups and need to have attended group facilitation courses. In addition, both facilitators must be trained in the specific content of each session or have satisfactorily completed 3MV's TOF provided by CDC's Prevention Training Centers. It is strongly recommended that facilitators complete additional trainings offered by their regional PTC, including a course on group facilitation, Bridging Theory and Practice, and an STD overview for nonclinicians. Each intervention session should be delivered by two facilitators.

The second program staff member can provide support and help coordinate intervention logistics, such as maintaining files, arranging food or snacks, and placing advertisements. The size of your target population and available resources may require this staff person to take on the role of facilitator.

## Roles and Responsibilities

Table 6 further describes the specific requirements, roles, and responsibilities of each staff member.

**Table 6. Staff Roles and Responsibilities**

Position Title	Roles and Responsibilities	Requirements
Prevention Manager	<ul style="list-style-type: none"> <li>• Manage implementation of 3MV program and intervention</li> <li>• Hire staff</li> <li>• Supervise facilitators, arrange for facilitator training, and debrief facilitators</li> <li>• Identify the technical assistance needs of facilitators and project staff; coordinate and secure technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational skills</li> <li>• Experience in project management</li> <li>• Project monitoring skills</li> <li>• Ability to supervise and motivate staff (e.g., understands all core elements and activities of the intervention; can monitor facilitators and deliver positive feedback to improve process; can debrief after sessions; can monitor preimplementation and participant recruiting process; knows the importance of regular observation; organized)</li> </ul>
Project Coordinator or Group Facilitator	<ul style="list-style-type: none"> <li>• Coordinate implementation of 3MV program and intervention</li> <li>• Coordinate daily activities, such as assigning tasks, monitoring and ensuring progress of activities, and arranging staff meetings</li> <li>• Ensure data collection and management, monitoring, and analysis</li> <li>• Identify and secure session-appropriate space</li> <li>• Monitor expenditures and budget</li> <li>• Plan and facilitate marketing activities</li> <li>• Promote the intervention in the community</li> <li>• Identify and work with community partners and gatekeepers</li> <li>• Plan and conduct intervention sessions</li> <li>• Monitor participants postintervention</li> <li>• Coordinate and conduct follow-up activities</li> <li>• Collect and compile monitoring data</li> <li>• Assist with marketing activities</li> </ul>	<ul style="list-style-type: none"> <li>• Comfortable with sexuality (e.g., able to use sexual terminology, including colloquial terms; able to describe sexual behavior in concrete, specific terms, without being uncomfortable or embarrassed; nonjudgmental and open-minded about all of the possibilities of human sexuality)</li> <li>• Cultural sensitivity (e.g., respectful of others and of differences between people based on ethnicity or culture; empathetic; able to anticipate possible reactions of others to comments or terminology)</li> <li>• Persuasiveness (e.g., able to convey the importance of the intervention to staff, participants, and the community; able to motivate people)</li> <li>• Knowledge of HIV/AIDS and STDs (e.g., has accurate information; understands the impact of HIV and STDs among black gay men)</li> <li>• Ability to inspire trust and motivate (respects confidentiality of group members, does not gossip, is honest)</li> <li>• Ability to understand confidentiality issues and the importance of maintaining confidentiality</li> <li>• Complete 3MV's Level 1 and Level 2 trainings provided by PTCs</li> </ul>

**Table 6. Staff Roles and Responsibilities (continued)**

Position Title	Roles and Responsibilities	Requirements
Project Coordinator or Group Facilitator (continued)	<ul style="list-style-type: none"> <li>• Coordinate implementation of 3MV program and intervention</li> <li>• Coordinate daily activities, such as assigning tasks, monitoring and ensuring progress of activities, and arranging staff meetings</li> <li>• Ensure data collection and management, monitoring, and analysis</li> <li>• Identify and secure session-appropriate space</li> <li>• Monitor expenditures and budget</li> <li>• Plan and facilitate marketing activities</li> <li>• Promote the intervention in the community</li> <li>• Identify and work with community partners and gatekeepers</li> <li>• Plan and conduct intervention sessions</li> <li>• Monitor participants postintervention</li> <li>• Coordinate and conduct follow-up activities</li> <li>• Collect and compile monitoring data</li> <li>• Assist with marketing activities</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of and experience with black gay men (e.g., knows local issues and characteristics of black gay men; understands black MSM culture; is comfortable working with black gay men and going to venues frequented by black gay men; is respected by black gay men)</li> <li>• Skills in guiding group processes and dynamics (e.g., able to convey information clearly and simply; able to diplomatically guide group discussions; able to respond to comments or questions; able to elicit participation from all group members and attend to opinion leaders' feelings and behaviors)</li> <li>• Skills in demonstrating and guiding role-playing (e.g., able to choose, describe, and act out realistic and appropriate situations; able to direct and provide constructive feedback during participant role-plays; able to redirect participants if the role-plays lose focus)</li> <li>• Skills in demonstrating and guiding problem solving (e.g., able to help participants identify goals; able to generate alternative strategies; able to provide encouragement after failure)</li> </ul>
Group Facilitator or Intervention, Recruitment, and Retention Support	<ul style="list-style-type: none"> <li>• Assist the project coordinator</li> <li>• Identify participants and session venue(s)</li> <li>• Promote the intervention in the community</li> <li>• Identify and work with community partners and gatekeepers</li> <li>• Recruit and screen participants</li> <li>• Secure appropriate materials (e.g., intervention materials, newsprint, paper, markers, binders)</li> <li>• Purchase and arrange incentives (e.g., food or snacks, gifts as decided)</li> </ul>	<ul style="list-style-type: none"> <li>• Comfortable with sexuality (e.g., able to use sexual terminology, including colloquial terms; able to describe sexual behavior in concrete, specific terms, without being uncomfortable or embarrassed; nonjudgmental and open-minded about all of the possibilities of human sexuality)</li> <li>• Cultural sensitivity (e.g., respectful of others and of differences between people based on ethnicity or culture; empathetic; able to anticipate possible reactions of others to comments or terminology)</li> </ul>

**Table 6. Staff Roles and Responsibilities (continued)**

Position Title	Roles and Responsibilities	Requirements
Group Facilitator or Intervention, Recruitment, and Retention Support (continued)	<ul style="list-style-type: none"> <li>• Plan and conduct intervention sessions</li> <li>• Monitor participants postintervention</li> <li>• Coordinate and conduct follow-up activities</li> <li>• Collect and compile monitoring data</li> <li>• Assist with marketing activities</li> </ul>	<ul style="list-style-type: none"> <li>• Persuasiveness (e.g., able to convey the importance of the intervention to staff, participants, and the community; able to motivate people)</li> <li>• Knowledge of HIV/AIDS and STDs (e.g., has accurate information; understands the impact of HIV and STDs among black gay men)</li> <li>• Ability to inspire trust and motivate (respects confidentiality of group members, does not gossip, is honest)</li> <li>• Ability to understand confidentiality issues and the importance of maintaining confidentiality</li> <li>• Complete 3MV's Level 1 and Level 2 trainings provided by PTCs</li> <li>• Knowledge of and experience with black gay men (e.g., knows local issues and characteristics of black gay men; understands black MSM culture; is comfortable working with black gay men and going to venues frequented by black gay men; is respected by black gay men)</li> <li>• Skills in guiding group processes and dynamics (e.g., able to convey information clearly and simply; able to diplomatically guide group discussions; able to respond to comments or questions; able to elicit participation from all group members and attend to opinion leaders' feelings and behaviors)</li> <li>• Skills in demonstrating and guiding role-playing (e.g., able to choose, describe, and act out realistic and appropriate situations; able to direct and provide constructive feedback during participant role-plays; able to redirect participants if the role-plays lose focus)</li> <li>• Skills in demonstrating and guiding problem solving (e.g., able to help participants identify goals; able to generate alternative strategies; able to provide encouragement after failure)</li> <li>• Organization skills (e.g., able to keep track of intervention records and data; able to properly store and secure project supplies and equipment; able to track participant information)</li> </ul>

## **Further Information on Many Men, Many Voices**

To learn more about Many Men, Many Voices and available trainings, please visit <http://www.effectiveinterventions.org/>.

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