



***A culturally-based program to reduce HIV sexual risk behavior among Latino youth***

## **Starter Kit**

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iCuídate!

Take Care of Yourself!

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## ¡Cuídate!—What Is It?

**¡Cuídate!** is a cultural- and theory-based HIV sexual risk-reduction program designed specifically for Latino youth. This program is an adaptation of the Be Proud! Be Responsible! program.<sup>1</sup> **¡Cuídate!** emphasizes Latino cultural beliefs to frame abstinence and condom use as culturally accepted and effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS. **¡Cuídate!** is designed for adolescents 13 to 18 years of age and includes the following:

- Six 1-hour modules delivered over two or more days.
- Small mixed gender groups of 6 to 10 adolescents.
- Use of culturally relevant role-plays, music, video, games, and hands-on practice to allow participants to practice skills they have learned.
- Sessions conducted in either English or Spanish.

## Overview

The word **¡Cuídate!** means “take care of yourself,” which is the theme of this culturally-based program designed to reduce HIV sexual risk among Latino youth. Today, all teens, including Latinos, face many health risks related to sexual behavior, such as unplanned pregnancy and sexually transmitted diseases (STDs), including HIV and AIDS. While Latino youth begin sexual intercourse at later ages than African American or white youth, studies have shown that Latino youth use condoms less frequently than African Americans or whites.<sup>1</sup> Lack of access to culturally and linguistically appropriate preventive services, and religious and cultural beliefs are factors often associated with low condom use among Latinos.

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<sup>1</sup> Jemmott, L. S., Jemmott, J. B. III & McCaffree, K. (1995). *Be Proud! Be Responsible! Strategies to empower youth to reduce their risk for AIDS*. New York: Select Media Publications.



The theme of **¡Cuídate!** is woven throughout all of the activities of this program. While recognizing the geographic, cultural, linguistic, generational and historical diversity among U.S. Latinos, **¡Cuídate!** includes cultural beliefs that are common among many Latino subgroups and associated with sexual risk behavior. **¡Cuídate!** emphasizes the Latino cultural beliefs of **familismo** and gender-role expectations, including **machismo**. These beliefs frame abstinence and condom use as culturally accepted and effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS. The Latino beliefs of **respeto** and **personalismo** are also used in **¡Cuídate!** as guides for facilitators to communicate with youth and for youth to communicate with each other during the program modules.

**¡Cuídate!** helps Latino youth develop the knowledge, attitudes, and skills to reduce their risk for acquiring HIV. The program emphasizes risk reduction strategies such as sexual abstinence and condom use through activities that allow youth to:

- Acquire correct and reliable information about risk and HIV/AIDS.
- Develop attitudes that support safer sex decision-making.
- Build skills to be able to abstain from sex and use condoms correctly.
- Reinforce confidence in their ability to practice safer sex.

### **Science Behind ¡Cuídate!**

The **¡Cuídate!** program was tested in a study that took place in Philadelphia, Pennsylvania with 553 mostly Puerto Rican Latino youth (249 boys and 304 girls) aged 13 to 18 years.<sup>2</sup> The study was repeated with 829 youth in Monterrey, Mexico (371 boys and 459 girls).<sup>3</sup>

**¡Cuídate!** was presented in both English and Spanish in Philadelphia and in Spanish only in Mexico. The program was delivered in two sessions at one week intervals in both the U.S. and Mexico.

Results of the evaluation conducted in Philadelphia indicated that youth in **¡Cuídate!** reported fewer incidents of sexual intercourse, fewer sex partners, fewer days of unprotected intercourse, and an

<sup>2</sup> Villarruel, A. M., Jemmott, J. B. III, & Jemmott, L. S. (2006). A randomized controlled trial testing an HIV prevention intervention for Latino youth. *Archives of Pediatrics & Adolescent Medicine*, 160(8), 772–777.

<sup>3</sup> Gallegos, E. C., Villarruel, A. M., Loveland-Cherry, C., Ronis, D. L., & Zhou, Y. (2008). Intervention to reduce sexual risk behavior in adolescents. Results of a randomized control trial. *Salud Publica de Mexico*, 50 (1), 59–66.



increase in consistent condom use as a result of the program. In addition, youth who were sexually inexperienced at the start of the **¡Cuidate!** program reported fewer days of unprotected sex than youth in the health-promotion program.<sup>4</sup> Each of these effects continued 12 months after the program ended.

Although the majority of youth who participated in the Monterrey, Mexico program were sexually inactive, youth in **¡Cuidate!** reported greater intentions to use condoms and contraceptives than youth in the health-promotion program.<sup>5</sup>

Both youth and facilitators in Philadelphia and Monterrey, Mexico thought the program was important, enjoyable, and practical to apply.

## Goals

The goals of **¡Cuidate!** are to:

- Influence attitudes, behavioral and normative beliefs, and self-efficacy regarding HIV risk-reduction behaviors, specifically abstinence and correct condom use by incorporating the theme of **¡Cuidate!**—taking care of oneself and one’s partner, family, and community.
- Highlight cultural values that support safer sex practices and reframe cultural values that are perceived as barriers to safer sex.
- Emphasize how cultural values influence attitudes and beliefs in ways that affect HIV risk-associated sexual behavior.

**¡Cuidate!** emphasizes increasing skills and self-efficacy in communication and negotiation of abstinence or condom use or with sexual partners and developing technical skills needed for correct condom use. **¡Cuidate!** provides important information about how to prevent HIV and sexually transmitted diseases, as well as the risk of HIV infection for Latino youth.

<sup>4</sup> Villarruel, A. M., Jemmott, J. B. III, & Jemmott, L. S. (2006). A randomized controlled trial testing an HIV prevention intervention for Latino youth. *Archives of Pediatrics & Adolescent Medicine*, 160(8), 772–777.

<sup>5</sup> Gallegos, E. C., Villarruel, A. M., Loveland-Cherry, C., Ronis, D. L., & Zhou, Y. (2008). Intervention to reduce sexual risk behavior in adolescents: Results of a randomized controlled trial. *Salud Pública de Mexico*, 50 (1), 59-66.



## Theoretical Models Used in ¡Cuidate!

The ability of youth to engage in safer sex behavior depends not only on information or perceived risk and vulnerability, but also on the skills necessary to practice abstinence and use condoms, and confidence in their capabilities to do so (self-efficacy). For this reason, **¡Cuidate!** is based on three theoretical models: **Social Cognitive Theory**,<sup>6, 7, 8</sup> **Theory of Reasoned Action**,<sup>9, 10</sup> and **Theory of Planned Behavior**.<sup>11</sup>

### Social Cognitive Theory

**Social Cognitive Theory** states that individual learning is influenced by personal factors, behavior, and environmental influences. These factors include:

- **Environment**—for example the inability for youth to get condoms because of limited access to free condoms
- **Situation**—for example the belief that youth can refuse sex if they don't have a condom
- **Behavioral Capability**—for example knowledge about where to obtain condoms or the skills to use them correctly
- **Outcome Expectancies**—for example youths' expectations that if they say 'no' to sex their partner will leave them
- **Reinforcements**—for example tangible rewards for the behavior such as approval from peers and family for refusing to have sex
- **Self-efficacy**—for example an adolescent's confidence in their ability to refuse sex

<sup>6</sup> Bandura, A. (1989). *Perceived self-efficacy*. In V. M. Mays, G. W. Albee, & S. F. Schneider (Eds.), *Primary prevention of AIDS: Psychological approaches* (pp. 128–141), Newbury Park, CA: Sage.

<sup>7</sup> Bandura, A. (1982). *Self-efficacy mechanism in human agency*. *American Psychologist*, 37, 122–147.

<sup>8</sup> Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.

<sup>9</sup> Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

<sup>10</sup> Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior*. Boston: Addison-Wesley.

<sup>11</sup> Ajzen, I. (1985). *From intentions to actions: A theory of planned behavior*. In J. Kuhl and J. Beckmann (Eds.), *Action-control: From cognition to behavior* (pp. 11–39), Heidelberg: Springer.



## Theory of Reasoned Action and Theory of Planned Behavior

The focus of the theories of Reasoned Action and Planned Behavior is on individual motivation. Factors that determine if a person is likely to engage in a specific health behavior are also included. According to these theories, what a person intends to do is a good predictor of what they will actually do.

Intentions are shaped by:

- **Attitudes**—for example how a person feels about abstinence
- **Subjective norms**—for example how important people in their lives feel about them not having sex.

**Behavioral beliefs** (what a person thinks will happen if they stay abstinent) and **normative beliefs** (what others expect and the motivation to act on those expectations) provide the basis for attitudes and subjective norms. In relation to abstinence, the theory would predict that youth who intend to practice abstinence do so because they have favorable attitudes toward abstinence and believe that people important to them would approve of their being abstinent.

The **Theory of Planned Behavior** is an extension of the **Theory of Reasoned Action** with the addition of the concept of:

- **Perceived behavioral control**—for example whether youth believe they can control not having sex.

In other words, the Theory of Planned Behavior would also predict that if youth believe in their ability to practice abstinence they are more likely to intend to be abstinent. **Control beliefs** (factors that shape how a person can perform a behavior and how they feel about these factors) shape perceived behavioral control.



## Latino Cultural Values Used in ¡Cuidate!

With Latino cultural values as a context, **¡Cuidate!** strives to create positive attitudes toward abstinence and condom use. Cultural values that support safer sex are stressed, while cultural values commonly perceived as barriers to safer sex are reframed to support safer-sex behaviors.

Distinct gender-roles common among Latinos can lead to different expectations for boys and girls, especially as they relate to sexual behavior. The Latino cultural value of ***machismo*** dictates that men show power by strength and control in decision-making. **¡Cuidate!** emphasizes the view of machismo that incorporates the values of caring for and protecting others, and taking responsibility for keeping oneself and one's partner safe as a sign of strength.

The cultural value of ***marianismo*** expects women to remain abstinent until marriage. Once they are married, women are expected to have children; remain faithful and devoted to the family; and defer decision-making, including sexual decisions, to men. The **¡Cuidate!** program reinforces the views of loyalty and abstinence behaviors among Latina women, and encourages young women to consider condom use and refusal of sex as ways of protecting themselves.

**¡Cuidate!** also emphasizes the Latino cultural value of ***familismo*** (or *familialism*). This value includes loyalty to and protection of one's family. The **¡Cuidate!** program recognizes that family is a source of support and that individual behavior affects and reflects on the family.

In addition, **¡Cuidate!** incorporates the concept of ***respeto*** (or *respect*) for self and partners by modeling effective communication and negotiation strategies.

## Core Elements and Key Characteristics

Evidence-based programs such as **¡Cuidate!** have components that must be maintained without alteration to ensure the program's effectiveness. These components are called ***Core Elements***. These are required elements that represent the theory and internal logic of the program and most likely produce the program's main effects.



Based on the original research studies, the following elements are considered responsible for the effectiveness of the **¡Cuidate!** program. These **Core Elements** are derived from components of the behavioral theories that form the basis of the **¡Cuidate!** program, and from experience implementing the original program.

**¡Cuidate!** has six **Core Elements**:

1. Incorporating the theme of **¡Cuidate!**—taking care of oneself and one’s partner, family and community—throughout the program.
2. Using culturally and linguistically appropriate materials and activities to show and emphasize core Latino cultural values, specifically familialism and gender-roles, and how those are consistent with safer sex behavior.
3. Incorporating activities that increase knowledge and influence positive attitudes, beliefs, and self-efficacy regarding HIV sexual risk-reduction behaviors.
4. Modeling and practicing the effective use of condoms.
5. Building participants’ skills in problem solving, negotiation of safe sex, and refusal of unsafe sex.
6. Delivering sessions in highly participatory, interactive small groups.

These six **Core Elements** must be maintained with fidelity—and without alteration to ensure the effectiveness of the program. *Fidelity* is conducting a program by following the **Core Elements**, protocols, procedures, and content set by the research study that determined its effectiveness.

While the **Core Elements** cannot be changed, agencies can modify **Key Characteristics** to make the program appropriate for their community. **Key Characteristics** are activities and delivery methods for conducting a program that, while considered of great value to the **Facilitator’s Curriculum**, can be altered without changing the outcome of the program. These activities and delivery methods can be modified for different agencies and at-risk populations.



Some **Key Characteristics** identified from the original research for **¡Cuídate!** include:

1. **Six 60-minute modules delivered over 2 days.** In the original research study, the program was conducted in two sessions (3 modules per session) within a 1-week period. It would be feasible to deliver more sessions (e.g., 3 sessions [2 modules per session] over a 3-week period; 6 sessions [1 module per session] over a 6-week period). It is recommended that there be a minimum of two sessions to allow sufficient time for participants to process the information presented.
2. **Small mixed gender groups of 6 to 10 participants.** In the original research study, groups included boys and girls. Both girls and boys responded favorably to the group mix, saying they were interested in what the other sex thought. Single gender groups might also be effective. Group size should be large enough to provide interaction among participants, and to allow all youth to practice skills. Larger groups may be feasible if more than one facilitator is available.
3. **Age range of participants is 13 to 18 years.** In the original research study, a diverse age range did not create difficulties. You may decide to include a similar age range or restrict groups to a specific age range.
4. **Facilitators able to work with youth and demonstrate correct condom use techniques.** Professionals and community workers can effectively deliver the **¡Cuídate!** program. They should be comfortable with youth and in discussing sexual issues.
5. **Use of role-plays and scenarios to demonstrate and emphasize specific points included in the program and to allow participants to practice skills learned.** Specifics of role-plays can be changed to address the age, sexual experience, language, race/ethnicity and sexual orientation of the group.
6. **Use of music and videos relevant to your population or community.** Several places in the program allow flexibility in choosing music or videos to reinforce important messages or themes in the program.
7. **Sessions conducted in either English or Spanish.** It is recommended that the program be conducted in only one language because switching languages when youth are NOT bilingual can interrupt the group dynamic.



It is important to keep in mind that the focus of **¡Cuidate!** is on *behavior* and not sexual orientation. The program emphasizes that *behavior* both *places individuals at risk* of getting HIV/AIDS *and keeps them safe*. While language specific to the HIV prevention needs of lesbian, gay, bisexual, transgender, or questioning youth is not included in the program, **¡Cuidate!** can be adapted for these populations by modifying the **Key Characteristics**.

## **Organizational Assessment Activities**

Agency capacity issues and developing the budget are two activities central to getting started when planning to implement **¡Cuidate!**. It is important to note that these activities may not happen strictly in the order presented here. They may happen at the same time. These activities appear in this order here because they build on one another.

### **Agency Capacity Issues**

The first getting started activity is addressing agency capacity issues. Capacity issues focus on securing the “buy-in” of stakeholders in the agency and interested parties in the community.

Key stakeholders for **¡Cuidate!** might include youth, parents, schools or after-school programs, and community groups. The purpose of “buy-in” is to convince stakeholders that implementing **¡Cuidate!** would enhance the quality of agency prevention services. A program *champion* can help your agency with “buy-in”. The *champion* could be an individual or a group of people within the agency who can serve as a link between administration and staff. The champion becomes the program’s spokesperson, and anticipates questions about program needs and resources. The *champion* must have knowledge of the program including its costs, **Core Elements**, and **Key Characteristics**.



The *champion* can use the information presented in the **Implementation Manual** as well as the rest of the package to answer any questions or concerns about **¡Cuidate!** Your agency's champion can use the **Stakeholder's Checklist** to get support for implementing **¡Cuidate!** The Checklist is provided below.

### **Stakeholder's Checklist**

1. Find out whether the community will support the **Core Elements** of **¡Cuidate!**
2. Identify your stakeholders
  - a. Your agency's Board of Directors or Executive Board
  - b. Staff members from your agency who will have a role in the operation of the program
    - i. Administrators who will give support
    - ii. Supervisors who may oversee the program
    - iii. Staff who will interact with participants at any level
  - c. Local agencies where you could recruit participants, facilitators, or both
    - i. Agencies with services for Latino youth
    - ii. Health care providers and mental health professionals serving Latino youth
    - iii. Social service agencies reaching Latino youth
    - iv. Organizations of Latino youth and organizations which may have members who are Latino youth
    - v. Schools
  - d. Organizations which could give help or other resources
    - i. Merchants for incentives, refreshments
    - ii. Agencies, merchants, printers, publishers, broadcasters, and others who can advertise the program
    - iii. Agencies that can provide a place for the program
    - iv. Agencies that can provide transportation
    - v. Partner agencies that can give information for resource packets

*continued next page*



### **Stakeholder's Checklist**, *continued*

- e. Organizations that your agency needs to keep good community or professional relations with:
  - i. Schools and school officials
  - ii. Local health department
  - iii. Local medical and mental health associations
  - iv. Your funding source(s)
  - v. Others
3. Getting stakeholders informed, supportive, invested, and involved
  - a. Providing information
    - i. Decide in advance what specific roles you want each stakeholder to play. Who you will ask to:
      - give financial support
      - refer Latino youth to the program
      - help with program implementation
      - be a resource for referral to participants
      - join your community advisory board
      - provide input about how the program can meet the needs of your target population
      - help advertise the program
      - provide a room where the sessions can be held
      - supply refreshments for participants
      - donate equipment, supplies, and small incentives for participants
      - speak supportively about **¡Cuidate!** in conversations with their associates
    - ii. Send letters that tell stakeholders about **¡Cuidate!**, its importance, that your agency is or will be making the program available, what specific role(s) you think they might play in the success of the program, and offer them a chance to learn more

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### **Stakeholder's Checklist**, *continued*

- iii. Call to assess their interest. 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)
- iv. Hold the meeting, answer questions, and discuss potential issues
- b. Gathering support
  - i. Describe several specific roles they could play
  - ii. Emphasize the benefits of their involvement to themselves, their agency, the community, and Latino youth
  - iii. Answer questions
  - iv. Invite them to commit to supporting **¡Cuídate!** by taking on one or more roles. Keep track of commitments
- c. Getting them involved
  - i. Soon after meeting, send thank you letter that specifies the role(s) to which they committed. If they did not commit, send letter thanking them for their time and interest and ask them to keep the letter on file in case they think about it later
  - ii. For persons who committed to a role that is important to pre-implementation, put them to work as soon as possible
  - iii. For persons who committed to involvement later in the process, send them brief progress updates and an idea of when you will be calling on their support
  - iv. Hold periodic celebratory meetings for supporters to show your appreciation for their valuable contributions, update them on the program's progress, and keep them engaged



## Budget

The last getting started activity is developing the budget.

This budget is meant as an example of possible costs of implementing **¡Cuidate!** These figures will vary from organization to organization depending on the number of times you deliver the program or your specific agency needs. The budget presented in this manual is meant to be a guide.

With the exception of trained facilitators and the time needed for program training, the costs of this program are minimal. To conduct **¡Cuidate!**, an agency will need to designate at least one staff as a facilitator. We recommend that two facilitators be trained—to allow for back-up and when the facilitator is not bilingual. We estimate that each facilitator will need to attend 20 hours (2.5 days) of training to deliver the **¡Cuidate!** Program effectively. In addition, we anticipate that a program manager will be needed to conduct the evaluation and oversee quality assurance. The actual costs for facilitators and the program manager will depend on how often the program is delivered.

In addition to personnel costs, an agency will need to acquire, if they do not already own a DVD player with remote control, and a CD player. A checklist of materials needed is provided on **pages 18–20**. **¡Cuidate!** is easy to implement and can be made feasible for almost all agencies.

## Cost Sheet

To conduct **¡Cuidate!** an agency will need at least two experienced facilitators each time the program is offered. While sources for music and videos for the program are included in the Implementation Manual, an agency may choose to change these materials. If this is the case, an agency will need to add time to the cost sheet to find and assemble these items. The cost sheet also assumes that your agency already has access to program participants. If this is not the case, you will need to add recruitment costs to the final budget. In using this cost sheet to create a budget, pretend that there will be no donations, volunteers, or in-kind contributions. Then pretend that you will have to pay costs/values.

## Suggested Provider Costs to Implement ¡Cuidate!

Categories % time spent on program	Pre-Implementation Start-Up			Implementation Program Delivery <sup>1</sup>		
	# Staff <sup>2</sup>	% Time	# Hrs/Week	# Staff	% Time	# Hrs/Week
<b>Personnel</b> (30%)						
Salaried:						
Program Manager	1	10%		1	5%	
Administrative Assistant	1	15%		1	15%	
Clerical/Secretary	1	10%		1	10%	
Hourly:						
Facilitator(s) <sup>3</sup>	2		2 hours	2		4 hours
Fringe Benefits	25%			25%		
Volunteer Incentives	6		\$ per hour	8		\$ per hour
<b>Facility(ies)</b> (25%) (% time used for program)	\$	x	% =	\$	x	% =
Rent—Office	\$	x	% =	\$	x	% =
Rent—Small Group Meeting Space	\$	x	% =	\$	x	% =
Utilities	\$	x	% =	\$	x	% =
Telephone/Fax	\$	x	% =	\$	x	% =
Maintenance	\$	x	% =	\$	x	% =
<b>Equipment</b> (10%) (% time used for program at depreciated value)	\$	x	% =	\$	x	% =
DVD with remote	\$	x	% =	\$	x	% =
CD/Tape Player	\$	x	% =	\$	x	% =

continued next page

<sup>1</sup> Program delivery costs are based on an average of 10 participants per session. The sessions include six modules delivered over two days. Copying costs are calculated for at least one copy of each handout (listed in each module) and one copy of the Participant Debriefing form per participant per session. Incentives and refreshments/food are optional. If used, costs for these items need to be added to the final budget.

<sup>2</sup> As staff turns over, additional money must be allocated for training new staff.

<sup>3</sup> Figures are based on one implementation of the complete intervention to one target population. Facilitators will also need to be compensated for their time spent practicing during pre-implementation as well as during the delivery of the program. Program delivery time includes review before each session, travel to the sessions, session time and debriefing time.

## Suggested Provider Costs to Implement ¡Cúdate!, *continued*

Categories % time spent on program	Pre-Implementation Start-Up			Implementation Program Delivery <sup>1</sup>		
	# Staff <sup>2</sup>	% Time	# Hrs/Week	# Staff	% Time	# Hrs/Week
<b>Equipment, continued</b>						
Computer	\$	x	% =	\$	x	% =
Equipment Maintenance <sup>4</sup>	\$	x	% =	\$	x	% =
<b>Supplies (15%)</b>	#	x	\$ =	#	x	\$ =
Replication package/kit	1	x	\$	0		
Postage and Mailing	\$	x	% =	\$	x	% =
Copying and Printing	\$	x	% =	\$	x	% =
Office Supplies	\$	x	% =	\$	x	% =
Paper	10 rms	x	\$	10 rms	x	\$
Pens and Pencils	2 dz	x	\$	2 dz	x	\$
Easel Paper/Newsprint	5	x	\$	5	x	\$
Markers	1 dz	x	\$	1 dz	x	\$
Condoms	5 gross	x	\$	5 gross	x	\$

<sup>4</sup> Additional, substitute videos may be needed over time to keep the intervention up to date.



## **Staffing and Facility Requirements**

Staffing and facility requirements vary depending on how your agency chooses to deliver the **¡Cuidate!** program. Several staff member and facility characteristics will aid your implementation.

### **Staffing**

#### ***Program Manager***

The role of the program manager is to oversee the process of program implementation. While you may combine this position with others listed below or within your agency, it is a good idea to designate at least one staff member to help organize and facilitate the program implementation.

#### ***Facilitators***

The major role of the facilitators is to deliver the **Facilitator's Curriculum** to program participants. Facilitators are responsible for being familiar with the **Facilitator's Curriculum** and ensuring that all materials, including evaluation forms, are available during the program. Selection of persons to conduct the program is a key component in delivering an effective program.

Facilitators should have a comprehensive understanding of Latino culture (with particular emphasis on sexual relationship dynamics), the developing sexual needs of youth, and the relevance of HIV/AIDS, STDs, and pregnancy for Latino youth. Facilitators should be fluent in the language of the intervention delivery (English or Spanish).

Facilitators should receive formal training designed to familiarize them with the goals, purpose, and specific details of the Facilitator's Curriculum; and enhance specific knowledge and skills needed to deliver the program. During training, facilitators will learn the details of the content of the program, as well as general facts needed to teach the **Facilitator's Curriculum**. Training will also emphasize culturally appropriate methods of communication and highlight the value of **respeto**. During training, facilitators should participate in all activities the youth will experience, including viewing videos and demonstrating proper condom use. This hands-on approach will ensure that facilitators not only understand the program content, but also can be good role models for the youth.



### ***Support Staff***

Support staff will be responsible for assisting facilitators and program managers with specific tasks. Support staff might include members of the community, current staff members of the implementing agency, or peer advisors/mentors.

### **Facility Requirements**

**¡Cuídate!** is designed to be delivered to small groups of 6 to 10 youth. The selection of a location and room are important in setting up an ideal, convenient atmosphere for interaction. Additionally, your staff may be aware of some of the factors that will affect the decision (e.g., school hours). When selecting facilities, consider the following:

- A central location that is easily accessible to youth your agency hopes to include in the program (e.g., within adequate walking or driving distance, along major transit lines, handicapped accessible if needed)
- Adequate space to accommodate all activities and materials
- Available at flexible times
- Adequate space to allow all participants to be comfortable
- Space that is safe, secure, and private
- Access to materials that you cannot transport (e.g., electrical outlets for TV/DVD player)



## Resources, Materials, and the Materials Bin

In order to implement **¡Cuídate!** your agency will need to ensure it has the following list of supplies. Items marked with an asterisk indicate materials that are NOT included as part of this package.

### **ACTIVITY MATERIALS RESOURCE LIST**

\* items not provided in curriculum

\*\* items provided on Ancillary Materials CD

#### **All Modules**

- Name tags\*
- Masking tape\*
- Newsprint\*
- Pens\*
- Pencils and markers\*
- Group Rules\*
- Clock\*
- Extra batteries\*

#### **Curriculum Materials**

- ¡Cuídate!** Implementation Manual
- ¡Cuídate!** Facilitator's Curriculum
- Posters
  - HIV/AIDS**\*\*
  - Cultural Values**\*\*
- Pre-labeled newsprint\*
- Group Rules

#### **Module 1**

- Pre-labeled newsprint\*
  - Cultural Pride
  - Latino Families

#### **Curriculum Materials**

- Agree** and **Disagree** signs\*\*
- ¡Cuídate!** logo\*\*

#### **Module 2**

- TV/DVD player\*
- DVD, **¡Cuídate!**

#### **Curriculum Materials**

- Myths and Facts** handout\*\*

*continued next page*



## **ACTIVITY MATERIALS RESOURCE LIST**

*continued*

\* items not provided in curriculum

\*\* items provided on Ancillary Materials CD

### **Module 3**

Tokens for Lotería\*

**A Romance** role-play cards\*\*

**A Romance** handout\*\*

#### **Curriculum Materials**

**Attitudinal Statement** cards\*\*

**Lotería** playing cards\*\*

**Lotería** game boards\*\*

### **Module 4**

CD Player\*

Extra batteries\*

CD

*Tito Puro Machito*

*Con Una Nada Más*

#### **Curriculum Materials**

**Lyrics to Tito Puro Machito and Con Una Nada Más** (*English and Spanish*) handout\*\*

**¿Quién Es Más Macho?** handout\*\*

**Safety, Caution, Danger** cards\*\*

**Safety, Caution, Danger** risk signs\*\*

**Agree** and **Disagree** signs\*\*

### **Module 5**

Penis models\*

Lubricated latex condoms (*two for every participant or pair of participants, plus demonstration condoms*)\*

Lubricant (*water-soluble*)\*

Disposable wipes (*for hand washing*)\*

Paper towels\*

Pre-labeled newsprint\*

Ways to Increase Spontaneity

Condoms Could Make Sex Fun and Pleasurable

#### **Curriculum Materials**

**Condom Line-up** cards\*\*

*continued next page*



## ACTIVITY MATERIALS RESOURCE LIST

*continued*

\* items not provided in curriculum

\*\* items provided on Ancillary Materials CD

### Module 6

Pre-labeled newsprint:\*

Excuses

Self-stick notes\*

#### *Curriculum Materials*

**Role-play** cards (*A to I*)\*\*

**AIDS Jeopardy** game board\*\*

Posters

**Role-play Guidelines**\*\*

**S.W.A.T.**\*\*

**S.W.A.T. Observation** checklist\*\*

### Timeline

A timeline covering all stages of the program is a useful resource to aid planning and implementation of the program. A suggested timeline with specific tasks begins on page 24.

## **MATERIALS BIN RESOURCES**

*We recommend laminating all Ancillary Materials except for handouts.*

**ALWAYS** keep the following materials in your bin:

- Name tags
- Masking tape
- Blank newsprint
- Pre-labeled newsprint
  - Group Rules
  - Cultural Pride
  - Latino Families
  - Ways to Increase Spontaneity
  - Condoms Could Make Sex Fun and Pleasurable
  - Excuses
- Pens
- Pencils and markers
- Clock
- CD:
  - Tito Puro Machito*
  - Con Una Nada Más*
- CD player
- Penis models
- Lubricated latex condoms  
*(two for every participant or pair of participants, plus demonstration condoms)*
- Lubricant *(water-soluble)*
- Disposable wipes *(for hand washing)*
- Paper towels
- Tokens for Lotería
- Self-stick notes
- Extra batteries
- Extension cord

### **Curriculum Materials**

- ¡Cuidate!** Implementation Manual
- ¡Cuidate!** Facilitator's Curriculum

### **Ancillary Materials**

- ¡Cuidate!** logo
- ¡Cuidate!** DVD
- Posters
  - HIV/AIDS**
  - Cultural Values**
  - S.W.A.T.**
  - Role-play Guidelines**
- Handouts
  - Myths and Facts**\*
  - ¿Quién Es Más Macho?**\*
  - Lyrics to Tito Puro Machito** and **Con Una Nada Más**  
*(English and Spanish)*\*
- S.W.A.T.** checklist
- Agree** and **Disagree** signs
- Condom Line-up** cards
- Attitudinal Statement** cards
- Lotería materials
  - Lotería** playing cards
  - Lotería** game boards
- A Romance** role-play cards *(A to I)*
- Safety, Caution, Danger** cards
- Safety, Caution, Danger** risk signs
- AIDS Jeopardy** game board

\* Do not laminate

### Suggested Program Timeline

Timeline	Week 1 & 2	Week 3 & 4	Week 5 & 6	Week 7 & 8	Week 9 & 10	Week 11 & 12	Week 13 & 14	Week 15 & 16	Week 17 & 18	Week 19 & 20
Identify members of the Program Implementation team (Facilitators, support staff)	X									
Identify Key Stakeholders	X									
Arrange training for facilitators	X									
Identify potential sites for training	X									
Modify flyers, information sheets, and other marketing tools	X									
Send facilitators to training		X								
Continue marketing		X								
Begin securing program resources	X									
Begin recruiting			X							
Adapt program materials if needed			X	X	X					

**Suggested Program Timeline, continued**

Timeline	Week 1 & 2	Week 3 & 4	Week 5 & 6	Week 7 & 8	Week 9 & 10	Week 11 & 12	Week 13 & 14	Week 15 & 16	Week 17 & 18	Week 19 & 20
Schedule sessions			X							
Develop evaluation plan			X							
Select participants				X						
Prepare program materials				X						
Confirm venue				X						
Arrange snacks/food as needed				X						
Continue facilitation coordination and practice				X						
Create crisis program/referral system				X						
Confirm participants				X						
Inform participants of session venue and time				X						
Implement Program					X					
Conduct evaluation					X					





## Appendix 1 • CDC Fact Sheets

**CDC Fact Sheets** are listed below. Copies of these materials can be found in the **¡Cuídate! Implementation Manual**.

- The ABCs of Smart Behavior
- Fact Sheet: Male Latex Condoms and Sexually Transmitted Diseases
- Program Review Panel
- MMWR: Nonoxynol-9 Spermicide Contraception Use—United States, 1999
- MMWR: CDC Statement on Study Results of Products Containing Nonoxynol-9
- Fact Sheet: HIV/AIDS Among Youth

