

MPOWERMENT

DESCRIPTION

The Mpowerment Project¹ is a community-level HIV prevention program that is run by a core group of 12 to 20 young gay and bisexual men from the community and paid staff coordinators. The core group members, along with other volunteers, design and carry out all project activities.

Mpowerment has been packaged by CDC's Diffusion of Effective Behavioral Interventions project; information on obtaining the intervention training and materials is available at www.effectiveinterventions.org.

Goals

The objective of Mpowerment is to establish a community organizing process for diffusion of risk-reduction norms, those supportive of safer-sex behavior.

How It Works

Participants bring about communitywide change by carrying out a set of 4 integrated activities that convey safer sex as the norm.

Formal Outreach

Teams of young gay and bisexual men go to locations frequented by other young gay and bisexual men to discuss and promote safer sex, deliver literature on HIV risk reduction, and distribute condoms. Additionally, teams create their own informational events (e.g., discussion groups) to educate young gay and bisexual men and promote safer sex.

M-groups

At these peer-led, 1-time, 3-hour meetings, groups of 8 to 10 young gay and bisexual men discuss factors contributing to unsafe sex (e.g., misconceptions about safer sex, poor sexual communication skills). Through skill-building exercises and role-playing, the men practice safer-sex negotiation and correct condom use. The men receive free condoms and lubricant. They are trained and motivated to conduct informal outreach.

Informal Outreach

Informal outreach consists of young men having casual conversations with their friends in a relaxed, informal manner that promotes healthy community norms. They discuss the desirability of

- adopting safer-sex behaviors
- knowing one's HIV status
- seeking HIV testing
- disclosing HIV status to sex partners
- seeking medical care if HIV infected

Ongoing Publicity Campaign

The campaign attracts men to the project by word of mouth and through articles and advertisements in newspapers (gay, alternative, university).

Theories behind the Intervention

Mpowerment embodies many principles of community psychology, including the following:

- social diffusion theory
- social motivations for behavior
- importance of a community-level approach and multiple levels of approach
- community building and support
- peer influence
- empowerment philosophy

Research Findings

In the communities in which it has been implemented, the Mpowerment Project has been shown to reduce rates of unprotected anal intercourse among young gay and bisexual men.^{1,2}

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. **Core elements are essential and cannot be ignored, added to, or changed.**

Mpowerment has the following 9 core elements:

- Recruit and maintain a core group of 12 to 20 young gay and bisexual men to design and carry out project activities.
- Recruit volunteers to help deliver services and to make important decisions about the program.
- Use project coordinators to oversee project activities.
- Establish a dedicated project space where many of the project activities can be held.
- Conduct formal outreach, including educational activities and social events.
- Conduct informal outreach to influence behavior change.
- Convene peer-led, 1-time discussion groups (M-groups).
- Conduct a publicity campaign about the project within the community.
- Convene a Community Advisory Board.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

Empowerment has the following key characteristics:

- **Use Coordinators who will**
 - understand HIV prevention and community building
 - know about the local young gay and bisexual men's community
 - have leadership skills
 - oversee all project activities
 - promote racial, ethnic, and socioeconomic diversity
 - support and empower core group members and volunteers in developing and implementing activities
 - begin the process of spreading messages about safer sex
 - review and evaluate all parts of the project, their role in the project, and issues facing young gay and bisexual men

- **Maintain Core Group Members who will**
 - base decisions on the project's guiding principles
 - make important decisions (e.g., naming the local project, planning intervention activities, developing materials, choosing and furnishing the project space)
 - represent racial, ethnic, and socioeconomic diversity
 - change over time as new men join and others leave
 - support and encourage each other and other friends with regard to safer sex
 - schedule regular meetings that are fun, social, productive
 - review and evaluate all parts of the project, their own roles in the project, and issues facing young gay and bisexual men

- **Recruit Volunteers who will**
 - represent racial, ethnic, and socioeconomic diversity
 - make important decisions
 - learn new skills and conduct meaningful and interesting work (usually devoting less time than core group members)
 - support each other and stress the importance of safer sex and of HIV testing
 - create a warm, appreciative, social, and welcoming atmosphere

- **Conduct Formal Outreach that**
 - promotes safer sex, HIV antibody testing, HIV status disclosure
 - sponsors appealing events and engaging performances
 - helps build community
 - provides social opportunities
 - creates opportunities for positive peer influence
 - recruits for M-groups and other project activities
 - empowers project volunteers
 - schedules activities regularly

- **Conduct Informal Outreach that**
 - spreads a norm of safer sex and HIV antibody testing
 - uses peer influence to change behavior
 - is achieved through nonjudgmental and supportive peer interactions
 - is reinforced through other project activities

- **Hold M-groups that**
 - are led by well-trained and skilled project staff, volunteers, or both
 - address issues important to young gay and bisexual men
 - create social opportunities
 - teach safer sex, sexual negotiation skills, and how to do informal outreach
 - encourage project involvement and volunteerism
 - are scheduled regularly

- **Conduct a Publicity Campaign that**
 - creates attractive informative materials
 - reminds young gay and bisexual men of the importance of safer sex and encourages HIV testing and seeking of medical care if HIV infected
 - reaches all young gay and bisexual men in the community
 - focuses on young gay and bisexual men, not the general community

- **Form a Community Advisory Board that**
 - includes 5 to 10 persons (typically older than 30 years), who are knowledgeable about
 - the target population
 - public health in their state and community
 - prior HIV prevention efforts
 - other community institutions that reach the target population
 - serves as a resource to the core group and coordinators (meets monthly to offer advice on intervention activities)
 - links the project to a range of community CBOs
 - does not have day-to-day decision-making power

Guiding Principles

- **Social focus.** Address young gay or bisexual men's social needs; link HIV prevention to fulfillment of these needs; infuse HIV prevention into all activities.
- **Empowerment philosophy.** Empower young gay or bisexual men. Behavior change is most lasting when persons are actively involved in creating and implementing solutions to their own problems; young gay or bisexual men are the decision makers of the project; it is their own project.
- **Peer-based.** Mobilize peers to act as agents of change within their social networks; peer influence is very powerful.
- **Multilevel and multicomponent.** Address multiple predictors of risk, and operate at many levels. Young gay or bisexual men engage in high-risk sex for a variety of reasons: individual factors (e.g., perception that safer sex is dull), interpersonal factors (e.g., inability to negotiate safer sex with partner), and

- environmental factors (e.g., risky venues, no targeted programs for young gay or bisexual men).
- **Gay positive and sex positive.** Enrich and strengthen young gay or bisexual men's sexual identity and pride in being gay or bisexual; make safer sex methods more attractive (not just focused on condoms); use images that reflect diversity of the community.
 - **Community building.** Create healthy community; promote supportive friendship networks; disseminate a norm of safer sex throughout the community.
 - **Diffusion of innovations.** Have young gay or bisexual men talk and encourage their friends to be safe; they spread this message throughout the community, and a norm of safer sex is established and reinforced.

Procedures

Procedures are detailed descriptions of some of the above-listed elements and activities.

Procedures for Mpowerment are as follows:

Locating Coordinators

First, CBOs locate coordinators by writing letters to agencies and advertising in local newspapers. Coordinators are then hired and trained to organize all aspects of the intervention, including managing volunteers and all activities.

Assessing the Community

Next, CBOs conduct a community assessment to identify

- the different groups of young gay and bisexual men throughout the community (including what social settings exist and where the different groups congregate)
- resources (e.g., spaces in which to hold outreach events, especially those that attract young gay and bisexual men)
- people in the community who are relevant to the project (e.g., potential members of the Community Advisory Board, organizations that might support the project, places to advertise and recruit young gay and bisexual men)

After the community assessment, CBO representatives must contact community leaders and inform them of the project.

Assembling the Core Group

Coordinators must identify and invite potential members from the different segments of the young gay and bisexual men's community to join the core group.

Recruiting Volunteers

Volunteers are recruited from the young gay and bisexual men's community to carry out most activities.

Conducting Formal Outreach

Formal outreach includes outreach teams and outreach events.

- **Outreach teams** of young men go to specific settings for very brief activities that attract attention and promote safer sex. The teams sponsor a variety of large and small outreach events designed to appeal to each segment of the young gay and bisexual men's community.
- **Outreach events** promote safer sex and referral to HIV counseling, testing, and referral services. They also encourage the young men to learn their HIV status and to adopt and maintain safer behaviors over time. Safer-sex and HIV testing messages are infused into every project activity in an appealing and fun way. Materials (e.g., safer-sex information with motivational messages, condoms, water-based lubricants, invitations to intervention activities) are handed out at events. Examples of activities include
 - weekly video presentations
 - social gatherings
 - discussion groups
 - community forums

Young men who attend the outreach events can be invited to join the core group and participate in M-groups. Young men who want to join the core group or volunteer are encouraged to attend an M-group to learn about the project's goals and activities. The project should strive to recruit 15% to 20% of the estimated number of young gay and bisexual men in the community to attend an M-group.

Conducting Informal Outreach

Informal outreach consists of young gay and bisexual men communicating with friends in casual conversations about the need to

- engage in safer sex
- know their HIV antibody status
- disclose their HIV status to potential sex partners
- seek medical care if HIV infected

Young men learn how to conduct informal outreach while attending the M-groups. They are asked to make a commitment to speak with several of their friends, give them safer-sex packages, and invite them to an M-group. The goal of informal outreach is to develop a process of communication that promotes safer sex throughout the entire community.

Conducting a Publicity Campaign

An ongoing publicity campaign communicates project goals, health messages, and activities. The campaign uses articles and advertisements in alternative newspapers; posters and fliers; internet Web pages, chat rooms, and e-mail distribution lists; and word-of-mouth publicity within social networks. The campaign's goals are to establish awareness of the intervention, invite young men to become involved, and provide a continual reminder of safer-sex norms.

ADAPTING

Adapting means modifying the intervention to appropriately fit the local context in a way that does not violate the core elements of the intervention. Mpowerment contains preimplementation (start-up) steps to fit the intervention locally. Community assessment is a major part of the start-up work. The information obtained is used to adapt Mpowerment to make it appropriate for the location. For example, all promotional materials for Mpowerment are developed locally and are appropriate for the area. Knowledge of and skill with research methods are important to adaptation.

RESOURCE REQUIREMENTS

People

Mpowerment needs the following people:

- **Core group members.** These 12 to 20 volunteers are a diverse group of young gay or bisexual men.
- **Volunteers.** Young gay or bisexual male volunteers are needed in addition to the core group.
- **M-group facilitators.** Two facilitators are needed.
- **Project coordinators.** The number of coordinators will depend on the program and the community, but MPowerment will need at least 1.5 full-time coordinators.
- **Administrative staff member** (e.g., HIV prevention manager). This person may be from the CBO and supervises the coordinator(s).
- **Community Advisory Board members**

Space

Mpowerment must have a dedicated space for meetings (events, M-groups, volunteer trainings, staff meeting) and for young gay and bisexual men to drop in (during certain hours) to socialize, get information about community organizations and services, obtain referrals, and pick up risk-reduction resources and materials. If the CBO has enough money, a separate building is best; if not, other community agencies may help pay for a space for Mpowerment. The meeting space should

- be safe and have comfortable chairs
- be furnished and decorated
- be easy to get to, near public transportation routes, near where young gay/bisexual men live, work, and socialize
- provide a private and confidential environment if rapid HIV testing is offered
- have a TV and a VCR

Supplies

Mpowerment needs

- posters and handouts about safer sex

- condoms and lubricant to hand out
- information about referrals

RECRUITMENT

The population recruited for Mpowerment is young gay and bisexual men. Methods used to recruit people for M-groups, the core group, and the Community Advisory Board are

- formal outreach
- informal outreach
- publicity campaign

Review Recruitment in this document to choose a recruitment strategy that will work in the setting in which the CBO plans to implement Mpowerment.

POLICIES AND STANDARDS

Before a CBO attempts to implement Mpowerment, the following policies and standards should be in place to protect clients, the CBO, and the Mpowerment project intervention team:

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all participants in the program.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

All process and outcome data collected from or associated with clients (e.g., worksheets, progress reports, attendance records) must be kept in a locked, secure location with only designated program staff able to access it.

Informed Consent

CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the clients' rights. Individual state laws apply to consent procedures for minors; but at a minimum, consent should be obtained from each client and, if appropriate, a legal guardian if the client is a minor or unable to give legal consent. Participation either as a volunteer, a core group member, or an M-group member must always be voluntary, and documentation of this informed consent must be maintained in the client's record.

Legal and Ethical Policies

Mpowerment is an intervention that may deal with disclosure of HIV status. CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform clients of the organization's responsibilities if the client receives a positive HIV test result and the potential duty to warn. CBOs also must inform clients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

CBOs must be prepared to supply appropriate referrals to clients as necessary. If clients need additional assistance in decreasing risk behavior, providers must know about referral sources for prevention interventions and counseling, such as comprehensive risk counseling and services, partner counseling and referral services, and health department and CBO prevention programs for persons living with HIV.

Volunteers

Mpowerment uses volunteers to conduct the intervention; therefore, the CBO should know and disclose how their liability insurance and worker's compensation applies to volunteers. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing the Mpowerment Project:

Coordinators

Training

Coordinators should complete a training workshop that includes

- review of the intervention theory and materials
- participation in practice sessions.
- observation while cofacilitating groups, including practice of mock core groups and M-groups

Supervisors of coordinators should also (but are not required to) attend a training workshop that includes review of the intervention theory and materials.

Protocol Review

CBOs should have in place a mechanism to assure that all session protocols are followed as written. For quality assurance, key staff can review the sessions (by direct observation or videotape). They should look for

- adherence to session content
- use of appropriate videotapes and adequate facilitation of discussions
- accessibility and responsiveness to expressed client needs
- important process elements (e.g., time allocation, clarity)

Record Review

Selected intervention record reviews should focus on ensuring that consent forms (signed either by the client, if older than 18 or emancipated, or by a legal guardian) are included for all clients when required, and session notes are of sufficient detail to assure that clients are actively involved.

Clients

Clients' satisfaction with the intervention and their comfort should be assessed after each M-group.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation

of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

Hays RB, Kegeles SM, Rebchook GM. The Mpowerment Project: community-building with young gay and bisexual men to prevent HIV. *American Journal of Community Psychology*. 2003;31:301–312.

The University of California San Francisco's Center for AIDS Prevention Studies offers low-cost trainings for project coordinators and program supervisors and free help to some organizations.

You can get training manuals and videotapes by sending an e-mail to mpowerment@psg.ucsf.edu or by going to www.mpowerment.org.

REFERENCES

1. Kegeles SM, Hays RB, Coates TJ. The Mpowerment Project: a community-level HIV prevention intervention for young gay men. *American Journal of Public Health*. 1996;86(8): 1129–1136.
2. Kegeles SM, Hays RB, Pollack LM, Coates TJ. Mobilizing young gay/bisexual men for HIV prevention: a two-community study. *AIDS*. 1999;13(13):1753–1762.

