From Science to Application:
The Development of an Intervention Package

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Many community-based organizations and health departments want to implement HIV prevention interventions with scientifically demonstrated effectiveness. The Replicating Effective Programs (REP) project supported researchers in developing intervention packages designed to help prevention partners replicate effective programs in their settings. Intervention packages convey the intervention's foundation, components, and methods and are one part of a larger system needed to transfer research-based HIV prevention technology to service providers. Implementation packages were developed using a multistage process. The original researchers drafted the materials, advisory groups reviewed the packages, and adopting agencies used the materials in trial runs. The advisory groups and adopting agencies recommended extensive use of examples, thorough explanations about the rationale for each intervention component, explicit representation of people of color in the materials, clear statements about the intended audience(s), and an easy-to-use and visually appealing format. Packages were revised based on these recommendations and the outcomes of the trial runs.

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The Mpowerment Project, a community-based HIV prevention program for young gay and bisexual men, has been shown to be effective in reducing rates of unprotected anal sex in its target population (Hays, Kegeles, & Rebchuk, in press; Kegeles, Hays, & Coates, 1996; Kegeles, Hays, Pollack, & Coates, 1999). Recognizing the need to implement interventions with demonstrated evidence of effectiveness, various community-based organizations (CBOs) and health departments in the United States and abroad have requested "a copy of the manual" or "a phone call" about how to implement the Mpowerment Project in their settings and communities. This response reflects the experience of other researchers who have developed effective HIV prevention interventions targeted to specific populations (e.g., adult gay men, women, adults attending STD and family planning clinics or homeless and runaway youth) (Kelly et al., 1997; Lauby, Smith, Stark, Person, & Adams, 2000; O'Donnell, O'Donnell, San Doval, Duran, & Labes, 1998; Rotheram-Borus, Koopman, Haignere, & Davies, 1991) and who have been asked to provide information on how to implement their interventions.

Unfortunately, scientific journals typically focus articles on the methods and outcomes of evaluating research interventions, but allocate only minimal space to descriptive details of the intervention itself. As a result, CBOs and health departments know which interventions appear to work, but have little information about how to implement them. The Replicating Effective Programs (REP) project supports original researchers in developing packages of materials to guide others in implementing interventions with demonstrated evidence of effectiveness. In this article, the construction of the package for the Mpowerment Project is presented as a case study to illustrate the process of developing REP intervention packages and testing their use in non-research settings. The experience of other REP projects in developing their intervention packages are included as appropriate.\(^1\)

BACKGROUND

The Mpowerment Project is a community-level HIV prevention program for young gay and bisexual men that is based on theories about community and personal empowerment, community organizing and diffusion of innovation (Hays et al., 1999, in press; Kegeles et al., 1999). The project's goal is to create an empowered community in which young gay men encourage each other to practice safer sex and in which safer sex is the mutually understood norm. The Mpowerment Project is run by a core group consisting of 10–15 young gay men, volunteers and paid staff, from the community. The members of the core group make most of the project's major decisions, initiate community organizing, and with other volunteers, carry out all project activities. A Community Advisory Board (CAB), made up of men and women from the local AIDS, gay and lesbian, public health, and university communities, provides advice to the core group.

\(^1\) Five interventions were packaged as part of the REP project. The researchers for the five interventions collaborated on several papers describing the REP technology translation and transfer project, which are included in this volume. This article focuses on the development of the intervention package, which is only one aspect of the translation and transfer process. The illustrations of the process of developing the intervention packages focus on the lead author's experiences. However, examples from the other research teams are included to illustrate commonalities and differences in experiences and strategies to developing an intervention package.
The project includes five interdependent components:

1. **Formal outreach**: Outreach teams, often in costumes, go to locations frequented by young gay men to promote safer sex and deliver appealing informational materials created by the volunteers. The team also plans social events (e.g., large dance parties, barbecues, sports activities, discussion groups, book clubs), in which safer sex can be promoted to young gay men.

2. **M-Groups**: These small, peer-led discussion groups focus on personal risk-taking and on creating a safer, supportive community.

3. **Informal outreach**: Informal outreach involves young gay men encouraging their friends to practice safer sex.

4. **Publicity campaign**: The campaign promotes the project in the gay men's community.

5. **Young gay men's community center**: The project has its own space where most of the group activities and social events are held and is the focal point for community building.

With funding from the National Institute for Mental Health (NIMH), the original researchers hired staff and set up the intervention as a free-standing organization in each community, provided training, and supervised projects in two communities (Eugene, OR and Santa Barbara, CA). CBO involvement was limited to participation in the CABS. A subsequent NIMH research grant supported the implementation of the intervention in two additional communities (Albuquerque, NM and Austin, TX).

**OVERVIEW OF THE INTERVENTION PACKAGE**

The Mpowerment Project's intervention package includes: (a) a Program Manual, (b) an M-Group Facilitator's Manual, (c) an Overview Video, and (d) the M-Group Facilitator Video (see Program Manual at the end of the article). The M-Group is the only program component that incorporates very specific implementation (e.g., scripted exercises, role plays). Some topics covered by M-Groups are amenable to tailoring. Given the need for scripting, the original researchers wrote the M-Group facilitator's manual during the course of the original research to expedite the transfer of techniques to each new research community. The videos were produced as part of the REP project.

The other components of the Mpowerment Project are less standardized. Methods for facilitating empowerment and developing a cohesive and supportive community are not easily specified through a simple list of steps. Therefore, the program manual and overview video are not cookbooks for intervention implementation. Instead, they address the theoretical constructs underlying the project, with explanations of how they have been applied in the research intervention and can be used to tailor the Mpowerment Project to other communities. The program manual and overview video describe the project's philosophy, components, and desired outcomes but do not specify methods; these are to be developed by and tailored to the implementing locale.

The two manuals and the M-Group facilitator video are intended primarily for use by CBO staff, although they may also be useful to volunteers, particularly core group members. The overview video is directed to potential funders, CBO Boards of Directors, CBO staff who are not involved in the project, new project volunteers, and new staff members. The goal of the overview video is to generate enthusiasm for the
program by vividly conveying its purpose, methods, and outcomes and by demonstrating how the multiple components of the program work together.

Each of the REP projects used a different combination of manuals and videos as dictated by the interventions and in response to their advisory groups. All packages include a project manual, some have a training manual, and a few have an additional manual specifically for a core element of their intervention. For example, the Family Health Council has a manual about creating role model stories, the Center for Community Health has a small group facilitator manual, and the Education Development Center’s package includes a short administrator’s guide that serves as a potential marketing tool. Each package also incorporated videos. The Educational Development Center produced two videos, for use with different ethnic groups, to stimulate conversation among clinic clients receiving the intervention. The Center for Community Health and the Family Health Council use videos to provide an overview of the project, stimulate enthusiasm, and orient volunteers and new staff to the project; the Center for AIDS Intervention Research uses a video to train facilitators.

THE PACKAGE DEVELOPMENT PROCESS

The development of a practical and useful intervention package requires the involvement of the researchers who designed the intervention and who trained and supervised the staff. The persons involved in day-to-day intervention implementation understand the relationship between the underlying philosophy of the intervention and its implementation approach. In every REP project, original staff members were involved in the development of the intervention package. In addition to having an in-depth knowledge of the intervention, other useful skills for package developers include knowledge of how CBOs operate, graphic arts skills, and “adult learning” techniques.

DEVELOPING THE PROGRAM MANUAL AND OVERALL PACKAGE

Development of the Mpowerment Project’s program manual progressed in a series of stages, each of which incorporated input from different sources. The directors and supervisors of the initial research project wrote the first draft. In the second stage, a community working group, comprised of representatives from local health departments and CBOs (see below), reviewed the draft. Former program staff members, who had implemented the intervention, also examined the draft to ensure that it accurately reflected the frontline staff’s perspective. The researchers incorporated these comments and produced a revised draft manual. In the third stage, the CBOs selected as adopting agencies used the program manual and provided verbal comments. None of these CBOs were involved in the community working group. The researchers separated the package’s initial development from its trial run to ensure that the replicating organizations were responding to the intervention package and accompanying training and technical assistance without prior knowledge of the materials and intervention. Feedback from the adopting agencies and an assessment of issues arising from the replication study led to additional changes in the program manual and other parts of the intervention package. A professional editor trained in adult education techniques (Merriam, 1999) edited the program manual for clarity of expression and format. The final step was adding graphics and photographs.

The other REP projects went through similar steps in creating their intervention packages. Some created a version of their package before the REP project, whereas others constructed it for the first time as part of the project. Each project worked with a com-
munity advisory group, many obtained input from other organizations and individuals, and all revised their manuals either before or during the trial run. Some projects had only one trial run of the intervention package, whereas others worked with different organizations sequentially and thereby incorporated an iterative process in their intervention package development, revising the materials after their use by each organization.

The Education Development Center went through a more intensive and collaborative process in developing their Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) intervention package. They combined the steps of intervention package development, gaining consent to conduct the trial run of the VOICES/VOCES intervention package, and subsequent dissemination of the intervention package to initial adopters of the intervention. In addition to working with a community advisory group, they held a series of focus groups with healthcare providers and educators to obtain feedback about the package's design, content, ease of use, and linguistic and cultural appropriateness. They visited potential replication sites and observed ongoing clinic services to ensure that the protocol reflected real-life situations.

COMMUNITY ADVISORY GROUPS

Before initiation of the REP project, the Mpowerment Project had always been implemented by the researchers themselves, rather than by CBOs. To ensure that the intervention package was appropriate for use by CBOs, the materials needed to be reviewed by persons working in HIV prevention. The researchers therefore obtained input from CBO frontline staff who worked directly with populations at risk, from management staff, and also from organizations that work with diverse populations. The ethnically diverse group that was created included representatives from health departments and urban and suburban CBOs. The group was called a Community Working Group (CWG) rather than an advisory group to reflect the need for and expectation of extensive and well-considered feedback rather than just advice. Each organization was paid a significant stipend ($2,000) for their work. The CWG reviewed one or two modules from the program manual at each of eight 2-hour monthly meetings. Researchers sent the CWG review materials and rating forms one to two weeks before each meeting.

The other REP projects also worked with advisory groups, although there were differences in the composition of the groups, the point at which feedback was solicited, and styles of collaboration. For example, the Education Development Center convened the original research team, public health administrators from four divisions of the Massachusetts Department of Public Health, and community agency advisors to provide advice on the creation and dissemination of their VOICES/VOCES intervention package before the initial drafts were written.

The following recommendations reflect the comments of the Mpowerment Project's CWG; many of the other REP projects received similar feedback from their advisory groups.

Make extensive use of examples.

The reviewers acknowledged the importance of presenting the theoretical underpinnings of the research methods but emphasized the need for numerous and detailed examples of how the theories were applied, including examples of what was and was not successful. A major topic for which they wanted examples was different outreach social events, including how safer sex promotion was carried out at each event. In discussing these examples, the reviewers asked us to discuss which social outreach events were more or less successful in reaching young gay men and why. Thus for example, we
now describe a successful “Spring Fling” gathering in a local park in Albuquerque, which 75 young gay men attended. Games were played, the safer sex promotion included condoms, lubricants and candies in plastic Easter eggs, and men were recruited for M-groups. We also now describe an event that was not as successful (a party modeled on a Las Vegas casino, but that ended up feeling too much like a bar scene, which was alienating for some young men).

Be vigilant about word choice

Intervention materials need to be carefully worded. For example, reviewers objected to the use of the term “sub-communities” to describe the different social networks of young gay men in a community. They interpreted this to mean that there was one main community and that all others were sub-communities. The term was subsequently clarified in the text. The reviewers recommend against using imperatives (“you should/should not do this”) because their use is perceived as alienating and condescending. Writers were also cautioned about making generalizations (even if they seem harmless) and about using clinical language, scientific jargon, or slang.

Persons working in HIV prevention vary in their educational backgrounds and public health experience and knowledge

Some CWG reviewers felt that the material was overly simplistic, whereas others perceived it as too complex. The researchers decided to simplify the presentation, and include scientific articles in the appendix for those who wanted more sophisticated analyses.

Do not state “do the intervention this way” without a thorough explanation of the rationale

Without a complete explanation of why a core element or a particular method is necessary, CBOs and health departments are likely to alter it or revert to their familiar methods of operation. For example, if the intervention includes role plays, the text must explain why role plays are used instead of discussion groups (e.g., cognitive rehearsal, modeling, creative problem solving).

Explicit and abundant representation of people of color is critical

Even though the researchers tried to be inclusive in the videos and the written materials, many reviewers stated that “I don’t see myself here.” Unless people of color are specifically included in examples and visual images, many participants will assume that they are not being addressed. This finding was supported in viewings of the overview video by various groups. The researchers systematically observed that, as people of color see other people like themselves in the videos, they smile at each other, perceptibly relax, and enjoy watching. Inclusion appears to enhance the credibility of the intervention.

Be clear about those for whom the intervention is and is not meant

Adopting organizations need clear information about the groups for whom the intervention was developed and tested, as well as groups for which the approach may not be appropriate. For example, the Mpowerment Project was not developed for gay/bisexual homeless and runaway youth with acute psychosocial problems.
Written materials should be visually appealing, interesting, and easy to use.

To increase the likelihood that the written materials will be used, their visual appeal should be enhanced through the use of photographs, graphics, and an interesting but uncluttered layout. In addition, CWG reviewers also suggested adding an index.

Written materials need to be presented in a way that enables them to be photocopied.

Because many persons will use the written materials, (e.g., program manager, coordinators, core group members), they should be bound in a way that facilitates photocopying.

Provide sample budgets.

CBOs need to have information about the costs of implementing the intervention, including the ideal budget for conducting the intervention, as well as suggestions about how to budget the program should a lower level of funding be obtained.

VIDEOS

The decision to include videos in the intervention package was based on several considerations. First, showing real people participating in the program provides a vivid sense of or “feel” for the intervention as a whole and of the M-Groups in particular. Second, showing the intervention in action in the overview video clarifies how the interrelated parts described in the manual fit together. Similarly, in the M-Group facilitator training video, the depiction of a behavioral model provides a clear picture of how the groups should be conducted. Third, compared to written text, a video can convey far more information in a relatively short time.

The researchers contacted a range of persons and organizations to get referrals for filmmakers who would (a) stay within a small budget ($25,000 for each video), and (b) be appropriate for making videos about HIV prevention and young gay men. Given the limited funding, it was important to find a filmmaker who had a personal investment in HIV prevention issues so that she or he would make an extra effort to determine low-cost ways of making the videos (e.g., in-kind contributions, low-cost services, donated time). An understanding of issues related to young gay men was important to ensure that the videos incorporated these issues, positive nonstereotypical images, and appropriate music and settings.

Candidate filmmakers met with the researchers and went through an extensive interview process centering on knowledge of and potential approaches to the topic. Since the researchers wanted to be involved in script development and production, it was important that the filmmaker and the researchers felt some rapport. After a scriptwriter and filmmaker were identified, the script was written with extensive feedback from the researchers. This time-consuming process was extremely important in accurately portraying the intervention and its theories.

The videos were filmed primarily on site, at the Mpowerment Project in Albuquerque. Project staff and clients were featured, although some events were staged. These production decisions resulted in authentic-looking images and also helped keep the costs down. Developers of other intervention packages followed similar strategies.
TECHNOLOGY TRANSFER ISSUES

The Mpowerment Project researchers consulted with several CBOs about intervention replication. The discussions generated these considerations for technology transfer.

NEED FOR NEW PACKAGE COMPONENTS

Users of the intervention package suggested adding several additional components to enhance the usefulness of the materials.

How to Start Up the Mpowerment Project

The information that agencies need in planning the pre-implementation and early implementation stages of the intervention differ from that needed once the intervention is under way (maintenance), which was the primary focus of the program manual. For example, pre-implementation informational needs would include budgeting and how to locate well-qualified individuals for staff positions, whereas program maintenance information includes how to continue recruiting men into the M-Groups when the easy-to-recruit men have gone through a group already. A new section on starting up the project is now in the appendix of the manual.

Brief Introduction to the Mpowerment Project

Another identified need was for a brief promotional piece to introduce the intervention and describe the methods and scientifically demonstrated outcomes in lay terms. This new component is a pamphlet titled “The Mpowerment Project: An Effective HIV Prevention Intervention for Young Gay and Bisexual Men.” It became clear through the REP project that this material was needed for marketing the intervention to potential users and for users themselves to show to administrators, Boards of Directors, and potential funders.

How to Supervise the Intervention

A third new element was information for use by the Prevention Program Manager at the CBO in supervising staff members running the intervention. Also placed in the appendix, this includes a checklist of the core elements of the intervention and its key characteristics to ensure fidelity to the Mpowerment Project’s goals and methods (also see Kelly et al., in this issue). This also includes using problem-posing dialogue methods with the coordinators so that they gain more critical awareness about their work.

FIDELITY VERSUS ADAPTATION

Those involved in technology transfer must grapple with the tension between the desire to remain faithful to the original protocol and the need to tailor it to unique settings and conditions (see Kelly et al., in this volume for a fuller discussion). This issue must be addressed, at least as an underlying theme, throughout the intervention package. One option is to tell adopting agencies exactly how to implement the intervention. This will ensure fidelity to the original research, particularly to the core elements. Given the comments of the CWG and the observations of replication process, however, the Mpowerment Project package researchers felt that this approach would be perceived as condescending and would be ignored. Tailoring
will and should occur. Tailoring the program is likely to increase a community’s sense of ownership of the program and increases the likelihood that the program will be a good fit for each community. The objective must be to provide guidance on the distinction between the intervention’s core elements—the components that must be maintained without alteration to ensure program effectiveness and its key characteristics, i.e., the activities and methods that agencies may adapt to their local settings (see Kelly et al., in this issue). For example, a core element of the Mpowerment Project is the composition of the project’s decision-making group, the core group. The core group must include both volunteers and paid staff so that both have equal power in making decisions about the project’s activities. This is key for the volunteers to feel a sense of ownership of the program’s activities. A key characteristic, however, is the way in which the volunteers are recruited. While it is recommended that formative research on segments of the community be conducted so that volunteers from all the major segments are recruited onto the core group, other methods of identifying volunteers can also be used.

The Mpowerment Project was intended to be tailored to the unique culture and social environment of different communities and different groups of young gay men. This is why the researchers felt that it was essential to describe the theories and philosophies of the intervention, specify the methods to match these, and provide many examples. For example, a major principle underlying the Mpowerment Project is that to attract young gay men to the project, outreach events should have a fun social focus, with HIV prevention messages infused into the event. However, exactly what is considered “fun” may vary from community to community. In Austin, Texas, the core group decided that many of the outreach events should feature playing football, which makes sense in a state where football is very popular. However, football would not have attracted many young gay men in Eugene, Oregon.

**USABLE EVALUATION METHODS**

In the original research for the Mpowerment Project, the intervention’s efficacy was established by use of a randomized controlled design involving multiple baselines and comparison groups. Cohorts of young gay men were followed longitudinally to examine the effects of the intervention on rates of unprotected anal sex. The outcome evaluation was more costly than the intervention program itself. Clearly, service agencies attempting to replicate and assess community-level interventions with multiple components cannot conduct rigorous outcome evaluations. Yet because funders are increasingly requesting such studies, intervention packages must include suggestions for conducting outcome evaluations using methods that are within the limited financial and human resource capabilities of CBOs. Therefore, we now have a module that suggests some easier approaches to evaluation which require fewer financial and human resources, such as using quick surveys of men at bars and community events, collecting names and phone numbers of individuals going through M-Groups so that they can be called and surveyed a few months after the group, and so forth.

Compared to outcome evaluations, the transfer of the technology for conducting process evaluations of intervention implementation is easier and less expensive. Service agencies can use the same methods used in the initial research to assess if implementation is going as intended.
KEEPING CURRENT

One concern of researchers who develop intervention packages is how to create materials that do not become outdated quickly. The Mpowerment Project researchers addressed this problem by not including seroprevalence estimates, or epidemiologic data on the proportion of men engaging in unsafe sex. In developing the videos, they selected music that did not reflect a particular current style. Despite such precautions, however, unanticipated changes that can date the materials will inevitably occur. For example, when the original research was conducted (in the early 1990s), the U.S. economy was doing poorly, gay men were dying from AIDS at high rates, and it was relatively easy to locate young gay men who passionately wanted to work on the project even at relatively low salaries. In 2000, the U.S. economy is doing very well, protease inhibitors are keeping many HIV-infected gay men relatively healthy, and many young gay men are far less passionate about HIV prevention and far more excited about going into the high-tech industry with its better paying jobs. Hence, the process of recruiting well-qualified staff members to work in the non-profit HIV prevention world has changed somewhat. Clearly, it is not possible to develop an intervention package that will, in all respects, retain a long shelf life. One way of planning for the inevitable revisions is to bind the manuals in ring-binder notebooks so that sections can be easily replaced as needed. The researchers intend to keep a list of organizations that request copies of the intervention package and send out updated modules as the need arises.

NEEDS BEYOND INTERVENTION PACKAGES

Based on their work with CBOs, the Mpowerment Project researchers concluded that a well-developed intervention package is critical for effective technology transfer. The high levels of staff turnover at CBOs lead to problems in the maintenance of interventions. Relying solely on training about implementation of interventions is not sufficient to ensure long-term maintenance. Thus, an intervention package in which key information about the intervention is clearly presented in written and video formats is essential since new staff can read the manuals, view the videos, and gain an understanding of how to maintain the intervention.

However, intervention packages alone are insufficient for effective technology transfer. This observation held for all of the REPs projects, whether they were clinic-based interventions with relatively few components or community-level interventions with many components. Even with a detailed and comprehensive intervention package replete with manuals and videos, effective transfer of the technology of how to implement the interventions must include well designed and executed orientation and training (Adams et al., 2000) and ongoing technical assistance for CBOs and health departments (O’Donnell et al., 2000). The intervention package must be one component of a larger technology transfer system.

Indeed, the need to understand how intervention programs can effectively move from science to practice is immense and goes far beyond publishing the original research, developing intervention packages, and establishing larger technology transfer systems. Research can and should be done to determine how the interventions work in the real world of CBOs, given the obstacles faced by organizations. In addition, research should be conducted regarding how interventions function when they are tailored for new groups or in new settings.
SUMMARY

The intervention package is the most fundamental component of effective technology transfer. It facilitates the movement from identification of effective HIV prevention interventions through research to effective implementation of the interventions by those on the front lines of HIV prevention work. Although orientation, training, and technical assistance are essential, it is the intervention package that the adopting agency will have in hand for continual reference. The developers of intervention packages must be familiar with the intervention's underlying philosophy, theory base, and methods, and understand how the methods are linked to the theory. This understanding can be gained only through the direct experience of designing and implementing the intervention.

In addition, it is critically important that researchers who develop intervention packages obtain input from CBOs, AIDS Service Organizations (ASOs), health departments, and others to ensure that the materials reflect the real world issues faced by providers. For effective technology transfer to occur, the information in the intervention package needs to be as clear and accessible as possible, with the ability to be updated as the need arises. The exact format and method of presentation of information will vary from intervention to intervention depending on the goals, target population, components, and the types of implementing agencies.

REFERENCES


PROGRAM MANUAL

A description of the underlying philosophies, theories and methods of the Mpowerment Project intervention.

Module 1: Overview of Mpowerment Project: Background, theoretical approach, rationale, and scientific findings of the intervention.

Module 2: Getting to Know Your Community: How to learn about the community's needs and formal and informal social structures, with ways to reach young gay and bisexual men.

Module 3: Operating Structure: Functions of the groups and relationships among the groups that form the structure of the intervention, including staff, core group, Community Advisory Board, and volunteers.

Module 4: Community Center: Rationale for and location, development, and use of a young gay men's community center.

Module 5: Outreach: Components and methods of formal and informal outreach, why social events are a necessary component of the intervention and how to implement them, and how to develop safer sex promotional materials.

Module 6: M-Groups: Rationale for how and why M-Groups are conducted, plus recruitment and promotion methods.

Module 7: Publicity: Promoting the intervention and intervention activities in the young gay men's community.

Module 8: Evaluation: How CEOs can evaluate the overall intervention and the various components of the Mpowerment Project, including process and outcome evaluation methods.

APPENDICES

Appendix 1: Start-Up of the Mpowerment Project. How to plan for the Mpowerment Project, including what activities need to be done and in what order to begin setting up the intervention.

Appendix 2: Budget. How much the intervention costs to implement.

Appendix 3: How to Supervise Staff. Tips to supervisors about what to look for, how to know if the intervention is on track, and how to help staff be reflective about their work.

M-GROUP FACILITATOR MANUAL

A detailed description of how to conduct M-Groups, including the goals and desired outcomes of the groups, how to do the specific exercises, problem-solving strategies, and points to be covered.

OVERVIEW VIDEO

The 22-minute video provides a visual depiction of all parts of the Mpowerment Project intervention and how the components interrelate, as well as the operating structure of the intervention.
M-GROUP FACILITATOR VIDEO

The 47-minute video demonstrates how to facilitate an M-Group, the important topics to cover, and tips on successful implementation.

INTRODUCTION TO THE MPOWERMENT PROJECT

This brief pamphlet introduces the intervention and briefly describes in lay terms the intervention's methods and scientifically demonstrated outcomes.