Overview

Objectives

To familiarize you with the Mpowement Project, and in particular:

1. the Mpowerment Project’s history;
2. why HIV prevention with young gay/bisexual men remains critically important;
3. the Mpowerment Project’s theoretical basis, including its Guiding Principles;
4. its Core Elements;
5. the scientific evidence of its effectiveness and its cost effectiveness; and
6. the steps to starting the Project in a community.

What you’ll find in the Appendix to this module:

Figure 1.1  Guiding Principles Quick Reference Guide
dedication
creative thinking

mPowerment

passion
commitment
energy
Overview of the Mpowerment Project

Young gay/bisexual men—those between the ages of 18 and 29 — continue to engage in high rates of unprotected anal intercourse and are becoming infected with HIV at high rates. HIV Prevention Planning Councils across the country consistently identify young gay/bisexual men as one of the highest priority groups for HIV prevention efforts—both young men of color as well as young white men.

The Mpowerment Project is a model HIV prevention program that has been designed specifically to address the needs of young gay/bisexual men. Scientific studies demonstrate that the program reduces the rates of unprotected anal intercourse among this group. The scientific articles demonstrating the effectiveness of the Mpowerment Project can be found at the end of this manual or on our website (mpowerment.org) as PDF downloads.
There is a grave public misperception that the gay community has been saturated with AIDS prevention services. Sometimes, when the newest epidemiological data comes out and shows that young gay/bisexual men are still engaging in risky behavior and contracting HIV, headlines proclaim: “HIV Prevention Efforts Not Working!” These myths ignore the fact that, each year, new young men “come out” as gay or bisexual, and most have not been exposed to the prevention campaigns of previous years, nor have they been reached by current HIV prevention efforts.

HIV prevention for young gay/bisexual men must be ongoing, funded adequately, and dynamic—ever changing, in order to keep young men’s attention. Furthermore, we know that men who report having had unprotected sex are more likely to have unprotected sex again. For this reason, hearing an HIV prevention message just once isn’t sufficient. To have the greatest impact, HIV prevention programs must intervene at an early point in young men’s sexual initiation and continue to reinforce safer sex over time.

Since scientific studies show that the Mpowerment Project reduces rates of unprotected sex among young gay/bisexual men, it is listed in the CDC’s Compendium of HIV Prevention Interventions with Evidence of Effectiveness (Centers for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis Project, 1999). The Mpowerment Project targets the entire young gay/bisexual (MSM) male community, and it also addresses individual, interpersonal, social, and structural/environmental issues, some of which are described later in this module. The Project can also be used to support HIV testing and to encourage HIV-positive men to obtain health care and treatment. HIV-positive men who are on treatment are less likely to transmit HIV to others than are untreated HIV-positive men.

It has recently been recognized that HIV prevention interventions aimed at men who have sex with men (MSM) are less effective when they only focus on one area that impacts behavior. So, for example, if an intervention only focuses on changing men’s attitudes about safer sex or their recognition of sexual risk (i.e., issues that pertain to the individual person’s thought processes) but ignores interpersonal issues, social support, and altering the social environment, then the intervention will not be as effective. Adding to the intervention a biomedical aspect—that is, helping to get HIV-positive men into treatment—provides additional strength to HIV prevention efforts. The Mpowerment Project is sometimes referred to as a “combination HIV prevention program” because it addresses all of these aspects.
Many young gay/bisexual men have unprotected sex

In 1990 we conducted one of the first surveys about the sexual risk-taking behavior of young gay/bisexual men and found that 43% of the young men (ages 18-29) from three medium-sized West Coast communities reported unprotected anal sex during the past six months (Hays, Kegeles, & Coates, 1990). This study was followed by numerous other investigations of young gay/bisexual men, each with similar results. For example, a survey of thousands of young MSM (ages 15-22) in 7 communities (Baltimore, Dallas, Los Angeles, Miami, New York, Seattle, and the San Francisco Bay Area) found that 41% reported unprotected anal sex during the past six months (Valleroy et al., 2000). More recently, the National HIV Behavioral Surveillance (NHBS) System, which surveyed men in 17 urban areas in 2003-2005, found that 53% of young men (ages 18-24) had unprotected anal sex with a boyfriend, and 35% had unprotected anal sex with a casual sex partner (CDC, 2006).

Young gay/bisexual men are continuing to contract HIV

Young gay/bisexual men have consistently been at high risk for HIV infection since the epidemic began, and this continues to the present time. From 2001 through 2006, male-to-male sex was the largest transmission category in the U.S., and of all age groups, HIV/AIDS cases increased most among young MSM aged 13-24 (CDC, 2008). In 2006 the CDC created an HIV incidence surveillance system in selected areas of the United States as a component of its national HIV/AIDS reporting system. The purpose of the system is to estimate the number of new HIV infections occurring each year in the United States. The results indicate that in 2006, of new HIV infections among males, 72% were in MSM. Men aged 13-29 accounted for 38% of the new infections among all MSM (CDC, 2006).

Another CDC study examined the prevalence of HIV among young men (i.e., the proportion of men with HIV at any one time, rather than just new infections) in six cities (Baltimore, MD; Dallas, TX; Los Angeles, CA; Miami, FL; New York, NY; and Seattle, WA.). This study found that 14% of MSM aged 18-24 and 18% of MSM aged 25-29 were infected with HIV (MacKellar et al., 2005). Alarmingly, this study also found that most of the young men who were HIV-positive did not know it—79% of the men aged 18-24 and 70% of the men aged 25-29—even though most had been tested within the past year.

One investigation compiled epidemiological data from a variety of studies that were conducted around the U.S. to estimate the HIV incidence rates among MSM (Stall et al, 2009). The authors estimated that on average, 4.7% of young MSM are infected with HIV by the age of 20, and thereafter, another 2.4% get infected yearly. This means that by the age of 30, more than 25% of men have HIV—truly an unacceptable level.
There are substantial disparities in the HIV epidemic among young men from different ethnic/racial groups. Of all young MSM, young Black men bear the greatest burden. More than twice as many Black MSM aged 13–24 were diagnosed with HIV infection or AIDS in 2006 as their white or Hispanic counterparts (CDC, 2008). The study that compiled data from a number of different investigations estimates that 7.8% of young Black MSM are infected with HIV by the age of 20, and that each year another 4% become infected. By the time they reach the age of 30, an estimated 39% have HIV. Latino men’s rates of HIV infection fall in between white and Black men.

A variety of factors contribute to sexual risk behavior among young gay/bisexual men

One might ask, “Why are young gay men engaging in sexual behaviors that put them at risk for HIV? Can’t you just tell them about HIV, and that’s enough?”

It is important to recognize that there are many different reasons why young men engage in risky behaviors, well beyond simply knowing what HIV is or what is considered risky. These reasons can exist within the young men themselves. Such reasons can include their attitudes about the enjoyment of safer sex or their beliefs that other young gay men are unlikely to be HIV-positive.
The reasons can be due to interpersonal issues, such as challenges in negotiating safer sex in different types of sexual relationships. They can also be due to social issues such as lack of support for having safer sex, or social norms or expectations among young gay/bisexual men that do not support safer sex. Structural issues can also result in increased sexual risk, such as the use of the Internet as a way to meet men, or having few or no venues in which to meet each other that are not sex-charged (e.g., bars or cruising places). Some of these are described below, but by no means is this an exhaustive list. If an HIV prevention program is to be effective with young men, it should attempt to target a wide range of factors that influence a young man’s vulnerability to HIV/AIDS. Not only do men engage in risky behavior for different reasons, but the reasons can change over time for each man.

**Individual factors** For the most part, young men who engage in unprotected anal sex do not lack knowledge about HIV, and they recognize that their behavior puts them at risk for HIV transmission (although they are often unclear that unprotected sex with boyfriends can be quite risky). Because medical treatments now keep people with HIV alive and well and make it possible for them to lead relatively normal lives for a long time, HIV/AIDS is no longer discussed much in public or in the media. In addition, HIV-positive men can take HIV treatments without others knowing. This “HIV silence” can lull young men into thinking that AIDS is no longer much of an issue, since they may be unaware that friends and sex partners are HIV-positive. Thus, young men who have contracted HIV may feel quite reluctant to discuss it with others or to disclose it in sexual situations, out of a fear of being rejected.

The heightened feelings of invulnerability that many young men feel about a variety of risky behaviors (that it “won’t happen to me”)—coupled with the HIV silence—contribute to an attitude among many young men that it is safe to have unprotected sex with other young men. In addition, young men have heard about AIDS since they were born, so it’s nothing new to them, which makes it easier for them to become complacent. Not knowing people with AIDS, or only knowing people who are HIV-positive and are doing well on treatments, may lead them to conclude that having HIV is “no big deal.”

Consequently, young gay/bisexual men tend not to seek out HIV prevention services. Community organizations consistently report that very few young men
attend their HIV prevention activities, such as safer sex workshops or groups focusing on prevention with those who are HIV-positive. Any approach to HIV prevention needs to overcome this major barrier. Finally, another major barrier to risk reduction are attitudes that safer sex is boring and not very enjoyable. Young men are often exploring their sexuality, which may lead to a willingness to try a variety of sexual activities—both high and low risk—with multiple partners. Due to inexperience, young men may be less skilled at making safer sex hot and enjoyable.

**Young gay/bisexual men engage in risky sexual behavior for a variety of reasons**

**Interpersonal factors** Young gay/bisexual men often have little or no experience talking to their partners about safer sex and may be reluctant to insist on using condoms every time. Many young men are reluctant to discuss HIV with potential sex partners, uncertain about how another man will react to such a discussion. This silence can result in young men making inaccurate assumptions about each other’s HIV status rather than actually discussing it. Coming out as gay/bisexual can be a period of emotional turbulence for young men. During this process, many may experience low self-esteem and depression, in part due to homophobic responses from others. As a consequence, they may be less motivated to engage in safer sex and less confident about their ability to communicate to partners their desire for safer sex.
Further, protecting one’s health is not necessarily the main concern of young gay/bisexual men. Interpersonal motivations may be more pressing—wanting to fit in, to find companionship and intimacy—and these may contribute to unsafe sex. Additionally, our research and many other studies have shown that unprotected sex is most likely to occur with a boyfriend—someone whose affection is very important to a young gay/bisexual man. Wanting to ensure that a boyfriend loves him may make it particularly challenging to negotiate safer sex within that relationship. Yet research is now showing that over 50% of HIV transmission among gay/bisexual men occurs within boyfriend relationships. Finally, HIV-positive men may fear being stigmatized and rejected by others and therefore are reluctant to disclose their HIV-status. Because of the HIV silence discussed earlier, young men who are HIV-positive can feel quite isolated and unable to negotiate safer sex without being “outed” about their serostatus.

**Cultural factors** Young gay/bisexual men of color—many of whom may not feel comfortable identifying as gay or bisexual—may face additional pressures that decrease their ability to consistently have safer sex (though rates of unprotected sex usually don’t vary by race or ethnicity). Many feel isolated due to conflicts they experience between their sexual orientation and their cultural norms (e.g., feeling pressure that they should father children to be “real men”). These young men may feel alienated from their birth culture, yet may also have difficulty feeling at home in the larger, mainstream gay community because they perceive and experience it as primarily white and its members as rejecting men of color.

Men from cultures that put great emphasis on masculinity may feel poorly about themselves for not being very masculine, and so may have difficulties negotiating safer sex when having sex with a man they perceive as being more masculine. Some men of color may have internalized so many negative messages about homosexuality that they feel unable to negotiate safer sex. Men who have been raised hearing many negative messages about homosexuality in their church or family may feel so poorly about themselves that they fail to care for themselves sexually or to seek HIV testing. Of enormous importance, young men of color may feel reluctant to seek HIV testing out of concern that they will be treated poorly by HIV testing staff who are white. They may also be wary of testing at clinics in their own community because they may run into someone who knows them or their family and will tells others they saw them there. Importantly, many men of color across the U.S. lack prevention programs that adequately address their specific needs, and do not take into account the impact of cultural issues on their sexual risk behavior or willingness to get tested for HIV.
Community/structural factors

The norms within the young gay subculture's social scene also may not be conducive to safer sex. There may be an emphasis on getting high on alcohol or drugs, and on “hooking up,” with little concern or support for sexual risk reduction. In many communities, gay bars and public cruising settings provide the main opportunities for young gay/bisexual men to meet and socialize. Both are sex-charged environments, and the bar scene's emphasis on alcohol sets the stage for engaging in sex while high—a behavior that consistently has been found to contribute to unsafe sex. Many young gay/bisexual men meet sexual partners through the Internet, through “dating” or “party” phone lines, or through applications on their phones (e.g. Grindr, Loopt) which offer little, if any, HIV prevention information.

In addition, men meeting online may reach incorrect conclusions about each others’ HIV status. Men may not have accurate or up-to-date information about their HIV status in their profiles. A man’s profile might say “HIV negative,” but he might not know that he recently got infected with HIV. According to the CDC’s 2009 fact sheet on young MSM, “In one recent study, 77% of young, urban MSM aged 15–29 who tested HIV-positive as part of the study mistakenly believed they were not infected. The percentage was even higher for young Black HIV-infected MSM, 90% of whom did not know their infection status.” (CDC, 2009).

Additionally, people who are acutely infected with HIV (i.e., before their bodies have had the chance to produce HIV antibodies) have very high levels of HIV in their blood and semen, making unprotected sex with them very likely to transmit HIV to their partners.
In addition, many men might be personally committed to being safe sexually but find no social environment that supports them in their desire to be safe. Many men may want to meet other young men for companionship, to have fun, and just to be themselves—but no such venues exist. Their social environments, as described above, may be supportive of risk-taking, whether the social environment is a bar, club, or the Internet. Some young bisexual men may socialize almost entirely with heterosexual friends and so rarely encounter HIV prevention information that is relevant to their experiences. Young gay/bisexual men need a social environment where they are supported in their attempts to have safer sex; where they are supported about being who they are; where they can hear messages that are both gay and sex positive; and where they are encouraged to analyze their world views, values, and assumptions about their lives. They need a safe space where they can analyze what they are doing sexually and how they are responding to the messages they receive from their families and communities regarding being young gay/bisexual men.

**Biomedical factors**

Of course, the reason that a young gay/bisexual man who doesn’t inject drugs gets infected with HIV is because he has sex with someone else who does have HIV. The attention in this project must be on both HIV-positive and HIV-negative young men. There is accumulating scientific evidence that HIV-positive people with low viral loads are less infectious than people with high viral loads; however, it may still be possible for someone with a low or undetectable viral load to transmit HIV. In addition, when someone is first infected with HIV, they can be quite infectious. Research has also been showing that after people find out that they are HIV-positive, about two-thirds of them reduce their sexual risk behavior. HIV medical treatments are keeping people alive, well functioning, relatively healthy, and the medications are getting easier to take. For all of these reasons, it is important to encourage young men to get tested regularly, and to work with a healthcare provider if they find out that they have HIV.

Since many different factors contribute to sexual risk taking among young gay/bisexual men, a “multi-level” HIV prevention program is needed that addresses a range of issues.
A brief history of the Mpowerment Project

Recognizing the critical need for HIV prevention programs for young gay/bisexual men, Dr. Susan Kegeles and Dr. Robert Hays, research psychologists at the Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco (UCSF), applied for funding to the National Institute of Mental Health (NIMH) to design, implement, and evaluate a community-level HIV prevention program for young gay/bisexual men. Their five-year grant was awarded in 1990. They developed their initial ideas for the program by drawing from the findings of their surveys of young gay/bisexual men; from a series of focus groups with young gay/bisexual men; and from the research literature in social, developmental, and community psychology. They pilot tested the program in Santa Cruz, CA. Based on encouraging results there, they refined the program and implemented it in a second community, Eugene, OR, where the young men running the Program named it the Mpowerment Project. Following the program’s success in Eugene, it was replicated in Santa Barbara, CA. In 1995, Drs. Kegeles and Hays received a second five-year grant from the NIMH to further develop the program for use in major metropolitan areas across the U.S. Dr. Greg Rebchook, a research psychologist who had worked at a department of public health and at a community-based organization, joined the team in 1996. This new grant enabled them to implement the Mpowerment Project in Albuquerque, NM in 1997-1998 and in Austin, TX in 1999-2000.
As Drs. Kegeles, Hays, and Rebchook began work on getting the Mpowerment Project adopted by community-based organizations (CBOs) around the U.S., they began being contacted by organizations requesting help in implementing it. The researchers realized that they needed to develop a more systematic way to help CBOs than simply by taking telephone calls from agencies. They joined an effort that the CDC had begun to develop manuals and materials for CBOs to help them implement specific intervention programs. The Mpowerment Project was identified as one of the initial “DEBI” (Diffusing Effective Behavioral Interventions) projects that the CDC promoted as effective approaches to reduce HIV infection. Because an increasing number of organizations chose to focus on helping young gay/bisexual men reduce their risk for HIV, they began contacting the UCSF researchers for help.

As a consequence, from 2002 to 2007 the researchers focused their efforts on helping agencies implement the program effectively. Drs. Kegeles and Rebchook’s grant was called Translating Research into Practice (TRIP-1) and was funded by the NIMH. To help CBOs implement the Mpowerment Project, they developed and launched the Mpowerment Project Technical Exchange System (MPTES). It included a detailed training manual, an M-group facilitation video, a three-day training for Project Coordinators and sponsoring agency staff, proactive Technical Assistance (TA) so Project Coordinators could receive ongoing advice and support via telephone contact, and a website that provided additional resources and a listserv (Rebchook, Kegeles, Huebner, & Trip Research Team, 2006). The term “exchange” was used as part of the name for MPTES, out of a recognition that the learning involved in implementing the Mpowerment Project would be a mutual learning process for the Mpowerment Project team and the CBOs.

David Sweeney and John Hamiga, who were former Coordinators of the Mpowerment research Projects from Austin TX and Albuquerque NM, and who had then worked at CBOs implementing the Projects in each locale after the research phase ended, joined the researchers in California to help CBOs implement the Project. They helped to develop the MPTES, provided the technical assistance (TA) and conducted trainings around the country. TRIP-1 involved working with and learning from 72 agencies across the United States, from Alaska and Hawaii to Florida and Puerto Rico. Scott Tebbetts conducted over 500 interviews with staff and participants of the Projects. The team discovered a variety of factors that either facilitated or hampered effective implementation of the Project, as well as ways to better assist agencies implementing the program. At the time of this writing, the researchers are now focused on TRIP-2, another research project funded by NIMH, in which they are taking all that they learned in the previous research and applying it to developing an improved MPTES, and working with 80 more CBOs around the U.S. Lessons learned in TRIP-1 about the real world of HIV prevention efforts have been incorporated into this revised manual.
The MPowerment Project’s Guiding Principles

Guiding Principles from theories of behavior change and from interviews with young gay/bisexual men and service providers serve as the foundation for this HIV prevention program. The Guiding Principles are described below, and are used to guide all Core Elements (components) of the MPowerment Project. Scientific articles that describe the program’s underlying theories can be found at the end of this manual and on our website at mpowerment.org.

The Guiding Principles inform all aspects of the MPowerment Project. For various reasons, however, it is often necessary to adapt the MPowerment Project. Sometimes it needs to be adapted in order to be effective with a population other than that for which the original intervention was designed, such as a different ethnic/racial group or for younger or older men, or because the sponsoring agency has less than optimal funding for it. Understanding the Guiding Principles helps agencies figure out how to adapt the intervention while retaining fidelity to the original model. Agencies that are proactive in anticipating how implementing the intervention might work within their organization and their community will have a better experience running their Project.

The Guiding Principles are key to the MPowerment Project model, and guide all aspects of its implementation. They also help Projects adapt the Project in order to respond to unique aspects of their target population and to differing levels of funding for the program.

Young men are very concerned with social and self-esteem issues

HIV prevention is not in itself particularly motivating or captivating for young gay/bisexual men. Agencies that try to reach young gay/bisexual men often report that it is very difficult to attract the men to their activities. HIV prevention efforts at an agency cannot be effectively implemented if young men won’t attend. For example, it can be difficult to implement multi-session groups on HIV prevention. Most young men do not seek out help to change their sexual behaviors that put them at risk for HIV. It is important to recognize that HIV/AIDS is only one threat among many that young gay/bisexual men confront in a homophobic society where gay-bashing, discrimination, and battles over gay rights are commonplace. Young gay/bisexual men may be dealing simultaneously with issues of self-esteem, alienation, isolation, cultural/social identity, racism (in the gay community and in society in general), family problems, and financial, education, and employment pressures.
Therefore, the first Guiding Principle is that a successful HIV prevention intervention for young gay/bisexual men needs to tie HIV risk-reduction to the satisfaction of other needs, such as developing friendships, having fun, and enhancing self-esteem. Through focus groups, it became clear that social concerns—such as how to meet and have fun with other young gay/bisexual men—are highly motivating. Thus, a social focus became the central theme of the Project. Using appealing, fun, engaging social activities and incorporating HIV prevention into them is a way of ensuring that men will attend and hear about sexual risk reduction and the importance of HIV testing.

Peer influences are strong among young gay/bisexual Men

The second key issue guiding the development of the Mpowerment Project is the recognition that peer influence plays a major role in the lives of young gay/bisexual men. Numerous studies have shown that—regarding almost any type of behavior, whether it is smoking, drugs, fashion, political attitudes, or others—one’s peers are the most credible sources of information, and peer pressure is one of the most highly effective forms of influence. Therefore, the second Guiding Principle is that for the Mpowerment Project to be effective in reaching young gay/bisexual men, it needs to be peer-based and use peer influence.

Building healthy community among young gay/bisexual men

Many young gay/bisexual men are frustrated with their local gay communities because there are few places to go to meet other young men and where they can safely be themselves. Young men often only have a few other gay male friends, and therefore they can feel lonely and isolated much of the time. Men under drinking age can typically only find each other online or at a few cruising places, and men at or over drinking age can also find each other at gay bars—but these are not health promoting environments.

Young men want to be with each other in a relaxed, comfortable environment where they can be themselves. The Mpowerment Project creates settings where
young men can express their identities with each other, find support, and most importantly, band together to take action on issues of importance to them. They can feel a part of something bigger than themselves: a young gay/bisexual men’s community. Being a part of a young men’s community where men support each other regarding safer sex and getting tested means that each young man in the community experiences support from many others about HIV prevention. Therefore, the third Guiding Principle is that it is essential to build a young gay/bisexual men’s community where men support each other about sexual risk reduction and obtaining HIV testing, where the social norms and expectations support HIV prevention, and where men help each other in coping with the stresses of being gay/bisexual.

Empowerment promotes more lasting changes in behavior

The fourth Guiding Principle is that the Project serves a mobilizing and empowering function within the young gay/bisexual men’s community—young men take ownership of the Project rather than having the Project carried out for them. From research in other areas of behavior change (Rappaport, 1981), it is clear that when individuals are actively involved in finding and implementing solutions to their problems, any changes they make in their behavior are more likely to last. Thus, providing young gay/bisexual men with a mechanism for analyzing issues and problems that they experience and coming up with solutions for these problems, and for designing and running the intervention activities themselves, foster a sense of ownership of the program and a sense of personal commitment to HIV prevention.

The Project focuses on personal empowerment. It helps young men analyze why they are at risk for HIV and why they do not get tested for HIV as frequently as they should. It also helps them consider what actions they can take to be healthier and withstand pressures that cause them to be at risk. In addition, the Project focuses on community empowerment: developing a community of young men that can address some of the stresses and strains that affect them.

Community-wide change occurs through interpersonal networks

The program’s design draws from the theory of diffusion of innovations (Rogers, 1995), which states that members of a social system are most likely to adopt new behavioral practices (i.e., safer sex, regular HIV testing) when they see their peers adopting the behavior and communicating that they feel it is desirable and important. Therefore, the fifth Guiding Principle is that community change comes about through a process of informal communication and modeling by peers within their friendship networks. Increased networks are developed through the community-building activities of the Project, but men also take the messages about safer
sex and testing to men who may never attend any of the Project’s activities. The Mpowerment Project facilitates a process for young gay/bisexual men to actively communicate with each other about safer sex and testing, and to encourage each other to practice these two things through these social networks. The goal is for safer sex and regular HIV testing to become the mutually accepted norm within the young gay/bisexual men’s community.

**Fostering pride: gay-positive, ethnic/racial-positive, and sex-positive messages encourage behavior change**

The sixth Guiding Principle of the Mpowerment Project is that the program enriches and strengthens young gay/bisexual men’s pride about who they are, and encourages them to explore and celebrate their sexuality by not just focusing on condom use but by including a wide variety of safer sex behaviors. Materials produced by the Project show positive images of young gay/bisexual men that reflect the diversity of the community. This Guiding Principle—about young gay/bisexual men taking pride in who they are—encompasses pride in one’s ethnic/racial identity as well, particularly if they are young men of color. All activities designed to promote safer sex are fun, uplifting, and sex-positive; fear and shame-inducing approaches are avoided.

**A “multi-level” HIV prevention program is needed to address a variety of issues and factors that contribute to sexual risk taking and reluctance to get regular HIV testing among young gay/bisexual men**

Self-esteem, interpersonal and cultural issues, internalized homophobia, community norms, and many other factors all influence young men’s risk behavior. Since young gay/bisexual men engage in unsafe sex for a variety of reasons, interventions that focus solely on one level of factors will miss men who engage in unsafe sex for other reasons. Not only should the Mpowerment Project focus on encouraging men to reduce their sexual risk behavior, it should also encourage men to get tested for HIV regularly. Therefore, the seventh and final Guiding Principle is the need for a “multi-level” approach.

The various components of the Mpowerment Project try to address the variety of contributors to risk behavior and reluctance to test regularly. For example, Social Outreach Events and safer-sex Outreach Team performances and outreach materials change over the course of the intervention so that a wide variety of issues can be targeted.

During our research on the TRIP-1 Project, we observed that while the success of the Project was dependent to a significant degree on the effectiveness of staff, the Implementing Agency and the Project Funder also made major contributions to how well each Project operated.
Implementing agency
Most often a community-based service organization (such as an AIDS organization or a gay/lesbian/bisexual/transgender community center) or health department oversees the operation of the Mpowerment Project by providing funding and supervision. In such cases, the implementing agency usually is running several programs simultaneously, and often offers services to people with HIV, as well as conducts HIV prevention efforts. Depending on the funding situation, sometimes a stand-alone Project is possible, in which the only program that an organization conducts is the Mpowerment Project. Alternatively, a local university, hospital, or a private foundation may sponsor the Project. Although these possibilities occur less frequently, we mention them in order to highlight the different ways in which the Mpowerment Project can be funded. Sometimes a consortium of community agencies has attempted to sponsor the Project (although this is the most challenging of all ways that the Project is implemented).

The implementing agency plays a crucial role in successful implementation of the Project. The agency must ensure that the program has enough funding to succeed. Executive Directors can best support the Project when they have at least a basic understanding of the Project’s Core Elements and Guiding Principles, and allow the Coordinators and Core Group to make important decisions about their program. It is also helpful for Executive Directors to understand the need for the various Core Elements. Then they are more likely to provide adequate support for the Project, including directing that more fund-raising be done when it is determined that additional resources are needed in order to fully implement the Project. It is imperative for the Coordinators’ Supervisor to be knowledgeable about the intervention, provide ongoing supervision, help the Coordinators analyze their work, and hold the Coordinators accountable for carrying out their responsibilities. Typically Coordinators are young men who have had relatively little work experience, and often little experience in HIV/AIDS. A supervisor who can help them learn “the ropes” and provides support is invaluable to the smooth functioning of a well-run Project.

Funding agencies
Funders’ requirements and expectations, as well as sufficient funding for the Project, impact how well the Mpowerment Project is implemented. A variety of funding sources have been involved in providing support for the Mpowerment Project. We’ve seen Projects funded directly by the CDC, CDC pass-through money (funding given to a state HIV/AIDS prevention budget), state funding, private foundations, hospitals, local counties, and private fundraising. Often multiple sources of funding are used.

Wherever funding comes from, the number one issue for successful implementation of the Mpowerment Project—along with selecting the right staff as Coordinators—has been locating sufficient funding for the Project. In TRIP-1, many of the Mpowerment Projects we tracked had budgets that were too small for implementing parts of the intervention. Funding is challenging for HIV prevention. One funder we saw made the hard choice of consolidating
their funding into one grant that covered all parts of the intervention, rather than continuing what they had been doing previously which was funding several small grants at different agencies to cover separate parts of the Mpowerment Project. Once they made this decision, the Project ran much more smoothly.

We encourage funders to learn as much as possible about this intervention, since faulty planning from the start can doom Projects if the funding is so low or so restricted as to be unrealistic. While some amazing programs function with very little resources, it is imperative to fully fund the Mpowerment Project so that you reach young gay/bisexual men with an approach to HIV prevention that works.

Another issue also became apparent in our TRIP-1 study: occasionally health departments created contracts with the implementing agencies that did not contain the Core Elements or follow the Guiding Principles of the Mpowerment Project. In one locale, for example, the funding agency (which was the local health department) felt that the M-groups should involve multiple sessions rather than be a single session group. The M-group was made to be a single session because recruitment to a multi-session group takes substantial personnel, so much so that it is difficult to conduct other parts of the intervention with staff tied up getting participants to return. This made it nearly impossible to implement the Project with fidelity to the original evidence-based model. In another common occurrence, the health department that was funding the agency required that testing and counseling be included in the Mpowerment Project, and did not add any staff time to do this. This resulted in a reduced ability to implement the Project with fidelity since the agency did not have enough staff time to do all parts of it.
Core Elements of the Mpowerment Project

This section provides a brief overview of each of the Core Elements in the Mpowerment Project. For more detailed information about individual Core Elements, please refer to the appropriate module in this manual.

Each Core Element is essential, and all the elements work together synergistically to create an overall intervention program that is more than the sum of its components. For this reason, the intervention cannot be boiled down to just one or two elements—each relates to all of the others and needs to be in place for the overall Project to work effectively.

1 Core Group and volunteers

In keeping with the program’s empowerment philosophy, the Project is run by a group of volunteers, along with the paid staff. This group is called the “Core Group” and it consists of 10 to 20 young gay/bisexual men from the community, depending upon the size of the city or town. With the help of other volunteers, they coordinate and conduct all Project activities. The Core Group meets weekly and is empowered to make key Project decisions. These include deciding upon a name for the Project, planning Project activities, and developing Project materials. It is their job to think through what their young gay/bisexual men’s community needs, and how Project activities might meet those needs, while also infusing HIV prevention into all activities.

Other young men in the community may want to help with the Project but don’t have the time to be a member of the Core Group. These men can get involved in the Project in many ways, including helping out with a specific event, maintaining the Project Space, participating on the Outreach Team, and/or helping to publicize the Project. Input from Project volunteers is extremely important to the overall functioning and success of the Project. Each time a young gay/bisexual man volunteers for the Project, they encounter—and hopefully join—a community of young gay/bisexual men who support each other and who stress the importance of consistently having safer sex.

While the Core Group, together with paid staff, runs the Mpowerment Project, there are many ways that other volunteers can get involved.
2 Project Coordinators

Coordinators are the Project’s paid staff who are responsible for organizing all aspects of the Project, including volunteers and activities. They are the starting point for the diffusion process that spreads the safer sex message to young gay/bisexual men throughout the community. The Coordinators are a part of the Core Group. A main aspect of their job is to facilitate the empowerment of the young men who join the Project as volunteers. Calling them “Coordinators” is designed to call attention to the idea that they are not the directors of the program. Instead, it is their job to coordinate the various activities of the Project, and help young men make decisions and carry out the work of the Project. By doing so, they get to experience a sense of ownership of the Project and of the messages that the Project diffuses throughout the young men’s community.

3 Project space for young gay/bisexual men

Ideally the Project has its own physical space, which serves as the headquarters for the Project and as a community center for young gay/bisexual men. The Project space is where the Project holds most of its Social Outreach Events and staff meetings. During certain hours it also serves as a drop-in center where young men can meet and socialize. The center provides participants with information about other community organizations and services, and makes referrals to these agencies as appropriate. Safer sex materials are also freely available there. Having a Project space helps to address an important issue related to risk behavior among young gay/bisexual men—namely that they have no physical location to meet that promotes healthy sexual behavior and builds community among young gay/bisexual men.

4 Formal outreach

Formal outreach includes two components: an Outreach Team and Social Outreach Events. Outreach Teams of young men go to settings frequented by young gay/bisexual men to promote safer sex. This often includes “zaps” at local bars or a performance at the local community’s gay pride festival. Zaps are very brief activities that attract attention and promote safer sex in a fun and entertaining manner. Since most communities typically have few settings where young gay/bisexual men can socialize, a major aspect of the Mpowerment Project’s formal outreach is the creation of events that will attract young gay/bisexual men and where safer sex can be promoted (in accordance with the Project’s Guiding Principle that it contain a social focus). These are called Social Outreach Events. Young men who attend these events can then be invited to join other activities such as the Core Group and M-groups.
The Project sponsors a wide range of Social Outreach Events designed to appeal to each segment of the young gay/bisexual men’s community. Depending on the ideas generated by the Core Group, these activities can include weekly movie or TV nights, house events, skill-building workshops, sporting events, discussion groups, picnics, community forums, hikes, large dance events, and so forth. Mpowerment Project Outreach Events are designed to be enjoyable, and they are planned so that safer sex promotion can be incorporated into the event in some way. For example, at dance parties the Outreach Team may perform a theatrical performance piece to motivate young men about safer sex and generate interest in becoming involved with the Mpowerment Project. Likewise, a safer sex video may be shown during intermission at video parties. The Outreach Team uses playful, entertaining approaches to motivate young men about safer sex and HIV testing, and to encourage them to adopt and maintain safer behaviors over time. The Project also develops materials for distribution at its performances. These may include safer sex information and motivational messages, condoms, lubricants, and invitations to Mpowerment Project activities.

5 Informal Outreach

Informal outreach consists of young gay/bisexual men communicating with their friends in casual conversations about the need to engage in safer sex. The goal is to develop a process of communication that promotes safer sex across the entire community. Young men learn how to conduct informal outreach while attending the M-groups. In the 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. Participants also receive buttons, key chain lanyards, or some other visible item with the Mpowerment Project logo, which they are asked to wear to show their support for the Project and its mission. It is hoped that these items may trigger conversations among their acquaintances about the Project. They also serve as a reminder to young men about the community norm for safer sex that the Project is seeking to establish.

Throughout the life of the Project, participants are reminded to talk with and encourage their friends to be safe sexually and to get tested for HIV regularly. In many communities there are subtle pressures that make it difficult for young men to talk with each other about personal or sensitive topics. To overcome these barriers, Coordinators can model informal outreach for everyone else in the program by continually discussing HIV prevention and testing with Core Group members and other young men in the Project. Seeing the Coordinators talking about having safer sex and getting HIV testing help motivate all Core Group members and other program participants to conduct informal outreach with their friends.
M-groups

M-groups are peer led, one-time meetings of 8 to 10 young gay/bisexual men. The groups last about three hours and are usually held at the Project space, but they can also be held in participants’ homes or at other locations convenient for young men. The M-groups Facilitator’s Guide should be followed closely, because each activity in the group has been carefully designed to target specific issues that cause young gay men to be at risk for HIV. In addition, the “flow” of the group was developed so that members discuss topics of a more general nature at the beginning, but get into more sensitive information over time, after participants feel more at ease.

The M-group focuses on factors identified in research as contributing to unsafe sex among young gay/bisexual men, and therefore seeks to:

- clear up misconceptions about safer sex
- increase the enjoyment of safer sex
- clarify understanding of how to use condoms correctly
- build communication skills for negotiating safer sex
- address interpersonal issues that may interfere with safer sex
- discuss the importance of knowing your HIV status and getting tested regularly
- teach men how to support their friends to have safer sex and get tested for HIV

Since not all men who engage in high-risk sexual behaviors are likely to attend these sessions, the M-groups also train participants how to talk informally with their friends outside the group to encourage them to practice safer sex. In this way, the men who do attend an M-group can carry the safer sex message to their friends and acquaintances who do not attend a group. The format of the M-group was developed through a series of focus groups with young gay/bisexual men. It is designed to be enjoyable and interactive, and includes structured exercises, informal discussion, and role-plays. The M-groups are promoted as a fun way for young gay/bisexual men to meet other young men, to find out about the Project, and to hear how other young men are dealing with issues of importance to them such as sex, dating, and relationships. All young men in the community who are interested in being involved with the Mpowerment Project are encouraged to attend an M-group as an introduction to the Project’s goals and philosophy.

The Project should strive to recruit 15-20% of the estimated number of young gay/bisexual men in the community to attend an M-group. According to diffusion theory, if this proportion of a population adopts an innovation—in this case, safer sex—the innovation can then be conveyed through the community’s natural social networks and bring about community-wide change.


7 Publicity

In order for the Project to succeed, it is vital that it has an appealing, ongoing, and dynamic publicity campaign to inform young men about the Project’s goals and activities and attract them to it. The Project uses a variety of approaches to reach young gay/bisexual men.

Publicity campaigns use:

- social networking sites (Facebook, MySpace)
- articles, columns, community listings, and advertisements in the alternative press, including gay newspapers and affiliated websites
- posters and flyers in settings frequented by young gay/bisexual men
- Internet web pages, chat rooms, and e-mail distribution lists
- “word of mouth” publicity by Core Group members and volunteers within their informal social networks
- university or local gay-themed radio shows
- palm cards and other invitations that participants can distribute to their friends

The publicity campaign’s goals are:

- to establish an awareness of the program and its legitimacy
- to invite young men to become involved with the program and its activities
- to provide a continual reminder of the norm for safer sex within the young gay/bisexual men’s community

The Mpowerment Project does not advertise via the mainstream media to avoid the program’s becoming known within the broader community as a program primarily for young gay/bisexual men. Young men who are not comfortable being associated with a publicly gay-identified organization are often reluctant to become involved in such groups. Keeping a low profile also minimizes the chances that homophobic individuals may become convinced that the Project is somehow “promoting homosexuality” and so attempt to obstruct its work or even shut it down.

8 Community Advisory Board

We consider the Community Advisory Board (CAB) to be an optional Core Element. Agencies may choose to have a CAB or to garner community support in other ways. If an agency organizes a CAB, it is the CAB’s role to assist the Core Group. The CAB is comprised of men and women from the AIDS, gay and lesbian, public health, and university communities. Board members meet monthly with the Core Group to offer advice on Project activities. They also
provide a link between the Project and their respective organizations and communities. One key role of the advisory board is to generate ideas and support for continuing the Project beyond the initial funding period of a grant. The CAB is not responsible for monitoring how funds are spent or for evaluating the program.

The Mpowerment Project remains relevant for young gay/bisexual Men

Since the Mpowerment Project is run by and for young gay/bisexual men and each Project tailors it to their own community so it is responsive to local needs, the Project always looks and feels current. M-groups are the only one of the Core Elements that is highly scripted (and we have recently updated the M-group curriculum to reflect current issues). The rest of the Mpowerment Project activities are always developed by each Project’s Core Group, which is intended to be representative of the local young gay/bisexual community.

In addition, even though there are more visible role models for young gay/bisexual men than there used to be, and although some states in the U.S. now support same-sex marriage, the issues that young gay/bisexual men face remain largely the same. Many experience homophobia and marginalization, isolation, a lack of support in the gay community for a healthy lifestyle, no discussions about healthy, positive sexual expression, few opportunities to talk openly about HIV and safer sex, few places where young gay/bisexual men can socialize, and families that do not necessarily accept their homosexuality. The Mpowerment Project provides answers to all of these challenges, and therefore remains quite relevant.

In addition, the Mpowerment Project remains highly relevant to issues surrounding HIV. For example, it is now widely accepted that sexually active people, including young gay/bisexual men, should get tested regularly for HIV,
so that men who are found to be HIV-positive can be monitored by their health care practitioners and begin treatment if needed. Getting into treatment may also reduce how infectious they are. Therefore, the Project now includes ideas about how to integrate HIV testing into its activities, with the intent to mobilize men to reduce their risk-taking behavior and to increase the numbers of young gay/bisexual men who know their current HIV status. But, as discussed elsewhere, the Mpowerment Project should not turn into a mechanism solely or predominantly for mobilizing the young men’s community for HIV testing, since an abundance of research has shown that when men test HIV-negative, most do not reduce their risky behaviors. Thus, they still need support for sexual risk reduction.

In recent years we have also seen an increased awareness of the importance of targeting social networks in HIV prevention efforts, something that was often ignored or downplayed earlier in the AIDS epidemic. The Mpowerment Project has always focused on social networks, by emphasizing conducting informal outreach to friends about the need for safer sex and testing, and by creating community through new social networks that are supportive about these issues. Finally, as discussed earlier, there is an increasing awareness that an effective HIV prevention strategy for a community must focus on a variety of issues, and one level of intervention is insufficient. For example, while small group interventions have been shown to be effective, they only reach a limited number of men since many people do not like attending groups. In addition, it can be challenging for a young man who participates in a group that helps him to reduce his sexual risk-taking behaviors if he then returns to a community that is not supportive of his risk reduction efforts, or if he can only find other gay men by hooking up with men he meets online. Getting into treatment may also reduce how infectious they are.

The Mpowerment Project not only provides participants with the opportunity to take part in a small group intervention, but also seeks to build a community of caring peers around each young man that supports his risk reduction efforts. Likewise, while it is important for HIV-positive young men to receive high-quality health care and treatment, it is also critical for such men to belong to a community that doesn’t stigmatize them and is supportive of their taking their medications consistently. Because the Mpowerment Project focuses on issues
that exist at the individual, interpersonal, social, and structural/environmental levels, as well as focusing on biomedical prevention through supporting HIV-positive men to get into treatment, the Mpowerment Project remains an intervention that is both relevant and effective for the AIDS epidemic in the present time.

Gett ng started

The goal of this section is to guide you through the general steps for starting an Mpowerment Project in your community. Developing a time frame to start a Project differs from community to community and from budget to budget. Each community must adapt these steps to its Project’s goals, its funding for the program, and to the level of interest it is able to generate locally. Each of these steps is described in detail in the manual. It is important to refer to each relevant section of the manual as you go through the following 16 startup steps.

We hope that this section will be a useful tool to help you establish a reasonable, systematic timeline for creating your program’s operating structure and implementing the various program components. Keep in mind that many of these steps overlap. You can work on more than one simultaneously. You do not necessarily complete one step before beginning another. For example, you will be meeting with leaders in your community to promote awareness of your Project during the same time that you will be conducting your community assessment to establish a Core Group. In addition, many of these steps are ongoing once they have begun. For example, you will continue to conduct publicity and sponsor Social Outreach Events throughout the life of your Project.

**Step 1**

The Executive Director and HIV Prevention/Education Supervisor become familiar with the basic ideas of the Mpowerment Project. Review materials on mpowerment.org, including the Executive Director audio-slideshow (an online presentation that summarizes information critical for Executive Directors). Consult with Technical Assistance (TA) providers at the Center for AIDS Prevention Studies (CAPS).

**Step 2**

Assess whether the agency is ready to implement the Mpowerment Project’s Core Elements, following the Guiding Principles (the Guiding Principles are explained earlier in this Module). Determine if the Mpowerment Project is a good fit for the agency and community.

**Step 3**

Secure adequate funding for the Project. (See Module 3: Implementing Agency for more information about funding issues.) Starting the Project with only a half-time staff person is unlikely to result in a well-functioning program. Technical Assistance (TA) providers from the Center for AIDS Prevention Studies can also help by providing sample proposals and budget information, and by reviewing draft proposals.
**Step 4**  Identify appropriate staff to serve as Coordinators for the Project by sending job announcements to agencies, by placing ads on appropriate Internet sites (e.g., craigslist), and by placing ads in local gay/bisexual, alternative, and university newspapers (See Module 4: Coordinators). Hiring staff that are appropriate for the intervention is one of the most important issues with respect to being able to implement the Project successfully.

**Step 5**  Hire and train Project Coordinator or Coordinators (See Module 3: Implementing Agency, and Module 4: Coordinators), reviewing materials on the Mpowerment website, and attending the three-day Mpowerment training.

**Step 6**  Perform baseline evaluations of sexual risk behavior among young gay/bisexual men in the community before starting to implement the Project (See Module 12: Evaluation).

**Step 7**  Coordinators conduct the community assessment (See Module 2: Community Assessment). This will help you to identify the different groups of young gay/bisexual men in the community, community resources, and people in the community who are relevant to the Project. It is important to note that this is not a “Needs Assessment,” which is generally a much larger, more complicated, and more expensive task.

**Step 8**  Meet with community leaders and relevant agencies to inform them of the Project (See Module 2: Community Assessment, Module 4: Coordinators, and Module 11: Community Advisory Board).

**Step 9**  Assemble a Core Group (See Module 5: Core Group). This involves 1) identifying potential Core Group members from the different segments of the young gay/bisexual men’s community, and 2) convening a meeting with them in which the Project is described to them and they are invited to join the Core Group.

**Step 10**  Coordinators and the Core Group (with approval from implementing agency) locate a Project space and furnish it (See Module 6: Project Space).

**Step 11**  Identify and train additional M-group facilitators if you only have one Coordinator (See Module 9: M-groups and Module 13: M-group Facilitator’s Guide).

**Step 12**  Initiate Social Outreach Events to attract men to the Project and to begin community-building (See Module 7: Formal Outreach—Social Outreach Events and Outreach Team).
Step 13 Begin the process of the Core Group selecting a Project name, logo, and tagline (See Module 5: Core Group and Module 10: Publicity), and identifying initial Social Outreach Events that the Core Group wants to conduct and attend (See Module 7: Formal Outreach—Social Outreach Events and Outreach Team).

Step 14 Begin conducting Social Outreach Events. Projects often start off with a medium to large Social Outreach Event as a way of announcing the Project to the community. Other smaller Social Outreach Events are also started (See Module 7: Formal Outreach—Social Outreach Events and Outreach Team).

Step 15 Develop Project promotional materials, develop publicity plan, and conduct publicity for Project and Social Outreach Events (See Module 10: Publicity).

Step 16 Meet with potential Community Advisory Board members, and invite them to join the Community Advisory Board (See Module 11: Community Advisory Board).

Hoped for results

Taken as a whole, the Mpowerment Project establishes a community mobilization process that is designed to be self-perpetuating, and that sets in motion an ever-widening diffusion process by which young men communicate with each other about HIV risk reduction. Given the ongoing, multifaceted nature of the intervention activities, it is hoped that virtually all young gay/bisexual men in the community will be reached through at least one of the Project activities. Ideally, most young gay/bisexual men will hear risk-reduction messages through several sources. If this happens, it is more likely that this message will sink in and that they will consistently practice safer sex.
Core Elements and their key characteristics

The following chart lists the Mpowerment Project’s 7 Core Elements and 1 Optional Element. Core Elements are intervention components that should be maintained with as much fidelity as possible to ensure program effectiveness. Key characteristics, listed in bullets, represent desired qualities about each Core Element. The key characteristics are based on the Guiding Principles of the Project. For example, the first key characteristic listed under the Core Group is “makes important decisions,” which is in accordance with the Guiding Principle of empowering young gay/bisexual men.

Core Group and Volunteers

- Make important decisions
- Base decisions on the Project’s Guiding Principles
- Membership has racial/ethnic/socioeconomic/educational background diversity
- Meetings are fun, social, productive, and scheduled regularly
- Engage in reflective analysis of all parts of Project, own role in Project, and own sexual risk behavior
- Address issues facing young gay/bisexual men
- Learn new skills and conduct meaningful/interesting work
- Support and encourage each other about safer sex
- Create a warm, appreciative, social, and welcoming atmosphere
Coordinators

- Understand HIV prevention and community-building
- Knowledgeable about local young gay/bisexual men’s community
- Demonstrate leadership skills
- Oversee all Project activities
- Promote diverse racial/ethnic/socioeconomic involvement
- Support Core Group and volunteers to develop and implement activities
- Begin the safer sex diffusion process
- Engage in reflective analysis of all parts of Project, own role in Project, and issues facing young gay/bisexual men

Project Space

- Safe and comfortable
- Accessible and appealing location
- Safer sex and HIV testing promotional posters and literature on display
- Condoms and lubricant available
- Referral information available

Formal Outreach

- Promotes safer sex and HIV testing
- Includes an Outreach Team that goes to venues to distribute safer sex and HIV testing promotional materials and conducts engaging performances
- Helps build community
- Hosts Social Outreach Events that provide social opportunities and promote HIV prevention and are fun and appealing
- Creates opportunities for positive peer influence
- Recruits for M-groups and other Project activities
- Empowers Project volunteers
- Scheduled regularly
Core Element 5

**Informal Outreach**
- Diffuses a norm of safer sex
- Uses peer influence to change behavior
- Achieved through nonjudgmental and supportive peer interactions
- Reinforced through other Project activities

Core Element 6

**M-groups**
- Facilitated by well-trained and skilled Project staff and/or volunteers
- Address issues that are important to young gay/bisexual men
- Create social opportunities
- Eroticize safer sex
- Teach and motivate informal outreach
- Teach sexual negotiation skills
- Encourage Project involvement and volunteerism
- Scheduled regularly

Core Element 7

**Publicity Campaign**
- Creates attractive and informative materials
- Reminds young gay/bisexual men to practice safer sex
- Reaches all young gay/bisexual men in community
- Targets young gay/bisexual men, not general community

Core Element 8

**Community Advisory Board**
- Serves as resource for Core Group
- Does not have day to day decision-making power
- Uses available local expertise
- Not a required Core Element
Effectiveness of the Mpowerment Project

To evaluate the effectiveness of the Mpowerment Project, researchers chose two mid-sized communities where the Mpowerment Project could be implemented and evaluated. The two communities were Eugene, OR and Santa Barbara, CA. Before the Mpowerment Project was implemented in either community, young gay/bisexual men in both communities were surveyed about their sexual behavior in order to obtain baseline information. The Mpowerment Project was then implemented in Eugene for eight months. During this time, Santa Barbara was without an Mpowerment Project, although safer sex posters were placed by other agencies at the city’s only gay bar, at HIV testing sites, and on the college campus.

When the Mpowerment Project ended in Eugene, young gay/bisexual men in both communities were again surveyed. The Mpowerment Project was then implemented in Santa Barbara. At the end of the Mpowerment Project in Santa Barbara, the young gay/bisexual men in both communities were surveyed for a third time.

Impact on sexual risk behavior

The Mpowerment Project has been shown to reduce rates of unprotected anal intercourse among young gay/bisexual men in communities in which it has been implemented. As shown in the figure below, following implementation of the program in Eugene, the rates of unprotected anal intercourse reported by young gay/bisexual men decreased from 41% to 30%. Thus, the rates of men who reported engaging in any unprotected anal intercourse decreased by 27% from pre-intervention levels. Specifically, there was a 45% reduction in unprotected anal intercourse from pre-intervention levels with non-primary partners, and a 24% reduction from pre-intervention levels with boyfriends. These declines represent changes that were occurring within the entire young gay/bisexual community, and not just among those men who had participated in the program. In Santa Barbara, where the intervention had not yet occurred, the rates for unprotected anal intercourse remained stable at 39% and 40%.
The program was then implemented in Santa Barbara. The program’s effectiveness was replicated there, with researchers observing similar declines in rates of unprotected anal intercourse. Our second study looked at the impact of the Mpowerment Project after antiretroviral medications (ARVs) became available. Our data showed that the intervention resulted in a slight decrease (12%) in risk behavior among young gay/bisexual men in Albuquerque, NM where an Mpowerment Project had been operating for one year. During the same time period we also surveyed men in two other comparison communities that at the time did not have an Mpowerment Project. There the risk behaviors rose dramatically. Young gay/bisexual men in Phoenix, AZ reported a 24% increase in unprotected anal sex, and young men in Austin, TX reported a 42% increase. Thus, this analysis showed the Mpowerment Project successfully staved off an increase in risk behavior.

**Intervention activities most likely to reach high risk-taking men**

The ability to reach young gay/bisexual men who engage in high-risk sexual practices is critical to a successful HIV prevention program. Therefore, we examined the data from evaluation surveys to identify which program activities were most successful in reaching these men. The table below provides a breakdown of the results. These results show what proportion of men who were in our evaluation surveys participated in the various parts of the program.

<table>
<thead>
<tr>
<th>PROGRAM ACTIVITY</th>
<th>% PARTICIPATING</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heard of Mpowerment Project</td>
<td>85%</td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>Experienced outreach activities</td>
<td>61%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Attended large outreach events</td>
<td>59%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Attended a video night or visited center</td>
<td>59%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Received invite from friend to M-group</td>
<td>32%</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>Attended an M-group</td>
<td>19%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Helped with formal outreach</td>
<td>12%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Member of Core Group</td>
<td>10%</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>

Clearly, the high risk-taking men were most likely to be reached by Social Outreach Events and outreach (whether via formal or informal channels). However, many were also reached by their friends who had previously attended M-groups and had then become more involved in Mpowerment.
Project programs. Although many of the men who attended groups were not engaging in high-risk sexual behaviors, some of the friends they contacted were. Therefore, although M-groups should not be considered the most important part of the Mpowerment Project, they do have the potential to reach many more men than actually attend them.

For more information on the evaluation study, see the following two articles, available on mpowerment.org:


Cost Effectiveness of Project

We conducted a cost-effectiveness analysis of the Mpowerment Project. We were able to estimate how many HIV infections were avoided by implementing the Mpowerment Project. We then compared the cost of HIV infections with the cost of the program and found that the Mpowerment Project was cost-effective. In fact, it is one of the most cost effective HIV prevention programs that have been assessed. The results of the cost-effectiveness study can be found in: Kahn, J., Kegeles, S.M., Hays R, Beltzer N. (2001). Cost-effectiveness of the Mpowerment Project, a community-level intervention for young gay men. Journal of Acquired Immunodeficiency Virus and Human Retroviruses, 27, 482-491. Two other independent research teams have also examined the Mpowerment Project by comparison to other approaches to HIV prevention, and found that the Project is quite cost effective (Holtgrave, Pinkerton, & Merson, 2002; Cohen, Wu, & Farley, 2005). The second study, by the RAND Corporation, examined how federal prevention spending could be optimized to prevent the highest number of new HIV infections. They showed that compared with other HIV prevention strategies, the Mpowerment Project had the potential to prevent the greatest number of new HIV infections, in a cost-effective manner.
References


1. Young Men Are Very Concerned With Social and Self-Esteem Issues

The first Guiding Principle is that a successful HIV prevention intervention for young gay/bisexual men needs to tie HIV risk reduction to the satisfaction of other needs, such as developing friendships, having fun, and enhancing self-esteem.

2. Peer Influences Are Strong Among Young Gay/Bisexual Men

The second Guiding Principle is that for the Mpowerment Project to be effective in reaching young gay/bisexual men, it needs to be peer-based and use peer influence.

3. Building a Healthy Community Among Young Gay/Bisexual Men

The third Guiding Principle is that it is essential to build a young gay/bisexual men's community where men support each other about sexual risk reduction and obtaining HIV testing, where the social norms and expectations support HIV prevention, and where men help each other in coping with the stresses of being gay/bisexual.

4. Empowerment Promotes More Lasting Changes in Behavior

The fourth Guiding Principle is that the Project serves a mobilizing and empowering function within the young gay/bisexual men's community—young men take ownership of the Project rather than having others carry out the Project for them.

5. Community-Wide Change Occurs Through Interpersonal Networks

The fifth Guiding Principle is that community change comes about through “diffusion,” a process of informal communication and modeling by peers within their friendship networks.


The sixth Guiding Principle of the Mpowerment Project is that the program enriches and strengthens young gay/bisexual men's pride about who they are and encourages them to explore and celebrate their sexuality by not just focusing on condom use but by including a wide variety of safer sexual behaviors.

7. A “multi-level” HIV prevention program for young gay/bisexual men is needed.

The seventh Guiding Principle is the need for a “multi-level” approach to address the variety of factors that influence young men's risk behavior and HIV test-seeking. Since young gay/bisexual men engage in unsafe sex for a variety of reasons, interventions that focus solely on one level of factors will miss men who engage in unsafe sex for other reasons. Therefore, the Mpowerment Project, sometimes called a “combination HIV prevention approach”, targets both sexual risk reduction as well as biomedical issues by encouraging testing and treatment for HIV-positive men.
Core Elements

1. Coordinator(s)
2. Core Group & Other Volunteers
3. Project Space
4. Formal Outreach
   (including Social Outreach Events & Outreach Teams)
5. M-Groups
6. Informal Outreach
   (which is a focus on talking with & encouraging friends & acquaintances to be safe & get tested for HIV)
7. Publicity Campaign
8. Community Advisory Board
   (Optional)

Guiding Principles

Social Focus
Empowerment Philosophy
Peer Influence of Safer Sex Messages
Multi-Level Approach
Gay-Positive/Sex-Positive
Community-Building
Diffusion of Innovations

Together creating community for friendship for health for life
Together creating community for friendship for health for life

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