

Be Proud! Be Responsible! Be Protective!

Implementation Manual

Getting Started

Be Proud! Be Responsible! Be Protective!—What is it

Overview

STDs including HIV are a major health concern among young women and teens of reproductive age in the United States. Young women with limited financial resources and minority women are at greatest risk of HIV/STDs. Pregnant adolescents and young mothers are particularly vulnerable, exacerbated by the fact that they are over-represented by the sociodemographic groups just mentioned. Additionally, of grave concern is the possibility of perinatal HIV infection of the fetus from an infected mother. It is essential that pregnant teens and young mothers are provided the tools necessary to protect themselves from HIV/STDs and future unplanned pregnancies.

Be Proud! Be Responsible! Be Protective! Is a theory-based sexual risk reduction intervention aimed at pregnant teens and young mothers. The program seeks to take advantage of maternal feelings of protectiveness towards their children to catalyze positive behavioral changes that could improve the mother's health status. The themes of **Be Proud! Be Responsible! Be Protective!** are: its community and family approach, a focus on sexual responsibility and accountability, the role of pride in making safer sexual choices, and the role of maternal protectiveness in making safer sexual choices. These themes are invoked throughout the program.

The **Be Proud! Be Responsible! Be Protective!** curriculum was adapted from the **Be Proud! Be Responsible!** program aimed at reducing the risk of HIV/STDs and teen pregnancy among adolescents. The original research study which formed the basis for **Be Proud! Be Responsible!** involved 157 African American male adolescents from an inner-city.¹ The participants had an average age of 14.64 years. Participants were either assigned to receive the AIDS reduction curriculum or to a control group which received information about career opportunities and training. Participants received the 5-hour long intervention over the course of a single day. The participants were given questionnaires before and after the intervention to measure their knowledge and were also evaluated 3 months after the study concluded to determine any behavioral changes as a result of the intervention.

After the intervention, participants who received the AIDS reduction curriculum had greater knowledge about AIDS, less favorable attitudes towards risky sexual behavior, and lowered intentions to engage in risky sexual behavior than the control group. At the 3-month follow-up, participants who received the AIDS curriculum reported less frequent sex, fewer partners, greater use of condoms, and less

¹ Jemmott, J.B. III, Jemmott, L.S., & Fong, G.T. (1992) Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*. 82, 372-377.

heterosexual anal sex than the control group. The results of this study showed that the curriculum is capable of increasing knowledge of AIDS, influencing attitudes regarding safer sex, and can result in a lower incidence of risky sexual behavior.

The curriculum has been adapted to target pregnant teens and young mothers to create **Be Proud! Be Responsible! Be Protective!**

Themes of Be Proud! Be Responsible! Be Protective!

Be Proud! Be Responsible! Be Protective! incorporates four themes into its curriculum. The first theme is its community and family approach. The program invites participants to consider how their sexual behavior affects their community and family as well as themselves. Unlike most HIV, STD, and teen pregnancy prevention programs, whose focus is solely on the consequences to the individual, **Be Proud! Be Responsible! Be Protective!** situates the individual's actions within the broader networks of the community and family. The importance of protecting one's community and family is used as a motive for individual behavior change.

The second theme of **Be Proud! Be Responsible! Be Protective!** is emphasizing the role of sexual responsibility and accountability. As evidenced by the high proportion of female adolescents with HIV, STDs, and unplanned pregnancies, adolescents rarely express their sexuality responsibly. In this program, pregnant teens and young mothers are urged to be accountable to themselves as a way of developing a positive self-image.

The third theme of **Be Proud! Be Responsible! Be Protective!** is the role of pride in making safer sexual choices. Young women are surrounded by messages glamorizing risky behavior from the media and their peers. Practicing safer sex is reframed as the behavior to be proud of. By doing so, they will develop a sense of pride, self-respect, and self-confidence.

The final theme of **Be Proud! Be Responsible! Be Protective!** is using new or upcoming motherhood as a driving force in adopting more healthy behaviors for the mother and the child. Taken together, the themes of **Be Proud! Be Responsible! Be Protective!** provide a framework from which pregnant teens and young mothers will choose to reduce their behaviors that put them at risk of STDs, HIV, and unplanned repeat pregnancies.

Goals

The goals of **Be Proud! Be Responsible! Be Protective!** are to:

- Increase knowledge and influence attitudes, behavioral and normative beliefs, and self-efficacy regarding STD, HIV, and pregnancy risk-reduction behaviors, specifically regarding abstinence and correct condom use by incorporating the themes of **Be Proud! Be Responsible! Be Protective!**

- Develop a better sense of pride, responsibility, and protectiveness inducing participants to choose to practice safer sex and reframing cultural values that are perceived as barriers to safer sex.
- Lower incidence of HIV/STD risk-associated behavior

Be Proud! Be Responsible! Be Protective! emphasizes increasing skills and self-efficacy in communication and negotiation of abstinence or condom use with sexual partners and developing technical skills needed for correct condom use. The program provides important information regarding how to prevent HIV/STDs and unplanned repeat pregnancy, as well information about the risk of HIV/STD infection for young women.

Theoretical Models Used in Be Proud! Be Responsible! Be Protective!

The ability of youth to engage in safer sex behaviors depends not only on knowledge or perceived risk and vulnerability, but also on the skills necessary to practice abstinence and use condoms and their perceived self-efficacy. For this reason, **Be Proud! Be Responsible! Be Protective!** is based on three theoretical models: Social Cognitive Theory,^{2,3,4} the Theory of Reasoned Action,^{5,6} and the Theory of Planned Behavior.⁷

Social Cognitive Theory

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

1. Environment: For example, the inability for young women to obtain condoms due to limited access to free condoms
- Situation: For example, the belief that young women can abstain from sex if they don't have a condom
 - Behavioral Capability: For example, knowledge about where to obtain condoms and the skills necessary to use them correctly

² Bandura, A. (1989) *Perceived self-efficacy*. In V.M. Mays, G.W. Albee, & S.F. Schneider (Eds.), *Primary prevention of AIDS: Psychological approaches* (pp. 128-141), Newbury Park, CA: Sage.

³ Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122-147.

⁴ Bandura, A. (1986) *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

⁵ Ajzen, I. & Fishbein, M. (1980) *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.

⁶ Fishbein, M. & Ajzen, I. (1975) *Belief, attitude, intention and behavior*. Boston: Addison-Wesley.

⁷ Ajzen, I. (1985) *From intentions to actions: A theory of planned behavior*. In J. Kuhl nad J. Beckmann (Eds.), *Action-control: From cognition to behavior* (pp. 11-39), Heidelberg: Springer.

- Outcome Expectancies: For example, a young woman's expectations that if she says "no" to sex then her partner will leave her
- Reinforcements: For example, tangible rewards for the behavior such as approval from peers and family for using condoms.
- Self-efficacy: For example, an a young woman's confidence in her ability to refuse sex if no condom is available

The Theory of Reasoned Action and the Theory of Planned Behavior

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

In The Theory of Reasoned Action, Intentions are shaped by:

- Attitudes: For example, how a person feels about condom use
- Subjective Norms: For example, how they expect important people in their lives would feel about them using condoms

Behavioral Beliefs (what a person thinks will happen if she remains abstinent) provide the basis for attitudes, and Normative Beliefs (what important referents to the person expect and her motivation to comply with those referents' expectations) provide the basis for Subjective Norms. In relation to abstinence, the theory predicts that a young woman who intends to use condoms will do so because she has favorable attitudes towards condom use and believe that people important to her would approve of her being abstinent.

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

- Perceived Behavioral Control: For example, whether a young woman believes she can control not having unprotected sex

In other words, the Theory of Planned Behavior would also predict that if young women believe in their ability to use condoms correctly and consistently they are more likely to intend to use condoms correctly and consistently. Perceived behavioral control is mediated by a person's control beliefs (factors that shape how a person can perform a behavior and how they feel about those factors).

Core Elements and Key Characteristics

Core Elements:

Core Elements are components of a curriculum that must be maintained without alteration in order to ensure the program's effectiveness. They are required elements that represent the theory and internal logic of the program and most likely produce the program's main effects. **Core Elements** must be maintained with fidelity – and without alteration to ensure the effectiveness of the program. *Fidelity*

is conducting a program by following the **Core Elements**, protocols, procedures, and content set by the research study that determined its effectiveness.

The developers reasoned that when teaching adolescents strategies to practice abstinence as a strategy to reduce their risk for HIV, STDs and pregnancy, it is necessary to give them correct information, build their perception of vulnerability, bolster positive attitudes and outcome expectancies, and build self-efficacy and skill to negotiate and practice abstinence. Therefore, the core elements have been organized in two sections: **Content Core Elements** and **Implementation Core Elements**. Content core elements are the essential elements of **WHAT** is being taught in the intervention that is believed to change risk behaviors. Implementation Core Elements are the essential characteristics of **HOW** the intervention can be implemented with fidelity that would that result in a positive learning experience with good outcomes. A comprehensive list of these elements follows:

Content Core Elements

Content Core Element 1: Teach correct information about HIV, STDs and Pregnancy and prevention strategies.

- (a) Content on HIV, etiology, transmission and prevention,
- (b) Content on STDs, etiology, types, transmission and prevention,
- (c) Content on Pregnancy and prevention.
- (d) Content on prevention strategies (negotiation, condom use, problem solving)

Content Core Element 2: Bolster four types of behavioral attitudes/outcome expectancies emphasized in **Be Proud! Be Responsible! Be Protective!**

- (a) Prevention Belief (the belief that condom use can eliminate the risk of HIV, STDs and pregnancy).
- (b) Goals and Dreams Beliefs: (the belief that unprotected sex can interfere with one's goals and dreams for education and a career).
- (c) Partner Reaction Belief (the belief that one's partner would not approve of using condoms and react negatively to it).
- (d) Hedonistic Belief: (the belief that condoms interfere with sexual pleasure, not natural, ruins the mood, don't fit etc.)
- (e) Personal Vulnerability to HIV/STD and Pregnancy Belief: (the personal belief that HIV, STD and pregnancy could happen to them if they have unprotected sex).

Content Core Element 3: Teach three types of skills: negotiation skills, refusal skills, and problem solving skills.

- (a) Teach negotiation, refusal and reframing skills using the 4-step SWAT Negotiation Strategy to respond to partner's negative reaction towards abstinence or condom use.
- (b) Use role-plays activities to practice negotiation, refusal, and reframing skills.
- (c) Building participant's skills in problem solving and getting out of risky situations

(d) Demonstrate condom use skills and have the participant practice the skill using an anatomically correct penis model (or a similar type model).

Content Core Element 4: Build condom use self-efficacy and confidence.

- (a) Incorporate the theme “Be Proud! Be Responsible!” throughout the intervention.
- (b) Build participant’s confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially in the role-plays and in practicing condom use demonstrations

Implementation Core Elements

Implementation Core Elements are integral to the intervention. They describe the **HOW** the intervention should be implemented.

Implementation Core Element 1: Demonstrate a caring and supportive attitude.

- (a.) The facilitator must create a supportive and caring environment.
- (b.) For example, the facilitator should demonstrate a feeling throughout the intervention of, “I truly care about you and your success, I believe in you and you can do this,” using engaging strategies, including active listening, eye contact, supportive feedback, be non-judgmental, etc.).

Implementation Core Element 2: Integrate and use the core intervention materials only.

- (a) The Intervention Curriculum Manual, posters and activity materials
- (b) The video clips specifically selected for the intervention.

Implementation Core Element 3: Type of Facilitator

- (a) Implemented by specially trained adult facilitator (who attend the Jemmott Certified Training).
- (b) Facilitator must facilitate this curriculum using highly participatory and interactive skills.
- (c) Facilitator must be able to work with youth and relate to them and their life circumstances. They must believe in the teens and believe in their resilience.

Implementation Core Element 4: Implementation Delivery Style

- (a) Delivering of intervention must be engaging, highly participatory, and very interactive facilitation
- (d) Facilitator cannot add any other educational materials, social gathering, community events, etc. to this program during the span of the evaluation.

Key Characteristics

Key Characteristics are activities and delivery methods for conducting a program that, while considered of great value and assistance, can be altered without changing the effectiveness of the program. These activities and delivery methods can be modified for different agencies and populations. Changes to the **Key Characteristics** allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the program to the participants. There are 6 **Key Characteristics** of the **Be Proud! Be Responsible! Be Protective!** program .

There are 6 key characteristics of the “Be Proud! Be Responsible! Be Protective!” Intervention.

1. **Type of facilitator/educator:** In the original study the facilitators were community leaders , counselors and teachers, who had experience working with teens. You can vary your facilitator type to include others such as health educators, nurses etc. as long as they experience working with the population.
2. **Setting:** In the original study the intervention was implemented in schools on a Saturday. You may vary the setting to include other sites, such as clinics, community based organization, or schools during the regular school day or after school programming, etc. However the activities must remain interactive and all of the young women must have a chance to participate and practice new skills.
3. **Number of days to deliver the modules:** The program contains 8 1-hour modules designed to be delivered over 2 days (4 modules per day). You can vary the number of days by delivering the curriculum of 4 days (2 modules per day) or over 8 days (1 module per day).
4. **Race of facilitator.** In the study the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate they have the skills and characteristics of a good facilitator, including good listening skills, caring attitude, non-judgmental, etc.
5. **Race of the participants.** In the original study the participants were African American teens. You can vary this and use this curriculum with teens from different races. You might want to change the names of the teens in the role-plays and the settings of the situations to reflect the participants in your program.
6. **Group size:** In the original study the group size was 6-8 teens in a group and is intended to be implemented with groups ranging from 6-12 participants. It may be possible to use larger groups however it is recommended that you use two facilitators for larger groups to ensure that the individual needs of the participants are being met.

Logic Model

Issue/Problem

Having unprotected sex due to:

- Limited information
- Negative attitudes and beliefs regarding condom use
- Minimal negotiation and condom use skills
- Low self-efficacy to negotiate condom use or lack of confidence
- Minimal problem-solving skills

Inputs

- **Be Proud! Be Responsible! Be Protective** curriculum and materials
- Facilitator training and materials
- Participant recruitment
- Agency space

Activities

- Provide activities that will increase knowledge about HIV/STD transmission and repeat pregnancy prevention strategies
- View videos
- Provide opportunity to negotiate condoms
- Provide activities practicing condom use
- Facilitate activities that build confidence and self-efficacy to negotiate condoms
- Provide activities that encourage responsible behavior and making proud choices
- Facilitate activities that build skills in problem solving and how to get out of risky situations
- In a group environment, create an atmosphere of care and trust
- Facilitate referrals

Outputs

- **Be Proud! Be Responsible! Be Protective!** curriculum implemented with fidelity
- Videos viewed
- Condom use and negotiation discussed
- Negotiation skills practiced, using role-plays
- Referrals made

Immediate Outcomes

- Increase knowledge about HIV/STD infection, transmission, unplanned repeat pregnancy and condom use
- Increase perception of risk for HIV, STD and unplanned repeat pregnancy
- Bolster positive attitudes and beliefs regarding condom use and condom negotiation
- Increase intentions to use condoms, consistently and correctly

Intermediate Outcomes

- Improve negotiation skills
- Reduce the incidence of unprotected sex
- Increase consistent and correct condom use
- Increase confidence to use condoms

Long Term Outcomes

- Consistent condom use
- Reduction in risky behaviors
- Reduction of unprotected sex

Impact

- Reduction of HIV/STD
- Reduction of STDs
- Reduction of unplanned repeat pregnancy

Assumptions

<p>Young women may not use condoms because:</p> <ul style="list-style-type: none">• They don't perceive themselves to be at-risk• They don't have knowledge about HIV/STD transmission, unplanned pregnancy, risk behaviors and condom use	<p>Young women will change their behavior if:</p> <ul style="list-style-type: none">• Program and messages targeted for them are gender specific• Program is implemented in a caring and supportive manner• They can learn the skills needed, i.e., condom use and negotiation skills
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<ul style="list-style-type: none"> • They have negative attitudes towards using condoms • They fear their partner’s reaction to condom use • They don’t know how to make condoms fun and pleasurable • They don’t have the skills to negotiate condoms use • They don’t have the confidence or power to introduce condoms into the relationship • Don’t feel valued 	<ul style="list-style-type: none"> • They have positive attitudes and beliefs towards condoms use, i.e., condoms can be fun and pleasurable • They feel that their partner will react positive to condom use • They feel that condom use will prevent HIV/STD transmission and unplanned repeat pregnancy • They feel validated and believe in the themselves and their skills • They have opportunity to practice these skills with supportive feedback
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Organizational Assessment Activities

Agency capacity issues and developing the budget are two activities central to getting started. It is important to note that these activities do not happen strictly in the order they appear in this manual; they may happen simultaneously. These activities appear in this order in the manual because they build on one another. For example, capacity issues lead to discussions around budget development.

Agency Capacity Issues

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

Getting buy-in is crucial because it ensures the support of agency administrators who provide resources to be used for program implementation. Getting buy-in can be accomplished with a program *champion*, which could be an individual or a group of people. A individual *champion* is someone within the agency who is a mid-to-upper level administrator who can serve as a link between administration and staff. Regardless of the number of *champions*, the main issue is convincing the agency that implementing **Be Proud! Be Responsible! Be Protective!** would enhance the quality of its prevention services. The *champion* must be good at answering questions and at helping make changes in organizational structure. The *champion* becomes the program’s spokesperson and anticipates questions about program needs and resources. The *champion* must have knowledge of the program including its costs, **Core Elements**, and **Key Characteristics**. The *champion* can use the information in this manual and the rest of the package to answer any questions or concerns about **Be Proud! Be Responsible! Be Protective!**

Your agency's *champion* can use the **Stakeholder's Checklist** to get support for implementing **Be Proud! Be Responsible! Be Protective!** Stakeholders are those people on your Board of Directors or Executive Board, in your community, agency, your staff, or your funding source who have an interest in the successful implementation of the program. The **Stakeholder's Checklist** is a guide the *champion* can use to get support for implementing **Be Proud! Be Responsible! Be Protective!** in your agency and community.

As with any program, identifying key stakeholders prior to implementation is important. Stakeholders can provide feedback on your implementation plan, facilitate access to and recruitment of participants, provide needed resources (e.g. space if needed), help in evaluation of the program, and assist with the troubleshooting of issues. Key Stakeholders for **Be Proud! Be Responsible! Be Protective!** might include young or expectant mothers, parents, schools or after-school programs, and community groups.

Stakeholder's Checklist

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

- ii. Local health department
 - iii. Local medical and mental health associations
 - iv. Your funding source(s)
 - v. Others
3. Getting stakeholders informed, supportive, invested, and involved
- a. Providing information
 - i. Decide in advance what specific roles you want each stakeholder to play. Who you will ask to:
 - Give financial support
 - Refer young women to the program
 - Help with program implementation
 - Be a resource that you can refer participants to
 - Join your community advisory board
 - Provide input about how the program can meet the needs of your target population
 - Help advertise the program
 - Provide a room where the sessions can be held
 - Supply refreshments for participants
 - Donate equipment, supplies, and small incentives for participants
 - Speak supportively about **Be Proud! Be Responsible! Be Protective!** in conversations with their associates
 - ii. Send letters that tell stakeholders about **Be Proud! Be Responsible! Be Protective!**, its importance, that your agency is or will be making the program available, what specific role(s) you think they might play in the success of the program, and offer them a chance to learn more.
 - iii. Call to assess their interest. If they are interested, schedule a time to meet (e.g. one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).
 - iv. Hold the meeting, answer questions, and discuss potential issues
 - b. Gathering support
 - i. Describe several specific roles they could play
 - ii. Emphasize the benefits of their involvement to themselves, their agency, the community, and youth.
 - iii. Answer questions
 - iv. Invite them to commit to supporting **Be Proud! Be Responsible! Be Protective!** by taking on one or more roles. Keep track of commitments.
 - c. Getting them involved
 - i. Soon after meeting, send a thank you letter that specifies the role(s) to which they committed. If they did not commit, send them a letter thanking them for their time and interest and ask

them to keep the letter on file in case they want to consider it later

- ii. For persons who committed to a role that is important to pre-implementation, put them to work, as soon as possible
- iii. For persons who committed to involvement later in the process, send them brief progress updates and an idea of when you will be calling on their support
- iv. Hold periodic celebratory meetings for supporters to show your appreciation for their valuable contributions, update them on the program's progress and keep them engaged.

Budget

The last getting started activity is developing the budget.

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

With the exception of trained facilitators and the time needed for program training the costs of this program are minimal. To conduct **Be Proud! Be Responsible! Be Protective!**, an agency will need to designate at least one staff as a facilitator. We recommend that two facilitators be trained to allow for back-up if needed. We estimate that each facilitator will need to attend 24 hours (3 days) of training to deliver the **Be Proud! Be Responsible! Be Protective!** program effectively. In addition, we anticipate that a program manager will be needed to conduct the evaluation and oversee quality assurance. The actual costs for facilitators and the program manager will depend on how often the program is delivered.

In addition to personnel costs, an agency will need to acquire, if they do not already own, a DVD player with remote control, and a CD player. A checklist of materials needed is provided in this manual. **Be Proud! Be Responsible! Be Protective!** is easy to implement and can be made feasible for almost all agencies.

Cost Sheet

To conduct **Be Proud! Be Responsible! Be Protective!**, an agency will need at least two experienced facilitators each time the program is offered. While sources for music and videos for the program are included in the Implementation Manual, an agency may choose to change these materials. If this is the case, you will need to add recruitment costs to the final budget. In using this cost sheet to create a budget, assume that there will be no donations, volunteers, or in-kind contributions. Then assume that you will have to pay costs/values.

Pre-Implementation

What is Pre-Implementation

Pre-Implementation prepares your agency to deliver the program. It is during this period that your agency can make any necessary organization changes, assess resource needs, and develop marketing and evaluation plans. Pre-Implementation is also the time to explore the need to adjust the **Be Proud! Be Responsible! Be Protective!** program to fit the needs of your agency or population. For **Be Proud! Be Responsible! Be Protective!**, pre-implementation activities are focused on:

- Creating a program timeline or work plan
- Staffing and facility requirements
- Recruiting, selecting, and managing the advisory board
- Getting program resources and materials
- Adapting and customizing the delivery of the program for your agency and population
- Creating a program review board
- Developing an evaluation plan
- Planning for potential concerns
- Marketing **Be Proud! Be Responsible! Be Protective!** and recruiting participants

Timeline or Work Plan

A timeline covering all stages of the program, from pre-implementation to maintenance is a useful resource to aid planning and implementation of the program. Timeline should include:

- The activity to be completed
- The person(s) responsible for completing the activity
- The date the activity should be completed

Staffing and Facility Requirements

Staffing and facility requirements vary depending on how your agency chooses to deliver the **Be Proud! Be Responsible! Be Protective!** program. Several staff members and facility characteristics will aid your implementation.

Staffing

Program Manager

The role of the program manager is to oversee the process of program implementation. While this position may be combined with others listed below or

within your agency, it is a good idea to designate at least one staff member to help organize and facilitate the program implementation.

This list below contains some of the program manager's primary responsibilities:

- Preparing the agency for the **Be Proud! Be Responsible! Be Protective!** program
- Identifying and maintaining relationships with key stakeholders
- Promoting the program to potential participants
- Securing program needs
- Hiring and managing the program team
- Setting up training and technical assistance
- Establishing and overseeing the evaluation plan
- Overseeing the program and program team
- Managing the budget
- Quality assurance
- Monitoring fidelity

The program manager may assist with the following tasks

- Recruiting and selecting the advisory board
- Managing the advisory board
- Adapting the program materials
- Working with other agencies
- Recruiting participants

Facilitators

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

Facilitators should have a comprehensive understanding of youth culture (with particular emphasis on sexual relationship dynamics), the developing sexual needs of youth, and the relevancy of HIV/STDs and pregnancy for the target population.

Formal training is designed to familiarize facilitators with the goals, purpose, and specific details of the **Facilitator's Curriculum**; and enhance specific knowledge and skills needed to deliver the program. During training, facilitators will learn the details of the content of the program, as well as general guidance needed to teach the **Facilitator's Curriculum**. Training will also emphasize culturally appropriate methods of communication and highlight the value of pride. During training, facilitators should participate in all activities the young women will experience, including viewing videos and demonstrating proper condom use. This hands-on

approach will ensure that facilitators not only understand the program content, but also can be good role models for the youth.

Key Requirements for Facilitators

- Knowledge of youth culture
- Experience working with young females
- Experience working/teaching in small groups
- Requires minimum of a high school diploma or general equivalency diploma
- Comfortable interacting with young women
- Background in health education, HIV/STD education, or skill-building education with youth
- Good interpersonal skills
- Comfortable and able to talk about sexually sensitive topics—including condom use
- Have gone through, or are willing to go through, formal training

Support Staff

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

Tasks of Support Staff

- Recruiting participants
- Assembling program materials
- Making follow-up phone calls to the young women

Facility Requirements

Be Proud! Be Responsible! Be Protective! is designed to be delivered to small groups of 6 to 12 young women. The selection of a location and room are important in setting up an ideal, convenient atmosphere for interaction.

Considerations for choosing a location for your program

- A central location that is easily accessible to young mothers and pregnant teens your agency hopes to include in the program (e.g., within adequate walking or driving distance, along major transit routes, handicapped accessible)
- Adequate space to accommodate all activities and materials
- Flexible schedule
- Adequate space to allow all participants to be comfortable
- Space that is safe, secure, and private
- Access to materials that you cannot transport (e.g., electrical outlets for TV/DVD player)

Several factors should be considered when choosing the days and times for your session. If you choose to do a community assessment, you can ask community representatives about the most appropriate times for holding these kinds of group sessions. Additionally, your staff may be aware of some of the factors that will affect the decision (e.g. school hours). The availability of facilitators and the room also need to be considered.

Recruiting, Selecting, and Managing the Advisory Board

The advisory board serves as a community advisory panel. The advisory board is not necessary to successfully implement **Be Proud! Be Responsible! Be Protective!**; however, because of the members' unique insight into the target population your agency is working with, the advisory board can be helpful in implementing the **Be Proud! Be Responsible! Be Protective!** program in your community. Assembling an advisory board is not a long or intensive process, and the size of the board does not have to be large.

The advisory board has people from the community who understand the various needs of young women, and know the best way to communicate effectively with them. Your agency can use the advisory board to provide ideas about marketing, recruitment, and retention, to help get the word out in the community, and to get community support for implementing **Be Proud! Be Responsible! Be Protective!** *in your community.*

Resources, Materials, and the Materials Bin

Be Proud! Be Responsible! Be Protective! uses the following materials at various points in the curriculum. Aside from developer-certified training, use this checklist to prepare for teaching the program. Some of the items will need to be prepared prior to beginning the modules; others will be developed as part of the process. Items provided with the curriculum are indicated by an asterisk (*) and can be found either at the end of modules or within the kit.

General Supplies

- Copy of the **Be Proud! Be Responsible! Be Protective!** curriculum*
- TV and DVD player
- Chalkboard/Newsprint
- Chalk/Markers
- Pencils/Pens
- Beautifully Decorated Box for Magic Box Activity
- Masking Tape
- Penis Model
- Paper Towels
- Lubricated Condoms
- Lubricant (such as KY Jelly)
- Dental Dams

- Paper Bag (for condom disposal)
- Index Cards

Cards

- *HIV Risk Continuum Cards**
- *Condom Line-up Cards**
- *Role-play Cards**
 - Role-play A: Jamie and Taylor*
 - Role-play B: Justice and Angel*
 - Role-play C: Chris and Jesse*
 - Role-play D: Devon and Jadon*
 - Role-play E: Alex and Casey*
 - Role-play F: Tasha and Jason*
- *Calling Koko Question Cards**

Pre-Labeled Newsprint

- *Group Rules*

Posters

- *HIV/AIDS Review Poster**
- *Key Words Poster**
- *Agree, Disagree, In The Middle Signs**
- *HIV Risk Continuum Signs**
- *S.T.O.P. Poster**
- *Negotiation and Refusal Skills Charts #1A, 1B, 2, 3, 4**
- *Role-Play Guidelines Poster**

Worksheets

- *Myth/Facts Worksheet**
- *Hopes, Wishes, Goals, and Dreams**
- *S.T.O.P. Observation Sheet**
- *Letter to my Baby (sample)**
- *Timeline Activity*

Films

- *The Subject is: HIV (18 minutes)**
- *Tanisha and Shay (18 minutes)**
- *The Subject is: STDs (16 minutes)**

- *Wrap it Up & The Condom Use Animation: 9 Steps to Wrapping it Up* (9 minutes)*
- *He Said He Loved Me: A Portrait of Personal Vulnerability**
- *Baby Talk*

How to Organize your Materials Bin

In order to keep the program materials and resources organized, accessible, and in good condition, keep them in a large materials bin. Regardless of the modules you are facilitating on a certain day, you should always have the materials bin with you and the bin will always contain the same materials.

It is highly recommended that you organize the materials in your bin by module. The materials that are needed in every module can also be placed together in the bin. This will greatly improve the flow and efficiency of setting-up and getting through each of the activities. Do not forget to reorganize your bin as you clean up and put materials away. Also, be sure to pay attention to materials that need to be washed (e.g. penis models) and refilled (e.g. lubrication or rolls of masking tape) before the next program session.

Adapting the Program

The **Be Proud! Be Responsible! Be Protective!** program has been proven to be successful, enjoyable, and easy to implement to teach young women about HIV, pregnancy, and sexual risk behavior. The activities, scripts, and materials provided have been tested with hundreds of young people. However, just as a suit of clothes may need to be tailored to fit an individual, so too might the **Be Proud! Be Responsible! Be Protective!** program need to be modified to fit the needs of your agency. It is important, however, to always try on the clothing before making changes.

Before making any adaptations to the program, we strongly recommend that you try delivering the program *as written* with no changes. This way, you can get a better sense of how the program modules flow and work together, how young women respond to the program, and how the program works for your agency. You may find that the program fits your needs perfectly as is. Or you may find that you will need to adapt **Be Proud! Be Responsible! Be Protective!** to fit the specific needs of your population.

Considerations to keep in mind when adapting the program include the needs of your population, the capabilities and resources of your agency, and the program's **Core Elements**. It is very important to *not alter*, delete, or add to the program's **Core Elements**. Changes in the **Key Characteristics** allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the **Facilitator's Curriculum** to the participants. Working closely with key stakeholders will help your agency make the most appropriate changes.

Some areas where adaptation may be necessary include:

- Length of time between sessions (e.g. one day versus one week)
- Frequency of meeting times to complete all 8 modules of the Facilitator's Curriculum (e.g. complete all 8 modules in a different number of days, as opposed to 2 days)
- Number of participants (e.g. space or the number of facilitators may limit the number of participants you can include in the program)
- Number of facilitators (e.g. one to two depending on number of participants and length of session)
- Special interests of the youth (e.g. participants may want to spend more time role-playing, thus time can be added)

The **Key Characteristics** provided earlier also serve as a guide to consider program changes.

When adapting the program, it is important to think of the effect of the changes on the participants. Adapting does not and should not affect the **Core Elements** of the program. Adaption should:

- Improve the delivery of the program
- Make the information more accessible for the participants

Program Review Board

If the CDC will be funding all or part of your agency's implementation of **Be Proud! Be Responsible! Be Protective!** your agency must follow the *Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs* (See **Appendix 5**). You also must submit the program's modules, content, information collection forms, participant handouts, videos and other program materials you plan to use for approval by a local Program Review Board (PRB). The PRB's assessment will follow the CDC Basic Principles found in 57 Federal Register 26742. If all of your funding for **Be Proud! Be Responsible! Be Protective!** is coming from another source, check with that source for their policy on PRB approvals.

We recommend that you first find out what the local PRB's procedures are and work within them. Since **Be Proud! Be Responsible! Be Protective!** contains a lot of material, the PRB may not want to review every page. Your PRB may want an abstract or Executive Summary of the program modules to accompany your submission of all or part of the materials. If so, copy the section **Be Proud! Be Responsible! Be Protective!—What is it?** from this **Implementation Manual**. Attaching this text to a copy of the original research article may be useful for PRB members who are interested in the scientific evidence supporting the program.

We recommend that you give the PRB a list of materials in the order in which they should be reviewed so that members of the PRB understand what **Be Proud! Be Responsible! Be Protective!** is about and have a context for the other materials.

Emphasize that activities are required by the program. Also, emphasize that in order to get results similar to those of the original research, **Core Elements** cannot be changed. Be prepared to answer questions, provide clarification, or refer PRB members to sections of the package materials for information.

Monitoring and Evaluation

To achieve the best performance and outcome for **Be Proud! Be Responsible! Be Protective!**, agencies should plan to monitor and evaluate the program. There are four types of evaluation: formative evaluation, process monitoring, process evaluation, and outcome monitoring. Formative evaluations are performed during the pre-implementation phase to assess the needs of the target population for **Be Proud! Be Responsible! Be Protective!** The other three types of evaluation—process monitoring, process evaluation, and outcome monitoring—are performed in the **Maintenance** phase, after the program has been delivered. More information on monitoring and evaluation appears in the **Be Proud! Be Responsible! Be Protective! Monitoring and Evaluation Field Guide**.

There are two key reasons to evaluate a program: accountability and program improvement. Accountability could be to the community, staff, participants, or funding source. Implementing agencies must consider their accountability to properly implement any program. For **Be Proud! Be Responsible! Be Protective!**, an agency could look at whether the funds designated for this program were spent on its needs, such as facilitator and program manager salaries, benefits and training, video equipment, condoms, marketing materials, and meeting space.

Evaluation can also help improve the quality of the content and delivery of the program by looking at what worked and what did not. The evaluation plan created by the agency should identify specific goals of the implementation, such as number of sessions to be held, length of sessions, number of participants to be recruited, and number of participants to attend all sessions. The information gathered can then be used to help agencies fine-tune their programs by addressing the areas where the agency may run into problems.

Types of Evaluation

Formative Evaluation

This evaluation is the process of collecting data that describe the needs of the population and the factors that put them at risk

Process Monitoring

Process monitoring is the collection of information that describes the characteristics of the population served, the services provided, and the resources used to deliver those services

Process Evaluation

Process evaluation is the collection of detailed information about how the program was delivered, differences between the intended population and the population served, and access to the program. Process evaluation looks at whether the agency maintained fidelity to the program's **Core Elements** and **Key Characteristics** the agency used or adapted.

Outcome Monitoring

Outcome monitoring is the process of collecting information about client outcomes before and after the program, such as knowledge, attitude, skills and behaviors.

Outcome monitoring cannot be done until agencies have completed process monitoring and process evaluation. Outcome monitoring looks at an outcome or change in behavior, such as increased condom use, and answers the question, "Did the expected outcome occur?" Agencies may have an evaluation expert on their staff or may hire consultants to perform this analysis. While this type of monitoring is optional, the CDC encourages its use.

Planning for Evaluation

Before an agency begins to implement **Be Proud! Be Responsible! Be Protective!**, staff members need to review the sample evaluation forms in **Be Proud! Be Responsible! Be Protective! Monitoring and Evaluation Field Guide** and adapt them to fit their planned implementation.

Planning for Potential Issues

A crucial step in preparing to implement the **Be Proud! Be Responsible! Be Protective!** program is planning for possible issues that may bother or upset participants. **Be Proud! Be Responsible! Be Protective!** is a low risk program; therefore, the potential for any problem or concern to occur is incredibly small and unlikely. The scope and tone of the program is designed to be non-threatening and fun. However, as with participation in any program or activity that addresses sexual topics, there is a potential that participants may become uneasy or experience discomfort at some point during the **Be Proud! Be Responsible! Be Protective!** program. Although we do not present or discuss issues of abuse in the program, nevertheless some content or activities may bring up painful issues for some young women.

Participants may feel uncomfortable with some of the material presented in the program. This discomfort may show up as withdrawal, anxiety, or fear. For example, participants who have experienced abuse (domestic or sexual) may display signs of distress (e.g. withdrawal, refusal to discuss certain topics, unwillingness to practice using anatomical models, etc.).

Below, you will find suggestions for strategies to minimize the possibility of an unforeseen event and explanations of how to most effectively deal with an incident, should one occur. Your agency can expand and modify the list to meet the needs of your specific adolescent population.

To minimize the potential for an unanticipated incident to occur:

Any explanatory information and resources about the **Facilitator's Curriculum** that you can provide to the young females and their parents *prior* to the start of the program will safeguard your agency from an unforeseen event. Some knowledge of program topics and goals will allow participants to mentally prepare for some of the more sensitive topics and not be caught off-guard. When talking to staff, parents, and young mothers and pregnant teens, your agency should emphasize that topics discussed during the program are *completely confidential* and will not be shared with the participants' family or among staff. You should know states' laws about child protection. In most states you are required to report to authorities if participants are at risk for harming themselves or others.

Some ways to provide important information to youth and parents prior to the start of the program include:

- Require written permission from parents/legal guardians for their child's participation in this program. General information about the program should be included on this form
- Tell parents and young mothers and pregnant teens that the objective of the program is to find ways to help them reduce health risks such as unplanned repeat pregnancy and HIV/STDs
- Be available and prepared to answer questions about the **Facilitator's Curriculum** from young women and parents prior to the start of the program. Provide important contact information on all flyers and mailings.
- Prepare staff and facilitators to explain, in person, the many benefits of the program and some of the potential (but very rare) risks
- Inform parents that they may request to see an overview of the **Facilitator's Curriculum**

As facilitators, there are also some steps you can take to minimize potential distress. These include:

- Become familiar with the **Facilitator's Curriculum** and **Facilitator's Note** sections. These "notes" will provide guidance on how to minimize discomfort
- Work with participants to create a warm, open, and accepting environment
- There are parts of the **Facilitator's Curriculum** that might serve as trigger points (e.g. condom use demonstration and role-plays). Be aware of these and prepare young mothers and pregnant teens for these experiences

- If participants are uncomfortable do not force participation, especially as it relates to personal attitudes and beliefs
- If participants begin to disclose very personal information within the group, redirect the discussion and address issues later one-on-one

To minimize the effect of discomfort if it occurs:

- Tell participants to notify project staff members during the program if they become upset over the content of the material presented
- Inform all staff and participants that information discussed during the course of the program is *completely confidential* and will not be shared with the participants' family or with project staff
- Participants who disclose issues of abuse to program staff or facilitators need to be directed to appropriate counseling and support services. Agencies need to be aware of and inform participants of their state's laws regarding the reporting of any illegal activities including domestic violence and any type of abuse
- Provide assistance, such as a referral to a counselor, if any distress is experienced. You should identify potential resources for such referrals before you implement the program
- Provide a printed list of resources, including agency names and phone numbers, to **ALL** participants at the beginning of the program
- Refer to your local community agencies as well as state mental health agencies for contact numbers and information.

Program Marketing

The final step in preparing for implementation is marketing **Be Proud! Be Responsible! Be Protective!** to your community. Included in the package are some general marketing tools that agencies can use to advertise **Be Proud! Be Responsible! Be Protective!** (See **Appendix 3** for a sample marketing recruitment flyer). The advisory board is another useful marketing tool because the members can advise your agency where to place the marketing information sheets and identify other ways to engage the community. Advertising attempts need not be limited to traditional venues such as young mothers' service organizations and support groups. Agencies can also send fliers, press releases, and public service announcements to local organizations, radio and TV stations, or place advertisements in local papers. They can also post information on the Internet.

Implementation

Implementation is defined as the actual delivery of the program

Participant Recruitment

Recruitment of participants is a crucial issue in any program. You will need to work with key stakeholders to develop a recruitment plan to ensure participation in this, or any, program. Your agency should have a recruitment plan in place that details how and where participants will be recruited, recruitment/marketing tools, and number to be recruited. Below are some suggestions for recruitment. Your advisory board may have other thoughts for these key questions.

1. How will participants be recruited?
 - Personal contact with parents, young mothers, and pregnant teens, including presentations to large groups of teachers, parents, and young women
 - Mailings
 - Flyers
2. Where is the best place to recruit?
 - Schools
 - Youth agencies
 - Community groups
3. What tools are needed for recruitment and marketing?
 - Examples of recruitment flyers are providers in **Appendix C**
4. How many participants are to be recruited?
 - You may need to invite more members than you plan to have in the program to ensure a sufficient number to run the program
5. What might motivate members of the target population(s) to attend **Be Proud! Be Responsible! Be Protective!?**
6. How will you communicate with parents?

Specific methods to improve recruitment to the program include:

- Offer incentives to participate (e.g. clothing/pens/water bottles/key chains with program logo/monetary incentives, etc.)
- Work with schools in the area to be able to offer academic or community credit to young women who participate in the program

Involve key stakeholders and community members at all levels of the program implementation

Enhancing Participation

In the original research study, multiple strategies were used to enhance youth participation. Also, extensive evaluations were conducted to learn from youth what led to their involvement in the program and what we could do to encourage participation. The following were identified as the most effective strategies:

- Peer/family involvement
- Program incentives
- Commitment

Peer/Family Involvement

This type of support is incredibly important and can be achieved in many different ways. Encouragement of participation by friends, rides to program sites from parents, and discussion about program topics in the home are some of the ways friends and family can get involved in the program. Providing multiple opportunities and places for parents to get information about the program will also help encourage family involvement. These can include letters sent to parents in the community, parent information sessions held at convenient locations and times with the ability to accommodate other children, and presentations to parent clubs, PTAs, or other parent support groups about the program. Involvement by peers and family members will increase participation in the program for both instrumental reasons (e.g. having transportation) and more complex reasons, such as reducing embarrassment and providing support.

Program Incentives

Incentives are any tangible or intangible items that you give youth to increase their motivation and participation in the program. In the original study, participants were given \$40 for their participation for the duration of the study.

Providing money may not be necessary and may or may not be appropriate for your agency. The most appropriate incentive strategies are those that your community advisory group and your participants think will work best to encourage attendance and participation. If chosen correctly, incentives can greatly enhance young women's participation in the program.

Commitment

Young mothers and pregnant teens who are interested in and committed to the program from the start may provide encouragement and serve as good role models for others. To increase commitment, encourage the active involvement of all participants in program activities, tailor the material to the specific young women in your program, ask for their feedback and recommendations related to the program, and enlist their assistance in recruiting other young mothers and pregnant teens.

Barriers to Participation

There are often unforeseen or seemingly uncontrollable barriers to participation in almost all types of programs. Fortunately, we have identified several of the most common barriers to participation in the **Be Proud! Be Responsible! Be Protective!** program, and have suggestions on how your agency can prevent and overcome these barriers.

Possible barriers to participation include:

- Conflicts with other commitments
- Embarrassment about subject matter
- Not knowing other program participants

Conflicts With Other Commitments

The time that young mothers and pregnant teens have available to participate in a program such as **Be Proud! Be Responsible! Be Protective!** may be limited due to involvement in other activities, family obligations, and raising children. These conflicts may include part-time jobs, childcare responsibilities, school homework, and extracurricular activities. Therefore, it is important to know your population and schedule the program at a time that presents few conflicts with other activities.

Discomfort About Subject Matter

Any program that addresses HIV/STDs and prevention of repeat pregnancy will include topics regarding sexual health that some young women feel too uncomfortable to talk about. Facilitators must be aware that some participants may be uncomfortable. Establishing group ground rules or guidelines that emphasize confidentiality and respect, and discussing them with participants is a good way to alleviate any discomfort young women might have. The accepting and supportive context created in the small groups, open discussion, and recognition that the material may be embarrassing, helps young women overcome embarrassment as a barrier to participation.

Not Knowing Other Participants

Some young mothers and pregnant teens may be hesitant to join because they do not know anyone in the program. This barrier can be overcome by making young women feel welcome and by promoting group interaction. Specific activities are included in the **Facilitator's Curriculum** to introduce participants to each other and promote group cohesion. In addition, participants should be encouraged to bring other friends or acquaintances with similar circumstances to the program.

Keeping young women engaged in the process can be hard. The facilitators have much of the responsibility for making sure that all participants have a chance to:

- Contribute to discussion
- Participate in activities
- Have their thoughts heard
- Feel welcomed, safe, and supported

Retention

Retention is the continued participation of young women throughout the entire length of the program up until its completion. Retention relies on the proactive behavior of facilitators and agency staff to encourage continued participation.

Effective strategies to improve retention in the program include:

- Delivering sessions in a format to facilitate learning and participation (e.g. **Be Proud! Be Responsible! Be Protective!** was designed as a 2-day program)

- Providing reminder phone calls 1 or 2 days prior to each session
- Making sure all participants have a chance to:
 - Contribute to discussions
 - Participate in all program activities
 - Have their thoughts heard and validated
 - Feel welcomed and supported
- Providing childcare during sessions if needed
- Calling participants when they missed a session to ensure they are well

Remember that these are only suggestions. Brainstorming with your key stakeholders or community advisory board and following up with process evaluations after program implementation will help your agency develop retention strategies that are effective and appropriate for your population.

Attendance Policy

Participants should attend all sessions and all modules in order to benefit from the **Be Proud! Be Responsible! Be Protective!** program. However, this is not always possible. We do recommend that those who do not come to the first module not be allowed to attend subsequent modules. Information provided in the first module is critical in acquainting participants with group rules including respect and confidentiality for self and others, and in laying the foundation for the remaining program modules. Beyond this, each agency, with input from their community advisory board, may decide on rules of attendance that apply to their situation.

Resource Packets

Participants in **Be Proud! Be Responsible! Be Protective!** may have questions and needs that cannot be addressed during the actual sessions. Because of this, each participant should receive a Resource Packet during the first session. Facilitators should encourage participants to make use of these resources and remind them of the packet at the end of each session.

The Resource Packet should be put together and copied before the first session, following the suggestions below. Agencies need to make a packet to fit the services and other resources available to youth in their community. The packet should include the following information:

- An Introduction to the **Be Proud! Be Responsible! Be Protective!** program
- The basics about the sponsoring organization, including why they are implementing **Be Proud! Be Responsible! Be Protective!**
- A variety of resource information sheets specific to the community (e.g. information about where in the immediate area to find information about pregnancy and child-raising services, HIV/STD services, help/support for domestic and other violence, etc.)

Here is a list of some additional types of materials that might be included:

- Business card or other contact information for the facilitator(s) and the sponsoring agency
- Printouts of web sites of interest to your participants
- List of contributors for any donated gift certificates or coupons
- Any other materials you believe might be useful to your participants

Pre-Implementation Checklist

The pre-implementation checklist is a quick reference of items that should be in place before *Be Proud! Be Responsible! Be Protective!* is delivered

- Participants recruited
- Location selected and room set up
- Table for food/snacks (prepared), if needed
- Functioning TV/DVD player with remote control
- Sessions/modules scheduled
- Facilitation coordination and practice sessions held and completed
- Resource packets compiled and copied
- Supplies acquired
- Condoms and condom models acquired
- Incentives obtained, if needed
- Other program material on-hand, prepared, copied, enlarged
- Easel charts
- Posters
- Signed parental permission

Debriefing

It is a good idea to debrief both facilitators and participants after the **Be Proud! Be Responsible! Be Protective!** program has been delivered. Information from debriefing sessions can be used to determine fidelity to the programs **Core Elements** and **Facilitator's Curriculum**, as well as provide feedback regarding problems encountered and the overall experience of delivering the program. Debriefing sessions may include written survey forms, face-to-face individual or group discussions, or a combination of the two. Regardless of the chosen debriefing method, written notes should be kept and compiled for future use in evaluating the program.

Examples of facilitator and participant debriefing forms can be found in the **Be Proud! Be Responsible! Be Protective! Evaluation Field Manual**.

Facilitator's Curriculum Outline

The **Be Proud! Be Responsible! Be Protective! Facilitator's Curriculum** is included in this manual as a separate spiral bound folder. The **Facilitator's Curriculum** contains:

- An introduction to the **Facilitator's Curriculum**
- A goal statement for the **Be Proud! Be Responsible! Be Protective!** program
- An overview of the **Facilitator's Curriculum** format
- **Be Proud! Be Responsible! Be Protective!** program strategies
- Teaching strategies
- Tips for teaching adolescents
- All eight modules of the **Be Proud! Be Responsible! Be Protective! Facilitator's Curriculum**

Introduction to the Facilitator's Curriculum

For the facilitator, the **Facilitator's Curriculum** contains the most important information to implement this program successfully. The **Be Proud! Be Responsible! Be Protective! Facilitator's Curriculum** is the fun and interactive piece of the program. This is what will actually be presented to the participants. It includes all of the learning activities, such as small group discussions, videos, games, demonstrations, and role-plays. These and additional activities help teens to learn new skills to protect their health and provide them with a better understanding of how their behavior can affect their health.

Goal Statements for the Be Proud! Be Responsible! Facilitator's Curriculum

The **Be Proud! Be Responsible! Be Protective!** program has three primary goals

- Increase knowledge and influence attitudes, behavioral and normative beliefs, and self-efficacy regarding STD, HIV, and unplanned repeat pregnancy risk-reduction behaviors, specifically regarding abstinence or correct condom use by incorporating the themes of **Be Proud! Be Responsible! Be Protective!**
- Develop a better sense of pride, responsibility, and protectiveness inducing them to choose to practice safer sex and reframing cultural values that are perceived as barriers to safer sex.
- Lower incidence of HIV/STD and repeat pregnancy risk-associated behavior.

Overview of the Facilitator's Curriculum Format

The **Facilitator's Curriculum** was designed to be easy for facilitators to use and carry with them to their program sessions. Each of the eight modules contains most of the materials a facilitator will need to implement the **Be Proud! Be Responsible! Be Protective!** program including copies of handouts, posters, and worksheets. All eight modules are set up the same way with the following sections: goals, module preview, learning objectives, strategies/methods, materials needed, preparation needed, total instruction time, and procedures.

Be Proud! Be Responsible! Be Protective! Program Strategies

Be Proud! Be Responsible! Be Protective! uses several instructional strategies to increase knowledge, skills, and self-efficacy and to influence beliefs and attitudes that promote abstinence and condom use. Some of these include modeling, role-playing, performance feedback, interactive activities, competitive games, and over-learning.

Maintenance

The final stage in the implementation process is maintenance. This stage addresses the need to continue to work on the evaluation of the program and its effect on the organization and participating youth. Institutionalization, or embedding the program into the organization's mission, is a potential goal of this phase.

Maintenance begins from the final session the first time **Be Proud! Be Responsible! Be Protective!** has been delivered, and continues as long as your agency delivers the program. During this stage, process monitoring, process evaluation, and outcome monitoring data are entered into a database and/or submitted to appropriate stakeholders. It is this information, along with quality assurance documentation, that will assist your agency in adapting the program to meet the needs of your target population.

The following is a discussion of the process that an agency may follow to incorporate **Be Proud! Be Responsible! Be Protective!** into ongoing prevention efforts for adolescents.

Institutionalizing Be Proud! Be Responsible!

It is very important that agencies take ownership of **Be Proud! Be Responsible! Be Protective!** and incorporate it into their prevention activities. The program should become part of the agency's mission. Continued funding, efforts to make sure the program is not undercut by other activities, and the integration of implementation activities into routine job duties can lead to institutionalization.

All members of the program team should participate in planning, training, and program improvement. If needed, an agency may access technical assistance to further its goals. This process further enhances the transfer of research programs to prevention services. It involves the program manager, facilitators, stakeholders, and communities to implement a program that best meets the needs of those that depend on its services.

Quality Assurance

The **Be Proud! Be Responsible! Be Protective!** program has been shown to be a high quality and effective program. However, the quality of this program depends on how well staff and facilitators adhere to the goals and abide by the **Core Elements**. Having a quality assurance plan in place before program implementation will help ensure that any adaptations you make will remain true to the **Core Elements** and will not impact the integrity of the program.

Variability in style of group facilitation or the dynamics of individual adolescent groups could affect the integrity of the program. Specific strategies can be used to minimize these effects and ensure the fidelity of the program.

- Each program module is structured with explicit directions and time parameters. It is important to follow these guidelines and work within the structure of each module
- Conduct debriefing sessions with facilitators after the program to assess possible issues with program delivery and their opinions of how the program worked. (Samples of debriefing questions are in the **Be Proud! Be Responsible! Be Productive! Monitoring and Evaluation Field Guide**).

Evaluation

As part of an overall Quality Assurance plan, your agency will need to conduct periodic evaluations of the program. (For more information on quality assurance see the **Be Proud! Be Responsible! Be Protective! Monitoring and Evaluation Field Guide**).

Conduct an evaluation to:

- Determine whether the program was effective
- Determine whether adaptations of the program content changed the integrity of the program
- Determine accountability for funds and resources
- Improve program operations, thereby allowing sustainability of the program within your agency

Updating Resources and Materials

Revising and updating program materials is one of the most effective ways to guarantee the highest possible quality of the **Be Proud! Be Responsible! Be Protective!** program. It is a good idea to assess materials on a regular basis to be sure they are providing the most accurate information and being used in the most effective manner. For example, you might update information about HIV testing availability and information about the HIV epidemic in your community.

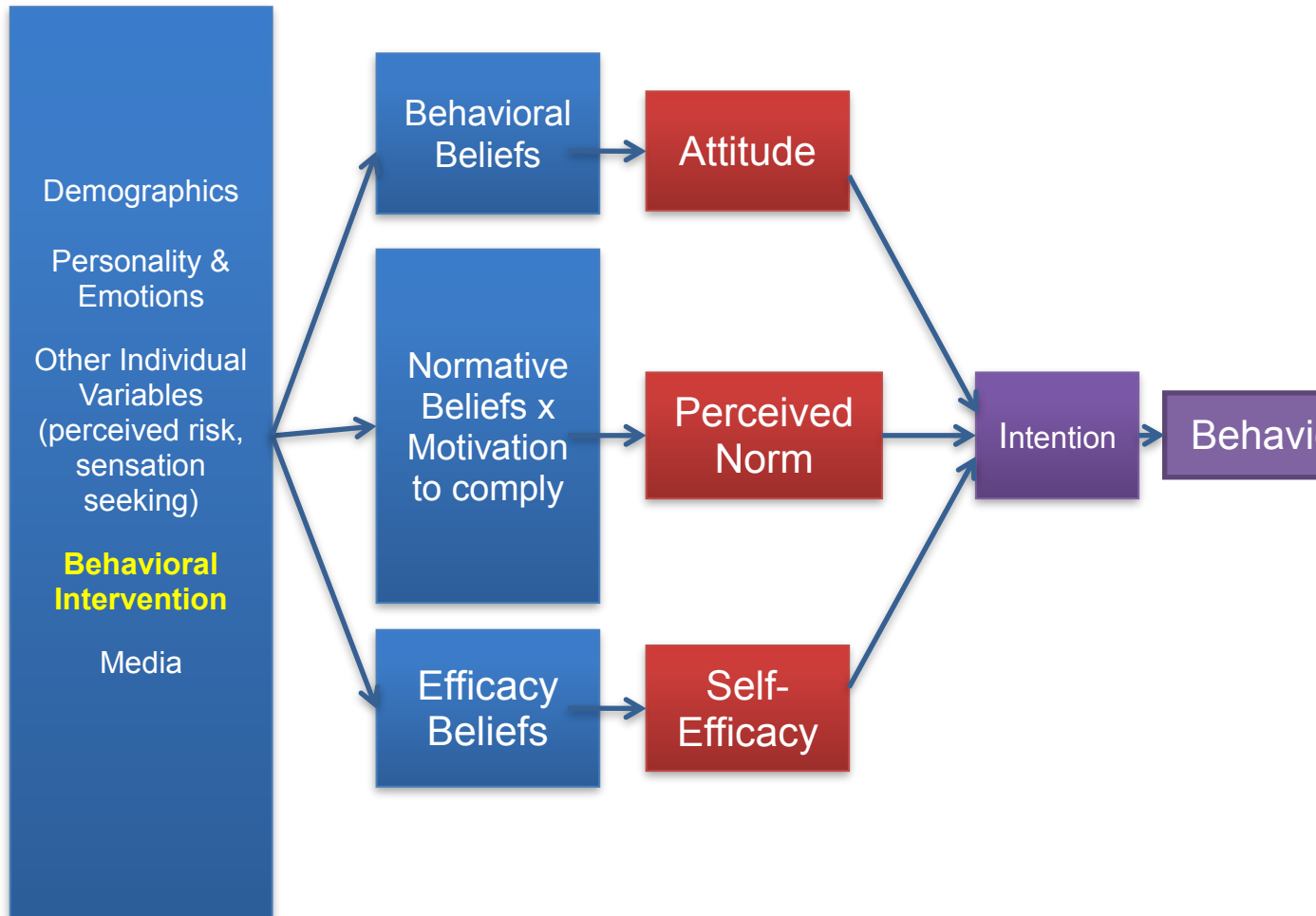
Tips for Revising/Updating Resources and Materials

- Choose how often your agency will revise and update materials (e.g. every 6 months, every year)
- Make a list of all resources and materials that may need updating in the near future
 - Resource/referral lists of relevant service providers in the area
 - Fact sheets
 - Needs assessment form collection

Appendices

Appendix 1: Background Materials

Theoretical Model for Be Proud! Be Responsible! Be Protective!



Fishbein, M. & Yzer, MC. (2003) Using theory to design effective health behavior interventions. *Communication Theory*; 13:164-183.

Appendix 2: Implementation Needs

Timeline	Week 1&2	Week 3&4	Week 5&6	Week 7&8	Week 9&10
Identify Members of the Program Implementation	x				

Be Proud! Be Responsible! Be Protective! Implementation Manual

team (Facilitators, support staff)					
Identify Key Stakeholders	x				
Arrange training for facilitators	x				
Identify potential sites for training	x				
Modify flyers, information sheets, and other marketing tools	x				
Send facilitators to training		x			
Continue marketing		x			
Begin securing program resources	x				
Begin recruiting			x		
Adapt program materials if needed			x	x	x
Schedule sessions			x		
Develop evaluation plan			x		
Select participants				x	
Prepare program materials				x	
Confirm venue				x	
Arrange snacks/food as needed				x	
Continue facilitation coordination and practice				x	
Create crisis program/referral system				x	
Confirm participants				x	
Inform participants of session venue and time				x	
Implement program					x
Conduct evaluation					x

Appendix 3: Marketing and Recruitment Materials

Sample Recruitment Letter

Dear parent,

Your daughter, _____, has the chance to participate in an exciting and fun program designed to help young mothers and pregnant teens learn about their health. The purpose of the program is to help participants behave in ways that will support good health and protect them from unintended repeat pregnancy or developing serious health problems such as sexually transmitted diseases including HIV/AIDS. It has been used with hundreds of young women in the United States and has been proven to be effective in helping reduce their risky sexual behavior. As a parent, you can help support your child in staying healthy.

During the **Be Proud! Be Responsible! Be Protective!** program your child will be involved in a variety of learning experiences including small group discussions, films/videos, games, exercises, and role-playing designed to teach young women about different health problems—including unintended repeat pregnancy, HIV, and STDs as well as how they can be avoided. Your child will be learning important information in a supportive, fun, and informative program designed specifically for young mothers and pregnant teens.

You are welcome to review the contents of the program and the teaching materials before the program starts. Please contact _____ at _____ to set up a time to view the materials. If you have any questions about the program or need additional information, please call - _____ at _____.

I have read and understand the information given above. I have been given the opportunity to ask questions and review the program materials. My questions have been answered to my satisfaction. I agree to have my son/daughter participate in the program. Upon signing below, I understand that one copy of this document will be kept together with your records.

Child's name: _____

Parent/Guardian's name: _____

Parent/Guardian's signature: _____ Date: _____

Appendix 4: Articles and Resources

Articles Available Online

“Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention.” John B. Jemmott III, PhD; Loretta Sweet Jemmott, PhD, RN, FAAN; Geoffrey T. Fong, PhD. *American Journal of Public Health*, 1992; 82, 372-377.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694351/pdf/amjph00540-0046.pdf>

“Interventions for adolescents in community settings,” in Ralph J. DiClemente and John L. Peterson (Eds.) *Preventing AIDS: Theories and Methods of Behavioral Interventions*. New York: Plenum Press

<http://books.google.com/books?hl=en&lr=&id=WzqzwiHUVtIC&oi=fnd&pg=PA141&dq=interventions+for+adolescents+in+community+settings&ots=mUaENKNLrt&sig=bT7F14m4i6lfx1dwlSHyiguKkc#v=onepage&q=interventions%20for%20adolescents%20in%20community%20settings&f=false>

PubMed

PubMed is an on-line database that includes journal articles, special features, and related publications. PubMed users can search for specific articles or related articles by specific authors. The articles referenced above can be found at this URL

www.pubmed.gov

Appendix 5: CDC Fact Sheets

- ABC's of Smart Behavior: To Avoid or Reduce the Risk of HIV
- CDC Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases
- June 1992 Guidelines on Content of AIDS-Related Written Materials (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs)
- MMWR: Nonoxynol-9 Spermicide Contraception Use—United States, 1999
- MMWR: CDC Statement on Study Results of Products Containing Nonoxynol-9
- Fact Sheet: HIV/AIDS Among Youth—June 2006