

# EVIDENCE-BASED PROGRAM MODELS (EBPMS) CORE COMPONENTS



This document is intended to provide a general overview of each of the 11 CDPH-approved EBPM curricula, and describes the core components for each EBPM. Please note that core components for each selected EBPM must be implemented with fidelity. This information is meant to assist you in choosing the appropriate EBPM for the population you will be serving. After review of applicants' curriculum selection and sub-awards CDPH will provide additional training and technical assistance (TA) to grantees to support successful implementation with fidelity. Topics addressed in training and TA activities may include, but will not be limited to the following areas:

- Selected EBPMs
- Correct EBPM implementation
- Recruitment of target population participants
- Retention of participants to ensure completion of all required sessions
- Settings where implementation will occur
- Allowable adaptations which will not jeopardize fidelity

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**CURRICULUM: ALL4You!**  
**COYLE, K., KIRBY, D., ROBIN, BANSPACH, BAUMLER & GLASSMAN**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p style="text-align: center;"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p style="text-align: center;"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p style="text-align: center;"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• <b>Functional knowledge</b> (i.e., information that is directly tied to behavior such as steps for proper condom use, what behaviors increase risk of STI and HIV transmission)</li> <li>• <b>Attitudes and beliefs</b> (i.e., activities that address perceived barriers to condom use or perceived risk of STI or pregnancy)</li> <li>• <b>Norms</b> (i.e., activities that realign norms or facilitate the development of positive norms, such as seeing peer leaders model skills).</li> <li>• <b>Skills</b>, refusal/negotiation of sexual activities and condom use</li> <li>• <b>Service learning activities</b>, are designed to influence behavior through factors such as sense of future or optimism and connectedness, including preparation activities for service learning visits</li> <li>• <b>Reflection</b>, is designed to facilitate personal meaning and connections from the service learning activities</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Create a safe and effective learning environment by establishing group agreements, including mechanisms for asking sensitive questions and actively involving participants</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Implement all activities in sequence using the interactive strategies included in the lessons which were designed to influence the theory-based risk and protective factors related to sexual risk behaviors</li> <li>• Use varied pedagogical techniques (i.e., mini-lectures, brainstorming, games, small group work, role-plays) and maintain the interactive nature of the activities to engage youth and facilitate learning</li> <li>• Review learning from prior classes to enhance mastery of material</li> <li>• Use music to create a positive environment for youth participation</li> <li>• Use embedded skill development approach that explains and models the skills, provides large-group and individual practice, and offers corrective feedback</li> <li>• Use question box technique to invite anonymous questions</li> <li>• Provide student folders for service learning reflection</li> <li>• Conduct brief reflection activities immediately following the service learning visits and longer sessions at the outset of the following lesson (as structured in the curriculum)</li> <li>• Use videos and guest speakers to enhance selected lessons. Replacement videos can be used if they are selected to meet the objectives of the lessons</li> <li>• Use pamphlets or fact sheets to provide content summaries for reference outside the classroom</li> <li>• Use small gifts (e.g., pencils, pens, dog tags) to provide visual cues to reinforce program messages</li> <li>• Provide certificates to acknowledge students' completion of the program</li> <li>• Prepare students for their service learning by informing students on what to expect when they arrive and how they will be contributing at the site</li> <li>• Have adult chaperones monitor student engagement at the service sites, praising and prompting students' involvement</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To reduce the frequency of unprotected sex among students in alternative high schools</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• All4You! can be implemented in either school or non-school alternative education settings, or mainstream settings that can accommodate the scheduling requirements</li> <li>• The curriculum is designed for high-school aged participants (i.e., 14-18, or grades 9-12)</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Nine skilled based sessions (about 70-90 minutes each, 26 hours total), and 5 service learning visits in the community (at least 140 minutes). Implemented 2-3 times per week for a period of 5 to 7 weeks. Ideal size is between 10 and 20 students. Deliver the intervention in an alternative setting</li> </ul> <p><b>Program leaders</b></p> <ul style="list-style-type: none"> <li>• Use skilled, trained facilitators who have good rapport with teens and their needs, and are comfortable with sensitive content</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Ensure classroom teacher attends all service visits, obtain parental consent for both the lessons, and the service learning visits</li> </ul> <p><b>Preparation for Curriculum Component</b></p> <ul style="list-style-type: none"> <li>• Train facilitators to teach the content, implement the interactive activities, lead role-plays, and discuss the sexual topics comfortably</li> <li>• Locate and orient outside speakers living with HIV per the guidelines in the curriculum. Have youth nominate peer leaders for the program using the steps in the curriculum. Orient peer leaders to facilitate three types of activities (1) recording and reporting small-group activities, (2) modeling and demonstrating various skills, and (3) assisting with small-group role-plays</li> </ul> <p><b>Preparation for Service Learning Component</b></p> <ul style="list-style-type: none"> <li>• Identify service sites that have experience hosting youth volunteers, and provide opportunities for youth to engage with people and get immediate reinforcement for their involvement. Establish an agreement with the volunteer site, specifying the needs and requirements of the activities.</li> <li>• Arrange transportation to and from the volunteer site</li> </ul>

**CURRICULUM: BE PROUD! BE RESPONSIBLE!**  
**JEMMOTT, JEMMOTT, & McCAFFREE**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p align="center"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p align="center"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p align="center"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<p><b>Teach correct information about HIV, STI, and pregnancy prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV, etiology, transmission and prevention</li> <li>• STIs, etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: the belief that abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: the belief that sex can interfere with one’s goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: the belief that one’s partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: the belief that a condom interferes with sexual pleasure, isn’t natural, ruins the mood, doesn’t fit, etc.</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: the personal belief that HIV, STIs, and pregnancy could result from sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use role-play activities to practice negotiation, refusal and reframing skills</li> <li>• Build participants’ skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use and have the participants practice this using anatomically correct penis models (or a similar type model)</li> <li>• <b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></li> <li>• Incorporate the theme “Be Proud! Be Responsible!” throughout the Intervention</li> <li>• Build participants’ confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially in the role-playing and in practicing proper condom use</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success</li> <li>• Active listening, eye contact, supportive feedback, non-judgmental, etc. are all essential ingredients for this process</li> <li>• Develop safeguards for confidentiality</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Integrate and use the core intervention materials only. Use the Intervention Curriculum Manual, posters and activity materials</li> <li>• Use video clips specifically selected for intervention</li> <li>• Use highly participatory and interactive skills</li> <li>• Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To increase knowledge and reduce positive attitudes and intentions regarding risky sexual behavior, and to eliminate or reduce sex risk behaviors</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations, or schools during the regular school day or in after school programming, etc. However, the activities must remain interactive and all of the youth must have a chance to participate and practice new skills. If you are integrating this curriculum into the school class period, you must remember that class periods are less than an hour (for which the curriculum is designed)</li> <li>• In the original study, the participants were African American teens. You can vary this and use this curriculum with teens from different ethnicities</li> <li>• In the original study, the group size was 6-12 teens in a group. If you want to enlarge your group be sure to add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice new skills</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• The intervention can be implemented in six sessions of 1 hour, or 2 sessions of 3 hours each over 2 days. All 6 modules must be implemented in order. However, you should try to complete this intervention in a 2—week period</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• In the original study, the facilitators were community leaders, counselors, and teachers. You may vary your facilitator type to include others such as health educators, nurses, etc. as long as they have experience working with teens. Peer facilitators, if desired, should be paired with an adult facilitator</li> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> <li>• Be able to work with youth, relate to them and their life circumstances and believe in the youth and in their resilience</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Secure a private meeting space for implementing the program</li> <li>• Obtain needed materials (e.g., videos) ahead of time</li> </ul>

**CURRICULUM: BE PROUD! BE RESPONSIBLE! BE PROTECTIVE!**

JEMMOTT, JEMMOTT, & KONIAK-GRIFFIN, D.

**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<p><b>Teach correct information about HIV, STI, and pregnancy prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV, etiology, transmission and prevention</li> <li>• STIs, etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: the belief that abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: the belief that sex can interfere with one's goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: the belief that one's partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: the belief that a condom interferes with sexual pleasure, isn't natural, ruins the mood, doesn't fit, etc.</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: the personal belief that HIV, STIs, and pregnancy could result from sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Use role-play activities to practice negotiation, refusal, and reframing skills</li> <li>• Build participants' skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use and have the participants practice this using anatomically correct penis Model (or a similar type model)</li> </ul> <p><b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></p> <ul style="list-style-type: none"> <li>• Incorporate the theme "Be Proud! Be Responsible! Be Protective!" throughout the intervention</li> <li>• Build participants' confidence in their skills by incorporating positive reinforcement, support, and constructive feedback in all intervention activities, especially in the role-playing and in practicing proper condom use</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success</li> <li>• Active listening, eye contact, supportive feedback, non-judgmental, etc. are all essential ingredients for this process</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Use Intervention Curriculum Manual, posters and activity materials only</li> <li>• Use video clips specifically selected for intervention</li> <li>• Delivery style must be highly participatory and very interactive</li> <li>• Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To affect knowledge, belief, and intentions about condom use and sexual behaviors</li> </ul> <p><b>Audience/Setting</b></p> <ul style="list-style-type: none"> <li>• The students in the study were ages 11-14.</li> <li>• This intervention can also be used with older teens just divide the groups using similar age ranges</li> <li>• In the original study, the participants were African American teens. You can vary this and use this curriculum with teens from different ethnicities</li> <li>• The group size is 6-12 teens. If you want to enlarge your group add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice skills</li> <li>• In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations, or schools during the regular school day or in after school programming, etc. The activities must remain interactive and all youth must have a chance to participate and practice new skills. If integrating this curriculum into the school class period, remember that class periods are less than an hour (for which the curriculum is designed)</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Eight 60-minute modules, which can be presented over one to eight days, or 4 sessions 2/hours each</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Community leaders, counselors' and teachers. You may vary facilitator type to include health educators, nurses, etc. as long as they have experience working with teens. Peer facilitators, if desired, should be paired with an adult facilitator</li> <li>• Be able to work with youth, relate to them and their life circumstances, and believe in the youth and in their resilience</li> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> </ul>

**CURRICULUM: ¡CUIDATE!**  
**VILLARRUEL, A.M., JEMMOTT, J.B., & JEMMOTT, L.S.**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p style="text-align: center;"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p style="text-align: center;"><b>PEDAGOGY</b> HOW THE CONTENT IS BEING TAUGHT</p>	<p style="text-align: center;"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Incorporate the theme of ¡Cuidate!—taking care of oneself and one’s partner, family and community—throughout the program</li> <li>• Use culturally and linguistically appropriate materials and activities to show and emphasize core Latino cultural values specifically familialism and gender-roles, and how those are consistent with safer sex behavior</li> <li>• Incorporate activities that increase knowledge and influence positive attitudes, beliefs, and self-efficacy regarding HIV sexual risk-reduction behaviors</li> <li>• Model and practicing the effective use of condoms</li> <li>• Build participants’ skills in problem solving, negotiation of safe sex, and refusal of unsafe sex</li> <li>• Deliver sessions in highly participatory, interactive small groups</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Use the ¡Cuidate! logo and color scheme throughout implementation</li> <li>• Establish group/classroom standards</li> <li>• Employ classroom/group management skills</li> <li>• Encourage participant discussions</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Facilitate interactive activities and competitive games</li> <li>• View and process videos</li> <li>• Work in small groups</li> <li>• Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) allow time for youth to practice; and (4) provide youth feedback</li> <li>• Use role plays and scenarios to demonstrate and emphasize specific points included in the model and to allow participants to practice skills</li> <li>• Facilitate learning activities in a youth-centered way</li> <li>• Address multiple learning styles (visual, kinesthetic, auditory)</li> <li>• Present data visually</li> <li>• Reinforce and repeat important information and messages</li> <li>• Make sure Facilitators are comfortable with sexuality and doing skill demonstrations</li> <li>• Give clear activity directions</li> <li>• Use culturally relevant references (names, music, and videos)</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The program title, ¡Cuidate!, should remain the same</li> <li>• The message of ¡Cuidate! – take care of yourself- emphasize behavior</li> </ul> <p><b>Audience and Setting</b></p> <ul style="list-style-type: none"> <li>• ¡Cuidate! was implemented with Latino youth of mixed gender, ages 13-18, living in an urban setting. Single gender groups might also be effective</li> <li>• ¡Cuidate! was originally implemented with a small group of 6-10 participants. Group size should be large enough to provide interaction. An additional Facilitator will be needed with a larger group.</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Implement the modules (6) in order</li> <li>• In the original study, the model was conducted in two sessions (3 modules per session) within a 1 week period. It is feasible to deliver more sessions: (e.g. 3 sessions 2 modules per session over a 6-week period)</li> <li>• A minimum of two sessions is recommended in order to allow sufficient time for participants to process information</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Recruit and train Facilitators in the ¡Cuidate! curriculum</li> <li>• Select Facilitators who have credibility with youth</li> <li>• Select Facilitators that are culturally competent</li> <li>• Session can be conducted in either English or Spanish. It is recommended that the program be conducted in only one language</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Develop safeguards for confidentiality</li> <li>• Promote awareness and attendance</li> <li>• Secure an adequate private meeting space for implementing ¡Cuidate! with Facilitators present at all times. This space should be accessible to youth</li> </ul>

**CURRICULUM: HORIZONS**  
**DICLEMENTE, R.J.**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p style="text-align: center;"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p style="text-align: center;"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p style="text-align: center;"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Increase awareness and knowledge of the consequences of risky sexual practices</li> <li>• Build assertive communication and negotiations skills through role-play exercises</li> <li>• Develop goal-setting strategies around abstinence or safer sex practices</li> <li>• Teach proper and consistent condom use through condom use demonstration</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Use two skilled African American female health educators to create a positive, trusting, and supportive environment between facilitators and participants</li> <li>• Use materials to nurture a sense of gender and racial pride</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• The Importance of Role Play: Whenever possible, solicit real-life risky situations or situations from the individual to use for role-play activities. You may find it necessary to suggest a trigger or problem identified to get the process started. Practicing newly-learned skills is a critical piece of Horizons. The activities are designed to encourage participants to hear themselves practicing safer sex or no sex as they play the scene. Program developers stress that it is critical that all role plays end with successful resolution: employing a safer sex technique, or a no sex outcome</li> <li>• The Importance of Goal Setting: Goal setting offers an opportunity to try out new skills</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To reduce STIs, increase condom use, increase communication with male partners about safer sex and STIs, and increase male partners accessing STI services</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• Sexually active African American adolescent girls</li> <li>• Designed for use in and evaluated in a clinic setting among African American young women who were seeking sexual health services. However, the intervention may also be suitable for use in community-based settings</li> </ul> <p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>• Consists of two (2) 4 hour small group workshops, and 4 informal 15-minute phone follow-up sessions over 9 months after the group sessions</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• In its original implementation, Horizons was facilitated by two African American female health educators in small group settings</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Before implementing Horizons, we suggest reviewing the entire program materials discussed above in order to familiarize yourself with the contents and sequencing</li> </ul>

**CURRICULUM: MAKING A DIFFERENCE!**  
**JEMMOTT, JEMMOTT, & McCAFFREE**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM	<b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT	<b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS
<p><b>Teach correct information about HIV, STIs, and pregnancy and prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV, etiology, transmission and prevention</li> <li>• STIs, etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: Abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: Sexual involvement might interfere with one’s goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: One’s partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: Condoms interfere with sexual pleasure, aren’t natural, ruin the mood, don’t fit, etc</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: HIV, STI and pregnancy could happen to them if they have sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• Teach negotiation, refusal, and reframing skills using the 4-step SWAT Negotiation Strategy to respond to a partner’s negative reaction towards abstinence or condom use</li> <li>• Use role-playing activities to practice negotiation, refusal, and reframing skills</li> <li>• Build participants’ skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use, and have the participants practice correct condom usage skills using anatomically correct penis models (or a similar type model)</li> </ul> <p><b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></p> <ul style="list-style-type: none"> <li>• Incorporate the theme “Making A Difference!” throughout the intervention</li> <li>• Build participants’ 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</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Develop safeguards for confidentiality</li> <li>• Set a positive learning environment</li> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success.</li> <li>• Active listening, eye contact, supportive feedback, non-judgmental, etc.</li> <li>• Set group ground rules</li> <li>• Use brainstorming</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Facilitate interactive activities and competitive games</li> <li>• View and process videos</li> <li>• Work in small groups</li> <li>• Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) allow time for youth to practice; and (4) provide youth feedback</li> <li>• Facilitate role-play/skill practice</li> <li>• Tailor language imbedded in the activities to better connect to the culture and norms of the youth to be served</li> <li>• Facilitate learning activities in a youth-centered way</li> <li>• Address multiple learning styles (visual, kinesthetic, auditory)</li> <li>• Present data visually</li> <li>• Reinforce and repeat important information and messages</li> <li>• Give clear activity directions</li> <li>• Use only the Intervention Curriculum Manual, posters and activity materials</li> <li>• Use video clips specifically selected for intervention</li> <li>• Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The program title, Making a Difference! (MAD), should remain the same</li> </ul> <p><b>Audience and Setting</b></p> <ul style="list-style-type: none"> <li>• MAD was implemented with African-American youth of mixed gender, ages 11–13, living in an urban setting. However, MAD may be adapted for other racial or ethnic groups, other age groups, single-sex groups and other geographic settings</li> <li>• MAD was originally implemented in a community-based setting. However, the program may be conducted in schools. If you are integrating this curriculum into the school class period, you must remember that class periods are less than an hour (for which the curriculum is designed)</li> <li>• MAD was originally implemented with groups of 6–8 youth. However, the program could be facilitated with larger groups as long as the activities remain interactive</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Implement all eight modules in order</li> <li>• The program was originally implemented over two weekends (two 4-hour sessions). However, it may be implemented in other formats (e.g., eight sessions of 60 minutes each, four two-module sessions, two four-module sessions, etc.)</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Train program leaders in MAD</li> <li>• Select program leaders who have credibility with youth</li> <li>• Make sure program leaders are comfortable with sexuality and doing skill demonstrations</li> <li>• MAD can be facilitated with one adult leader or two peer leaders</li> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Promote awareness and attendance</li> <li>• Secure a private meeting space for implementing the Program</li> <li>• The program leaders must be present at all times</li> <li>• Obtain needed materials (e.g., videos) ahead of time</li> </ul>

**CURRICULUM: MAKING PROUD CHOICES!**  
**JEMMOTT, JEMMOTT, & McCAFFREE**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p style="text-align: center;"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p style="text-align: center;"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p style="text-align: center;"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<p><b>Teach correct information about HIV, STIs, and pregnancy and prevention strategies, including:</b></p> <ul style="list-style-type: none"> <li>• HIV, etiology, transmission and prevention</li> <li>• STIs, etiology, types, transmission and prevention</li> <li>• Pregnancy and prevention</li> <li>• Prevention strategies – negotiation, condom use, problem solving</li> </ul> <p><b>Address behavioral attitudes/outcome expectancies:</b></p> <ul style="list-style-type: none"> <li>• Prevention Belief: Abstinence can eliminate the risk of HIV, STIs, and pregnancy</li> <li>• Goals and Dreams Beliefs: Sexual involvement might interfere with one’s goals and dreams for an education and a career</li> <li>• Partner Reaction Belief: One’s partner would not approve of using condoms and react negatively to it</li> <li>• Hedonistic Belief: Condoms interfere with sexual pleasure, aren’t natural, ruin the mood, don’t fit, etc.</li> <li>• Personal Vulnerability to HIV, STI, and Pregnancy Belief: HIV, STI and pregnancy could happen to them if they have sex</li> </ul> <p><b>Build negotiation skills and problem-solving skills:</b></p> <ul style="list-style-type: none"> <li>• Teach negotiation, refusal, and reframing skills using the 4-step SWAT Negotiation Strategy to respond to a partner’s negative reaction towards abstinence or condom use</li> <li>• Use role-playing activities to practice negotiation, refusal, and reframing skills</li> <li>• Build participants’ skills in problem solving and getting out of risky situations</li> <li>• Demonstrate proper condom use, have the participants practice correct condom usage skills using anatomically correct penis models (or a similar type model)</li> </ul> <p><b>Build self-efficacy in adolescents and a desire to practice abstinence:</b></p> <ul style="list-style-type: none"> <li>• Incorporate the theme “Making Proud Choices!” throughout the intervention</li> <li>• Build participants’ 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</li> </ul>	<p><b>Creating the Learning Environment:</b></p> <ul style="list-style-type: none"> <li>• Must create a supportive and caring environment</li> <li>• Demonstrate empathy throughout the intervention. Students must understand that instructors truly care about them and their success. Active listening, eye contact, supportive feedback, non-judgmental, etc. are all essential ingredients for this process</li> <li>• Set group ground rules</li> <li>• Use brainstorming</li> </ul> <p><b>Facilitating the Learning Activities:</b></p> <ul style="list-style-type: none"> <li>• Facilitate interactive activities and competitive games</li> <li>• Use specially trained health educator</li> <li>• Use highly participatory and interactive skills</li> <li>• Use the Intervention Curriculum Manual, posters and activity materials only</li> <li>• Use video clips specifically selected for intervention</li> <li>• Be able to work with youth, relate to them and their life circumstances and believe in the youth and in their resilience</li> <li>• View and process videos</li> <li>• Work in small groups</li> <li>• Use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) youth practice; and (4) provide youth feedback</li> <li>• Facilitate role-play/skill practice</li> <li>• Tailor language imbedded in the activities to better connect to the culture and norms of the youth being served</li> <li>• Facilitate learning activities in a youth-centered way</li> <li>• Address multiple learning styles (visual, kinesthetic, auditory)</li> <li>• Present data visually</li> <li>• Reinforce and repeat important information and messages</li> <li>• Ensure that program leaders are comfortable with sexuality and doing skill demonstrations</li> <li>• Give clear activity directions</li> <li>• Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The program title, Making Proud Choices (MPC), should remain the same.</li> <li>• The message —the proud and responsible thing to do is to use a condom every time you have sex should remain the same</li> </ul> <p><b>Audience and Setting</b></p> <p>MPC was studied with African-American youth of mixed gender, ages 11–13, living in an urban setting. However, MPC may be adapted for other racial or ethnic groups, other age groups, single-sex groups and other geographic settings. You might want to change the names of the teens in the role-plays and the settings of the situations to be culturally and ethnically appropriate/relevant</p> <ul style="list-style-type: none"> <li>• MPC was originally implemented in a community-based setting. However, the program may be conducted in schools if school policy is supportive of MPC’s core components, i.e., if schools are willing to implement MPC with fidelity</li> <li>• In the original study, the group size was 6-12 teens in a group. If you want to enlarge your group be sure to add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice new skills</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• The program was originally implemented over two weekends (two 4-hour sessions). However, it may be implemented in other formats (e.g., 8 sessions of 60 minutes each, four two-module sessions, two four-module sessions, 16 sessions for school settings with short time frames available, etc.)</li> <li>• Implement the modules in order</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring attitude, are non-judgmental, etc.</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Develop safeguards for confidentiality</li> <li>• Promote awareness and attendance</li> <li>• Secure a private meeting space for implementing MPC</li> <li>• Ensure program leaders are present at all times</li> <li>• Obtain needed materials (e.g., videos) ahead of time</li> </ul>

**CURRICULUM: REDUCING THE RISK!**  
**KIRBY, D., BARTH, R.P.**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p align="center"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p align="center"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p align="center"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Knowledge of pregnancy risk and prevention</li> <li>• Knowledge about STI, and HIV risk, prevention, transmission, treatment, and consequences</li> <li>• Perception of individual risk for pregnancy, STI, and HIV and their consequences if teenagers engage in unprotected sex</li> <li>• Knowledge of how to be abstinent or use birth control methods effectively and how to access health care information and contraception (including condoms)</li> <li>• Effective and ineffective refusal skills and delaying tactics</li> <li>• Social and peer norms, as well as personal attitudes, about abstinence, sex, unprotected sex, condoms and contraception</li> <li>• Self-efficacy and refusal, delay, and communication skills in pressure situations in order to avoid pregnancy and STI</li> <li>• Self-efficacy and skills to obtain health care information and contraception from a clinic and use it</li> <li>• Skills to communicate with parents or other adults about teen sexual activity</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Create a safe and effective learning environment in the classroom by establishing group agreements and including mechanisms for asking sensitive questions and actively involving participants</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Implement all activities using the interactive strategies included in the lessons, as these teaching strategies and activities were designed to influence the theory-based risk and protective factors related to sexual risk behaviors</li> <li>• Implement all role-playing activities so that all skills are explained and modeled and participants repeatedly practice those skills</li> <li>• State messages about important values and sexual behaviors that are stated clearly and emphasized repeatedly. The key message is that the only responsible alternatives for teenagers are to abstain from sexual activity or to use condoms or other forms of contraception</li> </ul>	<p><b>Theme/Messages</b></p> <ul style="list-style-type: none"> <li>• The key message that the only responsible alternatives for teenagers are to abstain from sexual activity or refuse unprotected sex should not be changed</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• Ideally Reducing the Risk should be implemented in school settings</li> <li>• The curriculum is designed for students in the 9th grade, but can be implemented with students who are in other appropriate grades (i.e., grades 8–12) or the appropriate age (i.e., 13–18)</li> <li>• Appropriate for students of all races and ethnicities</li> <li>• The ideal class size is between 10 and 30 youth</li> </ul> <p><b>Implementation Schedule</b></p> <ul style="list-style-type: none"> <li>• Ideally, sessions should be taught 2–3 times per week</li> <li>• All 16 sessions should be taught in sequence</li> <li>• Sessions should last at least 45 minutes</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Educators should be familiar with the Reducing the Risk content, comfortable discussing the material, and experienced in teaching a skills-based program</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• If the curriculum is implemented in a school setting, appropriate approval should be obtained from the school and parents. If implemented in a non-school setting, appropriate approval should be obtained from the host organization and parents, and steps necessary to successfully recruit youth should be implemented</li> </ul>

**CURRICULUM: SEXUAL HEALTH AND ADOLESCENT RISK PREVENTION (SHARP)**

A.K.A. HIV RISK REDUCTION AMONG DETAINED ADOLESCENTS

BRYAN, A.D., SCHMIEGE, S.J., & BROADDUS, M.R.

**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p><b>CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Understanding how STI/HIV are transmitted and identifying STI/HIV myths and facts about -risky behaviors</li> <li>• Improving attitudes for future and self-efficacy</li> <li>• Supports positive changes in safer-sex attitudes and behaviors through Motivational Enhancement Therapy and goal setting exercises</li> <li>• Understanding and developing strategies for sexual risk and alcohol use reduction</li> <li>• Developing long-term goals for reduction in sexual risk and alcohol use</li> <li>• Increases awareness and knowledge of the consequences of risky sexual and substance use practices</li> <li>• Provides opportunity to practice safer-sex skills with corrective feedback</li> <li>• Improving individual condom use and negotiating condom use successfully</li> </ul>	<p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• SHARP incorporates videos, lecture, condom use demonstrations, group discussion and activities, a computer game, goal setting, and a student workbook</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• Reduce sexual risk behavior among high-risk adolescents in juvenile detention facilities by increasing condom use and reducing alcohol related sexual risk behaviors</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• High-risk adolescents in juvenile detention facilities</li> <li>• Up to 10 same-sex youth per group</li> <li>• Designed to be used in a temporary adolescent detention facility. The intervention may also be suitable for use in other detention or in-patient facilities as well as community-based and clinical settings</li> </ul> <p><b>Implementation schedule</b></p> <ul style="list-style-type: none"> <li>• SHARP consist of one 3-hour session</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• SHARP was conducted by a gender-matched masters-level facilitator who had been trained in the provision of each intervention condition, including specific training in Motivational Interviewing and Motivational Enhanced Therapy (MI/MET)</li> <li>• It is highly recommended that each facilitator have an assistant support them throughout the program, and in particular, with the creation of feedback materials that are discussed during Session 4</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• There is some advance preparation of materials needed before SHARP is implemented. These materials will ensure that the session will be easily conducted and include the development of a local resource list</li> <li>• There are some secondary materials you will need to obtain to offer this intervention. A TV/DVD player if feasible, laptop computers for every 1-2 participants for the “Risky Behavior”, computer game. Access to a photocopier, and if possible, to the internet during the intervention session. A calculator for the Alcohol Use and Feedback section, a flip chart and markers (or equivalent), condoms, lubricants, and penis proxies. (hand wipes or paper towels)</li> </ul>

**CURRICULUM: SIHLE  
DICLEMENTE & WINGWOOD  
EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p style="text-align: center;"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p style="text-align: center;"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p style="text-align: center;"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Teach youth proper condom use. SIHLE is designed to foster positive attitudes and norms towards consistent condom use and to provide teens the appropriate instruction for placing condoms on their partner</li> <li>• Discuss triggers that make negotiating safer sex for teens challenging</li> <li>• Emphasize the importance of partner involvement in safer sex; the homework activities are designed to involve the male partner</li> <li>• Teaches participants assertive communication skills and how to negotiate safer sex or abstinence</li> <li>• Discusses healthy relationships as they relate to practicing safer sex</li> <li>• Discusses risk reduction strategies (including correct and consistent condom use)</li> <li>• Teaches participants assertive communication skills and how to negotiate safer sex or abstinence</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• SIHLE must be implemented with passion, a high-energy and charismatic approach to session implementation</li> <li>• Foster positive attitudes towards consistent condom use</li> <li>• Uses materials that are age, gender, and culturally appropriate to maintain adolescents' interest throughout the sessions</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Use the SIHLE intervention package to implement the SIHLE intervention with fidelity to the core elements and intervention materials</li> <li>• SIHLE should include HIV prevention discussions that address relationships, dating, and sexual health within the context of the female African American teenage experiences</li> <li>• Facilitators must enhance their knowledge about facilitation skills to implement the SIHLE intervention</li> <li>• Expand their knowledge about intervention adaptation</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• STI/HIV/AIDS prevention needs of African-American adolescent girls</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• Deliver in community-based settings, not in a school-based setting or during school hours</li> <li>• Sexually experienced African American adolescent girls, 14-18 years old</li> <li>• Include 10 to 12 African American female adolescents in the intervention group sessions. Fewer than 10 adolescents may not allow for full interactive discussions, but more than 12 adolescents may be more difficult to manage</li> <li>• SIHLE can be adapted for different groups of African American, female adolescents. If white, Native American, Asian, Pacific Islander, or Hispanic/Latina adolescents wish to enroll in the intervention, they may fully participate with the other adolescents and should not be denied HIV prevention services</li> <li>• SIHLE may be publicized as a program that was developed by African American females for African American females</li> </ul> <p><b>Implementation schedule</b></p> <ul style="list-style-type: none"> <li>• Consists of four (4) three-hour sessions</li> <li>• New members should not join once the series of session has begun</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• Use one adult female facilitator (of the same race/ethnicity as the participants)</li> <li>• Use 1-2 peer female facilitators (ages 16-21) to implement SIHLE's group sessions</li> <li>• Facilitators should be knowledgeable about youth subculture, and be able to encourage participants to explore issues related to ethnic and gender pride</li> <li>• Facilitators should possess group facilitation skills and a comprehensive knowledge of the intervention. Mastering co-facilitation is critical to implementation</li> </ul> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Determine if your agency is required to obtain parental consent for teens' participation by contacting your local health department's HIV prevention office</li> </ul>

**CURRICULUM: SISTERS SAVING SISTERS**  
**JEMMOTT, J.B. & JEMMOTT, L.S.**  
**EVIDENCE-BASED PROGRAM MODELS CORE COMPONENTS**

<p align="center"><b>CORE CONTENT</b> WHAT IS BEING TAUGHT IN THE PROGRAM</p>	<p align="center"><b>PEDAGOGY</b> HOW IS THE CONTENT BEING TAUGHT</p>	<p align="center"><b>IMPLEMENTATION</b> WHAT ARE THE NECESSARY LOGISTICS</p>
<ul style="list-style-type: none"> <li>• Increase knowledge about prevention of HIV, STIs, and Pregnancy</li> <li>• Teach, demonstrate, and practice negotiation and refusal skills</li> <li>• Teach, demonstrate, and practice using condoms</li> <li>• Bolster 3 outcome expectancies (sexual pleasure, prevention, and partner reaction)</li> <li>• Build self-efficacy to empower the women to want to be safe sexually</li> </ul>	<p><b>Creating the Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a caring attitude</li> </ul> <p><b>Facilitating the Learning Activities</b></p> <ul style="list-style-type: none"> <li>• Integrate and use all core intervention materials (facilitator’s teaching guide, participant guide, videos, posters, risk assessment handout, and penis model)</li> <li>• Engage participants in activities such as role-playing, handling, and practicing correct placement of condoms using anatomical models; teach effective condom negotiation skills; and discuss the barrier to condom use such as alcohol and drug use</li> </ul>	<p><b>Theme/Message</b></p> <ul style="list-style-type: none"> <li>• To empower teenage women to change their behavior in ways that will reduce their risk of becoming infected with HIV, other STIs, and significantly decrease their chances of having unintended pregnancies</li> </ul> <p><b>Audience Setting</b></p> <ul style="list-style-type: none"> <li>• Sexually active African American and Latina adolescent female patients at family planning clinics, ages 12-19</li> <li>• Group of 2 to 6 participants, but can be implemented with up to 10 participants if extra time is built into each session</li> </ul> <p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>• 5 Module curriculum; in a single 4 ½ hour session</li> <li>• Should be implemented in a primary health care clinic (e.g., primary care clinic, family planning clinic, STI clinic, or agency clinic site)</li> </ul> <p><b>Program Leaders</b></p> <ul style="list-style-type: none"> <li>• The trained female clinic staff delivering the intervention can vary (e.g., nurse, social worker, health educator)</li> <li>• Should be implemented by a specially trained female health care provider who completed the 1-day training session</li> </ul>