



Acknowledgments

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We wish to acknowledge the efforts of the development team of Macro International Inc. and the support of the Macro International Inc. HIV Project Director, Dr. David Cotton.

It is hoped that this guide will prove useful to those implementing Community PROMISE across the Nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam, via electronic mail at aisha.gilliam@cdc.hhs.gov, with any comments or concerns.



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Introduction

PURPOSE

The Community PROMISE evaluation field guide was developed to provide community-based organizations implementing Community PROMISE with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their Community PROMISE activities and their effectiveness. The field guide recommends staff responsibilities; indicates how an agency should track intervention activities and collect and manage data; states how data could be analyzed; and suggests plans for the dissemination of the data to Community PROMISE stakeholders. This evaluation field guide is designed as a supplement to the *Evaluation Capacity Building Guide* developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), under a contract with Macro International (CDC, 2008a).

This Guide is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, and data utilization, and make use of the variables included in CDC's National HIV Prevention Program Monitoring & Evaluation Data Set (NHM&E DS). Related documents include:

- ***Evaluation Capacity Building Guide***. This Guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates. This Guide will be available online fall 2008 (<http://www.cdc.gov/hiv>) (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs***. This Guide provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) User Manual***. This how-to Guide describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts, and reports are used to illustrate key features included in the PEMS software. You can download this Guide at the PEMS Web site (<http://team.cdc.gov>) under *Trainings/PEMS User Guide* (CDC, 2007).

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.



These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

MODIFYING MATERIALS

The evaluation questions and data collection forms in this document are very general in nature. They reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of Community PROMISE. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The *Evaluation Capacity Building Guide* provides additional information on developing an agency-specific evaluation plan (CDC, 2008a).

ORGANIZATION OF THIS DOCUMENT

Section 1 of the document contains an overview of CDC's reporting requirements for Community PROMISE. Section 2 contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. For each question there is also a table that provides a list of data that would answer the question, methods that can be used to obtain the data and recommendations on how to analyze the data so that you can use the information to enhance your implementation of Community PROMISE and plan future implementation. Section 3 has tables that summarize the data collection activities (arranged by Community PROMISE primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section 4 includes all the required and optional Community PROMISE instruments. Each evaluation instrument is arranged by Community PROMISE activity. The appendices consist of the Community PROMISE behavioral risk analysis (Appendix A), conceptual framework (Appendix B), behavior change logic model (Appendix C), and a list of the required NHM&E DS variables (Appendix D).²

¹ NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Community PROMISE in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should determine the specific reporting requirements for Community PROMISE of their CDC Project Officer or other contract monitors.

² The variable requirements in Appendix D are for the January 1 and July 1, 2008 data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.



The development of the Community PROMISE evaluation field guide was guided by the development of a behavioral risk analysis, conceptual framework, and behavior change logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and the intended outcomes. These appendices are based on program materials and consultations with members of the Science Application Team within the Capacity Building Branch.

THEORETICAL BASIS AND CORE ELEMENTS

Community PROMISE is a community-level STD/HIV prevention intervention. It includes a community assessment process and mobilizes social networks to build trust and partnerships within the community to reduce HIV risk behaviors. Community PROMISE was tested in African American, Caucasian, and Latino communities, including injection drug users (IDUs) and their sex partners, nongay identified men who have sex with men (MSM), high-risk youth, female sex workers, and high-risk heterosexuals. This intervention also has been used with other populations such as Native Americans, Asians, and Pacific Islanders. Community PROMISE was developed on the basis of several behavioral theories: the Social Cognitive Theory, Health Belief Model, Transtheoretical Model of Behavior Change, Theory of Reasoned Action, and Diffusion of Innovations.

According to the Social Cognitive Theory, individuals are more likely to adopt a behavior if given the opportunity to learn about the behavior, which can be accomplished through modeling, practice, and performance feedback. According to this theory, behavior change is dependent on the following: (1) obtaining correct information to increase awareness of risks; (2) acquiring social and self-management skills to implement the behavior; (3) improving skills and developing self-efficacy; and (4) anticipating and receiving supportive reinforcements for performing the behavior. The theory considers the interaction between behaviors, environments, attitudes, and beliefs in relation to engaging in a particular behavior (Bandura, 1994; Kalichman, 1998; Kalichman, 2005). Community PROMISE enhances participants' skills by showing role models successfully developing and using risk reduction skills such as needle cleaning and condom use negotiation. The role model stories also enhance participants' self-efficacy for engaging in risk reduction behaviors by showing how their peers overcome barriers to behavior change, which ultimately leads to favorable and effective outcomes.

The Health Belief Model states that individuals will change their behavior if the following conditions are met. They must believe they are at risk of contracting the disease themselves (perceived susceptibility). Second, they must perceive that acquiring the disease or illness will lead to severe consequences (perceived severity). Finally, they must believe that engaging in or changing a particular behavior will not only effectively reduce their risk of contracting the disease, but



also that the benefits will outweigh the cost for performing the behavior (Janz, Champion, & Strecher, 2002). Community PROMISE incorporates the Health Belief Model by having peer role models help participants identify their risks and recognize the severity of contracting HIV.

The Transtheoretical Model of Behavior Change presents behavior change as a process that moves through five specific stages. In the first stage, Precontemplation, an individual has no intention or is very unlikely to change a behavior. In the Contemplation stage, the person somewhat or very likely intends to change his or her behavior. Next, during the Preparation stage, the person is somewhat or very likely to change behavior and has taken steps toward changing or engaging in that behavior. When the individual has changed or engaged in the behavior for less than 6 months, he or she is in the Action stage. Finally, when the behavior has occurred for more than 6 months, the person is in the Maintenance stage (Prochaska, Redding, & Evers, 2002). Community PROMISE assesses participants' readiness to change a behavior and uses the role model stories to highlight people in various stages of change in order to move participants to the next behavior change stage.

The Theory of Reasoned Action states the most important and direct factor in behavior change is an individual's *intention* to change a particular behavior. Behavioral intention is determined by one's *attitude* toward performing behavior and whether the individual believes that most people would approve or disapprove of engaging in a behavior (*subjective norms*) (Fishbein & Ajzen, 1975). Again, through role model stories and peer advocates, Community PROMISE improves participants' attitudes toward a behavior by showing that the behavior will lead to beneficial and effective outcomes and that peers and role models approve and endorse the behavior change. The intervention also directly targets intention by showing what people go through to develop an intention to perform the behavior.

Finally, this intervention's design is based on the theory of diffusion of innovations, which posits that people are most likely to adopt new behaviors (i.e., safer sex) based on favorable evaluations of the idea conveyed to them by individuals they respect and who are similar to themselves. Behavior change comes about through a process of communication and modeling by peers within their interpersonal networks over an extended period of time (Rogers, 1994). Thus, Community PROMISE recruits and uses peer advocates to provide content and distribute role model stories within their own social networks.

Community PROMISE has been demonstrated to be effective in helping at-risk communities or populations move from one stage of behavior to the next, eventually resulting in consistent safer sex and safer injection drug use practices. It is one of the interventions developed by the Centers for Disease Control and Prevention (CDC) Replication of Effective Programs (REP). There are four core elements of Community PROMISE (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, 2006).



Table 1: The Core Elements of Community PROMISE	
Community Identification (CID) Process:	Formative evaluation process to collect important information and learn from the perspective of the community itself about: why people engage in risk behaviors; what barriers exist to changing behaviors; what will encourage them to change behaviors; locations where members of the community may engage in risk behaviors; and other key information.
Role Model Stories:	Brief publications that depict personal accounts from individuals in the target population who have made or are planning to make a risk-reducing behavioral change.
Peer Advocates:	Volunteers from the target population who help distribute the role model stories and other materials.
Evaluation:	Can provide evidence of effectiveness in achieving intervention objectives, reveal whether or not the process of implementing the intervention was correct and efficient, and provide valuable information to improve the intervention in your agency.

In addition to core elements, there are 19 key characteristics of Community PROMISE (Table 2). Key characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. They can be adapted and tailored for your agency or target populations (CDC, 2003).

Table 2: The Key Characteristics of Community PROMISE	
1.	Discuss with stakeholders the appropriateness of the intervention and necessary program resources.
2.	Network with other agencies and community organizations to avoid duplicating efforts, to elicit support and cooperation, and to find referral sources.
3.	Form a Community Advisory Board to foster community commitment to the project and to develop a plan for accessing community members who are at risk.
4.	Begin the community identification (CID) process to <ul style="list-style-type: none"> • develop a clear understanding of the composition of the target population; • identify specific risk behaviors and the contexts in which they occur; • discover the meaning of risk practices to the target population; and • learn what risk-reduction messages the members of the target population believe are appropriate and relevant.
5.	Review recent epidemiological data.
6.	Interview CBO staff and members of populations at risk.
7.	Begin creating a map of the community (streets and populations) and conducting focus groups specifically for CID.
8.	Identify the most prevalent stage(s) of change for various risk-reduction practices among populations at risk.
9.	Review the CID data and prepare a comprehensive report to document the CID process.



Table 2: The Key Characteristics of Community PROMISE (Continued)	
10.	Use CID information to decide on a specific risk-reduction behavior.
11.	Recruit members of the target population (e.g., current or former commercial sex workers) or credible outreach staff to be peer advocates.
12.	Train peer advocates for 1 to 3 hours with regard to program goals, HIV/AIDS, and use of role model stories.
13.	Establish a system for maintaining commitment from peer advocates.
14.	Recruit, screen, and interview members of the local target population who are performing behaviors to avoid HIV; use their decisions to have safer sex as the basis for role model stories.
15.	Write and pretest role model stories locally. Stories should be brief (400 words or less), should address the target population's risk behavior, and can be based on examples available in the intervention kit. Stories should be relevant and realistic. They should include the person's initial stage of change, motivator, action step, resolved challenge, and positive consequences of making the behavior change.
16.	Have peer advocates distribute stage-appropriate stories to their peers and reinforce the stories' messages in conversation.
17.	Have peer advocates distribute condoms, lubricants, and bleach kits, as appropriate, along with the role model stories.
18.	Have each peer advocate distribute these stories and supplies to 10 to 20 peers each week.
19.	Have program presence at community events (e.g., street fairs, Pridefests) to promote program recognition and community buy-in.



Section 1: Reporting HIV Prevention Program Information to CDC

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs. The National HIV Prevention Programs Monitoring and Evaluation Data Set (NHME DS) is a major component of this strategy.

The NHME DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHME DS makes it possible for CDC to answer critical national questions about the following:

- Demographic and risk behavior of clients being served by its grantees
- Resources used to provide these services
- Effectiveness of these services in preventing HIV infection and transmission

All HIV prevention grantees funded by CDC are required to collect and report data using the NHME DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- **National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)** describes how to use the NHME DS to improve program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- **Program Evaluation and Monitoring System (PEMS) software** is an optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHME DS variables (CDC, 2008c).

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.



The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the Community PROMISE intervention or for local M&E
- Variable name
- Variable number
- Definition of each variable

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of Community PROMISE. Collecting and analyzing Community PROMISE data will help you improve your implementation of Community PROMISE and provide you with information to guide future planning. Though the data you collect will include NHM&E DS variables, you will collect and use more data than you will actually submit to CDC.

This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to Community PROMISE training of peer advocates and active distribution of role model stories. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E,

NHM&E DS PROGRAM PLANNING DATA

NHM&E DS program planning data provide information about what you intend to do. Your program plan describes the following:

- The population you will serve with Community PROMISE
- The name you will use for Community PROMISE within your agency
- The activities within Community PROMISE you will deliver
- The funds available to support delivery of the interventions
- Staff members who will deliver the interventions
- How the interventions will be delivered
- How many times the interventions will be delivered

Carefully describing your program is a process that will help your agency determine how to best implement and monitor Community PROMISE. A clearly described and well thought out program plan will allow you to use your process

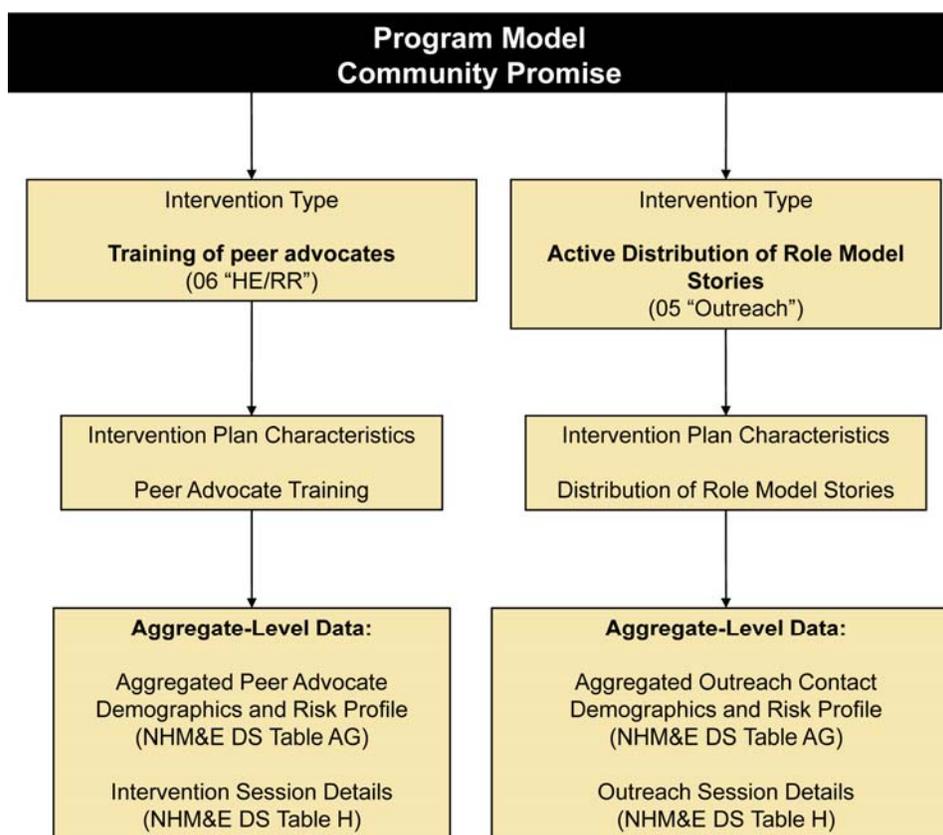


monitoring data to conduct process evaluations. Please refer to CDC's Evaluation Capacity Building Guide (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of Community PROMISE.

☑ Recommended Activity
 Review your client intake and session record forms to ensure that you are gathering all the required NHM&E DS variables and the optional variables specific to Community PROMISE

Figure 1 below illustrates how Community PROMISE is organized in the NHM&E DS. Please note that activities such as community mobilization and evaluation, while critical for implementing Community PROMISE successfully, are not activities reportable through PEMS software. Check with your CDC Project Officer or other funding agency for reporting requirements related to these activities.

Figure 1: Organization of Community PROMISE in NHM&E DS





The following table (Table 3) provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. This table depicts program information variables that are applicable to Community PROMISE and identifies which variables are required by CDC. For instance, Program Model Name (NHM&E DS E101) is labeled “Agency Determined” because the name of your program model can be Community PROMISE or any other name determined by your agency. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (“1.01”) because, regardless of what you have named your program, it is based on the Community PROMISE model, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in Table 3 include only those specific to monitoring and evaluating Many Men, Many Voices. Additional, agency-specific variables are required. The complete list of the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	The name of the Program Model can be Community PROMISE or any other name determined by the agency. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Program</i> (CDC, 2008b) for additional information if you are implementing more than one Community PROMISE intervention within the same program.
Evidence Base	E102	1.01	Community PROMISE (variable code: 1.01). ³
Target Population	E105	Agency determined	Community PROMISE can be implemented with any community or population. Select the appropriate variable code for the population your agency is targeting with Community PROMISE.

³ Organizations funded directly by CDC to implement Community PROMISE must adhere to the core elements of the intervention. Organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer use Community PROMISE as the evidence base for their intervention, nor can they call it Community PROMISE. If you intend to drop or change a core element of Community PROMISE to meet the needs of your target community, use the fields provided to describe the changes to the core elements.



Intervention Plan Characteristics provide information about what you plan to do in your implementation of Community PROMISE. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, whether client services data will be collected at the aggregate or individual level from Community PROMISE participants. Tables 4 and 5 below list the NHM&E DS Intervention Plan variables with the variable number and code, variables required to be reported to CDC and guidance to help you understand how to apply these variables when implementing Community PROMISE.

Note that the variables presented in Tables 4 and 5 include only those specific to monitoring and evaluating Many Men, Many Voices. Additional, agency-specific variables are required. The complete list of the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

Table 4: Program Information—Intervention Details Active Distribution of Role Model Stories			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	05	Community PROMISE is a community-level, outreach intervention (variable code: 05).
Total Number of Clients	F05	Agency determined	<p>The total number of clients (i.e., members of the target community served, including peer advocates) equals the planned number of cycles (F07) multiplied by the number of individuals expected to be reached in each intervention cycle or event.</p> <p>Community PROMISE intervention materials do not specify the number of individuals that should be reached per intervention cycle.</p> <p>Your agency should estimate the number of individuals within the target community you intend to reach with role model stories in order to see a change within that community.</p>
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. Provide the discrete number of cycles that all peer advocates will conduct within the period reflected in your plan (e.g., 12 peer advocates per outreach event x 5 outreach events per week x 36 weeks = 2160 cycles).



**Table 4: Program Information—Intervention Details
Active Distribution of Role Model Stories (Continued)**

Variable	NHM&E DS Number	Variable Code	Guidance
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver. For Community PROMISE, one outreach encounter (i.e., one encounter during which role model stories are distributed) is equal to one session.
Unit of Delivery	F09	Agency determined	Community PROMISE is a community-level intervention; however, the way that it is delivered (i.e., how role model stories and prevention materials are distributed) may vary by peer advocate or target community. Interactions between peer advocates and members of the target group are typically one-on-one (variable code: 01), but may be with two people (couple, variable code: 02), a small group (variable code: 03), a large group (variable code: 04), etc. Select the appropriate variable code for the unit of delivery your organization intends to implement.
Activity	F10	13.08	At minimum, the distribution of role model stories should be reported for Community PROMISE (variable code: 13.08–Distribution-role model stories). The dissemination of other materials or topics of discussion, as well as methods for disseminating the information, should be coded if they are part of your agency’s implementation plan.
Delivery Method	F11	1.00 3.00	Community PROMISE involves the dissemination of role model stories (variable code: 3.00) during interactions between peer advocates and target population (variable code: 1.00).
Level of Data Collection	F14	2	Community PROMISE requires the collection of aggregate level data (variable code: 2).



**Table 5: Program Information—Intervention Details
Peer Advocate Training**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	Community PROMISE's peer advocate training intervention component is a health education/risk reduction intervention (variable code: 06 HE/RR).
Total Number of Clients	F05	Agency determined	Community PROMISE intervention materials do not specify the number of individuals that should attend a peer advocacy training. Determine the number of trainings (cycles) you will implement and multiply that by the number of participants you anticipate in each training.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. Peer advocacy training is a single session. Therefore, one training equals one cycle. Calculate the number of times you intend to implement a complete cycle of Community PROMISE within the period reflected in your plan.
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver. For Community PROMISE, one peer advocate training equals one session.
Unit of Delivery	F09	Agency determined	Peer advocacy training is delivered to groups. Depending on the size of your groups (e.g., 2–12 people = variable code: 03-small group; more than 12 people = variable code: 04-large group), select the appropriate variable code for the unit of delivery your organization intends to implement.



**Table 5: Program Information—Intervention Details
Peer Advocate Training (Continued)**

Variable	NHM&E DS Number	Variable Code	Guidance	
Activity	F10	8.01 8.10 8.13 8.17 9.06 10.06 13.08	Provide role model story publications with attached materials (e.g., condoms and bleach kits) to the potential advocates.	13.08 Distribution – Role model stories If you distribute additional items, such as condoms or bleach kits, record these using the appropriate variable code(s).
			Display flip chart containing basic STD/HIV transmission and prevention information.	<ul style="list-style-type: none"> • 8.01 Information – HIV/AIDS transmission
			Present basic STD, HIV, and AIDS information including sexual risk reduction, abstinence, and condom use.	<ul style="list-style-type: none"> • 8.01 Information – HIV/AIDS transmission • 8.10 Information – Sexual risk reduction • 8.13 Information – Condom /barrier use
			Present, demonstrate, have participants practice distribution and reinforcement techniques.	<ul style="list-style-type: none"> • 8.17 Information – Providing prevention services • 9.06 Demonstration – Providing prevention services • 10.06 Practice – Providing prevention services
Delivery Method	F11	01.00	The peer advocate trainings are delivered in person.	
Level of Data Collection	F14	2	Community PROMISE requires the collection of aggregate-level data (variable code: 2).	



NHM&E DS CLIENT SERVICES DATA

When implementing Community PROMISE, you can use NHM&E DS variables to collect information at the client level. Client services data describe both the characteristics of the clients receiving services and a summary of activities they participated in each session.

Community PROMISE involves reporting aggregate-level data for the NHM&E DS. Aggregate-level data are the combined sum of information for all clients who took part in the intervention. For example, 12 women received role model stories: 5 were White and 7 were Black; 6 were younger than 24 years of age, and 6 were between 25 and 29 years old.

Client-level data provide your agency process monitoring data. These data allow you to monitor whom you are serving and what you are doing. You can compare information from your implementation of Community PROMISE to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.



Section 2: Objectives and Evaluation Questions

This section includes objectives relative to the intervention and related evaluation questions organized by stage of evaluation—formative, process, and outcome. Below each question is a brief rationale for why the question is important. Following the rationale is a table that describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions are designed to help your agency collect data that can be used for program improvement and planning. Your agency may choose to ask additional questions. As your agency and stakeholders develop and prioritize questions, it may be beneficial to define the importance of the question and use the table to identify data sources. This will help your agency determine the feasibility of answering questions.

EVALUATION OBJECTIVES

The objectives addressed as part of this Community PROMISE evaluation are:

- To determine if Community PROMISE was implemented as intended
- To determine if attitudes related to HIV risk reduction behaviors changed in support of these behaviors
- To determine if high-risk behavior related to HIV transmission decreased in the target community

FORMATIVE EVALUATION QUESTIONS

Formative evaluation questions can be used to understand the needs of the population and/or community being targeted by the intervention. Answers to formative evaluation questions can be used to guide the development of your program plan. Formative evaluation questions address issues such as “What are community members’ attitudes about condom use?” “Where do members of the target population go to receive HIV prevention information?” “What factors influence the risk behaviors of the target population?”

Community PROMISE does include a formative evaluation, the community identification process (CID), as one of the preimplementation activities.



1. What are the risk behaviors that put the target community/population at risk for HIV and what factors influence those risk behaviors?

Community PROMISE will be most effective if it is adapted to the specific community or population whose behavior your agency plans to target. It is imperative to understand the practices that put members of your target community at risk for HIV before program implementation so that activities and processes may be adapted to meet the particular needs of those you are trying to reach.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Sexual risk behaviors that put members of target community at risk for HIV • Injection drug behaviors that put members of target group at risk for HIV • Attitudes toward condom use • Attitudes toward cleaning needles and sharing injection paraphernalia • Social and community norms about condom use • Social and community norms about cleaning needles and sharing injection paraphernalia 	<ul style="list-style-type: none"> • Key Participant Interview Guide • Focus Group Guide • Community Observation Form • Community PROMISE Systems Interview • Community Advisory Board (CAB) Survey • Stage of Change Spot Interview Guide • Stage of Change Summary Log • State/community epidemiological data • Staff and CAB meeting minutes and notes • Community Identification Summary Log 	<ul style="list-style-type: none"> • Review data for trends in risk behaviors, attitudes, norms, etc., that put the target population at risk for acquiring and/or transmitting HIV



2. What are the specific needs of the target community and its members?

Collecting information about the community in which PROMISE will be implemented leads to identifying community-specific characteristics and norms (including cultural, social, and financial factors). Identifying community-specific characteristics and norms allows for these important qualities and cultural and social standards to be incorporated into program activities (e.g., role model stories).

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Characteristics of community and its members (e.g., culture, education level) • Community needs • Perception of HIV risk among members of target group 	<ul style="list-style-type: none"> • Key Participant Interview Guide • Focus Group Guide • Community PROMISE Systems Interview • Community Advisory Board (CAB) Survey • Community Observation Form • Stage of Change Spot Interview Guide • Stage of Change Summary Log • Staff and CAB meeting minutes and notes • Community Identification Summary Log 	<ul style="list-style-type: none"> • Review data for information about the target community that will inform ways PROMISE activities may be adapted to better meet needs of target population



3. What is the predominant “stage of change” among members of the target community?

It is important to understand where most of the target community falls along the stages of change continuum. This will help you determine the proportion of role model stories that should be written for each stage of change.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> Number of individuals from target group in each stage of change regarding condom use Number of individuals in target group in each stage of change regarding cleaning and sharing injection drug paraphernalia Total number (or good estimate) of individuals in the target group 	<ul style="list-style-type: none"> Key Participant Interview Guide Focus Group Guide Community PROMISE Systems Interview Community Observation Form Stage of Change Spot Interview Guide Stage of Change Summary Log Staff and CAB meeting minutes and notes Community Identification Summary Log 	<ul style="list-style-type: none"> Estimate the proportion of the target community in each stage of change (using community assessment data) Identify the stage of change in which the largest proportion of the target community is categorized

4. Where can members of the target community be effectively reached?

It is important to determine where you can access members of your target community. Understanding the characteristics and norms of the community and its members will facilitate recruitment efforts, as well as identifying locations for conducting outreach and dissemination of role model stories.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> Locales frequented by members of target group (including when they are there) Areas accessible by PROMISE staff Gatekeepers in the community 	<ul style="list-style-type: none"> Key Participant Interview Guide Focus Group Guide Community PROMISE Systems Interview Community Advisory Board (CAB) Survey Community Observation Form Community Identification Summary Log 	<ul style="list-style-type: none"> Review areas trafficked by members of target group and accessible venues to determine where best to focus PROMISE efforts (i.e., areas peer advocates should target or potential organizations that will allow role model stories to be displayed)



5. What are the most effective ways to reach members of the target community?

It is critical to determine the most effective methods and place (e.g., face-to-face, community fairs) your peer advocates should use to reach your target audience. As mentioned above, understanding and working within the preferences of the community members will facilitate recruitment efforts as well as Community PROMISE activity implementation.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Communication preferences of members of target group • Activity types preferred by members of target group 	<ul style="list-style-type: none"> • Key Participant Interview Guide • Focus Group Guide • Community PROMISE Systems Interview • Community Advisory Board (CAB) Survey • Community Observation Form • Community Identification Summary Log 	<ul style="list-style-type: none"> • Review feedback from community members about methods they prefer

PROCESS MONITORING AND EVALUATION QUESTIONS

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency’s implementation of Community PROMISE. Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. This information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as “What are the characteristics of the population served?” “What intervention activities were implemented?” “What resources were used to deliver those activities?”

Process evaluation involves an analysis of process data that facilitates comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as “Was the intervention implemented as planned?” “Did the intervention reach the intended audience?” and “What barriers were experienced by clients and staff during the course of the intervention?”



1. Which of the core elements were implemented?

It is important to know if all of the Community PROMISE core elements were implemented in order to learn whether the intervention was implemented as intended and consistent with the design of the intervention.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Description of CID process • Number and content of role model stories written and produced • Number of peer advocates recruited and trained 	<ul style="list-style-type: none"> • Community Identification Summary Log • Role Model Story Component Evaluation • Role Model Story Production Log • Peer Advocate Activity Form • Outreach Summary Log • Advocate Debriefing Questionnaire • Staff meeting minutes and notes 	<ul style="list-style-type: none"> • Compare activities conducted to the core elements as described in the Community PROMISE implementation Guide

2. Which of the core elements were implemented with fidelity?

It is important to know if an agency's implementation of the Community PROMISE core elements matches the intended implementation described in the Guide. An agency's implementation of Community PROMISE will affect the outcomes produced.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Description of CID process • Number and type of role model stories developed and distributed • Description of activities conducted by peer advocates and content of each session 	<ul style="list-style-type: none"> • Community Identification Summary Log • Role Model Story Component Evaluation • Role Model Story Production Log • Peer Advocate Activity Form • Outreach Summary Log • Advocate Debriefing Questionnaire • Staff meeting minutes and notes 	<ul style="list-style-type: none"> • Compare the activities conducted with the descriptions of the core elements in the Community PROMISE implementation Guide



3. How and why was the program activities modified?

Agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities, such as distributing role model stories or the community identification process, may be adapted or modified to accommodate characteristics of the target population.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Characteristics of the community and its members • Description of CID process • Number and type of role model stories produced and distributed • Peer advocate outreach content and activities 	<ul style="list-style-type: none"> • Community Identification Summary Log • Role Model Story Component Evaluation • Role Model Story Production Log • Peer Advocate Activity Form • Outreach Summary Log • Advocate Debriefing Questionnaire • Staff meeting minutes and notes 	<ul style="list-style-type: none"> • Identify activities that were modified or not conducted as written in the Community PROMISE implementation Guide • Description of rationale for changes

4. What was the risk profile of the community members served?

Community PROMISE was intended for community members of the specific target group engaging in behaviors that put them at high risk for acquiring or transmitting HIV. The data provided by this question will help your agency determine whether or not your outreach staff and peer advocates spoke with and disseminated role model stories to individuals at risk within the intended target community.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Behavioral risk data of individuals served by Community PROMISE 	<ul style="list-style-type: none"> • Peer Advocate Recruitment Report • Peer Advocate Activity Form • Outreach Summary Log • Quarterly Advocate Activity Summary Log • Advocate Debriefing Questionnaire • Community PROMISE Survey 	<ul style="list-style-type: none"> • Examine the risk profile of members of the community who had encounters with peer advocates and/or received role model stories



5. What were the demographic characteristics of the community members served?

A demographic profile of the community members served by the intervention demonstrates that the population for which the intervention is intended is being reached.

Data	Potential Data Sources	Analysis
Demographic profile of the individuals served by Community PROMISE, including: <ul style="list-style-type: none"> • Age • Race • Ethnicity • Gender • Education level • Employment status • Sexual orientation • Serostatus 	<ul style="list-style-type: none"> • Peer Advocate Activity Form • Outreach Summary Log • Advocate Debriefing Questionnaire 	<ul style="list-style-type: none"> • Examine the demographic characteristics of members of the community who had encounters with peer advocates and/or received role model stories

6. How many peer advocates were recruited and trained?

This information can be used to review your implementation and guide planning of future implementations of your intervention. It can help you determine if you are able to recruit and train the necessary number of peer advocates.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Description of peer advocate recruitment methods • Number of peer advocates recruited • Number of peer advocates participating in trainings • Number of peer advocates completing trainings 	<ul style="list-style-type: none"> • Peer Advocate Recruitment Report 	<ul style="list-style-type: none"> • Determine the proportion of peer advocates recruited and trained



7. How many role model stories were developed for each stage of change, risk behavior, and target community?

This information can be used to determine if enough role model stories were developed to meet the needs of your target community. Your implementation plan should include the number of role model stories your agency plans to develop for each stage of change, target group, risk behavior, etc.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> Number of each type of role model story developed. 	<ul style="list-style-type: none"> Role Model Component Evaluation Role Model Story Production Log 	<ul style="list-style-type: none"> Determine the number of each role model stories developed by each stage of change, target group, risk behavior, etc.

8. How many of each role model story was distributed for each stage of change?

This information will tell you whether or not your outreach workers, peer advocates, and community partners were able to distribute the intended number of role model stories and give you a better understanding of the resources required to disseminate the role model stories.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> Number of role model stories distributed by peer advocates 	<ul style="list-style-type: none"> Outreach Summary Log Quarterly Advocate Activity Summary Log Advocate Debriefing Questionnaire Business Advocate Tracking Form 	<ul style="list-style-type: none"> Compile the number of each type of role model stories distributed to community target members



9. What proportion of the targeted group reported meeting with a peer advocate and/or received Community PROMISE materials (e.g., role model stories)?

An agency needs to determine the “reach” or number of people in its target population that were served by Community PROMISE. This information is used to determine if enough individuals were reached to achieve the intended shift from one stage of change to the next. Your organization should estimate a reasonable saturation point in order to achieve the desired outcomes.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Number of members in your target group • Number of target group members who received a role model story • Number of target group members who talked to a peer advocate 	<ul style="list-style-type: none"> • Community Identification Summary Log • Community PROMISE Survey • 	<ul style="list-style-type: none"> • Compare the number of target group members who have received a role model story or have spoken with a peer advocate to the total number of target group members

10. What were the barriers to and facilitators of implementation?

Identifying the barriers (what made it difficult) to implementing Community PROMISE can help and enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (what made it easy) to implementing Community PROMISE to recognize successful implementation activities and approaches.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Challenges and facilitators identified during the CID • Challenges and facilitators identified by staff and community advisory board members • Challenges and facilitators identified by peer advocates 	<ul style="list-style-type: none"> • Advocate Debriefing Questionnaire • Peer Advocate Activity Form • Outreach Summary Log • Staff and CAB meeting minutes and notes 	<ul style="list-style-type: none"> • Examine the challenges and facilitators identified for common themes so modifications can be made, if necessary



OUTCOME MONITORING QUESTIONS

Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcomes include changes in knowledge, attitudes, skills, or behaviors. Outcome monitoring answers the question, “Did the expected outcomes occur?”

1. What proportion of the targeted community members reported an intention to increase the frequency of condom use or cleaning needles to peer advocates?

This information informs whether or not there was an intention to use condoms or clean needles more consistently.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none">• Attitudes and beliefs about condom use and/or cleaning needles	<ul style="list-style-type: none">• Stage of Change Spot Interview• Stage of Change Summary Log• Community PROMISE Survey	<ul style="list-style-type: none">• Review data for the number of target group members who report condom use or needle-cleaning intentions



2. To what extent was there an increase in the number of community businesses and organizations disseminating role model stories in their facilities?

A change in community perceptions may include an increase in the number of local businesses or organizations that display role model stories. The business advocates can help monitor the number of role model requests and displays in the community stores and organizations.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none"> • Number of organizations or businesses recruited during the CID process • Number of businesses and organizations that displayed role model stories • Number of organizations or businesses that provided and/or sold condoms and/or bleach kits • Number of community organizations and businesses that participated in Community PROMISE activities (e.g., posted flyers, provided incentives, provided information about target community) 	<ul style="list-style-type: none"> • Peer Advocate Recruitment Report • Business Advocate Tracking Form 	<ul style="list-style-type: none"> • Compare the number of businesses and organizations in the community network when the project started to the number at the conclusion of the Community PROMISE implementation



3. What proportion of the targeted group reported to have positively moved within the stages of change (from precontemplation to maintenance) for adopting risk reduction behaviors?

A change from precontemplation to maintenance may include an individual not thinking about changing the behavior to maintaining the new behavior. It can also measure the frequency of relapses.

Data	Potential Data Sources	Analysis
<ul style="list-style-type: none">Target group members' self-reported attitudes and behaviors toward condom use and/or cleaning needles	<ul style="list-style-type: none">Stage of Change Spot Interview GuideStage of Change Summary LogCommunity PROMISE Survey	<ul style="list-style-type: none">Estimate the proportion of the target community in each stage of changeCompare stage of change data before implementation of Community PROMISE to postimplementation data



Section 3: Data Collection Activities and Schedules

DATA COLLECTION SCHEDULE

This section describes the data collection activities for Community PROMISE. The tables below (Tables 6–8) summarize when each instrument should be administered, who administers the instruments, and who should complete the instrument. The following tables (9–11) provide more detail regarding data collection activities for each component of Community PROMISE.

Table 6: Community Identification (CID) Process

Instrument	When to Use	Administered By	Completed By
Key Participant Interview Guide	<ul style="list-style-type: none"> • During the CID process 	<ul style="list-style-type: none"> • Outreach staff • Project manager 	<ul style="list-style-type: none"> • Outreach staff • Project manager
Community PROMISE Systems Interview	<ul style="list-style-type: none"> • During the CID process • Ongoing and as needed to refine the intervention 	<ul style="list-style-type: none"> • Agency staff 	<ul style="list-style-type: none"> • Agency staff
Focus Group Guide	<ul style="list-style-type: none"> • During the CID process • Ongoing and as needed to refine the intervention 	<ul style="list-style-type: none"> • Outreach staff • Project manager 	<ul style="list-style-type: none"> • Outreach staff • Project manager
Community Identification Process Worksheet	<ul style="list-style-type: none"> • Primarily during brainstorming sessions of the CID process • Ongoing and as needed to refine the intervention 	<ul style="list-style-type: none"> • Outreach staff • Project manager 	<ul style="list-style-type: none"> • Outreach staff • Project manager
Community Advisory Board (CAB) Survey	<ul style="list-style-type: none"> • During the CID process • During review of role model stories 	<ul style="list-style-type: none"> • Outreach staff • Project manager 	<ul style="list-style-type: none"> • Community Advisory Board (CAB) members
Community Observation Form	<ul style="list-style-type: none"> • During the CID process • Ongoing and as needed to refine the intervention 	<ul style="list-style-type: none"> • Agency staff 	<ul style="list-style-type: none"> • Outreach workers • Agency staff
Stage of Change Spot Interview Guide	<ul style="list-style-type: none"> • During the CID process • After implementation of PROMISE 	<ul style="list-style-type: none"> • Outreach staff 	<ul style="list-style-type: none"> • Outreach staff



Table 6: Community Identification (CID) Process (Continued)			
Instrument	When to Use	Administered By	Completed By
Stage of Change Summary Log	<ul style="list-style-type: none"> • During the CID process • After implementation of PROMISE 	<ul style="list-style-type: none"> • Outreach staff • Project manager • Administrative coordinator 	<ul style="list-style-type: none"> • Outreach staff • Project manager • Administrative coordinator
Community Identification Summary Log	<ul style="list-style-type: none"> • At the conclusion of PROMISE CID activities 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator

Table 7: Role Model Stories (RMS)			
Instrument	When to Use	Administered By	Completed By
Role Model Story Interview Guide	<ul style="list-style-type: none"> • During each role model interview 	<ul style="list-style-type: none"> • Outreach staff • Project manager 	<ul style="list-style-type: none"> • Outreach staff • Project manager
Role Model Story Component Evaluation	<ul style="list-style-type: none"> • After the RMS development process 	<ul style="list-style-type: none"> • Peer advocates • CAB members • Project manager 	<ul style="list-style-type: none"> • Peer advocates • CAB members • Project manager
Role Model Story Production Log	<ul style="list-style-type: none"> • After role model stories are written and produced 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator

Table 8: Outreach Worker and Peer Advocate Activities			
Instrument	When to Use	Administered By	Completed By
Peer Advocate Recruitment Report	<ul style="list-style-type: none"> • After each training of peer advocates 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator
Peer Advocate Training Log	<ul style="list-style-type: none"> • After each peer advocate training 	<ul style="list-style-type: none"> • Peer advocate trainer, project manager 	<ul style="list-style-type: none"> • Peer advocate trainer, project manager
Business Advocate Tracking Form	<ul style="list-style-type: none"> • Ongoing, as you recruit and provide materials to businesses and community venues 	<ul style="list-style-type: none"> • Outreach worker, project manager 	<ul style="list-style-type: none"> • Outreach worker, project manager
Peer Advocate Activity Form	<ul style="list-style-type: none"> • At the end of each outreach session or event 	<ul style="list-style-type: none"> • Outreach staff • Peer advocate 	<ul style="list-style-type: none"> • Peer advocate
Quarterly Advocate Activity Summary Log	<ul style="list-style-type: none"> • At the end of each quarter of the program year for each peer advocate 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator 	<ul style="list-style-type: none"> • Project manager • Administrative coordinator



Table 8: Outreach Worker and Peer Advocate Activities (Continued)			
Instrument	When to Use	Administered By	Completed By
Peer Advocate Debriefing Questionnaire	<ul style="list-style-type: none"> At the end of each quarter of the program year for each peer advocate 	<ul style="list-style-type: none"> Outreach staff 	<ul style="list-style-type: none"> Outreach staff
Outreach Summary Log	<ul style="list-style-type: none"> At the end of each outreach session or event (aggregate) 	<ul style="list-style-type: none"> Project manager Administrative coordinator 	<ul style="list-style-type: none"> Project manager Administrative coordinator
Referral Tracking Form	<ul style="list-style-type: none"> After referrals are given to an outreach contact 	<ul style="list-style-type: none"> Agency staff 	<ul style="list-style-type: none"> Agency staff
Community PROMISE Survey	<ul style="list-style-type: none"> At the end of each program year 	<ul style="list-style-type: none"> Outreach staff 	<ul style="list-style-type: none"> Outreach staff

DATA COLLECTION ACTIVITIES

Table 9–Table 6: Community Identification (CID) Process 11 below, arranged by Community PROMISE activity, summarize the data collection activities, the data collection schedule recommended, a brief description of agency resources needed, and suggestions for ways to use the data for planning, implementing, and improving Community PROMISE.

Table 9: Community Identification (CID) Process Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> Interviews Surveys Observations Focus groups Review of census data Review of local epidemiological data
Instruments	<ul style="list-style-type: none"> Key participant interview guide Community PROMISE Systems Interview Focus group guide CAB survey CID process worksheet Community observation log Stages of change spot interview guide Stages of change summary log CID process summary log
When to Collect the Data	<ul style="list-style-type: none"> During planning phase Within first 6 to 8 weeks of project



Table 9: Community Identification (CID) Process Data Collection Activities (Continued)	
Resources Needed	<ul style="list-style-type: none"> • Staff time to conduct interviews • Staff time to observe community activities • Staff time to organize and analyze data • Expertise to analyze data • Access to community informants • Database to manage assessment data (stage of change interviews, key informant interviews) • Spreadsheet to manage qualitative data and conduct thematic analysis
Data Provided	<ul style="list-style-type: none"> • Characteristics of the community and its members • Community culture, including methods of communication and activities • Community needs, issues, and perceptions of HIV risk
Analysis	<ul style="list-style-type: none"> • Descriptive analysis of demographic data • Theme analysis of interview and observation data
Related Evaluation Questions	<ul style="list-style-type: none"> • What are the demographics and characteristics of the target community? • What are the risk behaviors that put the target community/population at risk for HIV and what factors influence those risk behaviors? • How should Community PROMISE activities be modified to meet the specific needs of the target community and its members? • What is the predominant “stage of change” among members of the target community? • Where can members of the target community be effectively reached? • What are target members’ attitudes and intentions toward condom use and/or needle cleaning? • What are the most effective ways to reach members of the target community?
Possible Uses of Data	<ul style="list-style-type: none"> • Inform peer advocates • Inform planning and tailoring of materials • Identify possible members of the community network • Identify service and HIV prevention gaps for future planning • Ensure access to target population

Table 10: Role Model Stories (RMS) Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Interview • Review
Instruments	<ul style="list-style-type: none"> • Role Model Story Interview Guide • Role Model Story Component Evaluation • Role Model Story Production Log
When to Collect the Data	<ul style="list-style-type: none"> • During or immediately after the CID process • During and after the development of role model stories



Table 10: Role Model Stories (RMS) Data Collection Activities (Continued)	
Resources Needed	<ul style="list-style-type: none"> • Role models • Staff time to conduct RMS interviews and compile information • Staff, CAB members, and peer advocates time to review stories
Data Provided	<ul style="list-style-type: none"> • Information for developing role model stories (i.e., eight key content components) • Type and number of role model stories developed
Analysis	<ul style="list-style-type: none"> • Compile and review data collect from RMS interviews, organizing the information into the eight content components • Review the developed stories for content and demographics of role model featured • Count the number and type of RMS developed
Related Evaluation Questions	<ul style="list-style-type: none"> • What issues do the stories address? • What stages of change are featured? • How many role model stories were developed? • How many stories featured all eight content components? • What types of role models are featured in the stories? • Which populations do the stories target?
Possible Uses of Data	<ul style="list-style-type: none"> • Develop role model stories • Track the number and types of role model stories • Ensure that the stories feature all necessary content components

Table 11: Outreach Worker and Peer Advocate Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Observation • Participant self-report
Instruments	<ul style="list-style-type: none"> • Peer Advocate Recruitment Report • Peer Advocate Training Log • Business Advocate Tracking Form • Peer Advocate Activity Form • Outreach Summary Log • Peer Advocate Debriefing Questionnaire • Quarterly advocate activity summary log • Referral tracking form • Stage of Change Spot Interview • Stage of Change Summary Log • Community PROMISE Survey
When to Collect the Data	<ul style="list-style-type: none"> • After recruitment of peer and business advocates • During peer advocate outreach activities • During and after peer advocate training • Compile data at the end of the activities (daily) • Quarterly • At end of each program year
Resources Needed	<ul style="list-style-type: none"> • Volunteer time to compile data • Staff time to supervise volunteers • Database to manage data



Table 11: Outreach Worker and Peer Advocate Data Collection Activities (Continued)

Data Provided	<ul style="list-style-type: none"> • Number and demographics of peer advocates trained • Number of business advocates trained • Peer advocate trainings conducted • Number and characteristics of people reached • Materials distributed • Location of peer network activities • Challenges/facilitators of implementation • Changes in target group's attitudes and intentions • Number of referrals made
Analysis	<ul style="list-style-type: none"> • Data should be compiled at the end of each outreach event for descriptive analysis • Data should be reviewed across advocate activities to identify themes
Related Evaluation Questions	<ul style="list-style-type: none"> • Which of the core elements were implemented? • Which of the core elements were implemented with fidelity? • How and why were the program activities modified? • What was the risk profile of the community members served? • What were the demographic characteristics of the community members served? • How many peer advocates were recruited and trained? • How many business advocates were recruited? • What are the characteristics of the peer advocates? • What training activities were conducted? • How many of each role model story was distributed? • What proportion of the target population did the intervention reach? • What were the barriers to and facilitators of implementation? • What proportion of the targeted community members reported an intention to increase the frequency of condom use or cleaning needles to peer advocates? • To what extent was there an increase in the number of community businesses and organizations disseminating role model stories in their facilities?
Possible Uses of Data	<ul style="list-style-type: none"> • Make changes to or improve implementation of peer network activities. • Track and monitor peer and business advocates. • Determine impact of intervention on target population attitudes and intentions toward condom use and/or needle cleaning. • Ensure that targeted population is being reached. • Identify challenges and facilitators of implementation.



Section 4: Data Collection Protocols

This section includes protocols for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. The forms from the Community PROMISE Implementation Guide are modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation field guide. It is important, however, to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of the funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may, however, rephrase the question so that your target group better understands what you want to know.

The instruments and data collection forms in this section are organized by Community PROMISE activity—CID process, role model stories, and peer advocates and outreach. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.⁴ Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

⁴ NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating the Community PROMISE in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for Community PROMISE.



COMMUNITY IDENTIFICATION INSTRUMENTS

This section includes sample protocols for the community identification (CID) process. Although some activities are required per the Community PROMISE Implementation Guide, your agency may choose to use some, all, or part of the optional evaluation instruments. The questions on these instruments should be tailored to fit your targeted community.

Required

- Community Identification Process Worksheet
- Key Participant Interview Guide
- Community PROMISE Systems Interview
- Focus Group Guide
- Stage of Change Spot Interview Guide

Optional

- Community Advisory Board Survey
- Community Observation Form
- Stage of Change Summary Log
- Community Identification Process Summary Log



COMMUNITY IDENTIFICATION PROCESS WORKSHEET

When to use:

- During PROMISE community identification process
- Ongoing and as needed to refine program

Administered by:

- Outreach staff
- Project manager

Completed by:

- Outreach staff
- Project manager

Instructions:

This form is used during the preliminary stage of the CID brainstorming session. It is used to help you identify possible resources of information about your target population(s).

COMMUNITY IDENTIFICATION PROCESS WORKSHEET

The target population for this worksheet is _____

The initial written materials to be reviewed about this target population will come from the following sources (journal names, government data or publications, statistical reports, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

Enter the names or identities (job titles, location, etc.) of people you will initially recruit for each of the following types of CID data collection.

- Internal Interviews:** _____
- Systems Interviews:** _____
- Interactor Interviews:** _____
- Gatekeeper Interviews:** _____
- Focus Groups:** _____

In addition to areas suggested from the interviews above, field observations of this population will be conducted in the following areas:

1. _____
2. _____
3. _____
4. _____



KEY PARTICIPANT INTERVIEW GUIDE

When to use:

During each key participant interview conducted during PROMISE community identification process (preimplementation phase)

Administered by:

- Outreach staff
- Project manager

Completed by:

- Outreach staff
- Project manager

Instructions:

After greeting the key participant, the interviewer should provide a brief overview of Community PROMISE and explain the purpose of the interview—this information may be presented on an informed consent form. Assure the participant that his or her responses will remain confidential.

General Information:

The interviewer should complete the general information section before or immediately after the interview.

Demographic Characteristics:

The demographic characteristics are to help your agency keep track of the individuals with whom you speak. It is not necessary to ask the key participant about his or her demographic characteristics. The interviewer may record the individual's demographic characteristics based on his or her observations. Information may be clarified, as necessary, by asking the key participant only for information that cannot be determined from observation.

Interview Questions:

The interviewer should begin by reading the instructions to the key participant. With the key participant's consent, the interviewer may read the questions to the key informant. Questions may be asked in an open-ended fashion (i.e., without reading the list of possible responses). The interviewer may probe for more explanation to the key participant's responses. Questions may be modified or added to the interview to meet the information needs of your agency or other stakeholders. At the end of the interview, be sure to thank the key participant for his or her time and input.

For additional information on conducting key participant (or informant) interviews, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).

KEY PARTICIPANT INTERVIEW GUIDE

Interviewer instructions:

- Greet the key participant. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the key participant for taking the time to talk with you. Provide a brief overview of Community PROMISE and why the interview is being conducted. Remind the participant that his or her answers will remain anonymous.
- Observe demographic characteristics of the key informant. Ask only for information that cannot be determined from observation. Do not use a checklist with the informant.

General information

Interviewer's name: _____ Interviewer ID: _____

Date of the interview: ____ / ____ / ____

Place where respondent was contacted/recruited: _____

Interview site/setting: _____

Demographic information

<p>Current gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender – Male to Female</p> <p><input type="checkbox"/> Transgender – Female to Male</p> <p>Identifies as:</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Straight</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p>Race (check all that apply):</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Age:</p> <p><input type="checkbox"/> 12 or below</p> <p><input type="checkbox"/> 13–18 years</p> <p><input type="checkbox"/> 19–24 years</p> <p><input type="checkbox"/> 25–34 years</p> <p><input type="checkbox"/> 35–44 years</p> <p><input type="checkbox"/> 45 years and over</p> <p>Language spoken during interview:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p>Type of respondent:</p> <p><input type="checkbox"/> Community Member</p> <p><input type="checkbox"/> Agency Representative</p> <p><input type="checkbox"/> Business Owner</p> <p><input type="checkbox"/> Clergy</p> <p><input type="checkbox"/> Health Department Representative</p> <p><input type="checkbox"/> Other, please specify: _____</p>
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INTERVIEW QUESTIONS

Information attainment

I want to ask you some questions about where you get your information.

1. Where do you go, and/or what do you do to find out about what is happening in the community or your own neighborhood? Is there someplace or someone you seek to get this information?
2. Do you ever read brochures or pamphlets? Would you read something like this? (*Show sample of role model publication*)

Social networks

3. How long have you lived around here? How much do you go outside of your own neighborhood where you live (hang out)? (*Probe: Why do you leave the neighborhood? How do you get around? Do you have a car?*)
4. Where do you hang out? Whom do you usually hang out with?
5. Does your family here? Do your friends live here?
6. Whom do you live with? How long have you lived with these people? Do you have children? Do they live with you?
7. Whom do you talk to about personal problems or other things that bother you? Is this a friend or someone in your family? (*Get relationships, not names*)
8. How do you get money? (*Probe for multiple sources*)

AIDS information

Now I'd like to ask you some questions about AIDS.

9. How do you think people catch the AIDS virus?

10. Do you think it is likely you could catch AIDS? Why do you think you could or could not?

11. Are you doing anything to protect yourself from catching the AIDS virus? What? If you are not doing anything, why not?

Sex

Now I would like to ask you some questions about sex. Remember, your responses will be kept anonymous, so please answer honestly. You do not have to answer any question that makes you feel uncomfortable.

12. When was the last time you had sex?

13. Where do you usually find your sexual partners?

14. The last time you had sex, did you use a condom? Why or why not? What kind of sex did you have (for example, oral, anal, vaginal)?

15. Have you had sex in the past month? When was the last time? *(If no sex in past month, skip to "Condoms" section.)*

16. Would you say this person (or any of these people) is your main or steady sex partner? If no, who was/were you partner(s)?

17. Is your main partner a man, a woman, or transgender? *(If no main partner, were your partners mostly men, women, or transgenders?)*

18. In the last month, when you had sex how often did you use a condom? Why did or didn't you use it? What type of sex were you having?

19. What would you say is the reason you don't use a condom every time?

20. During the next month, do you plan to use a condom when you have sex with your main partner? For what kind(s) of sex (oral, anal, vaginal)? Do you plan to use a condom every time?

21. In the last month, have you had sex with anyone to get drugs, money, or other things? *(If not, skip to "Condoms" section.)*

22. How often did you use a condom when you had sex in these situations? What kind of sex did you have? Did you use a condom for some kinds of sex and not others?

23. What would you say is the reason you did (did not) use a condom every time?

24. In the last month, did you have sex with somebody other than your main partner and it was not for drugs or money? If yes, what kind(s) of sex did you have?

25. How often did you use a condom? For which kind(s) of sex? What would you say is the reason you did not (did) use a condom every time?

Condoms

Now I would like to ask you some questions about using condoms.

Condoms for vaginal sex (If no vaginal sex, skip to anal sex questions.)

Now tell me the kinds of things that would make it more likely that you would use a condom whenever you have vaginal sex.

26. What about other people—what would make it easier for them? Is there anything else that would make it more likely that you or others would use a condom whenever you had vaginal sex?
27. What kinds of things keep you from using a condom? Is there anything else that makes it difficult for you or others to use condoms for vaginal sex?
28. What people do you think would not want you to use a condom every time you had vaginal sex? Are there any other people who might like it if you used condoms all of the time for vaginal sex?
29. What people do you think would not like it if you used a condom every time you had vaginal sex? Are there any other people who might not want you to use condoms all of the time for vaginal sex?
30. Are there any people you might go to if you wanted advice or information about using condoms for vaginal sex? Who are these people?

Condoms for anal sex (If no anal sex, skip to alcohol and drugs section.)

Now tell me the kinds of things that would make it more likely that you would use a condom whenever you have anal sex.

31. What about other people—what would make it easier for them? Is there anything else that would make it more likely that you or others would use a condom whenever you had anal sex?

32. What kinds of things keep you from using a condom? Is there anything else that makes it difficult for you or others to use condoms for anal sex?

33. What people do you think would not want you to use a condom every time you had anal sex? Are there any other people who might like it if you used condoms all of the time for anal sex?

34. What people do you think would not like it if you used a condom every time you had anal sex? Are there any other people who might want you to use condoms all of the time for anal sex?

35. Are there any people you might go to if you wanted advice or information about using condoms for anal sex? Who are these people?

Alcohol and drugs

Now I'd like to ask you a couple of questions about alcohol and drugs.

36. When you have sex, do you sometimes use alcohol or drugs? Which drugs? How often do you use each of these?

37. How often do you drink alcohol or use drugs at other times? Which drugs, etc? Injection?

Injection drugs

Now let's talk about shooting drugs.

38. Do you shoot drugs? Have you ever shot drugs? When was the last time? (If haven't used drugs in the past 6 months, skip to "Awareness of Services" section.)

39. Does your main sex partner shoot drugs? Which? Does he/she try to hide it from you? Does he/she ever shoot with other people? Does he/she share needles? Does he/she use bleach? Have the two of you talked about AIDS?

40. In the last 6 months, if you shot after someone else or used someone else's outfit, how often did you clean the works with bleach before you used?

41. What would you say is the reason you didn't clean with bleach every time you shot after someone else or used someone else's outfit?

42. If you shoot in the next month, do you plan to clean your works with bleach every time you share?

43. What people do you think might want you to always use bleach to clean your works before sharing? Are there any other people who might want you to always clean your works with bleach when sharing?
44. What people do you think might like it if you always used bleach to clean your works before sharing? Are there any other people who might not want you to always clean your works with bleach when sharing?
45. Are there any people you might go to if you wanted advice or information about always using bleach to clean your works?

Awareness of services

This last set of questions is to help me learn about where you would get information about health for you and your family.

46. Where do you go for health care?
47. Where would you go if you wanted family planning services?
48. Where would you go if you had a question about HIV/AIDS? Why would you go there?
49. Where would you go if you wanted to be tested for HIV/AIDS?
50. Have you seen or heard anything about how to protect yourself from HIV/AIDS? What did you see or hear?

51. Have you had any HIV/AIDS education before or been a part of a program that talked about HIV/AIDS? (If “yes,” find out what program— especially ours.)

52. Do you think you have ever been in a situation where you might have caught the AIDS virus? Do you believe you might be infected with the AIDS virus now?

53. Have you ever been tested for the AIDS virus? *(Skip to question #55 if not tested)*

54. Did you go back to get your test results? *(If yes)* Would you share the results with us? What were they?

55. Is there someone else who we should talk with about HIV/AIDS who can give us information to make our program better? If so, can we contact them? Can we mention your name?

Those are all of my questions. Thank you very much for your time. Your answers will help us develop a program to increase awareness of HIV and promote safer behaviors in your community.



COMMUNITY PROMISE SYSTEMS INTERVIEW

When to use:

- During each systems interview conducted during the PROMISE community identification process (for use with staff, external agencies, interactors, and gatekeepers).
- Ongoing and as needed to refine program

Administered by:

- Agency staff

Completed by:

- Agency staff

Instructions:

The interviewer should complete the general information section before or immediately after the interview.

Introduce yourself (if you have not had prior personal contact with the interviewee). Thank him/her for taking the time to talk with you. Read the Introduction as written and then ask the survey questions that follow. This interview should be more like a conversation. Ask questions in an open-ended fashion (i.e., do not read all the response options).

The interviewer may probe for more explanation to the interviewee's responses. Questions may be modified or added to the interview to meet the information needs of your agency or other stakeholders. At the end of the interview, be sure to thank the participant for his or her time and input, and provide contact information should he/she need to reach you in the future.

For additional information on conducting interviews, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).

COMMUNITY PROMISE SYSTEMS INTERVIEW

General Information

Interviewer's name: _____ Interviewer ID: _____

Date of the interview: ____ / ____ / ____

Interview site/setting: _____

Introduction

Hello my name is _____ and I work with <agency name>.

If applicable: You were referred to us by _____ as being very knowledgeable about your community and specifically about <target group>.

We are trying to gather information to understand the behaviors of <target group> and what puts members of this population at risk. This information will help us in developing an intervention to help this population reduce their risk of STD/HIV. We want to help <target group> but first we need to really understand the issues and realities of this population. You can significantly contribute to this effort. We're hoping you can help us to help your community.

Demographic Information

First I'm going to ask you a few questions about you and your position at your agency.

1. What is your position or title (*if sensible to ask*)? _____
2. How long have you been in this position (*if sensible to ask*)? _____ Years
3. Gender (*select one*): Male Female
4. Age: _____ Years
5. Ethnicity (self-definition): _____
6. Language(s) spoken: _____
7. We are interested in learning more about the <target group> in this community and your experiences with them. When you think about <target group> in your community, do you divide them into different groups, such as males/females or older/younger or users of different drugs? What are those groups? (List groups)

Now I am going to ask you question on about the <target group> you mentioned.

8. How do you/have you had contact with <target group>?

9. Where can <target group> be found in this community? (specific areas)

10. What phrases or vocabulary do <target group> use that are unique?

11. What barriers are there that would make it hard to talk to <target group>?

12. What behaviors do <target group> have that put them at risk for HIV infection and STDs?

13. What do you think is motivating <target group> to continue practicing these high-risk behaviors (in spite of all the information that's out there)?

14. What do <target group> think about their own risks for HIV infection and STDs?

15. Who else would know about <target group> in this community?

Name	Address	Telephone #	Can we use your name?
------	---------	-------------	-----------------------

16. Who do <target group> listen to, who influences their opinions and behaviors?

Name	Address	Telephone #	Can we use your name?
------	---------	-------------	-----------------------

17. Do you know any <target group> we might talk to?

Name	Address	Telephone #	Can we use your name?
------	---------	-------------	-----------------------

18. If you had to try to convince <target group> to avoid high-risk behavior, how would you approach the problem? What specific suggestions do you have (programs, techniques, etc.) for getting <target group> to reduce their risk of HIV?

19. What particular activities for <target group> would not work or should be avoided in developing HIV prevention programs?

Repeat questions 8–19 for other target population groups listed by interviewee.

Those were all of my questions. Thank you very much for your time. Your contribution will help us develop interventions that will have an impact.



FOCUS GROUP GUIDE

When to use:

- During each focus group conducted during PROMISE community identification process (preimplementation phase)
- Ongoing and as needed to refine program

Administered by:

- Outreach staff
- Project manager

Completed by:

- Outreach staff
- Project manager

Instructions:

The following is an example of a focus group guide designed for collecting information about issues that are important to your target group. You can conduct focus groups on many different topics for different purposes (e.g., get feedback about activities, perceptions of Community PROMISE, etc). You may modify, delete, or add questions to suit your needs.

The moderator should begin the focus group by welcoming participants and explaining the purpose and process of the group (see the next page for instructions). In addition to the guide, you will need copies of informed consent forms to share with your focus group participants—two for each participant. The moderator should also collect a signed copy from each participant and let him/her know that the other copy is for him or her.

After establishing the ground rules, the moderator should ask the questions of the participants, allowing adequate time for participants to respond as appropriate. The moderator may need to probe for explanations to certain responses. Be prepared, but be flexible. The participants may bring up topics for discussion before they appear on your outline, and unanticipated topics may come up that need to be explored.

Don't forget to thank the participants for their time and insight.

Additional information on planning for and moderating focus groups is available in the *Evaluation Capacity Building Guide (CDC, 2008a)* and the *Community PROMISE Implementation Guide (CDC et al., 2004)*.

Use this guide to determine the stage of change on a particular goal behavior (i.e., a protective behavior you are encouraging the target population to adopt). These guides will help your agency develop the role model stories.

FOCUS GROUP GUIDE

Introduce facilitators.

Define purpose of focus group.

We want to learn more about the lives of <Target Population> who use drugs and who also have sex, so we'll be talking today about sex, drugs, and HIV/AIDS.

Acknowledge diversity and commonality among participants.

You may hang out in different parts of town or with different people, but you all have sex or use drugs in one form or another.

Explain the reason the session will be tape recorded.

We are going to tape record our discussion today so that we won't have to take notes ourselves and can pay more attention to the conversation. Afterward, we'll have someone type up what was said on the recording; your names won't be included, just what you say. Once we get the recording typed up, we will erase the tape.

Establish rules of confidentiality.

Please use your first names only and, if you feel more comfortable, you don't have to use your real name. It's going to be up to all of you to keep what people have said here confidential after you leave.

Encourage participants to set limits.

Share only what you're comfortable sharing; you don't have to discuss every topic, and you don't have to talk about yourself or your own situation unless you want to.

Identify location of bathrooms.

If you need to use the bathroom, that's okay, but come back quickly because we need your input.

Allow participants to disagree.

Feel free to say what you think; we want to hear all of your ideas, even if you don't agree with each other. It's okay to disagree; you just need to respect each others' opinions.

Introduce group participants.

To start things off, why don't you tell us your first name, your age, and how long you've lived in this area? I'll go first.

Confirm understanding of group participants.

Does anyone have any questions or concerns about what we are going to be doing today?

Turn on tape recorder and begin questions.

Let's start off by talking about how <Target Population> are learning about AIDS here in <City Name>. Remember, you all have some things in common in that you all have sex and may use drugs.

1. Please start out by giving us an idea of where <Target Population> in your situation are getting their information about how to protect themselves from coming in contact with HIV, the virus that causes AIDS?
 - a. Whom do you think <Target Population> usually turn to for information about HIV and AIDS?
 - b. Is there anyone else who can think of where <Target Population> get their information from?
 - c. Are there any places in <City Name> that you know of where people like yourselves usually get information about HIV and AIDS?
 - d. Tell us a little bit about these places and the kinds of people who get information there.
 - e. What about in the <Target Population> community? Would <Target Population> get information about preventing the spread of ADS through connections with the community? What can you tell us about that?
 - f. Do <Target Population> ever talk about getting information from outreach workers?
 - g. What kinds of things have you heard other people say about outreach workers?
 - h. What other kinds of things have you heard about outreach workers and AIDS prevention?

- i. Tell us about people who aren't connecting with outreach workers. How could outreach workers do a better job of reaching <Target Population> who are getting missed?
 - j. It sounds like some sources are better than others for getting information about AIDS. Am I right about that?
 - k. Where would most <Target Population> say they get the best information?
2. Tell us exactly what <Target Population> know about protecting themselves and preventing the spread of HIV.

Moderators: pay attention to (a) prioritization of responses and relevance to participants' risk behaviors; and (b) which prevention techniques are reported spontaneously, reported only in response to probing, and omitted.

- a. What else do <Target Population> know about preventing the spread of HIV?
 - b. What about other ways to prevent the spread of HIV through sex (such as using condoms or latex barriers for oral sex, anal sex, vaginal sex; mutual masturbation; having fewer sex partners)?
 - c. What about other ways to prevent the spread of HIV through using needles (such as not sharing needles; using needle exchange programs; not sharing cookers, cottons, rinse water; cleaning shared syringes with bleach)?
3. We've talked a lot about what <Target Population> actually know about preventing the spread of HIV. Could we talk for a while about the kinds of situations that <Target Population> get into where they don't use that information about how to stay safe from AIDS?
- a. What are some other situations where they would not use safer sex practices?
 - b. What kind of sex partners does that usually happen with?

- c. What are some other situations where they would not use safer injection practices?
 - d. What kind of drug partners does that usually happen with?
 - e. Of the <Target Population> who are out there using drugs and having sex, which ones are the most likely not to play it safe?
 - f. It sounds like taking risks (is often; isn't really; is only sometimes) related to drug use. Is that the case?
 - g. What about <Target Population> who don't really know about HIV and AIDS?
 - h. What can you tell us about <Target Population> who just don't know the full story about how HIV is spread?
 - i. Is there anything about staying safe from HIV that people are confused about?
4. Based on your own experience, and also what you know about the drug scene and the sex scene, what do you think would be the best kind of AIDS education program to have for people like yourselves?
- a. What would the program look like?
 - b. Who would the clients be?
 - c. What about the staff? What kind of staff members do you think <Target Population> would trust the most to give them information about HIV and AIDS? Would you prefer men, women, or transgender?

- d. Does the staff person's sexual orientation matter? In what way?
 - e. What about former drug users or people who are infected with HIV?
 - f. Are there other needs that people have that you'd like to include in the program?
5. Is there anything else you can think of that would help make a program really useful for people like yourselves?

Those were all of my questions. Thank you very much for your time.



STAGE OF CHANGE SPOT INTERVIEW GUIDE

When to use:

- During PROMISE community identification process
- After implementation of Community PROMISE

Administered by:

- Outreach staff

Completed by:

- Outreach staff

Instructions:

Greet the interviewee. Introduce yourself if you have not had previous personal contact with him or her. Explain the purpose of these questions and assure the interviewee that his or her comments will remain confidential.

Do not give or show this guide to the respondent; rather, ask the questions and record all responses.

General Information: The interviewer should complete the general information section before or immediately after the interview.

Demographic Characteristics: The demographic characteristics are to help your agency keep track of the individuals with whom you speak. It is not necessary to ask the interviewee about his or her demographic characteristics. The interviewer may record the individual's demographic characteristics based on his or her observations. Information may be clarified, as necessary, by asking only for information that cannot be determined by observation.

Do not tell the respondent whether or not they are eligible to continue the survey. If he or she is eligible, continue with the survey; if he/she does not meet eligibility criteria, just say that's all the questions you have today and thank them for their time.

Items on this form may be modified or others added to meet the information needs of your agency or other stakeholders. For additional information on conducting spot interviews, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).

STAGE OF CHANGE SPOT INTERVIEW GUIDE

General Information

Staff Name: _____ Staff ID: _____

Date of the interview: ____ / ____ / ____

Interview Site/Setting:

- | | |
|---|--|
| <input type="checkbox"/> Street/Hangout | <input type="checkbox"/> Bar/club |
| <input type="checkbox"/> Business | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Church/religious institution | <input type="checkbox"/> Community event |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Clinic/health care facility | |

Please list specific location: _____

Demographic Information:

Gender

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male
- Don't Know
- Refused to Answer

Language spoken during interview

- English
- Spanish
- Other, specify: _____

Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over
- Don't Know
- Refused to Answer

Race (check all that apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- Don't Know
- Refused to Answer

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know
- Refused to Answer

Type of respondent

- Community Member
- Agency Representative
- Business Owner
- Clergy
- Health Department Representative
- Other, specify: _____

Thank you again for taking the time to talk to me today. We are interested in learning more about your community so that we can help prevent or reduce HIV infection. All of your answers will be kept confidential and will only be used to inform planning and implementation of prevention activities. But, if you are uncomfortable with any of the questions, you don't have to answer them or can choose to end the interview at any time.

I'd like to ask you some pretty personal questions about sex and drugs. Remember, we're not interested in who people are in this survey, we're just trying to learn about what people do.

1. Have you had vaginal sex – straight sex– in the past 30 days? Yes No
 2. Have you had anal sex – sex in the butt (or other local term) – (if male respondent add: “with either a man or a woman”) in the past 30 days? Yes No
 3. Have you ever shot drugs? Yes No
- If yes, have you shared needles or works in the past 60 days? Yes No

Do not ask respondent: Interviewer should assess eligibility for full interview

- Answered “yes” to #1 or #2 (sex in the last 30 days) – continue asking questions
- Answered “yes” to #3.a (shared needles for injecting drugs in last 60 days) – continue asking questions
- If the respondent did not answer yes to #1, #2, or #3.a, tell him/her that these are all the questions you have today and thank him/her for their time.

Stage of Change

1. How often would you say you <goal behavior> when <insert context>? (ex: How often would you say you use a condom when you have anal sex?)
 - Every time → go directly to 2.a
 - Almost always → go directly to 2.b
 - Sometimes → go directly to 2.b
 - Almost never → go directly to 2.c
 - Never → go directly to 2.c
 - a. If “every time,” how long have you been doing this? ____ days/months/years (circle one)

If 6 months or more → MAINTENANCE
If less than 6 months → ACTION
 - b. If “almost always” or “sometimes,” how likely is it that in the next 6 months you will start <goal behavior> every time you <context>? Would you say it is...?
 - Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely
If “very likely” or “somewhat likely” → PREPARATION
If “very unlikely” or “somewhat unlikely” → CONTEMPLATION

c. If “almost never” or “never,” how likely is it that in the next 6 months you will start <goal behavior> every time you <context>? Would you say it is ...?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

If “very likely” or “somewhat likely” → CONTEMPLATION

If “very unlikely” or “somewhat unlikely” → PRECONTEMPLATION

2. Do you have any additional issues or comments you’d like to share?

That’s all of the questions I have for you today. Thank you very much for your time and for sharing your experiences with me.



COMMUNITY ADVISORY BOARD SURVEY

When to use:

- During PROMISE community identification process (preimplementation phase) AND review of role model stories to ensure cultural competence

Administered by:

- Outreach staff
- Project manager

Completed by:

- Community advisory board members

Instructions:

Community advisory board members should complete this form for every role model story they review and/or community identification process brainstorming session in which they participate.

COMMUNITY ADVISORY BOARD (CAB) SURVEY

Name of CAB member: _____ Date _____

Business or Organization Name: _____

Business or Organization Type:

- Nail/Hair
- Salon
- Bank
- Welfare
- Office
- Restaurant
- Drugstore
- Convenience store
- Record
- Store
- Counseling center
- Women's shelter
- Health care setting
- Religious setting
- Other, specify _____

Type of Interviewee:

- Internal interview (e.g., your agency outreach workers)
- Agency systems interviews (e.g., people working in systems that provide services to the target population)
- Interactor interviews (e.g., people who interact closely with the target population more directly)
- Community gatekeeper

Meeting Type:

- Role Model Story Review
 - Content
 - Design and Layout
- Information Sharing – Community Identification Process

Targeted Population: _____

Targeted Behavior: _____

Resources Provided: _____

Ideas/Suggestions: _____

Recommended contacts: _____



COMMUNITY OBSERVATION FORM

When to use:

- During each community observation event conducted during the CID process
- Ongoing and as needed to refine program

Administered by:

- Outreach staff, project manager

Completed by:

- Outreach staff, project manager

Instructions:

Observe community members and their interactions for 10–30 minutes at a specific setting in the targeted community. Complete a form for EACH location.

Note observations about the target community and their interactions. Record demographic information about whom you see in aggregate. For example: if you see 15 people, estimate the number by characteristic.

Gender:

7 Male

8 Female

0 Transgender

0 Unknown

Race:

0 American Indian/Alaska Native

1 Asian

10 Black/African American

0 Native Hawaiian/Pacific Islander

4 White

0 More than one race

0 Unknown

Ethnicity:

3 Hispanic or Latino

9 Not Hispanic or Latino

3 Unknown

Age:

0 12 or below

2 13–18 years

11 19–24 years

2 25–34 years

0 35–44 years

0 45 years and over

0 Unknown

Keep in mind that staff members are there to observe. Their presence should not disrupt the normal interactions between community members. They should not be speaking or interviewing community members during the observation period. Staff members should participate in debriefing sessions on a regular and as-needed basis.

Items on this form may be modified or others added to meet the information needs of your agency or other stakeholders. For additional information on direct observation techniques, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).



COMMUNITY OBSERVATION FORM

Staff name: _____ Staff ID: _____

Date of the observation: ____ / ____ / ____

Start time: ____: ____ a.m./p.m.(circle one) End Time: ____: ____ a.m./p.m.(circle one)

Setting type:

- | | |
|---|--|
| <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Bar/club |
| <input type="checkbox"/> Business | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Church/religious institution | <input type="checkbox"/> Community event |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Clinic/health care facility | |

Please list specific location: _____

Vehicle traffic in area:

- Light Moderate Heavy

Pedestrian traffic in area:

- Light Moderate Heavy

Demographic information:

Record the total number of individuals you observe by demographic characteristics. For example, if there are 15 people present, note: 7 Male; 8 Female. Record zero (0) as appropriate.

Gender:

- | | |
|--------------|-------------------|
| _____ Male | _____ Transgender |
| _____ Female | _____ Unknown |

Race:

- | | |
|--|--------------------------|
| _____ American Indian/Alaska Native | _____ White |
| _____ Asian | _____ More than one race |
| _____ Black/African American | _____ Unknown |
| _____ Native Hawaiian/Pacific Islander | |

Ethnicity:

- | | |
|------------------------------|---------------|
| _____ Hispanic or Latino | _____ Unknown |
| _____ Not Hispanic or Latino | |

Age:

- | | |
|-------------------|-------------------------|
| _____ 12 or below | _____ 35–44 years |
| _____ 13–18 years | _____ 45 years and over |
| _____ 19–24 years | _____ Unknown |
| _____ 25–34 years | |

Observation notes:

1. Describe what the people are doing (e.g., sitting, talking, playing checkers, buying condoms, exchanging money for drugs).
2. Describe the attitudes you observe (e.g., relaxed, stressed, happy, anxious).
3. What languages do you hear the community members speak?
4. Describe the setting itself (e.g., residential or commercial? If residential, what type of setting is it? If commercial, what types of businesses or service agencies are in the area?).
5. Other observations:

After the observation:

6. In your opinion (i.e., the observer's opinion), what methods would you use to reach people here?



STAGES OF CHANGE SUMMARY LOG

This log will help your staff estimate the proportion of your target group in each stage of change.

When to use:

- At the conclusion of PROMISE community identification process
- After implementation of Community PROMISE

Administered by:

- Project manager
- Outreach staff
- Administrative coordinator

Completed by:

- Project manager
- Outreach staff
- Administrative coordinator

Instructions:

Calculate the total number of individuals interviewed. Write in the total number of individuals interviewed by each demographic characteristic. Determine the proportion by dividing the total for that characteristic by the total number of people interviewed. Repeat this same process for persons interviewed by stage of change.

These data will help you estimate the demographic make-up of your target group and the proportion of individuals in each stage of change. These data should be used with your other CID data to understand your target group better and to guide the development of the role model stories.

STAGES OF CHANGE SUMMARY LOG

Name of target group: _____

Total number of individuals interviewed: _____

Demographic Information:	# Interviewed	Proportion
Gender		
a. Male		
b. Female		
c. Transgender (Male to Female)		
d. Transgender (Female to Male)		
e. Don't Know		
f. Refused to Answer		
Age		
a. 12 or below		
b. 13–18 years		
c. 19–24 years		
d. 25–34 years		
e. 35–44 years		
f. 45 years and over		
g. Don't Know		
h. Refused to Answer		
Race		
a. American Indian or Alaska Native		
b. Asian		
c. Black or African American		
d. Native Hawaiian or Pacific Islander		
e. White		
f. Don't Know		
g. Refused to Answer		
Ethnicity		
a. Hispanic or Latino		
b. Not Hispanic or Latino		
c. Don't Know		
d. Refused to Answer		

Condom use:

What is the estimated stage of change in this community regarding condom use?

	# Interviewed	Proportion
a. Precontemplation (not thinking about using condoms)		
b. Contemplation (thinking about using condoms)		
c. Preparation (taking steps toward using condoms)		
d. Action (using condoms for less than 6 months)		
e. Maintenance (using condoms for 6 months or longer)		

Bleach use to clean needles:

What is the estimated stage of change in this community regarding using bleach to clean needles for injecting drugs?

	# Interviewed	Proportion
a. Precontemplation (not thinking about using bleach to clean needles)		
b. Contemplation (thinking about using bleach to clean needles)		
c. Preparation (taking steps toward using bleach to clean needles)		
d. Action (using bleach to clean needles for less than 6 months)		
e. Maintenance (using bleach to clean needles for 6 months or longer)		



COMMUNITY IDENTIFICATION (CID) PROCESS SUMMARY LOG

When to use:

- At the conclusion of PROMISE community identification process

Administered by:

- Project manager
- Administrative coordinator

Completed by:

- Project manager
- Administrative coordinator

Instructions:

Summarizing the community assessment activities can help you and your staff gain a clear understanding of the information collected. Use the information in this log to facilitate decision-making around adapting Community PROMISE to your target group.

COMMUNITY IDENTIFICATION (CID) PROCESS SUMMARY LOG

Instructions:

Summarizing the community assessment activities can help you and your staff gain a clear understanding of the information collected. The following table is an example of how you may conceptualize this process. Systematically writing out the primary findings of each of the community assessment activities may help you think through your agency’s implementation of PROMISE.

Source	Findings	Implications
CID Process Worksheet		
Community PROMISE Systems Interview		
Key Participant Interview		
Community Observation Form		
Stage of Change Summary Log		
Focus Group Guide		
Conclusions and additional comments:		



ROLE MODEL STORY INSTRUMENTS

Required

Though these evaluation activities are required for the development of the role model stories, questions should be tailored to fit targeted communities.

- Role Model Story Interview Guide
- Role Model Story Component Evaluation
- Role Model Story Production Log



ROLE MODEL STORY INTERVIEW GUIDE

When to use:

- During each role model interview with community participants

Administered by:

- Outreach staff
- Project manager

Completed by:

- Outreach staff
- Project manager

Instructions:

Begin by filling out the screening Information as outlined in part I of the Role Model Story Interview Guide. The person who recruited the interviewee should have this information. Next, read the information and background information as it is written below (part II) and then continue with the interview questions.

ROLE MODEL STORY INTERVIEW GUIDE

Screening Information

Interviewer Name: _____ Date: _____

Interviewee Name: _____

Target Group Name: _____ Age: _____ years

Gender: Male Female Transgender

Hispanic or Latino: Yes No Don't Know

Race (check all that apply): American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Estimation of current sex-related risk-reduction behaviors (e.g., condom use, fewer sex partners)

Behavior _____ Stage of Change _____

Behavior _____ Stage of Change _____

Estimation of current drug-related risk-reduction behaviors (e.g., cleaning needles, using new needles)

Behavior _____ Stage of Change _____

Behavior _____ Stage of Change _____

HIV Status: Negative Positive Not tested

Continued on next page

Introduction and Background Information

Hello. My name is _____. I want to thank you for coming today.

I believe that <staff member who conducted screening> has explained to you that we're interested in talking to people who are concerned about the risk of AIDS and who have done something toward protecting themselves or others. We want to know what people are doing so we can write up their stories for others to see, like this one here [*show sample publication*]. I appreciate your willingness to share what you have done because your story will help others reduce their own risk of AIDS.

As <staff member who conducted screening> explained to you earlier, I am going to tape-record our conversation today so I don't have to worry about taking notes. I hope that's okay with you. The tapes will be erased once transcripts are made, and everything will be kept in locked files all the time, and will be seen only by staff who will be working with them—the transcriber, writer, and program supervisor. In the story that is used, your name and identifying information will be changed to protect you.

TURN ON TAPE RECORDER

Consent form: Before we start, I need to get your permission to interview you and publish the story that is written from the information, again, keeping your name anonymous. [*Go over consent form. Obtain signature. Express appreciation.*]

Incentive: As you know, we will be giving you [describe incentive] at the end of the interview as a way of expressing our appreciation. You do not have to answer any specific questions to receive this—if any question makes you uncomfortable, let me know and we'll go on to another question.

Verify information: First, let me verify the information I have about you. [*Describe risk-reduction behavior(s) elicited during screening; confirm specific behavior(s) and reported stages of change.*]

You also said that you have/have not been tested for HIV and [if tested] that your results were (negative, positive). Do I have that right?

Ask about background: Before we talk any more about what you have done or are planning to do to reduce your HIV risk, tell me a little about yourself, something about your background.

- Length of time in local area
- Relationship status (spouse, boyfriend, girlfriend)
- Living situation
- Employment, school, occupation
- Where and with whom spend majority of time (hangouts, characteristics of associates)
- Drug and alcohol use in general

Now let's go back to what you've done (are planning to do) about HIV. Tell me more about...
[focus on one specific risk-reduction behavior, and lead into the questions below].

Ask the remaining questions in turn for EACH risk-reduction behavior (sexual and substance use) performed by the interviewee. Obtain complete information about one behavior before going on to the next. Note that some questions may not be appropriate for interviewees whose highest stage is Preparation. It is important that all individuals who are interviewed have a current stage of change no lower than Preparation for at least one risk-reduction behavior.

Contemplation and Preparation

Try to remember, when was the first time you started thinking that maybe you should consider doing the behavior?

1. Was this because of AIDS?

2. What was it that made you especially concerned about the risk of AIDS in your case?

3. Was there any specific thing you can remember that happened back then that made you start thinking you should <do the behavior>?

4. Besides not getting infected with HIV (not transmitting the virus) were there other things that made <doing the behavior> seem like a good idea to you—any other advantages?

5. What were the main disadvantages that you saw to <doing the behavior>?

6. When you first started thinking about <doing the behavior> how serious were you about doing it? What I mean is how sure were you that you were really going to do it, maybe not right away but at least eventually?

7. When would you say you became really certain that you were going to start <doing the behavior>? How long after you first started thinking about it did you know for sure you were going to do it at some point?

8. Did something specific happen to make you certain? What changed that made you know for sure you were going to start <doing the behavior>, instead of just thinking about it?

Action

[Only ask if the person is in the Action stage on the behavior you are discussing. Otherwise, skip to section V.]

Once you were really certain you were going to <do the behavior>, how long would you say it was before you actually started?

1. What made you decide to start then—how did that happen?
2. What were the things that kept you from starting earlier?
3. What was the situation the first time you tried <doing the behavior>? How did it work out that first time?
4. Were you <doing the behavior> from the start without any slip-ups, or were you doing it just some of the time?
5. Tell me some of the problems you ran into when you first started trying to <do the behavior>. How did you deal with these?
6. How much trouble has it been <doing the behavior> consistently, once you got going? Tell me about some of the difficulties you have experienced.
7. Have there been any times when you thought <doing the behavior> might not work out, but in the end you were able to do it? Tell me about that.
8. Tell me about any times when you were not able to <do the behavior>. How did you feel about that? What did you do to keep from becoming discouraged? Did you learn anything from those experiences that helped you later?

Risk-Reduction Efficacy and Social Support

1. How effective do you think <doing the behavior> is in protecting against being exposed to (exposing someone else to) the AIDS virus (HIV)?
 - a) Is this what you have always thought?
 - b) *[If increased perception of effectiveness:]* What happened that made you more convinced? Was that before you had started <doing the behavior> or after?

2. Do any of the people you know want you to <do the behavior>? Do any of them especially care about whether you do?
 - a) What about your friends? Your family?
 - b) What about your (spouse, boyfriend, girlfriend)?
 - c) Did any of these people have anything to do with your decision to start <doing the behavior>?
 - d) Who was that? Tell me about that situation.

If there are additional goal behaviors to inquire about (listed on the screening section of this form), return to Section II, Contemplation and Preparation, and ask about the new behavior. You do not have to repeat the Introduction and Background section, since that will remain the same no matter what behavior you are asking about.

If the individual has not reached action on those behaviors, skip the Action section (IV) and go right to Section V, Risk-Reduction Efficacy and Social Support. When you have completed the interview on all relevant behaviors, continue below.

TURN OFF TAPE RECORDER

Thank the interviewee for his/her generosity to the community in participating and being so forthcoming. Ask if he/she has any questions. Give the interviewee the incentive. Ask if he/she knows of others who might be willing to be interviewed. Get that person's contact information or provide your office contact information. Give him/her any relevant referral information. Thank him/her again.



ROLE MODEL STORY COMPONENT EVALUATION

When to use:

- At the conclusion of the role model story development process
- This form may also be used during the developmental process to help ensure that the role model story is being developed with the necessary components

Administered by:

- Peer advocates
- Project manager
- Community advisory board members (optional)

Completed by:

- Peer advocates
- Project manager
- Community advisory board members (optional)

Instructions:

Once the role model story has been developed, a different staff member should review the story to evaluate whether it contains the necessary components. It is important to monitor the content of the role model story to ensure it meets the guidelines for story production and contains the eight key content components. This log will also help ensure the role model stories are relevant to the intended population.

ROLE MODEL STORY COMPONENT EVALUATION

Story Title: _____

Gender of main character: Male Female Transgender

Is main character Hispanic or Latino? Yes No Don't Know

Race of main character (check all that apply): American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

8 Key Content Components

Acceptable?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Characterization: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Target population: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Risk behavior: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Goal behavior: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Stage of change: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Influencing factor: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Barrier to change and method to overcome barrier: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Positive outcome: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other comments:



ROLE MODEL STORY PRODUCTION LOG

When to use:

- After role model stories are written and produced

Administered by:

- Project manager, administrative coordinator

Completed by:

- Project manager, administrative coordinator

Instructions:

It is important to monitor the number and type of role model stories developed to ensure role model stories are targeted for the intended population. The Role Model Story Production Log should be completed quarterly. An example of how to use the table is provided below.

Example:

RMS Production Date	Story Title	Publication Number	Number Produced	Target Population	Prevention Behavior Modeled	Gender of Main Character	Ethnicity of Main Character
Jan. 2003	Respect Yourself	1	500	Sex Worker	Condom with non-main partner	F	Latina

ROLE MODEL STORY PRODUCTION LOG

Production Begin Date: _____

Production End Date: _____

RMS Production Date	Story Title	Publication Number	Number Produced	Target Population	Prevention Behavior Modeled	Gender of Main Character	Ethnicity of Main Character
Total							



OUTREACH WORKER AND PEER ADVOCATE FORMS

Required

Though some evaluation activities are required for peer advocates, questions should be tailored to fit targeted communities.

- Peer Advocate Recruitment Report
- Peer Advocate Training Log
- Business Advocate Tracking Form
- Quarterly Advocate Activity Summary Log
- Advocate Debriefing Questionnaire
- Outreach Activity Form
- Outreach Summary Log
- Community PROMISE Survey
- Referral Tracking Form⁵

⁵ The referral tracking form is required by NHM&E DS for each individual who receives a referral from an outreach worker who will be tracked over time. Reference the *National HIV Prevention Program Monitoring & Evaluation Guidance* (CDC, 2008b) for specifications regarding referrals.



PEER ADVOCATE RECRUITMENT REPORT

When to use:

- After each training workshop for new peer advocates

Administered by:

- Project manager
- Administrative coordinator

Completed by:

- Project manager
- Administrative coordinator

Instructions:

It is important to keep a record of peer advocates you recruit to implement Community PROMISE. The table on the Recruitment Report can help you systematically gather and record this information.

Example:

Name/ ID Number	Recruitment Source	Gender/Age	Ethnicity /Race	Advocate Risk Group	Risk Group Served	Area	Number of Materials Accepted
<i>Alex Johnson/ 1053</i>	<i>Friend</i>	<i>M/35</i>	<i>Latino/ White</i>	<i>MSM</i>	<i>Male Sex Workers</i>	<i>14th St. and Washington St.</i>	<i>50 IDU RMS 50 MSM RMS</i>



PEER ADVOCATE TRAINING LOG

When to use:

- After each peer advocate training

Administered by:

- Peer advocate trainer, project manager

Completed by:

- Peer advocate trainer, project manager

Instructions:

This form is used to record the information provided and activities conducted at each peer advocate training. The Community PROMISE Guide provides general guidelines for conducting your training. This form can be used to evaluate the trainings and make recommendations for improvements.

The NHM&E DS variables listed in the table below are collected on the Peer Advocate Training Log. The form will allow you to collect NHM&E data variables on the peer advocates themselves and their training. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # or name)
AG: HE/RR and Outreach	02	Date of Event/Session (Date)
	03	Duration of Event/Session (End time – start time)
	04	Number of Client Contacts (Number of attendees)
	05a	Delivery Method: <ul style="list-style-type: none"> • 01.00 In person • 03.00/3.02 Printed Materials (RMS)
	05b	Activities (#1–8)
	05c	Incentives provided (#9)
	06	Site Name (Location)
	14a – h	Materials Distributed (Materials distributed)



CDC's National HIV Prevention Program Monitoring & Evaluation Data Set (NHM&E DS) Variables (Continued)		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # or name)
H: Client Intervention Characteristics	06	Session Date (Date)
	10	Site Name (Location)
	20	Activity (#1–8)
	21	Incentive Provided (#9)
	22	Unit of Delivery (number of attendees)
	23	Delivery Method: <ul style="list-style-type: none">• 01.00 In person• 03.01 Printed Materials

PEER ADVOCATE TRAINING LOG

Date: _____ Location: _____

Start time: _____ am/pm Finish time: _____ am/pm

Trainer 1: _____ Trainer 2: _____

Number of attendees: _____

Materials distributed (e.g., condoms, bleach kits, safer sex kits, etc.):

Please indicate if you completed the following activities:

Activity	Yes	No
Provided role model story (RMS) publications with attached materials to the potential advocates.	<input type="checkbox"/>	<input type="checkbox"/>
Displayed flip chart containing basic STD/HIV transmission and prevention information.	<input type="checkbox"/>	<input type="checkbox"/>
Presented basic STD, HIV, and AIDS information.	<input type="checkbox"/>	<input type="checkbox"/>
Presented information on sexual risk reduction.	<input type="checkbox"/>	<input type="checkbox"/>
Presented information on abstinence.	<input type="checkbox"/>	<input type="checkbox"/>
Presented information on condom use.	<input type="checkbox"/>	<input type="checkbox"/>
Presented information on distributing RMS.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated RMS distribution.	<input type="checkbox"/>	<input type="checkbox"/>
Provided incentives.	<input type="checkbox"/>	<input type="checkbox"/>

Describe any changes made to the session activities.

Describe any barriers (difficulties) to the implementation of this session.

Describe any facilitators (what helped) of the implementation of the session.

Other comments:



BUSINESS ADVOCATE TRACKING FORM

When to use:

- Ongoing, as you recruit and provide materials to businesses and community venues.

Administered by:

- Outreach worker
- Project manager

Completed by:

- Outreach worker
- Project manager

Instructions:

It is important to keep a record of the business advocates you recruit to house and distribute role model stories. This form can help you systematically gather and record this information.

Example:

Business Name	Contact Person/ Phone #	Location	Type of Business	Risk Group Served	Number of RMS Accepted	Date Recruited
Onyx	John Doe (404) 555-5555	705 Washington Street	Club	African American MSM	50 IDU RMS 50 MSM RMS	11/10/07

BUSINESS ADVOCATE TRACKING FORM

Business Name	Contact Person/ Phone #	Location	Type of Business	Risk Group Served	Number of RMS Accepted	Date Recruited



QUARTERLY ADVOCATE ACTIVITY SUMMARY

When to use:

- At the end of each quarter of the program year for each peer advocate

Administered by:

- Program manager
- Administrator coordinator

Completed by:

- Program manager
- Administrator coordinator

Instructions:

It is important to summarize regularly the activities conducted by the peer advocates implementing Community PROMISE. The table on the Quarterly Advocate Activity Summary can help you gather and organize this information.



ADVOCATE DEBRIEFING QUESTIONNAIRE

When to use:

- At the end of each quarter of the program year for each peer advocate

Administered by:

- Outreach staff

Completed by:

- Outreach staff

Instructions:

Once every 2 or 3 months, an outreach worker should interview each active advocate using the Advocate Debriefing Questionnaire. The questionnaire assesses the nature of the advocate's program-related activities and his or her perceptions of Community PROMISE's impact. The interviews may be conducted during the outreach worker's usual activities in the field. (Note: Outreach workers should receive some basic training in interviewing techniques before conducting the interviews using the Advocate Debriefing Questionnaire.)

ADVOCATE DEBRIEFING QUESTIONNAIRE

Date: ____ / ____ / ____ Interviewer: _____

Location of interview: _____

Advocate's name: _____ Nickname: _____

1. Whom do you pass materials out to? (*Check all that apply and estimate percentage.*)

- Gay men (____ %)
- Injection drug user (____ %)
- Commercial sex worker/sex industry worker (____ %)
- At-risk youth (____ %)
- Other (use direct words from advocate): _____ (____ %)

2. Are the number of stories we're giving you about right, not enough, or too many? (*Check one.*)

- About right
- Not enough
- Too many

3. Whom do you mostly pass out materials to: people you know, people you don't know but recognize, or people you've never seen before? (*Check one.*)

- People you know
- People you don't know but recognize
- People you've never seen before

4. What is the race/ethnicity of the people you pass the materials out to? (*Check all that apply and estimate percentage.*)

- African American (____ %)
- Latino/Hispanic (____ %)
- Asian/Asian Pacific Islander (____ %)
- White (____ %)
- Other (____ %)

5. During what part of the day or night do you mostly pass out materials? Would you say morning, afternoon, or evening? (*Check one.*)

- Morning
- Afternoon
- Evening

6. During what part of the week do you mostly pass out materials? Would you say weekend or weekday? (*Check one.*)

- Weekend
- Weekday

7. How many flyers were you given to hand out last week?

number: _____

8. Out of all the people that you gave flyers to this week, about what percent had never seen <name of that publication> before?

percentage: _____ %

9. In the past week, how many people read the flyer at the time you first gave it to them? That is, that you saw read the flyer?

number: _____

10. In the past week, how many people did you see throw the flyer away without ever reading it?

number: _____

11. In the past week, how many people do you think used the <condoms, bleach> that you passed out with the flyers?

number: _____

12. Do you think people like the <brand of condoms, bleach> that are passed out with the flyers? (Check one.)

Yes

No

13. Do you think they would prefer other brands?

Yes

No

13a. If yes, which ones?

14. What comments do people make about the stories (good or bad)?

15. Do you have suggestions for how we could improve the stories? _____

Thank you for taking the time to answer my questions today.



PEER ADVOCATE ACTIVITY FORM

When to use:

- After role model is distributed to a community member

Administered by:

- Outreach staff

Completed by:

- Peer advocate

Instructions:

On the Peer Advocate Activity Form, circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in the Notes/Details column as appropriate (see examples provided on the form).

Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers and peer advocates to record quickly the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form.

PEER ADVOCATE ACTIVITY FORM

Date: ____/____/____
(mo / year)

Peer Advocate Name: _____

Advocate ID: _____

Location: _____

Location ID: _____

	Age	Gender	Ethnicity	Race (Check all that apply)	HIV Risk	HIV Status	Activities, Notes, and Details
	A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female Male Transgender (MTF) Transgender (FTM)	H/L: Hispanic /Latino/a NH/L: Non Hispanic /Latino/a	A. American Indian/Alaska Native B. Asian C. Black/African American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Other/Risk not identified	+ HIV+ – HIV – DK: Don't Know R: Refused NA: Not Asked	<i>FOR EXAMPLE:</i> <ul style="list-style-type: none"> • “Positive Living” story distributed • Discussion of HIV/AIDS transmission • 5 condoms distributed • CTR referral made
1	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
2	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
3	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
4	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
5	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
6	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
7	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
8	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	

	Age	Gender	Ethnicity	Race (Check all that apply)	HIV Risk	HIV Status	Activities, Notes, and Details
	A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female Male Transgender (MTF) Transgender (FTM)	H/L: Hispanic /Latino/a NH/L: Non Hispanic /Latino/a	A. American Indian/Alaska Native B. Asian C. Black/African American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Other/Risk not identified	+ HIV+ – HIV– DK: Don't Know R: Refused NA: Not Asked	<i>FOR EXAMPLE:</i> <ul style="list-style-type: none"> • “Positive Living” story distributed • Discussion of HIV/AIDS transmission • 5 condoms distributed • CTR referral made
9	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
10	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
11	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
12	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
13	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
14	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	
15	A B C D E F	F M MTF FTM	H/L NH/L	A B C D E	A B C D E F	+ - DK R NA	

1. Discuss things that made your encounters easy:
2. Discuss challenges you faced during this outreach event and what we can do to help overcome the challenge:



OUTREACH SUMMARY LOG

When to use:

- After each outreach session/event

Administered by:

- Project manager
- Administrative coordinator
- Outreach worker

Completed by:

- Project manager
- Administrative coordinator

Instructions:

Use this log to aggregate data at the end of each outreach cycle. Remember that an outreach cycle consists of the number of contacts one outreach worker or peer advocate had in a given day. Collect the Peer Advocate Activity Forms from each outreach worker and peer advocate who participated in the outreach event. For each outreach cycle, calculate the total number of persons seen by each demographic characteristic. Also calculate the total number of role model stories distributed during the event, by role model story, and any referrals made to target group members. Record the information provided and delivery methods used in the "Activities" field. Note that only outreach staff should make a referral.

The NHM&E DS variables listed in the table below are collected on the Outreach Summary Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).



CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # or name)
AG: HE/RR and Outreach	02	Date of Event/Session (date)
	03	Duration of Event/Session (End time – start time)
	04	Number of Client Contacts (Total number of client contacts)
	05a	Delivery Method: <ul style="list-style-type: none"> • 01.00 In person • 03.00/03.02 Printed materials
	05b	Activities (Activities Conducted. Fill in the appropriate variables for each activity that was conducted.)
	06	Site Name (Location/Site Name)
	08a–08f	Client Primary Risk (Client primary risk)
	09a–09d	Gender (Gender)
	10a–10b	Ethnicity (Ethnicity)
	11a–11e	Race (Race)
	12a–12f	Age (Age)
	13a–13c	HIV status (HIV status)
	14a– h	Materials Distributed (Materials Distributed)
H: Client Intervention Characteristics	06	Session Date (Date)
	10	Site Name (Location/Site Name)
	13	Recruitment source. In most cases, outreach contact recruitment sources will be the Agency (variable code: 01).
	20	Activity (Activities conducted. Fill in the appropriate variables for each activity that was conducted.)
	22	Unit of Delivery (number of attendees)
	23	Delivery Method: <ul style="list-style-type: none"> • 01.00 In person • 03.01 Printed materials

OUTREACH SUMMARY LOG

Date: ___ / ___ / ___ (month/day/year)

Location/Site name: _____

Location/Site number: _____

Start Time: ___: ___ a.m./p.m.

End Time: ___: ___ a.m./p.m.

Peer advocates' names:

Peer advocates' IDs:

1. _____
2. _____

1. _____
2. _____

Total number of client contacts: _____

Indicate the total number of clients for each of the following categories.

* Note: Total numbers for each of the demographic characteristics should equal one another.
For example:

Gender	Age	HIV Status
12 Males	5 13–18-year-olds	1 Positive
10 Females	15 19–24-year-olds	2 Negative
1 Don't Know	3 25–34-year-olds	20 Unknown
= 23 Client Contacts	= 23 Client Contacts	= 23 Client Contacts

Age	<input type="checkbox"/> Under 13 <input type="checkbox"/> 13–18 <input type="checkbox"/> 19–24 <input type="checkbox"/> 25–34	<input type="checkbox"/> 35–44 <input type="checkbox"/> 45 and older <input type="checkbox"/> Don't know
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM) <input type="checkbox"/> Don't know
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Don't know
Ethnicity	<input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> Not Hispanic/Latino/a	<input type="checkbox"/> Don't know
Client Primary Risk	<input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> MSM/IDU <input type="checkbox"/> Heterosexual at risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> Don't know/Risk not identified <input type="checkbox"/> Other
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV-	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Did not ask
Unit of Delivery	<input type="checkbox"/> Individuals <input type="checkbox"/> Couples	<input type="checkbox"/> Small group (2–12 people)

Activities conducted:

Describe what information was provided (e.g., HIV transmission, condom use, local services) and how that information was delivered (discussion, demonstrated needle-cleaning techniques, etc).

Materials distributed:

How many of the following were distributed?

___ Total role model stories distributed:

- ___ RMS 1: _____
- ___ RMS 2: _____
- ___ RMS 3: _____
- ___ RMS 4: _____
- ___ RMS 5: _____

- ___ Referral lists
- ___ Male condoms
- ___ Female condoms
- ___ Safer sex kits
- ___ Educational materials
- ___ Bleach or safer injection kits
- ___ Other (specify): _____

Referrals made*

- Yes —————>
- No

How many referrals were made to each of the following services?

- ___ HIV counseling and testing
- ___ HIV medical care
- ___ STD screening and treatment
- ___ Prevention case mgt
- ___ Reproductive health services
- ___ Substance abuse services
- ___ General medical
- ___ Other (specify: _____)

*Note: Count only those referrals that will be tracked over time. A Referral Tracking Form is required for each referral documented. Reference the *National HIV Prevention Program Monitoring & Evaluation Guidance* (CDC, 2008b) for specifications regarding referrals.
IMPORTANT: ONLY OUTREACH STAFF SHOULD MAKE REFERRALS

Summary of facilitators to conducting outreach:

Summary of challenges to outreach and possible solutions:



COMMUNITY PROMISE SURVEY

When to use:

- At the end of each program year

Administered by:

- Outreach staff

Completed by:

- Outreach staff

Instructions:

At the end of your program year, conduct interviews with members of your target population to ascertain the influence of your program in the target community. The information will help you determine the reach and visibility of your Community PROMISE program.

Street-based interviews are particularly useful for reaching persons who may not be accessible through more traditional approaches, such as in clinic waiting rooms, through the mail, or over a telephone. You want to choose a technique that gives you the optimum chance to obtain information that will reflect the entire target population. Every person within the target population should have an equal chance of being interviewed to ensure an unbiased result.

Please see the *Community PROMISE Intervention Guide* (CDC et al., 2004) or the *Evaluation Capacity Building Guide* (CDC, 2008a) for further information and guidelines for conducting interviews.

COMMUNITY PROMISE SURVEY

ID: _____ Target population: _____

Date: ____ / ____ / ____ Location: _____

Interviewer: _____

Read aloud all parts shown in bold type. If respondent refuses to answer any question, write "REF" beside that question and continue with the interview.

Introduction

Hello, my name is _____, and I work with <Name of Agency>. We are talking to people in this area to learn how AIDS is affecting their lives and the lives of others in their community. We are not asking for names or addresses, so we are hoping people will feel comfortable giving us honest answers to important questions about sex, drugs, and other behaviors. Would you be willing to take a few minutes of your time to talk to me?

Demographics

1. How old are you? _____ Years

(If below minimum age specified by site, thank respondent and terminate interview.)

2. Observed gender:

- Male
- Female
- Transgender

3. How would you describe your racial/ethnic background? *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White (Anglo)
- Hispanic/Latino
- Other (specify): _____

If under 18 years old:

4. How often do you spend the night at your parents' or legal guardian's home? *(read options)*

- All the time *(End interview)*
- Most of the time
- Some of the time
- Never

Eligibility

Next I'd like to ask you some pretty personal questions about sex and drugs. Remember, we're not interested in who people are in this survey; we're just trying to learn more about what people do.

5. Have you had vaginal sex—straight sex—in the past 30 days?
- Yes
 - No
6. Have you had anal sex—sex in the butt (or other local term)—(if male respondent add: “with either a woman or a man”) in the past 30 days?
- Yes
 - No

If respondent reports not engaging in one or more of above sexual behaviors in the last 30 days then ask: “If I understood you right, you have not had (vaginal/anal) sex within the last month. Is that right?” (Record and circle any new response—do not erase old response.)

Now I'd like to ask you a couple of questions about your own drug use. Remember, some of these questions are pretty personal, but once we are finished here there is no way of connecting you to these answers.

7. Have you ever shot drugs?
- Yes
 - No
- 7a. If yes, have you shared works in the past 60 days?
- Yes
 - No

8. **Do not ask.** Interviewer: assess eligibility for full interview and check below.
- Eligible—sex in last 30 days -> (Continue with survey)
 - Eligible—needle sharing in last 60 days -> (Continue with survey and ask additional needle-sharing questions)
 - Not eligible (End interview)

If eligible for full interview:

That ends the first part of the interview. You have been very helpful. If you would be willing to answer some more questions, I can give you <incentive> for your time. The rest of the interview will take about 15 minutes. Remember, I will not be asking your name or address.

Behavioral sampling

9. When you have vaginal or anal sex, how often do you use a condom? (*Read aloud slowly.*)
- Every time
 - Almost every time
 - Sometimes
 - Almost never
 - Never
- 9a. *If using a condom every or almost every time, how long have you been using a condom (every time/almost every time) you have vaginal or anal sex?*
- 30 days or less
 - More than 30 days—less than 6 months
 - 6 months or more
10. Did you use a condom the last time you had vaginal or anal sex?
- Yes
 - No
11. In the next 6 months, how likely do you think it is that you will use a condom every time you have vaginal or anal sex? (*Read aloud slowly.*)
- Very sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Very sure I won't
12. How sure are you that using a condom every time you have vaginal and/or anal sex will protect you from AIDS? (*Read aloud slowly.*)
- Very sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Very sure I won't
13. How likely do you think it is that you could get AIDS by having vaginal or anal sex without using a condom? (*Read aloud slowly.*)
- Very likely
 - Slightly likely
 - Undecided—not sure
 - Slightly unlikely
 - Very unlikely

Needle sharing (Only ask if person indicated he or she used needles.)

Administer this section only to respondents who report sharing needles/works in the last 60 days.

Next I'll be asking questions about sharing and cleaning works (needles). In this next set of questions, when I say, "share," I mean either letting someone use your works or using works that belong to someone else. When I talk about "cleaning with bleach," I mean pulling bleach all the way into the syringe twice and then rinsing with clean water twice.

14. The last time you shared, did you clean with bleach before you used?
- Yes
 - No
15. When you share, how often do you clean your works with bleach before you use? (*Read aloud slowly.*)
- Every time
- Almost every time
 - Sometimes
 - Almost never
 - Never
- 15a. *If cleaning with bleach every or almost every time, how long have you been cleaning with bleach (every time/almost every time) you share?*
- 30 days or less
 - More than 30 days—less than 6 months
 - 6 months or more
16. In the next 6 months, how likely do you think it is that you will start cleaning your works with bleach every time you share? (*Read aloud slowly.*)
- Very sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Very sure I won't
17. How likely do you think it is that from now on you will clean your works with bleach every time you share? (*Read aloud slowly.*)
- Very likely
 - Slightly likely
 - Undecided—not sure
 - Slightly unlikely
 - Very unlikely

Exposure to Community PROMISE

Now I have just a few more questions to ask. These won't take long at all, and then we're done.

18. Do you usually carry condoms with you?

- Yes
- No

19. Do you have a condom with you now?

- Yes
- No

19a. If yes, just to give us an idea of what brands people are using, would you show me the condom you have with you?

Brand: _____

- Condom seen
- Condom not seen

20. Do you consider yourself to be straight, gay, or bisexual?

- Straight (heterosexual)
- Gay
- Bisexual
- Don't know

21. In the last 3 months, have you seen, read, or heard anything around here in the community about condoms or how to protect yourself from AIDS?

- Yes
- No (*Probe: "So you haven't seen anything around here about AIDS, and nobody's given you a <pamphlet/newsletter/card> with condoms or bleach in it?"*)
- Don't know (*Use probe above.*)

21a. If yes, what kinds of things did you see? Were they brochures, pamphlets, posters, or what?

Item 1: _____
(Did you see anything else?)

Item 2: _____
(Anything else?)

Item 3: _____
(Anything else?)

Item 4: _____
(Anything else?)

Item 1: What can you tell me about <Item 1>? (Probe for: title, content, where material was seen/received, and whether condoms or bleach were stuffed inside/attached. Write respondent's description below.)

Did anyone talk with you about it?

- Yes
- No (Skip to Item 2; interviewer indicate.)
- Don't know/not sure (Skip to Item 2; interviewer indicate.)

Who talked with you? Was it a friend, someone in a clinic, someone on the street, or someone else?

Do not ask. Is Item 1 from Community PROMISE?

- Yes
- No
- Don't know

How many different times have you seen or read one of these <pamphlets/brochures/cards/posters>? _____ times

Item 2: What can you tell me about <Item 2>? (Probe for: title, content, where material was seen/received, and whether condoms or bleach were stuffed inside/attached. Write respondent's description below.)

Did anyone talk with you about it?

- Yes
- No (Skip to Item 3; interviewer indicate.)
- Don't know/not sure (Skip to Item 3; interviewer indicate.)

Who talked with you? Was it a friend, someone in a clinic, someone on the street, or someone else?

Do not ask. Is Item 2 from Community PROMISE?

- Yes
- No
- Don't know

How many different times have you seen or read one of these <pamphlets/brochures/cards/posters>? _____ times

Item 3: What can you tell me about <Item 1>? (Probe for: title, content, where material was seen/received, and whether condoms or bleach were stuffed inside/attached. Write respondent's description below.)

Did anyone talk with you about it?

- Yes
- No (Skip to Item 4; interviewer indicate.)
- Don't know/not sure (Skip to Item 4; interviewer indicate.)

Who talked with you? Was it a friend, someone in a clinic, someone on the street, or someone else?

Do not ask. Is Item 3 from Community PROMISE?

- Yes
- No
- Don't know

How many different times have you seen or read one of these <pamphlets/brochures/cards/posters>? _____ times

Item 4: What can you tell me about <Item 4>? (Probe for: title, content, where material was seen/received, and whether condoms or bleach were stuffed inside/attached. Write respondent's description below.)

Did anyone talk with you about it?

- Yes
- No
- Don't know/not sure

Who talked with you? Was it a friend, someone in a clinic, someone on the street, or someone else?

Do not ask. Is Item 4 from Community PROMISE?

- Yes
- No
- Don't know

How many different times have you seen or read one of these <pamphlets/brochures/cards/posters>? _____ times

22. In the last 3 months, has anyone else talked to you about AIDS, HIV, using condoms, or cleaning needles?

- Yes
- No
- Don't know/not sure

22a. If yes, was that person a friend or relative, someone in a clinic, someone on the street, or who? (*If respondent names only one or two persons, probe for additional individuals: "Anyone else?"*)

<i>Name</i>	<i>Relation</i>
1. _____	_____
2. _____	_____
3. _____	_____

Do not ask. Are the individual(s) in question 22a associated with Community PROMISE?

- Yes
- No
- Don't know

23. Have you ever been tested for HIV or the AIDS virus?

- Yes
- No
- Don't know

23a. If yes, would you be willing to share the results of your test with me? What were the results?

- Positive
- Negative
- Don't know
- Refuse to answer

24. Have you ever been interviewed with this survey before?

- Yes
- No
- Don't know

24a. If yes, when was the last time? How long ago?

- Less than 1 month ago
- 1 to 2 months ago
- 3 to 5 months ago
- 6 months ago or longer
- Don't know

One more question and we're done.

25. Since we're interested in how AIDS is affecting communities, I'd like to ask you about your relationship to this community. By "community," I mean <geographical location of interview>. Which of the following would you say describes you best?

- Have been living, working, or hanging out in this community for a year or longer
- Have been living, working, or hanging out in this community for less than a year
- Am not really part of this community—just passing through

End Time: __:__ a.m. /p.m.

That is the end of the interview. I do not have any more questions for you. Do you have any you would like to ask me?

Correct significant misconceptions about AIDS transmission/prevention and make referrals for counseling, testing, and other services as appropriate.

Thank you very much for your help with this survey.



REFERRAL TRACKING FORM

When to use:

- As referrals are made

Administered by:

- Agency staff providing referral (Note: Only agency staff may make referrals)

Completed by:

- Agency staff providing referral

Instructions:

The Referral Tracking Form should be completed for each individual who receives a referral that will be tracked over time. Referral forms should be used to document the provider's efforts and the results of these efforts to follow up on each referral made for a client. Codes and explanations on how to use and complete this form are on the following page.

The NHM&E DS variables listed in the table below are collected on the Referral Tracking Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # or name)
X-7: Referral	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome
	10	Referral close date

REFERRAL TRACKING FORM

Instructions:

The following Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time.

Referral forms should be used to document the provider's efforts and the results of these efforts to follow up on each referral made for a client. Codes and explanations on how to use and complete this form are on the following page.

Referral Code:			
Referral Date:	____/____/____ (mm/dd/yyyy)		
Referral Service Type:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____ </td> </tr> </table>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____	<input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____
<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____	<input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____		
Referral Follow-up Method: (Choose only one)	<input type="checkbox"/> None <input type="checkbox"/> Active Referral <input type="checkbox"/> Passive Referral – Agency Verification <input type="checkbox"/> Passive Referral – Client Verification		
Referral Outcome: (Choose only one)	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed – Accessed service <input type="checkbox"/> Confirmed – Did not access service <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> No follow-up		
Referral Close Date:	____/____/____ (mm/dd/yyyy)		
Referral Notes:			

CODES and EXPLANATIONS		
1	Referral Code	Create and enter a unique code that your agency will use to track the client's referral to another agency.
2	Referral Date	The date the referral was made.
3	Referral Service Type	Indicate the type of service the client is being referred to.
4	Referral Follow-up Method	<p>Indicate the method by which the referral will be verified.</p> <p>Options include:</p> <ul style="list-style-type: none"> • Active referral: Direct linkage (access) to a service provider • Passive Referral – Agency Verification: Confirmation that the client accessed services by the receiving agency • Passive Referral – Client Verification: Confirmation by the client that he/she accessed services • None: No plan to verify the completion of this referral
5	Referral Outcome	<p>Indicate the current status of the referral at the time of follow-up.</p> <p>Options include:</p> <ul style="list-style-type: none"> • Pending: The status of the referral can't be confirmed or denied • Confirmed – Accessed Service • Confirmed – Did not access service • Lost to follow-up: The provider has been unable to verify the status of the referral within 60 days of the referral date • No follow-up: Referral was not tracked to confirm if client accessed referred services
6	Referral Close Date	A date indicating when the referral is confirmed or lost to follow-up.
7	Referral Notes	<i>(Optional)</i> Additional notes about the referral.



Appendix A. Community PROMISE Behavioral Risk Analysis

This appendix depicts generic behavior risk analyses for each of the populations identified in the *Community PROMISE Implementation Manual*. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “determinants of risk”) that facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where Community PROMISE intervenes to protect individuals against the determinants of risk. Appendix A-1 describes the factors that influence HIV risk behaviors in the populations in a table format. The flowchart that follows the table (Appendix A-2) is another way to show the relationships between the factors that influence HIV risk and the targeted risk behavior. Modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through the community identification process. You may choose to map out the relationships between the determinants of risk in a table format or as a flowchart.

A-1. Community PROMISE Behavioral Risk Analysis Table

Who	Risk Behavior	Why...				
High-risk heterosexuals; Sexual partners of injection drug users	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	← Lack of or low perceived susceptibility of becoming infected with HIV	← Denial or lack of awareness of own HIV status	← Lack of awareness about HIV testing resources	← Lack of role models to stress susceptibility to and severity of HIV ← Lack of culturally appropriate, targeted HIV prevention messages	
			← Denial or lack of awareness of partner(s)' HIV status			← Lack of knowledge about HIV transmission and prevention methods
			← Denial or lack of awareness of partner(s)' risk behaviors			
		← Lack of or low perceived severity of HIV (i.e., believe HIV is curable, drugs keep people from dying)	← Perceived social norms about HIV		← Lack of role models to stress susceptibility to and severity of HIV ← Lack of culturally appropriate, targeted HIV prevention messages	
		← Do not want to use a condom	← Believe that condoms reduce sexual pleasure	← Lack of knowledge about how to eroticize condoms		← Lack of role models to ascertain condom use can be pleasurable
			← Desire to please partner(s)	← Belief that condom use means distrust among partners	← Perceived social norms around condom use	← Lack of culturally appropriate, targeted HIV prevention messages
← Fear of rejection by partner(s) ← Fear of violence from partner(s)	← Low sense of self-worth			← Lack of role models to encourage condom use ← Emotional or financial dependence on partner(s)		

(continued)

Who	Risk Behavior	Why...				
High-risk heterosexuals; Sexual partners of injection drug users	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	← Do not want to use a condom	← Lack of or low self-efficacy to properly use condoms	← Lack of information on how to properly use condoms	← Lack of culturally appropriate, targeted HIV prevention messages	
			← Lack of or low self-efficacy to negotiate condom use	← Lack of condom negotiation skills		← Lack of coping skills to deal with negative response to condom use
			← Perceived lack of condom use among peers	← Lack of role models to encourage condom use		
		← Lack of access to condoms	← Lack of financial resources ← Resources used for competing needs (e.g., food, shelter)		← Lack of community resources	
			← Lack of knowledge about HIV prevention resources in community	← Lack of culturally appropriate, targeted HIV prevention messages		
		← Impaired judgment and/or ability to practice safer sex	← Alcohol/drug use	← Low self-esteem ← Depression	← Lack of coping skills	← Lack of opportunities to learn coping skills ← Lack of social support
← Social norms regarding sex and drug/alcohol use		← Lack of culturally appropriate, targeted HIV prevention messages ← Lack of role models to encourage risk reduction				

Who	Risk Behavior	Why...			
Female sex workers	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	← All of the above, plus:			
		← Sex without a condom may yield more money	← Need to engage in sex for drugs or money	← Lack of financial resources	← Lack of community and social support services
			← Fear of violence (from partner or John)		
		← Lack of knowledge about how to eroticize condoms	← Lack of role models to ascertain condom use can be pleasurable		
			← Lack of culturally appropriate, targeted HIV prevention messages		
← Condom use may imply HIV infection	← Fear of violence (from partner or John)	← Lack of community and social support services			

Who		Risk Behavior	Why...			
Men Who Have Sex With Men (MSM)	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	← Lack of or low perceived susceptibility of becoming infected with HIV	← Denial or lack of awareness of own HIV status	← Lack of awareness about HIV testing resources	← Lack of role models to stress susceptibility to and severity of HIV	← Part of a disenfranchised community ← Lack of community support for MSM
			← Denial or lack of awareness of partner(s)' HIV status		← Lack of culturally appropriate, targeted HIV prevention messages	
			← Denial or lack of awareness of partner(s)' risk behaviors	← Lack of knowledge about HIV transmission and prevention methods	← Lack of role models to stress susceptibility to and severity of HIV	
		← Lack of or low perceived severity of HIV (i.e., believe HIV is curable, drugs keep people from dying)	← Lack of culturally appropriate, targeted HIV prevention messages			
		← Do not want to use a condom	← Perceived social norms about HIV	← Lack of knowledge about how to eroticize condoms	← Lack of role models to ascertain condom use can be pleasurable	

(continued)

Who		Risk Behavior				Why...			
Men who have sex with men (MSM)	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	Do not want to use a condom	← Believe that condoms reduce sexual pleasure	← Lack of knowledge about how to eroticize condoms	← Lack of culturally appropriate, targeted HIV prevention messages	← Part of a disenfranchised community			
			← Desire to please partner(s)	← Belief that condom use means distrust among partners	← Perceived social norms around condom use	← Lack of role models to encourage condom use	← Lack of community support for MSM		
				← Fear of rejection by partner(s) ← Fear of violence from partner(s)	← Low sense of self-worth	← Emotional or financial dependence on partner(s)			
			← Lack of or low self-efficacy to properly use condoms	← Lack of information on how to properly use condoms	← Lack of culturally appropriate, targeted HIV prevention messages	← Part of a disenfranchised community			
			← Lack of or low self-efficacy to negotiate condom use	← Lack of condom negotiation skills	← Lack of opportunities to learn negotiation skills	← Lack of community support for MSM			
				← Lack of coping skills to deal with negative response to condom use	← Lack of opportunities to learn coping skills				

(continued)

Who	Risk Behavior	Why...			
Men who have sex with men (MSM)	Unprotected sex with one or more partners who are infected with HIV or whose HIV status is unknown	← Do not want to use a condom	← Perceived lack of condom use among peers	← Lack of role models to encourage condom use	<ul style="list-style-type: none"> ← Part of a disenfranchised community ← Lack of community support for MSM
		← Lack of access to condoms		← Lack of financial resources	← Lack of community resources for MSM
				← Resources used for competing needs (e.g., food, shelter)	
		← Impaired judgment and/or ability to practice safer sex	← Alcohol/drug use	<ul style="list-style-type: none"> ← Low self-esteem ← Depression 	← Lack of coping skills
← Social norms regarding sex and drug/alcohol use	<ul style="list-style-type: none"> ← Lack of culturally appropriate, targeted HIV prevention messages ← Lack of role models to encourage risk reduction 				

Who	Risk Behavior	Why...			
High-risk youth	Unprotected sex and injection drug use with one or more partners who are infected with HIV or whose HIV status is unknown	<ul style="list-style-type: none"> ← Lack of or low perceived susceptibility of becoming infected with HIV 	<ul style="list-style-type: none"> ← Denial or lack of awareness of own HIV status 	<ul style="list-style-type: none"> ← Lack of awareness about HIV testing resources 	<ul style="list-style-type: none"> ← Lack of role models to stress susceptibility to and severity of HIV ← Lack of age- and culturally appropriate, targeted HIV prevention messages
			<ul style="list-style-type: none"> ← Denial or lack of awareness of partner(s)' HIV status 		
			<ul style="list-style-type: none"> ← Denial or lack of awareness of partner(s)' risk behaviors 	<ul style="list-style-type: none"> ← Lack of role models to stress susceptibility to and severity of HIV ← Lack of age- and culturally appropriate, targeted HIV prevention messages 	
		<ul style="list-style-type: none"> ← Lack of or low perceived severity of HIV (i.e., believe HIV is curable, drugs keep people from dying) 	<ul style="list-style-type: none"> ← Perceived social norms about HIV ← Perceived sense of invincibility 		<ul style="list-style-type: none"> ← Lack of knowledge about how to eroticize condoms
<ul style="list-style-type: none"> ← Do not want to use a condom 	<ul style="list-style-type: none"> ← Believe that condoms reduce sexual pleasure 	<ul style="list-style-type: none"> ← Lack of knowledge about how to eroticize condoms 	<ul style="list-style-type: none"> ← Lack of role models to encourage condom use 		
	<ul style="list-style-type: none"> ← Desire to please partner(s) 	<ul style="list-style-type: none"> ← Belief that condom use means distrust among partners 	<ul style="list-style-type: none"> ← Perceived social norms around condom use 	<ul style="list-style-type: none"> ← Lack of age- and culturally appropriate, targeted HIV prevention messages 	

(continued)

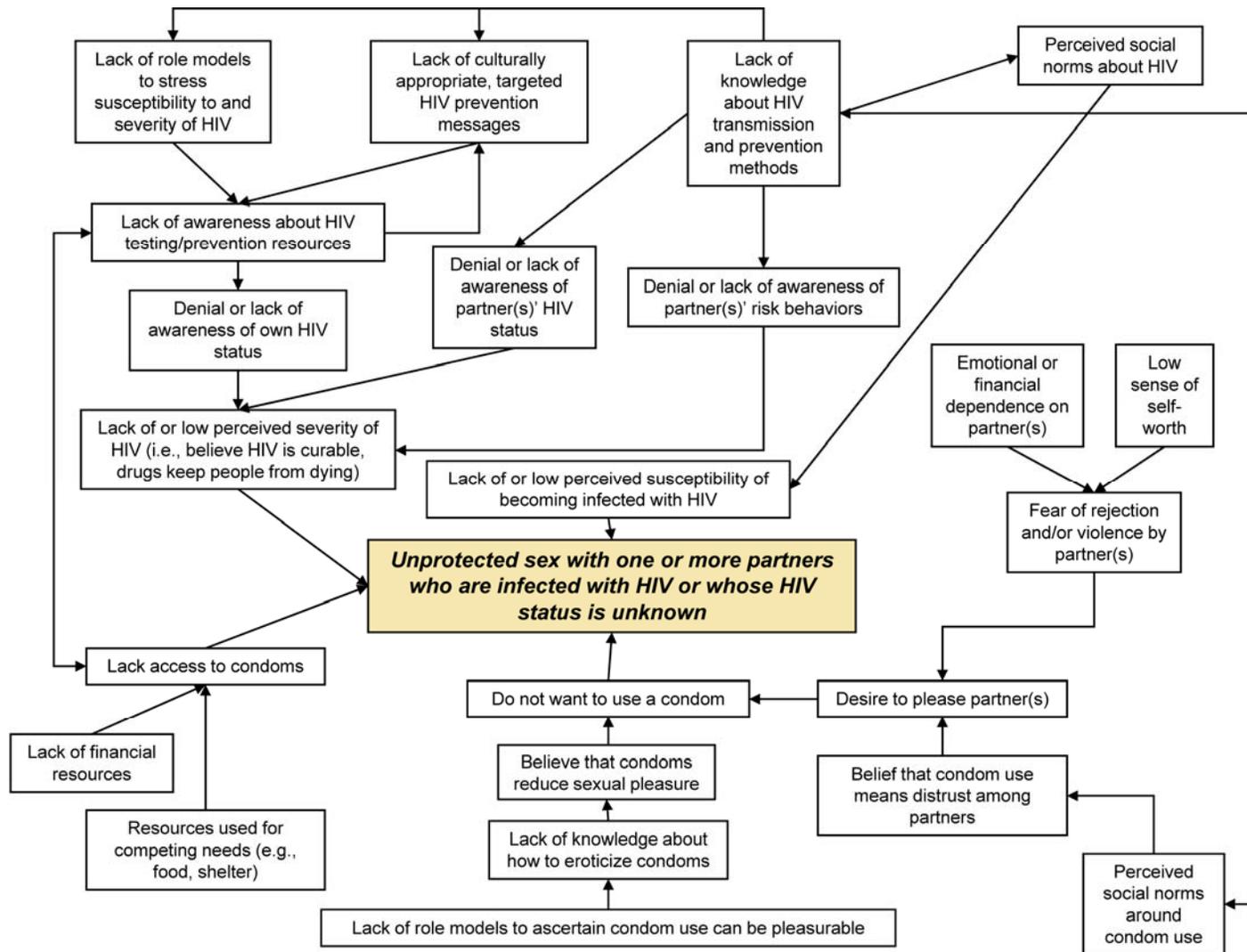
Who	Risk Behavior	Why...					
High-risk youth	Unprotected sex and injection drug use with one or more partners who are infected with HIV or whose HIV status is unknown		← Desire to please partner(s)	← Fear of rejection by partner(s) ← Fear of violence from partner(s)	← Low sense of self-worth	← Emotional or financial dependence on partner(s)	
		← Do not want to use a condom	← Lack of or low self-efficacy to properly use condoms	← Lack of information on how to properly use condoms	← Lack of age- and culturally appropriate, targeted HIV prevention messages		
			← Lack of or low self-efficacy to negotiate condom use	← Lack of condom negotiation skills			← Lack of coping skills to deal with negative response to condom use
			← Perceived lack of condom use among peers				← Lack of role models to encourage condom use
		← Lack of access to condoms	← Lack of financial resources		← Lack of community resources for youth		
			← Resources used for competing needs (e.g., food, shelter)				
			← Lack of knowledge about HIV prevention resources in community		← Lack of culturally appropriate, targeted HIV prevention messages		
		← Impaired judgment and/or ability to practice safer sex	← Alcohol/drug use	← Low self-esteem ← Depression	← Lack of coping skills	← Lack of opportunities to learn coping skills ← Lack of social support	
				← Social norms regarding sex and drug/alcohol use		← Lack of age- and culturally appropriate, targeted HIV prevention messages ← Lack of role models to encourage risk reduction	

Who	Risk Behavior	Why...					
Injection drug users	Sharing needles or "works" with individuals who are infected with HIV or whose HIV status is unknown	<ul style="list-style-type: none"> ← Lack of or low perceived susceptibility of becoming infected with HIV 	<ul style="list-style-type: none"> ← Denial or lack of awareness of own HIV status 	<ul style="list-style-type: none"> ← Lack of awareness about HIV testing resources 	<ul style="list-style-type: none"> ← Lack of role models to stress susceptibility to and severity of HIV ← Lack of culturally appropriate, targeted HIV prevention messages 		
			<ul style="list-style-type: none"> ← Denial or lack of awareness of partner(s)' HIV status 	<ul style="list-style-type: none"> ← Lack of knowledge about HIV transmission and prevention methods 			
			<ul style="list-style-type: none"> ← Denial or lack of awareness of partner(s)' risk behaviors 			<ul style="list-style-type: none"> ← Lack of role models to stress susceptibility to and severity of HIV ← Lack of culturally appropriate, targeted HIV prevention messages 	
		<ul style="list-style-type: none"> ← Lack of or low perceived severity of HIV (i.e., believe HIV is curable, drugs keep people from dying) 	<ul style="list-style-type: none"> ← Perceived social norms about HIV 				
	<ul style="list-style-type: none"> ← Do not want to clean needles/works 	<ul style="list-style-type: none"> ← Needle-sharing behaviors integrated into the culture of substance use 	<ul style="list-style-type: none"> ← Drug use partners may substitute for family 	<ul style="list-style-type: none"> ← Desire to fit in 	<ul style="list-style-type: none"> ← Low self-esteem ← Depression 	<ul style="list-style-type: none"> ← Lack of family and community support ← Lack of mental health resources 	
		<ul style="list-style-type: none"> ← Lack of or low self-efficacy to clean needles/works 	<ul style="list-style-type: none"> ← Lack of information on how to properly clean needles/works 		<ul style="list-style-type: none"> ← Lack of culturally appropriate, targeted HIV prevention messages 		
		<ul style="list-style-type: none"> ← Lack of or low self-efficacy to communicate desire to clean or not share needles/works 	<ul style="list-style-type: none"> ← Lack of negotiation skills 	<ul style="list-style-type: none"> ← Lack of coping skills to deal with negative response to cleaning or not sharing needles/works 			

(continued)

Who		Risk Behavior	Why...				
Injection drug users	Sharing needles or "works" with individuals who are infected with HIV or whose HIV status is unknown	<ul style="list-style-type: none"> ← Lack of access to clean needles/works ← Lack of access to bleach kits 	<ul style="list-style-type: none"> ← Lack of financial resources to obtain clean needles/works or bleach kits 	<ul style="list-style-type: none"> ← Substance-using lifestyle compromises wage-earning activities ← Monies obtained quickly spent to support substance use 		<ul style="list-style-type: none"> ← Lack of social support services 	
				<ul style="list-style-type: none"> ← Resources used for competing needs (e.g., food, shelter) 	<ul style="list-style-type: none"> ← Lack of culturally appropriate, targeted HIV prevention messages 		
			<ul style="list-style-type: none"> ← Do not know where to access clean needles/works 		<ul style="list-style-type: none"> ← State or local laws prohibit needle/syringe exchange 		
		<ul style="list-style-type: none"> ← Impaired judgment and/or ability to clean needles/works 	<ul style="list-style-type: none"> ← Substance use 	<ul style="list-style-type: none"> ← Low self-esteem ← Depression 		<ul style="list-style-type: none"> ← Lack of coping skills 	<ul style="list-style-type: none"> ← Lack of resources that "teach" coping skills ← Lack of social support
				<ul style="list-style-type: none"> ← Social norms regarding needle sharing 		<ul style="list-style-type: none"> ← Lack of culturally appropriate, targeted HIV prevention messages ← Lack of role models to encourage risk reduction 	
				<ul style="list-style-type: none"> ← Lack of drug/alcohol treatment in community 			

A-2. Community PROMISE Behavioral Risk Analysis Map

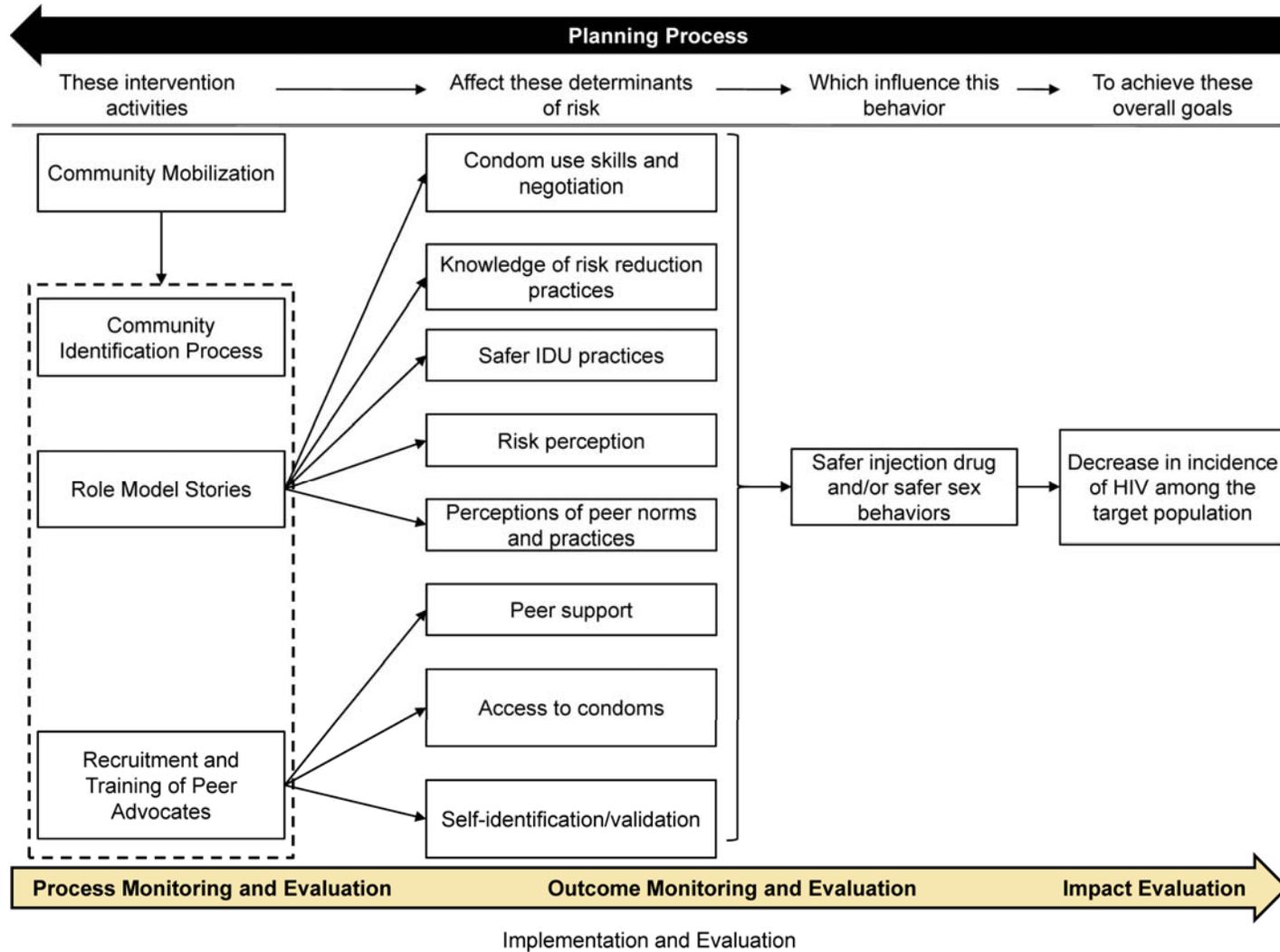




Appendix B. Community PROMISE Conceptual Framework

The conceptual framework relates the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis.

Community PROMISE Conceptual Framework

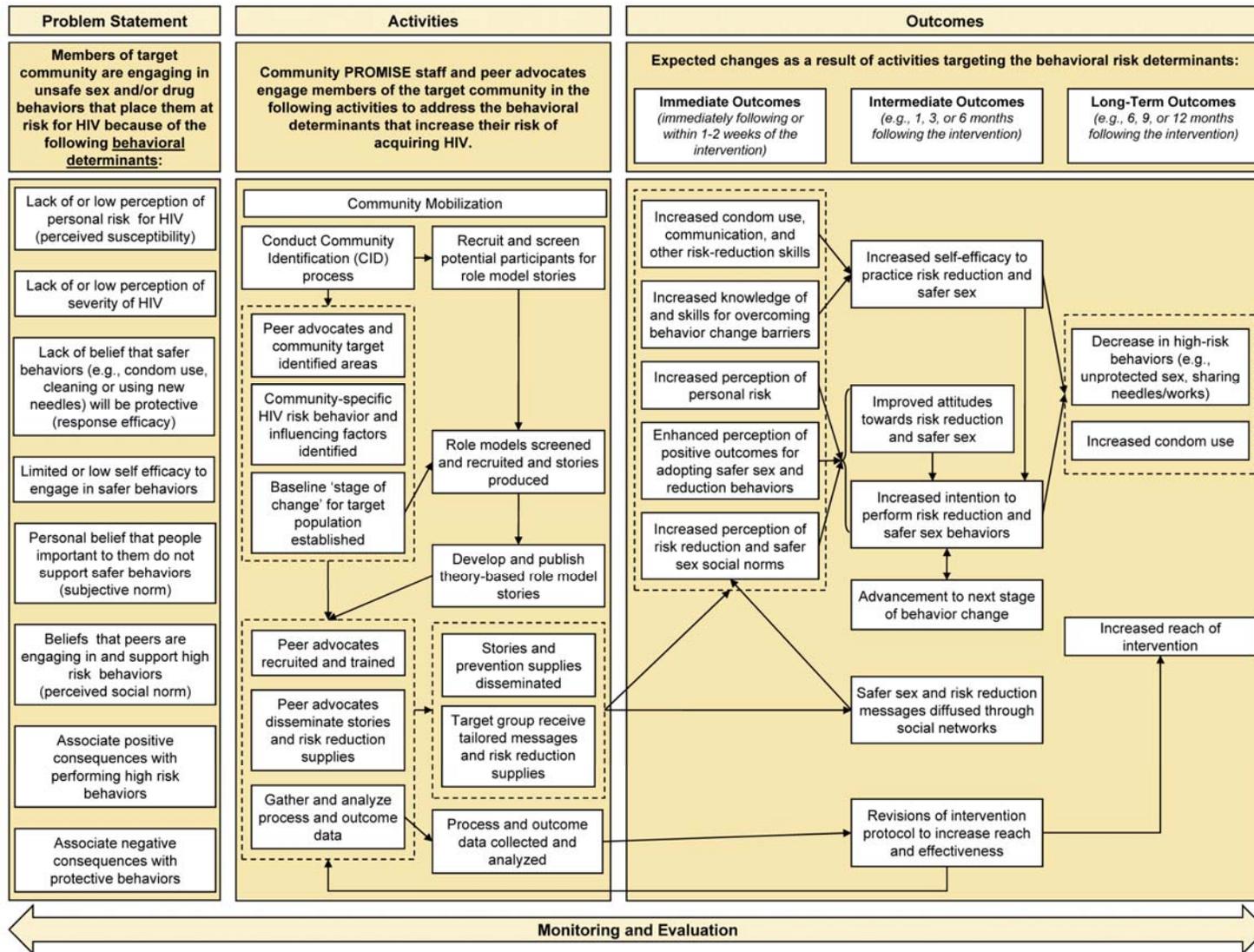




Appendix C. Community PROMISE Logic Model

This section provides a generic logic model for Community PROMISE. The model reflects activities designed to affect the behaviors and attitudes of members of targeted communities and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the *Community PROMISE Implementation Manual*. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of Community PROMISE.

Community PROMISE Theoretical Logic Model





Appendix D. 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variable Requirements

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the CDC HIV Testing Variables Data Dictionary (both are available on the PEMS Web site, <https://team.cdc.gov>). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

Variable Number	Variable Name	HD and CDC Reported Required
General Agency Information (Table A)		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Website	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact Email	Required



Variable Number	Variable Name	HD & CDC Reported Required
CDC Program Announcement Award Information (Table B)		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
Contractor Information (Table C)		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date-Month	Required
C20	Contract Start Date-Year	Required
C21	Contract End Date- Month	Required
C22	Contract End Date- Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
Site Information (Table S)		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	Zip Code	Required
S16	Use of Mobile Unit	Required



Variable Number	Variable Name	HD & CDC Reported Required
Program Name - Planning (Table D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
Program Model and Budget - Planning (Table E1)		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
Intervention Plan Characteristics (Table F)		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
Client Characteristics (Table G)		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required



Variable Number	Variable Name	HD & CDC Reported Required
Client Characteristics (Table G) (Continued)		
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors **	Required
G212	Additional Client Risk Factors ***	Required
G213	Recent STD (Not HIV)	Required
<p>**Note: The recall period for client risk factors is 12 months.</p> <p>***Note: Additional value choices for risk factors added</p> <ul style="list-style-type: none"> • Sex without using a condom • Sharing drug injection equipment 		
Client Intervention Characteristics (Table H)		
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date - Month	Required
H07	Session Date - Day	Required
H08	Session Date - Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source - Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required
Referral (Table X7)		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
Aggregate HE/RR and Outreach (Table AG)		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required



Variable Number	Variable Name	HD & CDC Reported Required
Aggregate HE/RR and Outreach (Table AG) (Continued)		
AG08d	Client Primary Risk - Sex Involving Transgender	Required
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age - 13-18 years	Required
AG12c	Client Age - 19-24 years	Required
AG12d	Client Age - 25-34 years	Required
AG12e	Client Age - 35-44 years	Required
AG12f	Client Age - 45 years and over	Required
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
Health Communication / Public Information (Table HC)		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required



Variable Number	Variable Name	HD & CDC Reported Required
Health Communication / Public Information (Table HC) (Continued)		
HC13	Number of Callers Referred	Required
HC14	Distribution - Male condoms	Required
HC15	Distribution - Female condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe sex kits	Required
HC20	Distribution - Other	Required
Community Planning Level (Table CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only



Appendix E. References

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