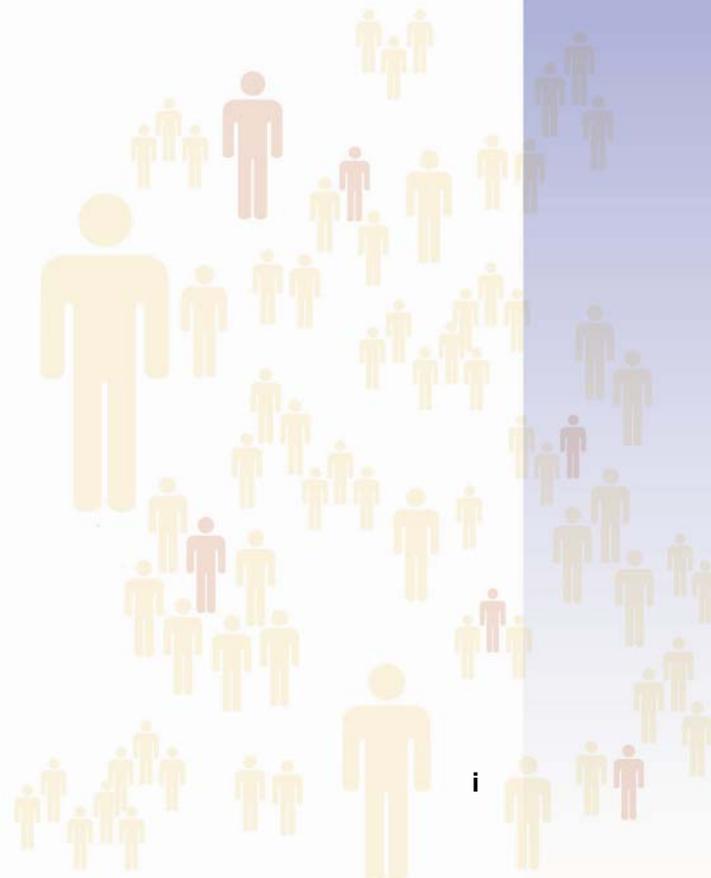


## ACKNOWLEDGMENTS

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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 POL 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](mailto:aisha.gilliam@cdc.hhs.gov) with any comments or concerns.



# TABLE OF CONTENTS

<b>INTRODUCTION .....</b>	<b>1</b>
Purpose.....	1
Modifying Materials .....	2
Organization of Document .....	2
<b>SECTION 1: MONITORING AND EVALUATING POL.....</b>	<b>4</b>
Theoretical Basis and Core Elements .....	5
Core Elements of POL .....	6
Key Characteristics of POL .....	8
<b>SECTION 2: POL PROGRAM OBJECTIVES AND EVALUATION QUESTIONS .....</b>	<b>9</b>
Developing SMART Program Objectives .....	10
Preimplementation (Pre-award and Planning, Discovery, and Targeting) .....	11
Implementation.....	19
Monitoring (Maintenance) .....	28
<b>SECTION 3: DATA COLLECTION ACTIVITIES AND SCHEDULES.....</b>	<b>33</b>
Data Collection Activities.....	33
Data Collection Schedules .....	37
Key Steps to Developing an Evaluation Plan.....	39
<b>SECTION 4: REPORTING POL INFORMATION TO CDC.....</b>	<b>40</b>
POL Program Planning Data for NHM&E DS .....	41
POL Program Implementation (Clients Services) Data for NHM&E.....	50
<b>SECTION 5: DATA COLLECTION PROTOCOLS .....</b>	<b>56</b>
<b>PREIMPLEMENTATION (PRE-AWARD AND PLANNING, DISCOVERY, AND TRAINING)</b>	
<b>INSTRUMENTS</b>	
Focus Group Guide	
Key Informant Interview Guide	
Opinion Leader Nomination Form	
Nomination Meeting Activity Log	
POL Example Cost Estimate Worksheet	
Implementation Readiness Assessment Checklist	
Preimplementation Community Demographic and Risk Survey	
Training Curriculum Development Checklist	
Social Venue or Context Assessment Form	
Community Observation Guide	
Community and Risk Assessment Summary Log	
<b>IMPLEMENTATION INSTRUMENTS</b>	
Prospective Popular Opinion Leader Program Enrollment Form	
Pretest/Posttest Training Session Survey	
Facilitator Fidelity/Process Forms	
Participant Training Session Evaluation Forms	
POL Encounter Form	

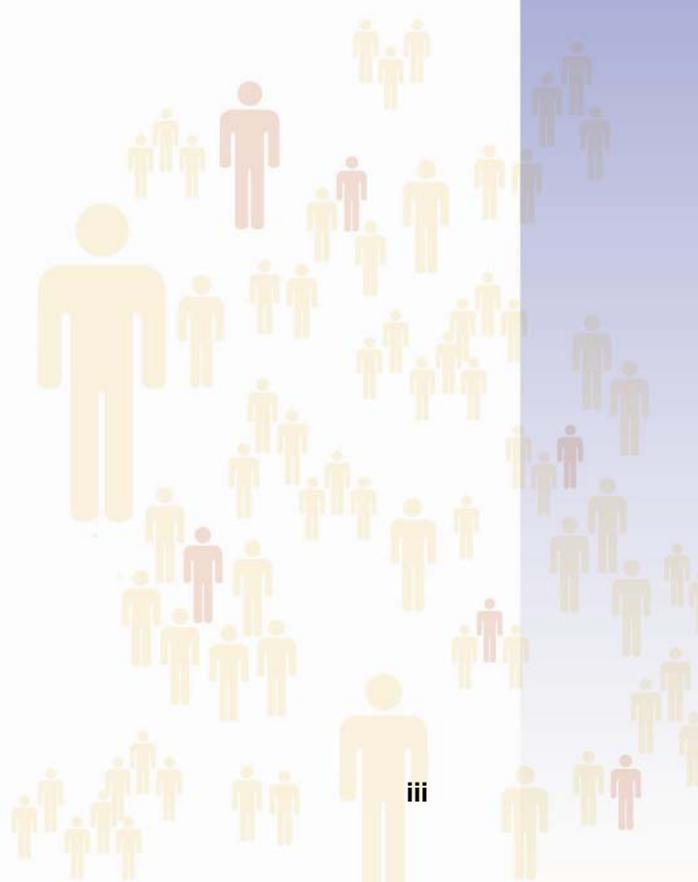
POL Peer Encounter Summary Sheet  
Facilitator Observation Form

### **MAINTENANCE (MONITORING) INSTRUMENTS**

Reunion Meeting Activity Log  
Quality Assurance Assessment  
Reunion Party/Booster Session Spot Interview Guide  
Spot Interview Summary Log  
Postimplementation Community Demographic and Risk Survey

### **APPENDICES**

- A. POL Behavioral Risk Analysis
- B. POL Conceptual Framework
- C. POL Logic Model
- D. 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements
- E. References



# INTRODUCTION

## PURPOSE

The Popular Opinion Leader (POL) Evaluation Field Guide was developed to provide community-based organizations (CBOs) with systematic methods to conduct monitoring and evaluation activities that will help inform, guide, and assess their implementation of POL. This field guide provides a framework for your organization to document purpose intent of your evaluation, and is designed to help ensure that you collect the most relevant and useful data to improve your implementation of POL. The field guide recommends staff responsibilities; indicates how an agency should track intervention activities and collect and manage data; states how data can be analyzed; and suggests plans for dissemination of information to POL stakeholders. Your evaluation plan should be tailored to meet your organization's needs and should include as much specific information about your intervention as possible. In your evaluation plan, outline what program objectives will be monitored and evaluated, what evaluation questions will be asked, what data will be collected, when and how the data will be collected, and how the data will be analyzed.

This 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), National Center for HIV, Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), under a contract with Macro International (CDC, 2008a). This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use the variables included in CDC's National HIV Prevention Program Monitoring and 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 (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).*** This manual 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 (PEMS) User Manual.*** This how-to manual 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 manual at the PEMS Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Data Set.*** The complete list and description of all monitoring and evaluation (M&E) variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d).

**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 M&E technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and to access 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, 1-888-PEMS-311 (1-888-736-7311) or [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov); the PEMS Web site (<https://team.cdc.gov>); or the DHAP Help Desk (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

## MODIFYING MATERIALS

The M&E questions and data collection forms in this document are very general in nature. The forms are designed to collect data for use toward program planning, implementation, monitoring, and improvement. They reflect the requirements of CDC<sup>1</sup> and the basic M&E requirements of POL. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected within 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 DOCUMENT

Section 1 provides a summary of M&E for POL, as well as a description of the theoretical basis for POL. This section also describes the core elements, key characteristics, and major activities of POL. Section 2 provides an overview of the stages of M&E that may be relevant to your implementation of POL—formative evaluation, process monitoring and evaluation, and outcome monitoring. Included are sample evaluation questions and a brief rationale for each that describes why the question provides useful information for evaluating POL. Section 2 also includes tables outlined by stage describing how each sample SMART objective is related to suggested evaluation questions. Each table highlights related measures, suggested data collection, and analysis methods you can use for these data. Section 3 provides a summary table describing POL's activity phase and recommends data collection methods. The summary table outlines relevant data collection instruments included in the document and data they provide. It also includes suggestions for when to collect data, resources needed, and possible uses of data. In addition to the summary table of recommended data collection methods, Section 3 includes a table summarizing when each instrument should be administered, who administers the instrument, and who should complete the instrument. Section 4 of this plan contains an overview of CDC's reporting requirements for POL. Section 5 includes sample data collection instruments and protocols arranged by POL activity phase.

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<sup>1</sup> 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 POL 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 POL.

The appendices consist of a behavioral risk analysis (Appendix A), conceptual framework (Appendix B), logic model (Appendix C), and a list of the NHM&E DS variables for 2008 (not all of which are required for this intervention) (Appendix D).<sup>2</sup> The risk analysis explores the factors 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 POL 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 POL, and the intended outcomes. These evaluation tools will guide the development of your POL evaluation plan, and are based on POL program materials and consultations with the Science Application Team within CBB.

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<sup>2</sup> 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). 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 and up-to-date reporting requirements.



## SECTION 1: MONITORING AND EVALUATING POL

It is important for your organization to monitor and evaluate your implementation of POL. Program monitoring and evaluation (M&E) activities will help you track how and how well you implemented your POL plan, maintained the logic of POL, and achieved program goals and objectives. Your organization can use this valuable information to monitor and improve your implementation of POL. As noted in the *Evaluation Capacity Building Guide* (CDC, 2008a), there are five stages or types of evaluation (Exhibit 1).

Exhibit 1. Types of Evaluation	
1 Formative Evaluation	<p>Formative evaluation is 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:</p> <ul style="list-style-type: none"> <li>• What are community members' attitudes about condom use?</li> <li>• Where do members of the target population go to receive HIV prevention information?</li> <li>• What factors influence the risk behaviors of the target population?</li> </ul>
2 Process Monitoring	<p>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:</p> <ul style="list-style-type: none"> <li>• What are the characteristics of the population served?</li> <li>• What intervention activities were implemented?</li> <li>• What resources were used to deliver those activities?</li> </ul>
3 Process Evaluation	<p>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:</p> <ul style="list-style-type: none"> <li>• Was the intervention implemented as planned?</li> <li>• Did the intervention reach the intended audience?</li> <li>• What barriers were experienced by clients and staff during the course of the intervention?</li> </ul>
4 Outcome Monitoring	<p>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?"</p>
5 Outcome Evaluation	<p>Outcome evaluation assesses whether the intervention caused the change in behaviors, attitudes, skills, intentions, and beliefs of individuals who participated in the intervention or communities in which the intervention was implemented. A comparison group of individuals who did not participate in the intervention or communities that did not have a similar intervention and matched in characteristics to those who did is needed to show that the changes, which occurred because of the intervention and not just "by chance." Ideally, outcome evaluation involves a comparison group of individuals who did not participate in the intervention.</p>

Most of your organization's M&E activities will focus on the formative process monitoring and evaluation, and, to a lesser extent, outcome monitoring. Conducting these activities will provide your organization with valuable programmatic information that you can use not only to report to your funders, but also to improve your current implementation of POL. While it would be ideal for organizations to undertake comprehensive evaluation and assess POL activities and components across all five stages of evaluation, CDC recognizes that it can be difficult and impractical for many community organizations, as most organizations do not have the capacity or resources to conduct formal outcome evaluations.

## THEORETICAL BASIS AND CORE ELEMENTS

POL is a community-level HIV prevention intervention based on the diffusion of innovation theory. POL is designed to promote HIV-related risk reduction norms within a network of friendship groups that share a culture of risk, such as attitudes, beliefs, norms, opinions, knowledge, and behavior. Indigenous trendsetters or “Popular Opinion Leaders” (POLs) within friendship groups endorse a new social norm that promotes a more protective culture for the network. Over time, behavior among friendship groups changes because of POLs endorsement of the new social norm.

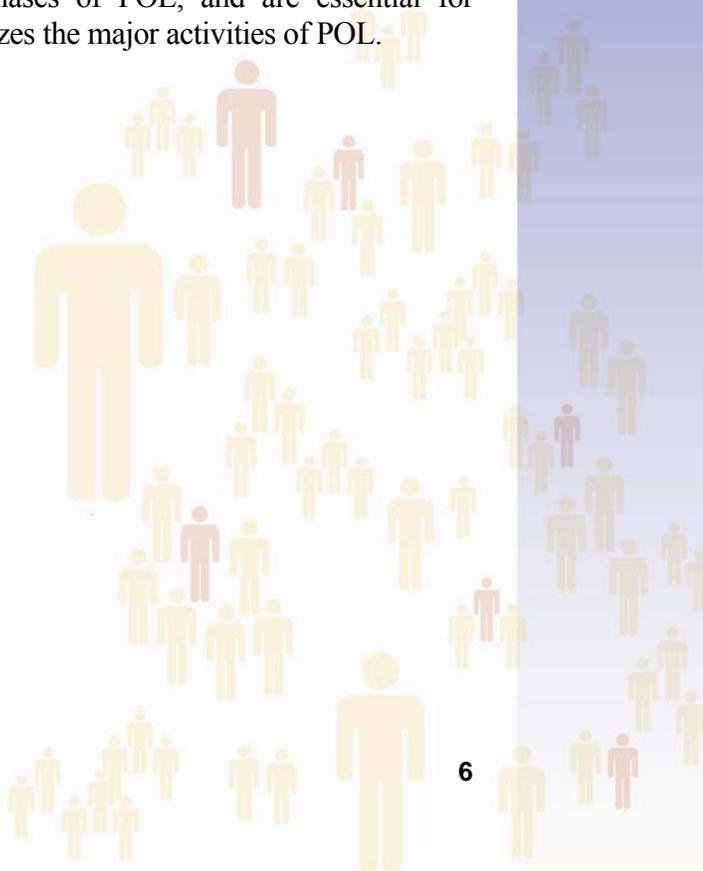
Diffusion of innovation theory suggests that trends and innovations are often initiated by a subset of opinion leaders in a population. Once innovations (e.g., norms, ideas, and practices) are visibly modeled and accepted, they are then diffused throughout a population, influencing others. Diffusion of innovation theory proposes that *interpersonal contacts* provide information and influence opinions. Rogers (1995) suggests that innovation theory consists of four stages: innovation, diffusion, time, and consequences and that information, throughout these stages, flows through various networks. The types of networks and the role that individuals, who could be described as opinion leaders, would play in them determine the likelihood that the innovation will be adopted. According to Rogers (1995), diffusion is the process by which an innovation is communicated among the members of a network through various channels over a period of time. An innovation is a new idea, practice, or object that a member of a network may adopt. Communication is a process by which members of a network create and share information with one another to reach a common understanding. The diffusion of innovations theory and POL program materials served as the foundation for the logic model and other evaluation tools and instruments included in this evaluation plan, all of which will guide your M&E activities.

POL was demonstrated to be effective in helping change the risk reduction norms of social networks of friendship groups that share a culture of risk and social norms about HIV risk. It is one of the effective behavioral interventions being disseminated by CDC. The original developers of POL identified nine core elements of POL. “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, April 2006). The nine core elements of POL are listed on the following page.

## CORE ELEMENTS OF POL

1. POL is directed to an identifiable target population in well-defined community venues where the population's size can be estimated.
2. Ethnographic techniques are systematically used to identify segments of the target population and to identify those persons who are most popular, well-liked, and trusted by others in each population segment.
3. Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.
4. The program teaches POLs skills for initiating risk reduction messages to friends and acquaintances during everyday conversations.
5. The training program teaches POLs characteristics of effective behavior change communication messages targeting risk-related attitudes, norms, intentions, and self-efficacy. In conversations, POLs personally endorse the benefits of safer behavior and recommend practical steps needed to implement change.
6. Groups of POLs that meeting together weekly in sessions that use instruction, facilitation modeling, and extensive role exercises to help POLs refine their skills and gain confidence in delivering effective HIV prevention messages to others. Groups are small enough to provide extensive practice opportunities for all POLs to shape their communication skills and create comfort in delivering conversational messages.
7. POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions.
8. POLs conversational outcomes are reviewed, discussed, and reinforced at subsequent training sessions.
9. Logos, symbols, or other devices are used as “conversation starters” between POLs and others.

These nine core elements help guide the pre-award and planning, discovery, and targeting (i.e., preimplementation); implementation; and monitoring phases of POL, and are essential for putting program activities into practice. Exhibit 2 summarizes the major activities of POL.



## Exhibit 2. Major Activities of POL

### Pre-Award

- Identify a broad risk population within which POL will be targeted
- Begin development of relevant community relationships
- Assess applicability and feasibility of POL in the community (begin community and risk assessment)
- Obtain funds or resources sufficient to do POL

### Planning, Discovery, and Targeting

- Define the relationship between resources available and scope and size of the project
- How many POLs can you train and deploy with the resources you have?
- What size network can you intervene with based on the amount of resources you have?
- Train project staff
- Begin POL planning and monitoring tool process ([www.effectiveinterventions.org](http://www.effectiveinterventions.org))
- Engage gatekeepers and the community specific to the POL project
- Complete risk and community assessments to target POL; identify and estimate the targeted social network(s), targeted risk-related norm, and the first cadre of POLs
- Design specific materials and plans for the local POL project
- Logo/conversation-sparking device
- Training curriculum
- POL recruitment plans and procedures
- Plan to train POLs in cadres
- Retention plan and procedures
- Support and maintenance plan for POL in the community
- Finalize POL planning and monitoring tool

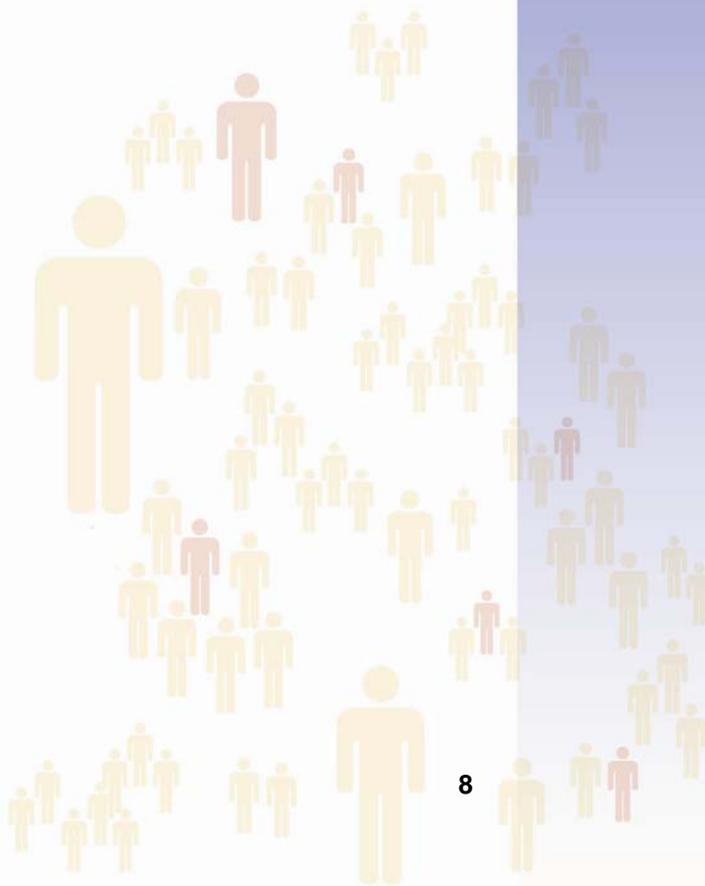
### Implementation and Monitoring (Maintenance)

- Begin recruitment of POLs
- Continue ongoing identification of POLs (if applicable)
- Begin ongoing training of POLs (in waves)
- Begin ongoing retention, follow-up, and support activities
- Monitor program objectives

The evaluation of your POL program should include assessing adherence to the core elements in implementing the required program activities as well as the use of various key characteristics for carrying out the intervention suggested by the developer. Key characteristics are the activities and delivery methods for conducting POL that, while considered of great value to the intervention, can be altered without changing the expected outcomes. They can be adapted and tailored for your agency or target populations (CDC, 2003). Essentially, core elements and key characteristics provide the framework for which POL activities ideally should be carried out. POL's key characteristics are summarized on the following page.

## KEY CHARACTERISTICS OF POL

- Elicit the involvement, support, and cooperation of key “gatekeepers” in the community
- Identify and characterize the various social networks within the target social network
- Using key informants, identify enough popular opinion leaders to equal at least 15% of each friendship group within the social network
- Recruit opinion leaders by emphasizing their potential positive role as a popular AIDS prevention resource to others
- Explain to opinion leaders that they were nominated based on their popularity, credibility, and ability to influence others
- Explain the theory and philosophy of the intervention to opinion leaders
- Emphasize the role opinion leaders in changing peer group norms through HIV/AIDS prevention messages delivered in conversations with friends and acquaintances
- Provide opinion leaders with correct HIV risk reduction information
- Provide opinion leaders with practical advice on how to implement HIV risk reduction behavior changes
- Provide opinion leaders with information on how to effectively communicate HIV risk reduction information to others
- Facilitate group problem-solving centered around how each opinion leader will have peer conversations, allowing each person ample time to discuss the issues
- Recruit additional opinion leaders by asking each current opinion leader to bring friends to participate in the second wave of the intervention
- Train a new, second wave of opinion leaders to maintain program momentum
- Organize “reunion” meetings with all opinion leaders (first and successive waves) and key community gatekeepers to discuss maintenance of POL.

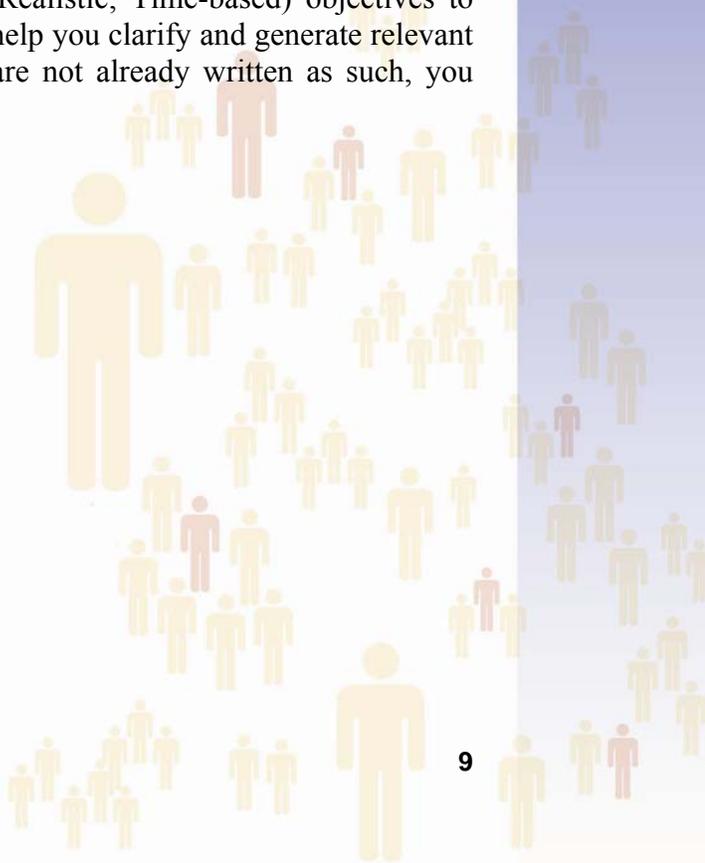


## SECTION 2: POL PROGRAM OBJECTIVES AND EVALUATION QUESTIONS

This evaluation field guide will help you to document the intent of your organization's evaluation of POL and provide a framework for your evaluation. Ideally, your evaluation plan should be incorporated into your POL implementation plan so that monitoring and evaluation becomes a seamless part of your program's work. Your evaluation plan should address all aspects of the intervention, from the community assessment through outcomes. With a detailed plan, you will have a record of each stage that identifies which aspects of your program work well and which need improvement for future efforts. Your evaluation plan should include

- **Schedules and processes** – when and how your intervention will be developed, implemented, and evaluated
- **Accountability** – who will be responsible for various aspects of the work
- **Data management** – which instruments will be used to collect data and how data collection activities will be tracked and monitored
- **Data analysis plans and schedules** – how and when the data will be analyzed
- **Report development** – how and when reports will be developed and disseminated to stakeholders
- **Dissemination plans and schedules** – when reports, data analysis, and other deliverables will be disseminated to stakeholders

Your POL evaluation plan should be organized around each phase of the intervention—Preimplementation, implementation, and monitoring. The first step is to identify the objectives you want to monitor and evaluate from each phase of POL. The POL implementation manual and logic model (Appendix C) can also help you identify the intervention activities for which you should have objectives. It is important to have clearly defined SMART (Specific; Measurable; Appropriate; Realistic; Time-based) objectives to work with during this process. SMART objectives will help you clarify and generate relevant evaluation questions to include in your plan. If they are not already written as such, you should revise your objectives so that they are SMART.



## DEVELOPING SMART PROGRAM OBJECTIVES

When developing SMART objectives, there are several key considerations for ensuring they are specific, measurable, appropriate, realistic, and time-based:

- A **specific** objective identifies events or actions that will take place. To assess this you can ask, “Does the objective clearly specify what will be accomplished?”
- A **measurable** objective tells how many or how much (how many resources or activities or how much change). To assess this you can ask, “Can you measure the amount?”
- An appropriate objective shows the relevance of the objective to the overall problem and desired effects of your POL program. To assess this you can ask, “Does the objective make sense in terms of what the program is trying to accomplish?”
- A **realistic** objective can be achieved with available resources and the plans for implementation. To assess this you can ask, “Is the objective achievable given available resources and experience?”
- A **time-based** objective specifies a time when the objective will be achieved. To assess this you can ask, “Does the objective specify when it will be achieved?”

SMART process objectives address what major activities, or processes, need to take place to achieve the intervention outcome objectives. The major activities are the main program actions required to implement your intervention. Your process objectives should allow you to assess how well you incorporated and followed POL’s core elements and key characteristics (see Section 1) when implementing the program’s major activity components (i.e., intervention fidelity). SMART process objectives are the specific plans for the program actions. They are statements of actions that need to take place, when, where, by whom, how, and how much.

- Ask, What are the major program activities or processes of POL at each stage of implementation (especially at a given phase of the program)?

SMART outcome objectives identify what should change because of implementing the major activities or processes. Programmatic outcomes are the expected achievements of implementing the major activities, such as changes in norms or behaviors of the social network.

- Ask, What are the expected outcomes of the intervention activities at each stage of implementation?

The next step is to develop evaluation questions that assess the extent to which you achieved your objectives. Your evaluation plan should also outline what data to collect, when and how the data will be collected, and how the data are analyzed. Decisions about data collection methods should be based on your agency’s data needs and availability of resources. Thinking about how your agency will use these data will help in justifying the importance of data collection and for developing a data analysis and reporting plan.

The following pages provide examples of objectives and questions for each phase of POL. For each objective, potential evaluation questions and the rationale for the questions are listed. Also included are types of information needed to answer the question (measures), potential data collection methods, and how data may be analyzed. This information is

organized in an evaluation planning table. Use these examples to develop or refine your evaluation plan.

You may use the objectives and questions in this document as a foundation for your POL evaluation plan; however, these examples are by no means exhaustive and only serve as a guideline for structuring your own evaluation plan. You should tailor your evaluation plan, including objectives and questions, to match your organization's implementation of POL and to meet your organization's information needs. For more information about developing an agency-specific evaluation plan, SMART objectives, and evaluation questions, please review the *Evaluation Capacity Building Guide* (CDC, 2008a).

## PREIMPLEMENTATION (PRE-AWARD AND PLANNING, DISCOVERY, AND TARGETING)

Preimplementation involves collecting information about the social networks within a broad risk population and selecting a social network to target with POL. Preimplementation also involves enlisting community support, identifying a venue for recruitment, and identifying individuals to serve as popular opinion leaders. Examples of preimplementation objectives include the following:

- During the 6 months prior to implementation, program staff will conduct a community and risk assessment of potential target social networks within the broad risk population.
- During the 6 months prior to implementation, program staff will identify one well-defined community venue, social environment, or social context where the sizes of the social networks can be estimated.
- During the 6 months prior to implementation, program staff will select one social network whose size is compatible with agency resources to target with POL.
- During the 6 months prior to implementation, program staff will conduct a community and risk assessment to identify at least three culturally specific social norms of the target social network.
- During the 6 months prior to implementation, program staff will have modified the POL training and intervention materials to ensure cultural appropriateness for the target social network.
- During the 6 months prior to implementation, program staff will identify 15% of the social network who can serve as popular opinion leaders.

The following are examples of formative evaluation questions for each objective. 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 (measures), potential data collection methods, and how data may be analyzed to answer the question.

## Formative Objective 1

During the first 6 months prior to implementation, program staff will conduct a community and risk assessment of potential target social networks within the broad risk population.

### Formative Evaluation Question:

**How many potential target social networks are within the broad risk population?**

**Rationale:** To implement POL, organizations need to decide which specific social network to target that has friendship groups in need of POL out of the many that are possible within the broad risk population. Information on the social networks will help guide decisions regarding for which social networks to collect community and risk assessment data.

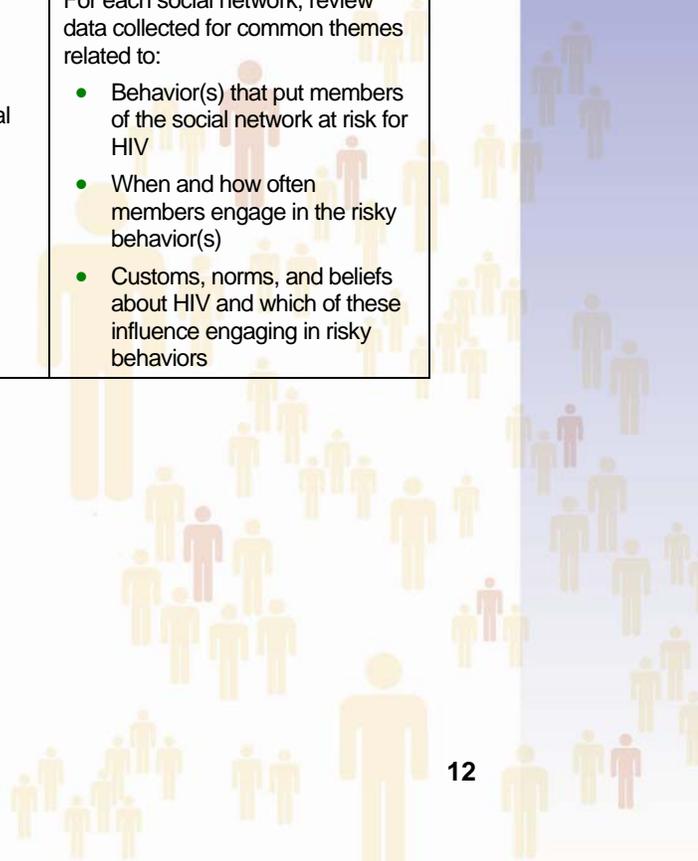
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Sociodemographic characteristics (age, race, ethnicity, gender, sexual orientation) of the broad risk population</li> <li>Number of social networks within the broad risk population</li> </ul>	<ul style="list-style-type: none"> <li>Key informant interviews</li> <li>Community observations</li> <li>Document review (e.g., local surveillance data)</li> </ul>	<ul style="list-style-type: none"> <li>Establish criteria to distinguish one social network from another</li> <li>Count the number of social networks identified through observations, key informant interviews, and review of the documents</li> </ul>

### Formative Evaluation Question:

**What are the customs, norms, beliefs, and behaviors of the potential target social networks in relation to their level of risk?**

**Rationale:** To implement POL, organizations need to decide which specific social network to target that has friendship groups in need of POL out of the many that are possible within the identified broad risk population. Information on the social networks will help efficiently and effectively guide decisions about which social network to target.

Measures	Data Collection Method(s)	Analysis
<p>For each potential target social network:</p> <ul style="list-style-type: none"> <li>Risk behaviors</li> <li>Level of risk</li> <li>Social customs that influence risk</li> <li>Social norms about protective and risky behaviors</li> <li>Beliefs about HIV and protective and risky behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Key informant interviews</li> <li>Community observations</li> <li>Focus groups</li> <li>Document review (e.g., local surveillance data)</li> </ul>	<p>For each social network, review data collected for common themes related to:</p> <ul style="list-style-type: none"> <li>Behavior(s) that put members of the social network at risk for HIV</li> <li>When and how often members engage in the risky behavior(s)</li> <li>Customs, norms, and beliefs about HIV and which of these influence engaging in risky behaviors</li> </ul>



## Formative Objective 1 (continued)

### Process Monitoring Question:

**What ethnographic techniques were used to identify the prospective social network to target?**

**Rationale:** *Since there may be many potential social networks that could be targeted, organizations should systematically use ethnographic techniques to help decide which group to select. Ethnographic techniques can provide a quick way for making an approximate assessment of the customs, norms, beliefs, and behaviors of social networks in relation to their level of risk.*

*The systematic use of ethnographic techniques to identify a potential social network to target POL is also part of the nine core elements in which POL is grounded.*

Measures	Data Collection Method(s)	Analysis
For <u>each</u> potential target social network: <ul style="list-style-type: none"> <li>• Number and types of ethnographic techniques used</li> <li>• Number and types of individuals with whom ethnographic techniques were used</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Community observations</li> <li>• Key informant interviews</li> <li>• Focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Count the number of types of ethnographic techniques used to identify the risk population</li> <li>• Count the number of individuals with whom each ethnographic technique was used</li> </ul>

## Formative Objective 2

During the 6 months prior to implementation, program staff will identify one well-defined community venue, social environment, or social context where the sizes of the social networks can be estimated.

### Formative Evaluation Question:

**At which venues or social environments or in which social contexts do members of the potential target social network frequent often and regularly?**

**Rationale:** *To implement POL, organizations need a context in which all of the friendship groups of a network can be concretely identified, estimated, and, ultimately, targeted. To describe why a particular community venue, social environment, or social context was selected, an agency needs to know which of these are most regularly frequented by members of the potential target social networks and when they are there. Additionally, the first core element of POL states, "POL is directed to an identifiable target population in well-defined community venues where the population's size can be estimated."*

## Formative Objective 2 (continued)

### Formative Evaluation Question:

Measures	Data Collection Method(s)	Analysis
<p>For <u>each</u> potential target social network:</p> <ul style="list-style-type: none"> <li>• Number and names of venues, environments, or contexts members of the social network frequent regularly</li> <li>• Days of the week and times when most members of a social network are in the venue, environment, or social context</li> </ul>	<ul style="list-style-type: none"> <li>• Key informant interviews</li> <li>• Community observations</li> <li>• Focus groups</li> <li>• Social Venue or Context Assessment Form</li> </ul>	<p>For <u>each</u> potential target social network <u>and</u> for <u>each</u> potential venue, environment, or context, review data from multiple sources for consensus on:</p> <ul style="list-style-type: none"> <li>• When members of the social network can be found often and regularly</li> <li>• On which days members of the social network can be found often and regularly</li> <li>• At what time of day most members of the social network can be seen</li> </ul>

### Formative Evaluation Question:

**At which venues or social environments or in which social contexts do program staff have greatest access to the members of the potential target social network?**

**Rationale:** To implement POL, organizations need a context in which all of the friendship groups of a network can be concretely identified, estimated, and, ultimately, targeted.

Measures	Data Collection Method(s)	Analysis
<p>For <u>each</u> potential target social network <u>and</u> for <u>each</u> potential venue, environment, or context:</p> <ul style="list-style-type: none"> <li>• Accessibility to venue when most members of the social network are visible</li> <li>• Staff rapport with gatekeepers or managers</li> </ul>	<ul style="list-style-type: none"> <li>• Community observations</li> <li>• Key informant interviews</li> </ul>	<p>For <u>each</u> potential target social network <u>and</u> for <u>each</u> potential venue, environment, or context, review data for consensus on:</p> <ul style="list-style-type: none"> <li>• Staff accessibility</li> <li>• Staff rapport with gatekeepers and managers</li> </ul> <p>Rate venues, environments, and social contexts in terms of suitability for staff to access and observe the social networks so that they can estimate the size of the potential social networks.</p>

### Formative Objective 3

During the 6 months prior to implementation, program staff will select one social network whose size is compatible with agency resources to target with POL.

#### Formative Evaluation Question:

**What is the estimated size of each potential target social network?**

**Rationale:** *Actually counting and describing the POL targeted social network and friendship groups is a required first step of POL. Answering this question will help determine if the size of the targeted social network, related friendship groups, and the required 15% of the POLs within each friendship group estimated are realistic given the available funds and resources of the organization*

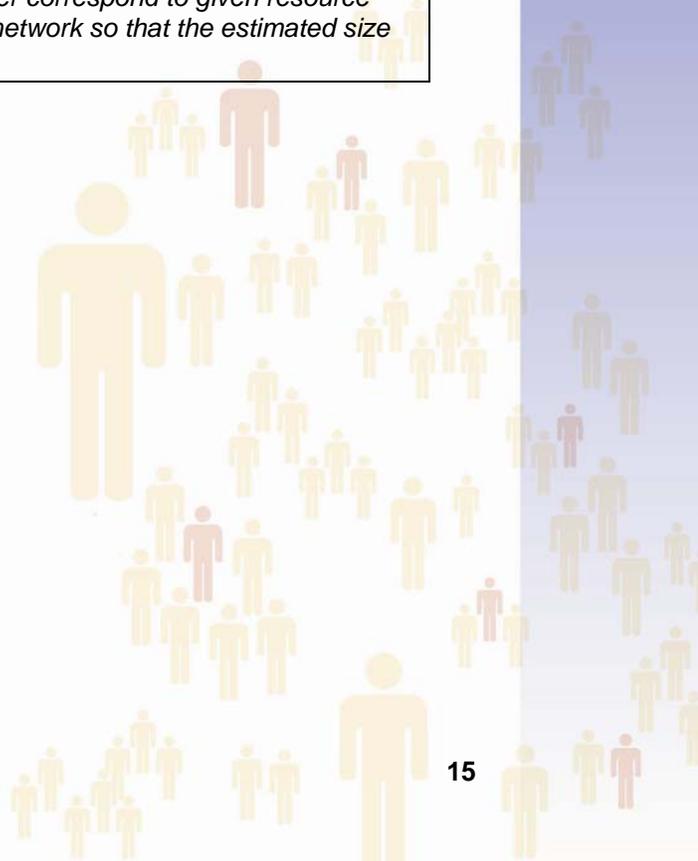
Measures	Data Collection Method(s)	Analysis
For <u>each</u> potential target social network: <ul style="list-style-type: none"> <li>Number of individuals within the social network</li> </ul>	<ul style="list-style-type: none"> <li>Community observations</li> <li>Key informant interviews</li> </ul>	For <u>each</u> potential target social network: <ul style="list-style-type: none"> <li>Map the friendship groups within the social network</li> <li>Count the number of members identified within the social network</li> </ul>

#### Formative Evaluation Question:

**Does the level of funding and available resources support the implementation of POL based on the size of the targeted social network?**

**Rationale:**

*Determining whether or not the financial, material, and human resources available to support your organization's proposed implementation of POL will help you identify where specific gaps in resources may exist and whether you will need to mobilize these additional resources or modify your program objectives and implementation activities to better correspond to given resource constraints. An agency may also have to redefine the social network so that the estimated size is appropriate for the available funds and resources.*



### Formative Objective 3 (continued)

#### Formative Evaluation Question:

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Level of funding and resources available</li> <li>Number of POLs who can be trained with available funds and resources</li> <li>Estimated size of potential target social networks of friendship groups</li> </ul>	<ul style="list-style-type: none"> <li>Cost estimate worksheet (available in POL implementation manual)</li> <li>Community observations</li> <li>Key informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>Using the cost estimate worksheet, calculate the number of POLs that your agency can train given available funds and resources</li> <li>Calculate the number of POLs to train and deploy in order to reach 15% of the social network of friendship groups (i.e., multiply the estimated size of each social network by 0.15).</li> <li>Compare the number of POLs an agency can support with the number to be trained from each social network (15%).</li> </ul>

### Formative Objective 4

During the 6 months prior to implementation, program staff will identify at least three culturally specific social norms of the target social network.

#### Formative Evaluation Question:

What are the social norms, specific to HIV risk behaviors, of the target social network?

**Rationale:** Data gathered about the social norms during the community and risk assessment process (e.g., attitudes, beliefs, opinions) will help inform tailoring and adapting of POL activities for the select target social network. More than likely there will be many social norms related to risk within the targeted social network your organization would have identified. However, resource and capacity limitations will not allow your organization to target every risk-related norm.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Social norms about protective and risky behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Key informant interviews</li> <li>Community observations</li> <li>Focus groups</li> </ul>	<ul style="list-style-type: none"> <li>Review community and risk assessment data collected for common themes related to culturally specific social norms about HIV and HIV risk behaviors</li> <li>Describe at least 3 culturally specific social norms to potentially target with POL</li> </ul>

## Formative Objective 5

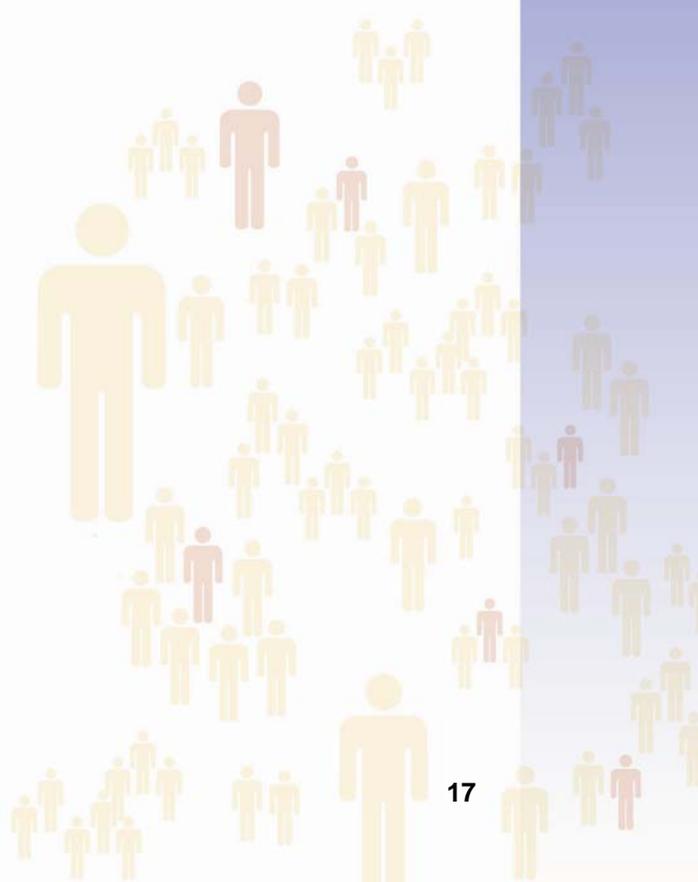
**During the 6 months prior to implementation, program staff will have modified the POL training and intervention materials to ensure cultural appropriateness for the target social network.**

### Formative Evaluation Question:

**What are the cultural influences on norms, values, and beliefs that discourage high-risk behaviors among members of the select target population?**

***Rationale:** Culture influences the shared social values, norms, and beliefs about risk-promoting and risk-reducing behaviors among members of a social network. If the intervention is not tailored and adapted to reflect the culture of the targeted group, your organization may design an intervention that does not respond appropriately to and directly serve the unique needs of that population. Your organization may also have difficulty persuading the POLs how important the endorsement of the targeted risk reduction norms is. The answer to this important question for your organization will help you to describe what POL training curriculum content and intervention materials (e.g., logo or conversational spark devices) should be modified.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>• Social customs that influence risk</li> <li>• Social norms about protective and risky behaviors</li> <li>• Beliefs about HIV and protective and risky behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Key informant interviews</li> <li>• Community observations</li> <li>• Focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Use community assessment data to describe culturally specific customs, norms, and beliefs about HIV and which influence engaging in risky behaviors.</li> <li>• Identify which of these customs, norms, and beliefs should be addressed or integrated into the POL training curriculum and program materials.</li> </ul>



## Formative Objective 5 (continued)

### Formative Evaluation Question:

**Which components of the POL training curriculum (e.g., terminology) and intervention materials (e.g., logos, conversation starters) can be modified without compromising the core elements of POL?**

**Rationale:** Culture influences the shared social values, norms, and beliefs about risk-promoting and risk-reducing behaviors among members of a social network. If the intervention is not tailored and adapted to reflect the culture of the targeted group, your organization may design an intervention that does not respond appropriately to and directly serve the unique needs of that population. Your organization may also have difficulty persuading the POLs how important the endorsement of the targeted risk reduction norms. The answer to this important question for your organization will help you describe what POL training curriculum content and intervention materials (e.g., logo or conversational spark devices) should be modified. It is also important to identify those components that cannot be modified without compromising the nine core elements of POL.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>POL training curriculum</li> <li>Core elements related to POL training curriculum and intervention materials</li> <li>Cultural influences on norms, values, and beliefs that support or discourage risk behaviors among members of the social network</li> </ul>	<ul style="list-style-type: none"> <li>Program staff discussion notes</li> <li>Crosswalk of POL training curriculum and intervention materials and core elements</li> </ul>	<ul style="list-style-type: none"> <li>Review POL training curriculum and intervention materials for components that can be modified to be more culturally relevant to the target social network</li> <li>Check to make sure components modified are not core elements of POL.</li> </ul>

## Formative Objective 6

**During the 6 months prior to implementation, program staff will identify 15% of the social network who can serve as popular opinion leaders.**

### Formative Evaluation Question:

**Who are the 15% of POLs within each of the identified friendship groups that can be recruited, trained, and deployed to deliver the intervention?**

**Rationale:** It is important for organizations to clearly outline the individuals who met all the criteria of a POL (e.g., influential, respected, trustworthy, credible) and document how this was determined (key informant interviews, spot surveys). This will help ensure that prospective POLs selected from a given friendship group were not chosen simply on the basis that they were the most popular overall without consideration as to whether they are credible, trustworthy, and empathetic. To ensure that every friendship group gets targeted and eventual saturation of the risk reduction norm within the social network occurs, it is also important to identify from which friendship group each POL is recruited. This will require your organization to have an exact estimate of the number of people in each friendship group and the number of POLs needed to equal 15% of these estimates.

Formative Objective 6 (continued)		
Formative Evaluation Question:		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>• Number and size of each friendship group within the target social network</li> <li>• Names of POLs within each friendship group</li> </ul>	<ul style="list-style-type: none"> <li>• Community observations</li> <li>• Focus groups</li> <li>• Key informant interviews</li> <li>• Opinion leader nomination form</li> </ul>	<ul style="list-style-type: none"> <li>• Map the friendship groups within the target social network and count the number of individuals within each group</li> <li>• Multiply the number of members of each friendship group by 0.15</li> <li>• Review data for characteristics of each individual identified as a potential POL</li> <li>• Count the number of individuals who meet the criteria for POLs</li> <li>• Compare the number of potential POLs identified for each friendship group with the number needed for saturation (15%)</li> </ul>

## IMPLEMENTATION

Implementation involves recruiting and training popular opinion leaders using the POL training curriculum and intervention materials. Generic examples of process and outcome objectives for the implementation phase are listed below. Your organization should modify these objectives to make them more specific and “*SMARTer*.”

### Process objectives:

- During the project year, project staff will train POLs using the modified POL training curriculum and intervention materials while maintaining fidelity to the core elements.
- During the project year, POLs will have at least four separate risk reduction conversations in which they endorse the new risk reduction norm between sessions 3 and 4.
- During the project year, POLs will have at least 10 separate risk reduction conversations in which they endorse the new risk reduction norm after session 4.
- During the project year, POLs will use conversation starters and specified devices to initiate risk reduction conversations.

### Outcome objectives:

- By the end of the four sessions, POLs’ knowledge about HIV transmission and prevention will increase
- By the end of the four sessions, POLs’ self efficacy to engage in risk reduction conversations will increase

## Process Objective 1

**During the project year, project staff will train POLs using the modified POL training curriculum and intervention materials while maintaining fidelity to the core elements.**

### Process Monitoring Question:

**Which of the sessions' activities were implemented as planned?**

***Rationale:** The session content and activities are design to be culturally appropriate and to yield specific outcomes. In particular, core elements 4, 5, 6, and 8 specify the content and activity types that should occur in the sessions. In order to understand the outcomes, it is important to know which session activities were implemented as planned, which were modified, and why. This information can help inform future POL training sessions.*

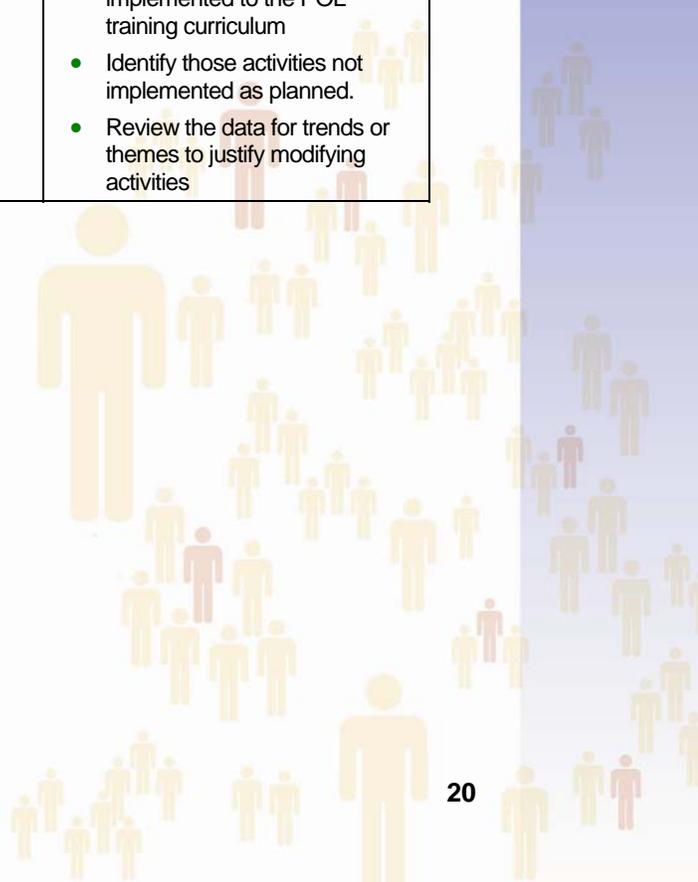
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and frequency of sessions per wave of POLs</li> <li>Description of session activities implemented</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Compare session activities implemented to the POL training curriculum</li> <li>Identify those activities consistently or frequently implemented as planned</li> </ul>

### Process Evaluation Question:

**Which session activities were modified and why?**

***Rationale:** The session content and activities are design to be culturally appropriate and to yield specific outcomes. In order to understand the outcomes, it is important to know which session activities were implemented as planned, which were modified, and why. This information can help inform future POL training sessions.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and frequency of sessions per wave of POLs</li> <li>Description of session activities implemented</li> <li>Justification for changing activities</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Compare session activities implemented to the POL training curriculum</li> <li>Identify those activities not implemented as planned.</li> <li>Review the data for trends or themes to justify modifying activities</li> </ul>



## Process Objective 1 (continued)

### Process Evaluation Question:

**What were the barriers to conducting the POL training, and what was most influential in helping you overcome these barriers?**

**Rationale:** Understanding the challenges to implementation and exploring strategies for overcoming those challenges help improve implementation. Routine documentation of challenges will help an organization understand what is not working. Documentation of strategies used to try to overcome challenges can be reviewed for what worked and what did not. This information can be used to improve training delivery. These data can also help in identifying additional information needs for refining the POL training curriculum and intervention materials.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Description of strategies used to try to overcome challenges</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges to conducting POL training</li> <li>Review data for trends or themes related to strategies that successfully overcame those barriers</li> <li>Identify information needs to guide overcoming remaining barriers</li> </ul>

## Process Objective 2

**During the project year, POLs will have at least four separate risk reduction conversations in which they endorse the new risk reduction norm between sessions 3 and 4.**

### Process Monitoring Question:

**How many POLs had at least four separate risk reduction conversations in which they endorse the new risk reduction norm between sessions 3 and 4?**

**Rationale:** The seventh core element states, "POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions." By having at least four conversations each, POLs will gain experience initiating and engaging in risk reduction conversations. It is important that they have the opportunity to practice before session 4 so that they can discuss their experiences and challenges, and receive feedback (core element 8).

## Process Objective 2 (continued)

### Process Monitoring Question:

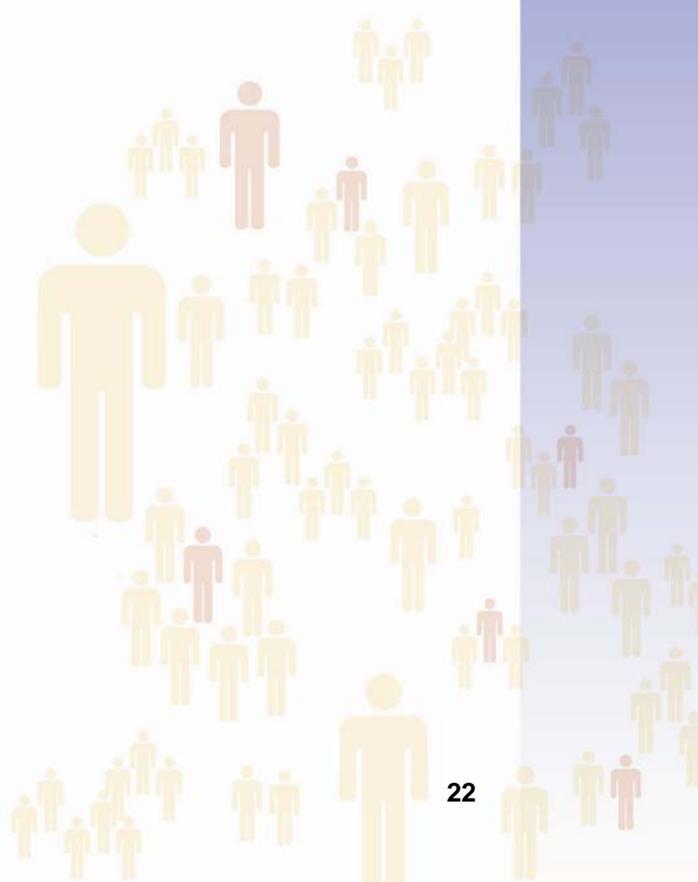
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs trained</li> <li>Number of POLs who had at least four separate risk reduction conversations in which they endorse the new risk reduction norm between sessions 3 and 4</li> </ul>	<ul style="list-style-type: none"> <li>POL Encounter Form</li> <li>POL Peer Encounter Summary Sheet</li> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the proportion of POLs who had at least four separate risk reduction conversations in which they endorse the new risk reduction norm between sessions 3 and 4</li> </ul>

### Process Evaluation Question:

What barriers did POLs encounter having at least four separate risk reduction conversations between sessions 3 and 4?

**Rationale:** The seventh core element states, “POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions.” By having at least four conversations each, POLs will gain experience initiating and engaging in risk reduction conversations. It is important that they have the opportunity to practice before session 4 so that they can discuss their experiences and challenges and receive feedback (core element 8). The strategies discussed by program staff and other POLs can help guide refinement of the training curriculum.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Descriptions of recommendations for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> <li>Participant training session evaluation forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges POLs encountered</li> <li>Review the data for trends or themes related to recommendations for overcoming challenges</li> </ul>



### Process Objective 3

During the project year, POLs will have at least 10 separate risk reduction conversations in which they endorse the new risk reduction norm within 1 month of completing session 4.

#### Process Monitoring Question:

How many POLs had at least 10 separate risk reduction conversations in which they endorse the new risk reduction norm within 1 month of completing session 4?

**Rationale:** The seventh core element states, “POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions.” By having at least 10 additional conversations each, messages supporting the new norm can be infused sufficiently into each friendship group. POL is dependent upon 15% of POLs from each target group engaging in these risk reduction conversations.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs trained</li> <li>Number of POLs who had at least 10 separate risk reduction conversations in which they endorsed the new risk reduction norm within 1 month of completing session 4</li> </ul>	<ul style="list-style-type: none"> <li>POL Encounter Form</li> <li>POL Peer Encounter Summary Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the proportion of POLs who had at least 10 separate risk reduction conversations in which they endorsed the new risk reduction norm within 1 month of completing session 4</li> </ul>

#### Process Evaluation Question:

What barriers did POLs encounter having at least four separate risk reduction conversations between sessions 3 and 4?

**Rationale:** The seventh core element states, “POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions.” By having at least four conversations each, POLs will gain experience initiating and engaging in risk reduction conversations. It is important that they have the opportunity to practice before session 4 so that they can discuss their experiences and challenges, and receive feedback (core element 8). The strategies discussed by program staff and other POLs can help guide refinement of the training curriculum.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Descriptions of recommendations for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> <li>Participant training session evaluation forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges POLs encountered</li> <li>Review the data for trends or themes related to recommendations for overcoming challenges</li> </ul>

## Process Objective 4

**During the project year, POLs will use conversation starters and specified devices to initiate risk reduction conversations.**

### Process Monitoring Question:

**How many POLs used conversation-sparking devices to initiate risk reduction conversations?**

**Rationale:** The ninth core element states, “Logos, symbols, or other devices are used as ‘conversation starters’ between POLs and others.” These conversation-sparking devices are a tool to help POLs engage in risk reduction conversations. It is important to know if POLs are using these devices. If POLs are not using them, then the organization will know that additional information is needed to refine these devices so that they are more useful for POLs.

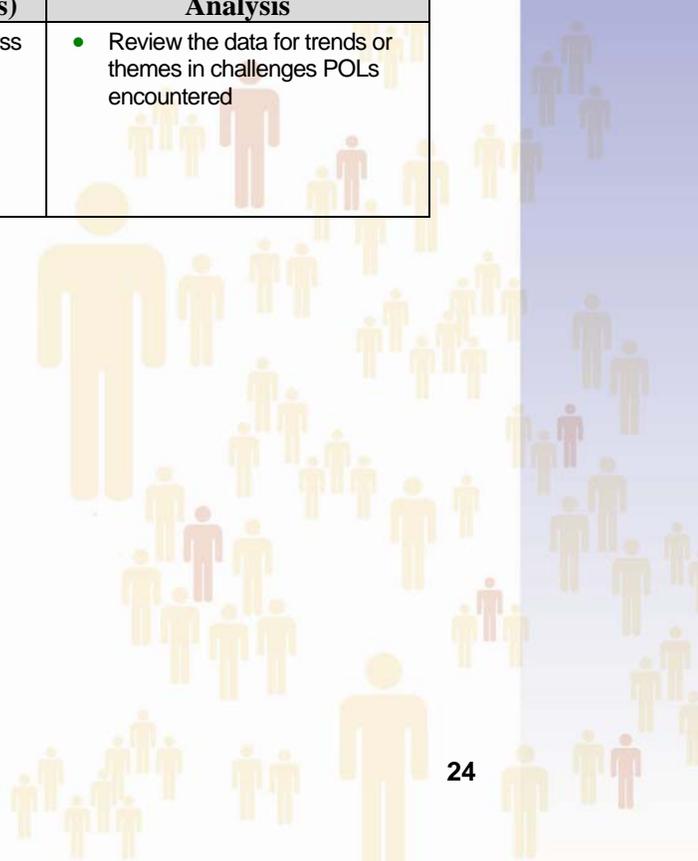
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of popular opinion leaders trained</li> <li>Number of POLs self-reporting use of conversation-sparking devices</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> <li>Participant training session evaluation forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the total number of POLs who self reported using conversation starters</li> <li>Divide that number by the total number of POLs trained to identify the proportion using conversation-sparking devices</li> </ul>

### Process Evaluation Question:

**What barriers did POLs encounter in using conversation-sparking devices?**

**Rationale:** The ninth core element states, “Logos, symbols, or other devices are used as ‘conversation starters’ between POLs and others.” These conversation-sparking devices are a tool to help POLs engage in risk reduction conversations. Routine documentation of challenges will help an organization understand what is not working. These data can help in identifying additional information needs for refining the conversation-sparking devices

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and descriptions of challenges encountered</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> <li>Participant training session evaluation forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges POLs encountered</li> </ul>



## Process Objective 4 (continued)

### Process Evaluation Question:

**What recommendations did POLs make for improving conversation-sparking devices?**

**Rationale:** The ninth core element states, “Logos, symbols, or other devices are used as ‘conversation starters’ between POLs and others.” These conversation-sparking devices are a tool to help POLs engage in risk reduction conversations. Routine documentation of challenges will help an organization understand what is not working. Documentation of recommendations from POLs can be reviewed for ideas on how to make the devices more useful. This information can be used to improve training delivery. These data can also help in identifying additional information needs for refining the conversation-sparking devices

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Descriptions of recommendations for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> <li>Participant training session evaluation forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges POLs encountered</li> <li>Review their data for trends or themes related to recommendations for improving the devices</li> <li>Identify information needs to guide overcoming remaining barriers</li> </ul>

## Process Objective 5

**By the end of the project year, program staff will train at least 15% of each friendship group.**

### Process Monitoring Question:

**How many POLs from each friendship group were recruited?**

**Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs recruited from each friendship group</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the total number of POLs recruited from each friendship group</li> </ul>

## Process Objective 5 (continued)

### Process Monitoring Question:

**How many POLs from each friendship group completed all four sessions?**

**Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” Organizations should monitor their progress to determine if they must go back into the field to recruit more POLs and from which friendship groups.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs recruited from each friendship group</li> <li>Number of POLs recruited from each friendship group who completed all four sessions</li> <li>Estimated size of each friendship group</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> <li>Session sign-in sheets</li> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>For <u>each</u> friendship group,</li> <li>Compare the number of POLs needed (15% of each friendship group) with the number recruited and the number who completed all four sessions</li> <li>Calculate the difference between the number needed and the number completing all four sessions</li> </ul>

### Process Evaluation Question:

**What were the barriers to retaining POLs throughout the four sessions?**

**Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm. Understanding the challenges to retention and exploring strategies for overcoming those challenges is a part of improving implementation. Routine documentation of challenges will help an organization understand what is not working. Documentation of strategies used to try to overcome challenges can be reviewed for what worked and what did not. This information can be utilized to improve recruitment and training delivery. These data can also help in identifying additional information needs for refining the POL program.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and descriptions of challenges encountered</li> <li>Descriptions of strategies used to boost retention</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> <li>Session sign-in sheets</li> <li>Facilitator Fidelity and Process Forms</li> <li>Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges with retention</li> <li>Review data for trends or themes in strategies to increase retention</li> <li>Identify additional information needs to refine recruitment and retention strategies</li> </ul>

## Outcome Objective 1

**By the end of the four sessions, POLs' knowledge about HIV transmission and prevention will increase.**

### Outcome Monitoring Question:

**After completing the four sessions, what proportion of POLs showed an increase in HIV transmission and prevention information?**

***Rationale:** For POLs to endorse risk reduction norms, they must be aware of basic information on HIV transmission and prevention. This knowledge serves as a foundation for building their support for the new norm and for building their capacity and confidence to engage in risk reduction behaviors. This information can guide improvements to the training curriculum.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs completing all four sessions</li> <li>Number of correct answers to questions about modes of HIV transmission and risk reduction strategies before session 1 (pretest).</li> <li>Number of correct answers to questions about modes of HIV transmission and risk reduction strategies at the end of session 4 (posttest)</li> </ul>	<ul style="list-style-type: none"> <li>Pretest/Posttest Survey</li> </ul>	<ul style="list-style-type: none"> <li>For each POL, calculate the change in number of correct responses from pre-test to post-test.</li> <li>Count the number of POLs whose number of correct responses at posttest was greater than at pre-test</li> </ul>

## Outcome Objective 2

**By the end of the four sessions, POLs' self-efficacy to engage in risk reduction conversations will increase.**

### Outcome Monitoring Question:

**After completing the four sessions, what proportion of POLs self-reported an increased self-efficacy to engage in risk reduction conversations?**

***Rationale:** For POLs to endorse risk reduction norms, they must have the confidence to do so. The answer to this question can guide improvements to the training curriculum.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs completing all four sessions</li> <li>Confidence level (response rating) for self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li>Participant training session evaluation forms (sessions 2, 3, and 4)</li> </ul>	<ul style="list-style-type: none"> <li>For each POL completing all four sessions, calculate the change in self efficacy items from session 2 through 4.</li> <li>Count the number of POLs whose responses indicate an increase in self-efficacy.</li> </ul>

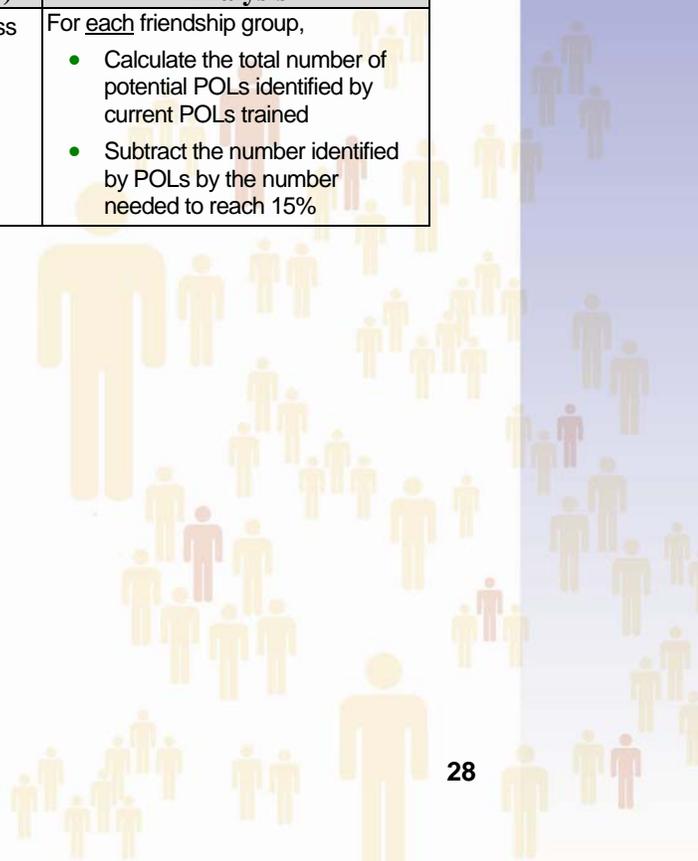
## MONITORING (MAINTENANCE)

Monitoring, or maintenance, of POL involves the ongoing recruitment, retention, and support of POLs until 15% of each friendship group is trained. Generic examples of process and outcome objectives for the maintenance phase are listed below. Your organization should modify these objectives to make them more specific and “*SMARTer*.”

### Process Objectives:

- For each wave of POLs, the POLs will identify two potential POLs for recruitment.
- By the end of the project year, program staff will conduct at least two reunion sessions with the first wave of POLs.
- During the project year, program staff will screen and recruit the individuals recommended by POLs.
- By the end of the project year, program staff will conduct at least two reunion sessions with the first wave of POLs.
- By the end of the project year, program staff will train at least 15% of each friendship group.

Process Objective 1		
For each wave of POLs, the POLs will identify two potential POLs for recruitment.		
Process Monitoring Question:		
How many POLs identified at least two potential POLs for recruitment?		
<i>Rationale: The success of POL depends on recruiting enough POLs to reach 15% of each friendship group. Referral from current POLs is one strategy for identifying these individuals. If POLs are unable to identify potential opinion leaders for future waves, program staff will have to go back out into the field to recruit from those friendship groups.</i>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>● Number of popular opinion leaders identified by each POL</li> </ul>	<ul style="list-style-type: none"> <li>● Facilitator Fidelity and Process Forms</li> <li>● Opinion Leader Nomination Form</li> </ul>	For <u>each</u> friendship group, <ul style="list-style-type: none"> <li>● Calculate the total number of potential POLs identified by current POLs trained</li> <li>● Subtract the number identified by POLs by the number needed to reach 15%</li> </ul>



## Process Objective 2

**During the project year, program staff will screen and recruit the individuals recommended by POLs.**

### Process Monitoring Question:

**How many POLs from each friendship group were recruited?**

***Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm. Understanding the extent to which newly recruited POLs are identified by their peers can help organizations identify for which friendship groups program staff need to identify more POLs.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of popular opinion leaders identified by each POL</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Total the number of POLs identified for each friendship group</li> <li>Total the number of those POLs recruited from each friendship group</li> <li>Calculate the proportion of POLs identified and recruited through current POLs</li> </ul>

### Process Evaluation Question:

**What were the barriers to recruiting POLs identified by other POLs?**

***Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm. Understanding the barriers to recruiting POLs identified by their peers can help organizations identify the need for additional guidance or refinement of recruitment strategies.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Descriptions of strategies used to try to overcome challenges</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges to recruiting opinion leaders identified by POLs</li> <li>Review data for trends or themes related to strategies that successfully overcame those barriers</li> <li>Identify information needs to guide overcoming remaining barriers</li> </ul>

### Process Objective 3

**By the end of the project year, program staff will conduct at least two reunion sessions with the first wave of POLs.**

#### Process Monitoring Question:

**How many reunion sessions did each POL from the first wave attend?**

**Rationale:** *The reunion sessions are part of the maintenance phase—they provide POLs with the support and motivation needed to continue having risk reduction conversations in their everyday lives.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of reunion sessions conducted with the first wave of POLs</li> <li>Number of POLs from the first wave at each reunion session</li> </ul>	<ul style="list-style-type: none"> <li>Reunion Meeting Activity Log</li> </ul>	<ul style="list-style-type: none"> <li>Compare the number of reunion sessions conducted to the number of planned reunion sessions</li> <li>Calculate the proportion of POLs attending each reunion session to the number of POLs in the first wave</li> </ul>

#### Process Evaluation Question:

**What were the barriers to conducting the reunion sessions, and what was most influential in helping to overcome these barriers?**

**Rationale:** *The reunion sessions are part of the maintenance phase—they provide POLs with the support and motivation needed to continue having risk reduction conversations in their everyday lives. Understanding the challenges to having the reunion sessions and exploring strategies for overcoming those challenges is a part of improving maintenance. Routine documentation of challenges will help an organization understand what is not working. Documentation of strategies used to try to overcome challenges can be reviewed for what worked and what did not. This information can be used to improve planning for and conducting reunion sessions. These data can also help in identifying additional information needs for refining the POL program.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number and types of challenges encountered</li> <li>Descriptions of strategies used to try to overcome challenges</li> </ul>	<ul style="list-style-type: none"> <li>Facilitator Fidelity and Process Forms</li> </ul>	<ul style="list-style-type: none"> <li>Review the data for trends or themes in challenges to conducting reunion sessions</li> <li>Review data for trends or themes related to strategies that successfully overcame those barriers</li> <li>Identify information needs to guide overcoming remaining barriers</li> </ul>

## Process Objective 4

**By the end of the project year, program staff will train at least 15% of each friendship group.**

### Process Monitoring Question:

**How many POLs from each friendship group were recruited?**

***Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs recruited from each friendship group</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the total number of POLs recruited from each friendship group</li> </ul>

### Process Monitoring Question:

**How many POLs from each friendship group completed all four sessions?**

***Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” Organizations should monitor their progress to determine if they must go back into the field to recruit more POLs and from which friendship groups.*

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>Number of POLs recruited from each friendship group</li> <li>Number of POLs recruited from each friendship group who completed all four sessions</li> <li>Estimated size of each friendship group</li> </ul>	<ul style="list-style-type: none"> <li>Prospective Opinion Leader Enrollment form</li> <li>Session sign-in sheets</li> <li>Facilitator Fidelity and Process Forms</li> </ul>	<p>For <u>each</u> friendship group:</p> <ul style="list-style-type: none"> <li>Compare the number of POLs needed (15% of each friendship group) with the number recruited and the number who completed all four sessions</li> <li>Calculate the difference between the number needed and the number completing all four sessions</li> </ul>

### Process Evaluation Question:

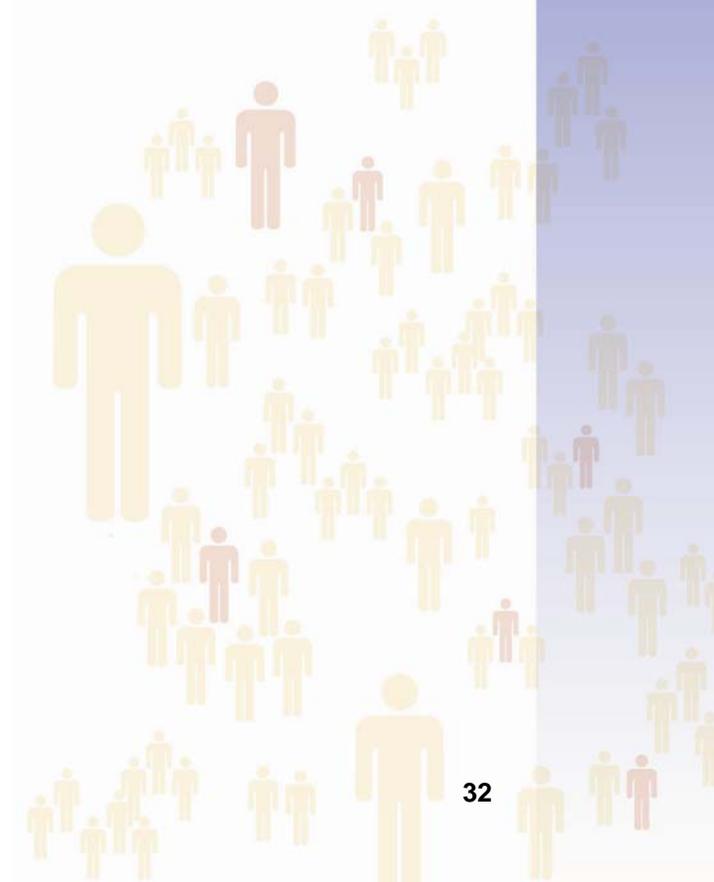
**What were the barriers to retaining POLs throughout the four sessions?**

***Rationale:** The third core element states, “Over the life of the program, 15% of the target population sizes found in the intervention venues are trained as POLs.” To change a norm within a social network, at least 15% of each friendship group must be trained to engage in risk reduction conversations supportive of the new norm. Understanding the challenges to retention and exploring strategies for overcoming those challenges is a part of improving implementation. Routine documentation of challenges will help an organization understand what is not working. Documentation of strategies used to try to overcome challenges can be reviewed for what worked and what did not. This information can be used to improve recruitment and training delivery. These data can also help in identifying additional information needs for refining the POL program.*

## Process Objective 4 (continued)

### Process Monitoring Question:

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> <li>• Number and descriptions of challenges encountered</li> <li>• Descriptions of strategies used to boost retention</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective Opinion Leader Enrollment form</li> <li>• Session sign-in sheets</li> <li>• Facilitator Fidelity and Process Forms</li> <li>• Informal conversations with POLs</li> </ul>	<ul style="list-style-type: none"> <li>• Review the data for trends or themes in challenges with retention</li> <li>• Review data for trends or themes in strategies to increase retention</li> <li>• Identify additional information needs to refine recruitment and retention strategies</li> </ul>



## SECTION 3: DATA COLLECTION ACTIVITIES AND SCHEDULES

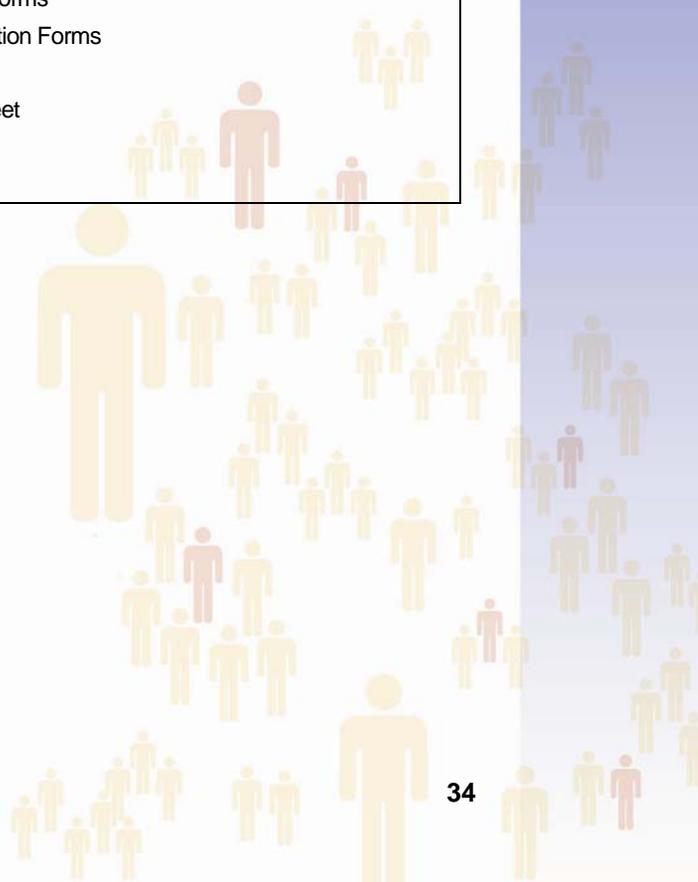
This section describes the data collection processes and instruments for POL. The following tables (Tables 1–3) describe each activity phase of POL-recommended data collection methods and sample instruments included in the document. The tables also outline potential data that can be obtained as well as general suggestions for when to collect data, what resources may be needed, and possible uses of data. The subsequent tables (Tables 4–6) summarize specifically when to administer each sample instrument, who should administer the instrument, and who completes each instrument.

### DATA COLLECTION ACTIVITIES

Table 1. Preimplementation Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• Observations</li> <li>• Focus groups</li> <li>• Review of census data</li> <li>• Surveys</li> <li>• Checklists</li> <li>• Document review</li> <li>• Review of local epidemiological data</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>• Focus Group Guide</li> <li>• Key Informant Interview Guide</li> <li>• Opinion Leader Nomination Form</li> <li>• Nomination Meeting Activity Log</li> <li>• POL Cost Estimate Worksheet</li> <li>• Implementation Readiness Assessment Checklist</li> <li>• Community Demographic and Risk Survey</li> <li>• Training Curriculum Development Checklist</li> <li>• Social Venue or Context Assessment Form</li> <li>• Community Observation Guide</li> <li>• Community and Risk Assessment Summary Log</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>• Characteristics of the target social network, friendship groups, and POLs</li> <li>• Characteristics of the culture of risk, social norms, attitudes behaviors, beliefs about risk reduction</li> <li>• Community needs, issues, and perceptions of HIV risk</li> </ul>
When to Collect the Data	<ul style="list-style-type: none"> <li>• During the pre-award and planning, discovery, and targeting phases</li> <li>• Within first 12 months prior to implementation of the program</li> </ul>

Table 1. Preimplementation Data Collection Activities (continued)	
Resources Needed	<ul style="list-style-type: none"> <li>• Staff time to conduct interviews and focus groups</li> <li>• Staff time to conduct document reviews</li> <li>• Staff time to observe community activities (optional)</li> <li>• Staff time to organize and analyze data</li> <li>• Expertise to analyze data</li> <li>• Access to community informants</li> <li>• Database to manage assessment data (focus group interviews, survey data, key informant interviews)</li> <li>• Spreadsheet to manage qualitative data and conduct thematic analysis</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>• Identify community-specific risk behaviors to inform program planning activities</li> <li>• Identify community social norms influencing risk behaviors so activities are appropriate for members of target social network</li> <li>• Help ensure access to target social network</li> <li>• Identify the friendship groups within the target social network</li> <li>• Identify prospective conversational social venues or contexts to recruit POLs</li> <li>• Identify possible POL training participants (opinion leaders)</li> </ul>

Table 2. Implementation Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Surveys, checklists, questionnaires</li> <li>• Observations</li> <li>• Participant self report</li> <li>• Interviews</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>• Prospective Opinion Leader Program Enrollment Form</li> <li>• Pretest/Posttest Survey</li> <li>• Facilitator Fidelity Fidelity/Process Forms</li> <li>• Participant Training Session Evaluation Forms</li> <li>• POL Encounter Form</li> <li>• POL Peer Encounter Summary Sheet</li> <li>• Referral Tracking Form</li> <li>• Facilitator Observation Form</li> </ul>



<b>Table 2. Implementation Data Collection Activities (continued)</b>	
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>• Number of POLs trained</li> <li>• Number and characteristics of friends and peers POLs reached</li> <li>• Referrals made during risk reduction conversations</li> <li>• Number of trainings held within a given period</li> <li>• Quality of facilitation</li> <li>• Training participant satisfaction</li> <li>• Changes in training participant knowledge, skill and self-efficacy to conduct endorsement conversations</li> <li>• Challenges/facilitators of implementing peer-to-peer risk reduction conversations</li> <li>• Activities conducted</li> <li>• Feedback from members of the identified social network targeted by POL</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>• Throughout the training sessions, deployment, and follow up activities as needed or required</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>• Staff time to compile and analyze data</li> <li>• Staff time to conduct facilitator observations</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>• Make changes to or improve implementation of POL training and deployment activities</li> <li>• Ensure that the identified target social network is being reached</li> <li>• Identify challenges/facilitators of implementation</li> </ul>

<b>Table 3. Maintenance Data Collection Activities</b>	
<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>• Observation</li> <li>• Participant self report</li> <li>• Interviews</li> <li>• Document Review</li> <li>• Surveys</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>• Reunion Meeting/Booster Session Activity Log</li> <li>• Reunion Meeting/Booster Session Spot-Interview Log</li> <li>• Post-Implementation Focus Group Guide</li> <li>• Post-Implementation Community Demographic and Risk Survey</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>• Degree of change in attitudes, and of members of the identified target social network</li> <li>• Degree of change in intention to engage in risk reduction activities among members of the identified target social network</li> <li>• Degree of change in social norms regarding risk reduction among members of the target social network</li> <li>• Challenges/facilitators of implementing peer-to-peer risk reduction conversations</li> <li>• Current community demographic characteristics and risk</li> <li>• Level of community awareness and involvement in POL</li> <li>• Community needs, issues, and perceptions of HIV risk</li> </ul>

Table 3. Maintenance Data Collection Activities (continued)	
When to Collect the Data	<ul style="list-style-type: none"> <li>• During reunion meetings and other implementation follow-up activities</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>• Staff time to conduct spot interviews, collect demographic and risk survey data, and to conduct quality assurance assessments</li> <li>• Staff time to document feedback from reunion meeting</li> <li>• Staff time to compile and analyze data</li> <li>• Database to manage data</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>• Assess change in social norms</li> <li>• Strengthen program improvement efforts</li> <li>• Reporting outcomes to key stakeholders</li> <li>• Identifying best practices</li> <li>• Program implementation quality assurance measures</li> <li>• Demonstrate level of community awareness and involvement in the POL activities within the target community</li> <li>• Identify new target intervention populations and related social networks for future implementation of POL</li> <li>• Make changes to/improve implementation of POL activities</li> <li>• Determine what risk reduction messages are reaching the targeted social network</li> <li>• Determine if there is a change in the social norms regarding risk behavior among members of the target social network</li> <li>• Determine if tailoring achieves similar outcomes</li> <li>• Ensure that targeted social network was reached</li> <li>• Identify challenges/facilitators of implementation</li> </ul>

Many data collection methods can be used to monitor and evaluate POL. However, it is important to use the most appropriate methods that will allow your organization to obtain the most useful information in a practical and cost effective way. Decisions about methods should be based on an organization's

- information needs
- availability of data collection tools and capacity to develop tools
- capacity and resources for administering each tool
- capacity to analyze data.

Also, consider respondent issues that may affect the quality of data you collect:

- cultural appropriateness
- reading levels
- time needed to complete a form or participate in an interview.

Thinking about how your organization will use data that are gathered will also help in justifying the importance of data collection and in developing a data analysis and reporting plan.

## DATA COLLECTION SCHEDULES

The tables below (Tables 4–6) are arranged by POL phase. Each table indicates when data should be collected, the resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of POL .

Table 4. Preimplementation (Pre-Award and Planning, Discovery, and Targeting Phase) Data Collection Activities			
Instrument	When to Use	Administered By	Completed By
Focus Group Guide	3–6 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Community gatekeepers and members of the target intervention population</li> </ul>
Community Demographic and Risk Survey	6–9 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Community members who are representative of the target intervention population</li> </ul>
Key Informant Interview Guide	3–6 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Community gatekeepers and members of the target intervention population</li> </ul>
Community Observation Guide	6–9 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
POL Cost Estimate Worksheet	6 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
Community Needs Assessment Summary Log	3–6 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff and Data Analyst</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff and Data Analyst</li> </ul>
Social Venue/Context Assessment	3–6 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
Nomination Meeting Activity Log	At the end of the nomination meeting (2–3 months prior to implementation)	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>

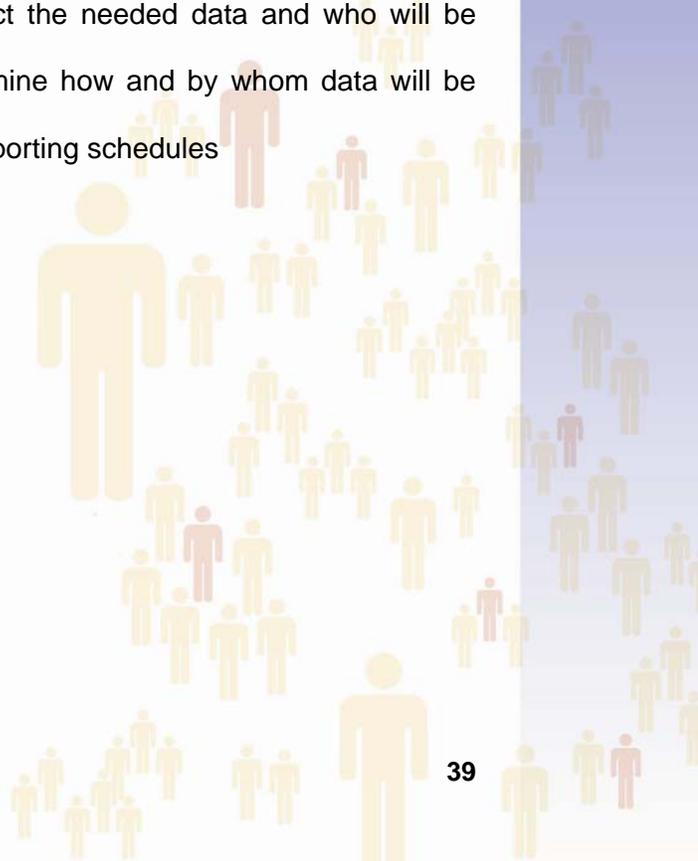
Table 4. Preimplementation (Pre-Award and Planning, Discovery, and Targeting Phase) Data Collection Activities (continued)			
Instrument	When to Use	Administered By	Completed By
Opinion Leader Nomination Form	During nomination meetings (2–3 months prior to implementation)	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Gatekeepers and key stakeholders</li> </ul>
Training Curriculum Development Checklist	1–3 months prior to implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
Implementation Readiness Assessment Checklist	1–2 months prior to start of first wave POL training session cycle	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>

Table 5. Implementation Phase Data Collection Activities			
Instrument	When to Use	Administered By	Completed By
Opinion Leader Program Enrollment Form	One month prior to start of first wave POL training session cycle	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
Pre/Posttest Survey	At the beginning and end of session one	<ul style="list-style-type: none"> <li>Training Session Facilitator(s)</li> </ul>	<ul style="list-style-type: none"> <li>Training Participants</li> </ul>
Fidelity and Process Form	At the end of each training workshop session	<ul style="list-style-type: none"> <li>Training Session Facilitator(s)</li> </ul>	<ul style="list-style-type: none"> <li>Training Session Facilitator(s)</li> </ul>
Facilitator Observation Form	At least once during every training session cycle	<ul style="list-style-type: none"> <li>Program Manager or other program staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Manager or other program staff</li> </ul>
Participant Training Session Evaluation Forms	At the end of each training workshop session	<ul style="list-style-type: none"> <li>Training Session Facilitator(s)</li> </ul>	<ul style="list-style-type: none"> <li>Training Participants</li> </ul>
POL Peer Encounter Form	After all peer encounters (risk reduction conversations) are complete for that day or evening	<ul style="list-style-type: none"> <li>Opinion Leader</li> </ul>	<ul style="list-style-type: none"> <li>Opinion Leader</li> </ul>
POL Peer Encounters Summary Sheet	After completing all peer encounters (risk reduction conversations)	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Opinion Leader</li> </ul>
Referral Tracking Form	As needed	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>

Table 6. Maintenance (Monitoring Phase) Data Collection Activities			
Instrument	When to Use	Administered By	Completed By
Reunion Party/Booster Session Activity Log	At least once at the end of a training cycle	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>
Reunion Party/Booster Session Spot Interview Sheet	During the reunion party/booster session	<ul style="list-style-type: none"> <li>Program Staff and Data Analyst</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff and Data Analyst</li> </ul>
Post-Implementation Community Demographic and Risk Survey	9-12 months post implementation of intervention	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Community members who are representative of the target intervention population</li> </ul>
Program Implementation Quality Assurance Assessment	Every 3 months as a follow up to the sessions conducted during that period	<ul style="list-style-type: none"> <li>Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>Program Manager</li> </ul>

## KEY STEPS TO DEVELOPING AN EVALUATION PLAN

- Use the program logic model to develop process and outcome objectives
- Use the program process and outcome objectives to generate program process and outcome evaluation questions. It is acceptable to develop questions beyond those implied by the logic model
- Identify the data needed to answer or address the:
  - identified evaluation questions
  - data requirements of your funding organization(s)
  - data requirements or requested information of other stakeholders
- Determine the most appropriate methods to collect the needed data and who will be responsible for each data collection activity
- For each data collection activity, identify or determine how and by whom data will be recorded, managed, analyzed, and used
- Develop data collection, recording, analysis, and reporting schedules



## SECTION 4: REPORTING POL INFORMATION TO CDC

This section is designed to help your agency report on POL activities for CDC’s National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) using the Program Evaluation and Monitoring System (PEMS) software. Please refer to CDC’s *National Monitoring and Evaluation Guidance for HIV Prevention Programs* (CDC, 2008b) and the *Program Evaluation and Monitoring (PEMS) User Manual* (CDC, 2008c) for more detailed information on using the PEMS software. If your agency receives funds to implement POL from the health department or another agency, consult with that funding agency regarding specific data collection and reporting requirements.

Two kinds of information about POL are required in NHM&E DS:\*

- A. Program planning data or data on your program plan for the intervention
- B. Program implementation (referred to as “client services data”) or data on what you deliver (i.e., your implementation of intervention activities) and with whom

\* **Disclaimer:** The reporting requirements for the NHM&E DS 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.

Enter into PEMS your program planning data (A) prior to delivering POL services. Program implementation or client services data (B) should be collected as services are provided and entered on a regular basis. Keep your program implementation or client services data in PEMS up-to-date so that these data will be available for your Annual and Semi-annual Program Reports.

This section is organized into five subsections, each containing a table of information for entering POL data into the PEMS software.

- A. Program Planning Data for NHM&E DS
  - 1. General program model details related to POL
  - 2. Intervention (planning) details on how you will train your Popular Opinion Leaders (POLs)
  - 3. Intervention (planning) details on how your POLs will give endorsements or messages to their friends and acquaintances in POL
- B. Program Implementation or Client Services Data for NHM&E DS
  - 4. Data on your actual training of POLs
  - 5. Data on the endorsements or messages that your OLs actually give to their friends and acquaintances

## Organization of POL in PEMS

Only select components or activities of POL are reportable through PEMS. For example, “identification of Opinion Leaders” is not reportable in PEMS; however, many such activities are still critical aspects of POL and should be monitored by your agency.

It is also important to be aware that the design of the PEMS database and the specific terminology for NHM&E may be confusing to some users, especially those doing community-level interventions, such as POL.

Components of POL (e.g., training Opinion Leaders; reunion events; Opinion Leaders’ endorsing messages to friends) are referred to as interventions in the NHM&E DS. For example, the training of Opinion Leaders in POL is an implementation component of POL to assist OLs in spreading POL messages to their friends. However, for NHM&E, data on your training of Opinion Leaders are reported as a “Health Education & Risk Reduction (HERR) intervention.” For clarification or more information, please refer to the National Monitoring and Evaluation Guidance for HIV Prevention Programs (CDC, 2008b), the PEMS User Manual (CDC, 2008c), the National HIV Prevention Program Monitoring & Evaluation Data Set (CDC, 2008d), or contact your CDC Project Officer or funding agency.

## POL PROGRAM PLANNING DATA FOR NHM&E DS

Program planning data provide information about what you intend to do and with whom. Required program planning data include a description of the population you intend to target, the total estimated network size you intend to target, some of the activities that you plan to implement,<sup>3</sup> how these activities will be delivered to the target network, the duration of those activities. These data also include the number of individuals you intend to serve, and the “level” of data (i.e., individual or aggregate) that you plan to collect and report.

Organizing planning data allows you to use your process monitoring data to conduct process evaluations. That is, over time you will compare what you accomplish with what you planned to do. 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 POL.

POL is organized into two “intervention types” in the PEMS software: (1) POL training sessions and (2) endorsements. There is one program information table for each “intervention type” and one general table for POL program planning. Therefore, there are three program planning tables to complete in PEMS early in your implementation of POL.

<sup>3</sup> Only select components of POL are reportable for NHM&E DS. There are critical components or activities in which your agency will engage that you will not report for NHM&E DS.

## A. Program Planning Data

- Table 7: General program planning data related to POL
- Table 8: Program planning data on how you will train your Popular Opinion Leaders in POL
- Table 9: Program planning data on how your Popular Opinion Leaders will give POL endorsements or messages to their friends

The following tables (Tables 7–9) list NHM&E DS variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables.

Table 7 provides guidance on NHM&E DS variables to describe your general program plan for POL. The table depicts NHM&E DS program information variables that are applicable to POL. For instance, Program Model Name (NHM&E DS E101) is to be coded or entered as “Agency Determined” because the name of your Program Model can be any name determined by your agency. However, it is advised that you use POL as the name for your Program Model. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (“1.06”) because, regardless of what you have named your program, your intervention is based on POL.

Note that the variables presented in Tables 7–9 include only those specific to monitoring POL; additional, agency-specific variables are required. 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 or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

Table 7. POL Program Model Details			
Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	The name of the Program Model should be entered as “POL”
Evidence Base	E102	1.06	POL (Variable value code: 1.06)*
Target Population	E105	Agency determined	POL was designed for a social network of friendship groups that share a culture of risk and social norms about HIV risk. If you are targeting a different population with POL, select the appropriate variable code. Select the appropriate variable code for variable E105 “Target Population” to reflect your target social network.

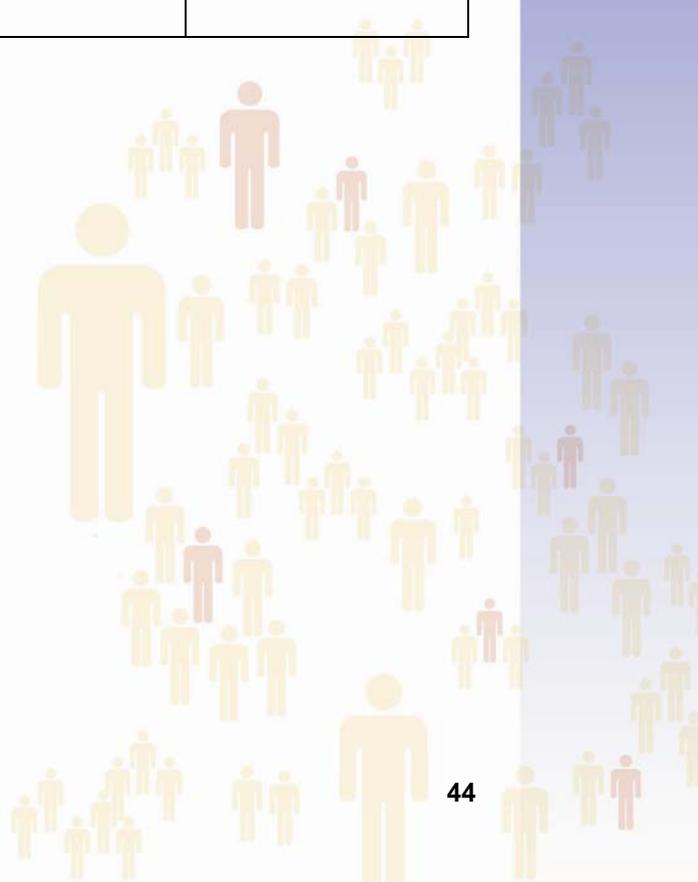
\* Organizations funded directly by CDC to implement POL are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called POL. If you intend to drop or change a core element of POL to meet the needs of your priority populations, use the fields provided to describe the changes to the core elements.

Table 7. POL Program Model Details (continued)			
Variable	NHM&E DS Number	Variable Code	Guidance
Subtarget Population	E106	Agency determined	E106 is a text field. Enter the total estimated network size (total number of members of the social network[s] of friendship groups you have determined for your POL project). E106 will be essential to monitoring your POL program, as you are required (Core Element) to estimate the total network size and use 15% of the total network size to endorse the POL messages to their friends in the network. You may also choose to enter in this field other descriptive information on the network, such as its major social environment or community venue, etc.

Table 8. Program Planning Information – Intervention Details POL Training Sessions 1 – 4			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06 HE/RR	The POL training sessions are coded in NHM&E DS as a “Health Education/Risk Reduction intervention” (variable value code: 06).
Total Number of “Clients” (POLs)	F05	Agency determined	Fifteen percent (15%) of each friendship group is the number of individuals that must <u>give</u> the messages to influence change within the social network. This is the minimum amount of POLs you need to train. Due to the possibility of dropouts, you will aim to <u>train</u> a little bit more than 15% of the total size. Notice that the NHM&E DS variable label refers to POLs as “clients,” although they are actually more like volunteers who will give the intervention to the target or “clients” (their friends and acquaintances who compose the targeted network).
Planned Number of Cycles	F07	Agency determined	Calculate and enter the number of “cycles,” cadres, or cohorts it will take to train the total number of POLs to be trained (see above). Divide the number of POLs to be trained by the class size you plan to have in your POL training sessions. Each of your POL cadres should be small – not larger than 12 POLs.

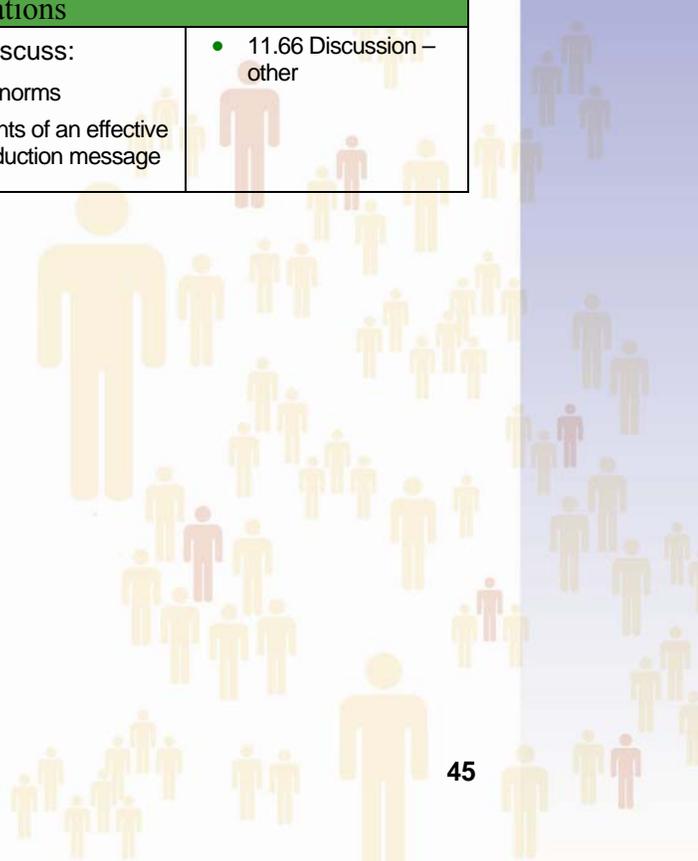
**Table 8. Program Planning Information – Intervention Details  
POL Training Sessions 1 – 4 (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance	
Number of Sessions	F08	4	The POL training is organized into four sessions.	
Unit of Delivery	F09	03	POL training is delivered to small groups of 12 or less POLs (variable value code: 03).	
Activity	F10	08.01	<b>Session One: Teaching Opinion Leaders (OLs) about HIV and Risk</b>	
		08.10		
		08.66		Explain theory and philosophy behind POL <ul style="list-style-type: none"> <li>• 08.66 Information – other</li> </ul>
		11.01		Discuss modes of transmission and effect of HIV on the immune system <ul style="list-style-type: none"> <li>• 08.01 Information – HIV/AIDS transmission</li> <li>• 11.10 Discussion – HIV/AIDS transmission</li> </ul>
		11.10		Activity about behavioral risk levels <ul style="list-style-type: none"> <li>• 11.01 Discussion – Sexual risk reduction</li> </ul>
				Provide opinion leaders with risk reduction information <ul style="list-style-type: none"> <li>• 8.10 Information – Sexual risk reduction</li> </ul>
		Provide participants practical advice on how to implement HIV risk reduction behavior changes <ul style="list-style-type: none"> <li>• 08.15 Information – decision making</li> <li>• 08.10 Information – sexual risk reduction</li> </ul>		



**Table 8. Program Planning Information – Intervention Details  
POL Training Sessions 1 – 4 (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance
Activity	F10	08.01	<b>Session Two: Changing Norms Through Communication</b>
		08.17	
		09.06	
		11.01	
		11.10	
		11.66	
		13.01	
Activity	F10	09.06	<b>Session Three: Practicing Risk Reduction Conversations</b>
		10.06	
		11.20	
		11.66	
		13.66	
		89	
		89	



**Table 8. Program Planning Information – Intervention Details  
POL Training Sessions 1 – 4 (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance	
			Model examples of effective peer risk reduction conversations	<ul style="list-style-type: none"> <li>09.06 Demonstration – providing prevention services</li> </ul>
			Participants role-play risk reduction endorsement conversations and receive feedback	<ul style="list-style-type: none"> <li>10.06 Practice – providing prevention services</li> </ul>
			Facilitate group problem-solving centered on how each POL will have their peer conversations	<ul style="list-style-type: none"> <li>11.20 Discussion – providing prevention services</li> </ul>
			Have each opinion leader to agree to conduct four conversations with at-risk friends before the fourth session	<ul style="list-style-type: none"> <li>89 – Other</li> </ul>
			Small group discussions to plan conversations	<ul style="list-style-type: none"> <li>11.20 Discussion – providing prevention services</li> </ul>
			Discuss practice conversations	<ul style="list-style-type: none"> <li>11.20 Discussion – providing prevention services</li> </ul>
			Distribute conversation-sparking devices	<ul style="list-style-type: none"> <li>13.66 Distribution – other</li> </ul>
			Assignment: invite two friends to next session	<ul style="list-style-type: none"> <li>89 – Other</li> </ul>
Activity	F10	08.66	<b>Session Four: Continuing Risk Reduction Conversations &amp; Inspiring Maintenance</b>	
		11.10		
		11.20		
		89	<ul style="list-style-type: none"> <li>Review risk reductions conversations and provide feedback</li> <li>11.20 Discussion – providing prevention services</li> </ul>	
			<ul style="list-style-type: none"> <li>Review local HIV/AIDS statistics</li> <li>08.66 Information – other</li> </ul>	

Table 8. Program Planning Information – Intervention Details POL Training Sessions 1 – 4 (continued)			
Variable	NHM&E DS Number	Variable Code	Guidance
			<ul style="list-style-type: none"> <li>Review and discussion of behavioral risk factors</li> <li>11.10 Discussion – HIV/AIDS transmission</li> </ul>
			<ul style="list-style-type: none"> <li>Request that participants have 10 or more additional risk reduction conversations over the next 2 weeks; distribute handout (10 person contact form)</li> <li>89 – Other</li> </ul>
Delivery Method	F11	01.00	The POL training sessions are delivered in person (variable value code: 01.00).
Detailed Behavior Data Collection	F13	0	CDC does not require reporting of detailed behavioral data for POL (variable value code: 0).
Level of Data Collection	F14	1	CDC requires the reporting of individual level data (variable value code: 1) for POL training sessions.
Duration of Intervention Cycle	F15	1	One cycle of POL training is the completion of four weekly sessions, or likely one per month (variable value code: 1).
Unit of Duration	F16	1	One cycle of POL training is the completion of four weekly sessions so usually one month (variable value code: 1).

Table 9. Program Planning Information – Intervention Details- Popular Opinion Leader (POL) Endorsements or Conversations			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	POL is classified in NHM&E as a “Health Education/Risk Reduction intervention” (variable value code: 06)
Total Number of Clients	F05	Agency determined	The total number of clients is the same as the total targeted network size (see variable E106).

**Table 9. Program Planning Information – Intervention Details-  
Popular Opinion Leader (POL) Endorsements or Conversations (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance
Planned Number of Cycles	F07	Agency determined	<p>In PEMS you will enter information on POLs as “cycles” and communications or endorsements the POLs give to their friends and acquaintances as “sessions.” For NHM&amp;E DS each POL is a “cycle” of at least 10 sessions (endorsements - not including the four practice endorsements). Completion of the POL intervention requires that 15% of members of each friendship group within the targeted social network deliver a minimum of 10 endorsements, after they complete the training.</p> <p>To determine the number of cycles your agency will need to complete the intervention, estimate the number of POLs you will need to utilize to give endorsements (i.e., 15% of the total estimated network size). This is done by multiplying the total network size by 0.15.</p> <p>For example, the network has 3 friendship groups— (FG) A has 85 members, group B, 120, and group C 176.</p> <ul style="list-style-type: none"> <li>• FG A: <math>225 \times 0.15 = 33.75 \Rightarrow 34</math></li> <li>• FG B: <math>98 \times 0.15 = 14.7 \Rightarrow 15</math></li> <li>• FG C: <math>176 \times 0.15 = 24.6 \Rightarrow 25</math></li> </ul> <p>To complete the POL intervention this agency will need to conduct 74 cycles (74 OLs). This means that 34 POLs from friendship group A, 15 POLs from group B, and 25 POLs from group C will each have to deliver a minimum of 10 endorsements to members of their friendship group.</p> <p>Some POLs may have fewer than 10 endorsements. Such POLs did not reach the targeted level and do not “count” as having intervened. Moreover, the endorsements of two or more POLs cannot be added together to calculate one cycle because a POL for one friendship group or clique is not likely a POL for some other friendship group.</p>

**Table 9. Program Planning Information – Intervention Details-  
Popular Opinion Leader (POL) Endorsements or Conversations (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance
Number of Sessions	F08	Agency determined	One cycle of POL is the completion of at least 10 endorsements by each POL, after completing the training. The total (minimum) number of sessions is 10 times the total number of POLs who are to give the messages to their friends and acquaintances.
Unit of Delivery	F09	01	POL is delivered to individuals through one-on-one, personal conversations (variable value code: 01).
Activity	F10	Agency determined	<p>POL involves endorsement of risk reduction norms. This can include at minimal, risk reduction activities:</p> <ul style="list-style-type: none"> <li>• 11.01 Discussion – Sexual risk reduction</li> <li>• 11.02 Discussion – IDU risk reduction</li> <li>• 11.10 Discussion – HIV/AIDS transmission</li> <li>• 11.13 Discussion – Availability of HIV/STD counseling and testing</li> <li>• 11.17 Discussion – Condom/barrier use</li> <li>• 11.19 Discussion – Decision making</li> <li>• 11.66 Discussion – Other</li> </ul>
Delivery Method	F11	01.00	The POL endorsement conversation is delivered in person (variable value code: 01.00).
Detailed Behavior Data Collection	F13	0	CDC does not require reporting of detailed behavioral data for POL (variable value code: 0)
Level of Data Collection	F14	2	CDC requires the reporting of aggregate level data (variable value code: 02) for POL conversations (See Table 6).
Duration of Intervention Cycle	F15	Agency determined	The duration of the intervention cycle will be the time period you give your POLs to complete their endorsement conversations. You should probably set a standard time frame and support each POL in completing their endorsements within the time frame.

Table 9. Program Planning Information – Intervention Details- Popular Opinion Leader (POL) Endorsements or Conversations (continued)			
Variable	NHM&E DS Number	Variable Code	Guidance
Unit of Duration	F16	Agency determined	The “unit of duration” is the length of time it will take you to complete the intervention. That is, the “unit of duration” is how long it will take for the POLs comprising 15% of the targeted social network to complete their required conversations. This is essentially your funding period – unless you expect to finish early or expect that you will not complete the intervention.

### POL PROGRAM IMPLEMENTATION (CLIENTS SERVICES) DATA FOR NHM&E

As you implement your intervention, you will have to enter into the PEMS software what you did and with whom—this information is your client services data. Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of POLs who participated in POL training sessions, the activities implemented during each training session, and the endorsements, messages, or “sessions” that POLs gave to their friends.

Client services data provide your agency with process monitoring data. These data allow you to monitor whom you are serving and what you are doing. You compare information from your implementation of POL to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan. For example, if Agency X’s plan was to target an estimated social network size of 2,000 individuals, then they have to train enough POLs to ensure that 300 POLs complete their endorsements. They will have to recruit, train, and deploy these POLs over time or across the course of the intervention. If they have 5 years to do the intervention then, *on average*, they should ensure that 30 POLs complete at least 14 endorsements (four are practice during the training period) every 6 months in order to say they completed the POL intervention.<sup>4</sup> Going forward they need to continually monitor and adjust for how they are doing in terms of achieving the targets set in their intervention plan.

<sup>4</sup> Not every POL trained completes the required number of endorsements; therefore, the agency needs to train more than the number needed to complete the intervention (i.e., enough to ensure that 15% complete their endorsements). Also, in the first 6 months the agency will be conducting a lot of assessment and planning activities like setting up recruitment and training systems. Therefore, that first 6 months they may not train any POLs. The 300 needed to complete POL will be trained mostly after the first 6 months.

## B. Program Implementation or Client Services Data

There are two tables describing the program implementation or client services data you need to enter into PEMS.

Table 10: Data on your actual trainings of Popular Opinion Leaders (POLs)

Table 11: Data on the endorsements or messages that POLs actually give to their friends

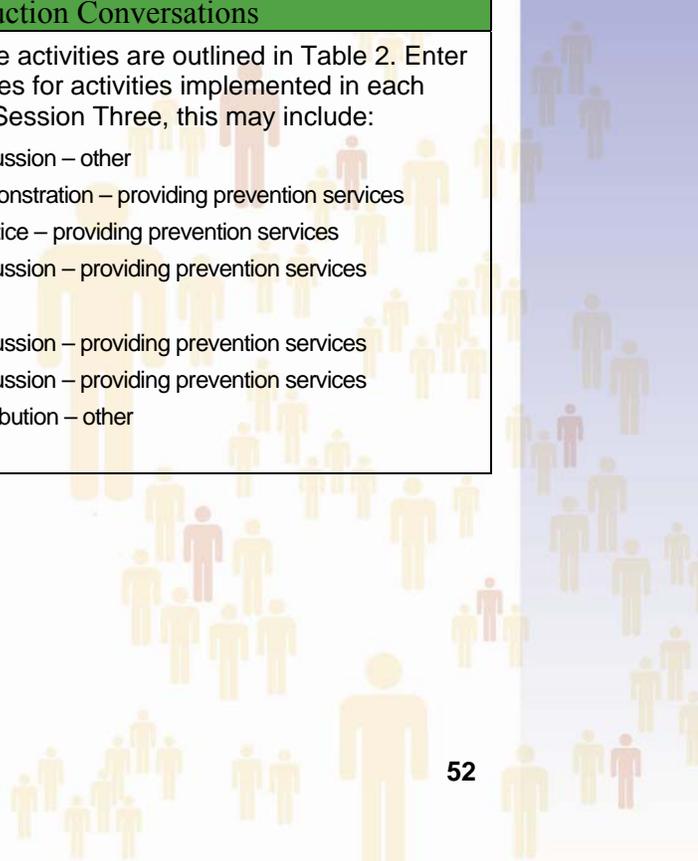
Tables 10 and 11 list the NHM&E DS variables related to implementation of trainings of Popular Opinion Leaders how these data are to be reported in PEMS. Section five includes data collection forms to assist you in collecting these data on program implementation or client services data. For each data collection instrument on which NHM&E DS variables are included, the protocol includes a table listing the variables and the corresponding NHM&E DS number.

Note that the variables presented in Tables 10 and 11 include only those specific to monitoring POL training sessions and POL endorsements. Additional, agency-specific variables are required by CDC. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or 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 on reporting requirements.

NHM&E DS Table	NHM&E DS Number	Variable Name
AG: HE/RR and Outreach	01	Session Number
	02	Date of Event/Session (Date of Session)
	03	Duration of the Session (available from Facilitator Fidelity and Process Forms)
	04	Number of Client Contacts (Enter the number of clients attending the HE/RR session)
	05a	Delivery methods = In person (variable value code: 1.00)

**Table 10. NHM&E DS Variables for Reporting on POL Training Participants (continued)**

NHM&E DS Table	NHM&E DS Number	Variable Name
<b>Session One: Teaching Opinion Leaders (OLs) about HIV &amp; Risk</b>		
	05b	<p>Session One activities are outlined in Table 2. Enter the value codes for activities implemented in each session. For Session One, this may include:</p> <ul style="list-style-type: none"> <li>● 08.66 Information – other</li> <li>● 08.01 Information – HIV/AIDS transmission</li> <li>● 11.10 Discussion – HIV/AIDS transmission</li> <li>● 11. 01 Discussion – Sexual risk reduction</li> <li>● 8.10 Information – Sexual risk reduction</li> <li>● 08.15 Information – decision making</li> <li>● 08.10 Information – sexual risk reduction</li> </ul>
<b>Session Two: Changing Norms Through Communication</b>		
	05b	<p>Session Two activities are outlined in Table 2. Enter the value codes for activities implemented in each session. For Session Two, this may include:</p> <ul style="list-style-type: none"> <li>● 11. 01 Discussion – Sexual risk reduction</li> <li>● 11.10 Discussion – HIV/AIDS transmission</li> <li>● 13.01 Distribution – male condoms</li> <li>● 08.01 Information – HIV/AIDS transmission</li> <li>● 11.10 Discussion – HIV/AIDS transmission</li> <li>● 11.66 Discussion – other</li> <li>● 08.17 Information – providing prevention services</li> <li>● 09.06 Demonstration – providing prevention services</li> </ul>
<b>Session Three: Practicing Risk Reduction Conversations</b>		
	05b	<p>Session Three activities are outlined in Table 2. Enter the value codes for activities implemented in each session. For Session Three, this may include:</p> <ul style="list-style-type: none"> <li>● 11.66 Discussion – other</li> <li>● 09.06 Demonstration – providing prevention services</li> <li>● 10.06 Practice – providing prevention services</li> <li>● 11.20 Discussion – providing prevention services</li> <li>● 89 – Other</li> <li>● 11.20 Discussion – providing prevention services</li> <li>● 11.20 Discussion – providing prevention services</li> <li>● 13.66 Distribution – other</li> <li>● 89 – Other</li> </ul>



**Table 10. NHM&E DS Variables for Reporting on POL Training Participants (continued)**

NHM&E DS Table	NHM&E DS Number	Variable Name
	<b>Session Four: Continuing Risk Reduction Conversations &amp; Inspiring Maintenance</b>	
	05b	Session Three activities are outlined in Table 2. Enter the value codes for activities implemented in each session. For Session Three, this may include: <ul style="list-style-type: none"> <li>• 11.20 Discussion – providing prevention services</li> <li>• 08.66 Information – other</li> <li>• 11.10 Discussion – HIV/AIDS transmission</li> <li>• 89 – Other</li> </ul>
	<b>For the following (08a–12f), enter number or percentage of total number of POLs for each demographic and risk profile characteristic:</b>	
	08a	Client primary risk – MSM
	08b	Client primary risk – IDU
	08c	Client primary risk – MSM/IDU
	08d	Client primary risk – Sex involving transgender
	08e	Client primary risk – Heterosexual contact
	08f	Client primary risk – Other/risk not identified
	09a	Client gender – Male
	09b	Client gender – Female
	09c	Client gender – Transgender MTF
	09d	Client gender – Transgender FTM
	10a	Client ethnicity – Hispanic or Latino
	10b	Client ethnicity – Not Hispanic or Latino
	11a	Client race – American Indian or Alaska Native
	11b	Client race – Asian
	11c	Client race – Black or African American
	11d	Client race – Native Hawaiian or Other Pacific Islander
	11e	Client race – White
	12a	Client age – Under 13 years
	12b	Client age – 13–18 years
	12c	Client age – 19–24 years
12d	Client age – 25–34 years	
12e	Client age – 35–44 years	
12f	Client age – 45 and older	

Table 11 below lists NHM&E DS variables related to reporting on POL endorsements given by POLs. Aggregate client services data for NHM&E DS Table AG (“HE/RR and outreach”) are required for POL encounters. The specific NHM&E DS variables listed in the table below are on the POL Encounter Summary Sheet. The information is collected from the POL Encounter Form.

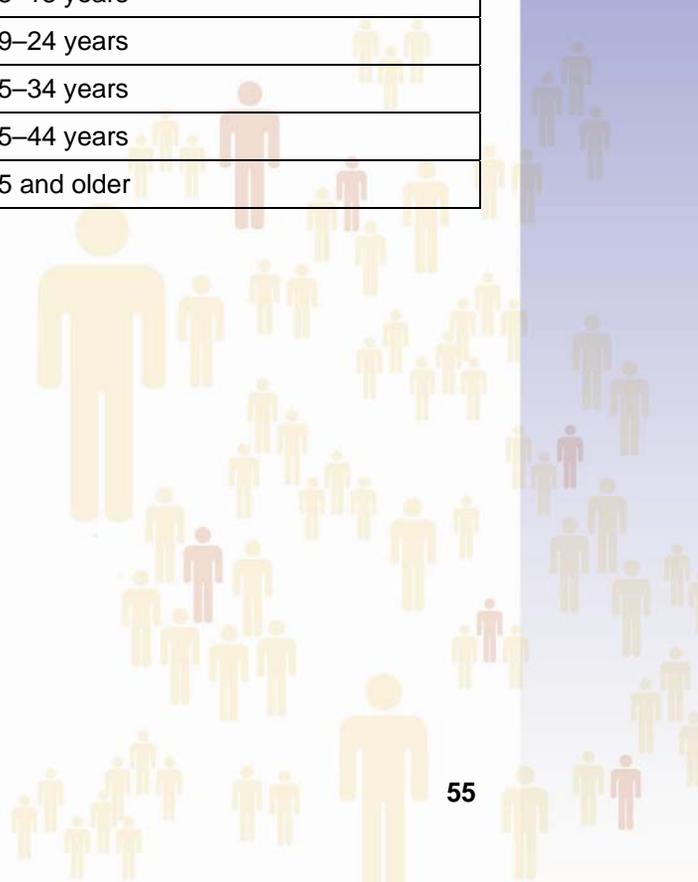
Table 11. NHM&E DS Variables for Reporting on POL Endorsements to Their Friends		
NHM&E DS Table	NHM&E DS Number	Variable Name
AG: HE/RR and Outreach	01	Session number <sup>5</sup>
	02	Date of Event/Session (Date of Session)
	03	Duration of the Session (available from Facilitator Fidelity and Process Forms)
	04	Number of Client Contacts (please note the POL endorsement/conversation session is a personal, individual encounter with a peer or friend and therefore should be counted here as (1) client contact per session.
	05a	Delivery methods = In person (variable value code: 1.00)
	05b	Activity <sup>6</sup> POL involves endorsement of risk reduction norms through one-on-one conversations with peers and friends. It is recommended that you use that you use code “89 Other,” which is a text field. Write in the text field, “Endorsement of condom use.”  This can include at minimal, risk reduction activities such as: <ul style="list-style-type: none"> <li>• 11.01 Discussion – Sexual risk reduction</li> <li>• 11.10 Discussion – HIV/AIDS transmission</li> <li>• 11.13 Discussion – HIV/STD counseling and testing</li> <li>• 11.17 Discussion – Condom/barrier use</li> <li>• 11.19 Discussion – Decision making</li> </ul>
	06	Site Name/ID
	07	Worker ID (POLs are considered volunteers. Therefore, your organization should use the system-generated code for “volunteer.”)
	08a	Client primary risk – MSM
	08b	Client primary risk – IDU

<sup>5</sup> For POL encounters, the session number will always be “1.”

<sup>6</sup> The activities selected for NHM&E DS variable AG05a will depend on the activities conducted during each training session. See the NHM&E DS variable F10, Table 2: Program Information—Intervention Details for POL Encounters in Section 5, or the *PEMS User Manual* (CDC, 2008c) or the variable value codes of each activity.

**Table 11. NHM&E DS Variables for Reporting on POL Endorsements to Their Friends (continued)**

NHM&E DS Table	NHM&E DS Number	Variable Name
	08c	Client primary risk – MSM/IDU
	08d	Client primary risk – Sex involving transgender
	08e	Client primary risk – Heterosexual contact
	08f	Client primary risk – Other/risk not identified
	09a	Client gender – Male
	09b	Client gender – Female
	09c	Client gender – Transgender MTF
	09d	Client gender – Transgender FTM
	10a	Client ethnicity – Hispanic or Latino
	10b	Client ethnicity – Not Hispanic or Latino
	11a	Client race – American Indian or Alaska Native
	11b	Client race – Asian
	11c	Client race – Black or African American
	11d	Client race – Native Hawaiian or Other Pacific Islander
	11e	Client race – White
	12a	Client age – Under 13 years
	12b	Client age – 13–18 years
	12c	Client age – 19–24 years
	12d	Client age – 25–34 years
	12e	Client age – 35–44 years
	12f	Client age – 45 and older



## SECTION 5: 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 POL Implementation Manual 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 plan. 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. However, you may 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 phase. 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.<sup>7</sup> 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.

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<sup>7</sup> NHM&E 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 POL 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 monitor's specific reporting requirements for POL.

## PREIMPLEMENTATION (PRE-AWARD AND PLANNING, DISCOVERY, AND TRAINING) INSTRUMENTS

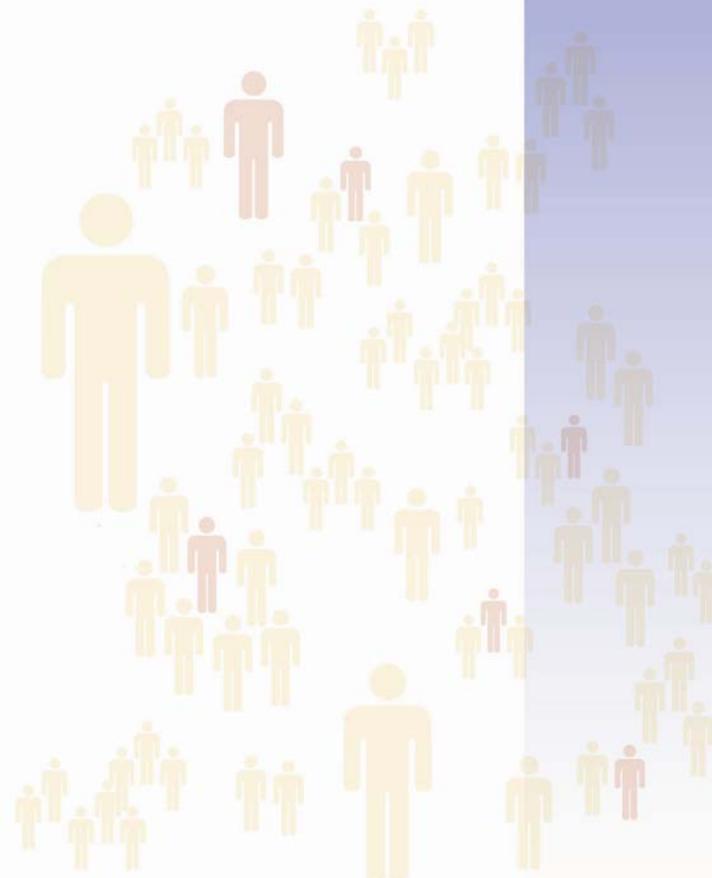
Though some activities are required for POLs' preimplementation activities, questions should be tailored to fit your organization's target social network, associated friendship groups, and related social venue or context.

### REQUIRED

- Focus Group Guide
- Key Informant Interview Guide
- Opinion Leader Nomination Form
- Nomination Meeting Activity Log
- POL Cost Estimate Worksheet
- Implementation Readiness Assessment Checklist

### OPTIONAL

- Community Demographic and Risk Survey
- Training Curriculum Development Checklist
- Social Venue or Context Assessment Form
- Community Observation Guide
- Community and Risk Assessment Summary Log



## FOCUS GROUP GUIDE

**When to Use:** During each focus group conducted during the preimplementation phase

**Administered By:** POL program staff

**Completed By:** POL program staff

**Instructions:** The following is an example of a focus group guide designed for collecting information about issues that are important to your network of friendship groups. You can conduct focus groups on many different topics for different purposes (e.g., get feedback about activities, perceptions of POL, 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 collect a signed copy from each participant and let him or her know that the other copy is for his or her records.

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 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.

Do not 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 *Technical Guidance for Conducting POL* (CDC, 2007).

# FOCUS GROUP GUIDE

## FACILITATOR'S INSTRUCTIONS

### Welcome Participants

- Introduce yourself
- Thank them for their participation in the group
- Distribute and review consent forms
- Discuss payment (if participants will receive a monetary incentive)
- Ask participants to complete name tents or tags with any desired name

### Provide a Summary of POL Intervention

Popular Opinion Leader is a community-level HIV prevention intervention designed to help members of an identified social network feel comfortable making the decision to avoid high-risk behaviors and to help change the social norms of this network through the endorsement of risk reduction norms by key individuals known as opinion leaders. Opinion leaders are individuals who are identified as popular, well-liked, and trusted individuals among friendship groups within a given social network. Opinion leaders help change social norms by endorsing risk reduction activities in conversations with their friends and peers. Be sure to define social networks and friendship groups and identify the specific networks and groups your intervention will target.

### Explain Focus Group Purpose

- Identify ways to improve marketing devices/materials (e.g., project logo) used to promote risk reduction norms and support implementation of POL activities.
- Gather information to guide development and planning of intervention activities for targeted social networks and their friendship groups.

### Explain Focus Group Process

- Focused discussion on participants' perceptions and opinions regarding the utility of marketing devices/materials and ways to improve them for increased effectiveness
- Facilitator asks questions to the group regarding marketing devices/materials, clarifies terms, and summarizes
- Recorder takes notes, but does not directly participate in the group
- If the process will be audiotaped, explain that focus group will be recorded on an audiotape and that it will be erased after the information has been compiled

### Establish Ground Rules

- One person speaks at a time
- Speak loudly and clearly
- Respect confidentiality of the group
- Free to leave at any time if needed

## QUESTIONS

### Opening Question (Round Robin)

1. Tell us the name that you would like to be called, and how long you have lived and/or worked in the target intervention community.

### Introductory Questions

2. From your observations and experiences, why do you think members of the friendship groups within the target social network are becoming infected with HIV?
3. What activities, behaviors, or conditions put these individuals at risk?
4. What do you think are the beliefs, attitudes, and/or social norms that influence the activities, behaviors, or conditions that put these individuals at risk?
5. How do you think members of the friendship groups within the target social network would feel about having an HIV prevention program targeting them in this community?

### Transition Questions

6. How do you think members of the friendship groups within the target social network would feel about the endorsement of risk reduction norms through conversations with the friends and peers?
7. How do you think members of the friendship groups within the target social network would feel about credible, well-liked, popular, and respected friends or opinion leaders talking with them about risk reduction strategies they themselves engage in and support?

### Key Questions

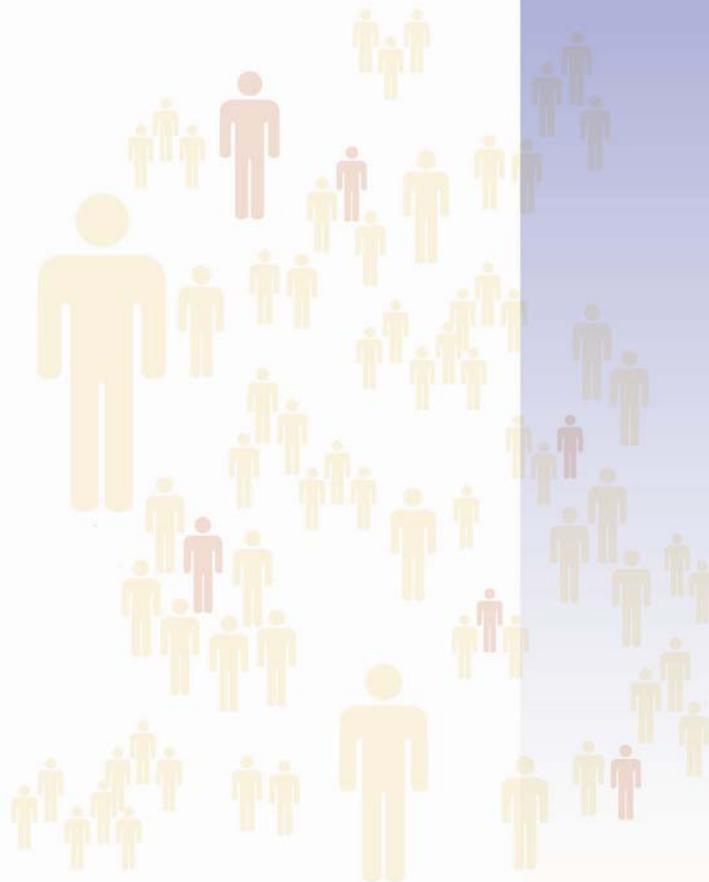
8. Do you think that the proposed logos or symbols that will be used as a part of POL's implementation activities would serve as effective "conversation starters" for opinion leaders to conduct risk reduction conversations with friends or as intervention marketing devices?
  - a. If yes, why? If not, why not?
9. What are ways in which the proposed logos or symbols that will be used as "conversation starters" or as marketing devices can be improved in order to increase their cultural appropriateness, effectiveness, utility, and visibility among members of the friendship groups within the target social network?

## Closing Question

10. What are other suggested strategies for increasing the visibility of POL and changing current social norms, which influence behaviors that put members of the friendship groups within the target social network at risk for HIV?

## KEY INFORMANT INTERVIEW GUIDE

- When to Use:** During each key informant interview conducted during the preimplementation phase
- Administered By:** POL program staff
- Completed By:** POL program staff
- Instructions:**
- Greet the key informant. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the key informant for taking the time to talk with you about his or her knowledge of the target community. Provide a brief overview of POL and why the interview is being conducted.
- Observe demographic characteristics of the key informant. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the informant.



# KEY INFORMANT INTERVIEW GUIDE

## GENERAL INFORMATION

Staff Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Date of interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time: \_\_\_\_:\_\_\_\_ a.m. / p.m.

End time: \_\_\_\_:\_\_\_\_ a.m. / p.m.

Place where respondent was contacted/recruited: \_\_\_\_\_

Interview Site/Setting: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### Gender:

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

### Age:

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

### Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know

### Language spoken during interview:

- English
- Spanish
- Other (Specify: \_\_\_\_\_)

### Race (check all that apply):

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

### Type of respondent:

- Community Member
- Local AIDS prevention agency representative
- Venue owner, operator, manager, or administrator
- Health Department Representative
- Other (Specify: \_\_\_\_\_)

[INTERVIEW QUESTIONS START ON NEXT PAGE]

**Interviewer Instructions:** Read the following statement to the key informant, or provide the information in your own words, before asking interview questions.

*Thank you again for taking the time to talk to me today. As indicated when this interview was arranged, we are interested in learning more about your community so that we can help prevent or reduce HIV infection by encouraging popular, trusted, and well-liked members of this community to endorse risk reduction norms through the Popular Opinion Leader (POL) program.*

*Popular Opinion Leader (POL) is a community-level HIV prevention intervention designed to help members of an identified social network feel comfortable making the decision to avoid high-risk behaviors and to help change the social norms of this network through the endorsement of risk reduction norms by key individuals known as opinion leaders. Opinion leaders are individuals who are identified as popular, well-liked, and trusted individuals among friendship groups within a given social network. Opinion leaders help change social norms by endorsing risk reduction activities in conversations with their friends and peers.*

*All of your answers will be kept confidential and only used to inform future planning, tailoring, implementation, and monitoring of the program. If you are uncomfortable with any of the questions, you do not have to answer them or you can choose to leave the interview at any time.*

1. What populations within your community do you think are most at risk for HIV?
2. Which of these populations have networks of friendship groups with social norms (group-level, shared beliefs, customs, expectations, and opinions) that influence individual attitudes, beliefs, opinions, and behaviors about HIV risk?
3. Which of these networks have popular, well-liked, trustworthy individuals who can influence the attitudes, beliefs, opinions, and behaviors of members of the associated friendship groups?
4. Which of these networks share a common conversational, social environment or context in which the friendship groups regularly interrelate?
5. Which of these networks of friendship groups do you think would most benefit from a program such as POL?

6. In general, what are some major concerns of this network of friendship groups?
7. What are the major health concerns in this network of friendship groups?
  - a. Where do people go to get information about the major health issues affecting this network of friendship groups?
  - b. Who do members of this network of friendship groups trust and go to get advice?
  - c. Do you think trusted and well-liked members of these friendship groups can help fight health issues affecting these groups? If yes, why? If no, why not?
8. How serious is HIV infection compared to other problems in this network of friendship groups?
9. What are the risk behaviors among members of the friendship groups within the social network?
10. What are the social norms (group-level, shared beliefs, customs, expectations, and opinions which shape individual attitudes, beliefs, opinions, and behaviors) within the network that influence these risk behaviors?
  - a. How best can POL target the social norms influencing these risk behaviors?
  - b. What one risk reduction norm could be promoted in the network to best reduce risk taking among members of the friendship groups? Why?
11. Which friendship groups within the network do you feel are most at risk for HIV?
  - a. Where (social venues/contexts) can we access, observe, and learn more about these friendship groups within the social network?

12. What are the social norms of members of the friendship groups within the network regarding HIV testing and disclosure?
  - a. What are the reasons why someone within these groups would not want to get tested?
  - b. What are the reasons why someone within these groups would not want to disclose their HIV status?
  - c. How easy is it for members of these groups to get an HIV test and counseling?
13. What are the social norms of members of the friendship groups within the network regarding risk reduction (e.g., regular condom use)?
  - a. What do they think are the advantages and disadvantages of engaging in risk-reducing activities?
  - b. Do they have knowledge of risk reduction methods and access to HIV risk reduction resources (e.g., condoms, clean needles)?
14. How easy is it for members of the friendship groups to get access to HIV risk reduction resources?
  - a. If HIV risk reduction resources are not available, why not?
15. Do you think members of the social network intend to engage in HIV risk reduction activities? If yes, why? If no, why not?
16. What do you think can be done to help individuals members of friendship groups within the social network learn about HIV risk reduction?

17. Have there been past attempts to promote HIV risk reduction norms within this network of friendship groups?
  - a. What succeeded and what failed in the prior program(s)?
  - b. What made the efforts successful or not successful?
18. What do you know about the POL intervention?
19. Based on your knowledge of POL, what do you think the support would be for implementing this intervention with the identified social network of friendship groups who are at risk for HIV?
20. Are there any social venues or contexts where members of the social network could go for information about HIV risk reduction?
  - a. If yes, what are they? What type of information could be provided and how?
21. Are there any other social venues or contexts associated with this network of the friendship groups where members go for entertainment or other social activities?
  - a. How do they access them (bus, walking, car, Internet)?
  - b. When do they usually access them?
22. How would you describe the friendship groups in this network? (Probe about specific friendship groups.)
  - a. What is the racial/ethnic mix of these friendship groups?
  - b. What are the age ranges?

- c. What are the shared interests and relationships of these friendship groups?
  - d. What are the shared values, beliefs, attitudes, and norms of these friendship groups?
  - e. How many friendship groups do you estimate are associated with this network?
23. Who are the trusted, well-liked, influential individuals within each social friendship group who also access these social venues/contexts identified earlier?
- a. What kind of influence do they have?
  - b. Why do people listen to them?
  - c. Are they positive or negative influences? Why?
  - d. Do you think that those people would be willing to endorse risk reduction activities to their friends and peers in a given friendship group?
24. Of the trusted, well-liked, influential individuals, can you think of anyone who can serve as a POL intervention opinion leader who will endorse HIV/AIDS risk reduction activities among their friends and peers?
- a. Do you think that these people would be willing to serve as “opinion leaders” and initiate risk reduction endorsement conversations with their peers?
  - b. What is the best way to contact these potential opinion leaders?
  - c. Do you think that these people would be helpful in recruiting other prospective opinion leaders among their peers and friends?

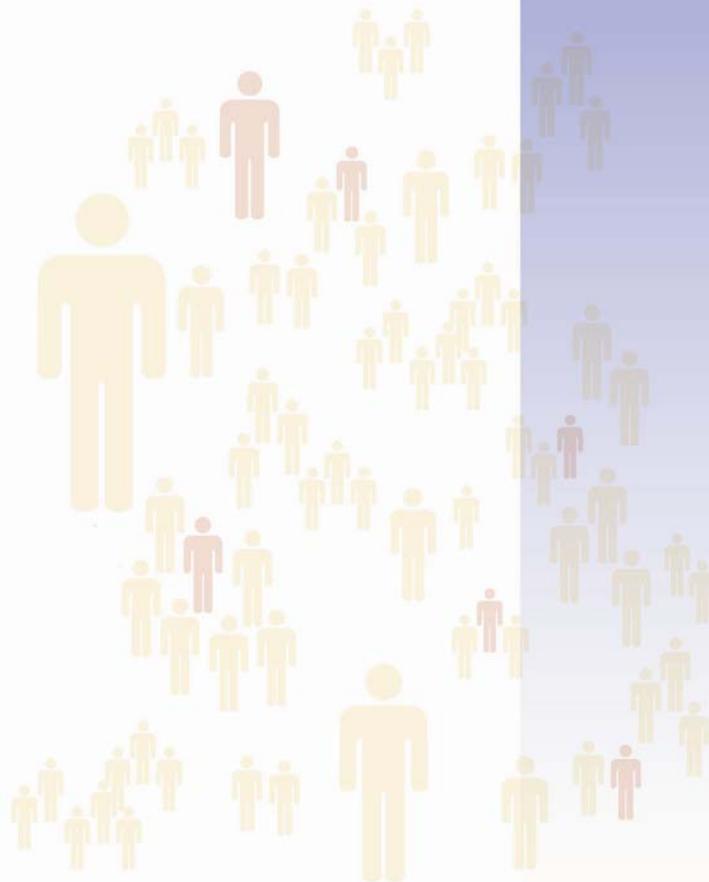
25. Could you recommend other people that I could interview about implementing POL in this community?

26. Is there anything else that you would like to add?

**Thank you for your participation!**

## OPINION LEADER NOMINATION FORM

- When to use:** During each opinion leader nomination meeting held with community gatekeepers and key stakeholders during the preimplementation phase
- Administered by:** POL program staff
- Completed by:** Meeting participants (community gatekeepers and key stakeholders)
- Instructions:** POL program staff may distribute this form to gatekeepers and stakeholders during opinion leader nomination meetings. Ask the individuals to provide the names of up to three popular opinion leaders within the friendship group(s) they are most familiar with. If they are unable to provide a name, ask them to provide a detailed description so that your staff can work to identify that individual.



# OPINION LEADER NOMINATION FORM

**Instructions:** In the spaces below, please provide the names of individuals you think could serve as opinion leaders, and any special detail(s) that will help us identify them. Also, describe the friendship group(s) they are a part of, such as where these groups socialize, common interests, etc. Thank you.

Your first name: \_\_\_\_\_

	Nominee's Name or Description	POL Characteristics	Other Characteristics	Description of Friendship Group(s)
1		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
2		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
3		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		

	Nominee's Name or Description	POL Characteristics	Other Characteristics	Description of Friendship Group(s)
4		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
5		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
6		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
7		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		

	Nominee's Name or Description	POL Characteristics	Other Characteristics	Description of Friendship Group(s)
8		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
9		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
10		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
11		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		

	Nominee's Name or Description	POL Characteristics	Other Characteristics	Description of Friendship Group(s)
12		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
13		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
14		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		
15		<input type="checkbox"/> Respected <input type="checkbox"/> Credible <input type="checkbox"/> Relevant <input type="checkbox"/> Well-liked <input type="checkbox"/> Trustworthy <input type="checkbox"/> Empathetic Friend		

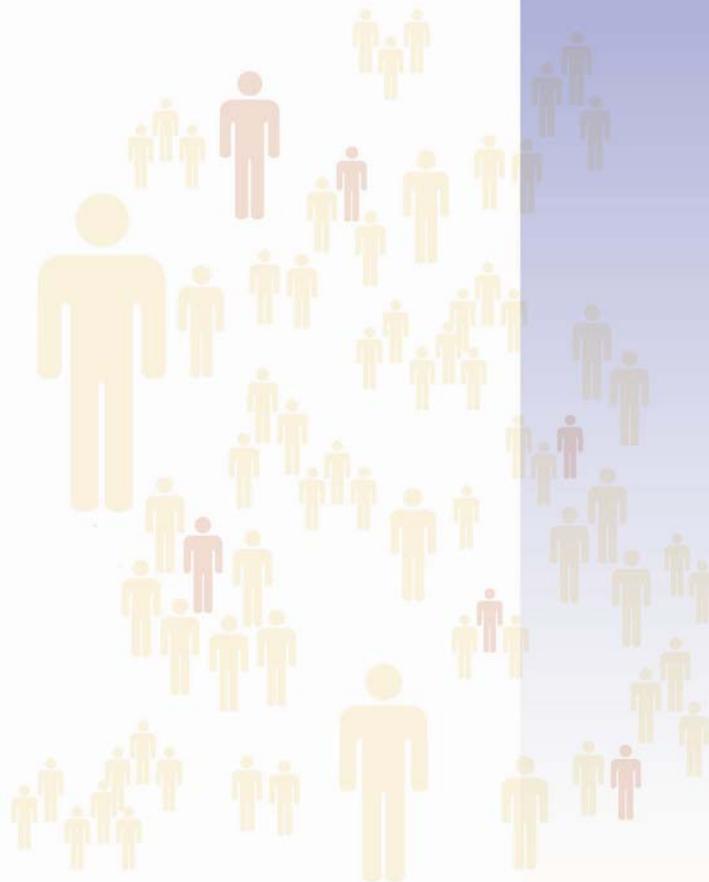
## NOMINATION MEETING ACTIVITY LOG

**When to use:** During each opinion leader nomination meeting held with community gatekeepers and key stakeholders during the Preimplementation phase

**Administered by:** POL program staff

**Completed by:** POL program staff

**Instructions:** Use this log as a guide to document discussions and/or key decisions made during opinion leader nomination meetings.



# NOMINATION MEETING ACTIVITY LOG

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Month Day Year*

Location: \_\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ AM/PM (*circle one*)      End Time: \_\_\_\_:\_\_\_\_ AM/PM (*circle one*)

Number of Staff Facilitating Event: \_\_\_\_\_

Staff Names and ID Numbers:

Name \_\_\_\_\_ ID# \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_

Total Number of Opinion Leader Nominations Made \_\_\_\_\_

Total Number of Friendship Groups Identified \_\_\_\_\_

*~ Continued on next page ~*

**Instructions:** Please provide the following information, including a brief description of the friendship groups, and provide the number of prospective POLs affiliated with each friendship group within the target social network that were identified by the nomination meeting participants. Please also provide a summary of any key issues raised and observations made as well as any anticipated next steps.

**Friendship Group One:**

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Number of prospective POLs identified in this friendship group: \_\_\_\_\_

---

**Friendship Group Two:**

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---

Number of prospective POLs identified in this friendship group: \_\_\_\_\_

---

**Friendship Group Three:**

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---

Number of prospective POLs identified in this friendship group \_\_\_\_\_

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**Friendship Group Four:**

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Number of prospective POLs identified in this friendship group \_\_\_\_\_

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**Friendship Group Five:**

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---

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Number of prospective POLs identified in this friendship group \_\_\_\_\_

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**Friendship Group Six:**

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Number of prospective POLs identified in this friendship group \_\_\_\_\_

**Key issues:**

**Observations**

**Next Steps:**

**Additional comments:**

## EXAMPLE COST ESTIMATE WORKSHEET

**When to use:** Conducted during the preimplementation phase before the completion of the pre-award assessment activities (i.e., identification of broad risk population, development of community relationships, assessment of POL applicability and feasibility within target community)

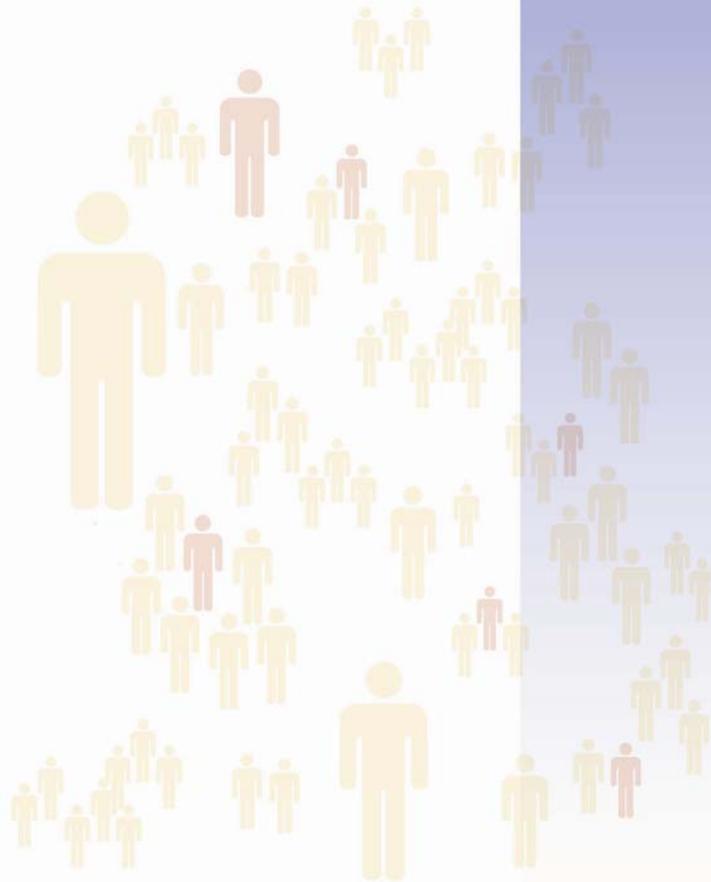
**Administer by:** Program Staff

**Completed by:** Program Staff

**Instructions:** Work with agency staff to estimate the cost and resources needed to complete the POL program. Remember that completion of the program involves 15% of each friendship group conducting a minimum of 10 endorsements with other members of their friendship group(s).

Put in the dollar amounts for your locale and you can calculate how much it will cost you to deploy each POL. This estimate will result in the overall cost to deploy 38 POLs.

Simply divide your cost by 38 to arrive at a “per POL cost” for your locale. The number of POLs you can afford to deploy is your budget amount divided by your estimated “per POL cost” for your locale.



## EXAMPLE COST ESTIMATE WORKSHEET

**Instructions:** Put in the dollar amounts for your locale and you can calculate how much it will cost you to deploy each POL. This estimate will result in the overall cost to deploy 38 POLs. Simply divide your cost by 38 to arrive at a “per POL cost” for your locale. The number of POLs you can afford to deploy is your budget amount divided by your estimated “per POL cost” for your locale.

Here is an example cost breakdown for POL. A quick and easy “per POL cost” estimate based on Atlanta-area costs (with no voluntary coverage, and including training costs of facilitators as miscellaneous) resulted in a cost estimate of \$21,930, or \$577.11 per POL (\$21,930 divided by 38 POLs).

### Breakdown of cost items and units based on original research trial

	Unit Cost		# of Units	Total costs
<b>Salary<sup>1</sup></b>				
Senior/supervisory staff	\$ ___/hour	x	200 hours	\$ _____
Junior staff	\$ ___/hour	x	202 hours	\$ _____
Administrative staff	\$ ___/hour	x	19 hours	\$ _____
Bar staff	\$ ___/hour	x	16 hours	\$ _____
<b>Total Salary Cost</b>				<b>\$ _____</b>
<b>Incentive payments<sup>2</sup></b>				
POL incentives	\$ ___/POL	x	38 POLs <sup>3</sup>	\$ _____
<b>Other Expenses<sup>4</sup></b>				
Meeting room rental	\$ ___/session	x	8 sessions	\$ _____
Staff local travel	\$ ___/roundtrip	x	36 roundtrips	\$ _____
Refreshments POL trainings	\$ ___/session	x	8 sessions	\$ _____
Pamphlets	\$ ___/pamphlets	x	1500 pamphlets	\$ _____
Posters	\$ ___/poster	x	20 posters	\$ _____
Miscellaneous costs	\$ ----		----	\$ _____
<b>Subtotal</b>				<b>\$ _____</b>
Overhead (25% of subtotal) <sup>5</sup>				\$ _____
<b>Total</b>				<b>\$ _____</b>

<sup>1</sup> Insert total hourly rate, including fringe benefits costs

<sup>2</sup> Optional expenses

<sup>3</sup> Use form, Estimation of Social Network Size Targeted and Opinion Leaders Needed, to determine minimum number of POLs

<sup>4</sup> Expenses may vary

<sup>5</sup> Excludes utilities, office rental, maintenance, and general administrative costs

## EXAMPLE ESTIMATION OF SOCIAL NETWORK SIZE TARGETED AND OPINION LEADERS NEEDED

<b>Estimated size of the targeted social network</b>	250
	<hr/>
<b>Number of friendship groups within the social network</b>	5
	<hr/>
<b>Total number of the minimum set of POLs needed to recruit, train, and deploy (size of social network [250] x .15 = 37.5)</b>	38
	<hr/>
<b>Total number of endorsements by POLs needed for diffusion (38 POLs x 10 conversations per POL [excludes 4 practice endorsements]= 380 endorsements)</b>	380
	<hr/>

Number of individuals within each friendship group and minimum number of POLs needed to recruit, train, and deploy (number of friendship group members x .15):

<b>Friendship Group 1</b>	50	<b>Min. no. of POLs:</b>	8
	<hr/>		<hr/>
<b>Friendship Group 2</b>	45	<b>Min. no. of POLs:</b>	7
	<hr/>		<hr/>
<b>Friendship Group 3</b>	35	<b>Min. no. of POLs:</b>	6
	<hr/>		<hr/>
<b>Friendship Group 4</b>	20	<b>Min. no. of POLs:</b>	2
	<hr/>		<hr/>
<b>Friendship Group 5</b>	100	<b>Min. no. of POLs:</b>	15
	<hr/>		<hr/>

## ESTIMATION OF SOCIAL NETWORKS/ SIZE TARGETED AND OPINION LEADERS NEEDED

**Estimated size of the targeted social network**

\_\_\_\_\_

**Number of friendship groups within the social network**

\_\_\_\_\_

**Total number of the minimum set of POLs needed to recruit, train, and deploy (size of social network [250] x .15 = 37.5)**

\_\_\_\_\_

**Total number of endorsements by POLs needed for diffusion (38 POLs x 10 conversations per POL [excludes 4 practice endorsements]= 380 endorsements)**

\_\_\_\_\_

Number of individuals within each friendship group and minimum number of POLs needed to recruit, train, and deploy (number of friendship group members x .15):

**Friendship Group 1**

\_\_\_\_\_

**Min. no. of POLs:**

\_\_\_\_\_

**Friendship Group 2**

\_\_\_\_\_

**Min. no. of POLs:**

\_\_\_\_\_

**Friendship Group 3**

\_\_\_\_\_

**Min. no. of POLs:**

\_\_\_\_\_

**Friendship Group 4**

\_\_\_\_\_

**Min. no. of POLs:**

\_\_\_\_\_

**Friendship Group 5**

\_\_\_\_\_

**Min. no. of POLs:**

\_\_\_\_\_

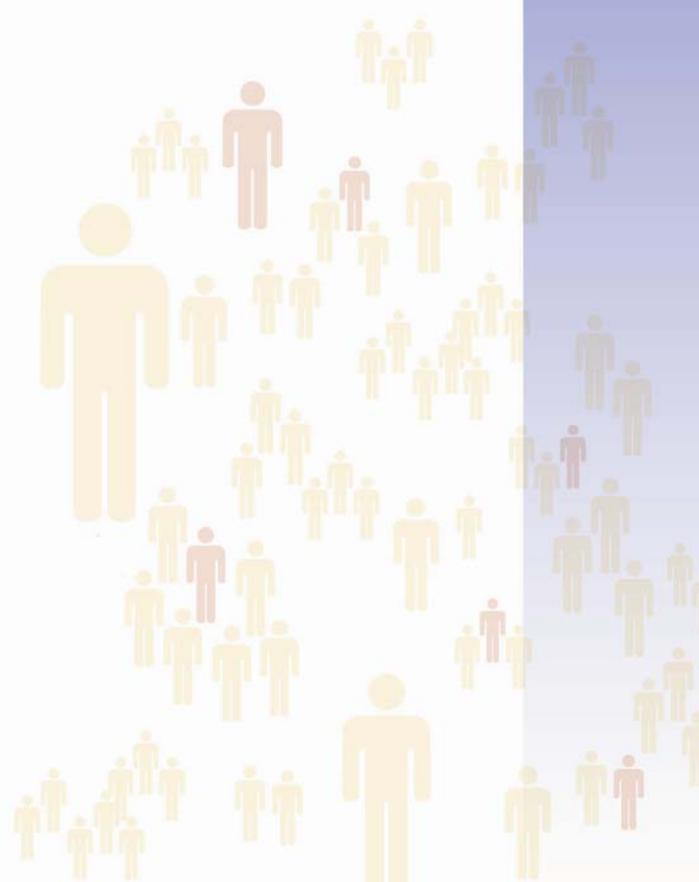
## IMPLEMENTATION READINESS ASSESSMENT CHECKLIST

**When to use:** At the conclusion of all formative assessment and planning, discovery, and targeting activities conducted during the Preimplementation phase

**Administered by:** Program staff

**Completed by:** Program staff

**Instructions:** Program staff will need to meet and together answer the following questions in order to help the organization determine its readiness to begin the implementation phase of POL. It will be important to ensure that the processes used to complete the preimplementation activities are consistent with the recommended guidance in the implementation manual in order to identify any gaps not addressed by those processes.



## IMPLEMENTATION READINESS ASSESSMENT CHECKLIST

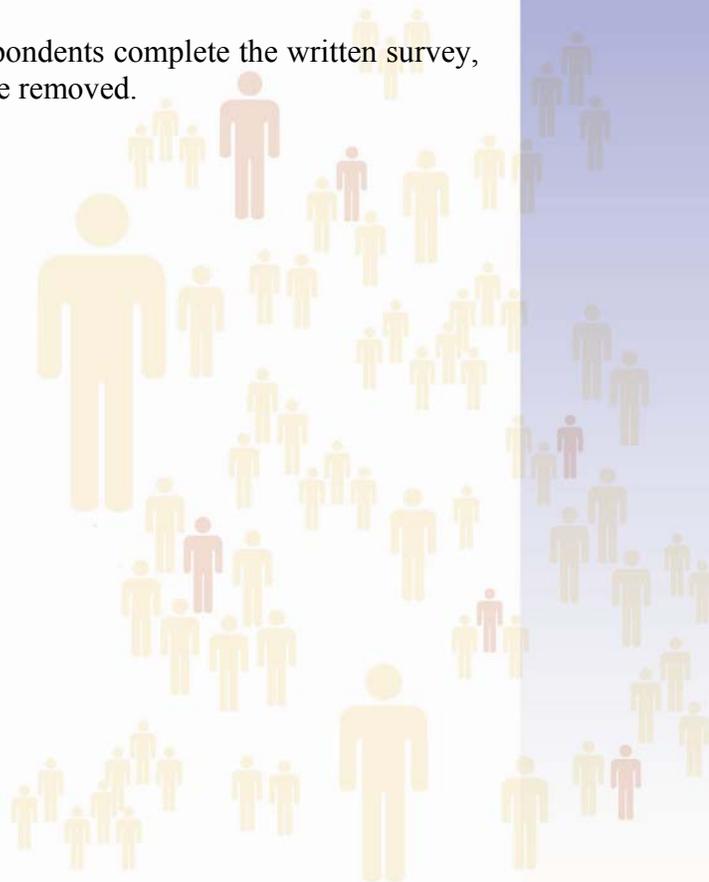
Implementation Readiness Assessment Checklist					
No.	Pre-Intervention Task Completed	Yes	No	If no, why not?	Documentation of Evidence
<b>PRE-AWARD</b>					
1	Identified broad risk population within which POL will be targeted?				
2	Began development of relevant community relationships?				
3	Assessed applicability of POL and feasibility of POL in the community?				
4	Obtained funds or resources sufficient to do POL?				
<b>PLANNING, DISCOVERY, AND TARGETING</b>					
5	Defined the relationship between resources available and scope and size of the project?				
6	Determined how many POLs you can train and deploy with the resources you have?				
7	Assessed what size network you can intervene with based on the amount of resources you have?				
8	Trained project staff?				
9	Began POL planning and monitoring tool process?				
10	Engaged relevant gatekeepers and community members?				

### Implementation Readiness Assessment Checklist

No.	Pre-Intervention Task Completed	Yes	No	If no, why not?	Documentation of Evidence
11	Completed risk and community assessment? Identified and estimated: <input type="checkbox"/> Targeted social network(s) <input type="checkbox"/> Targeted risk-related norm <input type="checkbox"/> First cadre of POLs training curriculum				
12	Devised the local POL project's: <input type="checkbox"/> Logo/conversation-sparking device <input type="checkbox"/> Training curriculum <input type="checkbox"/> POL recruitment plans and procedures <input type="checkbox"/> Training plan to train POLs in cadres <input type="checkbox"/> Retention plan and procedures <input type="checkbox"/> Support and maintenance plan for POL in the community				
13	Finalize POL planning and monitoring tool				

## COMMUNITY DEMOGRAPHIC AND RISK SURVEY

- When to use:** During the POL preimplementation phase
- Administered by:** POL program staff
- Completed by:** Community members who are representative of the targeted population for POL
- Instructions:** The questions on this survey are designed to collect demographic and risk information prior to the implementation of POL to help program staff with program planning or improvement activities. The information collected can help determine the one at-risk population that will be targeted for POL, and can help provide baseline data for postimplementation evaluation activities.
- This survey should be administered by program staff prior to the implementation of POL as part of the community needs assessment activities. Specifically, the survey should be administered to members of the identified at-risk population.
- If a prospective respondent elects to complete the survey, staff should instruct the respondent to read each question and the response choices carefully. Staff should also ask the respondent to answer the questions as honestly and thoroughly as possible. It is important that the representative remind each respondent that all answers will remain confidential to the extent allowed by law.
- Note:** If an agency chooses to have respondents complete the written survey, the nonresponse options should be removed.



# COMMUNITY DEMOGRAPHIC AND RISK SURVEY

For administrative use	
Date:	Site ID:
Administered by:	

**Instructions:** Thank you for taking the time to complete this survey. Your help may provide new information that will lead to better ways to prevent HIV/AIDS. This survey is completely anonymous. Please do not put your name anywhere on it. Please answer all questions honestly and try not to skip any questions. By completing these questions, you give consent to participate in this survey.

1. **What is your birth date?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

2. **In what state do you currently live?** \_\_\_\_\_

3. **Were you born as a male or a female?**

- Male
- Female
- Don't Know
- Did Not Ask
- Refused to Answer

4. **Would you describe yourself as** (i.e., what is your current gender):

- Male
- Female
- Transgender – Male to Female
- Transgender – Female to Male
- Don't Know
- Did Not Ask
- Refused to Answer

5. **What best describes your ethnicity?**

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

6. **What best describes your race?** (check all that apply)

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

7. **Please indicate if you have engaged in the following behaviors in the last 3 months:**

	Yes	No
(a) Sex with a Female	<input type="checkbox"/>	<input type="checkbox"/>
(b) Sex with a Male	<input type="checkbox"/>	<input type="checkbox"/>
(c) Sex with a Transgender	<input type="checkbox"/>	<input type="checkbox"/>
(d) Exchanged sex for drugs or money	<input type="checkbox"/>	<input type="checkbox"/>
(e) Sex while high	<input type="checkbox"/>	<input type="checkbox"/>
(f) Sex with an injection drug user (IDU)	<input type="checkbox"/>	<input type="checkbox"/>

8. **Have you had sexual intercourse (vaginal or anal sex) in the past 12 months?**

- Yes
- No (skip to question 16 )
- Did Not Ask (skip to question 16 )
- Refused to Answer (skip to question 16 )

9. **How many sex partners have you had in the past 12 months?** (total number) \_\_\_\_\_

- Does Not Apply (skip to question 16 )
- Did Not Ask (skip to question 16 )
- Refused to Answer (skip to question 16 )

10. **Do you consider yourself exclusively partnered (i.e., involved in a sexual relationship with only one person)?**

- No
- Yes, for less than 1 year
- Yes, for more than 1 year

11. **How many times have you had sex in the past 12 months?** (Total number) \_\_\_\_\_

12. **How many times have you had unprotected sex (i.e., sex without a condom) in the past 3 months?** (total number) \_\_\_\_\_

The next set of statements involves your opinion about how your friends behave. Even if you are not completely sure, please answer each question with your best guess or “hunch.”

13. My friends always use condoms during intercourse.

Strongly Disagree      Disagree      Agree      Strongly Agree

14. Safer sex is completely accepted by my friends.

Strongly Disagree      Disagree      Agree      Strongly Agree

15. My friends are likely to have unsafe sex after drinking alcohol.

Strongly Disagree      Disagree      Agree      Strongly Agree

16. In the past 3 months, how many times have you talked to a friend or an acquaintance and told that person about the importance of staying sexually safe?

\_\_\_\_\_ times(s)

17. Have you been tested for HIV?

- No, I have not been tested. (*Skip to question 22*)
- Yes, I was told that my result was negative.
- Yes, I was told that my result was positive.
- Yes, I but I never returned to learn the result.

18. When did you last test negative for HIV? \_\_\_\_ / \_\_\_\_ / (month/year)

- Don't Know
- Did Not Ask
- Refused to Answer

19. Have you injected drugs in the past 3 months?

- Yes
- No (*Skip question 24*)
- Don't Know
- Did Not Ask
- Refused to Answer

**20. What substances did you inject? (check all that apply)**

- Heroin alone
- Cocaine alone
- Heroin and cocaine together
- Crack
- Amphetamines, speed, crystal meth, ice
- Other narcotic drugs
- Hormones
- Steroids
- Silicone
- Botox
- Other medical substance
- Other (specify: \_\_\_\_\_)

**This is the end of the survey.**

**Please flip through the pages and make sure you have answered every question.**

**THANKS FOR GIVING US SOME OF YOUR TIME-  
WE APPRECIATE IT!**

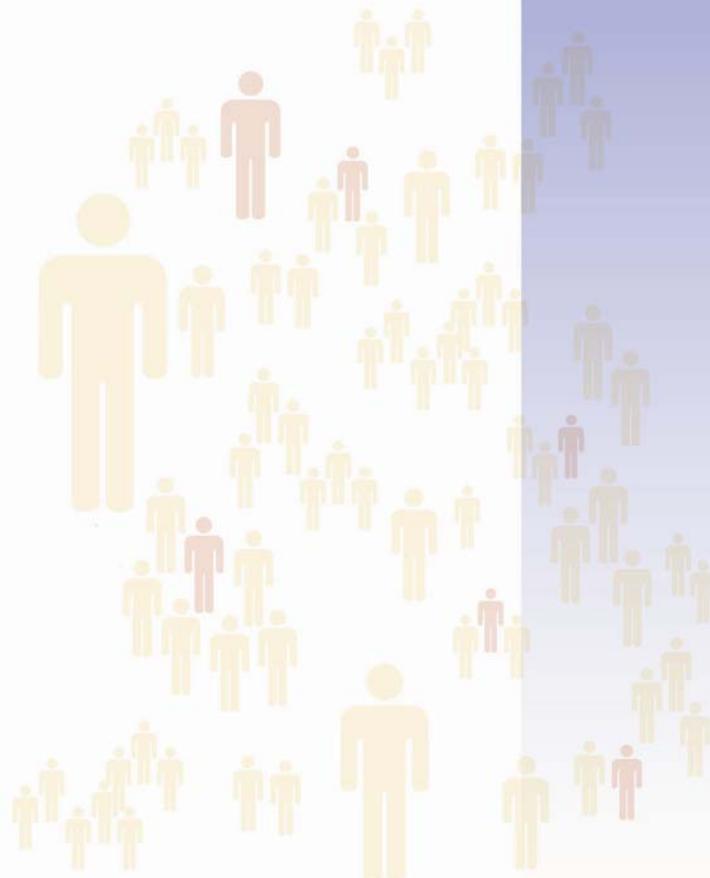
## TRAINING CURRICULUM DEVELOPMENT CHECKLIST

**When to use:** At the conclusion of the curriculum development activities conducted during the preimplementation phase

**Administered by:** Program staff

**Completed by:** Program staff

**Instructions:** Program staff will need to review the draft curriculum and together answer the following questions in order to help the organization determine if the curriculum is well developed and has all of the critical components necessary for training the opinion leaders. It will be important to ensure that the content used to develop the curriculum is consistent with what is recommended in the implementation manual and the core elements of POL.



## TRAINING CURRICULUM DEVELOPMENT CHECKLIST

**Instructions:** Review each question and indicate with a “yes” or “no” the response to the question. If an answer to a question is “no,” please provide an explanation of why this is the case.

Training Curriculum Questions	Yes	No	If No, Why Not?
1. Are there auditory, visual, and hands-on learning techniques incorporated into the training curriculum?			
2. Will facilitators present the information to the participants using language and terms that are easily understood by them?			
3. Does the training curriculum include opportunities to reinforce instruction of required skills or techniques needed to implement the intervention through demonstration?			
4. Are there significant opportunities for participants to practice delivering intervention activities?			
5. Does the training curriculum allow participants opportunities to provide feedback that will help ensure their understanding of the training content?			
6. Was the training curriculum content tailored and adapted to ensure cultural appropriateness?			
7. Are training evaluation forms developed for participants to assess the delivery of the training and their understanding of the content?			
8. Are training evaluation forms developed for facilitators or observers to assess the delivery of the training and participants' understanding of the content?			

Training Curriculum Questions	Yes	No	If No, Why Not?
9. Does the training curriculum content include:			
a. Introduction and explanation of the POL program			
b. Explanation of the theory and philosophy behind POL			
c. Overview of HIV transmission and the immune system			
d. Review of local statistics on HIV/AIDS			
e. Discussion of behavior risk levels			
f. Review of behavior risk factors			
g. Discussion of strategies to make risk reduction changes			
h. Advice on how to implement HIV risk reduction behavior changes			
i. Review of myths and misconceptions of HIV transmission			
j. Discussion about using social norms to change behavior			
k. Review of the elements of an effective risk reduction message			
l. Risk reduction message delivery modeling activities			
m. Risk reduction message delivery practice opportunities			

Training Curriculum Questions	Yes	No	If No, Why Not?
n. Discussion of POLs' commitment, plans, and delivery of four practice risk reduction conversations with peers			
o. Discussion of conversation-sparking devices or program logos			
p. Discussion about inviting more prospective opinion leaders			
q. Review of the risk reduction conversations conducted by POLs			
r. Discussion of POLs' commitment, plans, and delivery of 10 additional risk reduction conversations with peers			

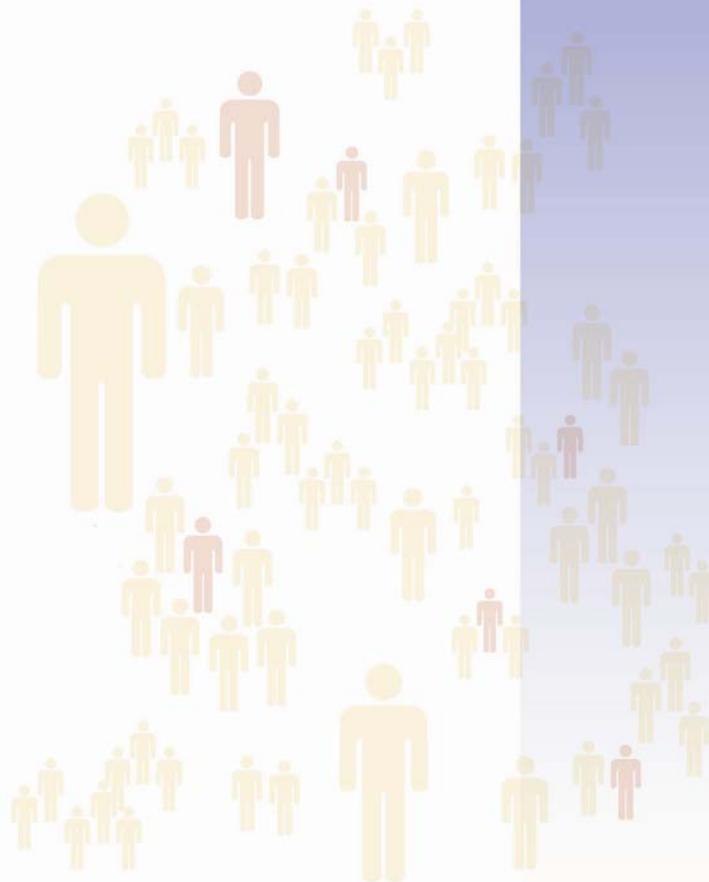
## SOCIAL VENUE OR CONTEXT ASSESSMENT FORM

**When to use:** During each assessment activity of the social venue or context that is carried out during POL's preimplementation phase

**Administered by:** POL program staff

**Completed by:** POL program staff

**Instructions:** Program staff should complete this form documenting observations about the social venue or context in which members of the friendships groups within the social network regularly meet or relate. Program staff should also document any discussion with identified gatekeepers or contact persons associated with the venue or context. This form should be completed for EACH assessment of the social venues or contexts.



## SOCIAL VENUE OR CONTENT ASSESSMENT FORM

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TIME:** \_\_\_\_:\_\_\_\_ a.m. /p.m.

**Name and description of venue or context:**

**Location (address), if applicable:**

**Point(s) of contact:**

**Brief description of friendship groups affiliated with venue or context:**

**Potential challenges associated with using venue context for POL:**

**Potential benefits associated with using venue for intervention activities:**

**Comments, recommendations, and/or suggestions made by point(s) of contact regarding implementation of POL:**

**General observations, additional comments, or feedback:**

## COMMUNITY OBSERVATION GUIDE

**When to use:** During each community observation activity conducted during the preimplementation phase

**Administered by:** POL program staff

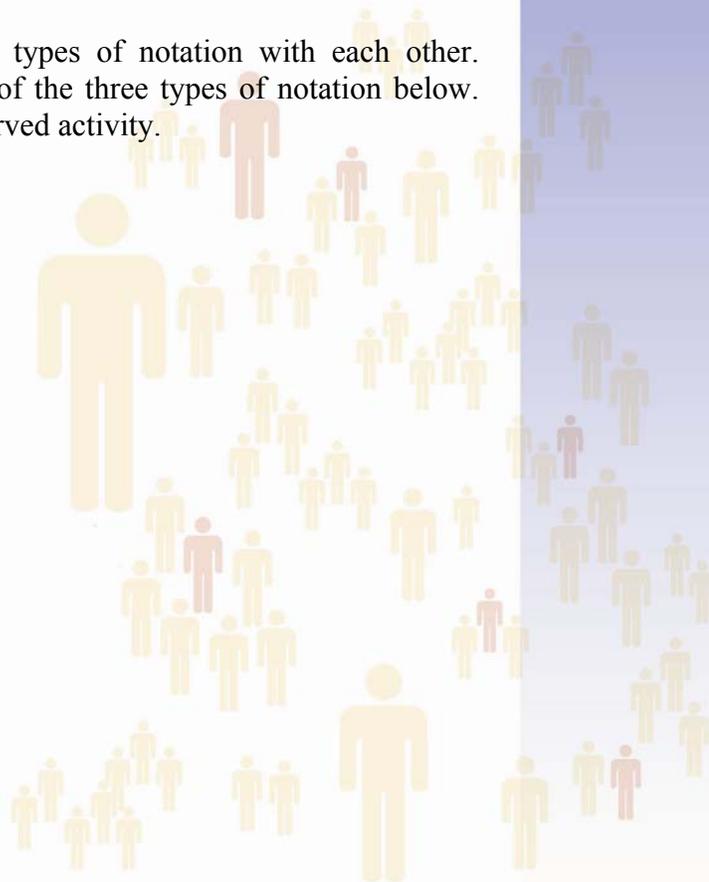
**Completed by:** POL program staff

**Instructions:** Use this guide to observe and describe the interactions of friendship groups within the target social network in the social venues or contexts in which they and their peers interrelate to help identify appropriate ways to implement the POL intervention and potential opinion leaders within each friendship group.

Observe members of friendship groups within the target social network and their interactions among each other in the given venue or context for 10–30 minutes. Each observer should take notes at the time at which observations are conducted. Notes should be written up under the three categories:

- (1) Observational notes
- (2) Theoretical notes
- (3) Methodological notes

Please cross-reference the three types of notation with each other. Please also see the descriptions of the three types of notation below. Complete a form for EACH observed activity.



# COMMUNITY OBSERVATION GUIDE

Name of social venue or context: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Observation start time: \_\_\_\_:\_\_\_\_ a.m. /p.m. Observation end time: \_\_\_\_:\_\_\_\_ a.m. /p.m.

Venue/context points of contact (Gatekeepers) \_\_\_\_\_

Address (if applicable): \_\_\_\_\_

Description of venue or context:

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Times and dates  
members of friendship  
groups accessed the  
venue or context:

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Total number of people accessing venue or context:

## Gender:

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male

## Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know

## Race:

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

## Age:

- 12 or younger
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and older
- Don't Know

## FRIENDSHIP GROUPS ACCESSING VENUE OR CONTEXT

Number of Friendship Groups/Social Networks: \_\_\_\_\_

Descriptions (names) of  
friendship groups \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of  
gatekeepers/key contacts \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Observation Notes:

Here is where you write “what” you observe. Record your detailed observations, in light of the major objectives or purposes of your investigation. For example, Who is present? Who talks to whom? What are the subgroups or cliques in which they socialize? Why do they socialize in the patterns and groups that they socialize in? What characteristics describe the groups or cliques (e.g., popular/unpopular; trusted/not trusted)? Who are the “popular opinion leaders” in each friendship? Are there “gatekeepers” in the venues and groups?

### **Theoretical Notes:**

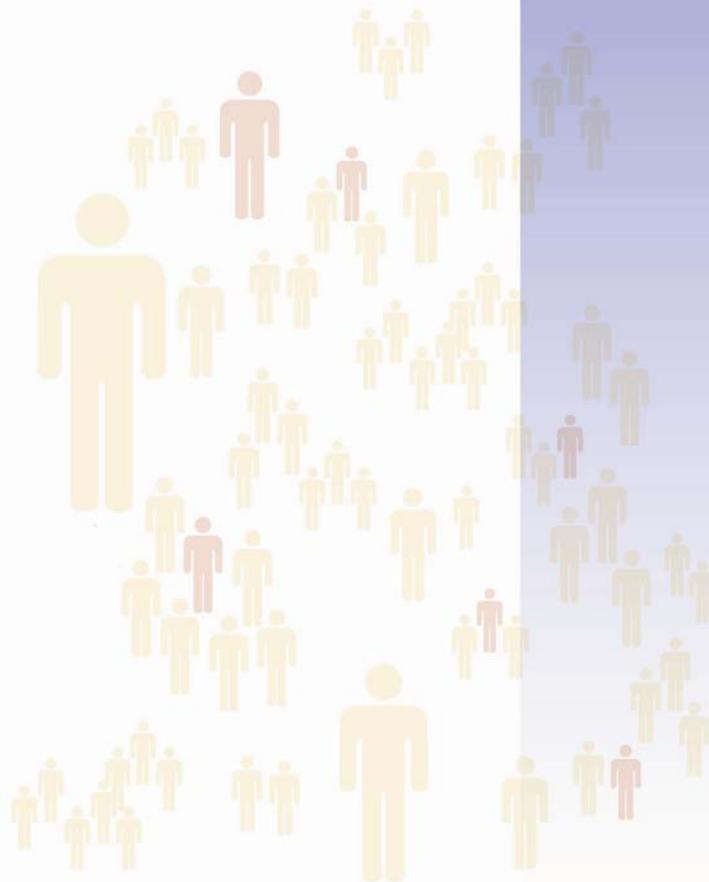
Here you strive to explain: “why?” Record your conceptual and analytic thoughts here. Make sure they are grounded in your observations. For example, write notes here concerning how you conceive the social basis of the friendship groups so it is clear how members relate to one another. Is there something of interest or concern that unifies each group and could be used to help promote a risk reduction norm among them? What is the basis for each friendship group and what evidence supports this? Similarly, record your notes of how you are defining POLs based on your observations and study. Why do they socialize in the patterns and groups that they socialize in? What makes them potential POLs for the given friendship group?

### **Methodological Notes:**

Here you strive to document “how?” Record notes here concerning suitable and useful methods and your ideas (based on your observations) on suitable methods for estimating and identifying POLs within each friendship group. Be sure to also record notes on suitable strategies for using POLs to deliver risk reduction messages to members of the friendship groups in the given context. Based on the “theory” of the friendship groups you have observed and described, how can you best access these groups and individuals?

## COMMUNITY AND RISK ASSESSMENT SUMMARY LOG

- When to use:** At the conclusion of all community and risk assessment activities (i.e., key informant interviews, focus groups, social venue/context assessments, and community observations, etc.) conducted during the preimplementation phase
- Administered by:** Program staff and data analyst
- Completed by:** Program staff and data analyst
- Instructions:** Summarizing community assessment activities can help you and your staff members gain a clearer understanding of the implications of the information you have 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 POL.



## COMMUNITY ASSESSMENT SUMMARY LOG

Source	Findings	Implications
<b>Key Informant Interviews</b>	<i>Example: Having sex without a condom among members of the identified target population is an accepted community norm.</i>	<i>Example: Prospective POLs need to address negative attitudes and beliefs about condom negotiation and use.</i>
<b>Demographic and Risk Surveys</b>		
<b>Social Venue or Context Assessments</b>		
<b>Focus Groups</b>		
<b>Community Observations</b>		
<b>Nomination Meetings</b>		
<b>Conclusions/Additional Comments:</b>		

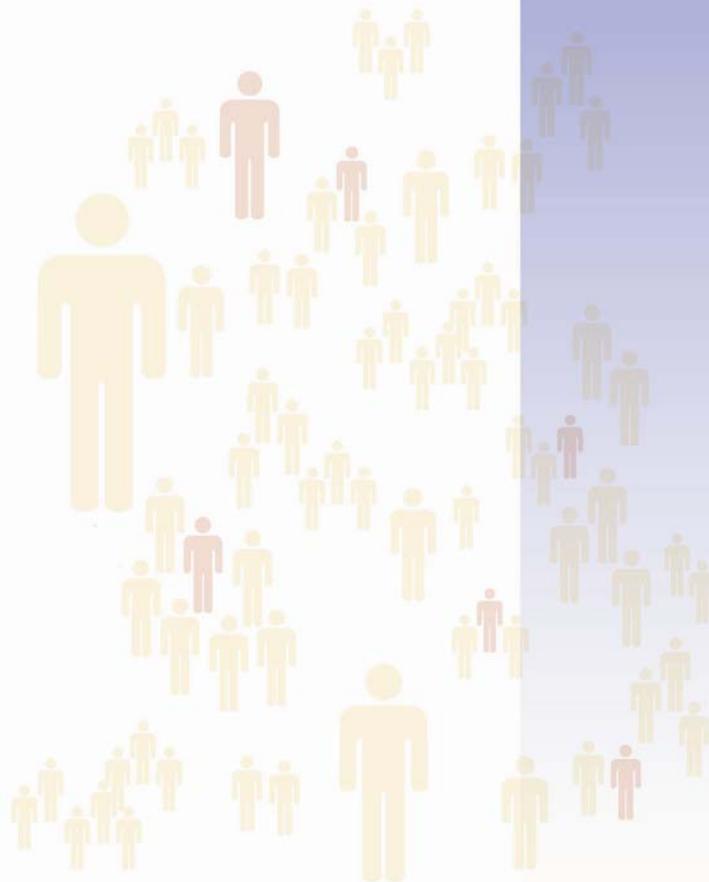
## IMPLEMENTATION INSTRUMENTS

### Required

- Prospective Opinion Leader Program Enrollment Form
- Pretest/Posttest Survey
- Facilitator Fidelity and Process Forms
- Participant Training Session Evaluation Forms
- POL Encounter Form
- POL Peer Encounter Summary Sheet
- Referral Tracking Form

### Optional

- Facilitator Observation Form



## PROSPECTIVE POPULAR OPINION LEADER PROGRAM ENROLLMENT FORM

**When to use:** Upon completion of preimplementation activities

**Administered by:** Program staff

**Completed by:** Program staff

**Instructions:** Please provide the following information below, including information about individuals interested in serving as Popular Opinion Leaders and their availability to participate in the next training cycle. Some contact or descriptive information may already be available from other Preimplementation data collection instruments. Please include any demographic information and additional notes about the prospective POL. Demographic information may be deduced based on observations or knowledge of the POL.

Client services data for NHM&E DS Table AG (HE/RR and Outreach) is required for POL Training Sessions participants. The specific NHM&E DS variables listed in the table below are collected using the POL Enrollment Form. For each wave or cohort of POL training participants, use the information on these forms to enter the totals for each item onto the Facilitator Fidelity/Process Forms. 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 #
AG: HE/RR and Outreach	08a	Client primary risk – MSM	5
	08b	Client primary risk – IDU	5
	08c	Client primary risk – MSM/IDU	5
	08d	Client primary risk – Sex involving transgender	5
	08e	Client primary risk – Heterosexual contact	5
	08f	Client primary risk – Other/risk not identified	5

**CDC's National HIV Prevention Program Monitoring and Evaluation Data Set  
(NHM&E DS) Variables (continued)**

NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
	09a	Client gender – Male	1
	09b	Client gender – Female	1
	09c	Client gender – Transgender MTF	1
	09d	Client gender – Transgender FTM	1
	10a	Client ethnicity – Hispanic or Latino	3
	10b	Client ethnicity – Not Hispanic or Latino	3
	11a	Client race – American Indian or Alaska Native	2
	11b	Client race – Asian	2
	11c	Client race – Black or African American	2
	11d	Client race – Native Hawaiian or Other Pacific Islander	2
	11e	Client race – White	2
	12a	Client age – Under 13 years	4
	12b	Client age – 13–18 years	4
	12c	Client age – 19–24 years	4
	12d	Client age – 25–34 years	4
	12e	Client age – 35–44 years	4
	12f	Client age – 45 and older	4

Session-specific data for client services may be entered into NHM&E DS Table H. Match POLs' attendance at the training sessions with the activities and characteristics of the specific sessions they attended by using the data Program Enrollment Forms, sign-in sheets (not included in this field guide), and the Fidelity/Process Forms.

# PROSPECTIVE POPULAR OPINION LEADER PROGRAM ENROLLMENT FORM

Name of prospective opinion leader (if known): \_\_\_\_\_

Nominated/referred by: \_\_\_\_\_

Date of nomination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Telephone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Friendship group(s) the individual is a member of:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Name of staff person conducting follow-up contact: \_\_\_\_\_

Date of Follow-up Contact: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM/PM

Method(s) of contacting prospective POL: \_\_\_\_\_

Did prospective POL agree to participate in the training activities?

Yes → *what is his/her availability for the next training cycle?*

No → *what was the reason for declining?*

**If possible, please record the demographic characteristics of the nominated opinion leader.**

## 1. Current Gender:

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

**2. Race** (*check all that apply*):

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

**3. Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know

**4. Year of Birth:** \_\_\_\_\_

**5. Risks** (*if applicable; check all that apply*):

- Sex with a male
- Sex with a female
- Sex with a transgender
- Injection drug use
- Don't know

**Additional notes about prospective opinion leader:**

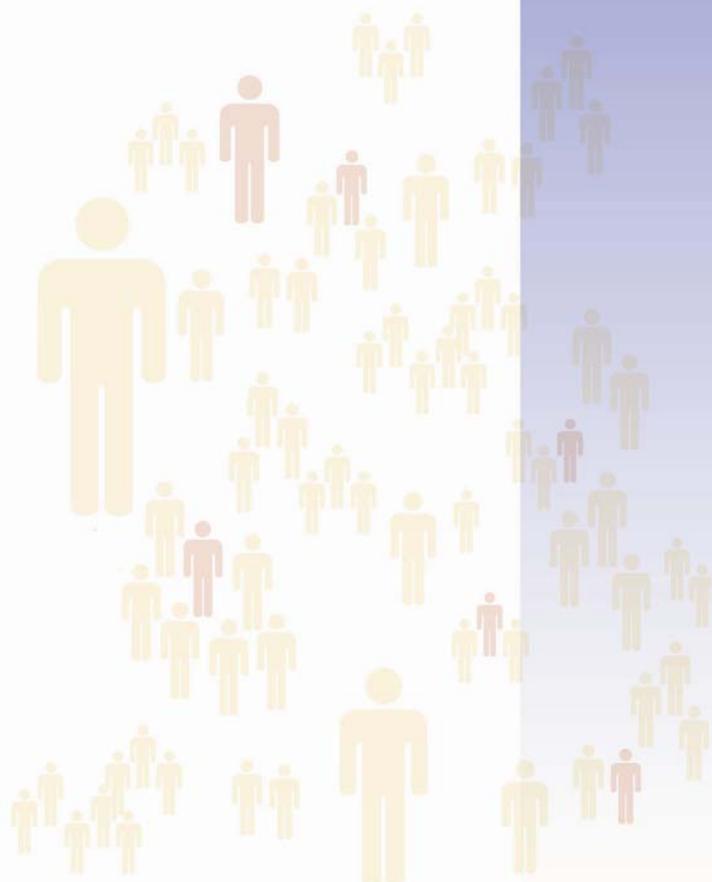
## PRETEST/POSTTEST TRAINING SESSION SURVEY

**When to use:** 5–7 minutes before and at the conclusion of Session One

**Administered by:** Training facilitator(s)

**Completed by:** Training participants (i.e., popular opinion leaders)

**Instructions:** Direct the participants to complete this survey as honestly and thoroughly as possible. The pretest and posttest should be completed right before the beginning of Session 1 and right after the session ends. You can use the answer key provided to check against a participant's responses. The responses will help you assess any changes in knowledge regarding HIV transmission, behavior risk, and risk reduction activities, which can shape the content of the risk reduction endorsement conversation POLs carry out with their friends and peers and, ultimately, impact the diffusion and uptake of the new risk reduction norm.



# PRETEST/POSTTEST TRAINING SESSION SURVEY

For administrative use	
Date:	Participant ID:

## I. HIV TRANSMISSION

1. Please list four bodily fluids that can transmit HIV from one person to another.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

2. Please indicate whether the following statements are “true” or “false.”

	True	False
1. Unprotected sexual intercourse and needle sharing without proper cleaning of equipment are the main modes of HIV transmission.		
2. HIV is spread through the air, skin-to-skin contact, by insects, and through saliva.		
3. You can tell whether someone has HIV by looking at them.		
4. I am safe if I douche after I have unprotected intercourse (anal or vaginal).		
5. I can be less safe with someone from a small town than someone from a large city.		

3. Please indicate whether you believe the following are ways a person can become infected with HIV.

HIV Transmission Mode	Yes	No
1. Sharing kitchen and bath facilities		
2. Sharing injection drug use needles		
3. Coughing, sneezing, or kissing		
4. Anal or vaginal sex with withdrawal before orgasm		
5. Sharing a bed		
6. Using the same swimming pool		

## II. RISKY BEHAVIORS, HIV INFECTION, AND RISK REDUCTION

4. Please indicate whether the following behaviors are “very risky,” “risky,” “less risky,” or have “little or no risk.”

	Very Risky	Risky	Less Risky	Little/No Risk
1. Anal sex without a condom (even with withdrawal before orgasm)				
2. Vaginal sex without a condom				
3. Oral sex to orgasm (sexual fluid exchange) without a condom				
4. Anal or vaginal sex with a latex condom and a water-based lubricant				
5. Mutual masturbation (“outercourse”)				
6. Rubbing, cuddling, kissing				
7. Oral sex with a condom				
8. Toys (dildos) not shared with a partner				
9. Frottage (body rubbing to orgasm)				
10. Oral sex (no contact with penis head) without a condom				

5. Please indicate whether you “agree,” “disagree,” or “do not know” with the following statements:

	Agree	Disagree	Don’t Know
1. Not having anal intercourse or using a latex condom during anal intercourse can reduce an individual’s risk for HIV infection.			
2. Keeping fluids out and staying outside of the body will help reduce an individual’s risk for HIV infection.			
3. Safer sex can be sexy.			
4. <u>Where</u> a person meets someone (e.g., through friends, at the bookstore, at the park) can help determine whether they should have sex with him or her.			

# PRETEST/POSTTEST TRAINING SESSION SURVEY ANSWER KEY

## I. HIV TRANSMISSION

1. Please name four bodily fluids that can transmit HIV from one person to another.

- 1) Blood
- 2) Semen
- 3) Vaginal fluid
- 4) Breast milk

2. Please indicate whether the following statements are “true” or “false.”

1. Unprotected sexual intercourse and needle sharing without proper cleaning of equipment are the main modes of HIV transmission.	TRUE
2. HIV is spread through the air, skin-to-skin contact, by insects, and through saliva.	FALSE
3. You can tell whether someone has HIV by looking at them.	FALSE
4. I am safe if I douche after I have unprotected intercourse (anal or vaginal).	FALSE
5. I can be less safe with someone from a small town than someone from a large city.	FALSE

3. Please indicate whether you believe the following are ways a person can become infected with HIV.

HIV Transmission Mode	
1. Sharing kitchen and bath facilities	NO
2. Sharing injection drug use needles	YES
3. Coughing, sneezing, or kissing	NO
4. Anal or vaginal sex with withdrawal before orgasm	YES
5. Sharing a bed	NO
6. Using the same swimming pool	NO

## II. RISKY BEHAVIORS, HIV INFECTION, AND RISK REDUCTION

4. Please indicate whether the following behaviors are “very risky,” “risky,” “less risky,” or have “little or no risk.”

	Very Risky	Risky	Less Risky	Little/ No Risk
1. Anal sex without a condom (even with withdrawal before orgasm)	X			
2. Vaginal sex without a condom	X			
3. Oral sex to orgasm (sexual fluid exchange) without a condom		X		
4. Anal or vaginal sex with a latex condom and a water-based lubricant			X	
5. Mutual masturbation (“outercourse”)				X
6. Rubbing, cuddling, kissing				X
7. Oral sex with a condom				X
8. Toys (dildos) not shared with a partner				X
9. Frottage (body rubbing to orgasm)				X
10. Oral sex (no contact with penis head) without a condom				X

5. Please indicate whether you “agree,” “disagree,” or “do not know” with the following statements:

1. Not having anal intercourse or using a latex condom during anal intercourse can reduce an individual’s risk for HIV infection.	AGREE
2. Keeping fluids out and staying outside of the body will help reduce an individual’s risk for HIV infection.	AGREE
3. Safer sex can be sexy.	AGREE
4. <u>Where</u> a person meets someone (e.g., through friends, at the bookstore, at the park) can help determine whether they should have sex with them.	DISAGREE

## FACILITATOR FIDELITY/PROCESS FORMS

**When to use:** At the end of each training session

**Administered by:** Training Session Facilitator

**Completed by:** Training Session Facilitator

**Instructions:** Do not distribute this instrument to the participants. These POL Facilitator Fidelity/Process Forms are for the workshop facilitator(s). These evaluation instruments ask for feedback on the ways you implemented each component or activity within each of the four training sessions.

There is a section for each activity conducted during each of the sessions. The *POL Facilitator Fidelity/Process* forms include an “activity grid,” which provides an opportunity for you to give feedback on each activity within the corresponding session. For each program activity, indicate whether you *taught* the activity *as suggested*, *taught* the activity *with changes*, or *did not teach* the activity.

Complete the form promptly. Complete the form right after the session is over so that your experiences are fresh in your mind.

Provide as much feedback as possible. The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the intervention. Please explain any changes made to each activity in each of the sessions in the “session activities” sections, as well as any recommendations you have. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your program supervisor.

Client services data for NHM&E DS Table AG (HE/RR and Outreach) are required for POL Training Sessions. The NHM&E DS variables 01–06 listed in the table below are collected using the Fidelity/Process Forms. NHM&E DS variables 09a–12f are calculated from the information collected on the Prospective Opinion Leader Program Enrollment Form (PEF). 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

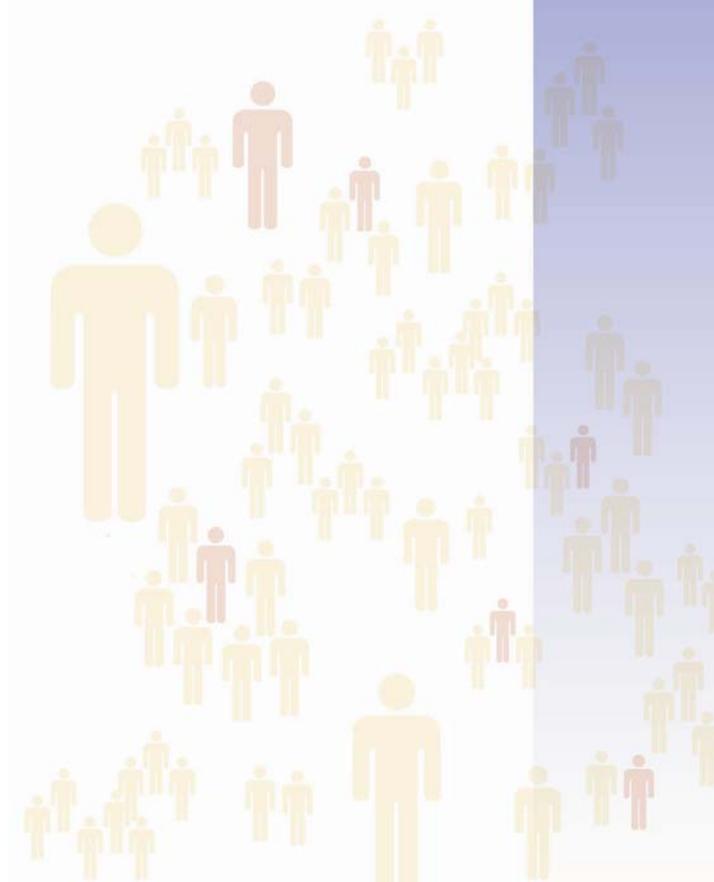
NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
AG: HE/RR and Outreach	01	Session number <sup>8</sup>	(Form name)
	02	Date of Event/Session (Date of Session)	1
	03	Duration of the Session (available from Facilitator Fidelity and Process Forms)	5
	04	Number of Client Contacts	6
	05b	<p>Activity<sup>9</sup> POL involves endorsement of risk reduction norms through one-on-one conversations with peers and friends. It is recommended that you use code "89 Other," which is a text field. Write in the text field, "Endorsement of condom use."</p> <p>This can include at a minimum, risk reduction activities such as:</p> <ul style="list-style-type: none"> <li>• 11.01 Discussion – Sexual risk reduction</li> <li>• 11.10 Discussion – HIV/AIDS transmission</li> <li>• 11.13 Discussion – HIV/STD counseling and testing</li> <li>• 11.17 Discussion – Condom/barrier use</li> <li>• 11.19 Discussion – Decision making</li> </ul>	Activity Grid
	06	Site Name/ID	2
	09a	Client gender – Male	8
	09b	Client gender – Female	8
	09c	Client gender – Transgender MTF	8
	09d	Client gender – Transgender FTM	8
	10a	Client ethnicity – Hispanic or Latino	10

<sup>8</sup> For POL encounters, the session number will always be "1."

<sup>9</sup> The activities selected for NHM&E DS variable AG05a will depend on the activities conducted during each training session. See the NHM&E DS variable F10, Table 2: Program Information—Intervention Details for POL Encounters in Section 5, or the PEMS User Manual (CDC, 2008c) for the variable value codes of each activity.

## CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables (continued)

NHM&E DS Table	NHM&E DS Number	Variable Name	Item #								
	10b	Client ethnicity – Not Hispanic or Latino	10								
	11a	Client race – American Indian or Alaska Native	9								
	11b	Client race – Asian	9								
	11c	Client race – Black or African American	9								
	11d	Client race – Native Hawaiian or Other Pacific Islander	9								
	11e	Client race – White	9								
	12a	Client age – Under 13 years	11								
	12b	Client age – 13–18 years	11								
	12c	Client age – 19–24 years	11								
	12d	Client age – 25–34 years	11 </tr <tr> <td></td> <td>12e</td> <td>Client age – 35–44 years</td> <td>11</td> </tr> <tr> <td></td> <td>12f</td> <td>Client age – 45 and older</td> <td>11</td> </tr>		12e	Client age – 35–44 years	11		12f	Client age – 45 and older	11
	12e	Client age – 35–44 years	11								
	12f	Client age – 45 and older	11								



# FACILITATOR FIDELITY/PROCESS FORM

## **SESSION 1: Teach Opinion Leaders about HIV & Risk Reduction Issues**

**Instructions:** Please complete this form after training session 1.

**1. Session Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **2. Location of Session:** \_\_\_\_\_

**3. Wave Number:** \_\_\_\_\_

**4. Facilitators' Names:**    a) \_\_\_\_\_

b) \_\_\_\_\_

**5. Start time:** \_\_\_\_\_ a.m./p.m.      **End time:** \_\_\_\_\_ a.m./p.m.

**6. Total number of participants (enter #):** \_\_\_\_\_

**7. Were incentives provided to participants?**       Yes       No

### **II. PARTICIPANT DEMOGRAPHICS:**

*Indicate number of each demographic (e.g., 14 males; 2 females)*

<p><b>8. Gender:</b></p> <p>____ Male</p> <p>____ Female</p> <p>____ Transgender: Male to Female</p> <p>____ Transgender: Female to Male</p>	<p><b>10. Ethnicity:</b></p> <p>____ Hispanic or Latino</p> <p>____ Not Hispanic or Latino</p> <p>____ Don't Know</p>
<p><b>9. Race:</b></p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Pacific Islander</p> <p>____ White</p> <p>____ Don't Know</p>	<p><b>11. Age:</b></p> <p>____ 12 or younger</p> <p>____ 13–18 years</p> <p>____ 19–24 years</p> <p>____ 25–34 years</p> <p>____ 35–44 years</p> <p>____ 45 years and older</p> <p>____ Don't Know</p>

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## GOALS OF SESSION 1:

1. Explain the essential role that opinion leaders play in HIV/AIDS prevention
2. Ensure that all participants have accurate, up-to-date information on HIV transmission and levels of risk of sexual and drug use activities
3. Provide participants with the tools to implement successful behavior changes

### 1. INTRODUCTION AND EXPLANATION OF THE POL PROGRAM

In explaining the Popular Opinion Leader Program emphasize that:

- a. POL is a community-wide intervention that provides an opportunity for participants to help their community,
- b. opinion leaders can save the lives of some of their friends,
- c. opinion leaders can play a role in changing peer group norms through HIV/AIDS prevention messages delivered in conversations with friends and acquaintances.

Did you:

- Teach as suggested
- Teach with changes
- Did not teach

*Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):*

### 2. EXPLAIN THE THEORY AND PHILOSOPHY BEHIND POL

Explain to the participants:

- a. that they were nominated as “opinion leaders” in the community based on their popularity, credibility, and ability to influence others;
- b. that opinion leaders play a very important role in changing peer group norms through HIV/AIDS prevention messages delivered in conversations with friends and acquaintances;
- c. the theory and philosophy behind POL .

Did you:

- Teach as suggested
- Teach with changes
- Did not teach

*Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):*

**3. HIV/AIDS OVERVIEW: TRANSMISSION OF HIV AND HIV EFFECTS ON THE IMMUNE SYSTEM**

Discuss HIV/AIDS modes of transmission and the effect of HIV on the immune system.	
<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>

**4. BEHAVIORAL RISK LEVELS**

Complete the Exclamation! Exercise (Handout D) with the participants.	
How many handouts were distributed? _____	
<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>

**5. STRATEGIES TO MAKE RISK REDUCTION CHANGES**

Provide opinion leaders with correct HIV risk reduction information using Handout E on how to reduce or eliminate risk for HIV.	
<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>

## 6. PUTTING GOOD INTENTIONS INTO PRACTICE

Provide participants with practical advice on how to implement HIV risk reduction behavior changes using Handout F- “10 Steps for Putting Good Intentions into Practice.”

Did you:

- Teach as suggested
- Teach with changes
- Did not teach

*Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):*

## 7. WRAP-UP/PREVIEW OF SESSION 2

Review the main discussion points of session and preview the next session with participants.

Did you:

- Teach as suggested
- Teach with changes
- Did not teach

*Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):*

## BARRIERS TO FACILITATION

## ADDITIONAL OBSERVATIONS AND FEEDBACK

# FACILITATOR FIDELITY/PROCESS FORM

## **SESSION 2: *Changing Norms through Communication***

**Instructions:** Please complete this form after training session 2.

**1. Session Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **2. Location of Session:** \_\_\_\_\_

**3. Wave Number:** \_\_\_\_\_

**4. Facilitators' Names:**    a) \_\_\_\_\_

b) \_\_\_\_\_

**5. Start time:** \_\_\_\_\_ a.m./p.m.      **End time:** \_\_\_\_\_ a.m./p.m.

**6. Total number of participants (enter #):** \_\_\_\_\_

**7. Were incentives provided to participants?**       Yes       No

### **II. PARTICIPANT DEMOGRAPHICS**

*Indicate number of each demographic (e.g., 14 males; 2 females)*

<p><b>8. Gender:</b></p> <p>____ Male</p> <p>____ Female</p> <p>____ Transgender: Male to Female</p> <p>____ Transgender: Female to Male</p>	<p><b>10. Ethnicity:</b></p> <p>____ Hispanic or Latino</p> <p>____ Not Hispanic or Latino</p> <p>____ Don't Know</p>
<p><b>9. Race:</b></p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Pacific Islander</p> <p>____ White</p> <p>____ Don't Know</p>	<p><b>11. Age:</b></p> <p>____ 12 or younger</p> <p>____ 13–18 years</p> <p>____ 19–24 years</p> <p>____ 25–34 years</p> <p>____ 35–44 years</p> <p>____ 45 years and older</p> <p>____ Don't Know</p>

~ *Continued on next page* ~

**GOALS OF SESSION 2:**

1. Teach the opinion leaders how to have risk reduction conversations with their friends and acquaintances
2. Encourage participants to think about how they would approach and talk with friends

**1. REVIEW**

- Review with participants:
  - a. Sexual activities and their associated HIV risk levels (Handout D: Exclamation! activity)
  - b. Color condoms to identify sexual activities that correspond with risk levels discussed in Handout D
- Identify appropriate safer sex activities.
- Distribute remaining condoms to participants as an incentive/reward for identifying alternative activities.

Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>
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**2. MYTHS AND MISCONCEPTIONS**

Distribute Handout G and discuss myths and misconceptions about casual transmission of HIV using Handout G cards.

Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>
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### 3. USING SOCIAL NORMS TO CHANGE BEHAVIOR

- Discuss the role social norms can play in reducing HIV infections.
- Discuss the opportunity opinion leaders have to redefine social norms of sexual safety by:
  - a. convincing other members of the community not to engage in HIV risk activities,
  - b. asking them to stress the benefits of being sexually safe with all partners,
  - c. asking them to discuss the benefits the opinion leader has personally experienced as a result of practicing safer sex.

Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>
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### 4. ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE

- Provide opinion leaders with information on how to effectively communicate HIV risk reduction information to others, including:
- a. discussing the six communication skills that will help the opinion leader talk about risk reduction with their friends and peers using the *Elements of an Effective Conversation* handout (H);
  - b. demonstrating the six elements of an effective risk reduction conversation by:
    - 1) showing participants examples of risk reduction conversations (Part 7 of POL video: Implementation: Having Risk Reduction Conversation);
    - 2) encouraging opinion leaders to start thinking about how they would talk with a friend about risk reduction;
  - c. distributing *Effective Messages* handout (I ) and discussing which examples of effective messages the opinion leaders would choose to use or how they would choose to word them differently.

Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>
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## 5. WRAP UP/PREVIEW OF SESSION THREE

- Review the main points covered in the session and answer participants' questions.
- Review the six elements of an effective risk reduction conversation.
- Preview the next session.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## BARRIERS TO FACILITATION

## ADDITIONAL OBSERVATIONS AND FEEDBACK

# FACILITATOR FIDELITY/PROCESS FORM

## **SESSION 3: Practicing Risk Reduction Conversations**

**Instructions:** Please complete this form after training session 3.

**1. Session Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **2. Location of Session:** \_\_\_\_\_

**3. Wave Number:** \_\_\_\_\_

**4. Facilitators' Names:**    a) \_\_\_\_\_

b) \_\_\_\_\_

**5. Start time:** \_\_\_\_\_ a.m./p.m.      **End time:** \_\_\_\_\_ a.m./p.m.

**6. Total number of participants (enter #):** \_\_\_\_\_

**7. Were incentives provided to participants?**       Yes       No

### **II. PARTICIPANT DEMOGRAPHICS:**

*Indicate number of each demographic (e.g., 14 males; 2 females)*

<p><b>8. Gender:</b></p> <p>____ Male</p> <p>____ Female</p> <p>____ Transgender: Male to Female</p> <p>____ Transgender: Female to Male</p>	<p><b>10. Ethnicity:</b></p> <p>____ Hispanic or Latino</p> <p>____ Not Hispanic or Latino</p> <p>____ Don't Know</p>
<p><b>9. Race:</b></p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Pacific Islander</p> <p>____ White</p> <p>____ Don't Know</p>	<p><b>11. Age:</b></p> <p>____ 12 or younger</p> <p>____ 13–18 years</p> <p>____ 19–24 years</p> <p>____ 25–34 years</p> <p>____ 35–44 years</p> <p>____ 45 years and older</p> <p>____ Don't Know</p>

~ Continued on next page ~

**GOAL OF SESSION 3:**

1. *Have participants practice risk reduction conversations*

**1. INTRODUCTION**

<b>Review the importance of “social norms” in helping people adopt safer sexual behavior.</b>	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

**2. REVIEW OF ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE**

<ul style="list-style-type: none"><li>• Review the elements of an effective risk reduction message (Handout H).</li><li>• Have participants provide some examples of risk reduction messages.</li><li>• Help the participants problem-solve any difficulties in conveying effective and positive messages.</li></ul>	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

### 3. MODELING OF RISK REDUCTION MESSAGES

- Model examples of effective peer risk reduction conversations, including how to spontaneously initiate risk reduction conversations.
- Have participants discuss the examples modeled by the facilitators.
- Reference Parts 5, 6, and 7 of the video for more information on role-plays and risk reduction conversations.
- Reference Handout J- “Facilitators Modeling Conversations”-for additional role-play scenarios.
- Model additional examples of risk reduction conversations.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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### 4. PARTICIPANTS PRACTICE RISK REDUCTION MESSAGES

- Provide several opportunities for participants to role-play and receive feedback on how they will have risk reduction endorsement conversations.
- Emphasize to the opinion leaders that they should:
  - a. develop their own individual style that is natural and comfortable for them,
  - b. present up-to-date risk reduction information in a manner consistent with the elements of an effective conversation,
  - c. make sure that conversations are positive and nonjudgmental so as not to turn people off from any discussion of HIV/AIDS,
  - d. focus on the changes that their friends/peers can make in the future instead of mistakes from the past.
- Facilitate group problem-solving centered on how each opinion leader will have the peer conversations, allowing ample time to discuss issues particularly relevant to him or her.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 5. OPINION LEADERS AGREE TO HAVE FOUR CONVERSATIONS

- Have each opinion leader agree to conduct four conversations with at-risk friends and acquaintances before the fourth session.
- Distribute to each opinion leader the Conversation Contact Form (Handout K) and provide them with instructions for completing it.

<p>Did you:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teach as suggested</li><li><input type="checkbox"/> Teach with changes</li><li><input type="checkbox"/> Did not teach</li></ul>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 6. PLANNING CONVERSATIONS

- Have participants discuss in small groups how, when, where, and with whom these conversations can take place.
- Ask the small group to discuss conversational lead-ins and other ways they could start the risk reduction conversation.
- Have small group participants discuss any problems that might keep them from talking with someone.
- Help the small group problem-solve potentially difficult conversations.

<p>Did you:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teach as suggested</li><li><input type="checkbox"/> Teach with changes</li><li><input type="checkbox"/> Did not teach</li></ul>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 7. DISCUSSION OF PRACTICE CONVERSATIONS

- Discuss the small group exercise and provide positive feedback to all of the participants.
- Have participants report on how realistic their conversations were, how comfortable they felt in having these conversations, and when, where, and with whom they would have these conversations.
- Ask participants to share examples of strategies and leading statements to begin conversations.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 8. EXCLAMATION! BUTTONS AND POSTERS

- Inform participants that you will place Exclamation! posters in the intervention venues.
- Distribute two Exclamation! buttons to each participant and explain their purpose.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 9. INVITING THE NEXT WAVE OF OPINION LEADERS

Ask each current opinion leader to bring two friends to next week's session.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## 10. WRAP- UP/PREVIEW OF SESSION FOUR

- Answer any questions participants may have had about the training or POL and review the main points covered in the session.
- Show participants the Exclamation! poster that will be displayed in the intervention venue and encourage participants to wear their buttons when in the venue.
- Emphasize the importance of bringing other opinion leaders into the program.

<p>Did you:</p> <p><input type="checkbox"/> Teach as suggested</p> <p><input type="checkbox"/> Teach with changes</p> <p><input type="checkbox"/> Did not teach</p>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## BARRIERS TO FACILITATION

## ADDITIONAL OBSERVATIONS AND FEEDBACK

# FACILITATOR FIDELITY/PROCESS FORM

## **SESSION 4:** *Continuing Risk Reduction Conversations and Inspiring Maintenance*

**Instructions:** Please complete this form after training session 4.

**1. Session Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **2. Location of Session:** \_\_\_\_\_

**3. Wave Number:** \_\_\_\_\_

**4. Facilitators' Names:**      a) \_\_\_\_\_

b) \_\_\_\_\_

**5. Start time:** \_\_\_\_\_ a.m./p.m.      **End time:** \_\_\_\_\_ a.m./p.m.

**6. Total number of participants (enter #):** \_\_\_\_\_

**7. Were incentives provided to participants?**       Yes       No

### **II. PARTICIPANT DEMOGRAPHICS:** *Indicate number of each demographic (e.g., 14 males; 2 females)*

<p><b>8. Gender:</b></p> <p>____ Male</p> <p>____ Female</p> <p>____ Transgender: Male to Female</p> <p>____ Transgender: Female to Male</p>	<p><b>10. Ethnicity:</b></p> <p>____ Hispanic or Latino</p> <p>____ Not Hispanic or Latino</p> <p>____ Don't Know</p>
<p><b>9. Race:</b></p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Pacific Islander</p> <p>____ White</p> <p>____ Don't Know</p>	<p><b>11. Age:</b></p> <p>____ 12 or younger</p> <p>____ 13–18 years</p> <p>____ 19–24 years</p> <p>____ 25–34 years</p> <p>____ 35–44 years</p> <p>____ 45 years and older</p> <p>____ Don't Know</p>

~ Continued on next page ~

**GOALS OF SESSION 4:**

1. Provide first session training for second wave opinion leaders.
2. Provide positive and supportive feedback to the opinion leaders regarding the risk reduction conversations they had with their peers the previous week.
3. Increase opinion leaders' knowledge of HIV/AIDS statistics and behavioral risk factors through review exercises.
4. Encourage opinion leaders to continue having risk reduction conversations with their friends and peers.

**1. INTRODUCTION**

<ul style="list-style-type: none"><li>• Welcome old and new participants and ask new participants to go to a different area of the intervention site, where they will receive session one training.</li></ul>	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

**2. REVIEW OF RISK REDUCTION CONVERSATIONS**

<ul style="list-style-type: none"><li>• Review the risk reduction conversations the opinion leaders had in the past week and discuss the important information they can include in the conversations.</li><li>• Reference Part 8 of the video entitled “Wrap-Up and Feedback to Opinion Leaders.”</li></ul>	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

### 3. REVIEW OF HIV/AIDS

Review the basic statistics about HIV/AIDS, including local statistics.	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

### 4. REVIEW OF BEHAVIOR RISK FACTORS

• Refer to Handout L- “Review of HIV Risk” poster. • Discuss the questions and answers highlighted, which may arise in future risk reduction conversations.	
Did you:  <input type="checkbox"/> Teach as suggested <input type="checkbox"/> Teach with changes <input type="checkbox"/> Did not teach	<i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i>

## 5. INSPIRING MAINTENANCE

- Request that participants have 10 or more additional risk reduction conversations over the next 2 weeks.
  - a. Remind participants to wear their buttons while having the risk reduction conversations.
  - b. Demonstrate the impact the opinion leaders will have by calculating the total number of conversations the group will hold.
- Reinforce participants' commitment to hold 10 or more additional risk reduction conversations by asking them to agree verbally, by signing a form, or by a show of hands to hold the conversation with different friends.
- Provide participants with the 10 Person Contact Form (Handout M) and instruct them on how to complete the form and when to return it.

<p>Did you:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teach as suggested</li><li><input type="checkbox"/> Teach with changes</li><li><input type="checkbox"/> Did not teach</li></ul>	<p><i>Remarks (Describe here reasons for modifying or not teaching the activity and any suggested changes/recommendations):</i></p>
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## BARRIERS TO FACILITATION

## ADDITIONAL OBSERVATIONS AND FEEDBACK

## PARTICIPANT TRAINING SESSION EVALUATION FORMS

**When to use:** After each training session (1–4) ends during the implementation phase of POL

**Administered by:** Training Session Facilitator(s)

**Completed by:** Training Session Participants

**Instructions:** Distribute the appropriate form to participants at the end of each training session. Let them know that they do not need to put their names on this form and that their answers will not exclude them from becoming POLs. Have someone or a box or envelope near the exit for participants to return their completed forms.



## SESSION 1 EVALUATION FORM

**INSTRUCTIONS:** We would appreciate you taking a few minutes to answer the following questions about this session. Please answer the questions as truthfully as possible. There is no right or wrong answer. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please rate your feelings on each of the following statements by checking the appropriate box. Also, please give any comments or suggestions you have to improve future sessions.

1 = Strongly disagree      2 = Disagree      3 = Neither/Don't know      4 = Agree      5 = Strongly agree

Teaching Opinion Leaders About HIV and Risk Reduction Issues	1	2	3	4	5	Additional comments
<b>INTRODUCTION AND EXPLANATION OF THE POL PROGRAM</b>						
I understand that the Popular Opinion Leader Program is a community-wide intervention that provides an opportunity for participants to help their community.						
I understand the role opinion leaders can play in changing peer group norms through HIV/AIDS prevention messages delivered in conversations with friends and peers.						
<b>EXPLANATION OF THEORY AND PHILOSOPHY BEHIND POL</b>						
I have a good understanding of why I was nominated as an opinion leader for at-risk friends and peers who are members of social networks within this community.						
I have a better understanding of the theory and philosophy behind the POL program.						

Teaching Opinion Leaders About HIV and Risk Reduction Issues	1	2	3	4	5	Additional comments
<b>HIV/AIDS OVERVIEW: TRANSMISSION OF HIV AND HIV &amp; THE IMMUNE SYSTEM</b>						
After the end of session one, I have a better understanding of how HIV is transmitted and its effect on the immune system.						
<b>BEHAVIORAL RISK LEVELS</b>						
After session one, I am able to identify the behavior risk levels that are associated with specific sexual activities.						
<b>STRATEGIES TO MAKE RISK REDUCTION CHANGES</b>						
I intend to use the information provided in the behavioral risk levels handout in future risk reduction conversations I have with my friends and peers.						
After session one, I am able to identify strategies that I can share with my friends and peers to reduce their risk for HIV.						
<b>PUTTING GOOD INTENTIONS INTO PRACTICE</b>						
After session one, I can identify 10 strategies for putting good intentions to engage in safer sex into practice.						
I intend to share the 10 strategies for putting good intentions to engage in safer sex into practice and other risk reduction information with my friends and peers.						



4. Do you agree or disagree with the following statements about the group facilitators?

	Agree	Disagree
The group facilitator used clear, simple language.		
The group facilitator listened carefully to what everybody said.		
The group facilitator gave all group members a chance to contribute and ask questions.		
The group facilitator knew the subject matter.		
The group facilitator was comfortable talking about sensitive topics.		
The group facilitator defined terms in ways I could understand.		
The group facilitator was nonjudgmental.		
The group facilitator was respectful.		
The group facilitator was friendly and enthusiastic.		
The group facilitator created a comfortable learning environment.		

*Thank you for your participation!*

## SESSION 2 EVALUATION FORM

**INSTRUCTIONS:** We would appreciate you taking a few minutes to answer the following questions about this session. Please answer the questions as truthfully as possible. There is no right or wrong answer. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please rate your feelings on each of the following statements by checking the appropriate box. Also, please give us any comments or suggestions you have to improve future sessions.

1 = Strongly disagree      2 = Disagree      3 = Neither/Don't know      4 = Agree      5 = Strongly agree

Session Two: Changing Norms Through Communication	1	2	3	4	5	Additional comments
MYTHS AND MISCONCEPTIONS						
After session two, I can identify myths and misconceptions about the transmission of HIV.						
I intend to share the information about myths and misconceptions provided on Handout G with my friends and peers during our peer-to-peer risk reduction conversations.						
USING SOCIAL NORMS TO CHANGE BEHAVIOR						
I have a good understanding of the role social norms can play in reducing HIV infections within this community.						

<b>Session Two: Changing Norms Through Communication</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Additional comments</b>
<p>I understand that opinion leaders have the opportunity to help redefine social norms of sexual safety by:</p> <ul style="list-style-type: none"> <li>convincing their friends and peers not to engage in risky sexual behavior</li> <li>stressing the benefits of being sexually safe with all partners</li> <li>sharing the benefits they have personally experienced as a result of practicing safer sex</li> </ul>						
<b>ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE</b>						
After session two, I have a better understanding of how to effectively communicate HIV risk reduction information to my friends and peers.						
After session two, I can identify the six communication skills, referred to in Handout H: Elements of Effective Conversation, that will help me talk about risk reduction with my friends and peers.						
I believe the demonstration of and information on the six elements of an effective risk reduction conversation was helpful.						
I intend to use the six elements in risk reduction conversations with my friends and peers.						



4. Do you agree or disagree with the following statements about the group facilitators?

	Agree	Disagree
The group facilitator used clear, simple language.		
The group facilitator listened carefully to what everybody said.		
The group facilitator gave all group members a chance to contribute and ask questions.		
The group facilitator knew the subject matter.		
The group facilitator was comfortable talking about sensitive topics.		
The group facilitator defined terms in ways I could understand.		
The group facilitator was nonjudgmental.		
The group facilitator was respectful.		
The group facilitator was friendly and enthusiastic.		
The group facilitator created a comfortable learning environment.		

*Thank you for your participation!*

## SESSION 3 EVALUATION FORM

**INSTRUCTIONS:** We would appreciate you taking a few minutes to answer the following questions about this session. Please answer the questions as truthfully as possible. There is no right or wrong answer. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please rate your feelings on each of the following statements by checking the appropriate box. Also, please give us any comments or suggestions you have to improve future sessions.

1 = Strongly disagree      2 = Disagree      3 = Neither/Don't know      4 = Agree      5 = Strongly agree

Session 3: Practicing Risk Reduction Conversations	1	2	3	4	5	Additional comments
REVIEW OF ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE						
I was able to provide examples of risk reduction messages during this session.						
Any potential difficulties in conveying effective positive messages or in facilitating potentially difficult conversations were addressed.						
MODELING OF RISK REDUCTION MESSAGES						
I have a good understanding of what is an effective peer risk reduction conversation and how to initiate one.						
I found the information from the video and from Handout J- Facilitators Modeling Conversations to be very helpful.						

<b>Session 3: Practicing Risk Reduction Conversations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Additional comments</b>
I intend to use the information from the video and from Handout J: Facilitators Modeling Conversations, in my conversations with friends and peers.						
<b>PARTICIPANTS PRACTICE RISK REDUCTION MESSAGES</b>						
Participating in risk reduction endorsement conversational role-plays and receiving feedback on how I did was very helpful.						
<p>I intend to:</p> <ul style="list-style-type: none"> <li>• use my own individual style that is natural and comfortable to me,</li> <li>• present up-to-date risk reduction information consistent with the elements of an effective conversation,</li> <li>• ensure that conversations with my friends and peers are positive and nonjudgmental,</li> <li>• focus on changes my friends/peers can make in the future instead of past mistakes.</li> </ul>						
<b>PLANNING AND PRACTIING CONVERSATIONS</b>						
I intend to conduct four conversations with at-risk friends and peers before the next session.						
I know with whom, how, when, and where I will have the four conversations.						
I intend to use conversational lead-in strategies that were shared during my risk reduction conversations with friends and peers.						
<b>RECRUITMENT OF NEW OPINON LEADERS</b>						
I will bring two friends, who could be prospective opinion leaders, to next week's session.						



4. Do you agree or disagree with the following statements about the group facilitators?

	Agree	Disagree
The group facilitator used clear, simple language.		
The group facilitator listened carefully to what everybody said.		
The group facilitator gave all group members a chance to contribute and ask questions.		
The group facilitator knew the subject matter.		
The group facilitator was comfortable talking about sensitive topics.		
The group facilitator defined terms in ways I could understand.		
The group facilitator was nonjudgmental.		
The group facilitator was respectful.		
The group facilitator was friendly and enthusiastic.		
The group facilitator created a comfortable learning environment.		

*Thank you for your participation!*

## SESSION 4 EVALUATION FORM

**INSTRUCTIONS:** We would appreciate you taking a few minutes to answer the following questions about this session. Please answer the questions as truthfully as possible. There is no right or wrong answer. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please rate your feelings each of the following statements by checking the appropriate box. Also please give us any comments or suggestions you have to improve future sessions.

1 = Strongly disagree      2 = Disagree      3 = Neither/Don't know      4 = Agree      5 = Strongly agree

Session 4: Practicing Risk Reduction Conversations	1	2	3	4	5	Additional comments
REVIEW OF RISK REDUCTION CONVERSATIONS						
I found the information from Part 8 of the video entitled "Wrap-Up and Feedback to Opinion Leaders" to be very helpful.						
REVIEW OF HIV/AIDS						
After session four, I have a better understanding of the basic statistics about HIV/AIDS, including statistics relevant to my community.						
I found the information from Handout L: Review of HIV Risk, and the related discussion to be very helpful.						

<b>Session 4: Practicing Risk Reduction Conversations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Additional comments</b>
I intend to use the information from Handout L: Review of HIV Risk poster and the related discussion in my conversations with friends and peers.						
<b>INSPIRING MAINTENANCE</b>						
I intend to conduct 10 or more additional conversations with at-risk friends and peers before the next session and have agreed to do so either by raising my hand, verbally, or by signature.						
I intend to wear the Exclamation! buttons or use any program marketing materials while having risk reduction conversations with friends or peers.						
I understand the impact opinion leaders will have within the community by conducting these conversations.						

1. The most useful parts of this session were:

2. Something I would change to make this session better would be:

3. What in this session would be most helpful to you with respect to your role as an opinion leader in this community?

4. Do you agree or disagree with the following statements about the group facilitators?

	Agree	Disagree
The group facilitator used clear, simple language.		
The group facilitator listened carefully to what everybody said.		
The group facilitator gave all group members a chance to contribute and ask questions.		
The group facilitator knew the subject matter.		
The group facilitator was comfortable talking about sensitive topics.		
The group facilitator defined terms in ways I could understand.		
The group facilitator was nonjudgmental.		
The group facilitator was respectful.		
The group facilitator was friendly and enthusiastic.		
The group facilitator created a comfortable learning environment.		

*Thank you for your participation!*

## POL ENCOUNTER FORM\*

**When to use:** During each peer encounter a POL has with a friend/peer to conduct a risk reduction conversation during the implementation phase.

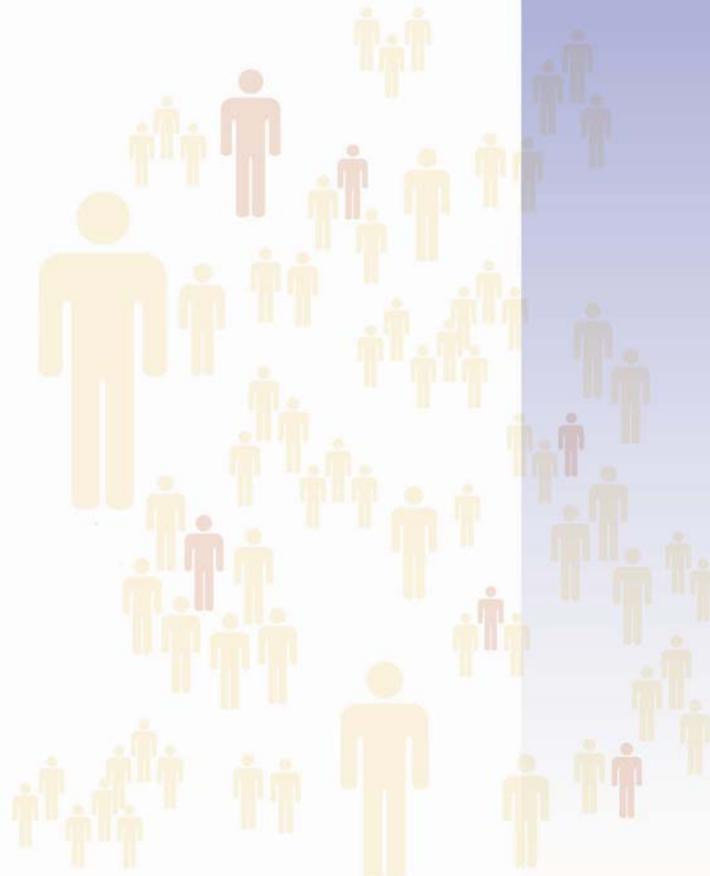
**Administered by:** Opinion Leader

**Completed by:** Opinion Leader

**Instructions:** This form is a tool for POLs to record the activities of the risk reduction conversations during each peer encounter and the demographic characteristics with whom the conversations were had. POLs should circle the appropriate letter that corresponds with the correct description of each peer or friend encountered. Provide additional information in the Notes/Details column as appropriate and provide brief answers to the questions below.

POLs should not share this form with the friend or acquaintance he or she is conversing with—rather, it is a tool for the POL to record demographic characteristics quickly and any issues related to the risk reduction conversational activities.

Once information is collected, it may be transferred to an aggregate form, such as the POL Encounter Summary Sheet. Aggregate client services data for NHM&E DS Table AG (HE/RR and Outreach) are required for POL encounters. The POL Encounter Summary Sheet will help organize these data for entry into the PEMS software.



## POL ENCOUNTER FORM

**Instructions:** For each encounter, please enter your observations and thoughts about your risk reduction conversation. In the space provided, enter the demographic characteristics of your friend or acquaintance. You do not need to ask your friend or acquaintance about their demographic characteristics. Answer these items based on your knowledge of this person, your observations, or any information they provided during the risk reduction conversation.

**AGE:**

- A. 12 or younger
- B. 13–18 years
- C. 19–24 years
- D. 25–34 years
- E. 35–44 years
- F. 45 and older
- G. Do not know

**GENDER:**

- A. Female
- B. Male
- C. Transgender (MTF)
- D. Transgender (FTM)
- E. Do not know

**ETHNICITY:**

- A. Hispanic/Latino/a
- B. Non Hispanic/Latino/a
- C. Do not know

**RACE:**

- A. American Indian/Alaska Native
- B. Asian
- C. Black/African American
- D. Native Hawaiian/Pacific Islander
- E. White
- F. Do not know

**HIV RISK:**

- A. Someone who has sex with females
- B. Man who has sex with other men (MSM)
- C. Someone who has sex with transgenders
- D. Injection drug use (IDU)
- E. MSM and IDU
- G. Do not know

**Example:**

Characteristics of Friend or Acquaintance		Note topics covered, encounter’s reaction, and challenges.	Potential POL?
1.	Age: <u>    C    </u> Gender: <u>    B    </u> Ethnicity : <u>    A    </u> Race : <u>    E    </u> Risk: <u>    B    </u> HIV Status: <u>    C    </u>	<i>I discussed making condoms sexy. At first, he seemed unsure. When I talked about my boyfriend’s reaction, he became more interested. It was hard to bring up the topic.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

# POL ENCOUNTER FORM

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Characteristics of Friend or Acquaintance		Note topics covered, encounter's reaction, and challenges.	Potential POL?
1.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Characteristics of Friend or Acquaintance		Note topics covered, encounter's reaction, and challenges.	Potential POL?
6.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Age: _____ Gender: _____ Race: _____ Ethnicity: _____ Risk: _____ HIV Status: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

## POL ENCOUNTER SUMMARY SHEET

**When to use:** After each POL completes at least 10 peer encounters with friends and acquaintances and that involve risk reduction conversational activities

If a POL does not complete 10 risk reduction conversations within 1 month (or other predetermined time limit) of completing the training, collect information on the encounters conducted. Note that this opinion leader did not complete one cycle of POL.

**Administered by:** Program Staff

**Completed by:** Opinion Leader

**Instructions:** Indicate the total number of peers encountered for corresponding POL for each of the following categories—the number in each category should equal the total number of peer encounters listed above. Also provide a summary of any additional feedback provided by POL.

Aggregate client services data for NHM&E DS Table AG (HE/RR and Outreach) are required for POL encounters. The specific NHM&E DS variables listed in the table below are on the POL Encounter Summary Sheet. The information is collected from the POL Encounter 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) NHM&E DS Variables			
NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
AG: HE/RR and Outreach	01	Session number <sup>10</sup>	
	04	Number of client contacts	1
	05a	Activity <sup>11</sup>	8
	06	Site Name/ID	Location ID

<sup>10</sup> For POL Encounters, the session number will always be "1."

<sup>11</sup> The activities selected for NHM&E DS variable AG05a will depend on the activities conducted during each training session. See the NHM&E DS variable F10, Table 2: Program Information – Intervention Details for POL Encounters in Section 5, or the *PEMS User Manual* (CDC, 2008c) for the variable value codes of each activity.

## CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) NHM&E DS Variables

NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
	07	Worker ID	POL ID
	08a	Client primary risk – MSM	6a
	08b	Client primary risk – IDU	6b
	08c	Client primary risk – MSM/IDU	6c
	08d	Client primary risk – Sex involving transgender	6d
	08e	Client primary risk – Heterosexual contact	6e
	08f	Client primary risk – Other/risk not identified	6f + 6g
	09a	Client gender – Male	2b
	09b	Client gender – Female	2a
	09c	Client gender – Transgender MTF	2c
	09d	Client gender – Transgender FTM	2d
	10a	Client ethnicity – Hispanic or Latino	4a
	10b	Client ethnicity – Not Hispanic or Latino	4b
	11a	Client race – American Indian or Alaska Native	3a
	11b	Client race – Asian	3b
	11c	Client race – Black or African American	3c
	11d	Client race – Native Hawaiian or Other Pacific Islander	3d
	11e	Client race – White	3e
	12a	Client age – Under 13 years	5a
	12b	Client age – 13–18 years	5b
	12c	Client age – 19–24 years	5c
	12d	Client age – 25–34 years	5d
	12e	Client age – 35–44 years	5e
	12f	Client age – 45 and older	5f

# POL ENCOUNTER SUMMARY SHEET

Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

Location/Site: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

POL Name: \_\_\_\_\_

POL ID: \_\_\_\_\_

1. Total Number of Peer Encounters: \_\_\_\_\_

## AGGREGATE CLIENT DEMOGRAPHICS:

Enter the total number of each demographic (e.g., 14 males; 2 females) using the information on the POL Encounter Form.

### 2. Gender:

- \_\_\_ a. Female
- \_\_\_ b. Male
- \_\_\_ c. Transgender (MTF)
- \_\_\_ d. Transgender (FTM)
- \_\_\_ e. Don't Know

### 5. Age:

- \_\_\_ a. Under 13 years
- \_\_\_ b. 13–18 years
- \_\_\_ c. 19–24 years
- \_\_\_ d. 25–34 years
- \_\_\_ e. 35–44 years
- \_\_\_ f. 45 and older
- \_\_\_ g. Don't Know

### 3. Race:

- \_\_\_ a. American Indian/Alaska Native
- \_\_\_ b. Asian
- \_\_\_ c. Black/African American
- \_\_\_ d. Native Hawaiian/Pacific Islander
- \_\_\_ e. White
- \_\_\_ f. Don't Know

### 6. Client Primary Risk:

- \_\_\_ a. MSM
- \_\_\_ b. IDU
- \_\_\_ c. MSM/IDU
- \_\_\_ d. Sex involving transgender
- \_\_\_ e. Heterosexual at risk
- \_\_\_ f. Don't know/Risk not identified
- \_\_\_ g. Other

### 4. Ethnicity:

- \_\_\_ a. Hispanic/Latino
- \_\_\_ b. Not Hispanic/Latino
- \_\_\_ c. Don't Know



## FACILITATOR OBSERVATION FORM

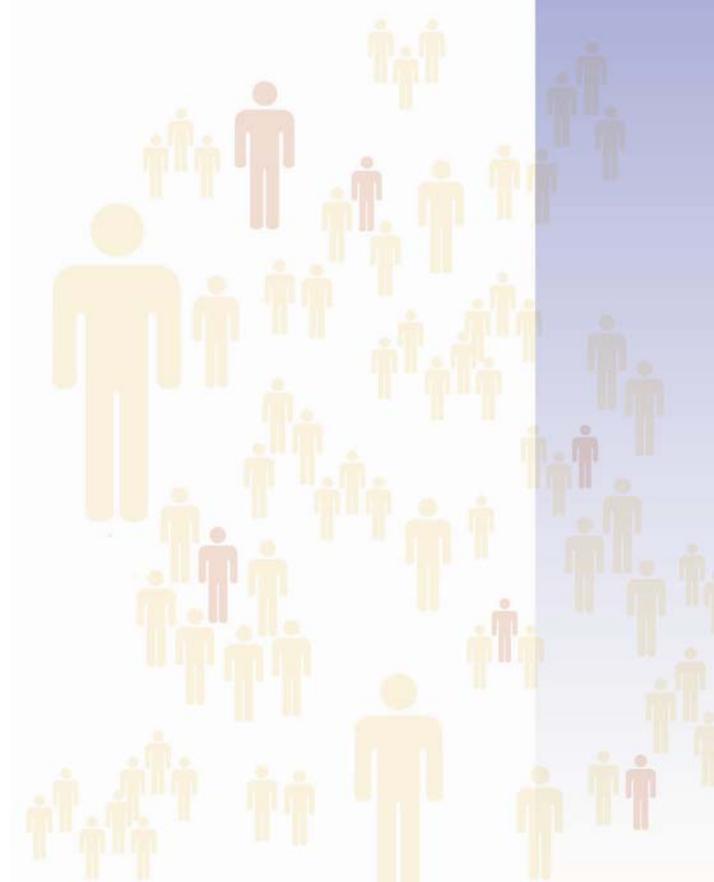
**When to use:** At least once during every opinion leader training session cycle

**Administered by:** Program Supervisor

**Completed by:** Program Supervisor or Staff

**Instructions:** When conducting the observation, it is important to focus specifically on the facilitators' interactions with the participants and their nonverbal behavior. The observer should use active "seeing" and "listening" skills, paying particular attention to any important details. Completing this form will help you 1) determine whether a facilitator is delivering POL training with fidelity to the training protocols, and 2) document the quality of the facilitation and management of the session's activities.

Be sure to have the staff person completing the observation form include the facilitator's name, the observer's name, date, POL session number, length of session, and location. The staff person should also provide feedback on the facilitator's strengths, areas of improvement, and the observer's next steps for communicating the feedback to the appropriate staff person(s).



# FACILITATOR OBSERVATION FORM

Date: \_\_\_ / \_\_\_ / \_\_\_

Facilitator Name: \_\_\_\_\_

Session No.: \_\_\_\_\_

Length Of Session: \_\_\_\_\_

Location: \_\_\_\_\_

Observer Name: \_\_\_\_\_

**Instructions:** Please observe the session facilitator and their interactions with session participants. Please circle the number that best represents your response to the questions.

1–“Not Very Well”    2–“Not Well”    3–“Well”    4–“Very Well”    5–“Not Applicable”

How well did the facilitator:					
1. Encourage group participation?	1	2	3	4	5
2. Respond to the group (i.e., address questions)?	1	2	3	4	5
3. Redirect the group?	1	2	3	4	5
4. Manage the effect of the group (deal with stress)?	1	2	3	4	5
5. Control the group's behavior?	1	2	3	4	5
6. Draw quiet people out?	1	2	3	4	5
7. Deal with crises?	1	2	3	4	5
8. Stay on time for each activity?	1	2	3	4	5
9. Empathize with participants?	1	2	3	4	5
10. Maintain neutral judgment?	1	2	3	4	5
11. Maintain a degree of professionalism?	1	2	3	4	5
12. Explain and discuss the topics covered in the video?	1	2	3	4	5
13. Conduct appropriate demonstrations?	1	2	3	4	5
14. Incorporate the key characteristics in the discussion?	1	2	3	4	5
15. Engage the group in role-playing activities?	1	2	3	4	5
16. Provide positive reinforcement?	1	2	3	4	5
17. Provide corrective feedback?	1	2	3	4	5
18. Manage all the materials (i.e., props and handouts)?	1	2	3	4	5
19. Demonstrate respect and appreciation for diversity (e.g., cultural, racial, gender)?	1	2	3	4	5

**Facilitator strengths:**

**Areas to be improved:**

**Action plan/next steps:**

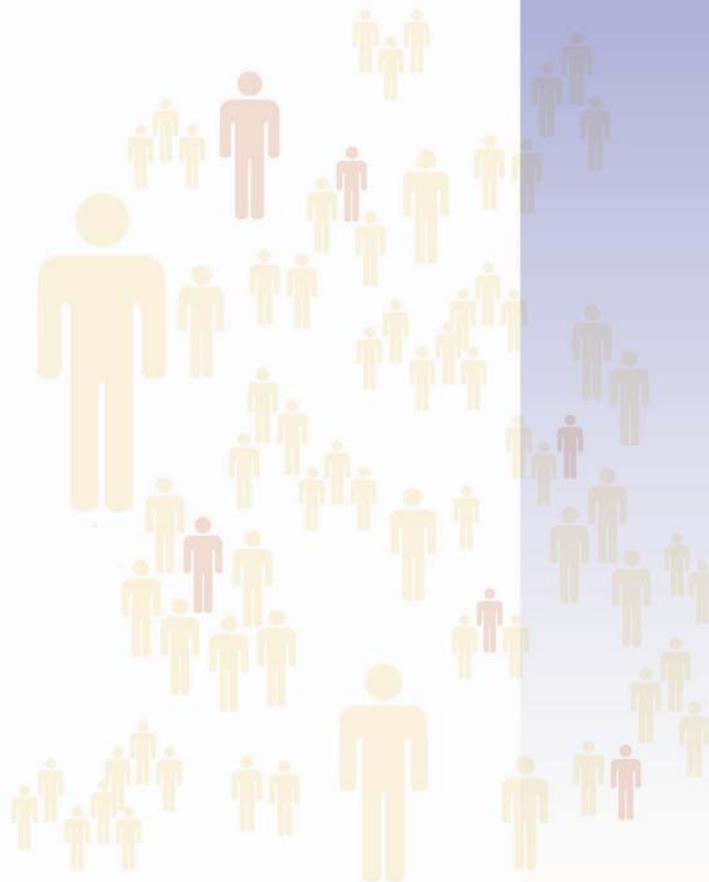
## MAINTENANCE (MONITORING) INSTRUMENTS

### Required

- Reunion Meeting Activity Log
- Quality Assurance Assessment
- Reunion Party/Booster Session Spot Interview Guide
- Spot Interview Summary Log

### Optional

- Post-Implementation Community Demographic and Risk Survey



## REUNION MEETING ACTIVITY LOG

**When to use:** After every reunion party or booster session held within an intervention cycle

**Administered by:** Program staff

**Completed by:** Program staff

**Instructions:** Use the activity log to document the activities and discussions that occurred during the reunion or booster sessions.

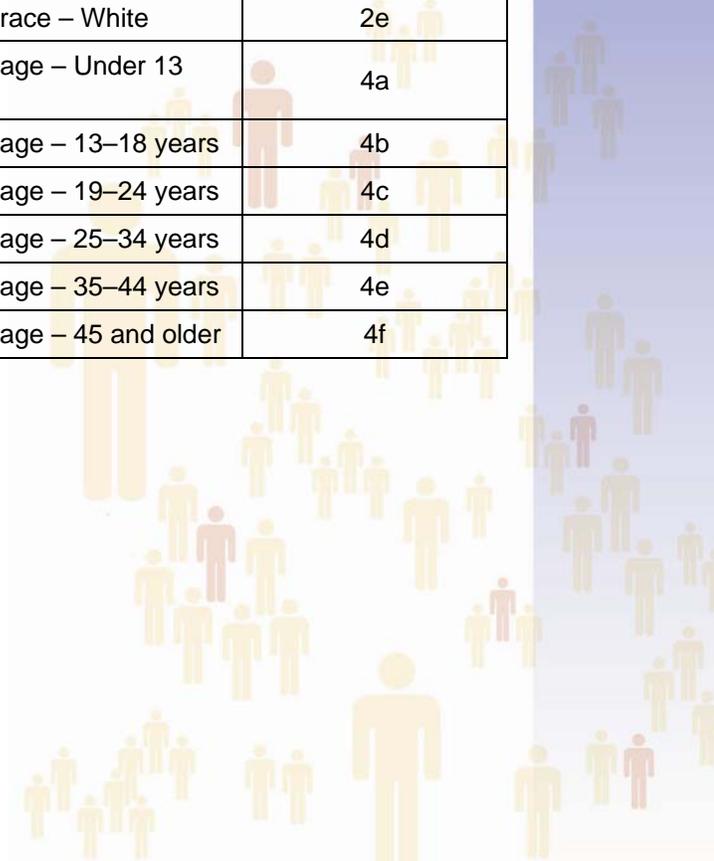
Aggregate client services data for NHM&E DS Table AG (HE/RR and Outreach) are required for POL reunion events. The specific NHM&E DS variables listed in the table below are collected on the POL Reunion Meeting Activity Log. Note that the variables presented in the table include only those required variables 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) NHM&E DS Variables			
NHM&E DS Table	NHM&E DS Table	NHM&E DS Table	NHM&E DS Table
AG: HE/RR and Outreach	02	Date of Event/ Session	Today's Date
	03	Duration of Event/Session	End time — Start time
	04	Number of client contacts	Total # of participants
	05a	Activity <sup>12</sup>	1.1 – 1.6
	06	Site name/ID	Site ID
	08a	Client primary risk – MSM	5a
	08b	Client primary risk – IDU	5b
	08c	Client primary risk – MSM /IDU	5c
	08d	Client primary risk – Sex involving transgender	5d
	08e	Client primary risk –	5e

<sup>12</sup> The activities selected for NHM&E DS variable AG05a will depend on the activities conducted during each reunion event. See the NHM&E DS variable F10, Table 2: Program Information – Intervention Details for POL Reunion Events in Section 5, or the *PEMS User Manual* (CDC, 2008c) or the variable value codes of each activity.

**CDC's National HIV Prevention Program Monitoring and Evaluation Data Set  
(NHM&E DS) NHM&E DS Variables (continued)**

NHM&E DS Table	NHM&E DS Table	NHM&E DS Table	NHM&E DS Table
		Heterosexual contact	
	08f	Client primary risk – Other /risk not identified	5f + 5g
	09a	Client gender – Male	1b
	09b	Client gender – Female	1a
	09c	Client gender – Transgender MTF	1c
	09d	Client gender – Transgender FTM	1d
	10a	Client ethnicity – Hispanic or Latino	3a
	10b	Client ethnicity – Not Hispanic or Latino	3b
	11a	Client race – American Indian or Alaska Native	2a
	11b	Client race – Asian	2b
	11c	Client race – Black or African American	2c
	11d	Client race – Native Hawaiian or Other Pacific Islander	2d
	11e	Client race – White	2e
	12a	Client age – Under 13 years	4a
	12b	Client age – 13–18 years	4b
	12c	Client age – 19–24 years	4c
	12d	Client age – 25–34 years	4d
	12e	Client age – 35–44 years	4e
	12f	Client age – 45 and older	4f





Peer risk reduction conversation success stories:

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Alternative approaches for conversations that did not go well:

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Suggestions for updating conversational elements:

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Suggestions for developing new POL educational materials (intervention logos and posters):

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Preliminary or current results regarding efficacy of POL in target community:

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## II. OPINION LEADER REFERRALS

**Instructions:** Please provide the names and contact numbers of the prospective opinion leaders referred by the meeting participants. Please also provide the name of the participant making the referral.

	<b>Nominated Opinion Leader</b>	<b>Contact Telephone Number</b>	<b>Who They Were Nominated or Referred By</b>	<b>Friendship Groups</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

### III. AGGREGATE PARTICIPANT INFORMATION

**Instructions:** To the extent possible, record the demographic characteristics of opinion leaders, community gatekeepers, and key stakeholders in attendance for this meeting.

**1. Gender:**

- a. Female
- b. Male
- c. Transgender (MTF)
- d. Transgender (FTM)
- e. Don't Know

**4. Age:**

- a. Under 13
- b. 13–18 years
- c. 19–24 years
- d. 25–34 years
- e. 35–44 years
- f. 45 and older
- g. Don't Know

**2. Race:**

- a. American Indian/Alaska Native
- b. Asian
- c. Black/African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Don't Know

**5. Client Primary Risk:**

- a. MSM
- b. IDU
- c. MSM/IDU
- d. Sex involving transgender
- e. Heterosexual at risk
- f. Don't know/Risk not identified
- g. Other

**3. Ethnicity:**

- a. Hispanic/Latino
- b. Not Hispanic/Latino
- c. Don't Know

### IV. ADDITIONAL NOTES

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## QUALITY ASSURANCE ASSESSMENT

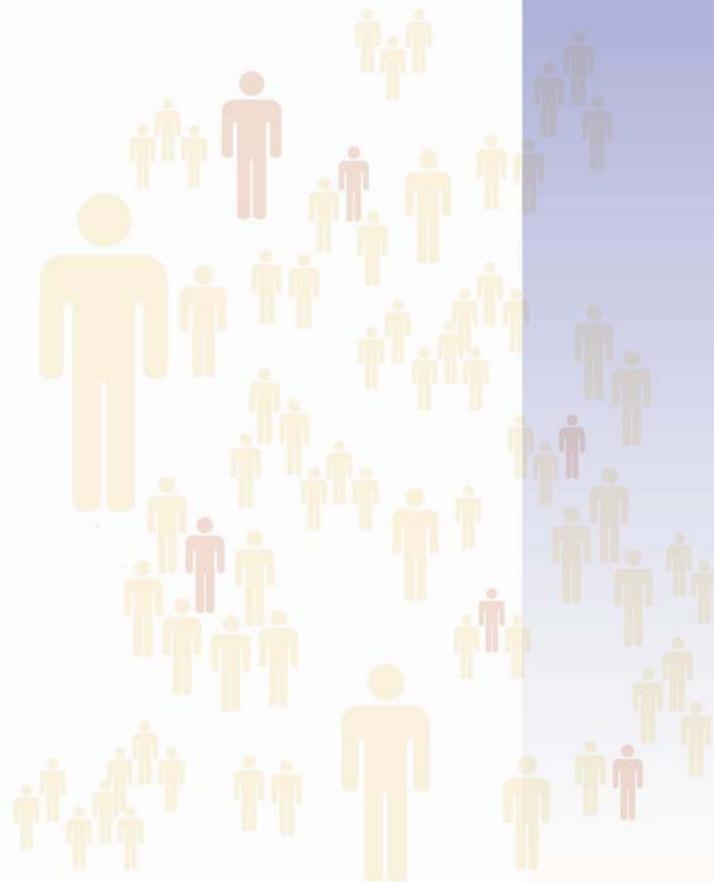
**When to use:** At least once, as a follow-up to the completion of a program cycle

**Administered by:** Program Manager

**Completed by:** Program Manager

**Instructions:** Please complete this form at least once every program cycle as a follow-up to the opinion leader program activities conducted. To help complete this form, review the data collected during the pre-award; planning, discovery, and targeting; and implementation and monitoring phases of the program completed during the period of review.

It is important to (1) determine whether the organization delivered POL with fidelity to its core elements and (2) identify any issues that should be addressed to ensure that the intervention is meeting the needs of the target social network. Below is a simple checklist you can use to assess the quality of the implementation of the program's core elements and activities.



# QUALITY ASSURANCE ASSESSMENT

Program supervisor name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Period of review: \_\_\_\_\_

Number of intervention cycles completed: \_\_\_\_\_

During the past program cycle, was the intervention directed to an identifiable target intervention population (social network) in well-defined community venues/contexts where the population's size can be estimated?

Yes

No - If no, explain why:

Were ethnographic techniques systematically used to identify segments of the target population (friendship groups) and to identify those persons who are most popular, well liked, and trusted by others in each population segment (POLs)?

Yes

No - If no, explain why:

During the program cycle, were 15% of the individuals in each friendship group from the target social network trained as POLs?

Yes

No - If no, explain why:

During the program's implementation phase, were POLs taught skills for initiating risk reduction messages to friends and acquaintances during everyday conversation?

Yes

No - If no, explain why:

During the program's implementation phase, were POLs taught the characteristics of effective behavior change communication messages targeting risk-related attitudes, norms, intentions, and self-efficacy?

Yes

No - If no, explain why:

During the program's implementation phase, did POLs personally endorse the benefits of safer behavior and recommend practical steps needed to implement change in conversations with members of the target friendship groups?

Yes

No - If no, explain why:

During the program's implementation phase, did groups of POLs met together weekly in sessions that use instruction, facilitation modeling, and extensive role exercises to help POLs refine their skills and gain confidence in delivering effective HIV prevention messages to others?

Yes

No - If no, explain why:

During the program’s implementation phase, were the groups, during the weekly sessions, small enough to provide extensive practice opportunities for all POLs to shape their communication skills and create comfort in delivering conversational messages?

Yes

No - If no, explain why:

During the program’s implementation phase, did POLs set goals to engage in risk reduction conversations with friends and acquaintances in the target population between weekly sessions?

Yes

No - If no, explain why:

During the program’s implementation phase, were POLs’ conversational outcomes reviewed, discussed, and reinforced at subsequent training sessions?

Yes

No - If no, explain why:

During the program’s implementation phase, were logos, symbols, or other devices used as “conversation starters” between POLs and others?

Yes

No - If no, explain why:

Additional Notes:

## REUNION PARTY/BOOSTER SESSION SPOT INTERVIEW GUIDE

**When to use:** During each spot interview conducted during the monitoring phase

**Administered by:** Program staff

**Completed by:** Program staff

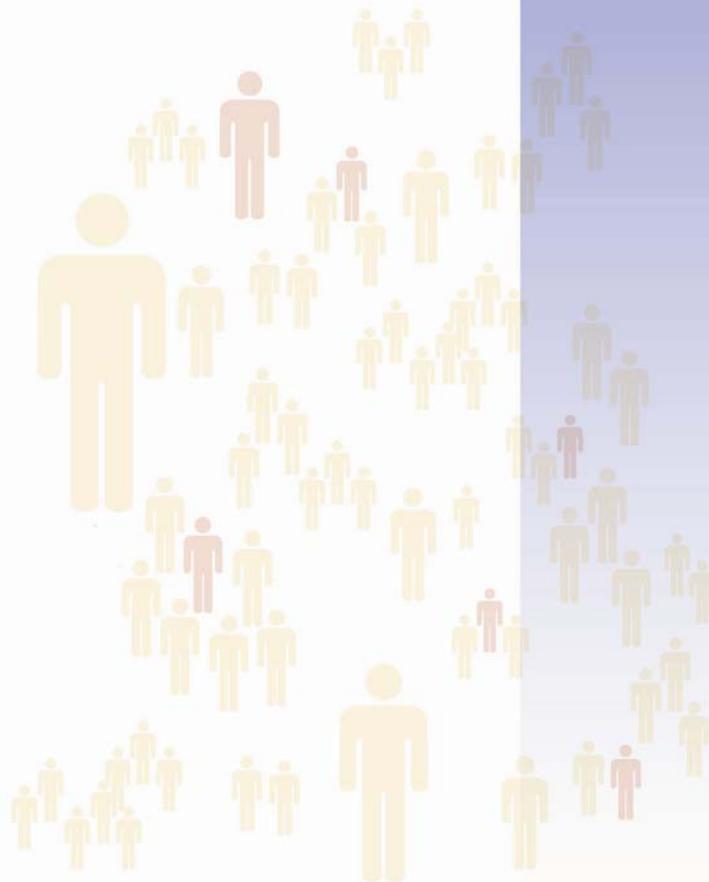
**Instructions:**

Greet the interviewee. Introduce yourself if you have not had previous personal contact with him or her.

Thank the participant (e.g., POLs and gatekeepers/business owners) for taking the time to talk with you about POL. (Note: Spot interviews are usually quick interactions. If time allows, provide a brief overview of POL and why the interview is being conducted.)

Observe demographic characteristics of the participant. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the individual.

Use the questions provided below as a guide. Encourage respondents to express themselves as they choose.



# REUNION PARTY/BOOSTER SESSION SPOT INTERVIEW GUIDE

## GENERAL INFORMATION

Staff name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Date of the interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interview site/setting (specify: \_\_\_\_\_)

### Site/setting type

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

## DEMOGRAPHIC INFORMATION

### Gender

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

### Age

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

**Ethnicity**

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

**Language spoken during interview**

- English
- Spanish
- Other (Specify: \_\_\_\_\_)

**Race (check all that apply)**

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

**Type of respondent**

- Community Member
- Agency Representative
- Business Owner
- Clergy
- Health Department Representative
- POL
- Other (Specify: \_\_\_\_\_)

**INTERVIEW QUESTIONS**

Do you feel that members of the friendship group(s) have a greater awareness of the risk factors for HIV and how to reduce their risk?

If yes, how so? If no, why not?

How have attitudes, beliefs, and opinions about HIV risk reduction changed among members of the friendship group(s)?

What are the social norms that have influenced risk for HIV among members of the friendship group(s)? How have these social norms changed?

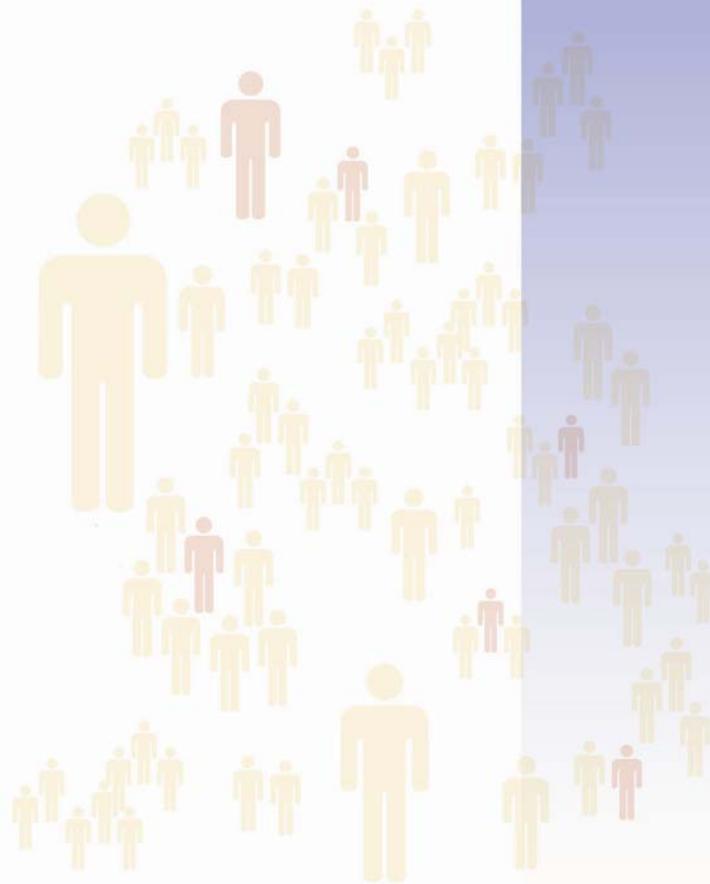
Do you think members of the friendship group(s) intend to engage in risk reduction activities such as condom negotiation and consistent condom use?

Do members of the friendship group(s) know where they could go to get information about HIV, including information about testing and counseling services?

Other notes:

## SPOT INTERVIEW SUMMARY LOG

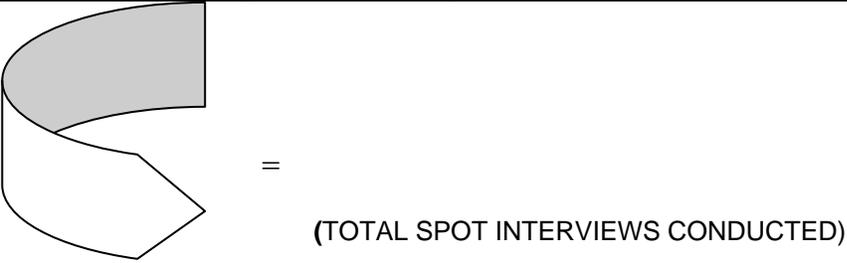
- When to Use:** At the conclusion of all spot interviews conducted during the program monitoring phase
- Administered By:** Program staff and data analyst
- Completed By:** Program staff and data analyst



## SPOT INTERVIEW SUMMARY LOG

**Instructions:** For each reunion party, booster session, or additional POL follow-up activity, indicate the total number of interviews that took place with POLs, members of targeted friendship groups, or other key stakeholders. You may then calculate the total number of spot interviews conducted.

### INTERVIEW SITE/SETTING:

Name Friendship Group	Number of Interviews	Social Venue or Context Where Interview Is Conducted
 <p style="text-align: center;">= (TOTAL SPOT INTERVIEWS CONDUCTED)</p>		

## DEMOGRAPHICS

**Instructions:** For each of the following, indicate the total number of interviews that were conducted with individuals with the following characteristics.

### Gender

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

### Age

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

### Ethnicity

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

### Language spoken during interview

- English
- Spanish
- Other (Specify: \_\_\_\_\_)

### Race (check all that apply)

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

### Type of respondent

- Community Member
- Agency Representative
- Business Owner
- Clergy
- Health Department Representative
- POL
- Other (Specify: \_\_\_\_\_)

## INTERVIEW QUESTIONS

**Instructions:** Review the answers provided during the spot interviews. For each of the following interview questions, record the most commonly reported answers.

Do you feel that members of the friendship group(s) have a greater awareness of the risk factors for HIV and how to reduce their risk?

If yes, how so? If no, why not?

How have attitudes, beliefs, and opinions about HIV risk reduction changed among members of the friendship group(s)?

What are the social norms that have influenced risk for HIV among members of the friendship group(s)? How have these social norms changed?

Do you think members of the friendship group(s) intend to engage in risk reduction activities such as condom negotiation and consistent condom use?

Do members of the friendship group(s) know where they could go to get information about HIV, including information about testing and counseling services?

Other notes:

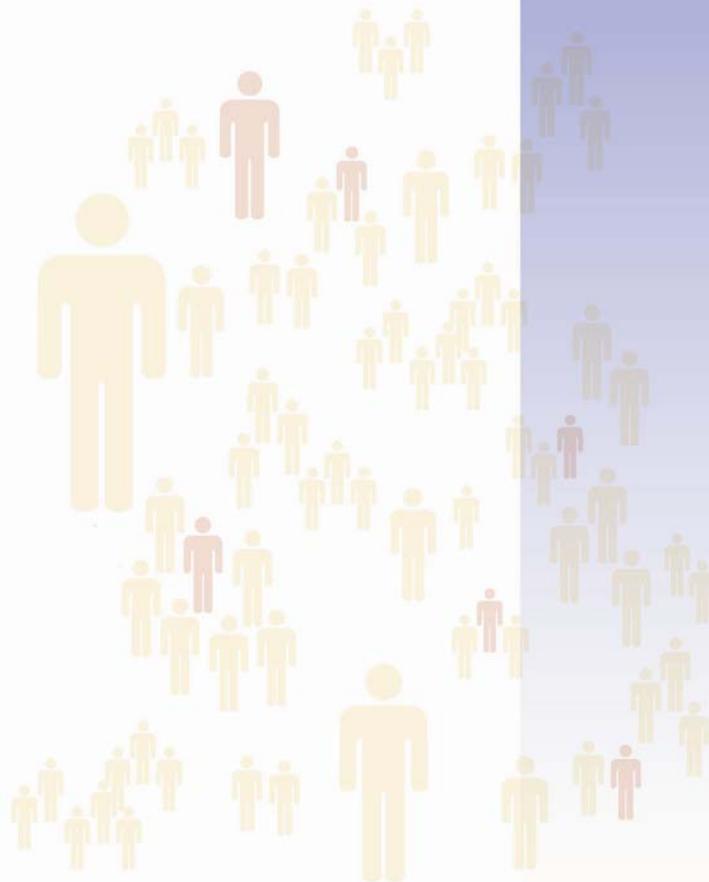
## POST IMPLEMENTATION COMMUNITY DEMOGRAPHIC AND RISK SURVEY\*

**When to use:** After the completion of several POL program cycles

**Administered by:** POL program staff

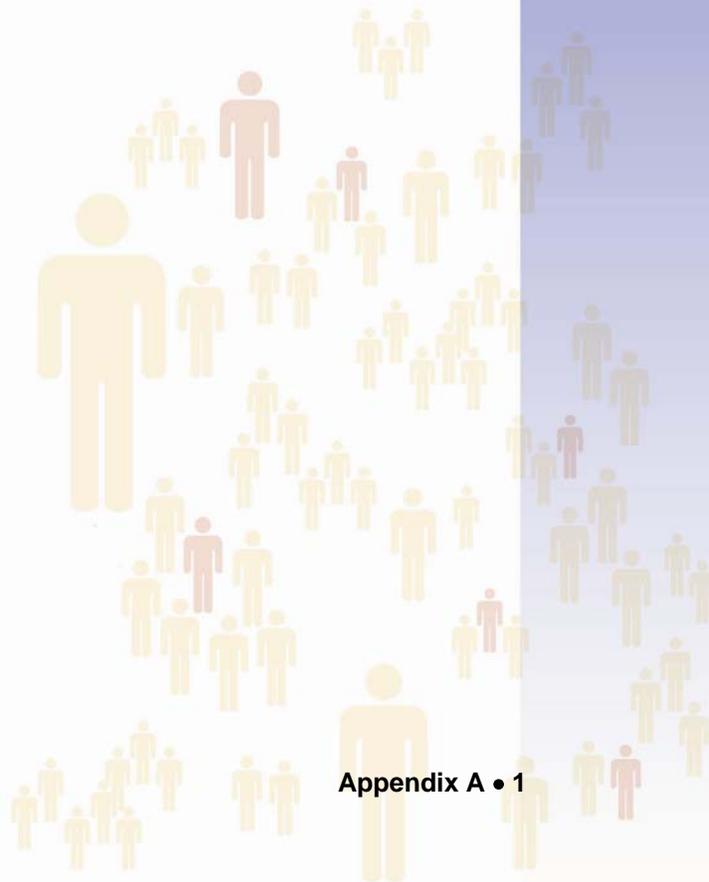
**Completed by:** Community members who are representative of the broad risk population targeted for POL

\*Note: Please refer to the survey conducted during the preimplementation phase.



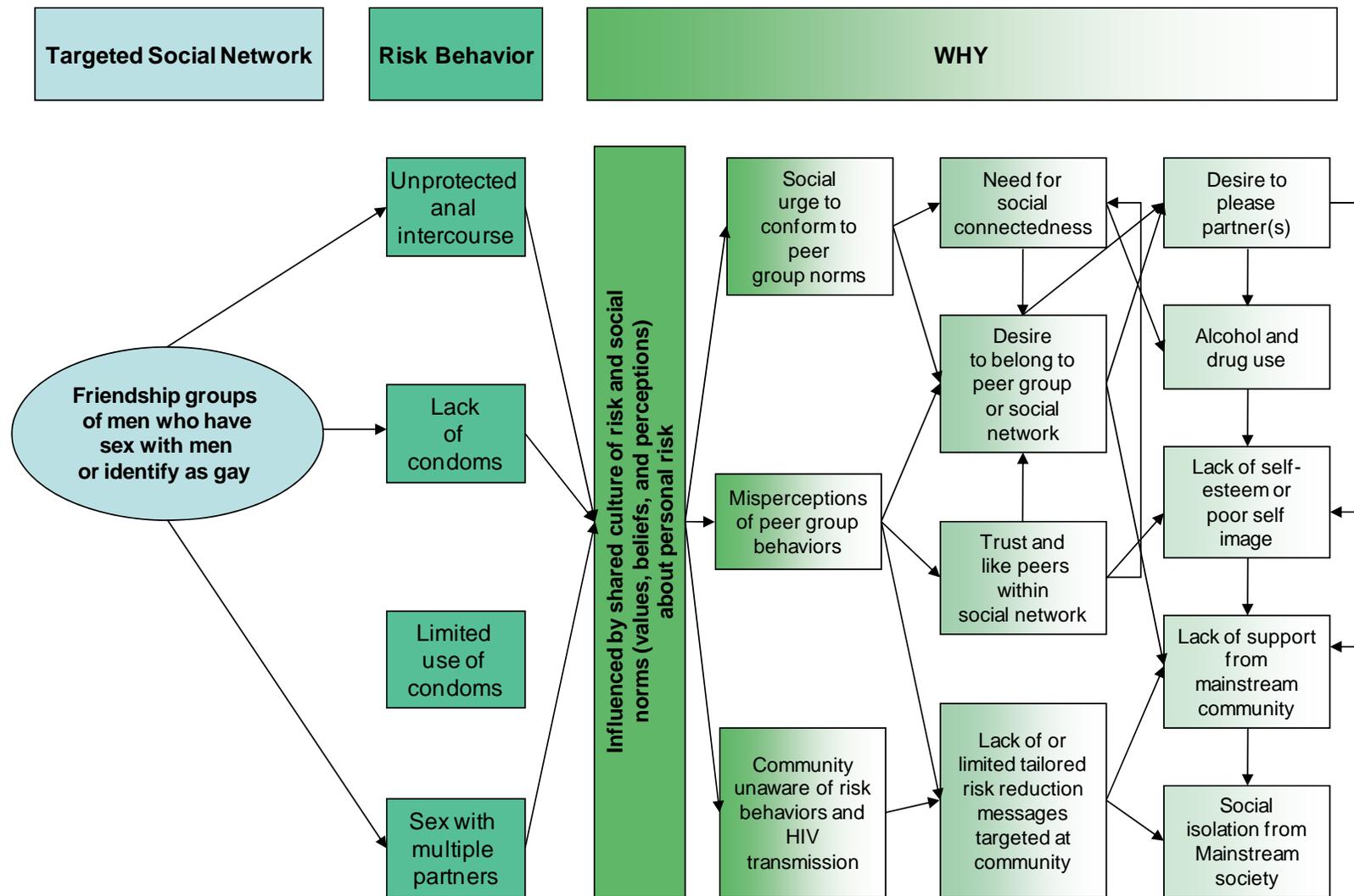
## APPENDIX A: POL BEHAVIORAL RISK ANALYSIS

This appendix provides a generic behavior risk analysis for the population identified in the original POL study—a social network of men who have sex with other men (Kelly et al., 1997). A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) which facilitate high-risk behaviors. This information is used to help understand why members of the target population engage in the identified risk behavior, and where POL intervenes to protect individuals against the determinants of risk. The risk analysis depicts the factors that influence HIV risk behaviors in the target social network. Modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target population during the community discovery process.



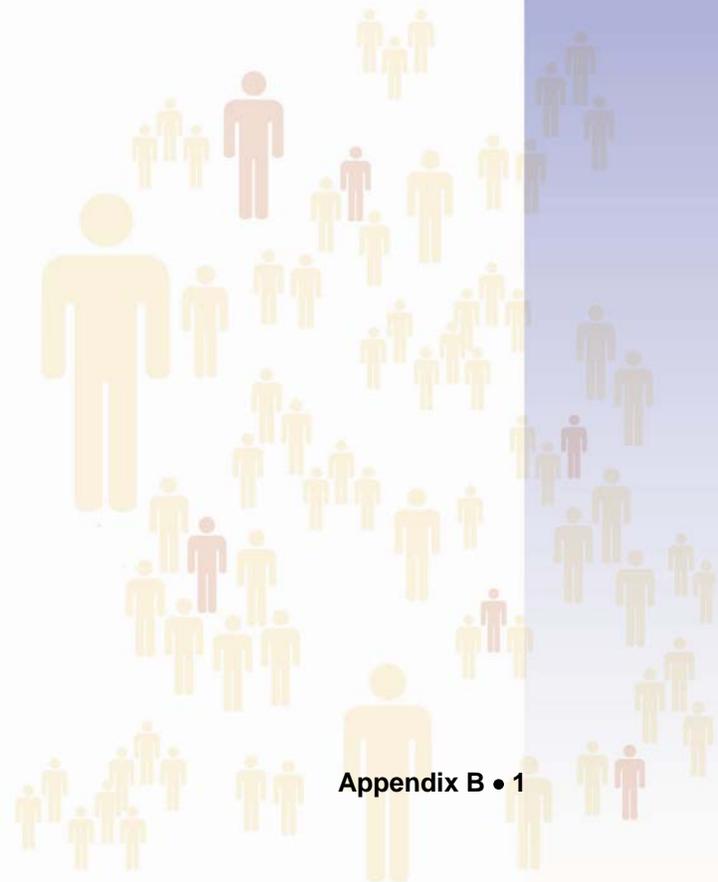
# POL BEHAVIORAL RISK ANALYSIS

*(Based on behavioral risks of the identified social networks targeted for POL by the intervention developers)*

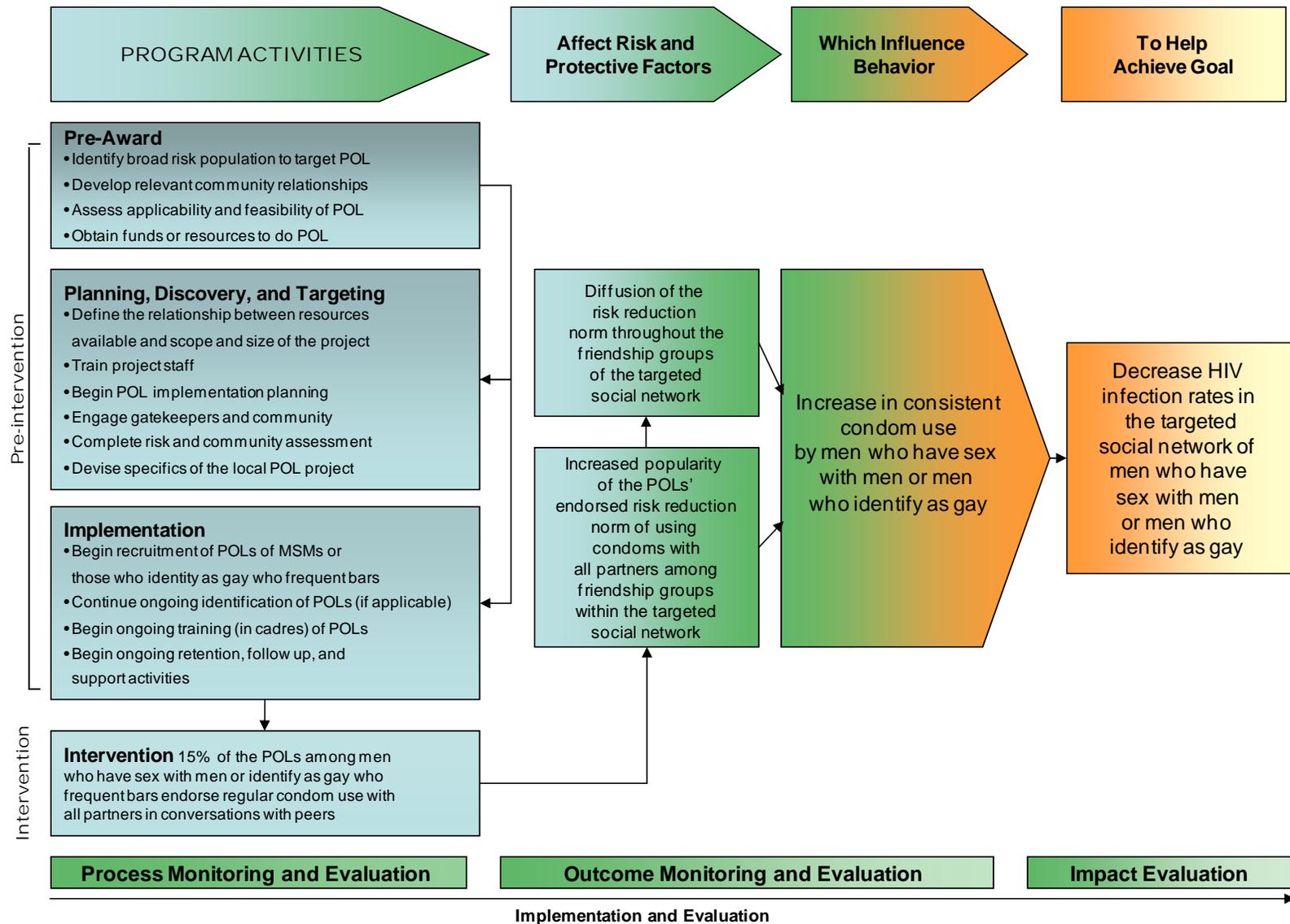


## APPENDIX B: POL CONCEPTUAL FRAMEWORK

The conceptual framework on the following page shows the linkage between the types of intervention activities and the risk and protective factors identified in the behavioral risk analysis.

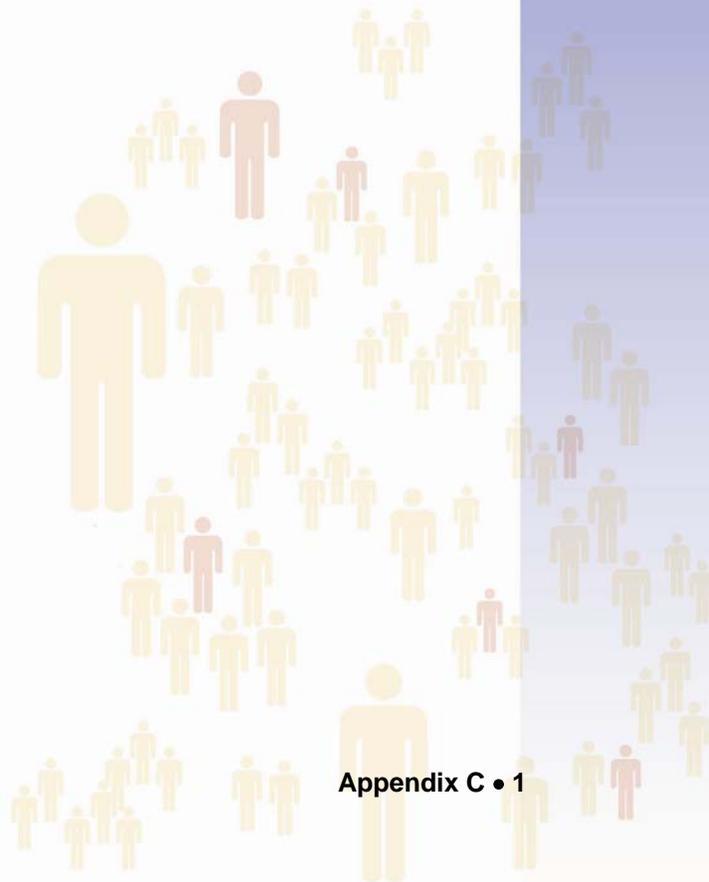


# POL CONCEPTUAL FRAMEWORK

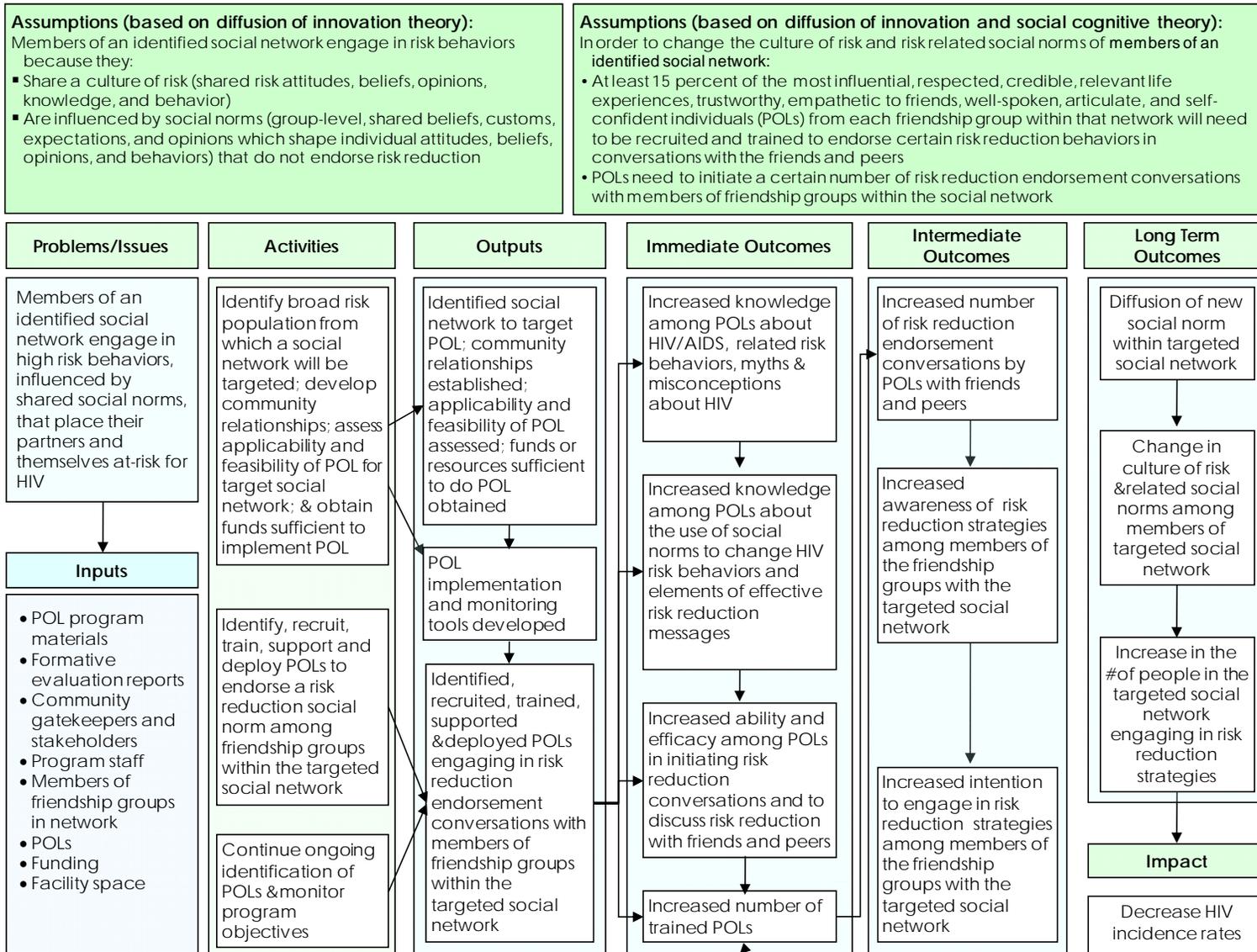


## APPENDIX C: POL LOGIC MODEL

This section provides a generic logic model for POL. The model reflects activities designed to affect the behaviors and attitudes of members of the targeted social network from the original research and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the POL implementation and technical guidance manuals. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of POL.



# POL THEORETICAL LOGIC MODEL



## APPENDIX D: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLE REQUIREMENTS

This appendix provides a summary of the variable requirements for the January 1 and July 1, 2008, data collection periods, 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 & 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 Web site	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

Variable Number	Variable Name	HD & CDC Reported Required
<b>Site Information (Table S)</b>		
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
<b>Program Name - Planning (Table D)</b>		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
<b>Program Model and Budget - Planning (Table E1)</b>		
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
<b>Intervention Plan Characteristics (Table F)</b>		
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

Variable Number	Variable Name	HD & CDC Reported Required
Intervention Plan Characteristics (Table F) (continued)		
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
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"> <li>● Sex without using a condom</li> <li>● Sharing drug injection equipment</li> </ul>		
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

Variable Number	Variable Name	HD & CDC Reported Required
Client Intervention Characteristics (Table H) (continued)		
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
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

Variable Number	Variable Name	HD & CDC Reported Required
Aggregate HE/RR and Outreach (Table AG) (continued)		
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 older	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

Variable Number	Variable Name	HD & CDC Reported Required
Health Communication / Public Information (Table HC) (continued)		
HC12	Number of Callers	Required
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

1. Centers for Disease Control and Prevention (2003). *Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064: Draft 9 Dec 03*. Atlanta, GA: Author.
2. Centers for Disease Control and Prevention (2006). *Provisional procedural guidance for community-based organizations: Revised April 2006*. Atlanta, GA: Author. Retrieved March 14, 2007, from [http://www.cdc.gov/hiv/topics/prev\\_prog/AHP/resources/guidelines/pro\\_guidance.pdf](http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.pdf)
3. Centers for Disease Control and Prevention. (2007a). *HIV prevention strategic plan: extended through 2010*. Retrieved April 2, 2008, from <http://www.cdc.gov/hiv/resources/reports/psp/pdf/psp.pdf>
4. Centers for Disease Control and Prevention (February 2007b). *Technical guide for targeting, adapting, and implementing the Popular Opinion Leader (POL) HIV-related behavior change intervention*. Draft in preparation.
5. Centers for Disease Control and Prevention (2008a). *Evaluation capacity building guide*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2006-18987. Atlanta, GA: Author.
6. Centers for Disease Control and Prevention (2008b). *National monitoring and evaluation guidance for HIV prevention programs*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2003-01926. Atlanta, GA: Author.
7. Centers for Disease Control and Prevention (2008c). *Program Evaluation and Monitoring System (PEMS) user manual*. Atlanta, GA: Author.
8. Centers for Disease Control and Prevention. (2008d). *National HIV Prevention Program monitoring and evaluation data set*. Retrieved September 16, 2008, from <http://team.cdc.gov>.
9. Kelly, J.A., Murphy, D.A., Sikkema, K.J., McAuliffe, T.L., Roffman, R.A., Solomon, L.J., Winett, R.A., Kalichman, S.C., and the Community HIV Prevention Research Collaborative (1997). Randomized controlled community-level HIV- prevention intervention for sexual risk behavior among homosexual men in US cities. *Lancet*, 350, 1500–1505.
10. Rogers, E.M. (1995). *Diffusion of innovations* (4<sup>th</sup> edition). New York: The Free Press.
11. Thomas, C. W., Smith, B. D., & Wright-DeAgüero, L. (2006). The Program Evaluation and Monitoring System: A key source of data for monitoring evidence-based HIV prevention program processes and outcomes. *AIDS Education and Prevention*, 18(Suppl. A), 74–80.