

# REAL AIDS PREVENTION PROJECT

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## DESCRIPTION

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The Real AIDS Prevention Project (RAPP) is a community-level HIV prevention intervention designed to help sexually active women and their male partners reduce their risk for HIV infection.

RAPP has been packaged by CDC's Diffusion of Effective Behavioral Interventions project; information on obtaining the intervention training and materials is available at [www.effectiveinterventions.org](http://www.effectiveinterventions.org).

### Goals

The objectives of RAPP are to

- increase consistent condom use by women and their partners
- change community norms so that practicing safer sex is the acceptable norm
- involve as many people in the community as possible

### How It Works

The program has 3 phases: community assessment, mobilization, and maintenance.

- **Community assessment** is finding out about the community and how to talk to women and their partners about their risk for HIV infection.
- **Community mobilization** involves the community in a combination of risk-reduction activities for the women and their partners.
- **Maintenance** occurs when project activities are running and evaluation is being conducted.

### Theories behind the Intervention

RAPP is based on 3 theories.

- **The transtheoretical model of behavior change** is commonly called stages of change.<sup>1,2</sup> This theory says that people do not change behavior all at once but go through a series of stages.
- **The diffusion of innovation theory** says that people are more likely to adopt new behaviors when influential members of the community have already adopted them.<sup>3</sup>
- **The social cognitive theory** says that people learn new behaviors best when trusted sources such as their peers practice the behavior and when people have the opportunity to increase both knowledge and skills related to the behavior.<sup>4</sup>

### Research Findings

RAPP has been demonstrated to be effective in helping women change their behavior. Women in the original study were helped to move toward consistent condom use by being given condoms and messages adapted to their stage of change. After participating

in the RAPP intervention, women living in high-risk intervention communities were more likely than women living in comparison communities to have initiated condom use with their steady partners and to have negotiated condom use with steady and casual partners. Women at very high risk (e.g., sex workers) were more likely to use condoms consistently with both steady and casual partners.<sup>5-9</sup>

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## CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

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### Core Elements

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.**

RAPP has the following 5 core elements:

- **Peer Network.** Recruit people from the community to become part of the peer network to talk to women and men about HIV prevention and related issues, distribute role model stories and educational materials, and provide referrals.
  - Depending on resources and target populations being served, a CBO can have more than 1 peer network. For example, if the target population is both African American and Latina women, a CBO can have 2 peer networks to meet the needs of these 2 target populations.
  - Additionally, male and youth networks can be established. It is important for CBOs to obtain information during their community assessment about how many networks should be established. The peer networks serve not only as a mechanism to increase HIV/AIDS awareness in a community but may serve also as a support mechanism for the members (via ongoing trainings, social events, informal gatherings, etc.).
- **Staged-based Encounters.** To find out the person's stage of change, conduct encounters that are 1-on-1 conversations led by trained outreach specialists and peer volunteers who ask questions about attitudes and condom use. Then, on the basis of the response, the outreach specialists or peer volunteers give women a message aimed at encouraging them to begin or continue condom use.
  - Staged-based encounters occur over time and are not necessarily conducted during the first encounter with a community member. It may be important for outreach specialists and trained peer volunteers to first establish a rapport with their community prior to conducting staged-based encounters.
  - Only trained staff should conduct this type of outreach as it requires a certain set of skills and an in-depth understanding of the stages of change model.
- **Role Model Stories.** Develop and distribute printed role model stories that are based on interviews with community members about their decisions to change their behavior.

- The role model stories are based on real-life experiences of people in the community. In each role model story, a certain risk behavior is highlighted along with the role model's stage of readiness to change the behavior and the influencing factors that will facilitate those changes.
- The stories should capture only movement from 1 stage to another. However, CBOs can develop a set of role model stories based on 1 character that illustrates behavioral change through all 5 stages along with their appropriate influencing factors.
- **Community Network.** Recruit local businesses, organizations, and agencies to become part of the community network to support the project's goals. Ask them to display and distribute role model stories and other educational materials and to sponsor activities.
  - For recruitment and retention purposes, it is important for CBOs to conduct meetings for their community network members. These meetings provide an opportunity for network members to learn about RAPP, provide input, and volunteer resources to the project.
  - CBOs are strongly encouraged to conduct a yearly gathering to show appreciation for their community network members. This provides an opportunity for the community network members to renew their commitment to the project and provide recommendations for future RAPP activities.
- **Small-Group Activities.** Conduct small-group activities to promote safer sex, and host HIV/AIDS presentations. Recruitment for participation in the small-group activities is central to the outreach activities of RAPP.
  - The safer-sex gathering is a 1-session skills-building activity that allows women to learn to use male and female condoms correctly and teaches them how to negotiate safe-sex practices with their partners. However, depending on the needs of their target population, agencies can choose to have more than 1 session or gathering.
  - "Basic HIV 101" is provided during this session to increase women's knowledge about HIV transmission and associated risk behaviors.
  - Culturally based role-playing activities and condom practice are emphasized during this session to empower women to use condoms correctly and consistently with their partners. Additional sessions can emphasize self-esteem building and issues like domestic violence.
  - This type of gathering also allows for women to learn of other programs or services being delivered in their community. Referrals are made to HIV testing and counseling centers as well as to other social service providers.
  - Participants in the safer-sex gatherings should be of the same sex and age group. Men-only gatherings can be conducted. Additionally, couple gatherings can be conducted, if requested by the women.
  - The HIV/AIDS presentations are delivered in various settings to increase awareness of how HIV affects the community and to increase HIV testing and counseling among community members. These presentations are delivered in places such as schools, churches, recreation centers, businesses, and health clinics.

## **Key Characteristics**

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

RAPP has the following key characteristics:

- Hire a recognized leader in the community to be an outreach specialist. This outreach specialist coordinates the project activities, conducts outreach, and manages the peer network and community network. The outreach specialist should match the target population in race, gender, and age. It is also important that the outreach specialist have the ability to communicate to the target population in a clear, concise manner (i.e., speak the same language).
- Gather community permission from key community officials to gain support and enthusiasm for the project.
- Conduct focus groups and key informant interviews to further gather more knowledge of community needs related to HIV prevention and other pertinent information about the community.
- Train peer volunteers to have 1-on-1 conversations with members of the target population. Peer volunteers can also assess individuals' general level of knowledge related to HIV/AIDS and other sexually transmitted diseases and provide them with accurate information.
- Write short role model stories, based on the interviews, about people in different situations and stages of change regarding condom use or abstinence.
- Provide monetary incentives or stipends to peer volunteers and hold appreciation events.
- Debrief peer volunteers regularly and provide short refresher trainings.

## **Procedures**

Procedures are detailed descriptions of some of the above-listed elements and activities.

Procedures for RAPP are as follows:

### **Getting Started (Preimplementation)**

The preimplementation activities can vary for different organizations and is heavily dependent upon the community needs, capacity, and resources.

Community mobilization is part of the preimplementation and implementation phases of RAPP. Having the community mobilized and excited about RAPP will work toward the success of the project. This effort is necessary to enable community members to direct and own the intervention through their continual input and personal participation in the project. Community mobilization is grounded in the diffusion of innovation theory and the social learning theory.

The purpose of community mobilization is to

- use existing networks to support behavior change
- draw attention to the role model stories and media message
- create opportunities for community involvement
- create project name and logo
- use the power of the community to initiate and maintain behavior change

Preimplementation activities usually take 9 to 12 months and include

- doing the community needs assessment
- recruiting persons for focus groups and key participant interviews
- finding volunteers for the peer network and community network
- arranging for materials to hand out

**Step 1. Identify key community members and solicit community involvement.**

A promotional video designed to give an overview of the project and to get people excited about RAPP can be used.

**Step 2. Get to know the community.** This involves not only identifying physical boundaries and who lives in the community but also finding out what community members think about HIV prevention, what they see as the issues related to HIV, what the barriers are to changing their beliefs and attitudes, and what their ideas are about overcoming these barriers.

**Step 3. Conduct focus groups and interview key participants.** Gather information about what people want to know about HIV prevention, what messages they want to hear, and how they want to hear them. Invite people who know a lot about the community and can provide information about community attitudes and perceptions. Their insights can help CBOs plan ways to adapt RAPP to meet the needs of the community in a way that is acceptable to the people who live there. Key participant interviews can be done during the same time period as the focus groups. CBOs should plan to complete both in 6 to 8 weeks.

**Focus groups** are discussion groups among people who are invited because of their knowledge about a specific topic.<sup>10-11</sup> Conduct at least 4 focus groups, with 8 to 10 people from the community in each. Focus groups can point out some obstacles that CBOs may face in implementing RAPP as well as strategies to overcome them. A key component to successful focus group outcomes is having a trained group leader. Inexperienced group leaders will need training.

To get the widest range of opinions, the focus groups should be conducted with the following people:

- community leaders and other influential people who can “make or break” the project
- adult women who can share issues specific to women
- adult men who can provide insights from the male perspective
- teenagers

**Key participant interviews** are 1-on-1 interviews conducted with people who know about the community and about the people who will be affected by the project's activities. Recognized community leaders, residents of the community, and people with alternative lifestyles (e.g., sex workers) should be interviewed. They should be asked about attitudes, beliefs, and perceptions related to HIV prevention.

### **Running the Project (Implementation)**

This phase involves

- doing outreach
- scheduling and tracking peer network activities
- training volunteers, getting feedback from them, and adjusting according to the feedback
- writing new role model stories
- doing community networking
- leading safer-sex presentations
- keeping records

In the third or fourth month of the project, CBOs should begin recruiting community network members and having peer network volunteers distribute role model stories.

In the fourth or fifth month, CBOs should begin to conduct stage-based encounters, develop new role model stories, and recruit hosts for safer-sex programs and sponsors for HIV presentations.

Outreach is a major part of RAPP. It can take on several forms, as described below.

#### **Peer Network**

Having a peer network is 1 of the 5 core elements of RAPP. It is a group of 6 to 8 community members who volunteer 2 or 3 times a week to go out in the community; talk to people about safer sex; and hand out role model stories, educational materials, and condoms.

To create a peer network, CBOs will need to recruit members of the community; orient them to the project; and give them training for street outreach, stage-based encounters, and other activities. Initially peer network volunteers may be hesitant to talk to people in the community, and it is suggested that role-playing activities be encouraged to allow volunteers to practice their skills.

The peer network guide should be given to every peer volunteer during the peer network training. The guide is to be used as a resource for peer network members to familiarize themselves with the roles and responsibilities of being a peer network member. Active recruiting and training for the peer network should be conducted at least twice a year because dropouts may occur.

CBOs should use the following strategies for maintaining their peer network:

- Identify responsibilities early.
- Provide incentives such as gift certificates.
- Give volunteers a special bag for carrying materials.
- Present certificates for completed trainings.
- Provide ongoing support.

### **Stage-based Encounters**

Stage-based encounters are specific kinds of outreach activities based on the stages of change theory. A stage-based encounter is a 1-on-1, face-to-face, brief interview aimed at helping women think about changing a risky behavior (such as having unprotected sex) or maintaining a healthy behavior (like using condoms all the time).

In a stage-based encounter, a trained interviewer (a peer volunteer or outreach specialist) asks a few questions to determine readiness for behavior change. On the basis of the answers, the interviewer responds in a way that will help the person change a behavior or continue doing the new behavior. This process is called staging.

Stage-based outreach involves 5 things.

- Making contacts where people in the community live, work, and play
- Asking a few simple questions to find out whether the person is using condoms
- Determining the person's stage of change
- Responding in a way that gives information, encouragement, and positive feedback specific to the person's stage of change
- Handing out role model stories and condoms

Peer volunteers and the outreach specialist should carry role model stories and condoms every time they go out to do street outreach. During the stage-based encounter, they should offer the person to whom they are talking a story, a condom, and information on where to get counseling and testing for HIV or help with other problems. This type of encounter should take 5 to 10 minutes.

CBOs implementing RAPP should conduct a 2-day training on stage-based encounters for everyone in the peer network. This training should cover the stages of change, influencing factors, strategies for staging, and instructions for reporting the activity.

### **Role Model Stories**

These stories are a very important part of RAPP outreach. They are printed stories based on interviews with people about their decision to change their behavior. In these stories, people in different situations and stages of change tell about real-life experiences that made them think about, start, or continue using condoms. Because role model stories are based on the experiences of community members, they deal with issues to which other residents can relate. This makes role model stories culturally sensitive and culturally appropriate.

Role model stories are framed using the stages of change theory. Each story relates to changing 1 behavior, is written for 1 of the 5 stages of change, and uses 1 or more of the influencing factors. The purpose of the stories is to help people move toward consistent condom use. CBOs should develop stories that show how people move from not using condoms or using them only sometimes to using them all the time. The role model stories should be developed into a colorful pamphlet or flyer that would fit into a pocket or purse.

CBOs developing their own role model stories or adapting existing ones should create an annual story plan. This plan outlines the number of stories a CBO should put out every month, the stages and topics that will be dealt with, and when each story will be distributed. Ideally, CBOs should develop 2 new stories each month (i.e., 24 stories a year). If resources are limited, CBOs should use existing stories that are available in the intervention package. CBOs can use them in their original form or adapt them so that they better fit the community.

### **Community Network**

The community network is a group of businesses, agencies, and organizations in the community. The primary function of the community network is to provide a place where role model stories are easily and widely available for clients and customers. By making stories available to a large number of people, the community network provides an opportunity for community members to get HIV prevention messages.

The more businesses, agencies, and organizations that are involved, the more the awareness in the community of HIV and AIDS. Community networks should have at least 25 members. Examples include nail and hair salons, barbershops, welfare offices, restaurants, banks, drug stores, newsstands, convenience stores, record stores, clothing shops, health care agencies, and schools.

Invitations to be involved in RAPP should be done in person and should include a brief description of the project, expectations, and a determination of the members' level of support for the project. Members of the community network should be sent at least 2 letters each year to thank them for their support of RAPP and to report on the project's activities and accomplishments. Information about community networking activities should be recorded on the RAPP activity reporting form (supplied in the RAPP implementation package).

### **Small-Group Activities**

These activities give people an opportunity to learn about HIV prevention. The outreach specialist and the peer volunteers should organize 2 kinds of small group activities: safer-sex gatherings and HIV informational presentations.

**Safer-sex gatherings** are usually hosted in homes, but they can also take place in other settings where people feel comfortable, such as community centers. The outreach specialist or peer volunteers should recruit residents from the community to host the gatherings and to invite 6 or 8 of their friends over to play educational games, win prizes,

and learn about HIV prevention. The outreach specialist directs the activities. Peer volunteers may also host, help with, and lead safer-sex presentations, which should last about 1.5 hours. The host should privately be given an incentive such as a gift certificate. Information about the gathering should be recorded on the RAPP activity reporting form.

**HIV informational presentations** take place in more formal group settings where people can learn about how HIV is spread and about prevention strategies. The outreach specialist should conduct these presentations for members and nonmembers of the community network. The presentations should last about 1 hour, with an optional follow-up session.

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## ADAPTING

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RAPP can be adjusted to meet the needs of populations other than African American and Latino women. The adapted intervention must be culturally competent. When RAPP is adapted to fit the needs of a population, it is important to adapt the objectives, educational activities, recruitment strategies, and peer and community network member roles. In addition, adapting must be approached systematically to ensure that

- the needs of the target population(s) and community are met
- the balance between fidelity and local implementation needs are met
- consistent and effective implementation is achieved and maintained

Examples of adapting RAPP include

- using RAPP with male and female migrant farm workers
- conducting stage-based encounters in a community center where members of the immigrant communities congregate

The RAPP model lends itself well to supporting CDC's new Advancing HIV Prevention initiative. The initiative is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to and use of quality medical care, treatment, and ongoing prevention services for persons living with HIV. RAPP can be adapted to support the 4 priority AHP strategies in the following ways:

**AHP Strategy 1. Make voluntary HIV testing a routine part of medical care.**

RAPP can integrate the AHP initiative into the activities that are associated with each of its 5 core elements. As a communitywide, community-level intervention, RAPP supports the distribution of information and referrals to testing through peer-based outreach, through discussions of testing and its importance in small-group gatherings and presentations, through providing information and stories about testing in project-based literature, and by making this literature available in a network of community businesses and organizations. These activities, along with encouraging voluntary testing and making it 1 of the foci of desired behavior change in the stage-based encounters and role model stories, also may help make this behavior a community norm.

**AHP Strategy 2. Implement new models for diagnosing HIV infections outside medical settings.**

All activities described above can also be used to promote and provide information on programs or sites that offer special programs or opportunities for testing. CBOs that implement RAPP can offer testing, including rapid testing, or refer people to organizations or programs that can provide testing. In forming the community network, CBOs that implement RAPP can pay special attention to including AIDS service organizations and other agencies offering programs for diagnosing HIV infections outside of medical settings.

**AHP Strategy 3. Prevent new infections by working with persons diagnosed with HIV and their partners.**

Consistent condom use—the initial RAPP behavior change objective—will help prevent new infections. In addition, staff and volunteers from the CBOs conducting RAPP can refer, to case management or other services, any persons living with HIV that they encounter. They can provide information about the importance of partner notification. With the exception of information that may be provided in the course of a stage-based encounter, it is unlikely that RAPP personnel will know whether they are talking to someone who has a diagnosis of HIV. However, other RAPP activities can be used to provide sources for additional referrals or referral information. Use of a well-developed referral network is critical.

**AHP Strategy 4. Further decrease mother-to-child HIV transmission**

Pregnant women encountered in any of the activities conducted by RAPP staff and volunteers can be given information about the importance of prenatal care as well as testing and can be given referrals. (Voluntary testing is an integral part of standard prenatal care.) Encouragement provided through stage-based encounters, role model stories, or peer street outreach may be influential in a pregnant woman's decision to be tested.

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**RESOURCE REQUIREMENTS**

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**People**

- RAPP needs a project coordinator.
- RAPP needs 1 or more paid outreach specialists. The number will depend on the size of the community to be served, epidemiologic data on HIV incidence rates and AIDS cases, and services available in the community. Outreach specialists should be hired as early as possible because their duties span the preimplementation and the implementation phases.
- RAPP also needs 10 to 30 peer network members.

## **Space**

RAPP needs a place to hold trainings and staff meetings. It should

- have comfortable seating for 6 to 12 people
- be near public transportation
- be near where the target population lives, works, and congregates

## **Supplies**

RAPP needs

- a TV and VCR
- a computer and printer
- condoms
- incentives

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# **RECRUITMENT**

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The populations recruited for RAPP are women at risk for HIV, peer volunteers, role models, and members of the community network. Women at risk for HIV include women who have multiple sex partners, have a partner who injects drugs, trade sex for drugs, or are injection drug users.

## **Peer Volunteers**

Peer volunteers should like to talk to people on the street and be comfortable discussing HIV and other sensitive topics. They should vary in age, gender, and race to match the population being recruited.

Recruit peer volunteers through

- the outreach specialist
- volunteers of the network
- flyers and formal (mailed) invitations
- referrals from other agencies

## **Role Models**

Role models should use condoms all the time or be in the process of making changes toward using condoms all the time. They can talk about their experiences with trying to use condoms and can explain how and why they have changed their behavior.

Recruit role models by

- talking with peer volunteers
- placing ads on the back of the role model stories
- handing out flyers
- talking to people at safer-sex gatherings
- getting referrals from other agencies (e.g., CBOs, health care providers, homeless shelters, religious institutions, schools)

## **Community Network**

Peer volunteers and the outreach specialist can recruit community network members from businesses and agencies that they use and from places where their friends and family visit. Community network members should be recruited in person.

Review Recruitment in this document to choose a recruitment strategy that will work in the setting in which the CBO plans to implement RAPP.

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## **POLICIES AND STANDARDS**

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Before a CBO attempts to implement RAPP, the following policies and standards should be in place to protect clients, the CBO, and staff:

### **Confidentiality**

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained. All documents and forms containing clients' information should be locked away in file cabinets. The outreach specialist, peer network volunteers, and any persons involved in the project should be strongly cautioned about the confidentiality of any information disclosed during any RAPP activities. Special trainings dedicated to this topic may be required.

### **Cultural Competence**

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

### **Data Security**

To ensure data security and client confidentiality, data must be collected and reported according to CDC requirements.

### **Linkage of Services**

Recruitment and health education and risk reduction must link clients whose HIV status is unknown to counseling, testing, and referral services and persons living with HIV to

care and prevention services. CBOs must develop ways to assess whether and how frequently the referrals made by their staff members were completed.

### **Personnel Policies**

CBOs conducting outreach must establish a code of conduct. This code should include, but not be limited to, the following: do not use drugs or alcohol, do use appropriate behavior with clients, and do not loan or borrow money.

### **Safety**

CBO policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented.

### **Selection of Target Populations**

CBOs must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups.

### **Volunteers**

If the CBO is using volunteers to assist in or conduct RAPP, the CBO should know and disclose how their liability insurance and worker's compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

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## **QUALITY ASSURANCE**

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The following quality assurance activities should be in place when implementing RAPP:

### **RAPP Outreach Specialists**

RAPP outreach specialists should have extensive knowledge of HIV transmission and of local and national statistics. Outreach specialists should reflect the target population in race, gender, and age and should deliver the information in a nonthreatening and culturally relevant manner.

### **Peer Network Training (1 day)**

During the beginning of the RAPP intervention, the outreach specialist and peer volunteers should be trained by a professional who is very familiar with the curriculum. Later, the trained outreach specialist can conduct training sessions, using the materials in the RAPP training manual. Volunteers should have this training, followed by experience in doing peer networking, before they participate in the stage-based encounter training. Additional trainings and retrainings should be conducted on an as-needed basis, including when new information needs to be shared.

### **Role Model Stories Training**

This training should first be conducted by a trainer who is familiar with using the stages of change theory and who has experience conducting interviews. Subsequent training sessions can be conducted by the outreach specialist or CBO staff. Additional 1-on-1 training may be needed.

### **Staged-Based Encounters Training (2 days)**

This 2-day training should be conducted by the outreach specialist or CBO staff. Participants in this training should have attended the 1-day peer network training. The first day of this training should focus on identifying stages of change, and the second day should concentrate on identifying and using influencing factors. The 2 sessions should not be held more than 1 week apart. The training should be conducted with small groups of 6 to 8 trainees. Frequent review and periodic retraining sessions with peer volunteers may be necessary. This training should be conducted by a trainer who is familiar with the application of stages of change theory.

### **All RAPP Training**

Quality assurance activities can include direct observation and review of training conducted by the outreach specialist. The review could focus on the quality (or adherence to the fidelity) of the training delivered and responsiveness and openness of the volunteers to the outreach facilitator. Outreach specialists should collect all evaluation forms after the training and ensure confidentiality of the peer volunteers. In addition, outreach specialists should ensure that all clients are actively involved in the training activities. Monthly meetings with supervisors to discuss progress and opportunities for change are encouraged.

### **RAPP Outreach Activities**

All RAPP outreach activities should be recorded on the RAPP activity reporting form to ensure that the intervention is being implemented as intended by the original researchers. Keeping these records will help CBOs monitor and assess how each RAPP core element is being implemented in the community.

The RAPP activity reporting form monitors the following:

- Who has been contacted, when, where, and what was the outcome
- The number and types of activities being conducted
- The type of persons being reached (gender, age, risks)
- The number and types of referrals being made
- The supply of role model stories at drop sites
- The number of safer-sex gatherings and HIV presentations conducted

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## MONITORING AND EVALUATION

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Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

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## KEY ARTICLES AND RESOURCES

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For more information on technical assistance or training for this intervention, please go to [www.effectiveinterventions.org](http://www.effectiveinterventions.org).

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## REFERENCES

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1. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of Consulting Clinical Psychology*. 1983;51:390–395.
2. Prochaska J, DiClemente CC. Common processes of self-change in smoking, weight control and psychological distress. In: Shiffman S, Willis TA, eds. *Coping and Substance Abuse*. New York, NY: Academic Press; 1985.
3. Rogers EM. *Diffusion of Innovations*. 4th ed. New York, NY: Free Press; 1995.
4. Bandura A. *Social Learning Theory*. Englewood, NJ: Prentice-Hall; 1977.
5. Adams J, Weissfeld L, Lauby J, Stark M. Effects on teenage women of a community-level HIV prevention intervention. Paper presented at: 126th Annual Meeting of

American Public Health Association; November 15–19, 1998; Washington, DC.

6. Person B, Cotton D. A model of community mobilization for the prevention of HIV in women and infants. *Public Health Reports*. 1998;3(suppl 1):89–98.

7. Smith P, Person B, Adam J. Women who trade sex: results from a community intervention trial. Presented at: XIII International AIDS Conference; Durban, South Africa; 2000.

8. Terry M, Liebman J, Person B, Bond L, Dillard-Smith C, Tunstall C. The women and infants demonstration project: an integrated approach to AIDS prevention and research. *AIDS Education and Prevention*. 1999;11(2):107–121.

9. Lauby JL, Smith PJ, Stark M, Person B, Adams J. A community-level prevention intervention for inner city women: results of the Women and Infants Demonstration Projects. *American Journal of Public Health*. 2000;90(2):216–222.

10. Krueger RA. *Focus Groups: A Practical Guide for Applied Research*. Newbury Park, Calif: Sage Publications; 1988.

11. Morgan DL, Krueger RA. *The Focus Group Kit*. Thousand Oaks, Calif: Sage Publications; 1998.

