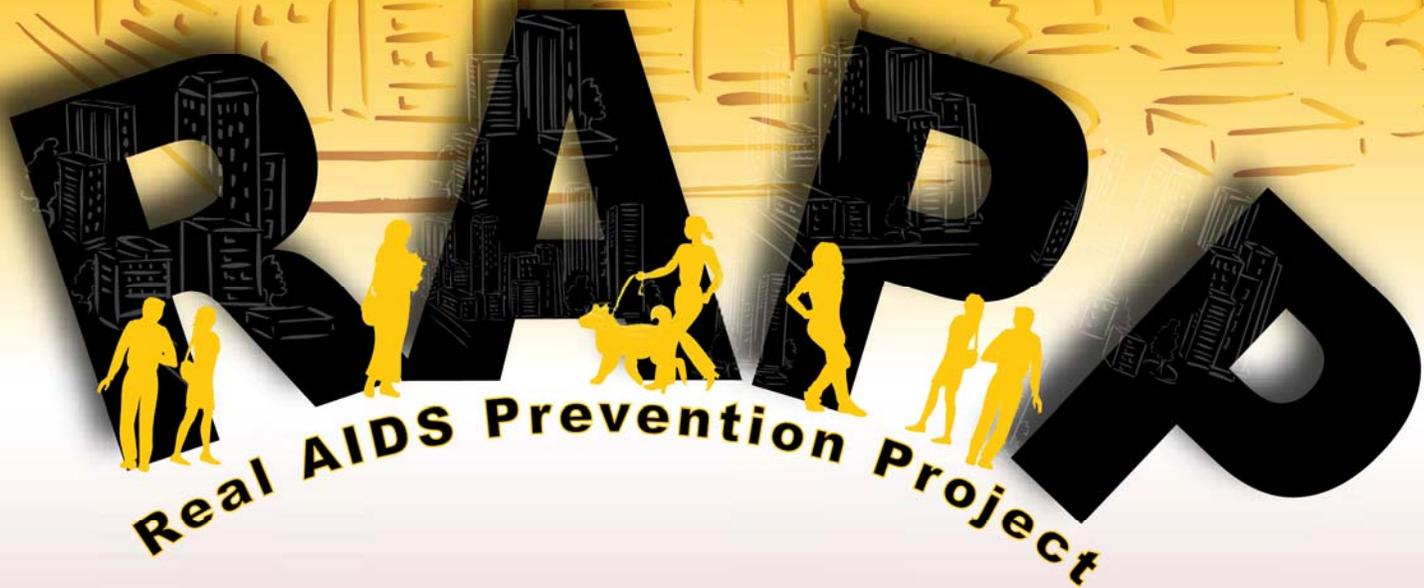


Evaluation Plan and Instruments



November 2007



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The guide was developed with funding by the Centers for Disease Control and Prevention (CDC). Dr. Winifred King of the Capacity Building Branch, Division of HIV/AIDS Prevention (DHAP), CDC, provided leadership to the conceptualization, development, and distribution of this document. Dr. Aisha Gilliam participated in the development, reviewed the guide, and provided valuable recommendations to the content.

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

It is hoped that this guide will prove useful to those implementing the RAPP program 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 Winifred King, CDC, DHAP, via electronic mail at wdg2@cdc.gov with any comments or concerns.



Table of Contents

Introduction.....	1
Purpose.....	1
Modifying Materials.....	1
Organization of Document.....	1
Theoretical Basis and Core Elements.....	2
Section One: Reporting HIV Prevention Program Information to CDC.....	4
PEMS Program Planning Data.....	4
PEMS Client Services Data.....	12
Section Two: Objectives and Evaluation Questions.....	13
Evaluation Objectives.....	13
Formative Evaluation Questions.....	13
Process Monitoring & Evaluation Questions.....	15
Outcome Monitoring Questions.....	19
Section Three: Data Collection Activities and Schedule.....	23
Data Collection Activities.....	25
Section Four: Data Collection Protocols.....	30
Community Assessment Instruments	
Key Informant Interview Guide	
Focus Group Guide	
Spot Interview Guide	
Spot Interview Summary Log	
Community Observation Form	
Community Assessment Summary Log	
Peer Network Instruments	
Outreach Encounter Form	
Outreach Activity Summary Log	
Role Model Story Instruments	
Role Model Interview Guide	
Role Model Follow-Up Interview Guide	
Stage-Based Encounter Instruments	
Stage-Based Encounter Activity Form	
Small Group Activity Instruments	
Safer Sex Gathering Participant Information Form	
Safer Sex Gathering Summary Log	
HIV Presentation Summary Log	
Community Network Instruments	
Community Network Activity Form	
Community Network Summary Log	
Referral Tracking Form	

Appendices

- Appendix A:** RAPP Behavioral Risk Analysis
Appendix B: RAPP Conceptual Framework
Appendix C: RAPP Logic Model



INTRODUCTION

PURPOSE

The Real AIDS Prevention Project (RAPP) evaluation plan was developed to provide community-based organizations implementing RAPP with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their RAPP activities and their effectiveness. The evaluation plan recommends staff responsibilities; indicates how an agency should track intervention activities and collect and manage data; states how data could be analyzed; and suggests plans for the dissemination of the data to RAPP stakeholders. This evaluation plan is designed as a supplement to the CBB's *Evaluation Capacity Building Manual* (Macro International Inc., 2007¹)

MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. They reflect the reporting requirements of CDC² and the basic monitoring and evaluation requirements of RAPP. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. Chapter Three of the *Evaluation Capacity Building Guide* provides additional information on developing an agency specific evaluation plan (Macro International Inc., 2007).

ORGANIZATION OF DOCUMENT

Section One of this document contains an overview of CDC's reporting requirements for RAPP. Section Two contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data and recommendations on how to analyze the data in order to use the information. Section Three has data collection tables that summarize the data collection activities arranged by RAPP primary activities, recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section Four includes all the required and optional RAPP instruments. Each evaluation instrument is arranged by RAPP activity. The Appendix includes the Behavioral Risk Analysis, Conceptual Framework, and Logic Model for RAPP.

The development of the RAPP evaluation plan was guided by the development of a behavioral risk analysis (Appendix A), conceptual framework (Appendix B), and RAPP logic model (Appendix C). The analysis explores possible circumstances that may place members of the target population at HIV transmission risk and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and intended outcomes. Both the situational risk analysis and the logic

¹ Macro International Inc. (2006). *Evaluation capacity building manual* (Developed for CDC under contract number 200-2006-18987). Manuscript in preparation. Atlanta, GA: Author.

² As of November 2007, the reporting requirements for PEMS DVS variables are under review. The evaluation instruments in this guide are templates designed to capture data for evaluating RAPP in its entirety. They are also designed to capture most program planning and client services PEMS DVS variables. Agencies should check with their CDC Project Officer or other contract monitors for their reporting requirements.



model are based on program materials and consultations with members of the Science Application Team, Capacity Building Branch, Division of HIV/AIDS Prevention (DHAP), Centers for Disease Control and Prevention (CDC).

THEORETICAL BASIS AND CORE ELEMENTS

The Real AIDS Prevention Project is a community-based intervention designed to help reduce the risk of HIV among women and their male partners in high-risk communities. Specifically, the objectives of RAPP are to increase consistent condom use among women and their partners; to change community norms so that practicing safer-sex is seen as the appropriate thing to do; and to involve as wide a range of people in the community as possible.

RAPP is based on three behavioral change theories—The Transtheoretical Model of Behavior Change, The Diffusion of Innovations, and Social Learning Theory. The Transtheoretical Model of Behavior, popularly known as the Stages of Change, (Prochaska & DiClemente, 1983; 1985) asserts that behavior occurs in stages, ranging from not considering making a change to making and maintaining a change. Thus, to facilitate behavior change, stage of change readiness must be understood and utilized. Diffusion of Innovations (also called Theory of Diffusion) suggests that people are more likely to adopt a behavior if influential community leaders embrace and endorse that behavior (Rogers, 1995). Finally, Social Learning Theory indicates that people are more likely to adopt a behavior when given the opportunity to learn about the behavior, the behavior is adopted by their peers, they have a chance to increase both knowledge and skills related to the behavior and the behavior results in outcomes that they value (Bandura, 1977).

RAPP has been demonstrated to be effective in increasing consistent condom use among women and their partners and to change community norms so that practicing safer-sex is seen as the appropriate thing to do. It is one of the interventions developed by the Centers for Disease Control and Prevention (CDC) Replication of Effective Programs (REP). There are five core elements of RAPP. “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 CORE ELEMENTS OF RAPP*

- **Peer Network:** The peer network is made up of people from the community who volunteer several hours each week to talk to women and men about HIV prevention and related issues. They also distribute condoms, Role Model Stories, and other educational materials which could include referrals for other prevention services such as counseling and testing or other prevention intervention programs.
- **Stage-Based Encounters:** Stage-based encounters are one-on-one conversations led by the Outreach Specialist who asks questions about attitudes and condom use to find out the person's stage of change. Then, based on the response, give the person a message aimed at encouraging them to begin or continue condom use.
- **Role Model Stories:** Role model stories are printed short stories based on interviews with people about their decisions to change their behavior. In these stories, people in different situations and stages of change tell about experiences that made them think about, start, or continue using condoms.

* RAPP Program Manual, pages 1-8 and 1-9.

- **Community Network:** The Community Network is made up of local businesses, organizations, and agencies that support the project's goals in a variety of ways, including displaying and/or distributing Role Model Stories and other educational materials and sponsoring project activities.
- **Small Group Activities:** Small-group activities include safer sex gatherings and HIV/AIDS presentations. Safer sex gatherings give people a chance to learn about HIV and to develop safer sex communication and condom use skills. More formal group settings provide a different kind of opportunity to educate community members about HIV and ways to prevent infection.

* RAPP Program Manual, pages 1-8 and 1-9.



SECTION ONE: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

If you receive funding directly from CDC to implement RAPP, you may be using CDC's Program Evaluation and Monitoring System (PEMS) to submit HIV prevention data to CDC. Please refer to CDC's *PEMS Monitoring and Evaluation Guidance* for more detailed information on using PEMS. If you use CDC funds to implement PEMS and you receive those funds from the health department or another agency, consult with your funder regarding your specific data collection and reporting requirements.

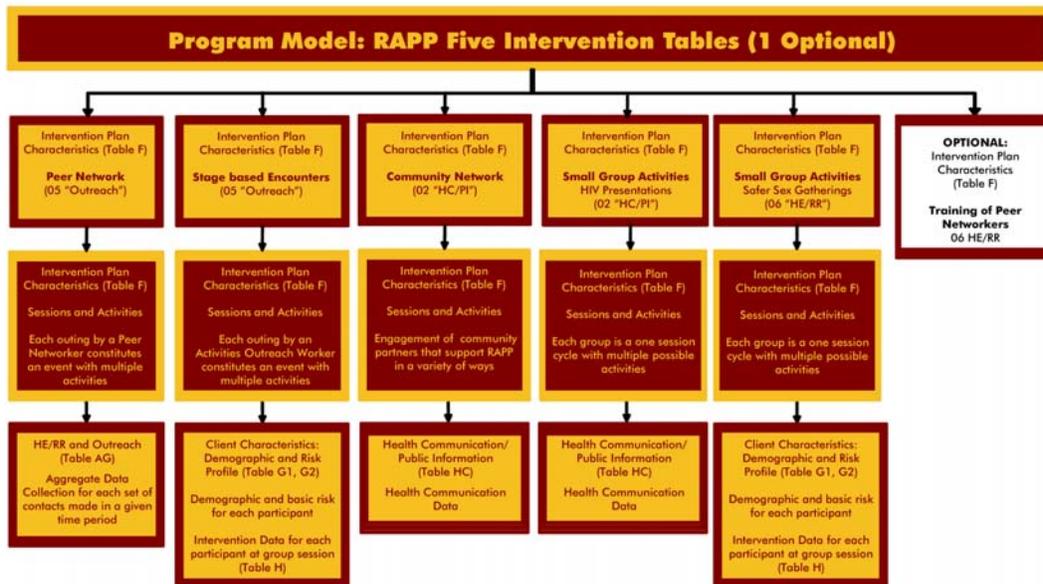
This evaluation plan is designed to help your agency evaluate the various components of RAPP and incorporates national level data that will be used by CDC to monitor HIV prevention programs. It is important to keep in mind that the focus of your data collection and analysis activities is to inform future planning and program improvement for your agency's implementation of RAPP.

PEMS PROGRAM PLANNING DATA

Program planning data provides information about what you intend to do. This data set includes the name that you use for RAPP within your agency, the population(s) you intend to target, activities that you plan to implement, how activities will be delivered to your target population(s), the duration of those activities, the number of individuals you intend to serve, and the level of data that you plan to collect.

Systematically organizing planning data allows you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* for additional information on conducting process evaluations and using that information to plan and improve your implementation of RAPP.

The table below illustrates how RAPP is organized in PEMS:



The following table provides guidance on selecting PEMS variable to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to [program model] For instance, Program Model Name (PEMS DVS E101) is labeled “Agency Determined” because the name of your Program Model can be RAPP or any other name determined by your agency. The Evidence Base (PEMS DVS E102) variable, however, specifies a particular variable code (“1.07”) because, regardless of what you have named your program, it is based on RAPP, one of CDC’s Effective Behavioral Interventions.

TABLE 1: PROGRAM INFORMATION			
Variable	DVS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	You can use RAPP as the Program Model Name or you can give it another name. If you are implementing more than one version of RAPP within the same program (such as implementing RAPP in two different communities with different target populations), each must have a different name. See the <i>CDC PEMS Evaluation Guidance</i> for additional information.
Evidence Base	E102	1.07 RAPP	If you were funded to implement RAPP choose the value choice 1.07. If you are changing or dropping any of the core elements, use the E102 comment box to explain changes.
Other Basis for Program Model	E104	Agency determined	If you were NOT funded to implement RAPP, <u>and</u> you are using it as a foundation for your program model, <u>and</u> you have changed the core elements, choose E104 and describe your intervention.
Target Population	E105	Agency determined	“RAPP was developed as a community level intervention to help women and their partners reduce their risk for HIV infection” (RAPP Program Manual, p.1-1). If you are targeting a different population with RAPP, select the appropriate variable code

* Organizations funded directly by CDC to implement RAPP 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 RAPP.

Intervention plan characteristics provide information about what you plan to do in your implementation of the intervention(s) of RAPP. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within RAPP will be implemented, whether client services data will be collected at the aggregate or individual client level, and whether or not detailed client information will be collected from RAPP participants. The table below lists PEMS intervention plan variables with the DVS number, the variable code, and guidance to help you understand how to apply these variables when implementing RAPP. Because



RAPP has more than one intervention (e.g. peer networks, small group activities, etc.), you will describe your plan for each separately.

TABLE 2: PROGRAM INFORMATION - PEER NETWORK			
Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	05 outreach	RAPP's Peer Network is an Outreach intervention (variable value code: 05).
Planned Number of Cycles	F07	9,999 ongoing	A cycle is the complete delivery of an intervention to its intended audience. The cycles for outreach interventions are ongoing. For RAPP's Peer Network, cycles are ongoing (variable value code: 9,999,9).
Number of Events (Sessions)	F08	1	Indicate the number Peer Network events you plan to implement during the program plan period. For RAPP's Peer Network, each time Peer Networkers go out into the community to conduct outreach is considered an event.
Unit of Delivery	F09	01 individual	RAPP's Peer Network activities are delivered to individuals (variable value code: 01).
Activity	F10	08.10 11.01 13.01 13.02 13.06 13.07 13.08	Talk to community members about safer sex <ul style="list-style-type: none"> ■ 08.10 information – sexual risk reduction ■ 11.01 discussion – sexual risk reduction
			Distribute Role Model Stories <ul style="list-style-type: none"> ■ 13.08 distribution – Role Model Stories
			Distribute educational materials, including referral lists <ul style="list-style-type: none"> ■ 13.06 distribution – educational materials ■ 13.07 distribution – referral lists
			Distribute condoms <ul style="list-style-type: none"> ■ 13.01 distribution – male condoms ■ 13.02 distribution – female condoms
Delivery Method	F11	01.00 in person 03.00 printed materials 03.02 printed materials – pamphlets/brochures	Peer Networkers deliver a prevention message in person (01.00, in person) and disseminate Role Model Stories* (03.00, printed materials and 03.02, printed materials – pamphlets/brochures). * Role Model Stories are an integral part of the RAPP Program Model. Because they are a core element and the minimal expectation is that peer network workers disseminate Role Model Stories, they are coded as a delivery method.
Detailed Behavior Data Collection	F13	0 no	RAPP's Peer Network does not require the collection of detailed behavior data on each client (variable value code: 0).



TABLE 2: PROGRAM INFORMATION - PEER NETWORK			
Variable	DVS Number	Variable Code	Guidance
Level of Data Collection	F14	2 aggregate	Data will be collected in aggregate for RAPP's Peer Network (variable value code: 2).

TABLE 3: PROGRAM INFORMATION - STAGE-BASED ENCOUNTERS				
Variable	DVS Number	Variable Code	Guidance	
Intervention Type	F01	05 outreach	Stage-Based Encounters are targeted outreach events (variable value code: 05).	
Planned Number of Cycles	F07	9,999,9 ongoing	The cycles for outreach interventions are ongoing (variable value code: 9,999,9).	
Number of Events (Sessions)	F08	Agency determined	Indicate the number of Stage-Based Encounters you plan to implement during the Program Plan period. For RAPP's Stage-Based Encounters, each time Outreach Specialists go out into the community to conduct encounters it is considered an event.	
Unit of Delivery	F09	01 individual	RAPP's Stage-Based Encounters are delivered to individuals (variable value code: 01).	
Activity	F10	05.00 08.01 08.05 08.13 13.01 13.02 13.08	Determine client's stage of change for condom use	<ul style="list-style-type: none"> 05.00 personalized risk assessment
			Provide information on risks for HIV infection and/or condom use	<ul style="list-style-type: none"> 08.01 information – HIV/AIDS transmission 08.13 information – condom/barrier use
			Distribute Role Model Stories	<ul style="list-style-type: none"> 13.08 distribution – Role Model Stories
			Distribute condoms	<ul style="list-style-type: none"> 13.01 distribution – male condoms 13.02 distribution – female condoms
			Offer HIV testing referrals	<ul style="list-style-type: none"> 08.05 information – availability of HIV/STD counseling and testing



TABLE 3: PROGRAM INFORMATION - STAGE-BASED ENCOUNTERS			
Variable	DVS Number	Variable Code	Guidance
Delivery Method	F11	01.00 in person 03.00 printed materials 03.02, printed materials – pamphlets/ brochures	Stage-Based Encounters are delivered in-person (01.00, in person) and Role Model Stories are often disseminated during each encounter (03.00, printed materials and 03.02, printed materials – pamphlets/ brochures). * Role Model Stories are an integral part of the RAPP Program Model. Because they are a core element and the minimal expectation is that Role Model Stories are distributed during Stage-Based Encounters, they are coded as a delivery method.
Detailed Behavior Data Collection	F13	0 no	RAPP's Stage-Based Encounters do not require the collection of detailed behavior data on each client.
Level of Data Collection	F14	2 aggregate	Data will be collected at the individual client level for RAPP's Stage-Based Encounters.

TABLE 4: PROGRAM INFORMATION - COMMUNITY NETWORK			
Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	02 HC/PI	The Community Network is a health communication and public information intervention (variable value code: 02).
Total Number of Clients	F05	Agency determined	The total number of clients equals the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle. Estimate the number of community members that may receive Role Model Stories or other materials from members of the Community Network.
Planned Number of Cycles	F07	9 ongoing	Community Network is an ongoing intervention (variable code: 9).
Number of Events (Sessions)	F08	Agency determined	Enter the total number of sessions you intend to deliver.
Unit of Delivery	F09	05 community	The Community Network targets an entire community.
Activity	F10	13.08	Distribute Role Model Stories that address safer sex behaviors/ practices ■ 13.08 distribution – Role Model Stories



TABLE 4: PROGRAM INFORMATION - COMMUNITY NETWORK			
Variable	DVS Number	Variable Code	Guidance
Delivery Method	F11	03.00 printed materials 03.02, printed materials – pamphlets/ brochures	Printed materials=Role Model Stories (variable value code: 03.00 and 03.02, printed materials – pamphlets/brochures)
Detailed Behavior Data Collection	F13	0 no	RAPP’s Community Network does not require the collection or client-level data (variable value code: 0).
Level of Data Collection	F14	2 aggregate	Data will be collected in aggregate for RAPP’s Community Network using Health Communication/Public Information (HC/PI) variables (variable value code: 2).

TABLE 5: PROGRAM INFORMATION - SAFER SEX GATHERINGS			
Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	06 HE/RR	The Safer Sex Gathering is a Health Education/Risk Reduction (HE/RR) intervention (variable value code: 06).
Total Number of Clients	F05	Agency determined	The total number of clients equals the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle. For Safer Sex Gatherings, one session = one cycle. RAPP program materials recommend conducting Safer Sex Gatherings with 6–8 participants.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. Calculate how many times you intend to implement the cycle within the Program Model period. Safer Sex Gatherings have one session, each session is one cycle.
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.
Unit of Delivery	F09	03 small group	Safer Sex Gatherings are conducted in small groups with 6–8 participants (variable value code: 03).
Activity	F10	08.01	<ul style="list-style-type: none"> ■ 08.01 information – HIV/AIDS transmission ■ 09.01 demonstration – condom/barrier use
		09.01 09.03	



TABLE 5: PROGRAM INFORMATION - SAFER SEX GATHERINGS			
Variable	DVS Number	Variable Code	Guidance
			Practice using condoms correctly
			Show how to talk to partners about using condoms
			Practice talking to partners about using condoms
Delivery Method	F11	01.00 in person	Safer Sex Gatherings are conducted in person (variable value code: 01.00).
Detailed Behavior Data Collection	F13	0 no	RAPP's Safer Sex Gatherings do not require the collection of detailed behavior data from each client (variable value code: 0).
Level of Data Collection	F14	1 individual	Data are collected at the individual client level for RAPP's Safer Sex Gatherings (variable value code: 1).

TABLE 6: PROGRAM INFORMATION - SMALL GROUP ACTIVITIES - HIV PRESENTATIONS			
Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	02 HC/PI	The RAPP HIV Presentation is a Health Communication/Public (HC/PI) Information intervention (variable value code: 02).
Total Number of Clients	F05	Agency determined	Program materials recommend that presentation audience size should be 8–15 participants. Determine the number of presentations and estimate attendance at each presentation to calculate the total number of clients for RAPP HIV Presentations.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. RAPP HIV presentations are single session interventions. Each session is one cycle. Calculate how many times you intend to implement the cycle within the Program Model period.
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.
Unit of Delivery	F09	03 small group	Presentations should be conducted with 8–15 participants per group.



TABLE 6: PROGRAM INFORMATION - SMALL GROUP ACTIVITIES - HIV PRESENTATIONS

Variable	DVS Number	Variable Code	Guidance						
		04 large group	<p>Groups with 8–12 participants are coded as small group (variable value code: 03).</p> <p>Groups with 13–15 participants are coded as large group (variable value code: 04).</p> <p>Determine the number of participants you intend to target for HIV presentations and select the appropriate value choice.</p>						
Activity	F10	08.01 08.05 08.10 13.01 13.02	<table border="0"> <tr> <td>Provide information about how HIV is spread and how to prevent it</td> <td> <ul style="list-style-type: none"> ■ 08.01 information – HIV/AIDS transmission ■ 08.10 information – sexual risk reduction </td> </tr> <tr> <td>Distribute condoms</td> <td> <ul style="list-style-type: none"> ■ 13.01 distribution – male condoms ■ 13.02 distribution – female condoms </td> </tr> <tr> <td>Provide information about where people can get tested for HIV</td> <td> <ul style="list-style-type: none"> ■ 08.05 Information – availability of HIV/STD counseling and testing </td> </tr> </table>	Provide information about how HIV is spread and how to prevent it	<ul style="list-style-type: none"> ■ 08.01 information – HIV/AIDS transmission ■ 08.10 information – sexual risk reduction 	Distribute condoms	<ul style="list-style-type: none"> ■ 13.01 distribution – male condoms ■ 13.02 distribution – female condoms 	Provide information about where people can get tested for HIV	<ul style="list-style-type: none"> ■ 08.05 Information – availability of HIV/STD counseling and testing
Provide information about how HIV is spread and how to prevent it	<ul style="list-style-type: none"> ■ 08.01 information – HIV/AIDS transmission ■ 08.10 information – sexual risk reduction 								
Distribute condoms	<ul style="list-style-type: none"> ■ 13.01 distribution – male condoms ■ 13.02 distribution – female condoms 								
Provide information about where people can get tested for HIV	<ul style="list-style-type: none"> ■ 08.05 Information – availability of HIV/STD counseling and testing 								
Delivery Method	F11	01.00 in person	Small group activities are delivered in person (variable value code: 01.00)						
Detailed Behavior Data Collection	F13	0 no	RAPP's HIV Presentations do not require the collection of detailed behavior data on each client (variable value code: 0).						
Level of Data Collection	F14	2 aggregate	Data are collected in aggregate for RAPP's HIV Presentations (variable value code: 1).						



PEMS 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 individuals receiving HIV prevention services through RAPP, the sessions that clients participated in, and the activities implemented during those sessions. These data are collected either on the **client level** or at the **aggregate level**. RAPP collects both aggregate and client level data.

Client services data provides your agency with process monitoring data. These data allow you to monitor who you are serving and what you are doing. You compare information from your implementation of RAPP to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.

Client Level Data

Specific information is gathered about each client (e.g., "The client was a 19 year-old Hispanic female").

Aggregate Level Data

Taking the information from each client, adding it together with all the other clients who took part in the intervention, and coming up with a summary number that represents all the clients (e.g., "12 women participated: 5 were White, 5 were African-American, and 2 were Asian American; 6 were younger than 24, and 6 were between 25 and 29.").



SECTION TWO: OBJECTIVES AND EVALUATION QUESTIONS

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

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

EVALUATION OBJECTIVES

The objectives that will be addressed as part of the RAPP evaluation are as follows:

- To determine the specific characteristics and needs of the target community to inform planning and implementation of RAPP
- To determine if RAPP was implemented as intended
- To determine if anticipated community change occurred

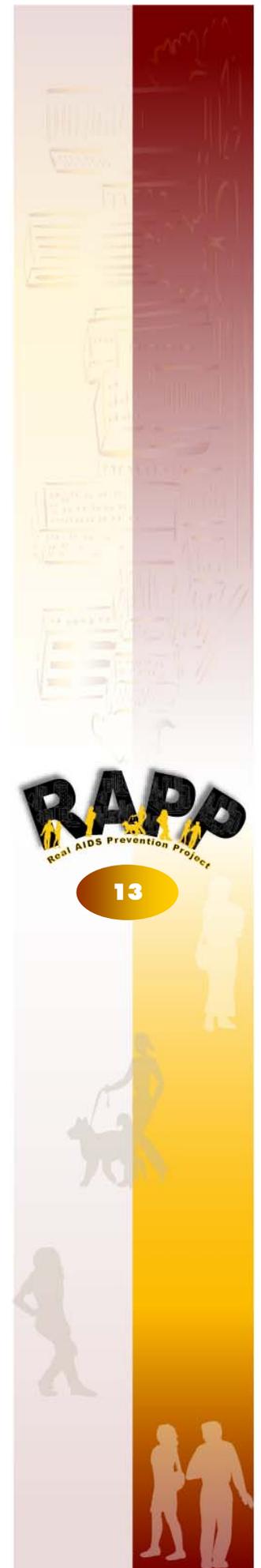
The evaluation questions your agency develops should address the extent to which the objectives of the program were met.

FORMATIVE EVALUATION QUESTIONS

1. What are the risk behaviors among members of the target community?

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

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Sexual risk behaviors that put members of target community at risk for HIV ■ Attitudes toward condom use ■ Social and community norms around condom use ■ Attitudes/beliefs about HIV/AIDS 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ State/community epidemiological data ■ Staff meeting minutes/notes 	<ul style="list-style-type: none"> ■ Review for trends in risk behaviors, attitudes, norms, etc. that may affect intervention implementation



2. How should RAPP activities be modified to meet the specific needs of the target community and its members?

Collecting information about the community in which RAPP will be implemented leads to identifying community-specific characteristics and norms (including cultural, social, and socio-economic financial factors). Identifying community characteristics and norms ensures that these important qualities and culture and social standards are incorporated into program activities (e.g., Role Model Stories, Safer Sex Gatherings, HIV Presentations).

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Characteristics of community and its members (e.g., culture, education level) ■ Community needs ■ Community perception of HIV risk 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ State/community epidemiological data ■ Staff meeting minutes/notes 	<ul style="list-style-type: none"> ■ Review for ways RAPP activities may be adapted to better meet needs of target population

3. What is the predominant stage of change for risk behavior among members of the target community?

It is important to determine the proportion of Role Model Stories that should be written for each stage of change. Well written Role Model Stories require considerable resources and effort in order to make them relevant to a particular target population, and must include influencing factors specific to the risk behaviors and characteristics of the community in which you are working.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Overall stage of change regarding condom use in community ■ Proportion of individuals in target community in each stage of change 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ Community assessment summary log 	<ul style="list-style-type: none"> ■ Identify predominant stages of change so that community-specific Role Model Stories may be drafted accordingly

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

It is important to determine where you have access to members of your target community. Understanding the characteristics and norms of the community and its members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Locales frequented by members of target community (including when they are there) ■ Areas accessible by RAPP staff ■ Gatekeepers in the community 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews 	<ul style="list-style-type: none"> ■ Compare areas trafficked by members of target community and accessible venues to determine where best to focus RAPP efforts (recruitment and activity implementation)



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

It is critical to determine the most effective methods that should be employed to reach your target audience. As mentioned above, understanding and working within the preferences of the community members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Communication preferences of members of target community ■ Activity types preferred by members of target community 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews 	<ul style="list-style-type: none"> ■ Review feedback from community members about methods they prefer so that you may structure recruitment and activities accordingly

PROCESS MONITORING & EVALUATION QUESTIONS

1. Which of the core elements were implemented?

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

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Number of Peer Network outreach events and contacts ■ Number of Stage-Based Encounters conducted ■ Number of Role Model Stories distributed ■ Number of agencies/ organizations involved in the Community Network ■ Number of Safer Sex Gatherings hosted ■ Number of HIV Presentations facilitated 	<ul style="list-style-type: none"> ■ Outreach logs ■ Community network logs ■ Small group activity logs ■ Facilitator/staff notes 	<ul style="list-style-type: none"> ■ Compare activities conducted to the core elements as described in the RAPP Program Manual



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

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

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> ■ Peer Network outreach content and activities ■ Stage-based Encounter content and activities ■ Number and type of Role Model Stories developed and distributed ■ Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support) ■ Small Group Activity content and activities ■ Information about appropriate training for Peer Network volunteers and Outreach Specialists 	<ul style="list-style-type: none"> ■ Outreach activity forms and logs ■ Role model interviews ■ Community network activity forms and logs ■ Small group activity forms and logs ■ Facilitator/staff notes ■ Training logs/attendance sheets 	<ul style="list-style-type: none"> ■ Compare the descriptions of the core elements conducted with the descriptions of the core elements in the RAPP Program Manual



3. How and why were the program activities modified?

While agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained, it is important to know how and why activities were changed and how the changes will affect the anticipated outcomes. For example, intervention activities may be tailored or modified to accommodate cultural nuances of the target population (e.g., beginning small group activities reading a culturally appropriate poem) but modifications should be carefully documented for later review and analysis.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Characteristics of the community and its members (i.e., community assessment information) ■ Peer Network outreach content and activities ■ Stage-based Encounter content and activities ■ Number and type of Role Model Stories developed and distributed ■ Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support) ■ Small Group Activity content and activities 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ Outreach activity forms and logs ■ Role model interviews ■ Community network activity forms and logs ■ Small group activity forms and logs ■ Facilitator/staff notes ■ Staff meeting minutes/notes 	<ul style="list-style-type: none"> ■ Identify activities not conducted as written in RAPP Program Manual or activities modified (e.g., content, delivery method, etc.) and rationale for changes

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

RAPP was intended for communities whose members are at high-risk for becoming infected with HIV because of inconsistent, inappropriate, or no condom use.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Behavioral risk data of members in target community ■ Behavioral risk data of program activity recipients (e.g., those in attendance at Safer Sex Gatherings) 	<ul style="list-style-type: none"> ■ State/community epidemiological data ■ Local CBOs' HIV prevention data ■ Outreach activity forms and logs ■ Small group activity forms and logs ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews 	<ul style="list-style-type: none"> ■ Review information to determine if population served shared the same risk profile as intended target community



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

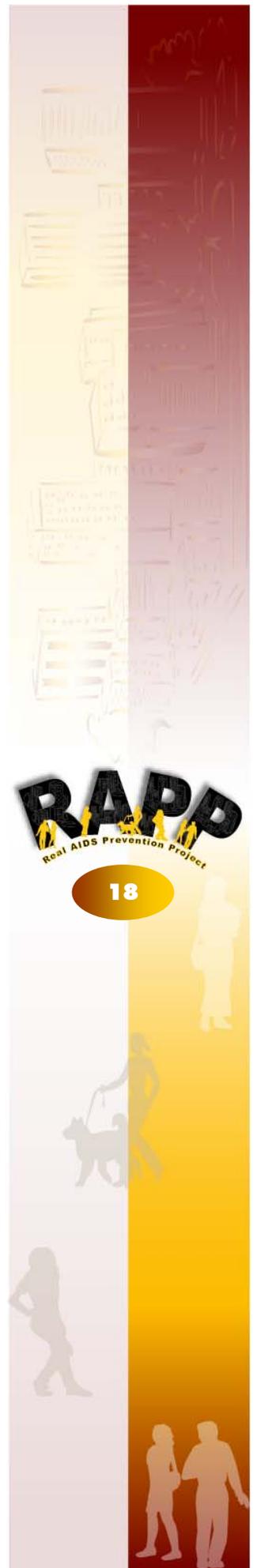
RAPP was designed to increase the condom use of women with their male partners in communities at high-risk for HIV infection. A demographic profile of the community members served by the program demonstrates that the population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of other prevention activities.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Age ■ Race ■ Ethnicity ■ Gender ■ Education level ■ Employment status ■ Sexual orientation 	<ul style="list-style-type: none"> ■ Outreach activity forms and logs ■ Small group activity forms and logs ■ Community observation ■ Facilitator/staff notes ■ Staff meeting minutes/notes 	<ul style="list-style-type: none"> ■ Examine the demographic characteristics of members of the community to determine if demographic profile of individuals served matches intended target population

6. What proportion of the target population was served by the intervention?

An agency needs to determine the number of people in their target population and the proportion of that population that is being served by RAPP. This information can be used to guide planning.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Number of individuals in target community ■ Number of individuals reached by RAPP activities ■ Number of Peer Network contacts ■ Number of Stage-Based Encounters conducted ■ Number of Role Model Stories distributed ■ Number of agencies/organizations involved in the Community Network and level of participation ■ Number of, and attendance at, Safer Sex Gatherings ■ Number of, and attendance at, HIV Presentations 	<ul style="list-style-type: none"> ■ Census data ■ HIV surveillance data ■ Outreach logs ■ Community network logs ■ Small group activity logs ■ Attendance sheets 	<ul style="list-style-type: none"> ■ Determine the proportion of individuals reached by RAPP activities by comparing the number reached by RAPP activities to the total number of individuals in the target population



7. What were the barriers to, and facilitators of, implementation?

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

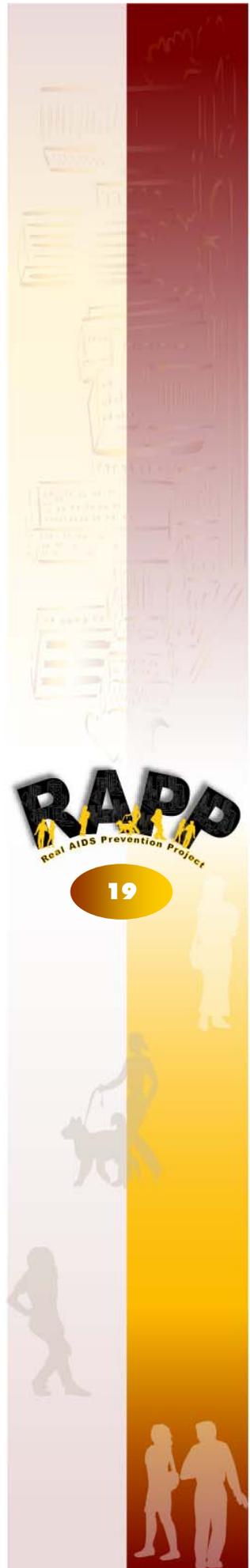
Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Challenges and facilitators identified during Community Assessment activities ■ Challenges and facilitators identified by Peer Network volunteers, Outreach Specialists, and other RAPP staff ■ Challenges and facilitators mentioned by RAPP participants 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ Outreach activity forms and logs ■ Community Network activity forms and logs ■ Small group activity forms and logs ■ Facilitator/staff notes ■ Staff meeting minutes/notes 	<ul style="list-style-type: none"> ■ Examine challenges/facilitators identified for common themes so modifications can be made, if necessary

OUTCOME MONITORING QUESTIONS

1. To what extent was there a change in skills, knowledge, and intention to adopt safer sex practices among community members?

These data provide information about the effectiveness of the intervention in terms of knowledge, skills, and attitudes of the community. Changes include an increase or decrease in condom use skills, knowledge or intentions reported by participants or observed by small group facilitators, Peer Networkers and/or Outreach Specialists.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Participants' self report of skills, knowledge, and/or intention to adopt safer sex practices ■ Observation of demonstrated skills (e.g., condom use, condom negotiation) during outreach and small group activities 	<ul style="list-style-type: none"> ■ Outreach encounter activity forms and logs ■ Small group activity forms and logs ■ Participant observations ■ Spot Interviews (informal) 	<ul style="list-style-type: none"> ■ Examination of change reported by individuals engaged in Stage-Based Encounters, Peer Network outreach, or Small Group Activities ■ Examination of participant observations (e.g., condom use skills exhibited during Safer Sex Gathering)



2. **What proportion of small group participants reported intention to increase the frequency of condom use?**

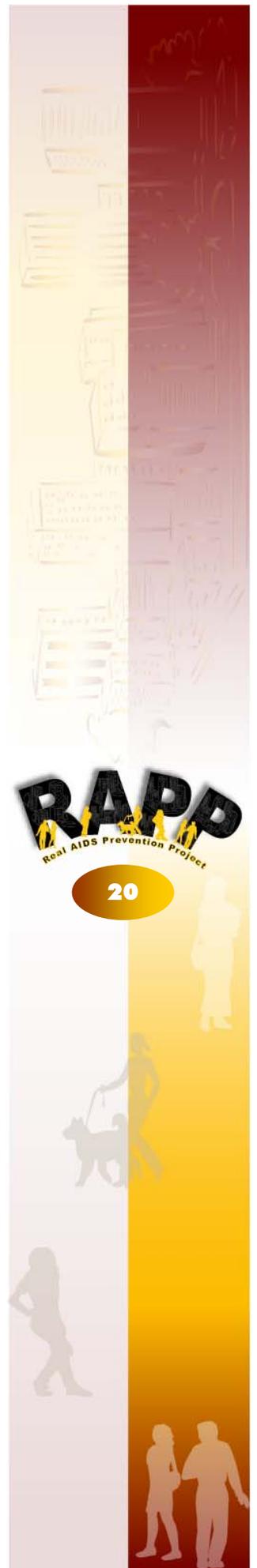
This information informs whether or not there is a change in condom use norms among members in the target community.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Participants' self report of intention to increase condom use ■ Perceptions and comments about condom use observed during small group activities 	<ul style="list-style-type: none"> ■ Small group activity forms and logs ■ Participant observation ■ Spot interviews (informal) 	<ul style="list-style-type: none"> ■ Review small group activity logs for changes in reported condom use intentions and behavior ■ Review small group activity logs for changes in observations regarding condom use intentions and behavior

3. **What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use?**

This information provides insights on the percentage or proportion of all encounters, wherein involved community members advanced through progressive change stages and reported increases in condom use. Depending upon the stages of change readiness, those changes could be adoption of condom use behaviors, consistent use of condoms, or maintenance of condom use behaviors.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ Participants' self report of condom use ■ Perceptions and comments about condom use by Outreach Specialists and/or Peer Network volunteers 	<ul style="list-style-type: none"> ■ Outreach activity forms and logs ■ Participant observation ■ Spot interviews (informal) 	<ul style="list-style-type: none"> ■ Review outreach logs for changes in reported condom use behavior ■ Review outreach logs for changes in observations regarding condom use behavior



4. What changes in the perception of condom use occurred in the community?

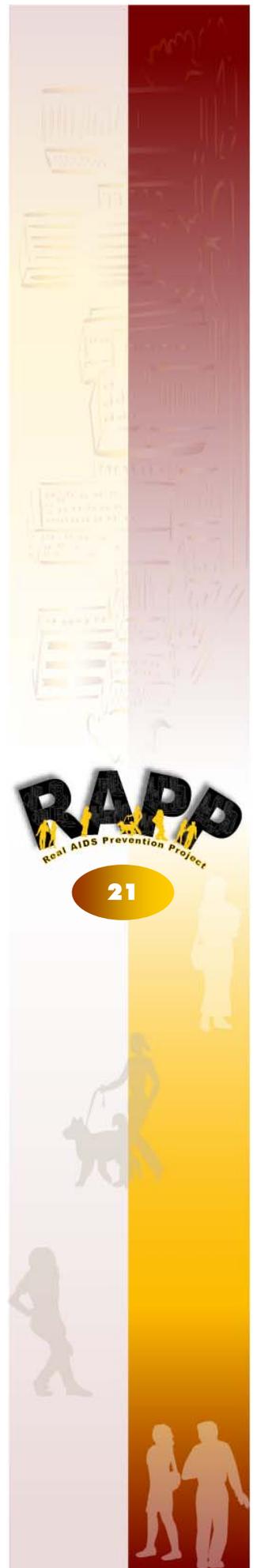
This information indicates whether or not attitudes toward condom use in the community are changing. For instance, a change in community perceptions may include an increase in the number of local businesses or organizations that display role-model stories or increased sales of condoms in community stores.

Data	Methods	Analysis
<ul style="list-style-type: none"> ■ Community members' attitudes toward condom use ■ Number of businesses and organizations that display Role Model Stories and/or provide HIV prevention materials ■ Number of businesses and organizations that provide/sell condoms ■ Condom sales in target community (e.g., increase in condom sales in neighborhoods frequented by Peer Network volunteers) 	<ul style="list-style-type: none"> ■ Key informant interviews ■ Focus groups ■ Community observation ■ Spot interviews ■ Outreach activity forms and logs ■ Small group activity forms and logs ■ Community network activity forms and logs ■ Facilitator/staff notes ■ Staff meeting minutes/notes ■ Community/public forums 	<ul style="list-style-type: none"> ■ Review logs and observations over time to identify changes, if any, in perceptions of condom use

5. What changes occurred in the number of community businesses and organizations involved in HIV prevention activities?

A change in community involvement may reflect a change in community norms around condom use.

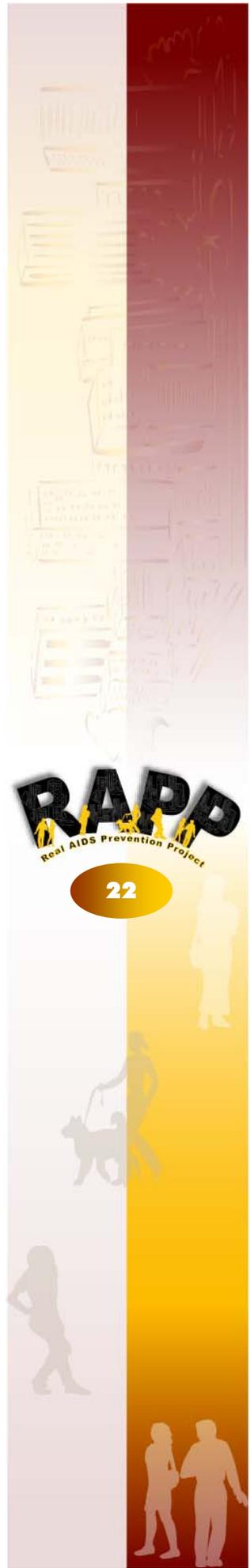
Data	Methods	Analysis
<ul style="list-style-type: none"> ■ Number of community organizations/businesses that have been recruited for the Community Network ■ Number of community organizations/businesses that endorse RAPP activities (e.g., supply Role Model Stories, display RAPP logo in window) ■ Number of community organizations/businesses that support HIV Prevention presentations or Safer Sex Gatherings (e.g., provide meeting space for small group activities) ■ Number of community organizations/businesses that participate in RAPP activities (e.g., actively hand out and discuss Role Model Stories) ■ Number of community organizations/businesses that are involved in coalition building activities for RAPP (e.g., an agency convenes a meeting with influential community members to discuss issues related to RAPP's goals) 	<ul style="list-style-type: none"> ■ Community network logs ■ Observation at community forums/meetings 	<ul style="list-style-type: none"> ■ Compare the number of businesses/organizations in Community Network when project started to after RAPP implementation



6. What changes in HIV testing behavior occurred in community?

These data will yield information regarding HIV testing behaviors and patterns in the community, such as an increase or decrease in the number of locations in the community that offer HIV testing; the number of people in the community who mention they have been tested by Peer Networkers or Outreach Specialists, or during small group events.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> ■ HIV testing data from local health department, hospital or clinic ■ Number of people in the community who know their HIV status ■ Number of places in the community that offer HIV testing ■ Number of places where HIV testing and educational information is available in the community 	<ul style="list-style-type: none"> ■ State/community epidemiological data ■ Local CBOs' HIV prevention data ■ Count of HIV testing sites and educational centers in community ■ Community network activity forms and logs ■ Outreach activity forms and logs ■ Small group activity forms and logs 	<ul style="list-style-type: none"> ■ Compare HIV testing rates during the community assessment and after intervention started ■ Review outreach logs for changes in HIV testing behaviors or intentions among members of target community ■ Compare the number of places in the community where testing was available during community assessment and after intervention started ■ Compare the number of places in the community that provide HIV testing and/or HIV information, including those in the Community Network



SECTION THREE: DATA COLLECTION ACTIVITIES AND SCHEDULE

This section describes the data collection activities for RAPP. The table below is a summary of when each instrument should be administered, who administers the instruments, and by whom the instrument is completed. The following tables provide more in-depth detail regarding data collection activities and schedules for each component of RAPP.

Instrument	When to Use	Administered By	Completed By
Key Informant Interview Guide (required)	During each key informant interview conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager
Focus Group Guide (required)	During each focus group conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager ■ Consultant 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager ■ Consultant
Spot Interview Guide (optional)	During each spot interview conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager
Spot Summary Log (optional)	At the conclusion of all spot interviews conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager ■ Data Analyst ■ Administrative Staff 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager ■ Data Analyst ■ Administrative Staff
Community Observation Form (optional)	During each community observation event/outing conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager
Community Assessment Summary Log (optional)	At the conclusion of all community assessment activities conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> ■ Project Manager ■ Data Analyst ■ Administrative Staff 	<ul style="list-style-type: none"> ■ Project Manager ■ Data Analyst ■ Administrative Staff
Outreach Encounter Form (optional)	During each outreach encounter	<ul style="list-style-type: none"> ■ Outreach Staff 	<ul style="list-style-type: none"> ■ Outreach Staff
Outreach Activity Summary Log (required)	At conclusion of each outreach event (includes stage-based encounters)	<ul style="list-style-type: none"> ■ Outreach Staff 	<ul style="list-style-type: none"> ■ Outreach Staff



Instrument	When to Use	Administered By	Completed By
Role Model Interview Guide (required)	During each role model interview	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager
Role Model Follow-Up Interview Guide (optional)	After each role model interview conducted	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager 	<ul style="list-style-type: none"> ■ Outreach Staff ■ Project Manager
Stage-Based Encounter Activity Form (required)	During each Stage-Based Encounter	<ul style="list-style-type: none"> ■ Outreach Specialists ■ Trained Peer Network Volunteers 	<ul style="list-style-type: none"> ■ Outreach Specialists ■ Trained Peer Network Volunteers
Safer Sex Gathering Participant Information Form (required)	During each Safer Sex Gathering (exact time during gathering may vary)	<ul style="list-style-type: none"> ■ Facilitator 	<ul style="list-style-type: none"> ■ Participant
Safer Sex Gathering Summary Log (required)	At conclusion of each Safer Sex Event	<ul style="list-style-type: none"> ■ Facilitator 	<ul style="list-style-type: none"> ■ Facilitator
HIV Presentation Summary Log (required)	At conclusion of each HIV presentation	<ul style="list-style-type: none"> ■ Facilitator 	<ul style="list-style-type: none"> ■ Facilitator
Community Network Activity Form (optional)	After each Community Network visit	<ul style="list-style-type: none"> ■ Agency Staff 	<ul style="list-style-type: none"> ■ Agency Staff
Community Network Summary Log (required)	Ongoing, as Community Network activities proceed	<ul style="list-style-type: none"> ■ Agency Staff 	<ul style="list-style-type: none"> ■ Agency Staff
Referral Tracking Form	As referrals are made	<ul style="list-style-type: none"> ■ Agency Staff providing referral (e.g., facilitator, outreach worker) 	<ul style="list-style-type: none"> ■ Agency Staff providing referral



DATA COLLECTION ACTIVITIES

The tables below, arranged by RAPP activity, summarizes the data collection activities, recommended data collection schedule, a brief description of agency resources needed, and suggestions for ways to use the data.

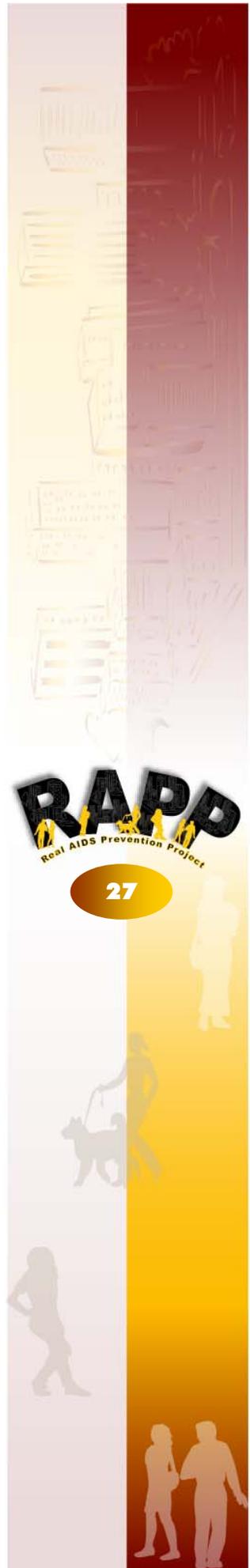
Community Assessment	
Data Collection Methods	<ul style="list-style-type: none"> ■ Community member self-report ■ Community observation ■ State/community epidemiological data ■ Staff meeting minutes/notes
Instruments	<ul style="list-style-type: none"> ■ Key Informant Interview Guide ■ Focus Group Guide (with Sample Consent Form) ■ Spot Interview Guide ■ Spot Interview Summary Log ■ Community Observation Form ■ Community Assessment Summary Log
When to Collect the Data	<ul style="list-style-type: none"> ■ During planning phase ■ Within first six to eight weeks of project
Resources Needed	<ul style="list-style-type: none"> ■ Staff time to recruit key informants and conduct interviews (key informant interviews are required; spot interviews are optional) ■ Staff time to recruit participants and conduct focus groups ■ Staff time to observe community activities (optional) ■ Staff time to organize data ■ Database to manage assessment data (e.g., spreadsheet to manage qualitative data and conduct thematic analysis) ■ Expertise to analyze data
Data Provided	<ul style="list-style-type: none"> ■ Characteristics of the community and its members ■ Community culture, including preferred methods of communication and activities ■ Community needs, issues, and perceptions of HIV risk ■ General perception of community's stage of change regarding condom use
Analysis	<ul style="list-style-type: none"> ■ Theme analysis of interview, focus group and observation data ■ Descriptive analysis of epidemiological data
Related Evaluation Questions	<ul style="list-style-type: none"> ■ What are the risk behaviors among members of the target community? ■ How should RAPP activities be adapted to meet the specific needs of the target community and its members? ■ What is the predominant stage of change for risk behavior among members of the target community? ■ Where can members of the target community be effectively reached? ■ What are the most effective ways to reach members of the target community?
Possible Uses of Data	<ul style="list-style-type: none"> ■ Identify community-specific risk behaviors to inform peer network, stage-based encounters, and small group activities ■ Identify community characteristics so activities are appropriate for members of target community ■ Help ensure access to target population ■ Identify possible Small Group Activity participants ■ Identify possible Peer Network volunteers ■ Identify possible members of the Community Network ■ Identify service and HIV prevention gaps for future planning



Peer Network	
Data Collection Methods	<ul style="list-style-type: none"> ■ Participant self report ■ Observation
Instruments	<ul style="list-style-type: none"> ■ Outreach Encounter Form ■ Outreach Activity Log
When to Collect the Data	<ul style="list-style-type: none"> ■ During peer networking outreach activities
Resources Needed	<ul style="list-style-type: none"> ■ Peer Network volunteers ■ Staff time to supervise peer network volunteers ■ Resources to train volunteers ■ Materials for peer network volunteers to distribute (e.g., Role Model Stories, condoms, educational materials) ■ Collaborative relationship with organizations for referrals ■ Time and resources to compile the data ■ Database to manage the data
Data Provided	<ul style="list-style-type: none"> ■ Number and characteristics of people reached ■ Materials distributed and referrals made (and any other activities conducted) ■ Location of peer network activities ■ Number of Stage-Based Encounters conducted (if applicable) ■ Other activities implemented other than those specified in RAPP Program Manual ■ Challenges/facilitators of implementation
Analysis	<ul style="list-style-type: none"> ■ Data should be compiled at the end of each outreach event for descriptive analysis ■ Data should be reviewed across peer network activities to identify themes/trends
Related Evaluation Questions	<ul style="list-style-type: none"> ■ Which of the core elements were implemented? ■ Which of the core elements were implemented with fidelity? ■ How and why were the program activities modified? ■ What was the risk profile of the community served? ■ What were the demographic characteristics of the community members served? ■ What proportion of the target population was served by the intervention? ■ What were the barriers to, and facilitators of, implementation? ■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants? ■ What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use? (May not be relevant if Peer Network volunteers are not trained to conduct Stage-Based Encounters). ■ Was there a change in the perception of condom use in the community? ■ What changes occurred in community HIV testing behavior?
Possible Uses of Data	<ul style="list-style-type: none"> ■ Make changes to or improve implementation of peer network activities ■ Determine if tailoring achieves similar outcomes ■ Ensure that targeted population is being reached ■ Identify challenges/facilitators of implementation



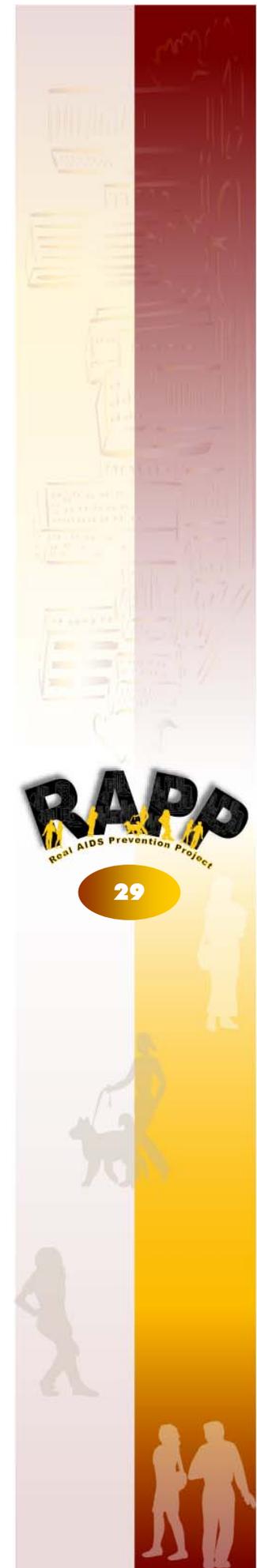
Stage-Based Encounters	
Data Collection Methods	<ul style="list-style-type: none"> ■ Participant self report ■ Observation
Instruments	<ul style="list-style-type: none"> ■ Stage-Based Encounter Activity Form ■ Stage-Based Encounter Summary Log
When to Collect the Data	<ul style="list-style-type: none"> ■ Encounter forms should be completed immediately following each Stage-Based Encounter ■ Activity logs should be completed on agency-defined schedule (daily, weekly)
Resources Needed	<ul style="list-style-type: none"> ■ Outreach Staff ■ Staff time to supervise outreach staff ■ Resources to train outreach staff (Outreach Specialists and, possibly, peer network volunteers) ■ Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials) ■ Collaborative relationship with organizations for referrals ■ Time and resources to compile the data ■ Database to manage the data
Data Provided	<ul style="list-style-type: none"> ■ Number and characteristics of people reached, including change readiness information and risk profile ■ Materials distributed and referrals made (and any other activities conducted) ■ Location of Stage-based Encounters ■ Number of Stage-based Encounters conducted ■ Clients' stage of change ■ Other activities implemented other than those specified in RAPP Program Manual ■ Challenges/facilitators of implementation
Analysis	<ul style="list-style-type: none"> ■ Data should be compiled at the end of each outreach event for descriptive analysis ■ Data should be reviewed across Stage-based Encounters to identify themes/trends
Related Evaluation Questions	<ul style="list-style-type: none"> ■ Which of the core elements were implemented? ■ Which of the core elements were implemented with fidelity? ■ How and why were the program activities modified? ■ What was the risk profile of the community served? ■ What were the demographic characteristics of the community members served? ■ What proportion of the target population was served by the intervention? ■ What were the barriers to, and facilitators of, implementation? ■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants? ■ What proportion of community members engaged in stage-based encounters reported increased frequency of condom use? ■ Was there a change in the perception of condom use in the community? ■ What changes occurred in community HIV testing behavior?
Possible Uses of Data	<ul style="list-style-type: none"> ■ Make changes to or improve implementation of stage-based encounters ■ Modify Role Model Stories to meet community needs ■ Determine if tailoring achieves similar outcomes ■ Ensure that targeted population is being reached ■ Identify challenges/facilitators of implementation



Small Group Activities (Safer Sex Gatherings and HIV Presentations)	
Data Collection Methods	<ul style="list-style-type: none"> ■ Participant self report ■ Observation
Instruments	<ul style="list-style-type: none"> ■ Safer Sex Gathering Participant Information Form ■ Safer Sex Gathering Summary Log ■ HIV Presentation Summary Log
When to Collect the Data	<ul style="list-style-type: none"> ■ Client-level information collected at beginning of Safer Sex Gathering (client-level information collected for Safer Sex Gathering participants only, not those attending an HIV Presentation) ■ Summary information completed immediately after each small group activity
Resources Needed	<ul style="list-style-type: none"> ■ Outreach Staff ■ Staff time to supervise outreach staff ■ Facilitator time to collect information ■ Sufficient number of forms for Safer Sex Gathering participants ■ Collaborative relationship with organizations for referrals ■ Time and resources to compile the data ■ Database to manage the data
Data Provided	<ul style="list-style-type: none"> ■ Number and characteristics of people reached (including risk profile of Safer Sex Gathering participants) ■ Locations of small group activities ■ Activities conducted ■ Challenges/facilitators of implementation
Analysis	<ul style="list-style-type: none"> ■ Data should be compiled at the end of each small group activity for descriptive analysis ■ Data should be reviewed across small group activities to identify themes/trends
Related Evaluation Questions	<ul style="list-style-type: none"> ■ Which of the core elements were implemented? ■ Which of the core elements were implemented with fidelity? ■ How and why were the program activities modified? ■ What was the risk profile of the community served? ■ What were the demographic characteristics of the community members served? ■ What proportion of the target population was served by the intervention? ■ What were the barriers to, and facilitators of, implementation? ■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants? ■ What proportion of small group participants reported intention to increase the frequency of condom use? ■ Was there a change in the perception of condom use in the community? ■ What changes occurred in community HIV testing behavior?
Possible Uses of Data	<ul style="list-style-type: none"> ■ Make changes to/improve implementation of small group activities ■ Determine if tailoring achieves similar outcomes ■ Ensure that targeted population is being reached ■ Identify challenges/facilitators of implementation



Community Network	
Data Collection Methods	<ul style="list-style-type: none"> ■ Checklists ■ Observation
Instruments	<ul style="list-style-type: none"> ■ Community Network Activity Form ■ Community Network Summary Log
When to Collect the Data	<ul style="list-style-type: none"> ■ Completed by Peer Networker and/or Outreach Specialist during, or immediately following, each Community Network member visit
Resources Needed	<ul style="list-style-type: none"> ■ Outreach Staff ■ Staff time to supervise Outreach Staff ■ Staff time to complete Community Network forms ■ Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials) ■ Time and resources to compile the data ■ Database to manage the data
Data Provided	<ul style="list-style-type: none"> ■ Location and type of network members ■ Level of participation ■ Description and count of materials distributed
Analysis	<ul style="list-style-type: none"> ■ Data should be compiled for descriptive analysis
Related Evaluation Question	<ul style="list-style-type: none"> ■ Which of the core elements were implemented? ■ Which of the core elements were implemented with fidelity? ■ How and why were the program activities modified? ■ What proportion of the target population was served by the intervention? ■ What were the barriers to, and facilitators of, implementation? ■ Was there an increase in the number of community businesses and organizations involved in HIV prevention activities?
Possible Uses of Data	<ul style="list-style-type: none"> ■ Demonstrate community involvement in RAPP ■ Identify new businesses and organizations for the network ■ Make changes to/improve implementation of Community Network activities ■ Determine what materials are reaching community members ■ Determine if tailoring achieves similar outcomes ■ Ensure that targeted population is being reached ■ Identify challenges/facilitators of implementation



SECTION FOUR: DATA COLLECTION PROTOCOLS

This section includes protocols and instruments for each of the data collection activities previously described. All instruments and data collection forms have incorporated the data collection and reporting requirements of CDC. There is no requirement to use the data collection forms included in this evaluation plan. They can be modified and tailored to meet your agency's specific information needs. It is important, however, to make sure that any adaptations to the instruments maintain the basic integrity in order to fulfill reporting requirements of the funding agency.

Each protocol should include the required and optional data collection activities related to each intervention activity. Required data collection activities are those that are considered necessary for appropriate monitoring of activities according to program model materials guidelines. Optional data collection activities are those that are useful and can provide useful information but are not required according to program model materials guidelines. For example:

COMMUNITY ASSESSMENT INSTRUMENTS

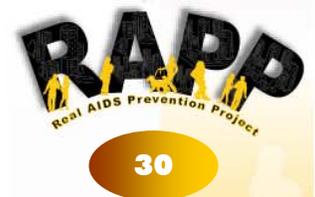
Required

Though these activities are required for the Community Assessment, questions should be tailored to fit targeted communities.

- Key Informant Interview Guide
- Focus Group Questions

Optional

- Spot Interview Guide
- Spot Interview Summary Log
- Community Observation Sheet
- Community Assessment Summary Sheet



COMMUNITY ASSESSMENT INSTRUMENTS

Though some data collection activities are required for the Community Assessment, questions should be tailored to fit targeted communities.

REQUIRED

- Key Informant Interview Guide
- Focus Group Guide

OPTIONAL

- Spot Interview Guide
- Spot Interview Summary Log
- Community Observation Form
- Community Assessment Summary Log



KEY INFORMANT INTERVIEW GUIDE

When to Use: During each key informant interview conducted during RAPP's Pre-Implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



RAPP KEY INFORMANT INTERVIEW GUIDE

INTERVIEWER 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 community. Provide a brief overview of RAPP 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.

GENERAL INFORMATION

Staff name: _____ Staff ID: _____
Date of the interview _____ / _____ / _____
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
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: _____)

[INTERVIEW QUESTIONS START ON NEXT PAGE]

6. Are there drug treatment programs in this community?
 - a. If yes, where are they located?

7. How serious is HIV infection compared to other problems in the community?

8. Do people in your community feel that they are at risk of getting infected with HIV?
 - a. Why or why not?

9. Who are the people in your community you feel are most at risk of getting infected with HIV?
 - a. Where do they hang out?
 - b. How can we reach them?

10. What do you think is going on in the community that puts people at risk for HIV infection?
 - a. What do you think can be done to reduce these risks?

11. How do people feel about HIV testing in this community?
 - a. What are the reasons why someone would not want to get tested? Why or why not?
 - b. Is it easy to get an HIV test in this community?

12. How do people feel about condom use in this community? Is it something they even think about? Why or why not?
 - a. What do you think are the advantages and disadvantages of using condoms?
 - b. Are condoms easy to get? Why or why not?

13. What do you think can be done to help people learn about HIV and other STDs?

14. Do any stores, businesses, or other organizations provide information about HIV or condoms in the community?
 - a. If yes, which ones?
 - b. If yes, what do they provide?

15. Have there been past attempts to address HIV in this community?
 - a. What succeeded and what failed in the prior program(s)?
 - b. What made the efforts successful or not successful?

16. Where do people in this community go for shopping, entertainment, or other services?
 - a. How do they usually get there (bus, walking, car)?

17. What kinds of activities and events do people in this community enjoy most?

18. Are there certain people or groups that have a lot of influence in this community?
- 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 or groups would be willing to support condom use?
19. Can you think of other people that I could interview about this community?
20. Is there anything else that you would like to add?

THANK YOU FOR YOUR PARTICIPATION!

FOCUS GROUP GUIDE

When to Use: During each focus group conducted during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager, Consultant

Completed by: Outreach Staff, Project Manager, Consultant



RAPP FOCUS GROUP GUIDE*

* Additional information about conducting focus groups can be found in the Evaluation Capacity Building Guide

FACILITATOR'S INTRODUCTION

Welcome Participants

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

Explain Purpose of Focus Group

- Gain a better understanding of the community's perceptions of concerns and priorities
- Gather information about the community to guide the planning and implementation of prevention activities

Explain Focus Group Process

- Focused discussion about a particular topic
- Facilitator asks questions to the group, clarifies terms, and summarizes
- Recorder takes notes, but does not directly participate in the group
- Participants discuss the topics
- If the process will be audio taped, explain that focus group will be recorded on an audio tape 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 in this community.

2. What do you like about living in this community?

Introductory Questions

3. From your observations and experiences, what are the major problems in the community?
4. Is HIV viewed as a major problem in the community? How does HIV infection compare to other problems?
5. How do you think community members would feel about having an HIV prevention program in the community?

Transition Questions

6. Do you believe the community has a role or any responsibility in HIV prevention?
 - a. If yes, what do you consider to be the role of the community in HIV prevention? Are there specific businesses or organizations that you think can or should be involved?
 - b. If no, why don't you think the community has a responsibility in HIV prevention?
7. What would it take to encourage community members to get involved in an HIV program?

Key Questions

8.
 - a. Why do you think people in the community are becoming infected with HIV?
 - b. What activities, behaviors, or conditions put individuals at risk?
9.
 - a. Where are the best places to reach people with HIV prevention messages?
 - b. What do you think are the best ways to reach at risk individuals in your community?

10. a. What do people think about condom use?
- b. Do people even think about using condoms? Why or why not?
- c. What do you think are the advantages and disadvantages of using condoms?
- d. Are condoms easy to get in your community?
11. a. How do people feel about HIV testing?
- b. Where do people go to get tested?
- c. Why don't some people get tested?
- d. What would make it easier to get tested?

Ending Question

12. What do you think is the most important factor in decreasing HIV infection in your community?

SPOT INTERVIEW GUIDE

When to Use: During each spot interview conducted during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



RAPP SPOT INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

- Greet the interviewee. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the community member for taking the time to talk with you about his or her community. (Note: Spot interviews are usually quick interactions. If time allows, provide a brief overview of RAPP and why the interview is being conducted).
- Observe demographic characteristics of the community member. 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.

GENERAL INFORMATION

Staff name: _____ Staff ID: _____

Date of the interview: ____ / ____ / ____

- Interview site/setting:
- Street/hangout (specify: _____)
 - Business (specify: _____)
 - Church/religious institution (specify: _____)
 - Agency (specify: _____)
 - Clinic/healthcare facility (specify: _____)
 - Bar/club (specify: _____)
 - Residence (specify: _____)
 - Community event (specify: _____)
 - 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 & over
- 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: _____)

DEMOGRAPHIC INFORMATION (CONTINUED)

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
- Other (specify: _____)

INTERVIEW QUESTIONS

1. Do you feel that HIV is a major problem in your community? Why or why not?

2. What do you think about using condoms? What do other people in the community think about using condoms?

3. Where do you get condoms in this community? Are they easy to get?

4. Where do most people hang out?

5. Who do people respect in the community? Why? Where do they hang out?

Other notes:

SPOT INTERVIEW SUMMARY LOG

When to Use: At the conclusion of all spot interviews conducted during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager, Data Analyst, Administrative Coordinator

Completed by: Outreach Staff, Project Manager, Data Analyst, Administrative Coordinator

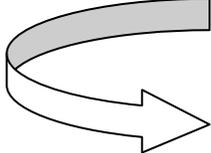


RAPP SPOT INTERVIEW SUMMARY LOG

INSTRUCTIONS

For each of the following sites/settings, indicate the total number of interviews that took place in each, providing specific locations if known. You may then calculate the total number of spot interviews conducted.

INTERVIEW SITE/SETTING

SITE/SETTING	NUMBER OF INTERVIEWS	SPECIFIC LOCATION (I.E., NAME, ADDRESS)
Street/hangout		
Business		
Church/religious institution		
Agency		
Clinic/healthcare facility		
Bar/club		
Community event		
Other		
		= (TOTAL SPOT INTERVIEWS CONDUCTED)

INSTRUCTIONS

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

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 over
- 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: _____)

DEMOGRAPHIC INFORMATION (CONTINUED)

Race

- 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
- Other (specify: _____)

INSTRUCTIONS

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

INTERVIEW QUESTIONS

1. Do you feel that HIV is a major problem in your community? Why or why not?

2. What do you think about using condoms? Where do you get condoms in this community? Are they easy to get?

3. Where do most people hang out?

4. Who do people respect in the community? Why? Where do they hang out?

Other notes:

COMMUNITY OBSERVATION FORM

When to Use: During each community observation event/outing conducted during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



RAPP COMMUNITY OBSERVATION FORM

INSTRUCTIONS

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

Staff name: _____ Staff ID: _____

Date of the observation: ____ / ____ / ____

Start time: _____ a.m./p.m. End time: _____ a.m./p.m.

INTERVIEW SITE/SETTING

- Street/hangout (specify: _____)
- Business (specify: _____)
- Church/religious institution (specify: _____)
- Agency (specify: _____)
- Clinic/healthcare facility (specify: _____)
- Bar/club (specify: _____)
- Residence (specify: _____)
- Community event (specify: _____)
- Other (specify: _____)

Vehicle Traffic in Area

- Light Moderate Heavy

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

Race

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

Ethnicity

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

OBSERVATION NOTES

1. Describe what the people are doing (e.g., sitting, talking, playing checkers, buying condoms, exchanging money for drugs).

2. Describe the attitudes you observe (e.g., relaxed, stressed, happy, anxious).

3. What languages do you hear the community members speak?

4. Describe the setting itself (e.g., Residential or commercial? If residential, what type of setting is it? If commercial, what types of businesses or service agencies are in the area?).

5. Other observations:

AFTER THE OBSERVATION

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

COMMUNITY ASSESSMENT SUMMARY LOG

When to Use: At the conclusion of all community assessment activities (i.e., key informant interviews, focus groups, spot interviews, and community observations) conducted during RAPP's pre-implementation phase

Administered by: Project Manager, Data Analyst, Administrative Coordinator

Completed by: Project Manager, Data Analyst, Administrative Coordinator



RAPP COMMUNITY ASSESSMENT SUMMARY LOG

INSTRUCTIONS

Summarizing community assessment activities can help you and your staff 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 RAPP.

SOURCE	FINDINGS	IMPLICATIONS
Key Informant Interviews	<i>Example: Individuals don't want to pay for condoms but don't know where to get them for free.</i>	<i>In addition to providing free condoms during outreach, Peer Networkers and Outreach Specialists should provide community members with information about where they may regularly obtain free condoms. This type of information may be printed on the back of the Role Model Stories or delivered orally.</i>
Focus Groups		
Spot Interviews		
Community Observations		
<p>After conducting the community assessment activities, what is the estimated Stage of Change in this community regarding condom use? (Use percentages: e.g., 70% Pre-contemplation, 25% Contemplation, and 5% Preparation.)</p> <p><input type="checkbox"/> Pre-contemplation (not thinking about using condoms)</p> <p><input type="checkbox"/> Contemplation (thinking about using condoms)</p> <p><input type="checkbox"/> Preparation (taking steps toward using condoms)</p> <p><input type="checkbox"/> Action (using condoms for less than 6 months)</p> <p><input type="checkbox"/> Maintenance (using condoms for 6 months or longer)</p>		
<p>Conclusions/Additional Comments:</p>		

PEER NETWORK INSTRUMENTS

The Outreach Encounter Form is an option form that will help your staff systematically collect the information for the Outreach Activity Summary Form.

REQUIRED

- Outreach Activity Summary Log – this form also includes items for PEMS

OPTIONAL

- Outreach Encounter Form*

* While the Outreach Encounter Form is optional, it is the data from this form that will be used to complete the Outreach Activity Summary Form, which is required.



OUTREACH ENCOUNTER FORM

When to Use: During each outreach encounter

Administered by: Outreach Staff

Completed by: Outreach Staff



RAPP OUTREACH ACTIVITY ENCOUNTER FORM

INSTRUCTIONS

Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column).

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

Note: If a stage-based encounter is conducted, also complete the SBE Form.

Date: ____/____/____
Mo Year

Staff Name: _____

Staff ID: _____

Location: _____

Location Type:

Business

Bar/club

Residence

Clinic/healthcare setting

Agency

Street/hangout

Church/religious institution

Other (specify: _____)

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	A. Female B. Male C. Transgender (MTF) D. Transgender (FTM)	A. Hispanic/Latino/a B. Non Hispanic Latino/a	A. American Indian/Alaska Native B. Asian C. Black/African-American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/ IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ –. HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: ■ 5 condoms ■ "Action" Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	A. Female B. Male C. Transgender (MTF) D. Transgender (FTM)	A. Hispanic/Latino/a B. Non Hispanic Latino/a	A. American Indian/Alaska Native B. Asian C. Black/African-American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/ IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ –. HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: ■ 5 condoms ■ "Action" Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

OUTREACH ACTIVITY SUMMARY LOG

When to Use: At conclusion of each outreach event. The data for this log will come from the Outreach Encounter Forms completed for the event.

Administered by: Outreach Staff

Completed by: Outreach Staff

The PEMS variables listed in the table below are collected on the Outreach Activity Summary Log.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
Aggregate Level Services	Variable Code	Variable Name
HE/RR and Outreach (Table AG)	02	■ Date of outreach event
	03	■ Duration of outreach event
	04	■ Total number of clients contacted
	05a	■ Delivery method



**CDC's Program Evaluation & Monitoring System (PEMS) Variables
(Continued)**

Aggregate Level Services	Variable Code	Variable Name
HE/RR and Outreach (Continued) (Table AG)	05b	<ul style="list-style-type: none"> ■ Activities ■ Materials distributed ■ Stage-Based Encounters conducted ■ Other activities
	06	■ Location/location types
	08a –08f	■ Client primary risk
	09a –09d	■ Gender
	10a –10b	■ Ethnicity
	11a –11e	■ Race
	12a –12f	■ Age
	13a –13c	■ HIV status

The variables to calculate CDC's Program Performance Indicator I.A and V.A, are collected on the Outreach Activity Summary Log.

CDC's Program Performance Indicators

Performance Indicator	Variables	
I.A: The mean number of outreach contacts required to get one person with unknown or negative serostatus to access counseling and testing.	A. Number of outreach contacts who were referred to CTR	
	B. Number of individuals who accessed CTR services	
	C. Mean = (A ÷ B)	



CDC's Program Performance Indicators (Continued)

Performance Indicator	Variables	
V.A: The mean number of outreach contacts required to get a person (living with HIV, their sex partners and injection drug-using contacts or at very high risk for HIV infection) to access referrals made under Program Announcement 04064.	A. Number of outreach contacts who were referred to any of the following services under this Program Announcement: <ul style="list-style-type: none"> ■ Popular Opinion Leader (POL) ■ Mpowerment ■ Real AIDS Prevention Project (RAPP) ■ Safety Counts ■ SISTA ■ Many Men Many Voices ■ VOICES ■ Street Smart ■ Healthy Relationships ■ Partner Counseling and Referral Services (PCRS) ■ Prevention Case Management (PCM) ■ Counseling, Testing, and Referral (CTR) 	
	B. Number of individuals who actually accessed one of the following services under this program announcement (see list in A).	
	C. Mean = (A ÷ B)	

Please refer to the *Draft Technical Assistance Guidelines for CDC's CBO HIV Prevention Program Performance Indicators* (December 9, 2003) for additional information on the performance indicators.



RAPP OUTREACH ACTIVITY SUMMARY LOG

INSTRUCTIONS

Peer Networkers and Outreach Specialists should complete this summary form at the end of their outreach event (4 pages in total).

For each outreach event, list staff names and staff identification numbers. Also indicate staff position (either Peer Networker or Outreach Specialist).

Note: You can use your own internal forms/methods for gathering this information—or the Outreach Activity Encounter Form—and then transfer it to this form to help document aggregate data for each outreach event.

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

Date of outreach event: ____ / ____ / ____

Duration of outreach event: _____ (in hours)

Start time: _____ a.m./p.m. End time: ____ a.m./p.m.

Total number of clients contacts*: _____

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

For example:

	GENDER	AGE	HIV STATUS
	12 Males	5 13–18 year olds	1 Positive
	10 Females	15 19–24 year olds	2 Negative
	1 Don't know	3 25–34 year olds	20 Unknown
Total	= 23 Client contacts	= 23 Client contacts	= 23 Client contacts

ACTIVITIES CONDUCTED

Materials Distributed

- Yes →
 No

How many of the following were distributed?

- Brochures/information
- Condoms
- Role Model Stories (TOTAL)



Role Model Stories distributed by stage:

- Pre contemplation
- Contemplation
- Ready for action
- Action
- Maintenance
- Other (specify: _____)

Referrals Made*

- Yes →
 No

How many referrals to each of the following services?

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

* **Note:** Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the *PEMS Evaluation Guidance* for specifications regarding referrals.

Stage-Based Encounter Conducted

- Yes* →
 No

How many?
TOTAL number of Stage-Based Encounters conducted: ____



Encounters conducted by stage

- Pre contemplation
- Contemplation
- Ready for action
- Action
- Maintenance

* Complete a Stage-Based Encounter Form for each encounter documented

Other Activities – Please Specify:

Additional Notes (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

DELIVERY METHOD

Please specify how the outreach activities were delivered (check all that apply):

In person

Specify location and location type(s): _____

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Church/religious institution |
| <input type="checkbox"/> Bar/club | <input type="checkbox"/> Clinic/health care setting |
| <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Other |

Internet (specify Web site: _____)

Printed Materials

- Magazines/newspapers (specify: _____)
- Pamphlets/brochures (specify: _____)
- Posters/billboards (specify: _____)

Other (specify: _____)

AGGREGATE PARTICIPANT INFORMATION

Record the total number for each category below (e.g., 7 Female).

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

ROLE MODEL STORY INSTRUMENTS

While the Role Model Follow-Up Interview Guide is optional, it may be useful to collect information about the effects of being a role model. These data may inform improvements to role model recruitment and story development.

REQUIRED

- Role Model Interview Guide

OPTIONAL

- Role Model Follow-Up Interview Guide



ROLE MODEL INTERVIEW GUIDE

When to Use: During each role model interview

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



RAPP ROLE MODEL INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

- Greet the role model. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the role model for taking the time to talk with you about his or her experience using condoms. Provide a brief overview of RAPP and why the interview is being conducted.
- After asking the interview questions, schedule a follow-up interview.

GENERAL INFORMATION

Staff name: _____ Staff ID: _____

Date of the interview: ____ / ____ / ____

Place where respondent was contacted/recruited: _____

Interview site/setting: _____

Language spoken during interview: English
 Spanish
 Other (specify: _____)

ROLE MODEL DEMOGRAPHIC INFORMATION

Observe demographic characteristics of the role model. Clarify information as necessary and appropriate with him or her.

Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know

Ethnicity

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

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
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: _____)

[INTERVIEW QUESTIONS START ON NEXT PAGE]

Interviewer:

I would first like to thank you again for agreeing to tell me your story and ask how you heard about becoming a RAPP role model.

Recruitment Source (check all that apply)

- Flyer in the community
- Referral/friend
- Safer sex event
- RAPP Peer Networker Volunteer
- Reading a Role Model Story
- Don't know
- Other (specify: _____)

As I mentioned when we set up this interview, I would like to talk with you today about your experiences using condoms. For instance, I'd like to talk about things that made you think about starting to use condoms, how and when you started using condoms, etc. Please know that you may choose not to answer any of the questions or end the interview at anytime if you feel uncomfortable.

1. As you know, we don't use peoples' real names in their stories. What name would you like me to use?

2. What is your birth date? ___ / ____ (month / year)

3. Do you go to school?
 - Not currently in school
 - Elementary or junior high school
 - High school
 - Technical/vocational program
 - Community college or university
 - Other (specify: _____)

4. Do you work?
 - No
 - Yes, full-time (specify: _____)
 - Yes, part-time (specify: _____)
 - Yes, temporary/contract (specify: _____)
 - Other (specify: _____)

5. Do you have any children?
 - No
 - One
 - Two
 - Three
 - Four or more (specify: _____)

Now I would like you to tell me about your experience using condoms. Think about what made you think about using condoms, when it happened, and some of the things you thought about and did when you were trying to begin using condoms. (Use probes as needed to answer the questions below).

6. How long have you been using condoms?

7. Why did you start using condoms?

8. How long did you think about using condoms before you actually started?

9. What happened that made you decide to use condoms?

10. Did you talk to your partner about using condoms?

If yes, what did you say?

If yes, how did your partner react?

11. What do you think are the best reasons to use condoms?

12. Are there bad things about using condoms?

If yes, what are they?

13. How do you make sure that you continue to use condoms?

14. What lesson or lessons do you think it's important for people to learn from your story?

15. What would you tell someone who is NOT using condoms?

16. Is there anything else you would like to tell me, or ask me about HIV/AIDS or other STDs?

Interviewer:

Thank you again for talking with me today. I would like to follow-up with you in a couple of weeks to ask just a few more questions. Would you like to set up another meeting now, or would you like to talk by phone? I could call you, or I could give you a phone number to reach me—whatever is most comfortable for you.

- Follow-up in-person

Date: ___/___/___

Time: _____ a.m./p.m. (circle one)

Location: _____

- Call Role Model Story participant (specify phone number: _____)
- Role Model Story participant to call RAPP staff
- Other (specify: _____)
- Declined to participate in follow-up questions

FOR STAFF USE ONLY

Was the individual interviewed eligible for becoming a RAPP role model?

- Lives in the community where agency is working.
- Uses condoms consistently with all partners.
- Is in the process of making changes toward using condoms consistently.
- Can describe own experiences of trying to use condoms.
- Can explain how and why experiences changed own behavior.

Additional Notes:

ROLE MODEL FOLLOW-UP INTERVIEW GUIDE

When to Use: After each role model interview conducted

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



RAPP ROLE MODEL FOLLOW-UP INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

Record the follow-up method using checkboxes below. Specify details as possible.
Ask the follow-up questions in an open-ended manner, allowing the role model to respond in his or her own words.

GENERAL INFORMATION

Staff name: _____ Staff ID: _____

Date of the interview: ____ / ____ / ____

Follow-up method:

Follow-up in-person

Date: ____/____/____

Time: _____ a.m./p.m. (circle one)

Location: _____

Call Role Model Story participant (specify phone number: _____)

Role Model Story participant to call RAPP staff

Other (specify: _____)

INTERVIEW QUESTIONS

Interviewer:

Thank you again for sharing your story and allowing me to ask you a few follow-up questions.

1. Months ago, you agreed to use your story as a Role Model Story. How was this experience for you? Did you find sharing your story helpful? Why or why not?
2. Since sharing your story, how have you felt about your decision to continue using condoms?
3. Did sharing your story change how you think or feel about yourself? How?

STAGE-BASED ENCOUNTER INSTRUMENTS

Client-level demographic and risk profile information should be collected for participants engaged in a Stage-Based Encounter. These data are captured on the Stage-Based Encounter Activity Form and may be transferred to the Staged-Based Encounter Activity Summary Log for an aggregate record.

REQUIRED

- Stage-Based Encounter Activity Form – this form also includes items required by PEMS
- Stage-Based Encounter Activity Summary Log*

* The variables to calculate CDC's Program Performance Indicators I.A and V.A are collected on the Outreach Activity Summary Log. (See Peer Network Instruments.)



STAGE-BASED ENCOUNTER ACTIVITY FORM

When to Use: Following each Stage-Based Encounter

Administered by: Outreach Staff

Completed by: Outreach Staff



RAPP STAGED-BASED ENCOUNTER ACTIVITY FORM

INSTRUCTIONS

Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column).

Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers to quickly record the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form (e.g., RAPP Stage-Based Encounter Summary Log).

Date: ___/___/___ Staff Name: _____ Staff ID: _____ Location: _____
 Mo Year

Location Type:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Bar/club | <input type="checkbox"/> Residence | <input type="checkbox"/> Clinic/healthcare setting |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Church/religious institution | <input type="checkbox"/> Other (specify: _____) |

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
I. 12 or below J. 13–18 K. 19–24 L. 25–34 M. 35–44 N. 45 and over	O. Female P. Male Q. Transgender (MTF) R. Transgender (FTM)	S. Hispanic/Latino/a T. Non-Hispanic/Latino/a	U. American Indian/Alaska Native V. Asian W. Black/African-American X. Native Hawaiian/Pacific Islander Y. White	Z. MSM AA. MSM/ IDU BB. IDU CC. Heterosexual at risk DD. Sex involving transgender EE. Refused FF. Not asked GG. Other	+. HIV+ -. HIV - DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: ■ 5 condoms ■ "Action" Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
I. 12 or below J. 13–18 K. 19–24 L. 25–34 M. 35–44 N. 45 and over	O. Female P. Male Q. Transgender (MTF) R. Transgender (FTM)	S. Hispanic/Latino/a T. Non-Hispanic Latino/a	U. American Indian/Alaska Native V. Asian W. Black/African-American X. Native Hawaiian/Pacific Islander Y. White	Z. MSM AA. MSM/ IDU BB. IDU CC. Heterosexual at risk DD. Sex involving transgender EE. Refused FF. Not asked GG. Other	+. HIV+ –. HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: ■ 5 condoms ■ "Action" Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

STAGE-BASED ENCOUNTER ACTIVITY SUMMARY LOG

When to Use: At conclusion of each stage-based encounter. The data for this log will come from the Staged-Based Encounter Activity Forms completed.

Administered by: Outreach Staff

Completed by: Outreach Staff

The PEMS variables listed in the table below are collected on the Stage-Based Encounter Activity Summary Log.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
Aggregate Level Services	Variable Code	Variable Name
HE/RR and Outreach (Table AG)	02	■ Date of outreach event
	03	■ Duration of outreach event
	04	■ Total number of clients contacted
	05a	■ Delivery method



**CDC's Program Evaluation & Monitoring System (PEMS) Variables
(Continued)**

Aggregate Level Services	Variable Code	Variable Name
HE/RR and Outreach (Continued) (Table AG)	05b	<ul style="list-style-type: none"> ■ Activities ■ Materials distributed ■ Stage-Based Encounters conducted ■ Other activities
	06	■ Location/location types
	08a –08f	■ Client primary risk
	09a –09d	■ Gender
	10a –10b	■ Ethnicity
	11a –11e	■ Race
	12a –12f	■ Age
	13a –13c	■ HIV status

The variables to calculate CDC's Program Performance Indicator I.A and V.A, are collected on the Stage-Based Encounter Summary Log.

CDC's Program Performance Indicators

Performance Indicator	Variables	
I.A: The mean number of outreach contacts required to get one person with unknown or negative serostatus to access counseling and testing.	A. Number of outreach contacts who were referred to CTR	
	B. Number of individuals who accessed CTR services	
	C. Mean = (A ÷ B)	



CDC's Program Performance Indicators (Continued)

Performance Indicator	Variables	
V.A: The mean number of outreach contacts required to get a person (living with HIV, their sex partners and injection drug-using contacts or at very high risk for HIV infection) to access referrals made under Program Announcement 04064.	A. Number of outreach contacts who were referred to any of the following services under this Program Announcement: <ul style="list-style-type: none"> ■ Popular Opinion Leader (POL) ■ Mpowerment ■ Real AIDS Prevention Project (RAPP) ■ Safety Counts ■ SISTA ■ Many Men Many Voices ■ VOICES ■ Street Smart ■ Healthy Relationships ■ Partner Counseling and Referral Services (PCRS) ■ Prevention Case Management (PCM) ■ Counseling, Testing, and Referral (CTR) 	
	B. Number of individuals who actually accessed one of the following services under this program announcement (see list in A).	
	C. Mean = (A ÷ B)	

Please refer to the *Draft Technical Assistance Guidelines for CDC's CBO HIV Prevention Program Performance Indicators* (December 9, 2003) for additional information on the performance indicators.



RAPP STAGED-BASED ENCOUNTER ACTIVITY SUMMARY LOG

INSTRUCTIONS

Outreach Specialists should complete this summary form at the end of their stage-based encounters (4 pages in total).

For each outreach event, list staff names and staff identification numbers. Also indicate staff position (Outreach Specialist).

Note: You can use your own internal forms/methods for gathering this information—or the Stage-Based Encounter Activity Form—and then transfer it to this form to help document aggregate data for each stage-based encounter event.

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

Date of outreach event: ____ / ____ / ____

Duration of outreach event: _____ (in hours)

Start time: _____ a.m./p.m. End time: ____ a.m./p.m.

Total number of clients contacts*: _____

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

For example:

	GENDER	AGE	HIV STATUS
	12 Males	5 13–18 year olds	1 Positive
	10 Females	15 19–24 year olds	2 Negative
	1 Don't know	3 25–34 year olds	20 Unknown
Total	= 23 Client contacts	= 23 Client contacts	= 23 Client contacts

ACTIVITIES CONDUCTED

Materials Distributed

- Yes →
 No

How many of the following were distributed?

- Brochures/information
 Condoms
 Role Model Stories (TOTAL)



Role Model Stories distributed by stage:

- Pre contemplation
 Contemplation
 Ready for action
 Action
 Maintenance
 Other (specify: _____)

Referrals Made*

- Yes →
 No

How many referrals to each of the following services?

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

* **Note:** Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the *PEMS Evaluation Guidance* for specifications regarding referrals.

Stage-Based Encounter Conducted

- Yes* →
 No

How many?
TOTAL number of Stage-Based Encounters conducted: ____



Encounters conducted by stage

- Pre contemplation
 Contemplation
 Ready for action
 Action
 Maintenance

* Complete a Stage-Based Encounter Form for each encounter documented

Other Activities – Please Specify:

Additional Notes (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

DELIVERY METHOD

Please specify how the outreach activities were delivered (check all that apply):

In person

Specify location and location type(s): _____

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Church/religious institution |
| <input type="checkbox"/> Bar/club | <input type="checkbox"/> Clinic/health care setting |
| <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Other |

Internet (specify Web site: _____)

Printed Materials

- Magazines/newspapers (specify: _____)
- Pamphlets/brochures (specify: _____)
- Posters/billboards (specify: _____)

Other (specify: _____)

AGGREGATE PARTICIPANT INFORMATION

Record the total number for each category below (e.g., 7 Female).

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

SMALL GROUP ACTIVITY INSTRUMENTS

Because data collection requirements and instruments vary, Safer Sex Gatherings and HIV Presentations are presented separately below.

SAFER SEX GATHERINGS

REQUIRED

- Safer Sex Gathering Participant Information Form – this form also includes items required by PEMS
- Safer Sex Gathering Summary Log

HIV PRESENTATIONS

REQUIRED

- HIV Presentation Summary Log – this form also includes items required by PEMS



SAFER SEX GATHERING PARTICIPANT INFORMATION FORM

When to Use: During each Safer Sex Gathering (exact time during gathering may vary)

Administered by: Facilitator

Completed by: Participant

The PEMS variables listed in the table below are collected on the Safer Sex Gathering Participant Information Form.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
CLIENT LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME (ITEM # ON FORM)
Client Characteristics – Demographic (Table G1)	01	Date collected (today's date)
	02	PEMS client unique key (system generated)
	12	Date of birth year (1)
	13	Age (system calculated)
	14	Ethnicity (5)
	16	Race (6)
	18	More than one race (6)
	20	State/territory of residence (2)



**CDC's Program Evaluation & Monitoring System (PEMS) Variables
(Continued)**

CLIENT LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME (ITEM # ON FORM)
Client Characteristics – Demographic (Continued) (Table G1)	21	English speaking? (7)
	22	Primary language (8)
	23	Assigned sex at birth (3)
	24	Current gender (4)
	27	Level of education (9)
Client Characteristics – Risk Profile (Table G2)	00	Date collected (today's date)
	01	Incarcerated (13)
	02	Sex worker (14, 15)
	03	Housing status (10)
	04	Previous HIV test (16)
	05	HIV status (17)
	06	Date of last HIV negative test (20)
	07	Date of first HIV positive test (18)
	08	Medical care (HIV+) (19)
	09	Pregnant (11)
	10	In prenatal care (if pregnant) (12)
	11	Client risk factors (22)
	12	Additional risk factors (22)
	13	Resent STD (Not HIV) (21)
	14	Injecting what drugs/substances (22, 27, 28)
15	Internet sex partners (22)	



SAFER SEX GATHERING PARTICIPANT INFORMATION FORM

INSTRUCTIONS

- Please answer the following questions as truthfully as possible; there are no “right” or “wrong” answers. Your answers will be kept confidential and **no identifying information will be associated with your responses**. The information you provide will help us plan activities that provide the best services possible for your community.
- Once completed, please place your form in the envelope provided.

Today's date: ____ / ____ / ____ (month/day/year)

1. What is your birth date? ____ / ____ / ____ (month/day/year)
2. In what state do you currently reside? _____
3. Were you born as a male or a female?
 Male
 Female
 Other (specify: _____)
4. How do you view yourself now (i.e., what is your current gender)?
 Male
 Female
 Transgender – male to female
 Transgender – female to male
 Don't know
5. What best describes your ethnicity?
 Hispanic or Latino
 Not Hispanic or Latino
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
7. Do you speak English?
 Yes
 No
8. What language do you speak most often?
 English
 Spanish
9. How far did you go in school?
 8th grade or less
 Some high school
 High school graduate, GED, or equivalent
 Some college
 Bachelor's degree
 Postgraduate degree
10. What has been your living situation in the last 3 months? (*check all that apply*)
 I own or rent my house/apartment
 I am living in my parent's or other relative's house/apartment
 I am living in my partner's house/apartment
 I live in a homeless shelter
 I live in a foster home
 I do not have a permanent home
 Other (specify: _____)
11. Are you currently pregnant? (*only if female; if male, skip to question 13*)
 Yes
 No (skip to question 13)
 Don't know (skip to question 13)
12. Are you receiving prenatal care? (*only if pregnant*)

- Yes
 No
13. In the past three months, have you been in jail or prison for at least 24 hours?
 Yes
 No
14. In the past three months, have you had sex for money?
 Yes
 No (skip to question 16)
15. Is this the main way you earned money?
 Yes
 No
16. Have you ever had an HIV test?
 Yes
 No (skip to question 21)
 Don't know (skip to question 21)
17. What is your HIV status?
 HIV-positive (HIV+)
 HIV-negative (HIV-) (skip to question 20)
- Don't know (skip to question 21)
18. When did you first test positive for HIV?
____ / ____ (month/year)
 Don't know
19. Are you currently receiving medical care or treatment for HIV?
 Yes
 No
 Don't know
- Skip to question 21 if HIV+**
20. When did you last test negative for HIV?
____ / ____ / (month/year)
 Don't know
21. In the past three months, have you been diagnosed with an STD (not including HIV)?
 Yes (specify type)
 Syphilis
 Chlamydia
 Gonorrhea
 Other (specify: _____)
 No

22. Please read the following statements. What have you done in the last 3 months to reduce your chance of getting infected with HIV or infecting someone else with HIV? Check all the statements that apply.

- | | |
|---|---|
| <input type="checkbox"/> Started using condoms | <input type="checkbox"/> Reduced number of partners |
| <input type="checkbox"/> Increased use of condoms | <input type="checkbox"/> Practiced monogamy |
| <input type="checkbox"/> Use spermicides (such as jelly, cream, foam or film) | <input type="checkbox"/> Stopped sharing works |
| <input type="checkbox"/> Abstain from sex | <input type="checkbox"/> Stopped shooting drugs |
| <input type="checkbox"/> Have less sex | <input type="checkbox"/> Became more informed about HIV/AIDS |
| <input type="checkbox"/> Stopped anal sex | <input type="checkbox"/> Talked to partners about safe sex |
| <input type="checkbox"/> Have more oral sex (instead of vaginal or anal) | <input type="checkbox"/> Talked to partners about HIV/AIDS/STDs |
| <input type="checkbox"/> Stopped trading sex | <input type="checkbox"/> Got tested for HIV/AIDS |
| <input type="checkbox"/> Choose partners more carefully | <input type="checkbox"/> Got my partner tested for HIV/AIDS |
| | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> Did nothing |

23. In the next 3 months, how likely do you think you will start using a condom every time you have sex (vaginal or anal) with your main partner? Would you say you are:
- Very sure you won't
 - Somewhat sure you won't
 - Undecided – not sure if you will or won't
 - Somewhat sure you will
 - Very sure you will
 - Does not apply to me
 - Other (explain: _____)
24. In the next 3 months, how likely do you think you will start using a condom every time you have sex (vaginal or anal) with one of your other partners? Would you say you are:
- Very sure you won't
 - Somewhat sure you won't
 - Undecided – not sure if you will or won't
 - Somewhat sure you will
 - Very sure you will
 - Does not apply to me
 - Other (explain: _____)
25. How did you hear about RAPP Safer Sex gatherings?
- Agency (specify: _____)
 - Billboard, flyer, brochure, newspaper, etc. (specify: _____)
 - Your partner
 - A family member or friend
 - Self
 - Other (specify): _____

THANK YOU FOR YOUR PARTICIPATION!

SAFER SEX GATHERING SUMMARY LOG

When to Use: At conclusion of each Safer Sex Gathering

Administered by: Facilitator

Completed by: Facilitator

The PEMS variables listed in the table below are collected on the Safer Sex Gathering Summary Log.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
CLIENT LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME (ITEM # ON FORM)
Client Intervention Characteristics (Table H)	05	Session number (This will always be 1)
	06	Session date-month (Date of event)
	07	Session date-day (Date of event)
	08	Session date-year (Date of event)
	09	Worker ID (Staff ID)
	10	Site name (Location of event)
	11	Duration of session (Duration)



CDC's Program Evaluation & Monitoring System (PEMS) Variables (Continued)		
CLIENT LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME (ITEM # ON FORM)
Client Intervention Characteristics (Continued) (Table H)	20	Activity (Topics Covered, Activities Conducted – A, B, C, & D)
	23	Delivery method

The variables to calculate CDC's Program Performance Indicator I.B and IV.A (applicable for Safer Sex Gatherings only) are collected on the Safer Sex Gathering Summary Log.

CDC's Program Performance Indicators		
PERFORMANCE INDICATOR	VARIABLES	
I.B: The proportion of persons who access counseling and testing from each of the following interventions: individual level interventions and group level interventions.	A.	Number of individuals who accessed CTR because of an GLI referral
	B.	Number of persons participating in GLIs who were referred to CTR
	C.	Proportion = $(A \div B) * 100$



CDC's Program Performance Indicators (Continued)

PERFORMANCE INDICATOR	VARIABLES	
IV.A: Proportion of client records with the CDC-required demographic and behavioral risk information	A. # of completed Safer Sex Gathering Participant Information Forms	
	B. # of Safer Sex Gathering Participant Information Forms with all the following information <ul style="list-style-type: none"> ■ race and ethnicity (5, 6) ■ date of birth (1) ■ gender (4) ■ HIV risk or protective behavior (22, 23–29) 	
	C. % Complete client records = $(B \div A) * 100$	

Please refer to the *Draft Technical Assistance Guidelines for CDC's CBO HIV Prevention Program Performance Indicators* (December 9, 2003) for additional information on the performance indicators.



SAFER SEX GATHERING SUMMARY LOG

INSTRUCTIONS

- A summary log should be completed for EACH Safer Sex Gathering conducted.
- In addition to this summary log, Safer Sex Gathering participants should complete the Safer Sex Participant Information Form, an instrument that collects client-level behavioral data.

	STAFF NAME	STAFF ID
1.		
2.		
3.		

Date of outreach event: ____ / ____ / ____

Duration of outreach event: _____ (in hours)

Start time: _____ a.m./p.m. End time: ____ a.m./p.m.

Total number of clients contacts: _____

Location of SBE (specify address or specific location as possible):

Location Type:

- | | |
|---|--|
| <input type="checkbox"/> Business
<input type="checkbox"/> Agency
<input type="checkbox"/> Bar/club
<input type="checkbox"/> Residence | <input type="checkbox"/> Church/religious institution
<input type="checkbox"/> Clinic/healthcare facility
<input type="checkbox"/> Street/hangout
<input type="checkbox"/> Other: _____ |
|---|--|

DELIVERY METHOD

Please specify how the HIV presentation was delivered (*check all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> In person
<input type="checkbox"/> Internet
<input type="checkbox"/> Printed materials
<input type="checkbox"/> Magazines/newspapers
<input type="checkbox"/> Pamphlets/brochures
<input type="checkbox"/> Posters/billboards | <input type="checkbox"/> Radio
<input type="checkbox"/> Telephone
<input type="checkbox"/> Television
<input type="checkbox"/> Video
<input type="checkbox"/> Other (specify: _____) |
|---|--|

TOPICS COVERED

Please indicate what topics were addressed during the Safer Sex Gathering. Please be as specific as possible, providing details in the space provided.

- | | |
|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Living with HIV/AIDS |
| <input type="checkbox"/> Other STDs (e.g., Chlamydia, gonorrhea) | <input type="checkbox"/> Disclosing HIV+ status |
| <input type="checkbox"/> Viral Hepatitis | <input type="checkbox"/> Abstinence |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Negotiation skills |
| <input type="checkbox"/> Injection drug use | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Condom use | <input type="checkbox"/> Decision Making skills |
| <input type="checkbox"/> Availability of HIV/STD counseling and testing | <input type="checkbox"/> Reproductive health |
| <input type="checkbox"/> Availability of medical and social services | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Availability of partner notification and referral services | <input type="checkbox"/> HIV medical adherence |
|
 | |
| <input type="checkbox"/> Other (please specify) | |

ACTIVITIES CONDUCTED

A. Materials Dissemination

Please indicate which materials were distributed during the Safer Sex Gathering. For each, specify the number disseminated.

MATERIAL	HOW MANY?
<input type="checkbox"/> Male condoms	
<input type="checkbox"/> Female condoms	
<input type="checkbox"/> Dental dams	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Educational materials	
<input type="checkbox"/> Referral lists	
<input type="checkbox"/> Safer sex kits	
<input type="checkbox"/> Role Model Stories	
<input type="checkbox"/> Other (specify: _____)	

B. Referrals*

Please indicate how many referrals were made to each of the following (e.g., 4 HIV Medical Care):

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

* Count only those referrals that will be tracked over time. A Referral Tracking Form is required for each referral documented. Reference the PEMS Monitoring and Evaluation Guidance for specifications regarding referrals.

C. Skills Building Activities

Please indicate which of the following activities were conducted during the Safer Sex Gathering:

Demonstration

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: _____)

Practice

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: _____)

D. Other Activities

Please provide detailed information about any other activities that took place during this HIV Presentation. Be as specific as possible.

CONTINUED ON NEXT PAGE...

AGGREGATE PARTICIPANT INFORMATION

Record total number for each category (e.g., 7 Female).*

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

For example:

	GENDER	AGE	HIV STATUS
	12 Males	5 13–18 year olds	1 Positive
	10 Females	15 19–24 year olds	2 Negative
	1 Don't know	3 25–34 year olds	20 Unknown
Total	= 23 Client contacts	= 23 Client contacts	= 23 Client contacts

Recruitment Source	<input type="checkbox"/> Agency (specify): _____ <input type="checkbox"/> Billboard, flyer, brochure, newspaper, etc. (specify): _____ <input type="checkbox"/> Your partner <input type="checkbox"/> A family member or friend <input type="checkbox"/> Self <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Age	<input type="checkbox"/> 13 or below <input type="checkbox"/> 19–24 <input type="checkbox"/> 35–44 <input type="checkbox"/> Unknown <input type="checkbox"/> 13–18 <input type="checkbox"/> 25–34 <input type="checkbox"/> 45 and older
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Race not identified <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> More than one race
Client Primary Risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> Heterosexual at risk <input type="checkbox"/> MSM <input type="checkbox"/> Other <input type="checkbox"/> MSM/IDU <input type="checkbox"/> Refused <input type="checkbox"/> IDU <input type="checkbox"/> Not asked
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV– <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked

ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

HIV PRESENTATION SUMMARY LOG

When to Use: At conclusion of each HIV presentation

Administered by: Facilitator

Completed by: Facilitator

The required PEMS variables listed in the table below are collected on the HIV Presentation Summary Log.

CDC's Program Evaluation & Monitoring System (PEMS) Required Variables		
AGGREGATE LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME (ITEM # ON FORM)
Health Communication/ Public Information (Table HC)	01	Intervention name
	02	HC/PI delivery methods (1)
	03	Activity (2, 3, 4, 5, 6)
	05	Event start date
	06	Event end date
	06a	Data reported as of date (use to indicate dates of updates)



The variables to calculate CDC's Program Performance Indicator I.B, are collected on the HIV Presentation Summary Log.

CDC's Program Performance Indicators (Required)		
PERFORMANCE INDICATOR	VARIABLES	
I.B: The proportion of persons who access counseling and testing from each of the following interventions: individual level interventions and group level interventions.	A. Number of individuals who accessed CTR because of an GLI referral	
	B. Number of persons participating in GLIs who were referred to CTR	
	C. Proportion = $(A \div B) * 100$	

Please refer to the *Draft Technical Assistance Guidelines for CDC's CBO HIV Prevention Program Performance Indicators* (December 9, 2003) for additional information on the performance indicators.



HIV PRESENTATION SUMMARY LOG

INSTRUCTIONS
Complete a summary log for EACH HIV Presentation conducted.

	STAFF NAME	STAFF ID
1.		
2.		
3.		

Date of outreach event: ____ / ____ / ____

Duration of outreach event: _____ (in hours)

Start time: _____ a.m./p.m. End time: ____ a.m./p.m.

Total number of clients contacts: _____

General description of clients (e.g., women’s group, public housing residents)

Total number of clients in attendance: _____

DELIVERY METHOD

1. Please specify how the HIV presentation was delivered (check all that apply):

- In person (specify address: _____)
- Internet (specify Web site: _____)
- Printed materials
- Magazines/newspapers
- Pamphlets/brochures
- Posters/billboards
- Radio
- Telephone
- Television
- Video
- Other (specify: _____)

TOPICS COVERED

2. Please indicate what topics were addressed during the Safer Sex Gathering. Please be as specific as possible, providing details in the space provided.

- | | |
|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Living with HIV/AIDS |
| <input type="checkbox"/> Other STDs (e.g., Chlamydia, gonorrhea) | <input type="checkbox"/> Disclosing HIV+ status |
| <input type="checkbox"/> Viral Hepatitis | <input type="checkbox"/> Abstinence |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Negotiation skills |
| <input type="checkbox"/> Injection drug use | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Condom use | <input type="checkbox"/> Decision Making skills |
| <input type="checkbox"/> Availability of HIV/STD counseling and testing | <input type="checkbox"/> Reproductive health |
| <input type="checkbox"/> Availability of medical and social services | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Availability of partner notification and referral services | <input type="checkbox"/> HIV medical adherence |
| <input type="checkbox"/> Other (please specify) | |

ACTIVITIES CONDUCTED

A. Materials Dissemination

3. Please indicate which materials were distributed during the Safer Sex Gathering. For each, specify the number disseminated.

MATERIAL	HOW MANY?
<input type="checkbox"/> Male condoms	
<input type="checkbox"/> Female condoms	
<input type="checkbox"/> Dental dams	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Educational materials	
<input type="checkbox"/> Referral lists	
<input type="checkbox"/> Safer sex kits	
<input type="checkbox"/> Role Model Stories	
<input type="checkbox"/> Other (specify: _____)	

B. Referrals*

4. Please indicate how many referrals were made to each of the following (e.g., 4 HIV Medical Care):

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

* Count only those referrals that will be tracked over time. A Referral Tracking Form should be used for each referral documented. Reference the PEMS Monitoring and Evaluation Guidance for specifications regarding referrals.

C. Skills-Building Activities

5. Please indicate which of the following activities were conducted during the Safer Sex Gathering:

5a. Demonstration

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: _____)

5b. Practice

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: _____)

D. Other Activities

6. Please provide detailed information about any other activities that took place during this HIV Presentation. Be as specific as possible.

CONTINUED ON NEXT PAGE...

AGGREGATE PARTICIPANT INFORMATION

As feasible, record the total number for each of the following demographic categories (e.g., 7 Female).

While individual client-level information is not required for participants attending an HIV presentation, collecting this information may help you improve your program planning and service delivery. Depending on the size of the HIV presentation, it may be impractical to gather this type of information.

Recruitment Source	<input type="checkbox"/> Agency (specify): _____ <input type="checkbox"/> Billboard, flyer, brochure, newspaper, etc. (specify): _____ <input type="checkbox"/> Your partner <input type="checkbox"/> A family member or friend <input type="checkbox"/> Self <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Age	<input type="checkbox"/> 13 or below <input type="checkbox"/> 19–24 <input type="checkbox"/> 35–44 <input type="checkbox"/> Unknown <input type="checkbox"/> 13–18 <input type="checkbox"/> 25–34 <input type="checkbox"/> 45 and older
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Race not identified <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> More than one race
Client Primary Risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> Heterosexual at risk <input type="checkbox"/> MSM <input type="checkbox"/> Other <input type="checkbox"/> MSM/IDU <input type="checkbox"/> Refused <input type="checkbox"/> IDU <input type="checkbox"/> Not asked
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV– <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked

ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

COMMUNITY NETWORK INSTRUMENTS

Though the Community Network Activity Form is not required, using this (or a similar) form will help your staff systematically collect the information for the Community Network Summary Log.

REQUIRED

- Community Network Summary Log – this form also includes items for PEMS

OPTIONAL

- Community Network Activity Form*

* While the Community Network Activity Form is optional, it is the data from this form that will be used to complete the Community Network Summary Log, which includes PEMS variables.



COMMUNITY NETWORK ACTIVITY FORM

When to Use: After each Community Network visit

Administered by: Agency Staff

Completed by: Agency Staff



COMMUNITY NETWORK ACTIVITY FORM

INSTRUCTIONS

- Complete this activity log EACH time a business/organization is visited. Include all relevant activities, specifying additional details when prompted. If you need additional space or would like to include additional information, please use the "Additional Comments" space at the bottom.
- This information may be transferred to the Community Network Summary Log for an aggregate record.

GENERAL INFORMATION

Staff name: _____ Staff ID: _____

Date: ____ / ____ / ____

Name of business/organization: _____

Contact person(s): _____

Location/address: _____

Business/organization type:

- | | |
|--|---|
| <input type="checkbox"/> Nail/hair salon | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Welfare office | <input type="checkbox"/> Restaurant/bar |
| <input type="checkbox"/> Drug store | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Record store | <input type="checkbox"/> Counseling center |
| <input type="checkbox"/> Woman's shelter | <input type="checkbox"/> Healthcare setting |
| <input type="checkbox"/> Religious setting | <input type="checkbox"/> Other (specify: _____) |

COMMUNITY NETWORK INFORMATION

Level of Participation:

- Endorsement:** expressing approval or acceptance of RAPP (e.g., business displays RAPP logo stickers in window and Role Model Stories on the counter; store owner tells prostitutes that frequent her store that RAPP outreach staff are "OK" to talk to)
- Support:** providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers)
- Participation:** taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)
- Coalition Building:** forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP's goals)

Actions (check all that apply):

- Talked to contact person; no Community Network involvement established
- Talked to contact person; established business/organization involvement in Community Network
- Left ___ number of Role Model Stories
- Left ___ number of condoms
- Left ___ number of "How to Use Condoms" materials
- Left ___ number of other HIV prevention materials (specify: _____)
- Checked Materials Quantity
- Restocked Materials:
 - Stories (insert # ___)
 - Condoms (insert # ___)
 - Other (insert # ___)
- Business/organization agreed to sponsored Safer Sex Gathering
 - Specify: Financial sponsorship (\$ _____)
 - Provided location/hosted gathering
 - Provided gifts/prizes
 - Other sponsorship (specify: _____)
- Business/organization agreed to sponsored HIV Presentation
 - Specify: Financial sponsorship (\$ _____)
 - Provided location/hosted gathering
 - Provided gifts/prizes
 - Other sponsorship (specify: _____)
- Other
 - Specify: _____
 - _____
 - _____

NEXT STEPS

Indicate next steps to be taken for this Community Network agency/organization (e.g., check on condom quantity in 3 weeks).

ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

COMMUNITY NETWORK SUMMARY LOG

When to Use: Ongoing, as Community Network activities proceed

Administered by: Agency Staff

Completed by: Agency Staff

The PEMS variables listed in the table below are collected on the Community Network Summary Log.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
AGGREGATE LEVEL SERVICES	VARIABLE CODE	VARIABLE NAME
Health Communication/ Public Information (Table HC)	01	Intervention name
	02	HC/PI delivery methods
	03	Activity
	05	Event start date
	06	Event end date
	06a	Data reported as of date (use to indicate dates of updates)



COMMUNITY NETWORK SUMMARY LOG

INSTRUCTIONS
This form is a tool to document Community Network activities. Information is recorded in aggregate at for each intervention cycle of the Community Network

Start date: ___ / ___ / ___ End date: ___ / ___ / ___

How many organizations of the following types participated in your agency’s Community Network?

- | | |
|---|--|
| <input type="checkbox"/> ___ Nail/hair salon
<input type="checkbox"/> ___ Welfare office
<input type="checkbox"/> ___ Drug store
<input type="checkbox"/> ___ Record store
<input type="checkbox"/> ___ Woman’s shelter
<input type="checkbox"/> ___ Religious setting | <input type="checkbox"/> ___ Bank
<input type="checkbox"/> ___ Restaurant/bar
<input type="checkbox"/> ___ Convenience store
<input type="checkbox"/> ___ Counseling center
<input type="checkbox"/> ___ Healthcare setting
<input type="checkbox"/> ___ Other (specify: _____) |
|---|--|

Indicate the total number of Community Network organizations/businesses for each of the following levels of participation:

- Endorsement:** expressing approval or acceptance of RAPP (e.g., business displays RAPP logo stickers in window and Role Model Stories on the counter; store owner tells prostitutes that frequent her store that RAPP outreach staff are “OK” to talk to)
- Support:** providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers)
- Participation:** taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)
- Coalition Building:** forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP’s goals)

Indicate the total number of businesses/organizations that participated in the following activities.

- ___ Distributed/made available Role Model Stories
- ___ Distributed/made available condoms
- ___ Distributed/made available “How to Use Condoms” materials
- ___ Distributed/made available other HIV prevention materials
- ___ Sponsored Safer Sex Gathering
 - Of these, how many provided financial sponsorship? _____
 - Of these, how many provided location/hosted gathering? _____
 - Of these, how many provided gifts/prizes? _____
 - Of these, how many provided a different level of sponsorship? _____

___ Sponsored HIV presentation

Of these, how many provided financial sponsorship? _____

Of these, how many provided location/hosted gathering? _____

Of these, how many provided gifts/prizes? _____

Of these, how many provided a different level of sponsorship? _____

___ Other activity (specify): _____

ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

REFERRAL TRACKING FORM

When to Use: As referrals are made

Administered by: Agency Staff providing referral (e.g.,
Facilitator, Outreach Worker, Program
Manager)

Completed by: Agency Staff providing referral



The PEMS variables listed in the table below are collected on the Referral Tracking Form. A referral tracking form is may be completed for each individual who receives a referral that will be tracked over time. Reference the *PEMS Evaluation Guidance* for specifications regarding referrals.

CDC's Program Evaluation & Monitoring System (PEMS) Variables		
TABLE	VARIABLE CODE	VARIABLE NAME
X-7: Referral	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome
	06a	Confirmed internal referral site ID
	7	Confirmed network agency name
	10	Referral close date
	16	Age (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	17	Ethnicity (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	18	Race (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	19	Current gender (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	20	Risk category (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	21	Self-reported HIV status (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)



RAPP REFERRAL TRACKING FORM

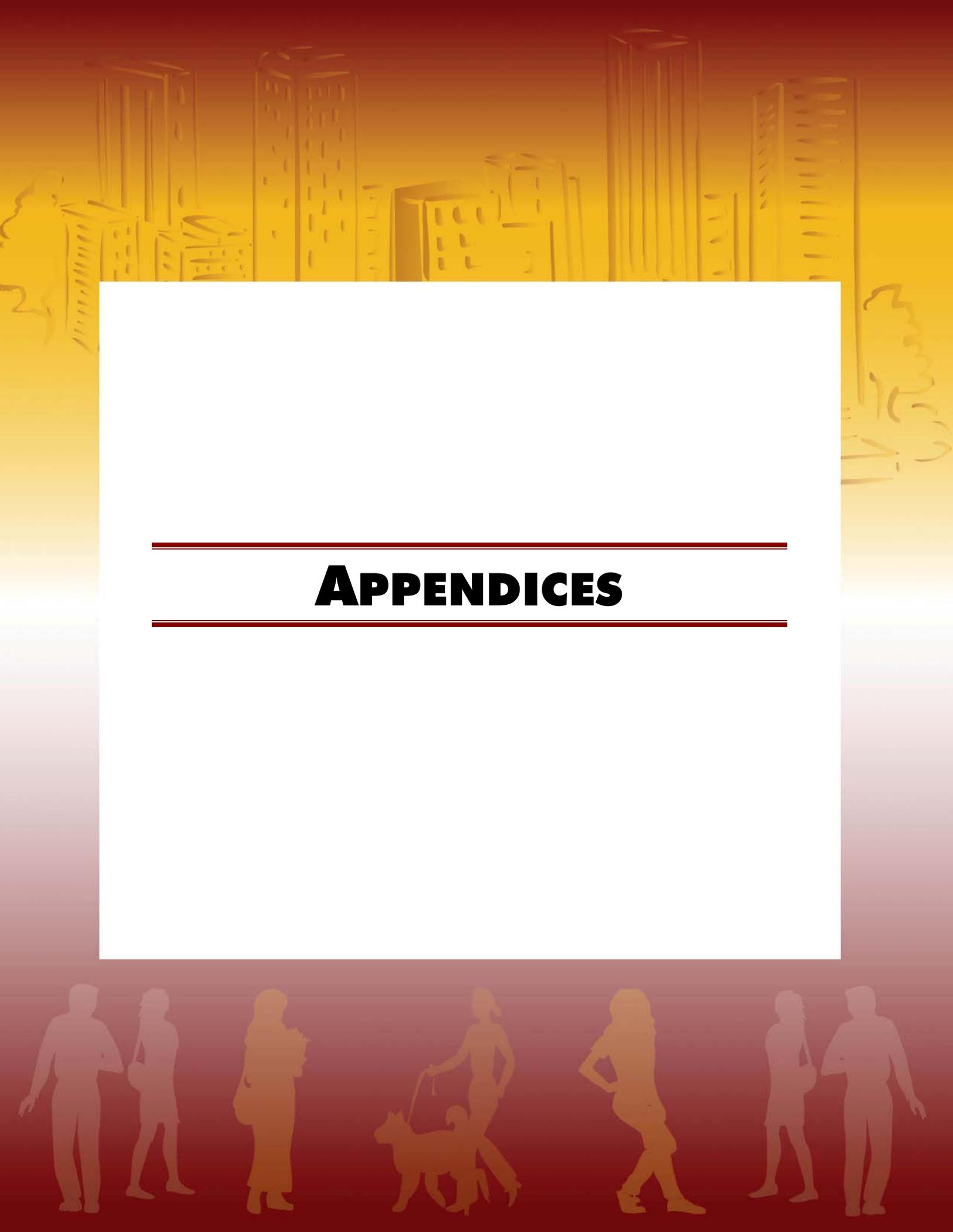
INSTRUCTIONS

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

Client ID: _____

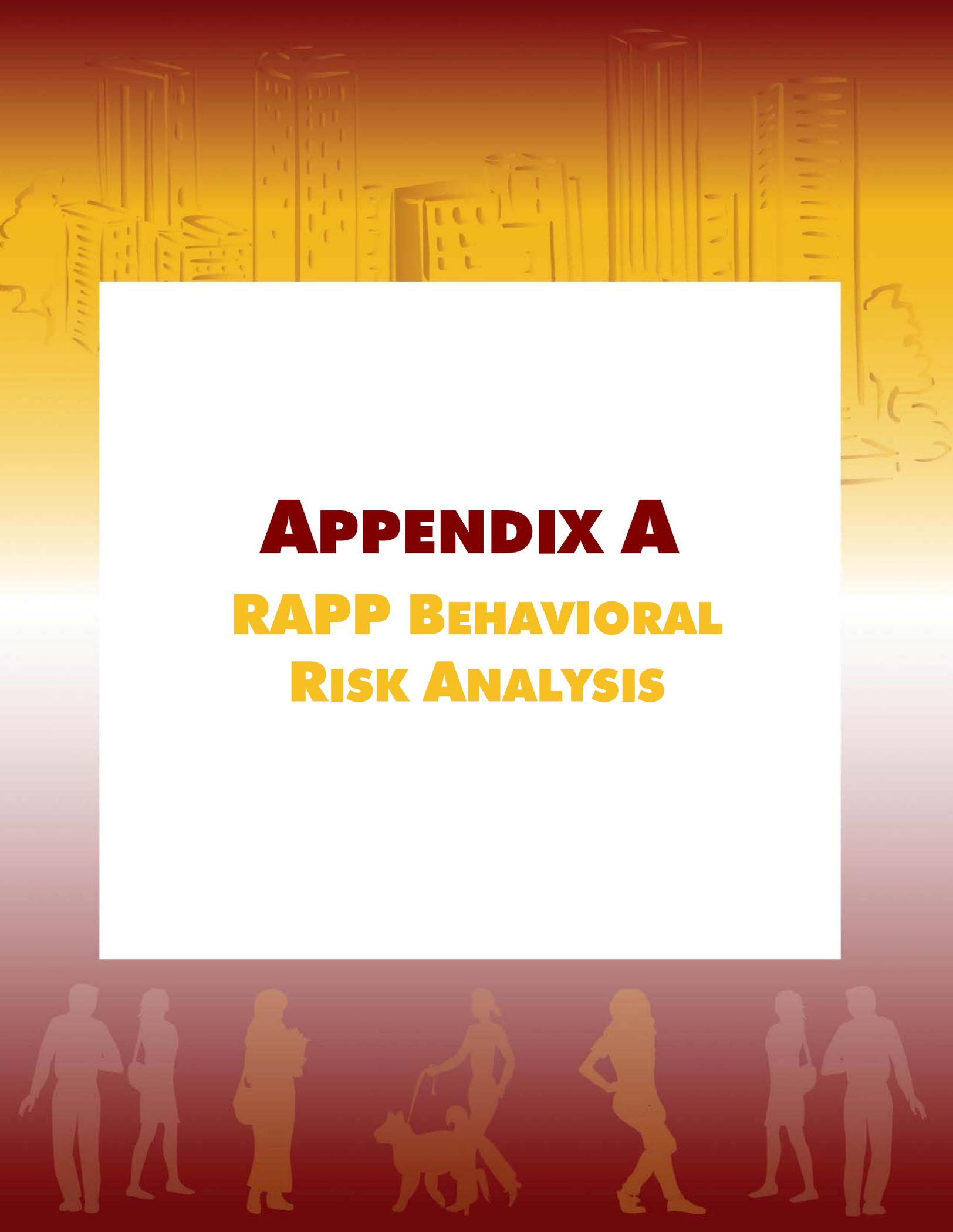
Referral Code:	_____		
Referral Date:	____/____/____ mm dd yyyy		
Referral Service Type:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral Hepatitis screening/treatment/immunization <input type="checkbox"/> Tuberculosis testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/evaluation/treatment <input type="checkbox"/> General medical care </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV Prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other prevention services (specify): _____ _____ <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____ </td> </tr> </table>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral Hepatitis screening/treatment/immunization <input type="checkbox"/> Tuberculosis testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/evaluation/treatment <input type="checkbox"/> General medical care	<input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV Prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other prevention services (specify): _____ _____ <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____
<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral Hepatitis screening/treatment/immunization <input type="checkbox"/> Tuberculosis testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/evaluation/treatment <input type="checkbox"/> General medical care	<input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV Prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other prevention services (specify): _____ _____ <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____		
Referral Follow-up Method: (Choose only one)	<input type="checkbox"/> None <input type="checkbox"/> Active referral <input type="checkbox"/> Passive referral – agency verification <input type="checkbox"/> Passive referral – client verification		
Referral Outcome: (Choose only one)	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed – accessed service <input type="checkbox"/> Confirmed – did not access service <input type="checkbox"/> Lost to follow up		
Referral Close Date:	____/____/____ mm dd yyyy		
Referral Notes:			
_____ _____ _____			

REFERRAL CODES AND EXPLANATIONS		
A	Referral Code	Create and enter a unique code that your agency will use to track the client's referral to another agency.
B	Referral Date	The date the referral was made.
C	Referral Service Type	Indicate the type of service the client is being referred to.
D	Referral Follow-up Method	Indicate the method by which the referral will be verified. Options include: <ul style="list-style-type: none"> ■ Active Referral – direct linkage (access) to a service provider ■ Passive Referral – agency verification: confirmation that the client accessed services by the receiving agency ■ Passive Referral – client verification: confirmation by the client that he/she accessed services ■ None – no plan to verify the completion of this referral
E	Referral Outcome	Indicate the current status of the referral at the time of follow-up. Options include: <ul style="list-style-type: none"> ■ Pending – the status of the referral can't be confirmed or denied ■ Confirmed – accessed Service ■ Confirmed – did not access service ■ Lost to follow-up – the provider has been unable to verify the status of the referral within 60 days of the referral date.
F	Referral Close Date	A date indicating when the referral is confirmed or lost to follow-up.
G	Referral Notes	(Optional) additional notes about the referral.

The background of the page features a stylized, hand-drawn city skyline in shades of yellow and orange. The buildings are simple line drawings with varying heights and window patterns. The overall color palette is warm, transitioning from a light yellow at the top to a dark red at the bottom.

APPENDICES



The background features a stylized, hand-drawn city skyline in shades of yellow and orange. The buildings are simple outlines with some windows. At the bottom of the page, there is a row of silhouettes of people in various poses, including a man and woman talking, a woman with a bag, a woman walking a dog, a woman with hands on hips, and another man and woman talking.

APPENDIX A

RAPP BEHAVIORAL RISK ANALYSIS

APPENDIX A: RAPP BEHAVIORAL RISK ANALYSIS

This section depicts a generic behavioral risk analyses for the populations identified in the RAPP program manual. The tables describe the factors that influence HIV risk behaviors in the populations listed. The flowchart that follows the tables shows the relationship between the factors that influence HIV risk and the targeted risk behavior. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through the community needs assessment. You may choose to map out the relationships between factors in table format or as a flowchart.



Behavioral Risk Analysis for RAPP

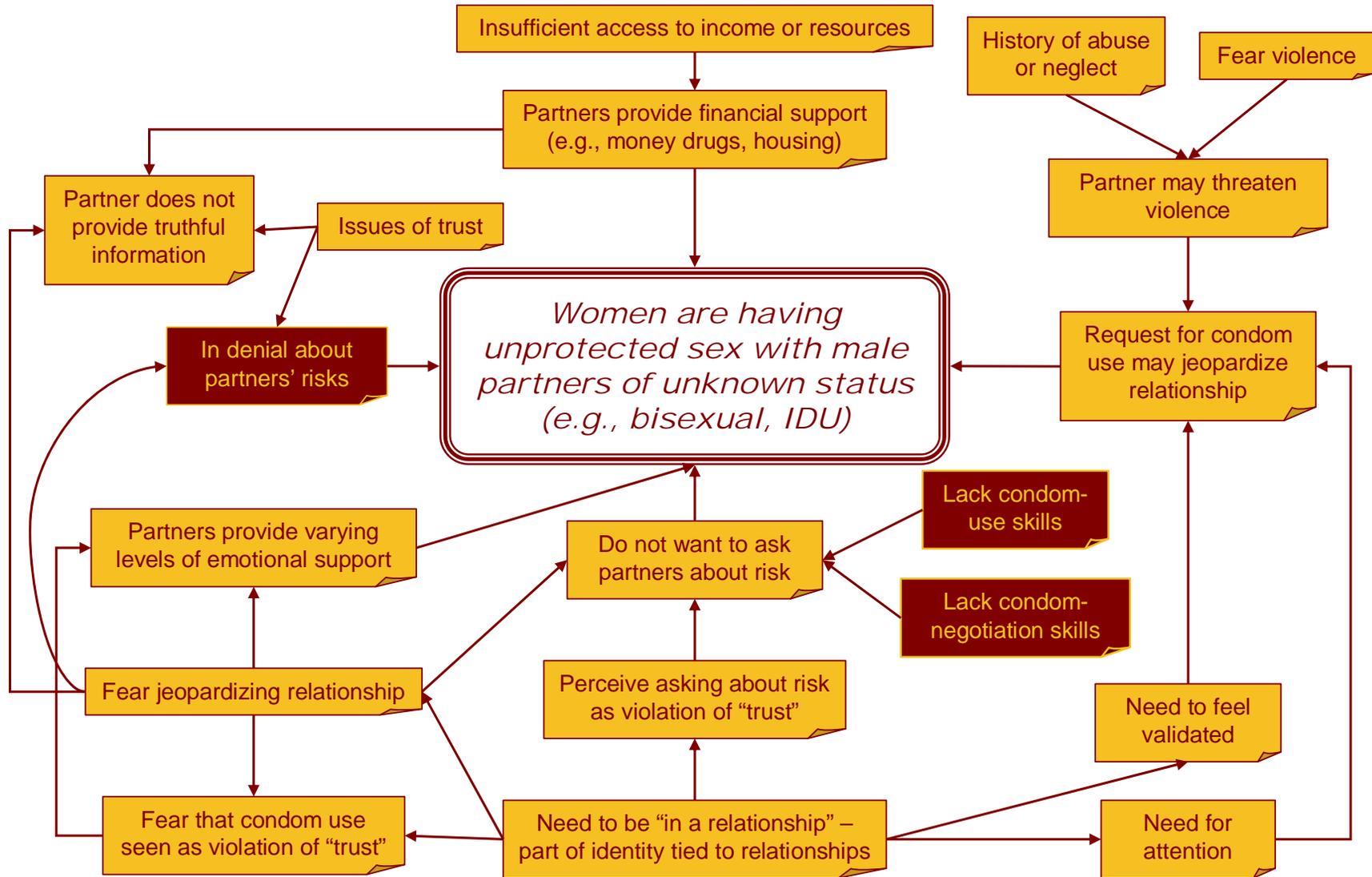
WHO	RISK BEHAVIOR	WHY . . .	
WOMEN HAVING SEX WITH MULTIPLE PARTNERS	Unprotected sex with multiple partners of unknown status – increase in number of partners increases likelihood that one or more will be HIV+	→ Partners provide financial support – money, drugs, housing, etc.	→ Insufficient access to income/resources
		→ Do not want to ask partners about risk	→ Lack condom use skills
			→ Lack condom negotiation skills
		→ Partners provide varying levels of emotional support	→ Fear jeopardizing relationship
			→ Perceive asking about risk as violation of "trust"
→ Request for condom use may jeopardize relationship	→ Fear that condom use may be seen as violation of "trust"	→ Need to be "in a relationship" – part of identity tied to relationships	
	→ Request for condom use may jeopardize relationship		
→ Request for condom use may jeopardize relationship	→ Need for attention	→ History of abuse of neglect	
	→ Need to feel validated		
	→ Partner may threaten violence	→ Fear violence	

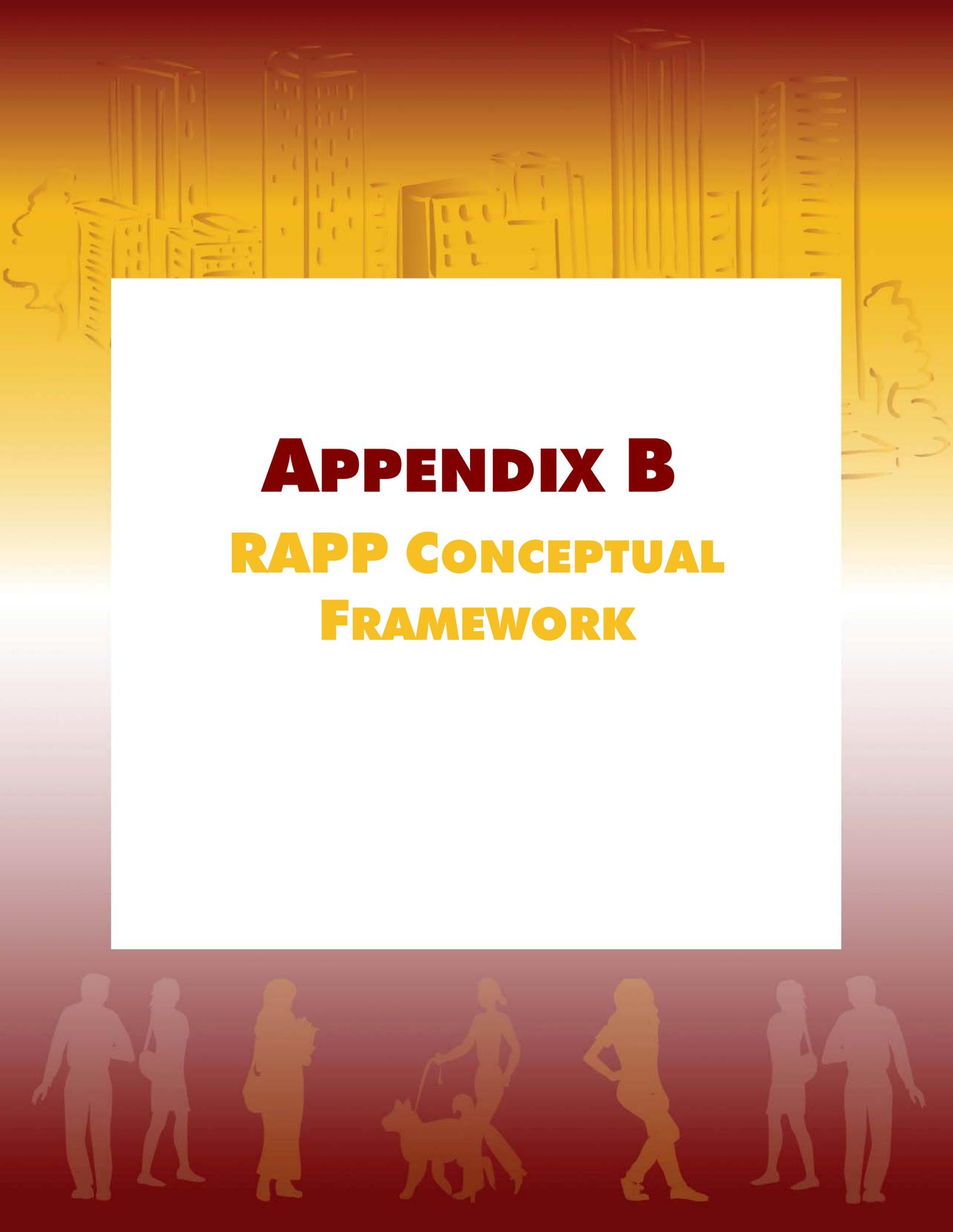
WHO	RISK BEHAVIOR	WHY . . .		
FEMALE PARTNERS OF MEN OF UNKNOWN STATUS (BISEXUAL, IDU, OR PREVIOUSLY INCARCERATED)	Unprotected sex with partner at increased risk for HIV	<i>All of the factors from "Women with multiple sex partners," plus:</i>		
		→ IDU status or sexual practices unknown	→ Partner does not provide truthful information	→ Partner provides emotional and/or financial support → Fear of jeopardizing relationship → Issues of trust
		→ In denial about partner's risk (i.e., afraid to ask)		
		→ Desire to have biological children with partner	→ Need to feel validated	→ Need to be "in a relationship" – part of identity tied to relationships
FEMALES WITH HIV+ PARTNERS	Unprotected sex with HIV infected partners	<i>All of the factors from "Women with multiple sex partners," plus:</i>		
		→ Desire to not use condoms "all the time"	→ Increased pleasure → Peer pressure → Trust issues → Desire to please partner → Inconvenience	→ Lack of self-confidence → Low self-esteem → Fear of loss of relationship
			→ Insufficient access to condoms	
		→ Motivated to have children	→ Desire to have biological children with their partner	→ Child may provide emotional support → Want partner legacy

WHO	RISK BEHAVIOR	WHY . . .			
FEMALE PARTNERS OF SEX WORKERS OR THOSE WITH MULTIPLE PARTNERS	Unprotected sex with partner at increased risk for HIV	<i>All of the factors from "Women with multiple sex partners," plus:</i>			
		<ul style="list-style-type: none"> → May be unaware of partner's other partners → May feel less vulnerable as "primary partner" → Do not translate partner's behavior as own personal risk 	<ul style="list-style-type: none"> → Partner does not provide truthful information → In denial about partner's risk (i.e., afraid to ask) 	<ul style="list-style-type: none"> → Fear of jeopardizing relationship 	
FEMALE SEX WORKERS	Increase in number of partners (unprotected) increases likelihood that one or more will be HIV+	<ul style="list-style-type: none"> → Customers may refuse and threaten violence 		<ul style="list-style-type: none"> → Fear violence 	
		<ul style="list-style-type: none"> → Insufficient access to condoms 			
		<ul style="list-style-type: none"> → Sex without a condom yields more money (higher rates) 	<ul style="list-style-type: none"> → Insistence on condom use may reduce number of customers → Condoms may be perceived as less pleasurable 	<ul style="list-style-type: none"> → More partners translates to increased income 	<ul style="list-style-type: none"> → Limited sources of income → Limited marketable skills → Limited education

WHO	RISK BEHAVIOR	WHY . . .			
SUBSTANCE USING WOMEN	Sharing needles that may be contaminated with virus	→ No money to purchase needles	→ Substance using lifestyle compromises wage earning activities		
		→ Purchase/possession of needles illegal	→ Monies obtained quickly spent to support substance use		
		→ Needle sharing behaviors integrated into the culture of substance use	→ State and federal laws		
			→ Drug using partners may substitute for family	→ Need to belong	
	Unprotected sex with IDUs who may be HIV+	<i>All of the factors from above, plus:</i>			
		→ Exchange sexual favors for drugs or money to purchase drugs	→ Substance using lifestyle compromise wage earning activities		
		→ Spouse or primary partner of male IDU	→ Partner may see condom use as violation of "trust"	→ Fear of jeopardizing relationship	
Unprotected sex while under the influence of alcohol and/or other substances	→ Influence of substances impairs decision making				

Example: Behavioral Risk Analysis for RAPP



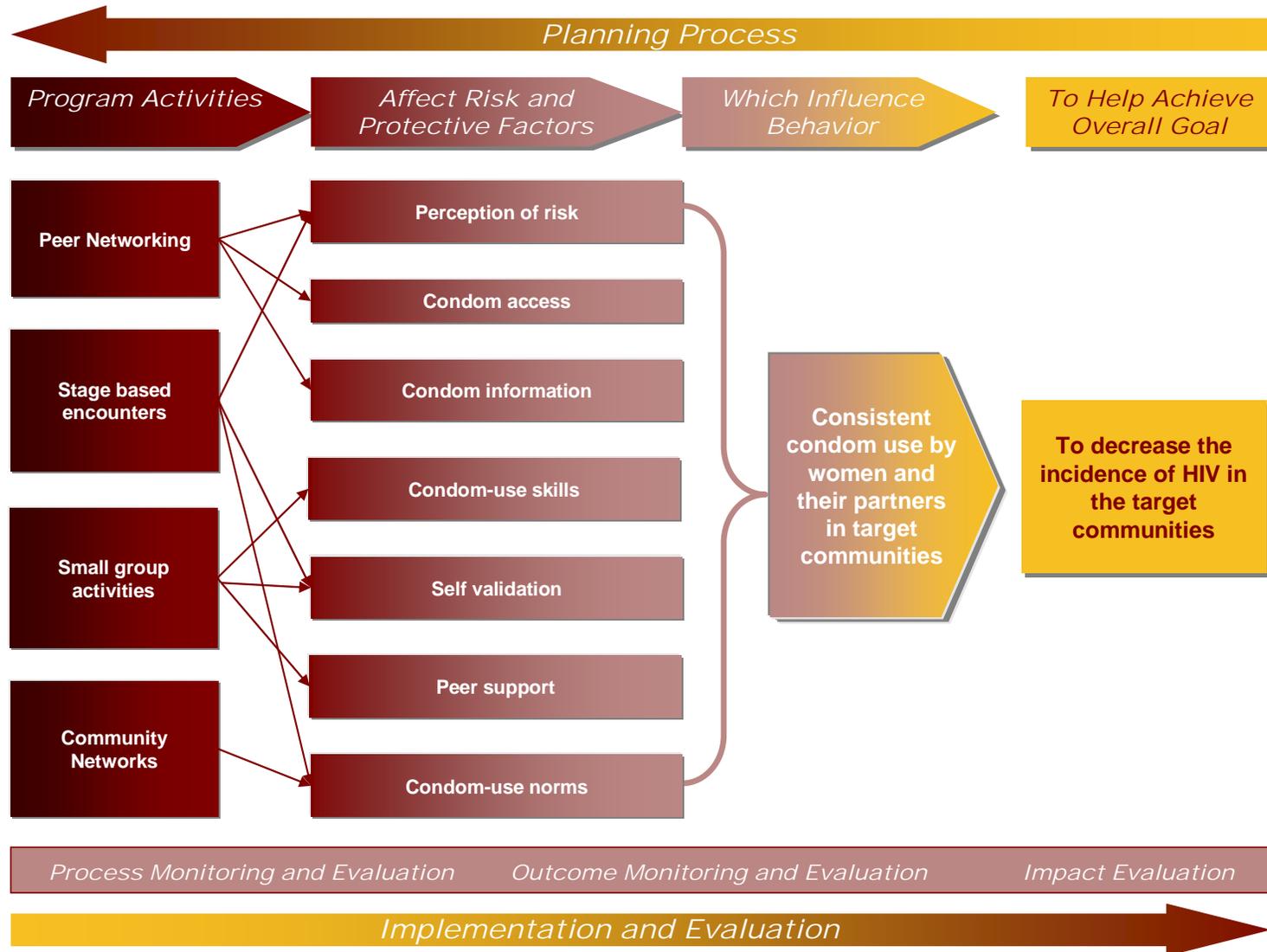
The background of the slide features a stylized, golden-yellow city skyline with various skyscrapers and buildings. The scene is set against a gradient background that transitions from a light yellow at the top to a dark red at the bottom. A large white rectangular box is centered on the page, containing the main title text.

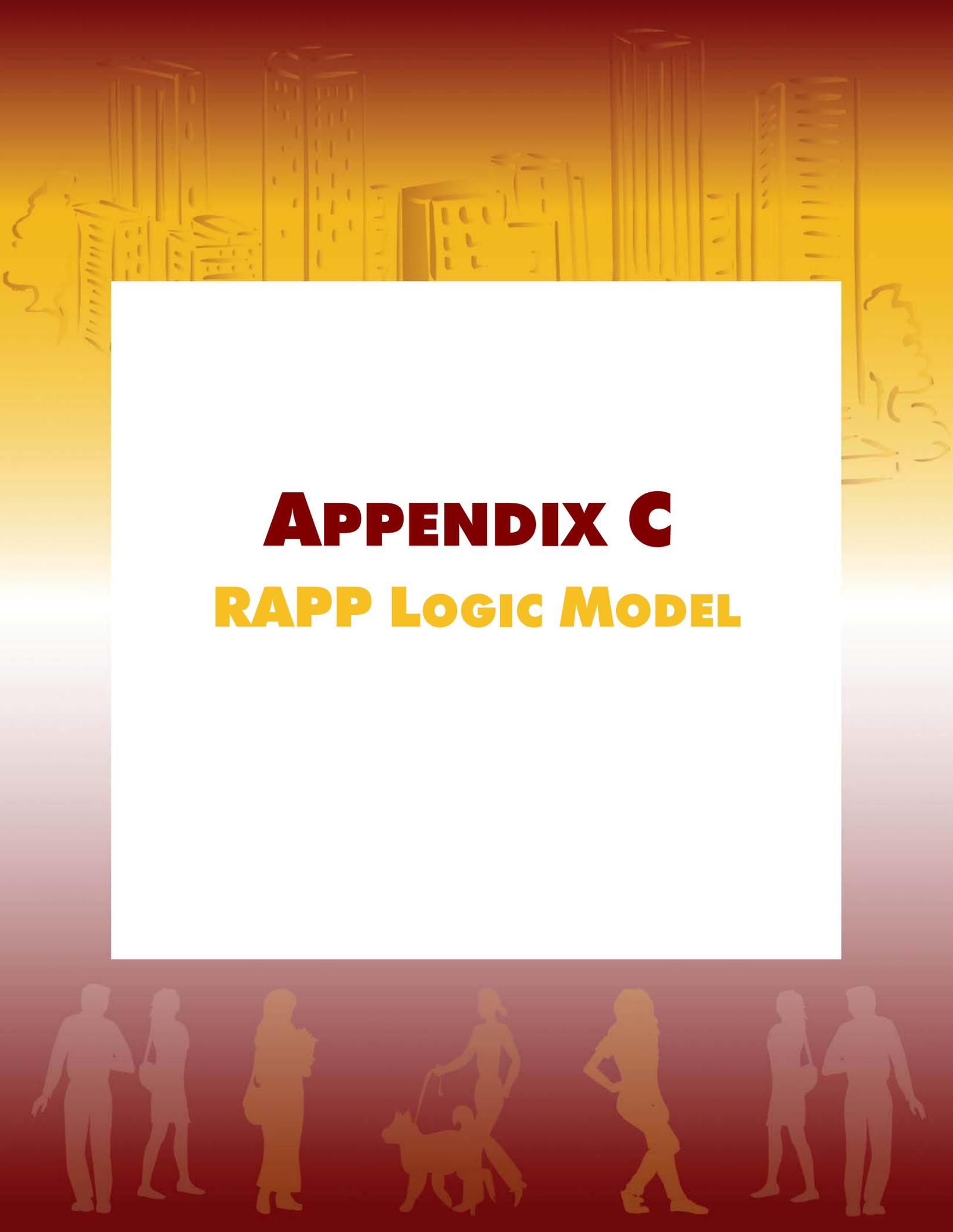
APPENDIX B

RAPP CONCEPTUAL FRAMEWORK



APPENDIX B: RAPP CONCEPTUAL FRAMEWORK



The background features a stylized, hand-drawn city skyline in shades of yellow and orange. The buildings are simple rectangular shapes with some windows. At the bottom of the page, there is a row of silhouettes of people in various poses, including a man and woman talking, a woman with a bag, a woman walking a dog, a woman with her hand on her hip, and a man and woman walking together.

APPENDIX C

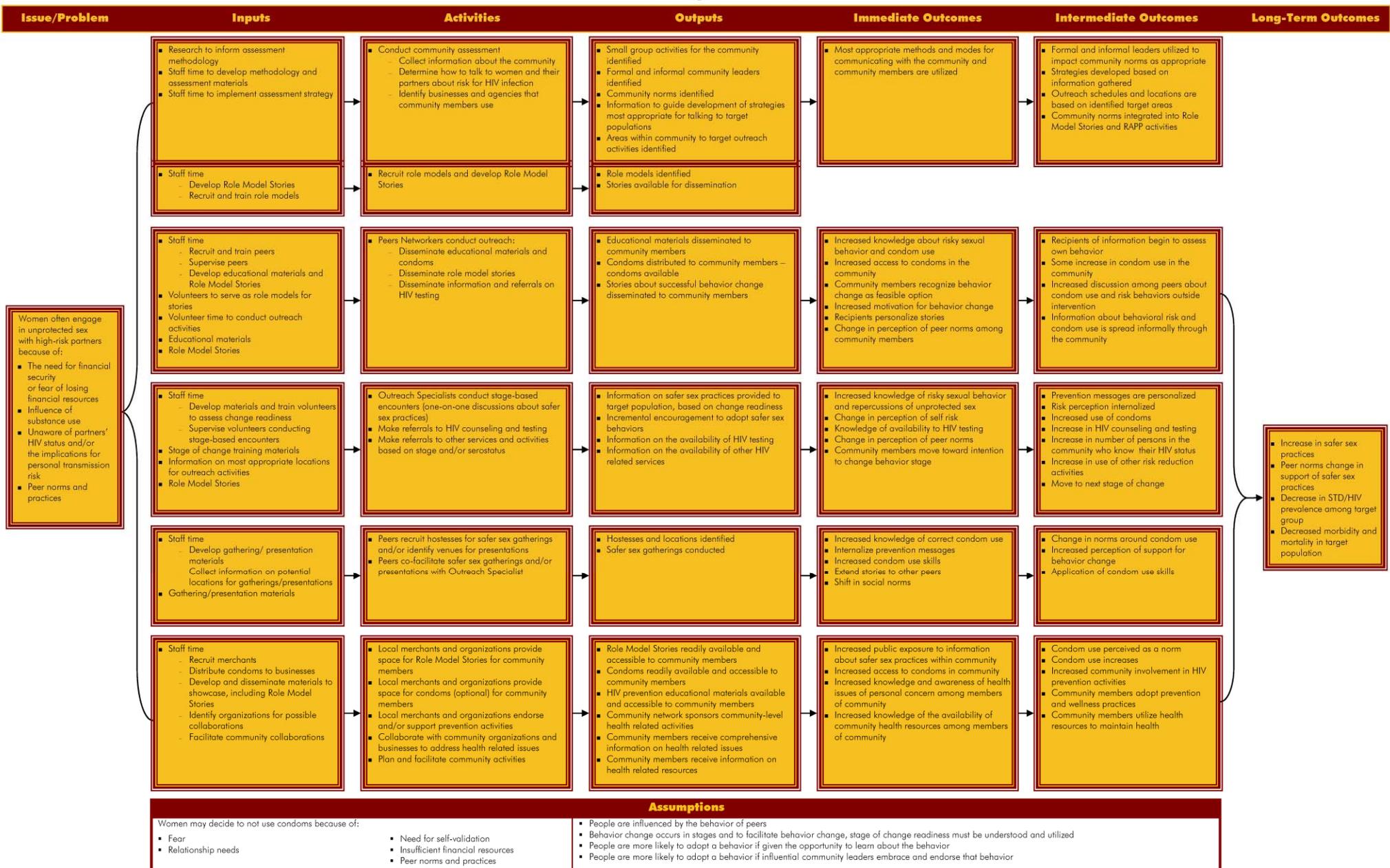
RAPP LOGIC MODEL

APPENDIX C: REAL AIDS PREVENTION PROJECT (RAPP) LOGIC MODEL

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



RAPP Logic Model





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