

Instructions and Definitions for Reporting Process Monitoring Data

BURDEN STATEMENT

Public reporting burden of this collection of information is estimated to be 0.83 hours/minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, MS D-24, Atlanta, Georgia, 30333; ATTN: PRA (0920-0497).

GENERAL INSTRUCTIONS

Process monitoring reports reflect basic characteristics of interventions for specific risk populations that were implemented in the previous year in the jurisdiction. These data offer a picture of the HIV prevention efforts that occurred for each risk population. They show the distribution of that effort by type of intervention and offer insight into the coverage provided during the year.

CDC requests that health departments provide aggregate data from their jurisdiction for each of the seven types of interventions⁴ for each risk population (defined here as a risk exposure category). The jurisdiction-level aggregate data requested by CDC for all intervention types includes counts of

- **agencies that provided the interventions**, by type (e.g., minority-owned CBO, local health department)
- **clients served**, by demographic variables (except community-level interventions)
- **staff funded with CDC funds**
- **CDC funds expended**

⁴ For the purpose of the CDC evaluation data system, “intervention” is defined as “...a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular risk population using a common method of delivering the prevention messages. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.”

The seven types of interventions addressed here include individual-level interventions, group-level interventions, outreach, prevention case management, partner counseling and referral services, health communications/public information, and other interventions. Later sections of these instructions provide guidance on using these categories to classify various interventions.

In addition, the following data elements are requested for the specific types of interventions noted in parentheses:

- the number of **clients served by setting** (individual-level and group-level interventions, outreach)
- number of **prevention materials distributed**, by type of material (outreach)
- the number of **clients receiving only 1, only 2, or 3 or more sessions** (individual-level and group-level interventions, prevention case management)
- number of **HC/PI interventions by type of agency** providing them (health communications/public information)
- **average number of prevention case management sessions** per client (prevention case management)
- **numbers of partners identified, counseled, tested, and found to be HIV-positive** (partner counseling and referral services)

COMPILING THE PROCESS MONITORING DATA

In order to aggregate data for reporting to CDC, each jurisdiction will need a mechanism to obtain the relevant data from each provider (either a contracted agency or the health department itself). Once the data are available for each separate intervention, they can be compiled and aggregated for reporting to CDC.

Each jurisdiction should report the data elements in the manner defined on the example report form for each type of intervention. These data may be collected, managed, and analyzed by whichever method is most convenient for the health department. Reports should ensure that the data are presented in the same format (e.g., using the same terms, categories, etc.) as that shown in the example.

The Seven Types of Interventions (Which Data to Report)

Separate aggregate process monitoring reports should be submitted for *each specific risk population* by type of intervention that was conducted in the jurisdiction over the course of one year. The table on the following pages defines each of these seven types of interventions. Data from numerous interventions may be included in the same report if all interventions were the same type and were provided to the same risk population.

For example, one process monitoring report should include all the outreach that was conducted for MSM throughout the jurisdiction. If the health department funded or provided 10 outreach interventions for MSM, then the one outreach process monitoring report should reflect all 10 of those. Another report would cover all outreach provided to IDUs, and a third would include all outreach that targeted people with heterosexual risks.

Similarly, a separate process monitoring report would be used to describe the implementation of all individual-level interventions for MSM, another for health communications or public information for MSM, and another for prevention case management for IDU.

IMPORTANT NOTE: No process monitoring report is required for intervention types that are not funded for a given population.

Intervention Types Used in CDC's Evaluation Data System	
A. Individual-level Interventions (ILI)	<p>Health education and risk-reduction counseling provided to one individual at a time. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior and include skills building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services.</p> <p>Note: According to a strict categorization, outreach and prevention case management also are individual-level interventions. However, for the purposes of this reporting, ILI does <i>not</i> include outreach or prevention case management, which each constitute their own intervention categories.</p>
B. Group-level Interventions (GLI)	<p>Health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide-range of skills, information, education, and support.</p> <p>Note: Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does <i>not</i> include "one-shot" educational presentations or lectures (that lack a skills component). Those types of activities should be included in the Health Communication/Public Information category.</p>
C. Outreach	<p>HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients' typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Includes peer opinion leader models.</p>
D. Prevention Case Management (PCM)	<p>Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs; a hybrid of HIV risk-reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage.</p>
E. Partner Counseling and Referral Services (PCRS)	<p>A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.</p>

<p>F. Health Communications Public Information (HC/PI)</p>	<p>The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services.</p> <p>Electronic Media: Means by which information is electronically conveyed to large groups of people; includes radio, television, public service announcements, news broadcasts, infomercials, etc., which reach a large-scale (e.g., city-, region-, or statewide) audience.</p> <p>Print Media: These formats also reach a large-scale or nationwide audience; includes any printed material, such as newspapers, magazines, pamphlets, and “environmental media” such as billboards and transportation signage.</p> <p>Hotline: Telephone service (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups.</p> <p>Clearinghouse: Interactive electronic outreach systems using telephones, mail, and the Internet/Worldwide Web to provide a responsive information service to the general public as well as high-risk populations.</p> <p>Presentations/Lectures: These are information-only activities conducted in group settings; often called “one-shot” education interventions.</p>
<p>G. Other Interventions</p>	<p>Category to be used for those interventions funded with CDC Announcement 99004 funds that cannot be described by the definitions provided for the other six types of interventions (example forms A-F). This category includes community-level interventions (CLI).</p> <p>CLI are interventions that seek to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening with individuals or small groups. This is often done by attempting to alter social norms, policies, or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.</p>

Data Elements Common to All Interventions

IMPORTANT NOTE: Each data element is preceded by an item number that corresponds to the numbered section on the example form for each intervention type. There are a number of common data elements/groups of elements that are on every form. The same numbering is used consistently for all these common items. For some forms there are unique data elements, and the numbers for those will not occur in sequence.

The numbers are not for use in data entry; rather, they identify sections of the form to assist in following the instructions. A codebook to aid with data entry is under development, pending finalization of the data set.

Item #2 **Number of interventions this form describes**

Report the number of interventions of this type funded by the health department (including those implemented by health department staff) for a particular risk population. It will be assumed that all other data elements on the form will be based on that number of interventions.

Item #3 and #4 **Risk Population: Mark the primary risk population this form describes on the list in the left column. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.**

Each jurisdiction aggregate process form is designed to capture data about interventions that provided HIV prevention services addressing distinct risk behaviors. The risk populations used here (with the exception of *General Population*) reflect the routes of potential exposure to HIV that correspond to particular risk behaviors. In this section, the health department notes which risk population(s) is served by the interventions that the current form is describing. Operational definitions for these categories are shown in the following table.

Risk Population Categories Used in CDC's Evaluation Data System	
MSM	Intervention addressed the HIV prevention needs of men who report sexual contact with other men or with both men and women.
MSM/IDU	Intervention addressed the HIV prevention needs of men who report both sexual contact with other men and injection drug use.
IDU	Intervention addressed the HIV prevention needs of people who are at risk for HIV infection through the use of equipment to inject drugs (e.g., syringes, needles, cookers, spoons, etc.).
Heterosexual Contact	Intervention addressed the HIV prevention needs of persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., sex with an injection drug user, a bisexual male, or a person known to be HIV-positive or to have AIDS).
Mother with/at risk for HIV	Intervention addressed the HIV prevention needs of women who have HIV or are at risk of becoming infected <i>and</i> who are pregnant and, thus, at risk of transmitting HIV to their infant.
General Population	Intervention was not targeted to any specific groups whose behavior puts them at high risk for HIV infection. These interventions may have been aimed at enhancing awareness of HIV transmission modes and prevention, supporting prevention-enhancing social norms, and providing information or education.

IMPORTANT NOTE: Note that the risk for exposure to HIV is the focus of this item, not other characteristics of the risk population. Some funding streams may be organized around identity-based populations (e.g., “Hispanic Adults” or “Youth”).

However, the behavior that the intervention addresses (e.g., condom use with a partner of the opposite sex) will identify the primary risks of that population.

Primary vs. Secondary: CDC recognizes that a single intervention may have addressed more than one exposure risk. If more than one exposure risk is addressed, a distinction between the primary and secondary risk populations may be necessary.

The first way to make this distinction is to consider if one of the populations is the major focus of the interventions. For example, an intervention serving female sex partners of male IDUs and *focusing on their sexual behaviors* may also provide some needle-related prevention services to their IDU partners. In this case, *heterosexual* would be the primary risk population and *IDU* would be the secondary because of the differential emphasis of the intervention.

However, some interventions may address equally two different risk behaviors. For instance, an intervention may be targeted to women who are at risk because of their own injection drug use *and* their sex partners' drug use. The content of the intervention may emphasize both drug-related transmission and heterosexual transmission. In this case, the intervention should be reported twice – in the two reports appropriate for each population. While this may slightly inflate the count of unique service units, it will provide a more accurate picture of the prevention efforts being made for particular risk populations. This latter concern is viewed as the most important of the two for CDC's purposes.

IMPORTANT NOTE: For purposes of aggregating and reporting to CDC, use the primary risk population. For internal purposes, supplemental reports can be generated that combine primary and secondary populations or otherwise use those data.

There are two particular exceptions to this general rule. First, interventions serving men with both a history of sexual contact with other men and injection drug use make up a separate category: *MSM/IDU*. Second, interventions targeting the general population should be categorized using that label, even if people with more specific risks may be reached. Examples of this include school-based interventions where young MSM or IDUs may be reached or education/informational interventions for a particular group in which the risk status of particular audience members may be unknown.

Item #5	<i>Statewide definitions or guidelines for [type of intervention]:</i>
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This item is requested to provide a context for understanding the local parameters for the intervention type described by this report. Some jurisdictions have explicitly articulated what their expectations are for providers proposing such interventions (or, in some cases, what will be deemed eligible for health department funding). Sometimes these definitions or guidelines have been developed by the community planning group, other times they are developed by the health department as guidance or as part of the announcement for funding.

If there is a definition or guideline that the health department uses when funding or implementing this type of intervention, provide it here. If there is a document or long definition, a separate form can be submitted. An abridged version of a longer definition can also be submitted.

Not all jurisdictions will have definitions or guidelines. In this case, this item should be noted as “No Definition.”

Item #6 Number of interventions for this risk population provided by the following types of agencies (sum should equal total interventions this form describes)

Within the jurisdiction, health departments may have funded many types of agencies to provide a particular type of intervention for one risk population. In addition, health department staff may have implemented that type of intervention. This item will describe the array of service providers who offered those interventions for a risk population during the previous year. An example, using “Jurisdiction K,” is provided below. Jurisdiction K provided a total of 10 individual-level interventions for MSM. The example shows how these 10 ILIs are distributed over various types of providers.

Example: Counting the agencies that provided 10 individual-level interventions for MSM in the jurisdiction.

<p>1 Four individual-level interventions for MSM were provided by several CBOs. One CBO with a minority board provides one of these interventions, and it is entered on the first line below.</p>	<p>2 The other three interventions conducted by CBOs are provided by two different non-minority board organizations. Therefore, a “3” is entered on the second line below.</p>	<p>3 The State Health Department provides one of the individual-level interventions. On the appropriate line, a “1” is entered.</p>
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Number of ILIs for this risk population provided by the following types of agencies (sum should equal total interventions this form describes):									
CBO - Minority Board 1	1	State Health Department 3	1	Academic Institution 5	1	Other	_____		
CBO - Non-Minority Board 2	3	Local Health Department 4	4	Research Center	_____				
Other Nonprofit	_____	Other Government	_____	Individual	_____	Total	10		

4
The state also funded three local health departments to provide MSM individual-level interventions. One of the local health departments delivered two of these, and the other two local health departments provided one each, for a total of 4 interventions on the “local health department” line above.

5
A school of public health at a university in the jurisdiction conducted the remaining individual-level intervention, and it is entered in the appropriate line above.

The category *research center* is used here to describe a stand-alone research facility, a facility so designated within a university or other academic institution, or a for-profit research organization. A research center within a health department should identify itself as a *health department* (either state, county, or city) rather than as a research center.

Item #7 Clients served with CDC Funds

These fields are for noting the numbers of clients who were served during the previous year. The required column and row totals are found at far right of the table. However, if data *are* available for the crosstabs (age by sex by race/ethnicity) and the jurisdiction chooses to report these, then the last group of cells titled “age data not available” should be left blank. Instead, the first three groups of cells should be completed, entering the number of clients who were served with this type of intervention in each of the following *age bracket X sex X race* categories. Per guidelines from the Office of Management and Budget (OMB), Hispanic ethnicity is requested separately from other racial and ethnic categories. Regardless of the extent of data available, the column and row totals should be completed, and the sum of the row totals should equal the total number of clients served with this intervention.

IMPORTANT NOTE: For PCRS, the data requested are the number of HIV-infected clients who were index cases for which PCRS was provided. A person who is identified as an exposed partner through this process may become an index case (and thus counted in this total) if he or she were found to be HIV-infected and received PCRS.

Data about partners’ characteristics and services received by them are covered in *Item #18* below.

Age: If age breakdowns are not available or the jurisdiction chooses not to report these data, complete the group of cells in the far right section of the table. If these data *are* available and the jurisdiction chooses to report these data, note the ages of clients of each race/ethnicity served by this type of intervention using the first three groups of cells and complete the column and row totals at the far right end of the table.

Ethnicity and Race: The racial and ethnic categories are those used by the U.S. Census Bureau and OMB. All data collected on clients’ race and ethnicity should be in compliance with OMB requirements, which gives clients the opportunity to identify themselves with more than one race. Therefore, the “*More Than One Race*” category should be used to aggregate data on clients who report that they are members of more than one race. When race and ethnicity data are not known for clients, use the “*Unknown*” rows.

Sex: For clients whose sex was not recorded or is otherwise not known, enter the number in the “*U*” (*unknown*) columns.

Transgender (also referred to as *transsexual*) refers to those individuals who have undergone or who are undergoing a physical and psychological sex change. This category should be used when interventions target the Transgender population or when people known to identify as transgender are part of the population served. Typically, this designation is used when it is reported by the client. In some cases, a clients' transgender status will not be known, and they will identify as the sex to which they have changed.

Item #8 Number of full-time equivalent staff providing the interventions in the jurisdiction whose salaries are funded by CDC:

A full-time equivalent is calculated by summing the percentage of time that each staff member works on a particular type of intervention. For example,

	Percentage of Effort on a Specific Intervention	Portion of an FTE
Staff 1	25%	0.25
Staff 2	100%	1
Staff 3	50%	0.5
Total	175%	1.75 FTE

Item #8 (continued) Number of volunteers providing the interventions in the jurisdiction:

This item is a count of the number of people volunteering their services for a particular type of intervention, regardless of the percentage of time they spend working on them. Consider a *volunteer* to be any staff members who are not given monetary compensation for their services and are not regular employees of the agency.

Item #8 (continued) CDC 99004 HIV Prevention funds that were expended in carrying out all aspects of the interventions:

This figure should reflect the total amount of CDC funds expended in the jurisdiction for each type of intervention serving a given risk population. These include both HIV prevention cooperative agreement funds (i.e., CDC funds provided to a state, territorial, or city health department for HIV prevention) as well as other CDC funds, such as those coming to the grantee health department (e.g., demonstration project cooperative agreements, supplemental funds, etc.).

Data Elements Specific to Particular Interventions

Individual-level Interventions—Group-level Interventions—Outreach

Item #9 ***Enter the number of clients receiving [ILI—GLI—Outreach] in each of the following settings:***

This item will describe the number of clients receiving these three types of interventions in various settings. The following are definitions to help standardize the categorization of services or organizations in which the interventions might be implemented:

CBO	Community-based organization and/or AIDS service organization that provides a range of services in particular communities
Community Setting	Location in the community, such as streets, parks, roadsides, social events, residences
Clinic/Health Care Facility	Public or private facility that provides medical services, such as an emergency room, or a physician group practice (distinct from STD clinic – see below)
HIV C/T Site	Facility designated as an HIV counseling and testing site
STD Clinic	Public or private facility that provides STD-specific treatment and prevention services
Drug Treatment Facility	Public or private facility designed to treat substance addictions, on either a voluntary or involuntary basis
Correction/Detention	Public restrictive, rehabilitative facility for adults or juveniles
School/Educational	Public or private school or facility that provides education and/or vocational training services to children or adults
Other	Any other setting that does not fit the above descriptions, e.g., a social service agency

Individual-level Interventions—Group-level Interventions—Prevention Case Management

Item #10 *In the table below, enter the number of people in the jurisdiction who received*

- *only 1 session of a/an [ILI—GLI—PCM],*
- *only 2 sessions, and*
- *3 or more sessions*

The number of sessions of an ILI, a GLI, or PCM is one measure of the intensity of the intervention. For PCM, the number of sessions is broken down by serostatus.

Outreach

Item #11 Enter the number of materials that were distributed in the jurisdiction during outreach activities

This item lists the number of materials by type that were distributed during interventions.

Condoms	This item refers to condoms that are distributed by themselves, that is, not in a package with other materials (e.g., lubricant, dental dams, etc.)
Safer sex kits	Packages of materials with multiple items that facilitate safer sex. Examples of such materials are condoms, lubricant, dental dams.
Promotional items	Items such as key chains, cups, water bottles, and caps that are distributed during outreach and are typically imprinted with the name of the agency or program or safer sex messages.
Bleach/safer injection kits	Items such as “cookers” for preparing injectable drugs, cotton, and bleach
Brochures/informational materials	Written or pictorial fliers, newsletters, cards, or other small media with informational, educational, or motivational messages

Health Communications/Public Information

Item #12 In the table to the right, enter the number of HC/PI interventions for this risk population provided by the following types of agencies. The sum should equal the total interventions this form describes.

This item is similar to the *Interventions by Type of Agency* data element present for the other types of interventions. The difference for HC/PI is that there are spaces for the four different types of HC/PI interventions (electronic and print media, hotlines, and clearinghouses). Thus, this item will describe the array of service providers who offered those four types of HC/PI interventions for a risk population during the previous year.

Item #13 Electronic Media: Broadcast

If intervention uses broadcast medium, enter the total number of times the pieces were aired.

Enter the estimated number of people exposed to the message(s).

Enter the number of times that a health department-funded HIV prevention message was aired over television or radio. Also enter the total estimated viewership or exposure to the message(s). Formats can include public service announcements, news broadcasts, or paid advertisements.

For example, if a public service announcement was aired 20 times on the radio and a television news station was recruited to do 4 stories on HIV prevention, “24” would be entered on this line. If the estimated listening audience of the radio station is 25,000 and the estimated viewership of the news program is 100,000, the total estimated exposure to be entered on the appropriate line would be “900,000.”

Do not include e-mail, Internet, or other technologies in this number.

Item #14 Print Media

If intervention uses a print medium, enter the number of distinct print materials that were used to disseminate HIV prevention messages to a large-scale audience.

Enter the estimated number of people exposed to the print material(s).

Enter the number of distinct print materials that were used to disseminate HIV prevention messages to a large-scale audience and the estimated exposure to these materials. These materials may include press releases, articles, print advertisements, direct mailings, billboards, or transportation signage. This item captures the number of distinct print materials created for the risk population, not the number of times the material was printed.

For example, if two different HIV prevention ads (Ad-A and Ad-B) are created targeting MSM and are printed in three different publications (Mag-X and Mag-Y and News-Z), the jurisdiction would enter “2” for number of print materials and would sum the estimated readership of the three publications (50,000 each) to get an estimated exposure total of “150,000.” Similarly, if four different billboards are designed to target heterosexual youth and they are placed in a neighborhood of 5,000, the jurisdiction would enter “4” for number of print materials and “20,000” for estimated exposure. If these two examples were actually from the same jurisdiction, the numbers would be “6” for print materials and “155,000” for estimated exposure.

Item #15 Hotlines

If intervention is a hotline, enter the total number of hotline calls

Clearinghouses

If intervention is a clearinghouse, enter the total number of requests for information

Enter the number of calls received by the hotline(s). Enter the number of requests for information received by the clearinghouse(s) or hits/downloads if an internet website or FTP site.

Item #16 Presentations/Lectures
If intervention is a presentation or lecture, enter the total number provided

Enter the total number of presentations and lectures provided to groups.

Prevention Case Management

Item #17 Average number of prevention case management sessions per client

This variable addresses the average number of sessions attended by PCM clients. Like the count of sessions (one, two, or three or more), this variable provides additional information about the extent of services provided during prevention case management. This number is calculated by adding the number of sessions attended by each client and dividing that sum by the number of clients served.

Partner Counseling and Referral Services

Item #18

- **# HIV-infected clients interviewed**
- **# sex or needle-sharing partners identified for provider referral**
- **# sex or needle-sharing partners located by provider referral**

- **Known Provider Referred - Spousal Partners**
 - # **Spousal partners identified**
 - # **Counseled**
 - # **Tested**
 - # **Known to be previously infected**
 - # **Found to be newly infected**

- **Known Provider Referred - Non-Spousal, Sex or Needle-Sharing Partners**
 - # **Counseled**
 - # **Tested**
 - # **Known to be previously infected**
 - # **Found to be newly infected**

- **Intended Client-Referred Partners*****
 - # **Spousal partners**
 - # **Other partners: sex or needle-sharing**

These items address the critical outcomes in the partner notification, counseling, and testing process; they correspond to the flow of client contacts that comprise partner counseling and referral services. The number of HIV-infected clients interviewed, the number of sex or needle-sharing partners **identified** for provider referral, and the number of sex or needle-sharing partners **located** by provider referral should be distinguished by whether the HIV-infected client and partners originally came to the program's attention through a public or private source.

Known Provider Referred - Spousal Partners. These figures refer to the number of spousal partners (i.e. the husbands or wives of the HIV-infected clients) who were referred to counseling by a provider, rather than by the HIV-infected client.

Known Provider Referred - Non-Spousal, Sex or Needle-Sharing Partners. These figures refer to the number of non-spousal partners who were referred to counseling by a provider, rather than by the HIV-infected client.

Intended Client-Referred Partners. These data are drawn from self-reports by the HIV-infected client regarding the partners the client chooses to refer (rather than having the provider contact them for referral). The report should distinguish the clients' spouses from non-spousal sex or needle-sharing partners.

Other Interventions

Item #19 Mark the one category that best describes the other intervention that was implemented.

This item should be used to characterize the type of other interventions that were funded in the jurisdiction that cannot be described by using the intervention categories found on example forms A - F. Please note that because this category does not describe one discrete type of intervention, a separate data set (or the optional example form) should be completed for each type of intervention characterized as an "Other Intervention."

If the intervention cannot be characterized by one of the five common types shown on the example form, check *Additional Intervention* and use the following line to briefly describe this intervention. If additional space is necessary when using the example form, please attach additional sheets. A narrative description should be provided here to help CDC clarify the additional kinds of interventions that are being implemented across the nation that cannot be captured by one of the major categories of intervention types.

Item #20 Describe the major concrete accomplishments for this particular type of Other Intervention (e.g., enhanced accessibility to HIV prevention services, creation of consortiums, community or policy changes, etc.):

This field offers the opportunity to provide a description of the processes, outputs, and outcomes that have been accomplished by this particular type of Other Intervention. In the other, more discrete types of interventions, particular process variables were able to be determined. However, because the “Other Intervention” category is inclusive of a variety of other interventions, the jurisdiction is free to use this space to identify for itself what specific successes or accomplishments it wishes to highlight.

Narrative description will help CDC clarify the kinds of objectives and accomplishments that can be expected from various interventions in order to refine technical assistance and future evaluation activities.