

2. EVALUATING THE HIV PREVENTION COMMUNITY PLANNING PROCESS

Introduction

CDC requirements and suggestions regarding community planning evaluation are discussed at length in CDC's announcements for health department HIV prevention funding. There are two data sets already required of CDC health department grantees are reports on the community planning groups' composition and on allocation of CDC funds to particular interventions and populations. For reference purposes, the requested forms for these data sets—the *Profile of Community Planning Group Members* and the *Table of Estimated Expenditures for HIV Prevention*—are featured in this chapter's appendix and summarized below. Therefore, no additional evaluation activities are discussed in this guidance.

Grantees are encouraged to participate in other efforts to evaluate community planning. Ideas and resources for doing so are provided in Chapter 2 of *Evaluating CDC-funded Health Department HIV Prevention Programs—Volume 2: Supplemental Handbook*.

CDC Requirements for Evaluating HIV Prevention Community Planning

The CDC requests stated in Announcement 99004 include the following:

- A.** Health department grantees are encouraged to document the implementation of HIV prevention community planning in their jurisdictions. In addition, community planning evaluation activities conducted by the health department and community planning group(s) should attempt to describe and assess these and other aspects pertaining to implementation of the initiative:
- 1) Recruitment of community planning group members and representation of affected communities and areas of expertise on the community planning group (Community Planning Core Objectives 1 and 2).
 - 2) Application of a needs assessment and an epidemiologic profile to determine target groups and HIV prevention strategies (Community Planning Core Objective 3).
 - 3) Application of scientific knowledge in the selection and formulation of intervention strategies (Community Planning Core Objective 4).
 - 4) Development of goals and measurable objectives for the planning process and progress toward meeting the objectives.
 - 5) Assessment of the cost of the process.
 - 6) Assessment of the extent to which resources allocated by the health department match the epidemiologic profile.

B. Health department grantees should ensure that community planning groups reflect the diversity of the epidemic in the jurisdiction, and that expertise in epidemiology, behavioral science, health planning and evaluation are included in the process. This includes the following:

- 1) Summarize the characteristics and expertise represented by members of the community planning groups over the past 12 months in terms of age, sex, race/ethnicity, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), and risk for HIV infection. (Use of the *Profile of Community Planning Group Members* in this chapter's appendix is requested.) Discuss any gaps in representation and approaches that have been used during the past 12 months to address the gaps. Briefly describe any methods used to obtain input from outside group membership.

Note: Do not include any information that might link HIV status to any individual.

- 2) Describe planned activities for the next 12 months including plans for addressing any gaps in representation.

C. CDC suggests that grantees complete the *Table of Estimated Expenditures for HIV Prevention* (in this chapter's appendix), indicating HIV prevention allocations by intervention, population, and race/ethnicity. These data are used to report to federal policymakers about the use of tax dollars and about targeted programs. In addition, these data help CDC and its grantees justify the need for additional support.

Note: Following receipt of awards, additional budgetary information may be requested.

APPENDIX

FORM A: COMMUNITY PLANNING GROUP MEMBERSHIP GRID

All jurisdictions should ensure the confidentiality of information used for Table 9 and other information collected for the CPG membership grids.

Instructions:

Jurisdictions with multiple official community planning groups should complete a separate membership grid for each official group.

Community Planning Group (CPG) members are those individuals who have the right to approve the jurisdiction's comprehensive HIV prevention plan and vote on concurrence with the jurisdiction's application to CDC for cooperative agreement funding.

The total number of CPG members for each table should be the same.

Use the "Comments" section after each table to explain how representation may be provided by individuals who are not official voting CPG members. For example, comments under table 3, "Expertise," could indicate that an epidemiologist is not a member of the CPG but regularly participates in CPG meetings.

Date Membership Grid was completed _____

This Membership Grid was completed by _____

Phone number of contact person _____

COMMUNITY PLANNING GROUP MEMBERSHIP GRID

Jurisdiction Name: _____

TYPE OF CPG THAT THE MEMBERSHIP GRID DESCRIBES *(Please check one of the following.)*

Statewide
 Regional
 Directly Funded City
 Local
 Other

TABLE 1: GEOGRAPHIC DISTRIBUTION

GEOGRAPHIC DISTRIBUTION CATEGORY				
Urban Metropolitan Area	Urban Non-Metropolitan Area	Rural Area	Unknown	TOTAL CPG MEMBERS

Urban Metropolitan Area an area with a population greater than 100,000

Urban Non-Metropolitan Area an area with a population between 2,500 and 100,000

Rural an area with a population less than 2,500

Comments: _____

TABLE 2: AGENCY/OTHER REPRESENTATION

2a. PRIMARY ¹ AGENCY/OTHER REPRESENTATION CATEGORY												
Faith Community	Minority Board CBO	Non-minority Board CBO	Other Non-profit	State Health Department	Local Health Department	Other Government	Academic Institution	Research Center	Individual (Person)*	Other*	Unknown	TOTAL CPG MEMBERS

2b. SECONDARY ² AGENCY/OTHER REPRESENTATION CATEGORY												
Faith Community	Minority Board CBO	Non-minority Board CBO	Other Non-profit	State Health Department	Local Health Department	Other Government	Academic Institution	Research Center	Individual (Person)*	Other*	Unknown	TOTAL CPG MEMBERS

* In the box, provide examples of "Individual" and "Other" (e. g., advocate, IDU representative).

Comments: _____

¹ Primary representation means the first representation category with which CPG members identify. All CPG members must have a primary representation category.
² Secondary representation means the representation category with which CPG members identify after the primary category. All CPG members may not have a secondary representation category. Therefore, "TOTAL CPG MEMBERS" in Table 2b may be less than the total in Table 2a.

TABLE 3: EXPERTISE

3a. PRIMARY ³ EXPERTISE CATEGORY								
Epidemiologist	Behavioral or Social Scientist	Evaluation Researcher	Intervention Specialist	Health Planner	Community Representative	Other*	Unknown	TOTAL CPG MEMBERS

3b. SECONDARY ⁴ EXPERTISE CATEGORY								
Epidemiologist	Behavioral or Social Scientist	Evaluation Researcher	Intervention Specialist	Health Planner	Community Representative	Other*	Unknown	TOTAL CPG MEMBERS

* In the box, provide examples of "Other"

Comments: _____

³ Primary expertise means the first expertise category with which CPG members identify. All CPG members must have a primary expertise category.

⁴ Secondary expertise means the expertise category with which CPG members identify after their primary expertise category. All CPG members may not have a secondary expertise category. Therefore, "TOTAL CPG MEMBERS" in Table 3b may be less than the total in Table 3a.

TABLE 4: GENDER

GENDER CATEGORY				
Male	Female	Transgender	Unknown	TOTAL CPG MEMBERS

In the box, provide examples of "Other"

Comments:

TABLE 5: AGE

AGE CATEGORY						
<19	20-24	25-29	30-49	50+	Unknown	TOTAL CPG MEMBERS

Comments:

TABLE 6: ETHNICITY AND RACE

6a. ETHNICITY CATEGORY			
Hispanic or Latino	Not Hispanic or Latino	Unknown	TOTAL CPG MEMBERS

Comments: _____

6b. RACE CATEGORY							
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown	TOTAL CPG MEMBERS

Comments: _____

TABLE 7: HIV EXPOSURE

HIV EXPOSURE Category							
MSM	MSM/IDU	IDU	Heterosexual	Mother with or at Risk for HIV Infection	General Population	Unknown	TOTAL CPG MEMBERS

- MSM - Men who have sex with men and are at risk through unsafe sex
- MSM/IDU - Men who are at risk from both unsafe sex with other men and unsafe drug injection practices
- IDU - Men and women who are at risk through unsafe drug injection practices
- Heterosexual - Men and women who are at risk through unsafe heterosexual sex
- Mother with or at risk for HIV infection - Women at risk for transmitting HIV during pregnancy, at birth, or during infancy
- General Population - Men and women not part of a specific population at risk for HIV

Comments:

TABLE 8: HIV EXPOSURE BY ETHNICITY AND RACE*

8a. HIV EXPOSURE CATEGORY BY ETHNICITY							
ETHNICITY CATEGORY	MSM	MSM/IDU	IDU	Hetero-sexual	Mother with or at Risk for HIV Infection	General Population	Unknown
Hispanic or Latino							
Not Hispanic or Latino							
Unknown							
SUBTOTAL CPG MEMBERS							

* Please indicate the number of CPG members who represent both the HIV exposure category and the ethnicity category in the appropriate box (e.g., 12 Hispanic or Latino MSM).

Comments: _____

8b. HIV EXPOSURE CATEGORY BY RACE

RACE CATEGORY	MSM	MSM/IDU	IDU	Hetero- sexual	Mother with or at Risk for HIV Infection	Unknown	General Population
American Indian or Alaskan Native							
Asian							
Black or African American							
Native Hawaiian or Other Pacific Islander							
White							
More than One Race							
Unknown							
SUBTOTAL CPG MEMBERS							

• Please indicate the number of CPG members who represent both the HIV exposure category and the race category in the appropriate box (e.g., 12 Black MSM).

Comments: _____

Public reporting burden of this collection of information is estimated to average 0.83 hours 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).

TABLE 9: HIV/AIDS STATUS

9a. CPG MEMBERS LIVING WITH HIV/AIDS			
Yes	No	Unknown	TOTAL CPG MEMBERS

9b. CPG MEMBERS NOT LIVING WITH HIV/AIDS BUT AFFECTED BY HIV/AIDS*			
Yes	No	Unknown	TOTAL CPG MEMBERS

* A CPG member is affected by HIV/AIDS if she or he is not infected but has a family member or partner who is living with HIV/AIDS or had a family member or partner who died from HIV/AIDS

Comments: _____

FORM B: Tables of Allocations for HIV Prevention: Announcement #99004

Project Area _____ **Cooperative Agreement No.** _____
Budget Period _____ **Cooperative Agreement Amount** _____

INSTRUCTIONS

The amount of cooperative agreement funding you received last year is indicated above. This amount represents your initial base award plus “across the board” supplements to all jurisdictions and supplements for perinatal, PHIPP, and community coalition development projects.

Please complete each cell (box) of Tables A - F with the amount of CDC cooperative agreement funding (program announcement 99004) you allocated last budget period. The budget period is the same as the calendar year (January - December 2000). Please provide your best estimate of how funds were allocated by race/ethnicity and exposure/transmission risk. If no funds were allocated, put “0” in the cell. Use the “Other” row and column when you cannot provide a good estimate by race/ethnicity and exposure/transmission risk.

Jurisdictions that received *perinatal funding*, should enter information on that funding in the appropriate tables (for example, there may be allocations for CTRPN – Table A – and HE/RR – Table B). For perinatal funding, use the “Other” column for HIV exposure or transmission risk and provide your best estimate of allocations by race/ethnicity.

Jurisdictions that received *PHIPP funding* should enter information on that funding in Table F.

Jurisdictions that received *CCD – community coalition development* – funding should enter information on that funding in Table C, under item #5, “Capacity-Building and Infrastructure Development.”

The amount you indicate in Tables C and D as the “Cooperative Agreement Award Total” should be the same as the amount indicated above under “Cooperative Agreement Amount.”

Please round off to the nearest whole dollar.

CDC acknowledges that the information provided in these tables represents only part of the total funding for HIV/AIDS prevention in the project area. Some funding from CDC as well as funding from other federal agencies and state, local, and private sources are not included.

Table A: Budget Allocations for CTRPN and HE/RR by Race/Ethnicity and HIV Exposure/Risk Group

Table A collects information on your best estimate of how funds were allocated for CTRPN and HE/RR by race/ethnicity and HIV exposure or transmission risk. The CTRPN and HE/RR tables (#1 and #2 below) are organized into rows and columns for this purpose. (The “other” row and column can be used for amounts that cannot be categorized by both race/ethnicity and HIV exposure or transmission risk.) Please provide subtotals for columns and rows. The sum of the column totals should equal the sum of the row totals; these two sums should be equal to the total for the category.

<p>1. Counseling, Testing, Referral, and Partner Notification (CTRPN): Include costs associated with conducting HIV counseling, testing (including laboratory services), referral, and partner notification activities. All costs for health department staff and materials, including direct assistance (DA) involved in CTRPN, as well as allocations for prevention partners (contractors) will be included here; e.g., costs for program administration, staffing, training, quality control, lab costs, materials; do not include costs for evaluation. Use Table C to indicate allocations for evaluation.</p>						
Provide Allocations for CTRPN as Targeted by or For:	HIV EXPOSURE OR TRANSMISSION RISK				Other or Not Targeted by HIV Exposure or Transmission Risk	CDC HIV Prevention Funds Allocated (Announcement #99004) Row Totals
RACE/ETHNICITY	Men who have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						
						CTRPN Total

2. **Health Education/Risk Reduction (HE/RR):** Include costs associated with carrying out prevention interventions including individual-level interventions, group-level interventions, outreach, prevention case management, and other interventions such as community-level interventions, not including public information. All costs for health department staff and materials (including DA) involved in HE/RR, as well as allocations for prevention partners (contractors), will be included here; e.g., costs for program administration, staffing, training, quality control, materials, incentives, equipment; do not include costs for evaluation. Use Table C to indicate allocations for evaluation.

Provide allocations for HE/RR as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or Not Targeted by HIV Exposure or Transmission Risk	CDC HIV Prevention Funds Allocated (Announcement #99004) Row Totals
	Men Who Have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						
						HE/RR Total

Table B: Budget Allocations for CTRPN and HE/RR by Gender

Table B collects information on your best estimate of how funds for CTRPN and HE/RR were allocated according to gender. The “other” category can be used for amounts that cannot be categorized by gender. The column total for CTRPN should equal the amount from Table A (1), whereas the column total for HE/RR should equal the amount from Table A (2).

Allocations		CDC HIV Prevention Funds Allocated (Announcement #99004)
1. CTRPN: The total amount from Table A (1) broken out by gender	Males	
	Females	
	Transgender	
	Other or not targeted by gender	
	CTRPN Column Totals	
2. HE/RR: The total amount from Table A (2) broken out by gender	Males	
	Females	
	Transgender	
	Other or Not Targeted by Gender	
	HE/RR Column Totals	

Table C: Budget Allocations by Major Funding Activities

Table C collects information on your best estimate of how funds were allocated according to each major program activity. Please provide a total for each funding activity listed below. The sum of the amounts from each category (items 1 - 8 below) should equal the total amount of allocated funds.

Allocations	CDC HIV Prevention Funds Allocated (Announcement #99004)
1. CTRPN: The total amount from Table A (1)	
2. HE/RR: The total amount from Table A (2)	
3. Public Information (PI): Include costs associated with providing information to the general public; e.g., general and targeted media campaigns, hotlines, and clearinghouses. All costs for health department staff and materials (including DA) involved in public information, as well as allocations for prevention partners (contractors), will be included here; e.g., costs for program administration, staffing, training, quality control, media charges, printing, materials; do not include costs for evaluation.	
4. Evaluation: Include costs associated with conducting evaluation of prevention programs and prevention community planning. These efforts may be studies conducted by health department staff or contracted out. Include all costs here; e.g., staffing and administering such projects, materials and data processing costs, etc. Note: Routine quality control and program monitoring costs should be included in categories 1-3 above, as appropriate.	
5. Capacity-Building and Infrastructure Development: Include costs associated specifically with health department and community-based organizations (CBOs) infrastructure development for building the capacity of the health department and other prevention partners to conduct effective prevention programs. These activities may be conducted by health department staff (i.e., this may be a major task for many health department staff) or contracted out. Include all costs here; e.g., staff time, materials, meeting costs, CBO indirect costs, etc.	
6. Community Planning: Include costs associated with <i>conducting the planning process</i> , e.g., leadership, coordination, staff support, travel, meeting costs, reproductions, reimbursed costs, etc. This includes conducting all planning tasks as outlined in the Supplemental Guidance: developing an epidemiologic profile, conducting needs assessments, priority setting, developing a comprehensive plan, recruitment, etc.; do not include costs for evaluation. These activities may be conducted by health department staff, or community planning group members or contracted out.	
7. Other: Include costs that cannot fit into any of the categories 1-6 above. Please list, on a separate sheet, the types of activities that are accounted for on this line.	
8. Indirect Cost: This is the same as line 6.j. on form 424A.	
9. Total Amount Allocated: This is the sum of items 1-8 above.	
10. COOPERATIVE AGREEMENT AWARD TOTAL	

Table D: Budget Allocations by Major Providers/Contractors of Services

Table D collects information on organizations that provided services. The sum of the amounts to each provider (items 1 - 6 below) should equal the total amount of allocated funds.

Allocations	CDC HIV Prevention Funds Allocated (Announcement #99004)
1. Amount of Announcement #99004 funds contracted out to CBOs/non-governmental organizations (NGOs), either directly to CBOs/NGOs or through an intermediary (i.e., local health department [LHD] or other unit), to provide HIV prevention services and activities. Type "0", if none.	
2. Amount of Announcement #99004 funds contracted to LHDs (i.e., non-grantee public health agencies) to provide HIV prevention services and activities. Type "0", if none. Note: for directly funded cities, this will be blank. For states with directly funded cities, this amount should include any funds allocated to those directly funded cities.	
3. Amount of Announcement #99004 funds contracted to other public agencies (i.e., corrections, mental health, etc.) to provide HIV prevention services and activities. Type "0", if none.	
4. Amount of Announcement #99004 funds contracted to universities, research, or consulting organizations to provide assistance in planning, researching, delivering, or evaluating HIV prevention services and activities. Type "0", if none.	
5. Amount of any additional Announcement #99004 funds, not accounted for above, contracted out. Type "0", if none. Please list, on separate sheet, the type of providers accounted for on this line.	
6. Amount of Announcement #99004 remaining in the health department; i.e., for all program costs directly carried out by grantee health department (whether staff are at the grantee health department or assigned to local, i.e., non-grantee, health departments). This will include all amounts not contracted out; i.e., the difference of the sum of the above five items and the total amount allocated.	
7. Total Amount Allocated: This is the sum of items 1-6 above.	
8. COOPERATIVE AGREEMENT AWARD TOTAL	

Table E: Budget Allocations for Young People

This table requests information on your best estimate of program allocations for activities directed to persons 13 to 25 years of age. The total for this table will NOT be the total of your announcement 99004 funds; it should reflect only that portion for persons ages 13 to 25. Please provide information by race/ethnicity and HIV exposure or transmission risk. The “other” row and column can be used for amounts that cannot be categorized by both race/ethnicity and HIV exposure or transmission risk. Please provide subtotals for both columns and rows. The sum of the column totals will equal the sum of the row totals; these two sums will equal the total amount spent for youth activities.

Provide Allocations for Youth as Targeted by or For:	HIV EXPOSURE OR TRANSMISSION RISK				Other or Not Targeted by HIV Exposure or Transmission Risk	CDC HIV Prevention Funds Allocated (Announcement #99004) Row Totals
	Men Who Have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

Total Amount of Announcement 99004 Funds targeted for persons age 13 to 25.

Table F: Budget Allocations for HIV Infected Persons

This table requests information on your best estimate of allocations for prevention activities directed specifically to HIV infected persons. The total for this table will NOT be the total of your announcement 99004 funds; it should reflect only that portion of funding specifically targeting prevention for persons with HIV disease. Please provide information by race/ethnicity and HIV exposure or transmission risk. The “other” row and column can be used for amounts that cannot be categorized by both race/ethnicity and HIV exposure or transmission risk. Please provide subtotals for both columns and rows. The sum of the column totals will equal the sum of the row totals; these two sums will equal the total amount spent specifically for HIV infected persons.

Provide Allocations for HIV Infected Persons as Targeted by or For:	HIV EXPOSURE OR TRANSMISSION RISK				Other or Not Targeted by HIV Exposure or Transmission Risk	CDC HIV Prevention Funds Allocated (Announcement #99004) Row Totals
	Men Who Have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

Total Amount of Announcement 99004 Funds targeted for HIV-infected persons

Name and phone number of person to contact with questions: _____

Date completed: _____

Notes/comments: _____