

6. **MONITORING OUTCOMES OF HEALTH EDUCATION/RISK REDUCTION INDIVIDUAL-AND GROUP-LEVEL HIV PREVENTION INTERVENTIONS**

Health departments with at least \$1 million in annual cooperative agreement funding from CDC are to collect and report outcome data for either one outcome evaluation project or two outcome monitoring projects during the life of the cooperative agreement that ends December 31, 2003.

Health departments may choose whether to conduct an outcome evaluation or two outcome monitoring projects.

Chapter 7 of this volume contains information on outcome evaluation. In addition, *Evaluating CDC-Funded Health Department HIV Prevention Programs, Volume 2, Supplemental Handbook* contains chapters on outcome monitoring and outcome evaluation. Chapter 6, "Monitoring Outcomes of Health Education and Risk Reduction Individual - and Group - Level HIV Prevention Interventions" contains examples of outcome monitoring instruments and discussion of how to analyze outcome monitoring data. Chapter 7, "Evaluating Outcomes and Monitoring Impact of HIV Prevention Programs," contains discussion of research design and methodology for outcome evaluation.

OUTCOME MONITORING

Outcome monitoring refers to efforts to track the progress of clients participating in an HIV prevention intervention. Anticipated outcomes should be stated in measurable terms in intervention plans and based on a program model (e.g, there should be a basis in formal or informal theory). Client outcomes should relate to knowledge, attitudes, beliefs, or behaviors. For example, anticipated outcomes of an individual level intervention (ILI) for African American MSM could include: knowledge of HIV counseling, testing, and referral programs will increase 80 percent at the end of the intervention; consistent use of condoms with all sex partners of unknown serostatus will increase 75 percent at the end of the intervention.

Outcome monitoring requires, at a minimum, the collection of outcome data at least once before and once after the intervention. If feasible, health departments are encouraged to collect a second wave of follow-up data. In addition, health departments are encouraged to collect data on successive participants in the chosen intervention. For example, clients participate in an intervention and the intervention "ends" for them but a new group of clients begins the intervention, followed by successive new groups of clients. For program improvement, it is desirable to collect outcome data from each successive group of clients over a number of months, if not a year.

Interventions appropriate for outcome monitoring include ILI, group-level interventions

(GLI), prevention case management (PCM), and client-centered counseling in the context of HIV counseling, testing, and referral (CTR). It may not be feasible to carry out outcome monitoring for street outreach and health communications/public information.

If a health department chooses to conduct outcome monitoring, two reports need to be submitted to CDC. The first report will be due in April 2003 with health departments' annual progress reports and the second report will be due April 2004.

In 2002, health departments will need to carry out the outcome monitoring project at 10 percent of their contractors that carry out interventions appropriate for outcome monitoring. For example, if a health department has funded 10 contractors for at least ILI, GLI, PCM, or HIV CTR (or any combination of these intervention types), it will need to work with one of them to develop and carry out outcome monitoring for at least one intervention for one target population. If the health department has 25 contractors, it will need to work with three of them to monitor outcomes of at least one intervention per target population at each of the three agencies. Each health department and the grantees with which the department wants to work will decide which interventions to monitor. It may be preferable to monitor a variety of interventions rather than the same intervention at different agencies.

In 2003, health departments will need to carry out outcome monitoring projects with 20 percent of their contractors.

What To Report To CDC

Reports to CDC on outcome monitoring projects (due in April 2003 and April 2004) should contain the following information:

- names and affiliations of evaluators conducting the outcome monitoring
- intervention type(s)
- intervention goals
- target population(s)
- evidence and justification for the intervention(s)

In addition, the report should include the following elements:

- copy of instruments/data collection tools
- methods of data collection and statistical analysis
- appropriate descriptive statistics, including client demographics
- summary of findings
- how results will be used for program improvement