3. DESIGNING AND EVALUATING INTERVENTION PLANS

Introduction

An intervention plan sets forth the goals, expectations, and implementation procedures for an intervention (see box at right) and is often part of a proposal for funding. Once an intervention is funded, the intervention plan can be used as a template for organizing and deploying resources and for determining the content of work to be done. The plan can also serve as the implementation standard for which the provider is accountable to the health department, as well as alert the health department to the provider's potential technical assistance needs.

Intervention

An intervention is a specific activity (or set of *related* activities) intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention messages. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.

Example: An individual-level counseling intervention may consist of four related sessions, but they are all provided in a clinic through one-on-one interaction.

Program:

A program is a distinction often used by an agency to describe an organized effort to design and implement one or more interventions to achieve a set of predetermined goals.

Example: The Men's Education Network (MEN) is a program that implements an individual-level counseling intervention, a social marketing campaign, and outreach conducted in bars to reduce MSM's unsafe sexual practices.

Requirements

Data to Report

A core set of data elements to be reported by the health department to CDC in the aggregate by type of intervention and risk population includes the following:

- Type of agency
- Approximate number of people to be reached, categorized by race/ethnicity and sex (except for health communication/public information [HC/PI]). Reporting data on age is encouraged but not required.
- Sufficiency of evidence basis
- Sufficiency of service plan for implementing the intervention

A complete list of required variables for each type of intervention is provided in the table, *Variables Required for Aggregate Intervention Plans and Process Evaluations*, at the end of this chapter.

How to Report Data

At the beginning of the budget year for the health department's externally allocated funds, the health department should provide a report that summarizes interventions of a particular type that it funds (see Table 1.1), *grouped by behavioral risk population* (see Table 1.2). A separate set of data should be provided for each type of intervention *provided to each of the six behavioral risk populations*[1] defined by risk of exposure to HIV.

Types of Interventions	
• **Individual-Level Counseling**	• **HIV-Antibody Counseling and Testing**[2]
• **Group-Level Counseling**	• **Partner Counseling and Referral Services**
• **Outreach**	• **Health Communication and Public Information**
• **Prevention Case Management**	• **Other Interventions**

Table 1.1

Behavioral Risk Populations	
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	Reserved for interventions not targeting a specific population at risk for HIV

Table 1.2

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[1] Risk populations are characterized primarily by the risk behaviors associated with specific means of HIV transmission. This classification is not intended to minimize the importance of other ways of characterizing people at risk for HIV or in need of HIV prevention services. For example, there are good reasons in some situations to classify people according to demographic characteristics (e.g., age, race/ethnicity) or by occupation ("sex worker"). The use of behavioral risk populations has two primary advantages. First, it highlights the importance that CDC places on clarifying the behavioral risk that is the target of prevention efforts. Second, it provides a common denominator with which to describe the groups of people being served with CDC funds.

[2] For many purposes, CDC will project numbers of people to be served in an ensuing year based on the CT data submitted by the jurisdiction the previous year. Therefore, the intervention plan example reporting form Afor Counseling and Testing is limited to a narrative discussion of any differences that are anticipated between a previous year's service level and the level expected in the next year.

Note (as shown in the example below) that the data to be reported are an aggregate for all the interventions of a particular type funded for a particular population throughout the jurisdiction. For example, if a state funds five different outreach interventions for injection drug users, one form should be submitted that reflects all five interventions. If that same state funds three other outreach interventions to serve men who have sex with men, one report should be submitted that reflects those three MSM outreach activities. The example in the box below expands on this example for further clarification.

***Example*:** Assume that a jurisdiction funds several outreach interventions; some serve injection drug users, others serve men who have sex with men. The jurisdiction also funds several individual-level interventions for those two populations.

This jurisdiction would submit four separate sets of data in order to report on each of these combinations of interventions and risk populations.

- One report would summarize the data for all **outreach** interventions for **IDUs** that the health department funds.
- Another report would summarize all **outreach** interventions for **MSM**.
- A third report would summarize the data for all **individual-level interventions** for **IDUs**.
- The fourth report would contain the data for all **individual-level interventions** for **MSM**.

The worksheet found at the end of the chapter, *Determining Which Intervention Plan Data to Submit*, can also be used to determine which reports should be submitted.

Intervention plan data should reflect final agreements between the health department and providers about the nature and scope of the intervention to be provided. That is, this summary should report on the characteristics of the interventions *after negotiations or revisions are made in conjunction with health department staff*. This may be different from what providers initially propose. These projections should reflect services that will be offered during the entire budget year, beginning on the date that the award is made.

Methods

The worksheet, *Determining Which Intervention Plan Data to Submit*, can be used to determine which particular reports should be submitted. All interventions funded with CDC Announcement 99004 funding, including those implemented by health department staff, should be included. The example forms in this chapter are provided as resources for grantees and their subcontractors to use for reporting information about proposed interventions. There is one form for each of the major types of intervention (e.g., individual-level, outreach). These forms can be modified or added to as needed to meet the particular needs of each jurisdiction.

Notably, because some *programs* for a single target population may consist of multiple interventions, each intervention should have a separate intervention plan.

Also, some "interventions" have multiple, discrete components that, for the purposes here, should be classified as multiple components. For example, some areas jurisdictions may fund an intervention they refer to as community-level intervention (CLI) that is composed of a peer onion leader intervention, a media campaign, street outreach, and house-party interventions (i.e. group level intervention). This CLI is designed so that the component interventions support one another and create a "whole" effect that is greater than the sum of the "parts." However, if each of these four components meets the criteria for an intervention, then each one should be reported separately. As defined earlier in the chapter, an intervention is...

- ...a specific activity (or set of *related* activities)...
- ...intended to bring about HIV risk reduction...
- ...in a particular target population...
- ...using a common strategy for delivering the prevention messages.

An intervention...

- ...has distinct process and outcome objectives and...
- ...a protocol outlining the steps for implementation.

If an intervention meets these criteria, a separate report should be made for it, even if it is related theoretically, conceptually, or programmatically to other distinct interventions.

> **Note: Some grantees may choose to submit data for individual interventions as well as aggregate data.**

In addition to the required data, grantees may submit narrative data that supports, clarifies, or amplifies their submission. Examples of such optional information are a discussion of secondary populations and the perceived impact of that category on counts of people to be served or the "translation" of local categories for populations or interventions to the standard taxonomy.

Variables Required for Aggregate Intervention Plans and Process Evaluations

Individual- and Group-Level Interventions								
	I[3]	P[4]		I	P		I	P
• Jurisdiction identification • # of interventions • Types of agencies • Risk population • Demographics of clients to be served • Demographics of clients served	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	• Evidence basis • Service plan • Statewide def./guidelines • # of counseling sessions received	✓ ✓	 ✓ ✓	• Settings • Staffing • Expenditures		✓ ✓ ✓
Outreach								
• Jurisdiction identification • # of interventions • Types of agencies • Risk population • Demographics of clients to be served • Demographics of clients served	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	• Evidence basis • Service plan • Statewide def./guidelines • Prevention materials distributed	✓ ✓	 ✓ ✓	• Settings • Staffing • Expenditures		✓ ✓ ✓
Prevention Case Management								
• Jurisdiction identification • # of interventions • Types of agencies • Risk population • Demographics of clients to be served • Demographics of clients served	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	• Statewide def./guidelines • # of PCM sessions received • Average # of PCM sessions per client		✓ ✓ ✓	• Staffing • Expenditures		✓ ✓
Partner Counseling and Referral Services								
• Jurisdiction identification • # of interventions • Types of agencies • Risk population • Demographics of clients to be served • Demographics of clients served	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	• Statewide def./guidelines • # of partners identified • # of notified partners counseled • # of notified partners tested • # of notified partners testing positive		✓ ✓ ✓ ✓ ✓	• Staffing • Expenditures		✓ ✓
Health Communications / Public Information								
• Jurisdiction identification • # of interventions • Type of HC/PI intervention • Types of agencies • Risk population	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	• Evidence basis • Service plan • Statewide def./guidelines • # of hotline callers • # of clearinghouse materials requested	✓ ✓	 ✓ ✓ ✓	• # of presentations • Electronic/print media exposure • Staffing • Expenditures		✓ ✓ ✓ ✓
Other Interventions								
• Jurisdiction identification • # of interventions • Types of agencies • Type of "Other Intervention"	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	• Description of "Other Intervention" • Staffing • Expenditures	✓ ✓	✓ ✓ ✓ ✓			

[3] I = Data requested for *Intervention Plans*

[4] P = Data requested for *Process Evaluations*

WORKSHEET

Determining Which *Intervention Plan* Data to Submit

1. If you fund at least one of the following *Intervention Types* for a particular *Risk Population* with CDC Announcement 99004 funds, put a check mark (✓) in the corresponding cell.

2. Submit a separate set of data (or use one of the example forms found in this chapter) for each "intervention type by risk population" with a check mark.

Risk Population* Intervention Type	MSM	MSM/IDU	IDU	Hetero-sexual	Mother With or at Risk for HIV	General Public
Individual-Level						
Group-Level						
Outreach						
Prevention Case Management						
Partner Counseling and Referral Services						
Health Communication and Public Information						
Counseling and Testing**						
Other Interventions (including community-level)						

* MSM: Men who have sex with men

MSM/IDU: Men who have sex with men and are also injection drug users

IDU: Injection drug users

See *Instructions and Definitions for Reporting Intervention Plan Data*, for more detailed definitions of the risk populations.

** For Intervention Plans, the only information asked for concerning Counseling and Testing is whether significant changes are expected in the number or type of clients seen.

APPENDIX

Instructions and Definitions for Reporting Intervention Plan Data

BURDEN STATEMENT

Public reporting burden of this collection of information is estimated to be 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, 303333; ATTN: PRA (0920-0497).

GENERAL INSTRUCTIONS

The intervention plan reflects basic characteristics of interventions for specific risk populations as they are proposed at the beginning of a funding cycle in the jurisdiction. These data provide a timely snapshot of the distribution and coverage of HIV prevention services scheduled to occur in the next year.

CDC requests that health departments provide aggregate data from their jurisdiction for each of the seven types of interventions[5] for each risk population (defined here as a risk exposure category). The jurisdiction-level aggregate data for all intervention types requested by CDC includes

- a count of the **agencies providing the interventions**, by type (e.g., minority-owned CBO, local health department)
- a projection of the number of **clients to be served**

[5] For the purpose of the CDC 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."* (See chapter 3 of *Volume2: Resources* for further discussion of this distinction).

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.

For some types of interventions, health departments will be requested to provide

- a **categorization of the funded interventions** based on
  - the adequacy of the evidence or theory used to support the development and implementation of the intervention *in addition to* the providers' experience with the intervention and their constituent population
  - the extent to which the service provider explained how and why the intervention will achieve its intended effects *in their setting*
  - the adequacy of the service plan for implementing the intervention

Each individual intervention plan—which may be in the form of contracts, workplans, or other agreements between the health department and the provider—may include much more information than is requested here. For instance, each intervention plan likely includes process and outcome objectives, detailed plans for implementing the intervention, and descriptions of quality assurance systems.

The data requested here constitute a minimal standard description of the HIV prevention services that can be used by CDC for accountability and program improvement. Health departments may want to collect additional information for their own management, accountability, and program improvement purposes. In addition, the data asked for here are an aggregate reflecting a type of intervention in the jurisdiction for a particular population (e.g., all outreach in the jurisdiction for injection drug users). Each health department will have more detailed information on each separate intervention to be used for management and evaluation purposes. Data at the separate intervention level are not being asked for by CDC through this reporting system.

COMPILING THE INTERVENTION PLAN 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 is asked to report the data elements in the manner defined on the example report form for each type of intervention. 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. However, these data may be collected, managed, analyzed, and reported using the technology that is most convenient for the health department. In other words, these data may be submitted as hard-copy on these example forms, or they can be submitted as an electronic file, with the data formatted to match that used on the forms.

The Seven Types of Interventions (Which Data to Report)

Each aggregate intervention plan report consists of descriptive data for one of seven particular types of interventions that will be provided *for a specific risk population* in the jurisdiction. The table on the following pages defines each of these seven types of interventions. An aggregate intervention plan compiles the data describing all of a single type of intervention for one risk population.

For example, one intervention plan report should include all the outreach that is funded for MSM throughout the jurisdiction. If the health department funds or provides 10 outreach interventions for MSM, then the one outreach intervention plan report should reflect all 10 of those. Another report would cover all outreach funded for IDUs, and a third would include all outreach targeting people with heterosexual risks.

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

IMPORTANT NOTE: **No intervention plan report needs to be made for intervention types that are not funded for a given population. Thus, if the jurisdiction does not fund any individual-level interventions for people with heterosexual risk, no report is needed for this group. Similarly, if no interventions at all are funded for the general population, no reports would be needed for this risk population.**

Intervention Types Used in CDC's Evaluation Data System	
A. Individual-level Interventions (ILI)	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. **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 *not* include outreach or prevention case management, which each constitute their own intervention categories.**
B. Group-level Interventions (GLI)	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. **Note**: **Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does *not* 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.**
C. Outreach	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.
D. Prevention Case Management (PCM)	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.
E. Partner Counseling and Referral Services (PCRS)	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.

F. Health Communications/ Public Information (HC/PI)	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. **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. **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. **Hotline:** Telephone service (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups. **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. **Presentations/Lectures:** These are information-only activities conducted in group settings; often called "one-shot" education interventions.
G. Other Interventions	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). 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.

Data Elements Found on All Forms

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.

The intervention plan data elements are the same for all interventions except for health communications/ public information (HC/PI) and other interventions; HC/PI and other interventions each has one section that differs from the standard set of data elements. The next section of this document discusses the common data elements found in the intervention plans for the seven types of interventions. Where appropriate, the intent of particular items is examined, and definitions of the terms used are provided. The final sections of this document describe the unique data elements for HC/PI and other interventions.

The following categories reflect the major sections of the jurisdiction aggregate form for all intervention types. The italicized numbers and words correspond to the accompanying form. The material that follows provides additional explanation or guidance for obtaining and aggregating the requested data.

Item #1 Jurisdiction ID

This field should be completed with the name of the grantee jurisdiction (state, territory, or directly funded city).

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 intervention plan form is designed to capture data about interventions funded to provide 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 will address the HIV prevention needs of men who report sexual contact with other men or with both men and women.
MSM/IDU	Intervention will address the HIV prevention needs of men who report **both** sexual contact with other men **and** injection drug use.
IDU	Intervention will address 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 will address 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 will address the HIV prevention needs of women who have HIV or are at risk of becoming infected *and* who are pregnant and, thus, at risk of transmitting HIV to their infant.
General Population	Intervention will not be targeted to any specific groups whose behavior puts them at high risk for HIV infection. These interventions may be 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 address more than one exposure risk population. 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 sexual behavior is the primary emphasis of the intervention.

However, some interventions may address more 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 partner's 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 more 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 Number of interventions for this risk population to be provided by the following types of agencies (sum should equal total interventions this form describes).

Within the jurisdiction, health departments may fund many types of agencies to provide a particular type of intervention for one risk population. In addition, health department staff may implement that type of intervention. This item will describe the array of service providers offering those interventions for a risk population. An example, using "Jurisdiction K," is provided below. Jurisdiction K has 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 providing 10 individual-level interventions for MSM in the jurisdiction.

❶
Four individual-level interventions for MSM are provided by several CBOs. One CBO with a minority board provides one of these interventions, and it is entered on the first line below.

❷
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.

❸
The State Health Department provides one of the individual-level interventions. On the appropriate line, a "1" is entered.

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 ❶	1	State Health Department ❸	1	Academic Institution ❺	1	Other Agency *(please specify*	
CBO - Non-Minority Board ❷	3	Local Health Department ❹	4	Research Center Individual			
Faith Community		Other Government					
						Total	10

❹
The state also funds three local health departments to provide MSM individual-level interventions. One of the local health departments delivers two of these, and the other two local health departments provide one each, for a total of 4 interventions on the "local health department" line above.

❺
A school of public health at a university in the jurisdiction provides 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 themselves as a *health department* (either state, county, or city) rather than as a research center.

Item #6 Clients to be served with CDC funds

These fields are for estimated numbers of clients expected to be served during the ensuing year. The required column and row totals are found at far right of the table. However, if data *are* available for the cross tabs (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 to be 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 expected to be served with this intervention.

IMPORTANT NOTE: **For PCRS, these estimates are for the number of HIV-infected clients who are expected to be the index case for which PCRS will be initiated. 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 is found to be HIV-infected and receives PCRS.**

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 to be 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 give 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 interventions do not target particular racial and ethnic groups, use the *"NT"* (not targeted) rows.

Sex: If interventions do not target a particular sex, then enter the number of clients to be served in the *"NT"* (not targeted) 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 client's transgender status will not be known, and they will identify as the sex to which they have changed.

Item #7 Basis of intervention
Justification for application to this target population and setting

Item #8 Service delivery plan

The purpose of this section is to determine the extent to which the development of and plans for funded interventions are based on a strong foundation of scientific evidence or theory (as called for in the supplemental guidance for community planning) and have adequate plans to help ensure that they can be implemented well to achieve their outcome objectives. The three criteria are scientific or empirical evidence, justification of this intervention to the target population and setting, and sufficient detail in the plans for implementing the intervention.

These sections are designed to be completed by a health department grantee staff person who is familiar with these categories and the interventions that are being proposed. It is assumed that service providers will furnish the underlying information, in some form, to the health department. The information for each of these characteristics is likely to be found in proposals, contracts, or other supporting documents that providers make available to the health department.

IMPORTANT NOTE: **Each of the characteristics in this section requires a judgment to be made by health department staff. There are no absolute criteria for what constitutes adequacy.**

STEP 1. Assessing the intervention's evidence basis

Interventions developed by local providers are often the result of multiple sources of information. Their professional and community experience is a critical source of important, practical information about "what works." In addition to practical experience, it is important that interventions have a basis in evidence or theory. This item calls for grantee staff to make a determination about the sufficiency of the evidence used in the development of each intervention. That is, someone must decide whether activities based on scientific evidence have been adequately integrated into the proposed intervention. The resulting determination is a simple designation of "Evidence Provided" or "Evidence Not Provided."

There are multiple types of evidence or theory that can be used to support a provider's proposed intervention. These include, but are not limited to:

- Data from an evaluation of their own intervention
- Data from an evaluation of a similar intervention
- A theoretical basis from the scientific literature
- A fully articulated informal theory

Care must be taken in making this assessment to determine the extent to which the evidence has actually been used and not just referred to in the proposal. For example, there may be cases in which a proposal contains a long discussion about a behavioral theory (e.g., the Health Belief Model) or another agency's previously evaluated intervention. However, a careful reading of the proposed intervention suggests that the provider did not actually include substantial program elements based on that theory. Similarly, another intervention may be based solely on a provider's past experience, with little incorporation of scientific principles or methods that have been evaluated and found to be effective.

STEP 2. Assessing the intervention's justification for application to this target population and setting

In addition to a description of the basis for the intervention (scientific or otherwise), an intervention plan should also make clear how they believe the proposed intervention activities are expected to lead to the *outcome objectives* stated for it. In particular, the plan should discuss how the intervention is expected to work with the target population and in the provider's specific setting. This logic can be described with words and it can be depicted graphically with a logic model that depicts the proposed relationship between the intervention and expectations concerning its outcomes or effects.

This assessment will also result in a judgment to designate the justification to the particular target population and setting as "Sufficient" or "Insufficient."

STEP 3. Determine the ONE cell in item #7 that best describes each intervention with respect to these two characteristics

When the sufficiency of the evidence or theory and of the justification for the setting (Steps 2 and 3) have been determined, *each intervention* can be categorized into one cell of the table shown (see example on next page). Each cell represents different combinations of the two alternatives for each characteristic (i.e. sufficient vs. insufficient evidence, sufficient vs. insufficient justification). Therefore, only one of the four options should be selected for each intervention.

For example, if you have examined one intervention and found that it has sufficient evidence or theory but inadequate justification for its current target population and setting, you would place it in the bottom left-hand cell (see the following example table).

Example with 1 intervention

[7] Evidence or Theory Basis for the Intervention and Justification for Application to the Target Population and Setting		
	Evidence or Theory Provided	**Evidence or Theory Not Provided**
Intervention Is Justified for Application to the Target Population and Setting		
Intervention Is *Not* Justified for Application to the Target Population and Setting	✓	

STEP 4. On Item #7 below, enter the total number of interventions per cell that correspond to these characteristics.

To determine the aggregate counts across the jurisdictions, total the number of interventions in each cell. If there are, for example, 10 interventions of a particular type that you are assessing, each one must be categorized and the sum of each cell reflected in the table that is reported. While calculating the aggregate for this table, you may find it easier to make tally marks as you are entering these data.

In the following example, two interventions were determined to have both sufficient evidence or theory and justification for their target population and setting. Another three were justified for their target population and setting, but were deemed to have insufficient scientific evidence. Four had adequate scientific evidence but were not justified for their current target population and setting. Finally, one intervention was judged to have fallen short on both criteria.

Example with 10 interventions

[7] Evidence or Theory Basis for the Intervention and Justification to the Target Population and Setting		
	Evidence or Theory Provided	**Evidence or Theory Not Provided**
Intervention Is Justified for Application to the Target Population and Setting	2	3
Intervention Is *Not* Justified for Application to the Target Population and Setting	4	1

STEP 5. Determining the sufficiency of the service plan

The final decision that grantee staff are asked to make is a determination of the sufficiency of the service plan for implementing the intervention. The service plan should address a variety of logistical issues, including

- format, setting, content, and delivery of the intervention
- a realistic plan for reaching the proposed number and type of clients
- provider training and supervision
- quality assurance and accountability mechanisms (including the methods for collecting the necessary process and outcome monitoring data)

Once again, it is important to note that there are no absolute criteria for what constitutes *sufficiency*. This section requires a judgment on the part of grantee staff as to whether the resources and plans will allow the intervention to be successfully executed given its current context within the jurisdiction.

A determination of "sufficient" or "insufficient" should be made for each intervention.

STEP 6. On Item #8 below, enter the total number of interventions with sufficient service plans and the total number of interventions with insufficient service plans. The sum of the two cells should equal the number of interventions the form describes.

Enter the total number of interventions of this type that have sufficient and insufficient service plans.

Item #9 Notes/Comments field

This *optional* field provides the grantee with an opportunity to provide explanation, clarification, or additional information that it believes is necessary for understanding the categorical and numeric data provided on this form. This field is to be used at the discretion of the jurisdiction and may be left blank if irrelevant or not needed.

Data Elements Specific to Particular Interventions

Health Communications/Public Information

Item #10 In the table to the right, enter the number of HC/PI interventions for this risk population to be 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 are funded to offer those four types of HC/PI interventions for a risk population during the previous year.

Other Interventions

Item #11 Mark the one category that best describes the other interventions to be implemented.

This item should be used to characterize the type of other interventions that are 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 as necessary. 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.

Counseling and Testing

Item #12 Please describe any expected changes in the number or characteristics of clients who will receive counseling and testing services in the next year. The following is a partial list of issues that may affect your services; please address any issues you believe to be relevant.

- ***Priorities in areas of high rates of HIV seroprevalence or AIDS incidence***
- ***Priorities in areas serving clientele known to have high rates of HIV infection or risk behaviors that place them at risk of HIV infection***
- ***Changes due to HIV reporting***
- ***Changes due to managed care activities in the jurisdiction***

There are no new reporting requirements related to Counseling and Testing. However, CDC needs to be able to estimate anticipated service levels for this type of intervention. As noted on the example form, CDC staff will use data from the last year's "HIV Counseling and Testing Report Form" to estimate the number and characteristics of clients you anticipate serving in the coming year.

If substantive changes from your previous year's service are expected, you can report these anticipated differences with this item.