

**11/01 COMPLETE IVORY SHEET ONLY IF PART OF ALL OF THE INTERVENTION INVOLVING HEALTH COMMUNICATION/PUBLIC INFORMATION (HC/PI) – Electronic or Print Mass Media, Educational Presentation, Clearinghouse, Theater, Hotline, or Other Media:**

Date: \_\_\_\_\_

**Health Communications/Public Information  
– Intervention Plan –  
Jurisdiction Aggregate Form**

Complete a <i>separate</i> form for each primary population served by this type of intervention			
<p>[1] Jurisdiction ID: _____</p> <p>[2] Intended number of health communications/public information (HC/PI) interventions this form describes: _____</p>	<p><b>Risk Population</b> Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p>	<p><b>[3a] Primary Population</b></p> <p><input type="radio"/> MSM  <input type="radio"/> MSM/IDU  <input type="radio"/> IDU  <input type="radio"/> Heterosexual  <input type="radio"/> Mother with/at risk for HIV  <input type="radio"/> General Public</p>	<p><b>[3b] Sub- Population</b></p> <p><input type="checkbox"/> Alcohol/Non-IDU  <input type="checkbox"/> Homeless  <input type="checkbox"/> Sex Workers  <input type="checkbox"/> Prisoner/Detained  <input type="checkbox"/> Female Partners of MSMs  <input type="checkbox"/> Female Partners of IDUs  <input type="checkbox"/> Other (specify)</p> <p><b>[4] Secondary Population</b> <i>(only if applicable)</i></p> <p><input type="radio"/> MSM  <input type="radio"/> MSM/IDU  <input type="radio"/> IDU  <input type="radio"/> Heterosexual  <input type="radio"/> Mother with/at risk for HIV  <input type="radio"/> General Public</p>

**[5] In the table below, enter the intended 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.**

<p><b>The following are examples of the five categories:</b></p> <p><b>Electronic Media:</b> Television, radio, e-mail, Internet/www.</p> <p><b>Print Media:</b> Newspaper, magazines, direct mail, billboards.</p> <p><b>Presentations/Lectures:</b> Informational activities conducted in-group settings; often called "one shot" education interventions.</p> <p><b>Hotline:</b> Telephone services offering up-to-date information and referrals.</p> <p><b>Clearinghouse:</b> Service providing information and materials to the general public as well as high-risk populations.</p>	Type of Agency	Electronic Media Campaign	Print Media Campaign	Presentations/ Lectures	Hotline	Clearinghouse	Other	
	State Health Department							
	Local Health Department							
	CBO – Minority Board							
	CBO – Non-Minority Board							
	Faith Community							
	Other Government							
	Academic Institution							
	Research Center							
	Individual							
	Other Agency (Please Specify)							

**THE FOLLOWING INFORMATION IS OPTIONAL FOR THE INTERVENTION PLAN**

**Health Communications/Public Information  
- Intervention Plan -  
Jurisdiction Aggregate P. 2**

**[6] Intervention Characteristics and Objectives**

<b>Goal(s)</b>
a)
b)
<b>Outcome and Process Objectives:</b>
a)
b)
c)
d)
e)
f)
g)

<b>Intended Number of Referrals: (Complete all that apply; enter # in space).</b>			
STD Clinics		Government/Entitlement Programs	
HIV Counseling & Testing		Job Skills/Acquisition	
Tuberculosis Clinics		Counseling/Social Services	
Drug/Alcohol Assessment/Treatment		Financial Assistance	
Family Planning		Food/Clothing	
Mental Health		Housing/Shelter	
HIV Early Detection		HIV Partner Notification	
Medical Services		Case Management	
Dental Services		<i>Intended # of Referrals Followed Through</i>	

<b>Proposed Implementation System: Settings /Distribution Channels. (For Presentations/Lectures and Theater Productions Only) Intended Settings for Productions: (check all that apply and enter #)</b>	
Correction/Detention Facility	
Community Setting	
Drug Treatment Facility	
School/Educational	
Other _____	

**Evaluation System:**

<b>Type of Evaluation:</b> [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

<b>Evaluator:</b> [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____

**Proposed Implementation System: Monitoring and Evaluation**

<b>Monitoring System</b>
<b>Key elements of the monitoring system:</b>
<b>WHO:</b> What type of staff will monitor the project?
<b>HOW:</b> How <u>and</u> how often will monitoring data be collected?
<b>WHERE:</b> Where will monitoring data be collected?

**CONTINUE WITH OTHER COLORED SHEETS IF PROPOSED PROJECT HAS OTHER TYPES OF INTERVENTIONS INVOLVED.**