

# Completing the Intervention Plan

Instructions: Instructions for completing each section of the Intervention Plan are provided in the respective sections. Generally:

- When boxes ( or ) are provided in sections, either one or more boxes should be checked () as instructed in the respective section.
- When lines (\_\_\_\_) are provided after responses, these spaces should be completed with numbers or phrases, as instructed in the respective section. (In several areas, you are asked to supply a proposed or intended number, since the project is at the proposal stage, not the implementation stage. For instance, you are asked to estimate the number of individuals by risk categories that you hope to reach. Likewise, you are asked to provide the expected number of materials you hope to distribute.)
- A white page appearing in the front of the Intervention Plan should be completed for the entire proposed project. **The white page needs to be completed by all potential or current grantees.**
- Colored pages pertain to specific types of interventions as indicated at the top of these pages. For example, information on the gray pages pertain only to activities that involve Individual Level Intervention (ILI). Only projects in which all or part of the intervention involves Individual Level Intervention need to complete these gray pages. There are seven colored sheets in total, pertaining to seven different types of interventions. Projects with multiple types of interventions would complete more than one color-coded section. For instance, a project with Individual Level Interventions AND Outreach would complete gray and green sections.

Further, each type of intervention may involve more than one primary target population or risk behavior group. For instance, your agency may provide Outreach for men who have sex with men (MSM) and for injection drug users (IDU). If this were the case, you would need to complete one green sheet for Outreach activities reaching MSMs, and another green sheet for Outreach reaching IDUs. On the first green sheet, you would check MSM as the primary risk behavior group, and on the second green sheet, you would check IDU as the primary risk behavior group in the first cell on the sheet. Additionally, you may have two or more other risk behavior groups reached by interventions that actually target one particular risk behavior group. For instance, if you sponsor a program that primarily seeks to provide outreach to MSMs, but occasionally outreach staff also reach those with heterosexual risk or people in the general public while providing outreach, you would check IDU and General Public in the secondary risk behavior section. However, the remainder of the demographic reporting (i.e., reporting on age, race/ethnicity, and sex/gender on each colored page) pertains only to the primary risk behavior group check on that page. So, using the above example, if you believe that your outreach projects attempts to reach MSMs, IDUs and the General Public equally, you would then want to complete a green page for each of these primary risk behaviors groups.

Below are definitions and examples, which should help you in completing the Intervention Plan. If a grant or contract is awarded to your agency, the Intervention Plan will become the basis for routine reporting during the course of the project. In other words, an update to the Intervention Plan (which is called the Process Monitoring Form) would be completed during regular intervals with information about the implementation of your project.

## DEFINITIONS AND EXAMPLES

### I. BACKGROUND SECTION

**Applicant's type of agency:** Check the type of agency that best describes your agency.

**Name of applicant agency:** Enter the name of the agency or collaborative group implementing this project. An example of a collaborative group would be a coalition of agencies providing HIV prevention, but which is working together on an HIV-specific project, such as a Community-Wide Planning Group activity. This category would likely be used rarely, but is provided as an option. If the name includes an acronym, please provide the full name as well as the acronym.

**Reporting Period:** Enter the quarter dates for which you are reporting.

**Corresponding Community Plan Strategy:** For this item, refer to the current Pennsylvania Community HIV Prevention Plan to identify the strategy (ies) outlined in that document that correspond(s) to your proposed project.

If the proposed project does not correspond to a particular strategy or strategies discussed in the Community Plan, enter "No" in the space provided.

**Corresponding Community Plan Target Population:** This item also refers to information from the jurisdiction's HIV Prevention Plan. If the proposed project targets one or more populations listed in the Prevention Plan, check "Yes". If it does not target at least one priority population listed in the Plan, check "No".

**Type of Evidence Used as a Scientific Basis for this Project:** Indicate which type(s) of evidence described on this form contributed to the development of the intervention or interventions involved in the project. An outline on HIV prevention theories has been provided for completing the Intervention Plans. The following definitions apply:

*Formal theory* refers to a behavioral or social science theory found in the professional literature (e.g., Social Cognitive Theory, Stages of Change Model, Harm Reduction Model).

*Informal theory* refers to an articulation of hypothesized or expected relationships between intervention components and their intended effects (e.g., relationships between intervention components and intended effects based on logic model).

**Types of interventions:** The table below defines the seven types of interventions on which it is possible for you to report using the Intervention Plans. In the right hand column are examples of activities funded by the PA Department of Health that help further define the types of interventions. Check as many types of interventions as necessary to explain your agency's HIV prevention/education activities. Then, continue to complete as many as the colored pages as necessary to describe each of your interventions.

## COMPARISON OF CDC's INTERVENTION TYPES WITH CURRENT REPORTING CATEGORIES

| CDC's  | Examples of Activities that Fit Corresponding Category<br>(list is not exhaustive)   |
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| <p><b>Individual-Level Interventions (ILI)</b><br/>Health Education and Risk-Reduction Counseling (HE/RR) <u>with a risk-reduction skills component*</u>, provided to 1 person at a time.</p> <ul style="list-style-type: none"> <li>• Excludes Outreach.</li> <li>• Excludes Prevention Case Management</li> </ul>  | <ul style="list-style-type: none"> <li>• Demonstrate condom/barrier use with individuals (street or other setting).</li> <li>• Provide individual client-centered risk reduction. (If an ILI eventually leads the client to be counseled and tested, you may still count the client as an ILI contact, and also report contact with the client in the regular HIV counseling and testing reporting mechanism, i.e., "purple sheets").</li> <li>• Demonstrate bleach kit use with an individual (street or other setting).</li> <li>• Get client to <u>think</u> about his/her own risks and ways of reducing risks.</li> </ul>   |
| <p><b>Group-Level Intervention (GLI)</b><br/>Health Education and Risk-Reduction Counseling (HE/RR) <u>with a risk-reduction skills component</u>, provided for more than 1 person at a time.</p> <ul style="list-style-type: none"> <li>• Excludes "1-shot" Educational Presentations (unless a presentation includes a risk-reduction component*).</li> <li>• Excludes Lectures (that, by nature, do not include a risk-reduction component).</li> <li>• Excludes Outreach.</li> </ul> | <ul style="list-style-type: none"> <li>• Demonstrate condom/barrier use with group (street or other setting).</li> <li>• Provide client-centered risk reduction for group. (If a GLI eventually leads the one or more clients in the group to be counseled and tested, you may still count the client(s) in GLI contact, and also report contact with each of the clients in the regular HIV counseling and testing reporting mechanism, i.e., "purple sheets").</li> <li>• Demonstrate bleach kit use with a group (street or other setting).</li> <li>• Get clients in the group to <u>think</u> about his/her own risks and ways of reducing risks.</li> <li>• Hold risk reduction group meeting with partners of HIV+ individuals.</li> <li>• Hold group risk reduction session in detention centers, drug rehabilitation, transitional living centers, and the like (single or multiple sessions).</li> <li>• Hold pre-natal class with risk reduction skills component.</li> <li>• Hold home/safer sex parties with risk-reduction skills component.</li> <li>• Education presentation THAT INCLUDES a risk-reduction skills component.</li> </ul> |
| <p><b>Outreach</b><br/>Educational Interventions (without a risk-reduction skills component) conducted face-to-face in places where clients congregate.</p> <ul style="list-style-type: none"> <li>• Excludes "1-shot" Educational Presentations.</li> <li>• Excludes lectures.</li> </ul>   | <ul style="list-style-type: none"> <li>• Distribute condoms to individuals or groups (street corner or other places).</li> <li>• Distribute bleach kits to individuals or groups (street or other settings).</li> <li>• Conduct door-to-door outreach/community sweeps.</li> <li>• Sponsor social events/mixers with HIV-prevention component (no skills component).</li> <li>• Provide peer outreach.</li> <li>• Conduct outreach in bars, crack houses, shooting galleries, barber/hair salons, dance centers, welfare departments (no skills component).</li> <li>• Hold house parties without risk-reduction skills component.</li> </ul>  |

\*Note: A risk-reduction skills component can be cognitive (you get people to think about their own risks and how they might reduce risks) and/or behavioral (you get people to practice risk reduction skills).

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| <p><b>For future reference—not collecting data on the following at this time:</b><br/> <b>Prevention Case Management (PCM)</b><br/> 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. See * at end of this table.</p>               | <ul style="list-style-type: none"> <li>• Case manager/counselor makes telephone contact to follow-up on referrals (as one of the 7 components of PCM).</li> <li>• Give individual prevention support (as a component of PCM).</li> <li>• Coordinate services (as a component of PCM).</li> <li>• Develop risk-reduction plan with client enrolled in PCM.</li> <li>• Provide risk-reduction counseling with client enrolled in PCM.</li> <li>• Meet with partner of HIV+ client as part of risk reduction plan.</li> </ul>   |
| <p><b>Partner Counseling and Referral Services (PCRS)</b><br/> Systematic approach to notifying sex/needle sharing partners of persons whom are HIV-infected.</p> <ul style="list-style-type: none"> <li>• Excludes pre-test (prevention) and HIV testing.</li> </ul>  | <ul style="list-style-type: none"> <li>• Offer partner counseling and referral services to individuals who test HIV-positive.</li> <li>• Contact partners of people identified as HIV-positive through counseling and testing or people with HIV/AIDS identified in through other HIV/AIDS-related services.</li> <li>• Contact partners of people identified as HIV-positive through death notices.</li> <li>• Contact partners of individuals who get viral load &amp; CD4 testing.</li> </ul>   |
| <p><b>Health Communications/Public Information (HC/PI)</b><br/> Delivery of planned prevention messages to target audiences to support risk reduction, provide information, increase awareness or build general support for safe behavior with use of:</p> <ul style="list-style-type: none"> <li>• <b>Electronic or Print Small or Mass Media (non-interactive).</b></li> <li>• <b>Educational Presentations.</b></li> <li>• <b>Clearinghouses (interactive).</b></li> <li>• <b>Excludes</b> Group-Level Interventions with risk-reduction skills component.</li> </ul> | <ul style="list-style-type: none"> <li>• Complete HIV unit in school health class.</li> <li>• Deliver one-time or multiple-session HIV/AIDS information talk, such as at a Rotary Club or manage Speaker's Bureau on HIV-prevention issues for civic/social organizations.</li> <li>• Produce radio broadcast, TV/cable programs, and public service announcements with information about HIV/AIDS.</li> <li>• Provide educational group meetings with partners of HIV-positive individuals (without risk-reduction skills component).</li> <li>• Provide education in conjunction with TB, STD, and prenatal clinics.</li> <li>• Provide education in conjunction with faith-based groups.</li> <li>• Provide newsletter with HIV prevention and counseling &amp; testing information (hard copy, electronic).</li> <li>• Provide peer training for HIV prevention.</li> <li>• Conduct conference/training for providers (health care or other professionals, faith-based, peers).</li> <li>• Conduct staff training for Women, Infants, and Children (WIC), public welfare, prison, and other agency staff.</li> <li>• Provide information about HIV prevention to one-time callers, walk-ins, callers referred by other agencies, etc.</li> <li>• Show or produce movies/videos with HIV-prevention information.</li> </ul> |

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| <p><b>Other</b><br/>Interventions not described by the definitions of the other 6 intervention types. Includes community-level interventions that seek to improve the risk conditions and behaviors in a community through focus on the community as a whole, rather than by intervening with individuals or small groups.</p> | <ul style="list-style-type: none"> <li>• Plan and conduct community-wide conferences/training regarding HIV-prevention information and support for HIV/STD/TB prevention community-wide.</li> <li>• Assist professionals/agencies in developing and reviewing HIV prevention programming, policies, and approaches (e.g., universal precautions).</li> <li>• Network with civic, religious, and governmental leaders to enlist support for HIV prevention/education.</li> <li>• Participate in health fairs (staffed).</li> </ul> |
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\*In previous guidance, CDC has defined PCM as consisting of 7 essential components:

1. Client recruitment and engagement.
2. Screening and assessment of HIV and STD risks, medical and psychosocial service needs, and substance abuse treatment.
3. Development of a client-centered "Prevention Plan."
4. Multiple-session HIV risk-reduction counseling.
5. Active coordination of services with follow-up.
6. Monitoring and reassessment of clients' needs, risks, and progress
7. Discharge from PCM on attainment and maintenance of risk-reduction skills.

Though other prevention interventions may contain some of the elements above, the following differentiate these interventions from PCM. PCM includes:

1. Formal enrollment of "clients" into an ongoing service guided by professional standards.
2. Development of a formal relationship between a prevention case manager and a client, a relationship characterized by active, cooperative prevention planning, problem-solving, counseling, and referral provision.
3. In-depth, ongoing risk-reduction counseling that addresses specified behavioral objectives.

## II. COLOR-CODED SHEETS PER TYPE OF INTERVENTION

As explained above, complete the color-coded sections appropriate to the types of interventions that are part of your proposed project. For instance, if part of your entire proposed project entails Outreach, complete the Outreach section for this intervention. If your proposed project entails two types of interventions such as Outreach and Educational Presentations, then complete at least one Outreach sheet and one Health Communication/Public Information (HC/PI) sheet (for Health Communication/Public Information activities, of which Educational Presentations are a subcategory). Continuing with this example, report on the Outreach pages only the types and numbers of risk behavior group(s) you intend to reach as your primary target groups with Outreach activities; report on the HC/PI pages only the types and numbers of risk behavior group(s) you intend to reach as your primary target group with Health Communication/Public Information (HC/PI).

**[1] Jurisdiction Number:** Leave blank. The Pennsylvania Department of Health will input.

**[2] Number of interventions:** Enter the number of interventions you propose to implement. For instance, if you intend to implement 15 individual level interventions that target MSMs within the reporting period, enter this number on the page that specifies ILI's reaching MSMs (checked in the "Primary Population" in the "Risk Population" section).

**[3a] Primary Population, [3b] Sub-Population and [4] Secondary Population:** Note that "Risk Population" does not apply to interventions categorized as "Other" and reported on the blue sheet. Check the primary population that is represented on the respective Intervention Plan. There should only be ONE PRIMARY POPULATION PER FORM. Also, check as many secondary populations that you believe to apply. For instance, if you intend to reach MSMs with Outreach activities, check MSM. If these MSMs also represent a number of secondary risks, e.g. some are bisexual and also exhibit heterosexual risks; you may check the secondary population category for heterosexual. ***The key to determining the primary population of clients who exhibit multiple risks is to answer the question of what risk population does the intervention in question primarily targeting.***

The CDC and its grantees consistently use the listed categories of risk behavior groups in the U.S. Therefore, to ensure some uniformity or reporting across the U.S., **other types of categories cannot replace these categories**. However, in order to provide more specificity to the risk groups you choose as the primary population, you may use the OPTIONAL Sub-Population, as well as **[4] Secondary Population** categories. The following definitions apply:

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| MSM -                                       | Men who have sex with men and are at risk through unsafe sex (MSM may have sex with both men and women).   |
| IDU -                                       | Men and women who are at risk through unsafe drug injection practices (e.g., risk of using HIV contaminated syringes, needles, cookers, spoons, etc.). |
| MSM/IDU -                                   | Men who are at risk from both unsafe sex with other men and unsafe drug injection practices.   |
| Mothers with or at risk for HIV infection - | Women at risk for transmitting HIV during pregnancy, at birth, or during infancy.  |
| General Public -                            | Reserved for interventions not targeting a specific population or risk behavior group at risk for HIV infection.                                       |

**[3] Definitions to “Other Interventions”:** The following is a list of definitions related to the intervention type “Other”.

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| <i>Community Mobilizations -</i>  | The process by which community citizens take an active role in defining, prioritizing, and addressing issues in their community. This process focuses on identifying and activating the skills and resources of residents and organizations while developing linkages and relationships within and beyond the community for the purpose of expanding the current scope and effectiveness of HIV/STD prevention. |
| <i>Social Marketing Campaign:</i> | Application of commercial technologies to the planning and implementation of prevention programs. Social marketing is not social advertising, social education, attitude change, or socially responsible marketing of HIV prevention messages. Examples of social marketing programs at the CDC include the “America Responds to AIDS” campaign and the “5-A-Day Nutrition” campaign.                           |
| <i>Policy Interventions -</i>     | These interventions aim to change/influence policies that serve as barriers to behavior change. These interventions include, for example, decisions such as those that permit advertising and social marketing of condoms, allow for pharmacy sales of needles, and decriminalize prostitution.   |
| <i>Structural Interventions -</i> | These interventions are designed to remove barriers and incorporate facilitators of an individual's HIV prevention behaviors. These barriers or facilitators include physical, social, cultural, organizational, community, economic, legal, or policy circumstances or actions that directly or indirectly affect an individual's ability to avoid exposure to HIV.  |

**[5] Intended Number of Interventions by Types of Agencies:** Enter number of individuals you intend to reach by the intervention that corresponds to the agency doing the intervention. This number should equal the number in part **[2]**

**[6a]/[6b] Intended Clients served:** Note that collection of demographics information does not apply to Health Communication/Public Information (HC/PI) and “Other” Interventions. On the Health Communication/Public Information sheet, simply list the number of proposed interventions by the subtype (i.e., electronic media campaign, print media campaign, clearinghouse, or presentations/lectures), rather than attempting to provide demographic information of individuals who might be reached. For “Other” Interventions (i.e., those that do not fit

into any other Intervention category), simply provide descriptive information about the intervention rather than attempting to provide demographic information of individuals who might be reached.

The cells in area **[6a]** of the Intervention Plan allow you to report on number of clients by race, age and sex. The cells in **[6b]** of the Intervention Plan allow you to report on the number of clients by ethnicity, age and sex. In short, this means you are to categorize each client TWICE. Once in **[6a]** by **race** and then again in **[6b]** by **ethnicity**.

**For persons of Hispanic/Latino decent**, you may choose to categorize them first under “**Race Not Targeted/Other**” in **[6a]** and then under “**Hispanic/Latino**” in **[6b]**.

**Age:** Enter the number of unduplicated clients in your selected primary risk behavior group whom you intend to serve within each age bracket with *this* intervention during *this* reporting period. “Unduplicated” means that a client of a particular type of intervention, e.g., Outreach, is counted only once in the “Outreach” Process Monitoring Form for his/her primary risk population. However, if you propose to reach this person by another type of intervention as well, e.g., ILI, then he or she can be counted again in the “ILI” Intervention Plan. The sum of the row totals should equal the total number of clients you expect to serve with this intervention. If the intervention does not target specific age groups, then enter the total number of clients on the “Not Targeted by Age” row and then again for the total at the bottom of the cell.

**Race/Ethnicity:** If the intervention targeted individuals by race/ethnicity, or if the clients’ race/ethnicity can be anticipated be, enter the number of unduplicated clients you intend to serve as your primary target within each of the categories listed. The sum of row totals should equal the total number of unduplicated clients you intend to serve with this intervention during this reporting period.

If this intervention did not target particular racial or ethnic groups, then enter the total number of clients you intend to serve for the “Race Not Targeted/Other” category, and then again for the total at the bottom of the cell.

As mentioned briefly above, you will notice there is a cell for races, including American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White. These are the categories consistently used across the U.S. by the CDC and its grantees, as well as the U.S. Office of Management and Budget, to which the CDC ultimately reports. These are considered to be the major **race** categories in the U.S. You may also choose to report that the intervention was not targeted by race or that race cannot be known by choosing “Race Not Targeted/Other”; or, you may indicate that some clients fall under “More Than One Race”. In a separate section **[6b]**, you will see “Hispanic or Latino,” “Not Hispanic or Latino,” and “Ethnicity Not Targeted,” which provides a way to report Hispanic *ethnicity* of the total number of people reached by the respective type of intervention. If you or your Hispanic client do not choose “White” or “Black/African American” or another race category listed in the race cell, simply report these Hispanic clients in the “Race Not Targeted/Other” category in the race cell and report them again as “Hispanic” in the ethnicity cell. The Total number of clients in the race cell should equal the Total number in the ethnicity cell. Again, you may report those clients not targeted by Ethnicity.

**Sex/Gender:** Enter the number of unduplicated clients you intend to serve with this intervention within each category listed. The sum of the row totals should equal the total number of unduplicated clients you intend to serve with this intervention during this reporting period.

If this intervention does not necessarily target by sex/gender, then enter the total number of clients you intend to serve for the “Not Targeted by Sex/Gender” category, and then again for the total at the bottom of the cell. The following definition applies:

*Transgender* - Individuals who have undergone or who are undergoing a physical and psychological sex change.

**[7] Number of Clients by Setting:** Enter the number of clients you intend to reach in each type of setting listed. If the clients of a particular interventions will all be seen in one type of setting, e.g., “Community Setting,” then the total in “Community Setting” should equal the Total number of clients listed in **[6a]** and **[6b]**. The sum of clients in all settings should equal the total number of clients reported in **[6a]** and **[6b]**.