

b. Collaborate with constituents, CDC, and other relevant federal, national, state, and local organizations to achieve the purposes of the program.

c. Emphasize efforts to help young people avoid risks (*e.g.* to avoid sexual intercourse).

d. Based on a logic model, implement specific, measurable, and feasible goals and objectives. (Logic models depict the causal mechanisms through which interventions are expected to affect health behaviors.)

e. Evaluate the effectiveness of the program in achieving goals, objectives, and performance measures.

f. Participate in DASH-sponsored conferences and meetings of funded partners.

g. Disseminate program information and materials to constituents, stakeholders, CDC, and other DASH-funded partners.

h. Assess the status of constituents with regard to the purposes of the program and their needs for training, technical assistance, materials, and other resources.

i. Build the capacity of constituents by addressing the needs identified.

j. Plan and implement training and technical assistance based on constituent needs and the purposes of the program.

k. Identify and/or develop and disseminate model strategies, guidelines, procedures, programs, materials, and other resources.

l. Help constituents develop and implement effective strategies and programs.

m. Support locally determined programs consistent with community values and needs.

n. Assist constituents in the development of state or local coalitions to support the purposes of the program.

o. Develop and/or participate in coalitions and initiatives to support the purposes of the program.

p. Collaborate with constituents; state and local education, health, and social service agencies; non-governmental partners; and CDC and other federal agencies to develop strategies to support the purposes of the program.

The following activities are applicable to programs awarded with HIV prevention funding (Priorities 1 and 3):

a. Encourage state and local constituents to work collaboratively with health departments and HIV Prevention Community Planning Groups.

b. Emphasize reaching youth at highest risk for HIV infection as identified in CDC's HIV Prevention Strategic Plan Through 2005.

The following activities are applicable to Priority 6 only:

a. Assess the training and professional development needs of other organizations specifically as it pertains to their work under this program announcement.

b. Develop and implement a professional development plan that addresses the training needs.

c. In collaboration with the CDC-sponsored Professional Development Consortium, plan and implement at least two to three training events within a 12-month period for organizations funded under this program announcement.

d. Coordinate all logistical arrangements and disburse funds for significant costs associated with these training events, including travel, hotel, and per diem expenses for participants and presenters.

e. Evaluate the training events to inform necessary changes in future training offerings and designs.

f. Participate in at least one meeting of the DASH-sponsored Professional Development Consortium each year and conference calls as needed to plan and coordinate training events.

*Performance Measures:* Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Reduce the percentage of HIV/AIDS-related risk behaviors among school-aged youth through the dissemination of HIV prevention education programs. Performance is measured by the percentage of high school students who are taught about HIV/AIDS prevention in school and the proportion of adolescents (grades 9–12) who abstain from sexual intercourse or use condoms if currently sexually active.

Performance under Priorities 1 through 5 will be measured by the extent to which recipients:

a. Determine the need for the program based on the reported needs of constituents. Evidence might include: needs assessment reports and/or other data which identifies and documents specific needs for training, materials, or other forms of assistance and support.

b. Address the identified needs, and build constituent's capacity to plan, implement, and evaluate effective strategies and high quality programs. Evidence might include: reports documenting assistance provided to constituents and how the assistance was consistent with identified needs; documentation of the results of the organization's efforts at the constituent level (*e.g.* the number of interventions planned, implemented, and evaluated at the local level; the results of

evaluations; or the numbers of youth reached with effective interventions); and documentation of training activities designed to build knowledge and skills directly applicable to constituent activities and the purposes of the program (*e.g.* agendas, training materials, and lists of participants and other data collected with record keeping systems such as Training Tracker).

c. Collaborate effectively with constituents and local, state, national, and federal partners to achieve the purposes of the program. Evidence might include: documentation of activities with, and feedback from constituents; the results and outcomes of key meetings and events; documentation of participation, engagement, and support from constituents and other key organizations, including their involvement in the planning, implementation, and evaluation of the program.

d. Reduce health disparities by targeting efforts toward those youth at highest risk for the health problem(s) addressed. Evidence might include: data indicating the racial or ethnic characteristics of youth reached through constituent activities; documentation of grantee activities related to targeting youth at highest risk for the health problem(s) addressed; documentation of strategies utilized to reach underserved youth most in need of the program and to facilitate their participation in the program; documentation of established strategies and procedures to develop curriculum, education materials, and other information in formats that respect cultural values and meet the language and literacy needs of the target population; evidence of development and implementation of strategies to recruit, retain, train, and promote qualified, diverse, and culturally competent program personnel to address the needs of the youth being targeted; evidence, when applicable, of procedures to assess the quality and appropriateness of interpretation and translation services.

e. Monitor and evaluate program activities relative to stated goals and objectives, performance measures, and the effectiveness of selected strategies in achieving desired results. Evidence might include: progress reports indicating the degree to which goals and objectives and/or performance measures were achieved, and evaluation reports documenting the degree to which strategies and programs were delivered as intended, their effectiveness in achieving desired results, lessons learned, and how evaluation results will be used to improve the program.