

ATTACHMENT I: GLOSSARY OF HIV PREVENTION TERMS

Note: The definitions used here are specific to how the terms are used in CDC Funding Opportunity Announcement PS12-1201: Comprehensive HIV Prevention Programs for Health Departments.

Adaptation: Process of modifying an intervention without competing with or contradicting the core elements or internal logic. The intervention is adapted to fit the cultural context in which the intervention will take place, individual determinants of risk behaviors of the target population, and the unique circumstances of the agency and other stakeholders.

Annual Progress Report: Document annual progress reports are a requirement of this program, due 90 days following the end of each budget period. Reporting timeframe is calendar year (January to December).

Anonymous: Identifying information on the client being tested for HIV is not collected (involves no data or records that could identify a specific individual).

Adherence to antiretroviral therapy referred to as ART: Adherence

interventions focus on educating and motivating patients, building patients' skills, providing tools for better medication management and ongoing support, and addressing other issues that may act as barriers to adherence.

Application: A formal request to CDC for HIV prevention funding. The application contains a written narrative and budget reflecting the priorities described in the program announcement and the jurisdiction's comprehensive HIV prevention plan.

Behavioral data: Information collected to examine human behavior relevant to disease risk. For instance, relevant behavioral data for HIV risk may include sexual activity, substance use, condom use, etc.

Behavioral Intervention: Specific activity (or set of related activities) intended to change behaviors to reduce the possibility of

an individual becoming infected or spreading the human immunodeficiency virus

Behavioral Risk Screening: See “Risk Screening”

Biomedical Intervention: The use of medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness.

Capacity Building: process to increase the skills, infrastructure, and resources of individuals, organizations and communities. Capacity building is a key strategy for the promotion, delivery and sustainability of HIV prevention programs. As a result of capacity building on HIV prevention programs, the programs will (1) operate optimally and (2) increase their capacity to effectively deliver evidence-based interventions and core public health strategies for HIV prevention

Capacity Building Assistance refer to as CBA: Designed to assist in implementing and sustaining science-based and culturally proficient HIV prevention behavioral

interventions and HIV prevention strategies. The provision of CBA is free (not for fee) and is made available through a variety of methods including; training, technical assistance (TA), and technology transfer to individuals, organizations and communities. CBA is provided directly to communities, community-based organizations and health departments, CBA providers and CBA consumers are also available.

CARE Act: See “Ryan White Treatment Modernization Act”.

Centers for Disease Control and Prevention (CDC): The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CDC Recommended Guidelines: An official, CDC-endorsed document that describes the policies, procedures and

strategies for implementing specific HIV prevention activities.

CLIA: Establishes quality standards for all non-research laboratory testing performed on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, treatment of disease, or impairment of, or assessment of health. CLIA is user fee funded; therefore, all costs of administering the program must be covered by the regulated facilities, including certificate and survey costs.

CLIA certificate of waiver: This certificate permits to perform only waived tests. Waived tests are those that have been approved by the FDA and are simple to use, require very little training to perform and are highly accurate. The requirements for this type of testing are that the provider register with CLIA and obtain a certificate of waiver. There is a quality assurance plan and testing personnel have been trained to perform the test according to the manufacturer's instructions.

Collaboration: Working with another person, organization, or group for mutual benefit by exchanging information, sharing

resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Community Level Intervention (CLI): An intervention that seeks to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening only 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.

Comprehensive program, monitoring and evaluation (M & E), and quality assurance (QA) plan, referred to as the Comprehensive Program Plan: Document that details goals and SMART objectives for the proposed HIV program components/activities, the strategies to monitor and evaluate implementation and outcomes, and the set of activities carried out to define, design, assess, monitor and improve the quality of HIV prevention services and activities.

Comprehensive Risk Counseling and Services (CRCS, formerly PCM): CRCS is

an intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at high risk for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk.

Condom Distribution: Act of giving or delivering condoms to people.

Confidentiality: The protection of personal information collected by health organizations. An obligation to respect the privacy of a client by restricting access to and not willingly disclosing any information obtained in confidence.

Confirmatory Test: HIV test designed to confirm the results of a preliminary positive screening test.

Confirmed HIV-positive Test Result: An HIV-positive test result that is confirmed using a highly specific test. Both preliminary HIV-positive rapid test results and positive conventional test results must be confirmed by supplemental testing to

provide an HIV diagnosis. The person is considered HIV-positive only if the confirmatory test result is positive.

Cooperative Agreement: Financial assistance mechanism used by the federal government whereby money and assistance, including direct programmatic involvement with the recipient are provided to carry out approved activities.

Coordination: Aligning processes, services, or systems, to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments or structuring prevention delivery systems to reduce duplication of effort.

Core Components: Constituent essential, basic, central and often foundational part usually distinct from the enveloping part by a difference in nature.

Correctional Facility: A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders.

Cost analysis: Breakdown and verification of cost data, including evaluating specific elements of costs and examining them to determine the necessity, reasonableness, and allocability of the costs reflected in the budget and their allowability pursuant to the applicable cost principles.

Cost-effectiveness: A form of economic analysis that compares the relative costs and outcomes (effects) of two or more courses of action.

Counseling and Testing: A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.

Culture: The thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. Culture defines how health care information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and

concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given.

Cultural and Linguistic Competence: Set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations.

Competence: Implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Culturally Appropriate: Conforming to a culture's acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

Data Security: The protection of public health data and information systems in order to prevent unauthorized access or release of identifying information and accidental data

loss or damage to the systems. Security measures include measures to detect, document, and counter threats to data confidentiality or the integrity of data systems.

Data utilization process: Indicates how information will be used to support program planning, resource allocation, and evaluation. The plan should be update at least every two years or more frequently (as needed for program planning and evaluation purposes).

Demographics: The statistical characteristics of human populations such as age, race, ethnicity, sex, and size.

Direct cost: Costs that can be specifically identified with a particular project, program, or activity.

Effective: Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled than environments testing efficacy but that are still designed to ensure the desired effect can be attributed to the intervention in question.

Effective Behavioral Intervention (EBI): An intervention that meets the CDC's Research Synthesis criteria for best or promising evidence. These interventions have shown evidence of efficacy.

Ethnicity: The client's self report of whether they are of Hispanic or Latino origin.

Epidemic: The occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.

Epidemiologic Profile: Document that describes the effect of the HIV/AIDS epidemic on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The profile is a valuable tool that is used at the state and local levels by those who make recommendations for allocating HIV prevention and care resources, planning programs, and evaluating programs and policies.

Epidemiology: The study of the causes, spread, control, and prevention of disease in human beings.

Evaluation Question: Question in the evaluation plan that serves as the basis for deciding which data to collect. This information then should guide decision-making regarding program improvement.

Evidence-based: Interventions relevant to HIV risk reduction that has been tested using a methodologically rigorous design, and have been shown to be effective in a research setting.

Faith-based organization: A faith-based organization is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

Funding Opportunity Announcement (FOA): CDC announcement alerting the public about the availability of funding for a particular public health goal and soliciting applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.

Group-Level Interventions (GLIs): Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes.

Group-level interventions use peer and non-peer models involving a range of skills, information, education, and support. **Health disparity:** Particular type of health difference that is closely linked with social or economic disadvantage.

Healthcare Setting: Setting in which both medical diagnostic and treatment services are provided.

Health Communication/Public Information: HIV-prevention messages delivered through one or more mass communication channels to target audiences.

Health Disparity: A particular type of health difference that is closely linked with social or economic disadvantage.

Health Education/Risk Reduction (HE/R R): Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from

individual HIV prevention counseling to broad, community-based interventions.

Health Equity (U.S. Department of Health and Human Services [DHHS] definition):

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Inequity: Difference or disparity in health outcomes that is systematic, unfair, and about which you can do something.

High impact: See “Impact”

High-prevalence Setting: A geographic location or community with an HIV seroprevalence greater than or equal to one percent.

High-risk Individual: Someone who has had unprotected sex or has shared injecting equipment in a high-prevalence setting or with a person who is living with HIV.

HIV Medical

Care/Evaluation/Treatment: Medical

services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

HIV Prevention Planning: The cyclical, evidence-based planning process in which authority for identifying priorities for funding HIV prevention programs is vested in one or more planning groups in a state or local health department that receives HIV prevention funds from CDC.

HIV Prevention Counseling: An interactive process between client and counselor aimed at identifying concrete, acceptable, and appropriate ways to reduce risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients).

Impact: The long-range, cumulative effects of programs.

Incentive: A type of reward that is presented to the client as compensation for the client's time and participation in the session, (e.g., voucher for transportation, food, money, or other small reward).

Incidence: The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly identified as HIV infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.

Indirect Costs: Indirect costs refer to general administrative costs associated with implementation of the program model. These are defined by CDC as allowable costs which cannot be readily identified with an individual project or program.

Individual-Level Interventions (ILIs): Health education and risk-reduction counseling provided for one individual at a time. ILIs help clients make plans for 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 (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

Individual-level Risk Factors: Characteristics of individuals that may explain health status or behavior (e.g., age, sex, marital status).

Injection Drug User (IDU): Someone who uses a needle to inject drugs into his or her body.

Interim Progress Report: serve as the non-competing continuation application for all grantees. The report requires: a) description of current budget period goals/objectives progress attained during the first semester of the funding year, b) current budget period financial progress, c) new budget period program proposed goals/objectives, and d) detailed line-item budget and justification.

Intervention: A specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals and populations to reduce their health risk. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.

Jurisdiction: An area or region that is the responsibility of a particular governmental

agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities. (For example, Jonestown is within the jurisdiction of the Jones County Health Department.)

Jurisdictional HIV prevention plan: A plan that describes the existing resources, needs, and gaps for HIV prevention services, to include key features on how the prevention services, interventions, and/or strategies are currently being used or delivered in the jurisdiction.

Lead organization in a collaborative contractual partnership: For the purposes of PS12-1201, is defined as one organization that is the direct and primary applicant in a cooperative agreement program, but intends to formally collaborate through a contractual agreement with one or more additional organizations who will share in the proposed program activities. The lead organization must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Letter of agreement: Discuss how the state and local area (MSA or MD) will work collaboratively during the project period to ensure appropriate provision of services within the MSA or MD and document any agreements reached in a Letter or Agreement.

Letter of concurrence, concurrence with reservations, or non-concurrence: Letter signed by representatives of the Prevention Planning Group concurring that the jurisdictional HIV prevention plan sent forward by the health department includes existing prevention resources to be allocated locally to the areas with the greatest HIV disease burden.

Letter of intent: Letter from a prospective applicant stating its intent of submitting an application.

Linkage to Medical Care: A person is seen by a health-care provider (e.g., physician, physician assistant, nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care is the outcome of the referral.

Local Health Department: A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.

Low-prevalence Setting: A geographic location or community with a low HIV seroprevalence (or low incidence).

Management and Staffing Plan: A plan describing the roles, responsibilities, and relationships of all staff in the program, regardless of funding source. An organization chart provides a visual description of these relationships.

Memorandum of agreement referred to as MOA: Document written between parties to cooperatively work together on an agreed upon project or meet an agreed objective. An MOA lays out the ground rules of a positive cooperative effort.

Memorandum of understanding referred to as MOU: Document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal

commitment or in situations where the parties cannot create a legally enforceable agreement. It is a more formal alternative to a gentlemen's agreement.

Men who have sex with men (MSM): Men who report sexual contact with other men (that is, homosexual contact) and men who report sexual contact with both men and women (that is, bisexual contact), whether or not they identify as "gay".

MSM/IDU: Men who report both sexual contacts with other men and injection drug users as risk factors for HIV infection.

Metropolitan Division: Used to refer to a county or group of counties within a Metropolitan Statistical Area that has a population core of at least 2.5 million. A Metropolitan Division is most generally comparable in concept, and equivalent to, the now obsolete Primary Metropolitan Statistical Area. While a Metropolitan Division is a subdivision of a larger Metropolitan Statistical Area, it often functions as a distinct social, economic, and cultural area within the larger region. Metropolitan Divisions retain their separate statistical identities.

Metropolitan Statistical Area: Are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. Each metro area consists of one or more counties (except in New England, where cities and towns are the basic geographic units) and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. A metro area contains a core urban area of 50,000 or more population.

Mobilization: Acceptable community mobilization models include, but are not limited to: Public Health Community Mobilization Models, Social Marketing Campaigns, Community-level Interventions and model utilizing Community Health Workers.

National HIV Monitoring and Evaluation (NHME) Data Set: The official database containing the full set of National HIV Prevention Program Monitoring and Evaluation data variables.

National HIV/AIDS Strategy: To accomplish these goals, we must undertake a more coordinated national response to the HIV epidemic. The Strategy is intended to be a concise plan that will identify a set of priorities and strategic action steps tied to measurable outcomes

Non-healthcare Setting: A setting in which neither medical diagnostic nor treatment services are provided, but health screening may be provided.

Opt-out HIV Testing Approach: Testing approach in which a person is notified that a test will be performed unless he or she declines or defers testing. Testing is presented so that the person would be expected to understand the default is that a test will be done unless he or she declines.

Outcome Evaluation: Collection of data about outcomes before and after the intervention for clients as well as a similar group that did not participate in the intervention being evaluated (i.e., control group); determines if the intervention resulted in the expected outcomes (focus on outcome variables).

Outcome Monitoring: Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes and behaviors or access to services; service delivery; community or structural factors) in order to determine the extent to which program goals and objectives are being met.

Outcome objective: Outcome (something that follows as a result or consequence) toward which efforts are directed.

Outreach: HIV/AIDS interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in neighborhoods or other areas where they typically congregate. Outreach may include distribution of condoms and educational materials as well as HIV testing. A major purpose of outreach activities is to encourage those at high risk to learn their HIV status and to test them for HIV or to refer them for testing.

Partner Services (PS): A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission

to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Perinatal Transmission: HIV transmission from mother to child during pregnancy, labor and delivery, or breastfeeding.

Performance Measure: A program performance measure (or indicator) is a piece of information, fact, or statistic that provides insight into the performance of a program. It helps us understand progress toward specified outcomes, a jurisdiction's capacity to carry out its work, the activities it performs in carrying out its work, and the HIV prevention outcomes it is trying to achieve.

Persons at Highest Risk: See "High risk individual"

Plan: Detailed formulation of a program of action outlining methods to achieve an end.

Planned Number of Cycles: The number of times a complete delivery of an intervention will be delivered to its intended audience over the project period.

Prevalence: The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

Prevention Activity: Activity that focuses on behavioral interventions, structural interventions, capacity building, or information gathering.

Prevention Case Management (PCM): See “Comprehensive Risk Counseling and Services (CRCS)”.

Prevention Planning Group (CPG): The official HIV prevention planning body that follows the HIV Prevention Planning Guidance to develop partner and key stakeholder engagement for HIV prevention within the area.

Prevention Program: An organized effort to design and implement one or more interventions to achieve a set of

predetermined goals, for example, to increase condom use with non-steady partners.

Prevention Services: Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other diseases. Examples of HIV prevention services include street outreach, educational sessions, condom distribution, and mentoring and counseling programs.

Priority Population: A population identified through the epidemiologic profile and community services assessment that requires prevention efforts due to high rates of HIV infection and the presence of risky behavior.

Process evaluation: Focus on variables between the input and output (start and finish). Often is part of an overall evaluation that involves looking at outcomes. Some aspects of process that cannot be evaluated through outcome evaluation and should be considered are: legality of the process, its morality, the truth of any claims involved in it, its implementation, and whatever clues it can provide about causation.

Process Monitoring: The routine documentation and review of program activities, populations served, and resources used to improve the program.

Process Objectives: Key program activities or tasks required to achieve an outcome, or the steps along the way required to realize a desired result.

Project: Collaborative enterprise, frequently involving research or design, which is carefully planned to achieve a particular aim. Often are time-bounded efforts within a program.

Program: Collection of services or projects within an agency or jurisdiction designated to meet a social or health services need in a community. Plan or system under which action may be taken toward achieving a goal.

Program Collaboration and Service Integration (PCSI): Mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate comprehensive delivery of services.

Project area: See “Jurisdiction.”

Qualitative Data: Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open- ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.

Quality Assurance (QA): Systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Quantitative Data: Numeric information -- such as numbers, rates, and percentages -- representing counts or measurements suitable for statistical analysis.

Race: A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Recipient Capability Assessment (refer to as RCA): Evaluation conducted by officials from the Procurement and Grant Office to determine the ability of the organization to manage CDC funds.

Recruitment: The process by which individuals are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral.

Referral: A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with assistance in identifying and accessing services (such as, setting up appointments and providing transportation). Referral does not include ongoing support or case management. There should be a strong working relationship (preferably a written agreement) with other providers and agencies that might be able to provide needed services.

Referral Follow-up: The method that will be used to verify that the client accessed the services to which he or she was referred.

Referral Outcome: The current status of the referral based on activities to verify that the service was accessed.

Relevance: The extent to which an intervention plan addresses the needs of affected populations in the jurisdiction and other community stakeholders. As described in the Guidance, relevance is the extent to which the populations targeted in the intervention plan are consistent with the target populations in the comprehensive HIV prevention plan.

Reporting Requirement: Data required to be reported to CDC.

Representation: The act of serving as an official member of the Prevention Planning Group and reflecting the perspective of a specific community. A representative should reflect that community's values, norms, and behaviors, and have expertise in understanding and addressing the specific HIV prevention needs of the population. Representatives also must be able to participate in the group and objectively weigh the overall priority prevention needs of the jurisdiction.

Risk Behaviors: Behaviors that can directly expose individuals to HIV or transmit HIV, if virus is present (e.g., unprotected sex, sharing unclean needles). Risk behaviors are actual behaviors in which HIV can be transmitted. Risk behaviors are behaviors in which a single instance of the behavior can result in a transmission.

Risk Factors: Are based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group highly impacted by HIV, using old expired-date condoms, internet use, etc.). Influencing factors of behavioral risk refers to associations with risk or risk correlates and risk contexts, not behavioral determinants.

Rural: An area with a population of less than 2,500 located outside of a larger urban area.

Ryan White Treatment Modernization Act: The name given to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act when it was reauthorized in 2006. This is the primary federal legislation that addresses the needs of persons in the United States living with

HIV/AIDS, and their families. The original CARE Act was enacted in 1990.

Scalable: Interventions or combinations of interventions that can reach a significant portion of those in need, in a cost efficient manner, and demonstrate population-level impact.

Seroprevalence: The number of people in a population who test HIV-positive based on serology (blood serum) specimens.

Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

Sexual Health: A state of physical, emotional, mental, and social well-being in relation to sexuality

Science-based: See “Evidence-based.”

Single Organization: For the purposes of PS12- 1201, a single organization is defined as one organization that is the only applicant in a cooperative agreement program, who will be the sole provider of activities in their proposed program.

Social Determinants of Health (SDH): The complex, integrated, and overlapping social

structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices. Five determinants of population health are generally recognized in the scientific literature: biology and genetics (e.g., sex), individual behavior (e.g., alcohol or injection drug-use, unprotected sex, smoking), social environment (e.g., discrimination, income, education level, marital status), physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status).

Social marketing: The use of marketing theory, skills, and practice to: achieve social change, promote the general health, raise awareness and induce changes in behavior.

Social Network: A social network is a map of the relationships between individuals, indicating the ways in which they are

connected through various social familiarities ranging from casual acquaintance to close familial bonds.

Social Networking: A recruitment strategy in which a chain of referrals is based on high risk individuals using their personal influence to enlist their peers they believe to be high risk.

Substance abuse services: Services for the treatment and prevention of drug or alcohol use.

Structural Intervention: An intervention designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change. (An example might be changing the operating hours of a testing site or providing bus tokens for access.)

Surveillance: The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

Syringe Services Programs (SSP): The term SSP is inclusive of syringe access, disposal, and needle exchange programs, as

well as referral and linkage to HIV prevention services, substance abuse treatment, and medical and mental health care

Target Populations: The primary groups of people that the applicant will serve. Target populations are defined by both their risk(s) for HIV infection or transmission as well as their demographic characteristics and the characteristics of the epidemic within this population.

Technical Assistance (TA): The delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, and evaluation of HIV prevention interventions and programs. CDC funds a National Technical Assistance Providers' Network to assist HIV prevention community planning groups in all phases of the community planning process.

Testing Technology: Type of test or test method used to perform HIV testing on an individual or specimen.

Total Number of Clients: The total annual number of clients intended to be reached by the intervention in the Program Model

period. If there are multiple target populations among those clients, then this number represents the sum of all clients combined.

Transgender - Female to Male (FTM): An individual whose physical or birth sex is female but whose gender expression and/or gender identity is male.

Transgender - Male to Female (MTF): An individual whose physical or birth sex is male but whose gender expression and/or gender identity is female.

Transmission Risk: A behavior that places the priority population at potential risk for HIV infection or transmission.

Variable: Data that can be measured or observed and can differ from person to person.