

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 PS10-1003 "Human Immunodeficiency Virus (HIV) Prevention Projects For Community-Based Organizations"

Adaptation is the 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.

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 from studies that 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: See "Intervention."

Capacity building: Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

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.

CLIA: The Clinical Laboratory Improvement Amendment Program (CLIA) was developed to set minimum standards for all laboratories to follow and to determine if laboratories are achieving those standards.

CLIA certificate of waiver: This certificate is issued when tests 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.

Community Planning Group (CPG): The official HIV prevention planning body that follows the HIV Prevention Community Planning Guidance to develop a comprehensive HIV prevention plan for a project area.

Comprehensive HIV prevention plan: A plan that identifies prioritized target populations and

describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Community Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.

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.

Confidentiality: 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.

Cooperative agreement: A financial assistance mechanism that may be used instead of a grant when the awarding office anticipates substantial federal programmatic involvement with the recipient.

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.

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

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.

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.

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

Effective is 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.

Evidence-based means based on a judicious, explicit and transparent systematic review process and rigorous appraisal of the current scientific data available.

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.

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

Evidence-based: Behavioral, social, and structural interventions relevant to HIV risk reduction that have been tested using a methodologically rigorous design, and have been shown to be effective in a research setting. These evidence (or science-based interventions) have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

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): A CDC announcement alerting the public 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 Education/Risk Reduction (HE/RR): 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.

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 prevention community 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 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 community 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).

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.

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

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.)

Lead organization in a collaborative contractual partnership: For the purposes of PS10-1003, 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.

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.

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 contact with other men and injection drug use as risk factors for HIV infection.

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

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.

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.

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.

Performance indicator: A program performance indicator (or measure) 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.

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.

Pre-Decisional Site Visit (PDSV): A PDSV is the second step of the review process. It involves a site visit to the highest ranked agencies that are being considered for funding.

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 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 monitoring: The routine documentation and review of program activities, populations served, and resources used in order 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 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.

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.

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.

Representation: The act of serving as an official member of the Community 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 are 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.

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.

Science-based: See "Evidence-based."

Single organization: For the purposes of PS10-1003, 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 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.

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

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.

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 who's 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.