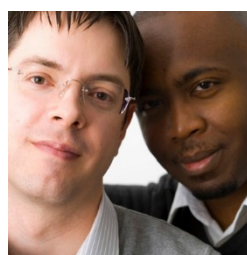




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# CAPACITY BUILDING ASSISTANCE (CBA) GLOSSARY



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of HIV/AIDS Prevention  
Capacity Building Branch

# The Capacity Building Assistance (CBA) Glossary

The Capacity Building Assistance (CBA) Glossary has been developed by the Capacity Building Assistance Provider Network (CPN) in partnership with the Capacity Building Branch (CBB), in the Division of HIV/AIDS Prevention (DHAP) at the Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). The purpose of the CPN is to strengthen the capacity of the HIV prevention workforce to optimally plan, implement, and sustain high-impact HIV prevention interventions and strategies in health departments, community-based organizations, and healthcare organizations to reduce HIV infections and HIV-related morbidity, mortality, and health disparities across the United States and its territories.

The CPN is composed of 21 cooperative agreement awardees, overseen by the CBB, which provide assistance and services to community-based organizations (CBOs), healthcare organizations (HCOs), and health departments (HDs), at no charge. The work of the CBA Provider Network is coordinated by the CPN Resource Center. CBA components include:

- HIV testing
- Prevention with HIV-positive persons
- Prevention with high-risk HIV-negative persons
- Condom distribution
- Organizational development and management
- Policy

The purpose of this glossary is to ensure consistency in the use of standard terminology. The document was developed to assist CBA Providers in their work with CBOs, HCOs, and HDs. Professionals from the Capacity Building Branch (CBB), Prevention Program Branch (PPB), Epidemiology Branch, and other senior advisors from CDC provided review and input on terminology and definitions to develop the initial content for the glossary in 2013.

The CPN Resource Center utilized a modified Delphi technique to ensure initial content validity and develop a user-friendly design and layout for the glossary. Using a waved vetting approach, the glossary was reviewed by national HIV/AIDS subject matter experts and beta tested with CDC DHAP staff and capacity building assistance providers (CBAs).

This is a dynamic document which will undergo periodic review and update. Additional terminology may be added in the form of a Supplement to this glossary at a future date.



## A

**Acquired Immunodeficiency Syndrome (AIDS):** A disease of the immune system due to infection with HIV. HIV destroys the CD4 T lymphocytes (CD4 cells) of the immune system, leaving the body vulnerable to life-threatening infections and cancers. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection.

<http://aidsinfo.nih.gov/education-materials/glossary/3/acquired-immunodeficiency-syndrome>

**Activities:** Specific actions directly related to objectives that occur during an intervention/service and are intended to reduce HIV risk in a particular target population. Examples include, but are not limited to, HIV testing, providing information about sexually transmitted diseases, demonstrating condom use, and making referrals. (See: Prevention Services)

**Adaptation:** A process for modifying research-based interventions to meet the needs, priorities, and resources available to an agency. Adaptation may involve 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. (See: Reinvention)

**Adherence:** The extent to which a person continues the agreed-upon mode of treatment under limited supervision. For example, adherence to antiretroviral therapy, referred to as ART, is the extent to which a patient takes his/her antiretrovirals in the way intended and prescribed by their healthcare provider. Adherence interventions focus on educating and motivating patients, building patients' skills, providing tools for better medication management, and ongoing support to address other issues that may act as barriers to adherence. (See: Antiretroviral Therapy [ART], Medication Adherence)

**Affordable Care Act (ACA):** The Affordable Care Act (also referred to as the ACA or Obamacare) refers to the comprehensive healthcare reform law enacted so that all Americans could have health insurance. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Healthcare and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law.

<https://www.healthcare.gov/glossary/affordable-care-act/>

**Agency Prevention Program:** The prevention program represents an organized effort to design and implement one or more interventions to achieve a set of predetermined goals and increase protective factors, for example, to increase condom use in an effort to prevent HIV infection. (See: Prevention Services, Activities, Behavioral Interventions)

**Aggregate Data:** Information without any personal identifiers that is analyzed and presented at a group level, in order to prevent the identification of any individual.

**AIDS Drug Assistance Program (ADAP):** Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to states and U.S. territories to improve the quality, availability, and organization of HIV/AIDS healthcare and support services. Part B grants include the AIDS Drug Assistance Program (ADAP) award and ADAP Supplemental Drug Treatment Program funds. ADAP provides medications for the treatment of HIV disease. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments. The ADAP in each state and territory decides which medications will be included in its formulary and how those medications will be distributed. Current legislation requires that each grantee must cover all classes of approved HIV antiretrovirals on their ADAP formulary.  
<http://hab.hrsa.gov/abouthab/partbdrug.html>

**Anonymous HIV Testing:** HIV testing in which client identifying information is not linked to testing information, including the request for tests and test results.  
(See: HIV Testing)

**Antiretroviral Therapy (ART):** Antiretroviral therapy (ART) is the recommended treatment for HIV infection (also known as: Combination Therapy, Combined Antiretroviral Therapy, Highly Active Antiretroviral Therapy). It consists of the combination of at least three antiretroviral drugs to maximally suppress HIV and stop the progression of HIV disease.  
<http://www.who.int/hiv/topics/treatment/en/> <http://aidsinfo.nih.gov/education-materials/glossary/883/antiretroviral-therapy>

**Antiretroviral Treatment and Access to Services (ARTAS):** Antiretroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention with the goal of linking persons with recently diagnosed HIV to medical care soon after receiving their HIV-positive test result. ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology. SBCM is a model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator.  
<http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealth-Strategies/ARTAS.aspx#sthash.LE4h0x3y.dpuf>



**Assertiveness Skills:** Assertiveness is a way of thinking and behaving that allows a person to stand up for his/her rights while respecting the rights of others. The assertive person has skills that clearly express his or her rights or needs. Assertiveness training is designed to help individuals adopt communication skills and problem-solving behaviors. Training can also provide skills to help an individual: increase awareness of personal rights, differentiate between assertiveness and non-assertiveness, between passiveness and aggressiveness, and learn both verbal and non-verbal assertive behavior.

**Asynchronous Learning:** A student-centered teaching method that uses online learning resources to facilitate information sharing among a network of people outside the constraints of time and place. The approach combines self-study with asynchronous interactions to promote learning and can be used to facilitate learning in traditional education, distance education, and continuing education. Online learning resources used to support asynchronous learning include e-mail, electronic mailing lists, threaded conferencing systems, online discussion boards, wikis, blogs, and curriculum-based e-learning portals ([e.g., Blackboard or Litmos Learning Management System [LMS]).

**Attitudes:** An individual's predisposition toward an object, person, or group that influences his or her response to be positive or negative, favorable or unfavorable.

## B

**Behavioral Data:** Information collected from individuals that examines human behavior relevant to disease risk. For example, behavioral data for HIV risk may include sexual activity, substance use, or condom use.

**Behavioral Interventions:** Behavioral risk-reduction interventions aim to reduce risk behavior of persons with HIV and/or persons who are at high risk for HIV by promoting behaviors such as using condoms, not sharing drug-injection equipment, and avoiding sexual practices that are most likely to result in transmitting HIV to others.

<http://www.cdc.gov/hiv/prevention/programs/pwp/risk.html>

**Benchmark:** A specified standard of excellence or achievement, or a point of reference used to assess progress toward meeting program goals, objectives, etc. For example, the number of trainings offered on an HIV prevention intervention during a trimester compared to that proposed in a program plan.

**Bio-behavioral Intervention:** An intervention grounded in a conceptual model that includes psychological, behavioral, and biological components (e.g., medication adherence, pre-exposure prophylaxis).



**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. Biomedical risk-reduction interventions include antiretroviral medications that persons with HIV can take to prevent transmitting HIV as well as antiretroviral medications that their uninfected partners can take to prevent acquiring HIV. <http://www.effectiveinterventions.org/en/HighImpactPrevention/BiomedicalInterventions.aspx>  
<http://www.cdc.gov/hiv/prevention/programs/pwp/risk.html>

**Bisexual:** Bisexual people have sexual and/or romantic relationships with men and women (or transgender persons). This can include physical, sexual, and emotional attraction, and/or relationships. A bisexual person might feel attracted to men, women, transgender people, and/or genderqueer people, or to one gender in preference to the others. The strength of these attractions may change over time.  
<http://www.advocatesforyouth.org/publications/publications-a-z/724-i-think-i-might-be-bisexual-now-what-do-i-do>

**Blended Learning:** A combination of teaching and learning approaches, including, but not limited to, traditional in-person, instructor-led, and self-led Web-based courses and instructor-led Web-based courses, Webinars, and podcasts.

**Board Development:** The process of ensuring a highly functioning board that leads the organization in defining and achieving its core mission. Board development can include, but is not limited to: an exploration of roles and responsibilities; the development of a strategic plan to achieve its mission; focus on the difference between governance and management; the importance of board selection and composition; models for orientation and training of board members; strategies for responding to board changes, and assessing the effectiveness of both the board and the organization.

**Bridging Behavioral Science and Practice:** This process involves understanding and using behavioral science theory to enhance interventions and strategies for HIV prevention in the field. Behavioral-science theory can also be used to support and focus HIV prevention programs and biomedical interventions to more effectively address high-risk behaviors, including HIV transmission and medication adherence.

**Budget Period/Year:** The duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.





## C

**Capacity Building Assistance (CBA):** Activities that strengthen and maintain the organizational infrastructure and resources necessary to support HIV prevention programs and services. Capacity building aims to strengthen the national HIV prevention workforce to optimally plan, implement, and sustain high-impact prevention interventions and strategies within health departments, community-based organizations, and healthcare organizations.

**Capacity Building Assistance (CBA) Consumers:** Community-based organizations (CBOs), health departments, community planning groups (CPGs), healthcare organizations, and other community stakeholders serving groups at high risk and/or racial ethnic minority populations are the prioritized audience for HIV prevention CBA services. (See: Community Based Organization [CBO], HIV Community Planning Group)

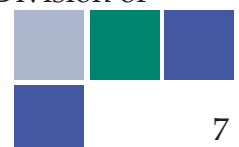
**Capacity Building Assistance (CBA) Request Information System (CRIS):** The CBA Request Information System (CRIS) is a web-based application that allows CDC-funded and other organizations to request CBA services from CDC staff and/or Capacity Building Assistance Providers (CBAs) funded by the CDC.

**Capacity Building Assistance Providers (CBAs):** National or regional organizations funded by CDC to provide expert programmatic, scientific, and technical support to health departments, community-based organizations, and healthcare organizations, in the design, implementation, and evaluation of high-impact HIV prevention interventions and services.

**Capacity Building Assistance Reports Management System (CRMS):**

A web-based reporting system for managing reports generated by Capacity Building Assistance Providers (CBAs), related to goals, objectives, activities, program plans, and deliverables. The reports are reviewed by Program Consultants (PCs), and recommendations are made to better support CBA service provision (e.g., to facilitate changes in organizational processes, delivery strategies, or program objectives that may in turn lead to improved programs). CRMS is managed in the CBB, which serves to centralize and analyze data and make it readily available for documentation and reporting purposes.

**Capacity Building Branch (CBB):** The Capacity Building Branch (CBB) works with partner organizations to strengthen and sustain the capabilities of the HIV prevention workforce of the United States and its territories. The Branch does this by ensuring the availability of science-based and culturally appropriate capacity-building assistance to health departments, community-based organizations, and healthcare organizations for implementing HIV prevention strategies, interventions, and services. (See: Division of HIV/AIDS Prevention [DHAP])



**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the Procurement and Grants Office or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover. (See: Office of Financial Resources [OFR])

**Case Management (Medical):** A range of client-centered services that links clients with healthcare, psychosocial, and other services. The coordination and follow-up of medical case management ensure timely and appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and key family members' needs and personal support systems. Medical case management also includes the provision of treatment-adherence counseling, to ensure readiness for, and adherence to, complex treatments.

**Case Management (Non-Medical):** A range of client-centered services that includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other essential support services.

**CD4:** A receptor found on T-helper cells, a type of white blood cell that is critical to immune system function. The primary receptor on HIV is the glycoprotein 120 (gp120), which binds with the CD4 molecule. A CD4 cell count is a laboratory test that is routinely used as a "before" surrogate marker to assess immune system function in HIV disease. The CD4 count is typically monitored at entry into HIV care, at the initiation of antiretroviral therapy (ART), and when changing ART regimens. It is also monitored every three to six months during the first year of ART, and then annually after two years of ART with a suppressed HIV viral load.

<http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>

**CDC Recommended Guidelines:** The Centers for Disease Control and Prevention and other federal government agencies have issued several guidelines and recommendations about the prevention, screening, diagnosis, treatment, and management of HIV infection and HIV-related diseases in the United States and dependent areas. These guidelines and recommendations are intended for clinicians, public health professionals, program managers in clinical and non-clinical settings, persons at risk for HIV infection, and the general public.

<http://www.cdc.gov/hiv/guidelines/index.html>

**Centers for Disease Control and Prevention (CDC):** CDC is 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 to protect public health and safety through the control and prevention of disease, injury, and disability.





**Client:** An individual who seeks HIV prevention interventions and services is a client. These services may be behavioral interventions, public health strategies, HIV testing, or biomedical interventions, such as antiretroviral therapy (ART).

**Client Assessment:** The process of identifying, acknowledging, and discussing a client's personal risks for acquiring or transmitting HIV. This may also be called a risk assessment.

**Client Risk Profile:** This profile provides information on a client's HIV transmission risks and contextual factors that influence that risk. This profile also provides information on contextual high-risk behaviors (such as whether they are currently incarcerated) and is useful in planning services for clients that will target those risks.

**Clinical Laboratory Improvement Act (CLIA):** The U.S. federal regulatory standards for the accuracy, reliability, and timeliness of all clinical laboratory testing performed on humans, except as a part of research. CLIA requires that any facility examining human specimens for diagnosis, prevention, treatment of a disease, or for assessment of health, must register with the federal Centers for Medicare & Medicaid Services (CMS) and obtain CLIA certification. <http://wwwn.cdc.gov/clia/>

**CLIA Certificate of Waiver:** One of four types of certificates issued under CLIA when tests have been approved by the Food and Drug Administration and are simple to use; these require very little training to perform and are highly accurate. Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA Certificate of Waiver or establish an agreement to work under the CLIA Certificate of an existing laboratory.

**Closed-ended Questions:** Questions worded to provide respondents with a limited number of response choices (e.g., multiple-choice questions, yes/no questions, and Likert scale items).

**Coaching:** A one-on-one process in which intensive learning occurs via demonstration and practice, followed by guidance and feedback.

**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:** A group of people interacting and living in a common location or sharing common values and interests. Communities can also be characterized according to geography, culture, or organization.



**Community-Based Organization (CBO):** A Community-Based Organization (CBO) is one that is driven by community residents in all aspects of its existence. The majority of the governing body and staff consists of local residents; the main operating offices are in the community; priority issues, solutions, and programs are identified and defined by and intimately involve local residents; and staff and organizational leadership come from the local community. <http://www.sph.umich.edu/ncbon/whatis.html>

**Community Collaboration and Development:** A relationship established with a 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. Collaborating for the purposes of development, should channel collective action to help build relationships to create opportunities to learn new skills and to empower individuals through a participatory planning approach that increases and sustains community capacity to address public health initiatives. (See: Collaboration)

**Community Health Worker (CHW):** Community health workers are also known as community health advocates, lay health educators, community health representatives, peer health promoters, community health outreach workers, and in Spanish, *promotores de salud*. CHWs are community members who work in their community setting. They serve as connectors between healthcare consumers and providers to promote health among groups that have traditionally lacked access to adequate healthcare.

**Community Identification (CID) Process:** The CID process facilitates the collection of information on public health risk-related behaviors and values that are prevalent in a community or population in order to develop appropriate education and intervention programs and services that positively affect those behaviors and values. The CID process includes the following: (a) defining the population, creating taxonomies, and acquiring materials; (b) surveying internal knowledge; (c) summarizing internal knowledge; (d) developing an external knowledge base; (e) integrating information and refining segments; (f) interviewing gatekeepers/opinion makers and observing the community; (g) interviewing key participants; and (h) interpreting the information. The CID process helps interventionists to confront and actively control preconceived notions, biases, and stereotypes that may affect the development of appropriate and responsive interventions and programs. <http://qhr.sagepub.com/content/6/1/23.abstract>  
(See: Formative Evaluation and Needs Assessment)

**Community Leader:** A member of a community who has influence over the thoughts and actions of other members of the community. This person may have a formal position, such as a mayor or minister, or an informal authority, such as a popular opinion leader (POL).



**Community-Level Intervention (CLI):** An intervention that seeks to improve the risk conditions and reduce risk behaviors in a community, with a focus on the community as a whole, rather than by intervening on individuals or small groups. This is often done to alter social norms, policies, or characteristics of the environment, through a system of community support and networks. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

**Community Mobilization:** A process that fosters collaboration and cooperation across public and private sectors to engage community members (e.g., policy makers, opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members) through a community-wide effort to address a health, social, or environmental issue. Community mobilization also includes accessing community resources, information, and support. The process serves to empower members of the community to take some kind of action to facilitate change.

**Community Mobilization Model:** A model based on a framework that fosters cooperation, collaboration, participation, and sustainability. Use of the model should lead to clear operationalization and definition of the process that: (a) includes a theoretical framework or evidence base; (b) identifies the community to be mobilized; (c) defines the target population(s) and structural factors; and (e) describes the activities that are based on the theory or evidence of success. A community mobilization model should characterize the variety of individual, social, and organizational roles and relationships in the community (or coalition). It should systematically address such areas as leadership, operational management, communication channels, decision-making, resource mobilization, administrative mobilization and management, use and management of technical information and skills, and sustainability.

**Community Needs Assessment:** The process of obtaining and analyzing findings through multiple methods of data collection to determine, through community participation, the type and extent of needs and resources in a particular population or community. (See: Community Identification Process).

**Community Needs and Services Assessment (CSA):** A review and analysis of the prevention interventions and services for populations at risk for acquisition or transmission of HIV. An assessment is undertaken to identify services that are currently delivered and any other unmet needs within the population. The CSA is composed of a Resource Inventory, Needs Assessment, and Gap Analysis.

**Community Planning Jurisdiction:** A state, territory, or city health department geographic area in which a program, directly funded by CDC, is intended to be delivered.



**Community Planning Monitoring and Evaluation:** This process is used to determine how well a Community Planning Group (CPG) is achieving the goals, objectives, and attributes (specific tasks and activities) of community planning. It also involves monitoring performance for reporting and improvement. (See: Monitoring and Evaluation [M&E-])

**Community Planning Year:** The annual period within the Comprehensive HIV Prevention Community Plan that guides how the HIV prevention program will be implemented in the jurisdiction.

**Community Stakeholder:** Individuals, groups, or organizations in the intended community that have an interest or stake in preventing HIV transmission and are potential or actual agents of change.

**Competency:** Knowledge, skill, or ability that enables one to effectively perform the activities of a given occupation or function to the expected standards.

**Competing Continuation Award:** A request for assistance to extend for one or more additional budget periods, for a project period that would otherwise expire. Renewal applications compete for funds with other renewal applications, revised (supplemental), and new applications. <http://grants.nih.gov/grants/glossary.htm#R>

**Comprehensive Program, Monitoring & Evaluation (M&E), and Quality Assurance (QA) Plan:** The comprehensive program plan document that details goals and SMART (specific, measurable, achievable, realistic, time-bound) objectives for the proposed HIV program components, activities, and strategies. It includes an M&E plan that describes implementation activities and outcomes, and processes and procedures used to monitor and improve the quality of HIV prevention services.

**Condom Distribution:** The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, agency, or person) to the end-user.

**Condom Distribution Programs:** Condom-distribution programs promote condom use by increasing awareness of condom benefits and normalizing condom use within communities. CDC programs target: (1) individuals at high risk; (2) venues frequented by persons at high risk; (3) communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions; or (4) the general population within jurisdictions with high HIV incidence.



**Conference:** A venue where individuals get together to present and discuss their work. Generally, work is presented in the form of short, concise presentations, usually including discussions. Often there are one or more keynote speakers (usually scholars or program practitioners of some standing) presenting a lecture or motivational speech. Panel discussions, roundtables on various issues, workshops, affinity groups, and poster presentations may be part of a conference.

**Confidentiality:** Protection of personal information collected by organizations and the obligation to respect the privacy of a client by restricting access to any information obtained in confidence and ensuring that information is accessible only to those authorized to have access.

**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 infected only if the confirmatory test result is positive.

**Conflict Resolution:** In any diverse group, different perspectives and ways of processing and interpreting information can lead to interpersonal disputes that quickly escalate and slow progress. For example, by drawing on team-building and conflict-management principles, a CPG can minimize disputes and address conflicts in a positive way. Some methods for dealing with conflict may be more formal, such as professional mediation, or more informal, such as clarifying roles or gathering information that will help clarify issues.

**Continuous Quality Improvement (CQI):** A process to ensure programs are systematically and intentionally improving services and increasing positive outcomes. CQI is a cyclical, data-driven process; it is proactive, not reactive. A CQI environment is one in which data are collected and used to make positive changes — even when things are going well — rather than waiting for something to go wrong and then fixing it. CQI is an ongoing process that involves the Plan, Do, Study, Act cycle.

<http://friendsnrc.org/continuous-quality-improvement>

**Contract:** An award instrument establishing a binding legal procurement relationship between CDC and a recipient, obligating the latter to furnish a product or service.

**Contract Agency:** An agency that receives funding, either directly from CDC or indirectly through a health department, to provide HIV prevention services (e.g., delivering interventions, training, or evaluation support). A contract agency may subcontract with another agency to provide these services.



**Contract Monitoring:** Contract monitoring consists of a variety of activities that take place throughout the year. Each month, contract bills are reviewed against the contract and contract budget. When submitted, plan changes and amendments are analyzed, and overall spending patterns are assessed. Database reports, information from technical assistance providers, program issues, and needs identified by contractors are also considered for performance and contract compliance. In addition to these ongoing activities, there may also be on-site contract monitoring.

**Convenience Samples:** Samples of respondents in research or evaluation studies that are typical of the target audience who are easily accessible. Since no attempt is made to collect a probability sample, convenience samples are not statistically representative of the entire population being studied. As a result, findings using convenience samples are not generalizable.

**Cooperative Agreement:** A 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. Cooperative agreements involve less direct activity from the government than a contract but considerably more than would be involved in a grant. In many cases, these instruments are chosen in order to leverage the federal government's technical expertise and the recipient's access to the audience for potential services.

**Coordination:** Processes, services, or systems that are aligned 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 Competencies:** Specific knowledge and skills required to complete tasks by individuals who are responsible for carrying out these critical functions within an organization or community.

**Core Elements:** Components of a behavioral intervention that are thought to be responsible for the intervention's efficacy. The core elements may come from the behavioral theory upon which the intervention is based or may relate to elements of its implementation or pedagogical approach. Core elements are those parts of an intervention that must be implemented as they are considered essential for efficacy and should not be modified or ignored.

**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 (Cost Benefit Analysis):** The breakdown and verification of cost data, including evaluating specific elements of costs to determine whether the benefits outweigh the costs. For example, cost-benefit analysis can be used to assess whether a proposed project, program, or policy is worth implementing or to choose between several alternatives, after comparing the total expected costs of each option.

**Cost-effectiveness Analysis (CEA):** A form of economic analysis that compares the relative costs and outcomes (effects) of two or more courses of action. For example, when examining the benefit or health gain of an intervention, cost effectiveness is expressed in the form of a cost-effectiveness ratio. The numerator represents the cost of the intervention associated with one unit of “outcome.” The denominator is the unit of outcome and can be expressed using many types of measures, including years of life gained, quality adjusted life years gained (QALY), new diagnoses, infections averted, and deaths averted. CEA is usually conducted on interventions known to be effective.

**Cost Sharing or Matching:** Program costs not borne by the federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

**Counseling, Testing, and Referral (CTR):** HIV Counseling, Testing, and Referral (CTR) is a collection of activities designed to increase clients’ knowledge of their HIV status, encourage and support risk reduction, and secure needed referrals for appropriate services (medical, social, prevention, and partner services).

**Couples HIV Testing and Counseling (CHTC):** When two or more persons who are in — or are planning to be in — a sexual relationship are counseled, tested, and receive their results together, it is referred to as couples HIV testing and counseling (CHTC) or “Testing Together.” CHTC is a future-focused approach to HIV testing that ensures mutual disclosure of HIV status among sex partners and provides an opportunity for discussing a couple’s joint risk concerns and sexual agreements. Couples develop a plan based on both partners’ HIV test results and their relationship status, and are linked to follow-up services by a counselor, healthcare provider, or community-based worker.

**Cross-cultural Communication:** The process by which individuals from differing cultural backgrounds communicate, in similar and different ways among themselves, and how they endeavor to communicate across cultures. It is a process of exchanging, negotiating, and mediating one’s cultural differences through language, non-verbal gestures, and space relationships. “Cross-cultural” implies interaction with persons of different cultural, ethnic, racial, gender, sexual-orientation, religious, age, and class backgrounds.



**Cross-training:** Cross-training is conducted in different ways to improve overall performance. It takes advantage of the effectiveness of each training method, while at the same time attempting to overcome the shortcomings of one method by combining it with other methods that address its weaknesses. Cross-training is effective for managers because it provides more flexibility in managing the workforce to get the job done. Cross-training lets individuals learn new skills, thus making them more valuable as workers and proficient in more than one area, which can be advantageous to the organization.

**Cultural Competence:** A 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” in the term “cultural competence” implies that an individual or organization has the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. <http://www.cdc.gov/socialdeterminants/Definitions.html>

**Cultural Proficiency:** A term generally understood as a set of behaviors, attitudes, and policies that allow an institution, agency, or set of professionals to work effectively within a given cultural group. Cultural proficiency is an approach that helps organizations to respond in appropriate ways to diversity. Culturally proficient policies and practices enable organizations to become inclusive in the way clients, employees, and communities are served.

**Culturally Appropriate:** This involves conforming to a culture’s acceptable expressions and standards of behavior and thoughts. For example, interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, implementing, and evaluating them.

**Culture:** The blended patterns of human behavior that include “language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.” <http://www.cdc.gov/socialdeterminants/Definitions.html>

**Curriculum:** The aggregate of modules or prescribed courses of study directed toward a common goal in a specific area of specialization; learners may also have to fulfill certain standards or competencies addressed in the curriculum.

## D

**Data:** The term “data” means groups of information that represent the qualitative or quantitative attributes of a variable or set of variables. Data are typically the results of measurements and can be the basis of graphs, images, or observations of a set of variables.



**Data Analysis:** A process of inspecting, cleaning, transforming, and modeling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making. Data analysis has multiple methods and approaches, including statistical applications, which can be divided into descriptive statistics, exploratory data analysis, and confirmatory data analysis. Data analysis can also include text analysis, which applies statistical, linguistic, and structural techniques to extract and classify information from textual sources.

**Database Management System (DBMS):** A software package with computer programs that facilitate the creation, maintenance, and use of the database. A database is designed to enter and analyze data to produce results. A database is set up and managed by controlling data access, enforcing data integrity, managing concurrency control, recovering the database after failures, restoring it from backup files, and maintaining database security.

**Data Cleaning:** The detection and removal of errors and inconsistencies from data in order to improve its quality.

**Data Collection:** A process of preparing and collecting data through the use of instruments such as surveys or interviews. The use of formal data-collection protocols is necessary to guide standardized and reliable data collection. It ensures that data gathered are both defined and accurate, and that subsequent decisions based on the findings are valid.

**Data Collection Requirement:** Data required by CDC to be collected and reported by the funded agency providing the service.

**Data Collection Tool:** An instrument (e.g., form or electronic questionnaire) designed to collect information (e.g., HIV Test Form).

**Data Management Protocol:** A set of standard operating procedures and a code of conduct for confidentiality and the proper storage, transportation, disposal, and management of data.

**Data Security:** The protection of data and information systems in order to prevent unauthorized access, release of identifying information, accidental data loss, or damage to the systems. Security includes measures to detect, document, and counter threats to data confidentiality or the integrity of data systems.



**Data-to-Care:** Data-to-Care is a public health strategy that uses HIV surveillance data to identify HIV-diagnosed individuals who are not in care and link them to or re-engage them in care. Data-to-Care programs use laboratory reports received by a Health Department's HIV Surveillance program as markers for HIV care. The data are analyzed and used to identify individuals who were never linked to care after diagnosis or who did not continue to receive care after its initiation. The program then offers individuals on this list outreach or other linkage services by health departments, providers, or both, to assist them with getting into HIV care. Advanced Data-to-Care programs may also seek to identify individuals with suboptimal treatment outcomes and address the reasons for these outcomes with patients or clinical service providers. <http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/DatatoCare.aspx#sthash.oGfwHjnj.dpuf>

**Data Utilization Process:** A process that indicates how information will be used to support program planning, resource allocation, and evaluation. The plan should be updated at least every two years or more frequently as needed for program planning and evaluation purposes.

**Demographics:** The characteristics of human populations, such as age, race, ethnicity, and sex. These characteristics may need to be taken into account when designing or adapting interventions. (See: Sociodemographic Factors)

**Diagnosed HIV Infection (Newly Diagnosed and Previously Reported):** A person who does not self-report having previously tested positive and has not been previously reported to the health department's surveillance registry as being infected with HIV is considered "Newly Diagnosed." However, if a person has been previously reported to the health department's surveillance registry as being infected with HIV, they are considered "Previously Reported."

**Diagnostic Testing:** Testing that is initiated for a person with clinical signs or symptoms consistent with HIV infection. The test is used to obtain objective evidence of the presence or absence of HIV.

**Diffusion of Effective HIV Prevention Interventions:** A national strategy supported by the Division of HIV/AIDS Prevention (DHAP) to translate and diffuse HIV prevention science into HIV prevention practice. This involves the provision of materials, training, and ongoing technical assistance on selected evidence-based HIV prevention interventions to members of the HIV prevention workforce. The goal is to improve the implementation of interventions at the state and local levels, to reduce the spread of HIV. More information can be found at [www.effectiveintervention.org](http://www.effectiveintervention.org). (See: Division of HIV/AIDS Prevention [DHAP])



**Direct Assistance:** Assistance given to an applicant such as federal personnel or supplies.

**Directly Funded Agency:** An agency that is receiving funds directly from CDC for HIV prevention.

**Disclosure:** When one partner shares his or her HIV status with another partner (or any other person), this is referred to as disclosure. When individuals learn their HIV test results alone, they often bear the burden of disclosing their HIV status to their partners without assistance from a trained counselor or healthcare provider.

**Discordant Couple:** A couple in which one sexual partner is infected with HIV and the other partner is uninfected.  
(See: HIV Discordant Couple)

**Diversity:** Individual differences among the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, health or disease status, or other ideologies. The concept of diversity encompasses acceptance, respect, and understanding that each individual is unique.

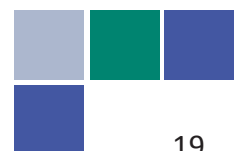
**Division of HIV/AIDS Prevention (DHAP):** The Division of HIV/AIDS Prevention (DHAP) is charged with the mission of preventing HIV infection and reducing the incidence of HIV-related illness and death. DHAP works to accomplish this mission through its campaigns, surveillance, programs, and research.  
<http://www.cdc.gov/hiv/default.html/>  
<http://www.cdc.gov/hiv/dhap/about.html>

**Dosage:** How much of an intervention was completed by individuals over a specified length of time; or in the case of medication, the amount of a drug taken at one time and the frequency with which it is administered.

**Dually Funded:** An agency that is receiving CDC funds as well as funds from another agency (e.g., federal agency, state health department) or an agency that is receiving CDC funds from two or more funding opportunity announcements to conduct separate HIV prevention activities. For example, some agencies are funded by PS09-906 to provide capacity building assistance to agencies providing direct HIV prevention services, and by PS10-1003 to provide direct HIV prevention services.

## E

**Early Intervention Services:** This includes counseling individuals with respect to HIV/AIDS testing, including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, and tests to provide information on appropriate therapeutic measures. Referrals, other clinical and diagnostic services regarding HIV/AIDS, periodic medical evaluations for individuals with HIV/AIDS, and provision of therapeutic measures are also part of early intervention services.



**Effective Interventions:** These are high- impact prevention interventions that use scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas to increase the impact of HIV prevention efforts. Resource materials and scheduled trainings are available for various biomedical, behavioral, and structural interventions; public health strategies; and social marketing campaigns. <http://www.cdc.gov/hiv/dhap/prb/prs/index.html>

**Electronic Learning (E-Learning):** The use of various kinds of electronic media, information, and communication technologies (ICT) in education. Depending on whether a particular aspect, component, or delivery method is given emphasis, e-learning may be termed technology-enhanced learning (TEL), computer-based training (CBT), internet-based training (IBT), web-based training (WBT), online education, virtual education, or digital educational collaboration. E-learning includes numerous types of media that deliver text, audio, images, animation, and streaming video. E-learning also includes technology applications and processes such as audio or video files, satellite TV, CD-ROM, computer-based learning, local intranet/extranet and web-based learning.

**Eligible Metropolitan Areas (EMAs):** Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) — locales that are most severely affected by the HIV/AIDS epidemic. To qualify for EMA status, an area must have reported at least 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.

**Employee Identification Number (EIN):** The federal tax identification number that is used to identify a business entity. All agencies providing services with CDC funds are required to provide an EIN.

**Engagement in Medical Care:** A process for arranging and helping a patient diagnosed with HIV to keep their scheduled appointments. It includes a specific set of activities such as providing information on the importance of regular care and establishing patient-friendly systems of care. Examples include: routine monitoring of appointment adherence by service providers; routine assessment of patient needs and possible barriers to care; implementing ongoing patient support, including patient navigation services and regular telephone calls (e.g., text messages and e-mails) to patients, with a level of intensity that meets the patient's need, to prevent drop-out.

**Enrollment:** The act or process of registering a client for HIV prevention services by collecting demographic and other relevant information, such as behaviors that put a client at risk for acquiring or transmitting HIV.

**Enzyme Immunoassay (EIA):** A test used mainly in immunology to detect the presence of antibody or antigen in a sample.





**Enzyme-linked Immunosorbent Assay (ELISA):** A type of enzyme immunoassay (EIA) commonly used as a screening test to detect antibodies to HIV. (See: Enzyme Immunoassay [EIA])

**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:** A document that describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in defined geographic areas. It is composed of information gathered to describe the effect of HIV/AIDS on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The epidemiologic 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.

**Equity:** The quality of being fair and impartial. For example, equity can include providing equal access and fair, unbiased treatment of individuals seeking health services.

**Ethnicity:** The client's self-report of whether he/she shares distinctive cultural traits with a group such as religion, national origin, linguistic, or racial heritage. On many surveys initiated by the U.S. Department of Health and Human Services (DHHS), it includes a self-report of whether or not the client is of Hispanic or Latino origin (i.e., a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural origin).

**Evaluation:** The systematic collection of information about the activities, characteristics, and outcomes of programs, used to make judgments about the program, improve program effectiveness, and make decisions about future programs.

**Evaluation Capacity:** On the organizational level, capacity building for monitoring and evaluation (M&E) requires improvements in four major areas: (1) institutional capacity, i.e., buy-in to move from less efficient to more efficient accountability rules and incentives; (2) organizational capacity, i.e., the tailoring and adaptation of the organizational infrastructure to support evaluation and use evaluation findings; (3) information, tools, and technology to allow for efficient and more timely information and results; and (4) human capacity, through training in M&E, that is targeted to skills that are suited to the particular institutional and organizational context. Evaluation capacity also consists of an inter-organizational level that bridges public and private bodies through networks, procedures, and partnerships, and a societal level that embeds evaluative thinking in civil society, including professional organizations and the public sector. (See: Monitoring and Evaluation [M&E])

**Evaluation Plan:** A detailed description of evaluation activities (e.g., data collection, management, and analysis) that can be used for guiding the implementation of evaluation for a specific program.

**Evaluation Question:** A question in the evaluation plan that serves as the basis for deciding which data to collect. The data should provide answers that, for example, help an organization assess how well it implemented its programs, the reasons for any differences in the planned versus actual implementation of the programs, or how well the outcomes match expectations. This information should guide decision making regarding program improvement.

**Evaluation Readiness:** The organization's or program's capacity to conduct and the willingness to engage in program evaluation. Factors intrinsic to many programs, such as ambiguously stated objectives, inadequately defined performance measures, skilled staff, and data collection systems, etc. may need to be strengthened as they positively correlate with successful program outcomes and program sustainability.

**Evidence-based:** Evidence-based applies the best available research results (evidence) when making decisions about healthcare. Healthcare professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews and summaries of healthcare research results provide information that aids in the process of evidence-based practice. <http://effectivehealth-care.ahrq.gov/index.cfm/glossary-of-terms/?pageaction=showterm&termid=24>



**Expanded HIV Testing:** Testing and referral in non-clinical settings and venues where persons at high risk, such as Black or African American and Hispanic men and women, men who have sex with men (MSM), and people who inject drugs (PWID) can be accessed. It involves ensuring that persons testing positive receive prevention counseling and are linked to medical care, partner, and HIV prevention services. Expanded HIV testing programs also support integration of HIV testing and prevention services for other infections (e.g., STD and TB) and establish relationships with routine HIV screening programs in a variety of healthcare settings, including emergency departments, sexually transmitted disease clinics, tuberculosis clinics, state and local jails, urgent-care clinics, and community health centers.

## F

**Facilitation:** The act of helping a group to accomplish its goals. Facilitation is best carried out by someone who has strong knowledge and skills regarding group dynamics and processes often referred to as process skills. Effective facilitation also involves strong knowledge and skills about the particular topic or content that the group is addressing in order to reach its goals.

**Facilitator:** A person who helps a group of people to understand their common objectives and assists them in planning to achieve them without taking a particular position in the discussion. The facilitator contributes structure and process to interactions so groups are able to function effectively and make high-quality decisions. The facilitator's job is to support and encourage full participation, promote mutual understanding, and cultivate shared responsibility.

**Faith-based Organization:** A non-governmental agency that is owned, operated, or significantly influenced by religiously affiliated entities such as individual churches, mosques, synagogues, temples, or other places of worship; or a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

**False Positive Result:** A test result which indicates that an individual has a condition, when he or she actually does not, e.g., a positive HIV test result in an individual without HIV infection.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** This act requires information on federal awards, including awards, contracts, loans, and other assistance and payments be made available to the public on a single website, [www.USAspending.gov](http://www.USAspending.gov)



**Fidelity:** The adherence to the core elements and internal logic of the original design of an intervention or program model during its delivery. The essential characteristic of fidelity is an attempt to recreate, in implementation, the components of the intervention that were responsible for its successful outcome(s).

**Fiscal Management:** A system and procedures to ensure adequate resources to support HIV prevention programs that also provide budgeting and accounting support to efficiently and effectively allocate and manage funds. Examples of activities include monitoring agency spending and payment of bills; timely deposit of agency-generated receipts; filing necessary budget, revenue, and expenditure reports; maintaining fiscal records for audit and review; and monitoring and separating spending of grants awarded by CDC or other funding sources.

**Fiscal Year:** The accounting period for the federal government, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, fiscal year 2014 begins on October 1, 2013 and ends on September 30, 2014.

[https://www.senate.gov/reference/glossary\\_term/fiscal\\_year.htm](https://www.senate.gov/reference/glossary_term/fiscal_year.htm)

**Focus Group:** A structured discussion among a carefully selected small group (e.g., 5–11 people) gathered to explore ideas, attitudes, experiences, and opinions about a program or service. A focus group can be made up of a members of a targeted demographic group.

**Formative Evaluation:** The process of testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths and then improving them before they are put into effect. It is also a process of gathering information prior to conducting an intervention to inform, define, and understand the population at greatest risk for HIV. Formative evaluation can also be used to create or adapt programs to clients' specific needs, and to refine and ensure that the programs are acceptable and feasible during the planning and implementation processes. (See: Needs Assessment)

**Funding Opportunity Announcement (FOA):** The process for creating an FOA by which an agency (e.g., health department) makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. FOAs may be known as program announcements, requests for applications, notices of funding availability, solicitations, or other names, depending on the agency and type of program.

## G

**Gap Analysis:** A description of the unmet HIV prevention needs within the populations at high risk defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.



**Goal:** A broad statement of a desired long-term outcome of the program. As such, goals express general program intentions and help guide the program's development. Each goal has a set of related, more specific objectives that, if met, will collectively permit program staff to reach the stated goal. (See: Objective)

**Grant:** A legal instrument used by the federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient, to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term does not include: a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the federal government under an award. (See: Cooperative Agreement)

**Grantee:** An agency that receives funds directly from CDC for HIV prevention.

**Grant Writing:** The practice of completing an application process for funding provided by an institution, such as a government department, corporation, foundation, or trust. Such application processes are often referred to as either grant "proposals" or "submissions."

**Group Facilitation:** A moderated discussion in which participants share ideas, questions, and advice on a specific problem or issue. The facilitator's role may range from keeping discussions on track, to tuning into group energy, and serving the group through focus on the process as well as the content. (See: Facilitation)

**Group-Level Intervention (GLI):** Health education and risk-reduction counseling that shifts the focus of service from the individual to groups of varying sizes. Group-level interventions can use peer and non-peer models involving a range of skills, information, education, and support.

## H

**Healthcare Organization:** An agency which provides both medical diagnostic and treatment services.

**Healthcare Setting:** A setting in which both medical diagnostic and treatment services are provided. Healthcare settings include, but are not limited to, acute-care hospitals, long-term care facilities, such as nursing homes and skilled-nursing facilities, physicians' offices, urgent-care centers, outpatient clinics, and home healthcare.



**Health Communications:** The study and use of communication strategies to inform and influence individual decisions that enhance health. For example, social marketing is a strategy that uses marketing principles to influence human behavior in order to improve health or benefit society.

<http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>

**Health Disparities:** Differences in the quality of health and healthcare across different populations and the differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

**Health Education/Risk Reduction (HE/RR):** A set of prevention activities to reach people at increased risk of becoming HIV infected or, if already infected, of transmitting the virus to others. HE/RR is designed to promote individual behavior change, promote and reinforce safer behaviors, and provide interpersonal-skills training in negotiating and sustaining appropriate behavior change.

**Health Equity:** 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 healthcare disparities.

**Health Exchanges:** Health exchanges is another name for health insurance marketplaces. Under the implementation of the Affordable Care Act, each state will have an operating Health Insurance Exchange where individuals, families, and small businesses can purchase standardized health insurance plans. Insurance companies can submit plans to be included on each marketplace, where consumers can then choose the company and plan most suitable for them. <http://www.healthcare.gov>

**Health Insurance Portability and Accountability Act (HIPAA):** The first comprehensive federal protection for the privacy of personal health information. It demands that all HIPAA-covered businesses prevent unauthorized access to “Protected Health Information” or PHI. PHI includes patients’ names, addresses, and all information pertaining to the patients’ health and payment records.

<http://privacyruleandresearch.nih.gov>

<http://www.hipaa.com>

**Healthy People 2020:** These national health objectives focus on improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.





**High-Impact HIV Prevention (HIP):** A strategy designed to achieve greater success with federal HIV prevention dollars by using combinations of scientifically proven, cost-effective, and scalable interventions targeted by population and geographic area, to yield the maximum impact from HIV prevention efforts. This will help maximize health departments' collective effort on HIV, by aligning resources with jurisdictions, based on the HIV burden, and supporting interventions with substantial, lasting impact. HIP is also aligned to address the goals of the National HIV/AIDS Strategy (NHAS).

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

**High-Risk Behavior:** A behavior that places an individual at risk for HIV or sexually transmitted diseases (STDs), or engagement in any behavior where there is a high probability of becoming infected with HIV/STDs.

**Hispanic or Latino:** Refers to a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural origin.

**HIV Care Continuum:** The HIV care continuum is a model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care. The continuum has five main "steps" or stages: (1) Diagnosed with HIV; (2) Linked to care; (3) Engaged or retained in care; (4) Prescribed antiretroviral therapy; (5) Achieved viral suppression (a low amount of HIV virus in the body).

<http://www.aids.gov/federal-resources/policies/care-continuum/>

**HIV Discordant Couple:** HIV discordant describes a relationship where one person is infected with HIV and the other person is HIV-negative. HIV discordant couples may benefit from strategies to prevent HIV transmission from the infected to the uninfected partner. In addition, heterosexual HIV discordant couples may need information on family planning and reproduction. (See: Discordant Couple)

**HIV Medical Care Evaluation and Treatment:** Medical services that address HIV infection, including evaluation of immune system function, screening, treatment, and prevention of opportunistic infections.

**HIV Planning Group:** The official HIV prevention planning body that follows the HIV Prevention Community Planning Guide to develop a comprehensive HIV prevention plan for a specific geographic jurisdiction. (See: HIV Prevention Planning Group)

<http://www.cdc.gov/hiv/policies/funding/announcements/PS12-1201/plans.html>

<http://www.cdc.gov/hiv/policies/funding/announcements/PS12-1201/planning.html>



**HIV Prevention Behavioral Interventions:** The use of behavioral approaches and strategies developed by researchers, under rigorous conditions, that are designed to address specific and repeated behavioral issues and to moderate intra- and inter-personal factors to prevent acquisition and transmission of HIV infection.

<https://effectiveinterventions.cdc.gov/>

**HIV Prevention Community Planning:** A collaborative process in partnership with the community to develop and implement a comprehensive HIV prevention plan that best represents the needs of populations infected with or at risk for HIV. The basic intent of the process is to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission/acquisition. <http://www.cdc.gov/hiv/pubs/hiv-cp.pdf> (See: Parity, Inclusion, and Representation [PIR])

**HIV Prevention Counseling:** An interactive process between client and counselor aimed at identifying concrete, acceptable, and appropriate ways the client could reduce risky behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients). It may be accompanied by HIV testing, whereby individuals receive an HIV test, learn their HIV status, and receive information about HIV transmission, care, treatment, and prevention.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

**HIV Prevention Planning Group (PPG):** A group of local health officials, representatives from HIV-affected communities, and technical experts who share responsibility for developing a jurisdictional HIV prevention plan. The intent of the process is to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission and acquisition. (See: HIV Planning Group)

**HIV Risk Behaviors:** Risk behaviors for acquiring HIV include unprotected anal, vaginal, or oral sex with a person living with HIV; injecting drugs with non-sterile, shared drug-injection equipment; having unprotected anal, vaginal, or oral sex in exchange for money or drugs; having unprotected anal, vaginal, or oral sex with more than one sex partner, including sexual contact since the most recent negative HIV test; and having unprotected anal, vaginal, or oral sex with anyone who had any of these risks. (See: Risk Behaviors)

**HIV Screening:** A testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or the presence of signs or symptoms of HIV infection. This might be accomplished by testing all persons in a defined population or by selecting persons with specific population-level characteristics (e.g., demographic, geographic area).



**HIV Testing:** A process through which an individual receives an HIV test, learns their HIV status, and receives information about HIV transmission, care, treatment, and prevention tailored to their test results.

**HIV Testing Strategy:** The approach an agency or person uses when conducting HIV testing, in order to decide who will be tested. Testing strategies include HIV screening, which is population-based, and targeted testing, which is based on a person's characteristics.

**Human Immunodeficiency Virus (HIV):** HIV is a retrovirus with two predominant types: HIV-1 and HIV-2. HIV is a sexually transmitted infection and a blood-borne pathogen. Infection with HIV results in progressive deficiency of the immune system and, without treatment, susceptibility to life-threatening opportunistic infections.

I

**Impact Evaluation:** This evaluation process identifies the effects of an intervention at the societal and/or community level, usually in terms of morbidity (illness) and mortality (death) among the population.

**Implementation:** The systematic conduct of activities, following the established protocols or steps, and using quality-assurance procedures to achieve process and outcome objectives for behavioral and/or biomedical interventions.

**Implementation Summary:** Information about a specific intervention and target population that shows how the intervention is put into practice. It includes inputs, resources, activities, outputs, or deliverables and the relationship among these.

**Immunofluorescent Assay (IFA):** A laboratory test that uses antibodies chemically linked to a fluorescent dye to detect antibodies in serum or other bodily fluid. The specific antibodies are labeled with a compound that makes them glow an apple-green color when observed microscopically under ultraviolet light.

**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. (See: Diagnosed HIV Infection, Prevalence)



**Inclusion:** Inclusion refers to both the meaningful involvement of community members in all stages of the program process and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included. (See: Parity, Inclusion, and Representation [PIR])

**Indirect Cost Rate:** A device for determining fairly and expeditiously the proportion of general (non-direct) expenses that each project will bear. It is the ratio between the total indirect costs of an applicant and some equitable direct cost base.

<http://oamp.od.nih.gov/dfas/indirect-cost-branch/indirect-cost-submission/indirect-cost-definition-and-example>

**Indirect Costs:** 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 but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

**Individual at High Risk:** Someone who has had sex when no method of risk-reduction was used, or has shared injecting equipment in a high-prevalence setting or with a person who is living with HIV.

**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 (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent HIV transmission and help clients plan to obtain these services.

**Information Dissemination:** Distribution or sharing of current state-of-the-science information and technology to plan, implement, evaluate, and sustain High-Impact HIV Prevention (HIP) activities. Capacity building assistance (CBA) products and activities may include, but are not limited to, printed materials, didactic presentations, panel discussions, demonstrations, conference calls, list serves, websites, mass media, etc. CBA should be accessible to speakers of both English and Spanish.

**Informed Consent:** The legally effective permission of a client or legally authorized representative (e.g., parent or legal guardian of a minor child) to undergo a medical test or procedure. For HIV, it involves a process of communication between client and HIV testing provider, through which an informed client can choose whether to provide consent to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of HIV testing, the implications of HIV test results, how HIV test results will be communicated, and the opportunity to ask questions.



**Infrastructure:** The fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts (policy, program, and research) to succeed. It is not a single entity but a broad array of essential services and capacities encompassing leadership, governance, financing, workforce, community planning, quality improvement, partnerships, policy-making efforts, training programs, laboratory services, and information technology. All are primary components that agencies must invest in, actively monitor, and continuously update to maintain quality infrastructure.

**Injection Drug User:** Injection Drug User (IDU) is a term that is not culturally competent and should no longer be used. The preferred, culturally competent term to describe a person/people who use a needle to inject drugs in their body is: People Who Inject Drugs (PWID). <http://www.avert.org/people-inject-drugs-hiv-aids.htm> (See: People Who Inject Drugs [PWID])

**Inputs:** Resources needed to implement an intervention, such as money, staff, curricula, and materials.

**Input/Output Monitoring:** Input and output monitoring involve the basic tracking of information about program inputs, or resources that go into a program (such as funding, and information about program outputs, or results of a program's activities (such as staff trained, at-risk clients educated about HIV risks, and referral and treatment of HIV+ clients).

**Institute:** An organizational body or group created for the purpose of implementing a short instructional program for a special group interested in a specialized field or subject. For example, an institute for an intervention can be a group of individuals who create a specialized, focused, instructional program to discuss issues related to lessons learned about the implementation of the specific intervention, research findings, applications, and overall improvement.

**Integrated Services:** The use of systems and tools to maximize efficiency and effectiveness of service delivery, to avoid duplication. For example, a person can be offered two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

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



**Intervention:** A systematic mechanism, strategy, group, or set of related activities, with a common objective, designed to change the knowledge, attitudes, beliefs, or practices of individuals and populations to reduce their health risk. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

**Intervention Cycle:** The complete delivery of an intervention to its intended audience, including all planned sessions and the activities designed to be delivered within those sessions.

**Intervention Data:** Information about the implementation of an intervention program to discuss issues related to lessons learned about the implementation of a specific behavioral or biomedical intervention, research findings, applications, and overall improvement.

**Intervention Plan:** A plan setting forth the goals, expectations, and implementation procedures for an intervention. It should describe the evidence or theory basis for the intervention, justification for application to the target population and setting, and the service-delivery plan.

## J

**Jurisdiction:** The geographic and political area represented by a particular state, city, or territorial health department. 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:** The Jurisdictional HIV Prevention Plan is a written statement of need developed through a local collaborative process with other HIV/AIDS prevention, care, and treatment providers and programs. The Jurisdictional HIV Prevention Plan must reflect a discussion of existing resources, needs, and gaps for HIV prevention services, to include key features on how prevention services, interventions, and/or strategies are currently being used or delivered in the jurisdiction. Important elements in assessing need include a determination of the populations at greatest risk for HIV, individuals who are unaware of their HIV-positive status, a comprehensive understanding of prevention services in the jurisdiction, and a consideration of all available resources. The plan should include a brief overview of epidemiological data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV prevention services in the jurisdiction. (See: HIV Planning Group, HIV Prevention Planning Group)





## K

**Key Characteristics:** These are the parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the community-based organization (CBO), target population, or health department.

## L

**Lead Instructor:** An experienced instructor who is able to guide the work of other instructors by way of directing operations or performance. This term is used to describe the role of instructors who are responsible for initiating or coordinating training functions in the classroom, as well as those who may assume responsibility for supporting the “on the job” development of novice instructors.

**Leadership Development:** The interpersonal relationships, social influence process, and team dynamics between the leader and his/her team, and the contextual factors surrounding the team (e.g., the organizational climate and the social network linkages between the team and other groups in the organization). The leadership development process can integrate a range of developmental experiences over a set period of time (e.g., 6–12 months). These experiences may include 360-degree feedback, experiential classroom style programs, business school style coursework, executive coaching, reflective journaling, mentoring, etc.

**Linkage:** The process of actively assisting clients with accessing needed services through a time-limited professional relationship. This active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include: assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

**Linkage Coordinator:** Professional or paraprofessional staff responsible for providing linkage services for HIV-infected persons or those at high risk for HIV infection.

**Linkage to Medical Care:** This occurs when a patient is seen by a healthcare provider (e.g., physician, physician’s assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to medical care services immediately after diagnosis and follow-up until the person is linked to long-term case management.

**Local Data:** Local data can be retrieved (e.g., from state and local health departments) and used for program planning and decision making. For example, data may include HIV/AIDS epidemiologic profiles, surveillance data, and other biological, behavioral and/or program data from a specific community, geographic jurisdiction, city, town, or district. These data can be processed, analyzed, synthesized, and interpreted to help understand local communities’ conditions and inform public health decision making.



**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 (may also be referred to as a County or City Health Department).

**Logic Model:** A framework that guides an organization's activities by visually describing the main elements of an intervention and illustrating the linkages among its components. Logic models include a problem statement, inputs, activities, outputs, immediate outcomes, intermediate outcomes, and impacts.

**Low-prevalence Setting:** A geographic location or community with a low HIV prevalence.

## M

**Maintenance:** Intervention implementation activities that are sustained to include providing inputs, resources, activities, outputs, and deliverables over a defined long-term period.

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

**Marketing Event:** In reference to funded capacity building activities for HIV prevention, a marketing event is defined as a meeting or venue where capacity building providers promote, test, and communicate information about their capacity building services to communities, groups, and/or partners.

**Master Trainers:** Highly skilled and experienced instructors who possess extensive expertise on a particular topic (e.g., an HIV prevention intervention). Master Trainers must consistently demonstrate an understanding of the science supporting an intervention, how to implement the intervention, and how to conduct classroom training on the intervention. They must also understand instructional theory and design, training and teaching strategies, curriculum content and integration of learning modules and materials, and adult learning principles.

**Measure:** A standard or unit used to express size, amount, degree, or quantity specified by a scale or a system of measurement. For example, some measures are indicators of health, but others might be used to identify a program's target population or the community in which an intervention or service takes place. One of the measures monitored by HIV testing programs is the percentage of men who have sex with men who report having an HIV test during the previous year.



**Medication Adherence:** The extent to which a patient continues the agreed-upon mode of treatment under limited supervision when faced with conflicting demands, as distinguished from compliance or maintenance. For example, adherence to antiretroviral therapy, referred to as ART, is the extent to which a patient takes his/her antiretrovirals in the way intended and prescribed by their healthcare provider. (See: Adherence)

**Meeting:** Two or more people come together for the purpose of discussing a predetermined topic such as business or community event planning, often in a formal setting. Meetings are a form of communication where issues are discussed, priorities set, and decisions made.

**Memorandum of Agreement (MOA):** A document written between parties to work together on an agreed-upon project or task to meet an agreed objective. An MOA lays out the ground rules of a positive cooperative effort such as the specific objectives and activities to be accomplished by each party within a specific time frame.

**Memorandum of Understanding (MOU):** A 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. For example, an MOU between an AIDS Service Organization and a hospital may be that the AIDS Service Organization will provide HIV testing and counseling and the hospital will provide pre-exposure prophylaxis.

**Mental Health Services:** Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the state to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

**Mentoring:** Activities conducted by a person (the mentor) for another person (the mentee), in order to help the mentee progress or do a job or task more effectively. A mentor can use a variety of approaches, such as coaching, training, discussion, modeling, counseling, etc. (See: Coaching)

**Men Who Have Sex with Men (MSM):** Men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact whether or not they identify as “gay.”) (See: Bisexual)



**Men Who Have Sex with Men/People Who Inject Drugs (MSM/PWID):** Men who report that they have sexual contacts with other men and who also report that they inject drugs. (See: Men Who Have Sex with Men [MSM], People Who Inject Drugs [PWID])

**Metropolitan Statistical Areas (MSA):** 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) 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. (See: Eligible Metropolitan Areas)

**Monitoring and Evaluation (M&E):** Assessment of whether or not a program is operating in conformity to its design, reaching its specific target population, and achieving anticipated effects.

**Motivational Interviewing:** A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Motivational interviewing is non-judgmental, non-confrontational, and non-adversarial. The approach attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced, as a result of the behavior in question. It helps clients think differently about their behavior and ultimately to consider what might be gained through change.

**Mutual Disclosure:** When two (or more) partners share their HIV status with one another. Couples HIV testing and counseling ensures mutual disclosure of HIV status between partners. When partners learn their HIV status together, they also agree that decisions about mutual disclosure to any third parties must be made together. (See: Disclosure)



## N

### **National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):**

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is one of the larger centers at CDC, with an annual budget of approximately \$1 billion. The workforce consists of more than 1,800 full-time employees and contractors, including approximately 300 who are assigned to state and local health departments in the United States. NCHHSTP is composed of an Office of the Director (OD) and five divisions, each of which is defined by the diseases it addresses. Although the divisions have their own missions, the NCHHSTP OD provides leadership to help coordinate efforts and foster collaboration. NCHHSTP staff work in collaboration with governmental and nongovernmental partners at community, state, national, and international levels to accomplish the NCHHSTP mission.

<http://www.cdc.gov/nchhstp/About.htm>

**National HIV/AIDS Strategy (NHAS):** The nation's comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2020. NHAS is a coordinated national response that identifies a set of priorities and strategic action steps to be taken by various federal agencies with collaboration from all levels of government, businesses, faith communities, philanthropy, scientific and medical communities, educational institutions, people living with HIV, and others, to support the high-level priorities outlined in the Strategy. NHAS has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and improving health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The White House and AIDS.gov released the *National HIV / AIDS Strategy: Updated to 2020* on July 30, 2015.

[https://www.whitehouse.gov/sites/default/files/docs/national\\_hiv\\_aids\\_strategy\\_update\\_2020.pdf](https://www.whitehouse.gov/sites/default/files/docs/national_hiv_aids_strategy_update_2020.pdf)

**National HIV Monitoring and Evaluation (NHM&E):** NHM&E is conducted by the Program Evaluation Branch (PEB) in the Division of HIV/AIDS Prevention. There are three primary components of NHM&E: (1) a set of standardized national monitoring and evaluation variables; (2) guidance, training, and technical support for the collection and use of NHM&E data; and (3) an optional, secure, user-friendly browser-based data collection and management software tools designed for health departments and community-based organizations.

**National Organization:** An organization that has a national scope, with broad reach, as defined in the organization's articles of incorporation, bylaws, or board resolution.

**Needs Assessment:** A process for obtaining and analyzing information to determine the current status and service needs of an organization, defined population, or geographic area. (See: Community Identification Process)



**Non-governmental Organization (NGO):** Any non-profit, voluntary citizens' group which is organized on a local, national, or international level.

<http://www.ngo.org/ngoinfo/define.html>

**Non-healthcare Setting:** A setting in which neither medical diagnostic nor treatment services are provided but in which health screening may be available. These can include settings or organizations whose primary purpose is not healthcare, for example, schools, worksites, or community-based organizations.

**Non-occupational Post Exposure Prophylaxis (nPEP):** A 28-day course of 2-3 antiretroviral medications provided to HIV-uninfected persons, begun soon (within 72 hours) after a sexual or injection exposure to HIV to block infection. It is intended for use with rare or infrequent exposures. (See: Post-exposure Prophylaxis [PEP])

## O

**Objective:** Specific activities to be completed by specific dates, such as number of clients to be screened for an intervention and number of clients to complete the intervention. To be SMART, objectives must be specific, measurable, appropriate, realistic, and time-phased.

**Office of Financial Resources (OFR):** The OFR combines four major CDC business service functions: acquisitions, budget, finance/accounting, and grants, into one office managed by CDC's chief financial officer. The OFR was created on October 1, 2015, by merging the Procurement and Grants Office (PGO) and the Office of Chief Financial Officer (OCFO) to allow greater coordination and collaboration across CDC's financial resources portfolio.

**Office of Management and Budget (OMB):** OMB is the largest component of the Executive Office of the President. OMB's role includes administrative, program, and policy management. It helps a wide range of executive departments and agencies across the federal government such as the Office of Financial Management, the Office of Federal Procurement and Policy, and the Office of Information and Regulatory Affairs (OIRA). OIRA, which is within OMB, reviews draft, proposed and final regulations to ensure to the extent permitted by law, that the benefits of agency regulations justify the costs and that the chosen approach maximizes net benefits to society. OIRA also administers the Paperwork Reduction Act of 1995, which calls for clearance and assessment of information collection requests by agencies.

**Office of Management and Budget (OMB) Clearance:** To avoid overburdening the public with federally sponsored data collections, the Paperwork Reduction Act (PRA) of 1995 requires that U.S. federal government agencies obtain OMB approval before requesting or collecting most types of information from the public. In accordance with



the PRA, OMB approval must be obtained prior to collecting federally sponsored data in any situation where 10 or more respondents are involved, within a 12-month period, and the questions are standardized in nature, whether they are delivered in person, on the phone, or online. Many use the term “OMB Clearance,” but since OMB clearance is required for several federal government activities, in order to distinguish OMB Clearance under the PRA, HHS uses the term “PRA Clearance.” This distinguishes OMB clearance due to the PRA.

<http://www.usability.gov/how-to-and-tools/guidance/pr-a-overview.html>

<http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html#7>

**Opt-in HIV Testing Approach:** A testing approach in which a person is offered an HIV test that he or she may elect to accept, decline, or defer. The person is required to give permission before testing can occur. The default is not to test unless the patient requests the test to be done.

**Opt-out HIV Testing Approach:** A 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: that a test will be done unless he or she declines.

**Organizational Assessment:** An assessment conducted to determine the status of organizational systems such as fiscal management, human resources, governance, service delivery, networking and collaboration, program planning and evaluation.

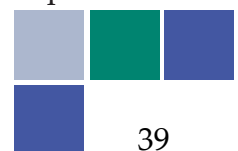
**Outcomes:** The observable benefits or changes for populations and/or public health capabilities that will result from specific program interventions, strategies, and/or activities.

**Outcome Evaluation:** A process that determines if the intervention resulted in the expected outcomes or predetermined set of goals. Usually requires a control or comparison group and collection of client data about risk behaviors before and after the intervention.

**Outcome Monitoring:** The routine documentation and review of program-associated outcomes (e.g., knowledge, attitudes and behavior, or access to services) in order to determine the extent to which program goals and objectives are being met.

**Outcome Objective:** This describes the measurable change expected to be achieved in the target population as a result of an intervention, within a given period of time.

**Outpatient (Ambulatory) Medical Care:** Care that includes the provision of professional diagnostic and therapeutic services by a healthcare provider who is certified in their jurisdiction to prescribe antiretroviral therapy (ART) in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight.



**Outputs:** Outputs are the results of program activities and are directly related to products or deliverables. Examples are sessions completed, people reached, and materials distributed. These products of work often serve as documentation of progress for funders and other stakeholders.

**Outreach:** HIV interventions generally conducted by peer or paraprofessional educators, in community venues, face-to-face with individuals at high risk, with the intent of educating individuals who would otherwise not be reached. 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, to test them for HIV, or to refer them for testing.

**Outreach (Street-based):** Outreach is conducted at physical sites where persons at high risk congregate (e.g., street corners) using different methods such as a mobile van.

**Outreach (Venue-based):** Outreach involves going to venues where populations at high risk congregate, to promote and provide testing.

## P

**Parity:** The ability of community planning group members to equally participate and carry out planning tasks or duties in the community planning process.  
(See: Parity, Inclusion, and Representation [PIR])

**Parity, Inclusion, and Representation (PIR):** A set of principles ensuring that all community planning group (CPG) members have an equal voice in voting and making decisions. PIR ensures that the views and needs of all affected groups are considered in the process and that representatives truly reflect communities' values, norms, and behaviors, and include persons who reflect the characteristics of the current and projected burden of HIV in that jurisdiction. <http://www.advocatesforyouth.org/publications/686-hiv-prevention-community-planning>

**Parliamentary Procedure:** Parliamentary procedure refers to the rules of democracy — that is, the commonly accepted way a group of people come together, present and discuss possible courses of action, and make decisions. Fundamentally, parliamentary procedure defines how groups of people, no matter how formal or informal, can most effectively meet and make decisions in a fair, consistent manner, as well as make good use of everyone's time. While parliamentary procedure cannot guarantee that every member of an organization is pleased with the outcome of a decision, it aims to ensure that every member is satisfied by the manner in which decisions are made. *Robert's Rules of Order Newly Revised* is the most widely used parliamentary authority in the United States. The current edition is *Robert's Rules of Order Newly Revised*, 11th edition (2011).

<http://www.parliamentarians.org/about/parliamentary-basics/>



**Partner Notification:** The process of locating and confidentially contacting and notifying past or current partners of an HIV or sexually transmitted infection (STI) infected person. The objective is to let them know that they have been exposed to HIV or another STI and to refer them for testing. Partner notification is one step in the process of partner referral.

**Partner Reduction:** HIV prevention strategy that tries to reduce the total number of sexual partners a person has. Partner reduction may also try to reduce the number of sexual partners a person has at the same time.

**Partner Referral:** The process in which partner names are elicited (i.e., partner elicitation). Partners are located and notified of their exposure (i.e., partner notification), and notified partners receive a combination of counseling and referrals for testing (or in some cases, testing in the field) and other social support services.

**Partner Services (PS):** A systematic approach to notifying sex and needle-sharing partners of sexually transmitted disease and HIV infected persons of their possible exposure to HIV so they can be offered HIV testing to learn their status, and 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.

**Partner Testing:** A testing strategy for increasing knowledge of HIV status and disclosure among partners is considered partner testing. Partner testing occurs when one partner has already been tested, and the other partner is then tested separately. This is a common scenario in some antenatal clinic settings, where women are routinely offered HIV testing and then encouraged to bring in their partner for partner testing. Partner testing is also a key component of Prevention with HIV Positive Persons (PwP) strategies, where the partner(s) of clients and patients living with HIV are encouraged to be tested. Whenever appropriate and feasible, mutual disclosure of HIV test results under the guidance of a counselor should be encouraged and facilitated through partner testing. (See: Prevention with HIV Positive Persons [PwP])

**Passport to Partner Services (PPS):** A web-based training course for providers of partner services (PS). This course provides integrated services training that focuses on combining current sexually transmitted disease and HIV training materials, incorporating new content related to the 2008 PS recommendations, and providing a continuum of training focused on job function.

**Patient Engagement:** A process for arranging and helping an HIV patient to keep their scheduled appointments. It includes a specific set of activities such as providing information on the importance of regular care and establishing patient-friendly systems of care. Examples include routine monitoring of appointment

adherence by service providers to identify at-risk patients; routine assessment of patient needs and possible barriers to care; implementing ongoing patient support, including patient navigation services and regular telephone calls, text messages, and e-mails to patients with a level of intensity that meets the patient's need to prevent drop-out.

**Patient-level:** Specific linkage to care services (active referral immediately following diagnosis) with ongoing follow-up (two or more contacts) tailored to patient needs. It includes support for adherence to appointments and system navigation.

**Patient Navigation:** Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality medical and psychosocial care, from diagnosis with HIV to care and treatment. Navigation services can be provided in settings such as medical, non-medical, or community settings. The type of navigation services will depend upon the severity and/or complexity of the patient's identified barriers. Navigation services and programs should be provided by culturally competent persons (professional or non-professional). (See: Peer Navigators)

**Patient Re-engagement:** The process of re-connecting HIV patients to medical care after they have dropped out of care. Examples of activities include: identifying patients who have missed recent clinic appointments; conducting outreach to locate and re-connect them to care; and collaborating with health department staff to assist with hard-to-reach patients.

**Peer:** A person who is equal to another in abilities, qualifications, age, background, or social standing.

**Peer Advocates:** Volunteers from the target population who can discuss, model, and reinforce the acceptance of the norms and other risk reduction messages and materials (e.g., condoms, bleach, and new syringes) within the target population. For example, peer advocates can help distribute role-model stories and other prevention materials.

**Peer Assisted Training:** Training involving a member of the target population who has advanced skills and is able to support the training under the guidance of the lead trainer. This Peer Trainer should be trained in the relevant information of the intervention and communication skills, to be able to engage peers, provide feedback, lead discussions, mentor, and assist others with learning activities.

**Peer Educators:** Peer educators are members of the same social group as the individuals with whom they are working. The main role of the peer educator is to help the group members define their concerns and seek solutions through the mutual sharing of information and experiences. Peer educators can disseminate new information and knowledge to the group members and can become

a role model to help their reference group develop skills to change behavior. In youth focused programs, they may work alongside the teacher or facilitator, to conduct or take the lead in organizing and implementing activities.

**Peer Navigators:** Peer navigators can assist persons living with HIV and their families move through various aspects of the healthcare system such as screening, medication management and adherence, hospital and clinic visits, support services, and payment systems. Peer navigators can be lay community members who have been trained to work with patients, or they may be paid employees or volunteers. Peer navigators should have close ties to the local community and possess the linguistic and cultural skills needed to connect with patients. Peer navigators, to be successful, should be compassionate, sensitive, culturally attuned to the people and the community, able to communicate effectively, and knowledgeable about the environment and healthcare system. (See: Patient Navigation)

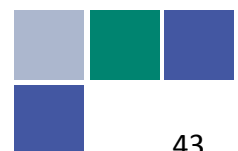
**Peer-to-Peer Mentoring:** A method of exchanging best practices (e.g., training protocols, models, techniques, and experiences) among organizations and/or dissemination partners.

**Peer-to-Peer Technical Assistance (TA):** Technical assistance provided by a CDC grantee (e.g., health department) to another grantee and coordinated by a designated capacity building assistance (CBA) provider. While peer-to-peer TA can take place independently, it should be requested through the CBA Request Information System (CRIS). (See: Capacity Building Assistance (CBA) Request Information System [CRIS])

**People Who Inject Drugs (PWID):** Person(s) who use drugs, including people who inject drugs (PWID) into their body using a needle. (See: Men Who Have Sex with Men [MSM]/People Who Inject Drugs [PWID]) <http://www.avert.org/people-inject-drugs-hiv-aids.htm>  
[http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf)  
<http://www.cdc.gov/globalaids/resources/prevention/docs/toolkit-for-implementing-programs-for-people-who-use-drugs.pdf>

**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. (See: Measure)

**Performance Measures:** Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). (See: Outcomes, Outputs)





**Personalized Cognitive Counseling (PCC):** An individual-level, single-session counseling intervention designed to reduce unprotected anal intercourse (UAI) among men who have sex with men (MSM) who are repeat testers for HIV. PCC focuses on the person's self-justifications (thoughts, attitudes, and beliefs) he uses when deciding whether or not to engage in high-risk sexual behavior. PCC is a 30-to 50-minute intervention conducted as a component of Counseling, Testing, and Referral Service (CTRS) for MSM who meet the screening criteria. (See: Counseling, Testing, and Referral Service [CTRS])

**Plain Writing Act of 2010:** The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health-literacy skills or limited English proficiency.  
[www.plainlanguage.gov](http://www.plainlanguage.gov)

**Planned Number of Cycles:** The number of times an intervention (EBI) will be delivered in its entirety to its intended audience over the project period.

**Podcast:** A series of audio and/or video media files (usually digital) that is made available for download via the internet using special software applications.

**Policy Initiatives:** A course of action or program based on a set of guiding principles or guidelines for efforts to change or initiate policies and regulations issued by governments and organizations. Policy initiatives are considered structural interventions that can enable optimal HIV prevention, care, and treatment services. For example, policy initiatives can include efforts to align structures or regulations to enable optimal HIV prevention care and treatment, or initiatives that address state policies that block implementation of CDC's Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings.

**Post-Exposure Prophylaxis (PEP):** The use of antiretroviral drugs after a single high-risk event to stop HIV from making copies of itself and spreading through the body. PEP must be started as soon as possible to be effective — and always within three days of a possible exposure.  
<http://www.cdc.gov/hiv/basics/pep.html>

**Pre-Exposure Prophylaxis (PrEP):** Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. <http://www.cdc.gov/hiv/prevention/research/prep/>





**Pre-Implementation:** Before implementing HIV prevention interventions, planning activities are needed to ensure successful implementation of an HIV prevention intervention. These can include capacity building efforts such as staffing, training, development of recruitment and evaluation plans, and selection and preparation of venues, etc.

**Preliminary HIV-Positive Test:** A reactive antibody HIV test result, which must be confirmed by supplemental testing to determine if the person is truly infected with HIV.

**Prevalence:** The total number of cases of a disease in a given population at a particular point in time. For HIV/AIDS surveillance, prevalence refers to the number of persons living with HIV infection or AIDS, respectively, regardless of time of infection or diagnosis date. (See: Incidence)

**Prevention Activity:** An activity that focuses on behavioral, biomedical, structural, policy, or environmental interventions.

**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 Program Branch (PPB):** The Prevention Program Branch (PPB) is in CDC's Division of HIV/AIDS Prevention (DHAP). The PPB develops, plans, implements, and manages strategies and resources for HIV prevention with state and local public health departments, community-based organizations, and other nongovernmental organizations. Along with these comprehensive public health and private sector partners, the PPB implements and monitors programs, policies, and activities in support of efforts to prevent HIV/AIDS. (See: Division of HIV/AIDS Prevention [DHAP])

**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, HIV/sexually transmitted disease testing, and mentoring and counseling programs.

**Prevention with High-Risk Negative Persons:** The provision of interventions, services and strategies such as individual, small-group, and community interventions for people who are at high risk of HIV infection. Other strategies include behavioral risk-screening, behavioral, structural and biomedical interventions (e.g., pre-exposure and non-occupational post-exposure prophylaxis), and referrals to other medical and social services to address mental health, substance abuse, and other services as needed.



**Prevention with HIV-Positive Persons (PwP):** Linkage to care, treatment, and prevention services for those persons testing HIV-positive or currently living with HIV. Examples of HIV prevention services include retention or re-engagement in care, referral and linkage to other medical and social services, and partner services.

**Primary Care Provider:** A clinician who provides integrated, accessible healthcare services and is accountable for addressing a large majority of personal healthcare, including preventive and health-promotion services for men, women, and children of all ages. This includes a sustained partnership with patients and practicing within the context of the family and community. This professional can be a primary care physician, such as a general practitioner or family physician, or, depending on the locality, health system organization, and/or patient's discretion, a physician assistant or nurse practitioner, as recognized by state licensing or regulatory authorities. Typically, this provider acts as the principal point of consultation for patients within a healthcare system and coordinates other specialists that the patient may need.

**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.

**Priority Setting and Community Planning:** A process that involves prioritizing a set of target populations (identified through the Epidemiologic Profile and Community Services Assessment) who require prevention efforts because of their high rates of HIV and strong evidence of risky behavior. (See: HIV Planning Group, Jurisdictional HIV Prevention Plan)

**Problem Statement:** A statement that describes the factors that put a population at risk or create some other problem to be addressed by a program. These factors may be related to knowledge, attitudes, beliefs, behaviors, skills, access to services and information, policies, or environmental conditions.

**Process Evaluation:** The assessment of planned, versus actual, program performance over a period of time for the purpose of program improvement and future planning. Process evaluations usually focus on a single program and use largely qualitative methods to describe program activities and perceptions, especially during the developmental stages and early implementation of the program. These methods include, but are not limited to, observation, interviews and/or focus groups (with program staff, clients, and other key informants), and program document reviews. These assessments may also include some quantitative approaches, such as surveys about client satisfaction and perceptions about needs and services.



**Process Management:** A group process whereby all community planning members work together for priority setting to effectively and efficiently carry out the basic tasks of community planning without conflict or confusion. Community planning groups should put in writing how they will conduct business, make decisions, handle conflict, and complete day-to-day activities. Examples of key tasks necessary for the group to perform include: reviewing or developing ground rules; review of by-laws for clarity, decision making, conflict of interest, and committee structure; reviewing or developing a decision-making method, identification of roles and responsibilities, communication and team building, etc.

(See: Parliamentary Procedure)

**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.

**Procurement and Grants Office (PGO):** Responsible for management and award of all CDC financial acquisition and assistance transactions. (See: Contract, Grant, Cooperative Agreement)

**Program:** A collection of services with specific goals, objectives, and activities provided within an agency or jurisdiction to meet a social or health-services need within a community.

**Program Collaboration and Service Integration (PCSI):** A mechanism for ongoing and blending interrelated health issues, activities, and prevention strategies to facilitate comprehensive delivery of services. PCSI is a mutually beneficial and well-defined relationship entered into by two or more organizational units to achieve common goals. PCSI is a distinct method of service delivery that provides persons with seamless services from multiple programs without repeated registration procedures, waiting periods, or other administrative barriers.

**Program Development:** A process that addresses critical areas of program design that help an organization to meet its mission and maintain administrative functions to sustain organizational effectiveness. Examples of capacity building activities in this area include contract, grant, or administrative support services to effectively and efficiently help an organization to attain project/program deliverables.

**Program Evaluation Branch (PEB):** The Program Evaluation Branch (PEB) is in CDC's Division of HIV/AIDS Prevention (DHAP). PEB evaluates the effectiveness, costs, and impact of HIV prevention interventions, strategies, policies, and programs for improvement and accountability; develops and enhances evaluation methods and systems; and serves as a resource for building evaluation capacity.

<http://www.cdc.gov/hiv/dhap/peb/index.html>

(See: Division of HIV/AIDS Prevention [DHAP])



**Program Implementation Activities:** The intended steps identified in the plan for an intervention that systematically guide the conduct of the required activities in order to achieve process and outcome objectives for behavioral and/or biomedical interventions.

**Program Marketing:** The use of communication channels, consumer interaction channels, and marketing materials to enable organizations to deliver timely, relevant, and culturally competent marketing messages. This will ultimately promote the valuable HIV prevention services offered, while creating stronger and more valuable customer relationships.

**Program Strategy:** Those Capacity Building Assistance (CBA) Services delivered to target populations as delineated by the funding categories for (a) Health Departments; (b) Community-Based Organizations; (c) Healthcare Organizations; and, (d) CBA Provider Network Resource Network (CRC). These CBA services comprise (1) information collection, monitoring, synthesis, packaging, and dissemination; (2) training for skills development; and (3) technical assistance, including consultations, services, and facilitation of peer-to-peer mentoring. [http://www.cdc.gov/hiv/pdf/policies\\_funding\\_ps14-1403\\_ProgramBackgroundBrief.pdf](http://www.cdc.gov/hiv/pdf/policies_funding_ps14-1403_ProgramBackgroundBrief.pdf)

**Program Theory:** A statement of the assumptions about why the intervention should affect the intended outcomes. The theory includes hypothesized links between: (a) the program requirements and activities and (b) the expected outcomes which should be depicted in the intervention's logic model.

**Proposal Development (aka Grant Development):** The process of preparing for a grant application from private or public sectors. This includes: identifying and selecting potential funders or responding to a request for proposals; planning and research; itemizing needs and organizing a proposal development team; writing the proposal; developing the program; developing a staffing plan; conducting quality control review; and finalizing the proposal. (See: Funding Opportunity Announcement [FOA])

**Protected Health Information (PHI):** The Health Insurance Portability and Accountability Act (HIPAA) requires that all entities covered by the law prevent unauthorized access to PHI, including patients' names, addresses, and all information pertaining to patients' health and payment records. <http://www.hipaa.com>

**Public Health Accreditation Board (PHAB):** The national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of tribal, state, local, and territorial public health departments by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.



**Public Health Strategies:** These are time-tested protocols used by public health practitioners in the prevention, screening, diagnostic, or treatment processes. They are based on concepts of primary, secondary, and tertiary prevention and may include individual risk counseling, diagnostic testing, and partner services.

**Public Relations:** Activities that help increase the exposure of an agency through non-advertising media channels. Public relations can help shape the organization's image and convey it positively to potential clients. Examples include press releases submitted to media channels, organization of publicity events, conducting press conferences, etc.

## Q

**Qualitative Data:** Non-numeric data, including information from sources such as narrative behavioral 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. (See: Focus Group)

**Qualitative Data Analysis:** A process of storing, inspecting, organizing, and transforming non-numeric data, including information from sources such as narrative behavioral studies, focus-group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Data analysis has multiple facets and approaches, including the use of qualitative software (e.g., ATLAS.ti and NVivo). These software provide a process to code text or other elements of the data sources (e.g., interview transcribed texts, archival documentation, video or photo formats), group the data into categories, and generate frequency percentages if appropriate.

**Quality Assurance:** A process-driven approach with specific steps to help define and attain goals. Quality-assurance steps include: (a) planning to establish objectives and processes required to deliver the desired results; (2) implementing the process developed; (3) checking the implemented process by testing the results against the pre-determined objectives; and (4) applying actions necessary for improvement if the results require changes.

**Quality Control:** A set of management practices throughout an organization that places a strong emphasis on performance and continual improvement processes through the use of benchmarking, standard measurement, guidelines, or other methods depending on the service or product.

**Quality Management:** A process that aims to ensure “good quality” through quality planning, quality control, quality assurance, and quality improvement. Quality management involves leadership and a systems approach that are focused on the product or service, as well as the process to achieve more consistent quality and continual improvement. (See: Quality Assurance and Quality Control)

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

**Quantitative Data Analysis:** The manipulation of numeric data through statistical procedures for the purpose of describing phenomena or assessing the magnitude and reliability of the relationships among them.

**Questioning:** Questioning of one’s gender, sexual identity, sexual orientation, or all three, is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons. The letter “Q” is sometimes added to the end of the acronym LGBT (lesbian, gay, bisexual, transgender); the “Q” refers to questioning.

## R

**Race:** Defined by the federal Office of Management and Budget (OMB) and the United States Census Bureau as self-identification data items in which residents choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic or Latino origin (ethnicity). The racial categories represent a social-political construct for the race or races that respondents consider themselves to be and “generally reflect a social definition of race recognized in the USA OMB.” The US Census defines the concept of race as not “scientific or anthropological” and takes into account “social and cultural characteristics as well as ancestry,” using “appropriate scientific methodologies” that are not “primarily biological or genetic in reference.” The race categories include both racial and national-origin groups.

[www.whitehouse.gov/omb/fedreg\\_race-ethnicity/](http://www.whitehouse.gov/omb/fedreg_race-ethnicity/)

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

**Re-entry:** The process of assisting HIV-diagnosed persons to enter medical care after a lapse in care visits of 12 or more months. Re-entry also refers to services for formerly incarcerated persons living with HIV who are leaving correctional facilities and returning to the community. <http://www.csctulsa.org/content.php?p=133>





**Referral:** The process by which persons' needs for care and supportive services are assessed and persons are provided with assistance, including necessary follow-up efforts to facilitate initial contact with appropriate service providers.

**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.

**Reinvention:** Modifying research-based interventions to meet needs, priorities, and resources available to an agency. This may involve offering new activities, discussion, and/or curricula elements not included in the original intervention. In reinvention, core elements may be added or deleted, however, formative evaluation should be conducted to ensure that the intervention fits 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.  
(See: Adaptation, Formative Evaluation)

**Relevance:** The extent to which an HIV prevention intervention plan addresses the needs of affected populations in the jurisdiction and other community stakeholders. As described in the Community Planning Group 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 or to the agency from which it received CDC funds for HIV prevention.

**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 should also be able to participate in the group and objectively weigh the overall priority prevention needs of the jurisdiction. (See: Parity, Inclusion, and Representation [PIR]), Inclusion, Parity)

**Resource Inventory:** The current HIV prevention and related resources and activities in the project area, regardless of funding source. A comprehensive resource inventory includes information regarding HIV prevention activities within the project area and other education and prevention activities that are likely to contribute to HIV risk reduction. Health departments, CDC, and other federal, state and local agencies have information and resources that can be shared when planning for an HIV prevention program.



**Retention:** A process to ensure that individuals recruited will continue to participate in an intervention until all of the components of an intervention are completed.

**Retention in Care:** A process for engaging a client in a treatment and support plan once they have been linked to care after an HIV-positive diagnosis. Retention may include follow-up phone calls, delayed incentives, postcard reminders, e-mails, and involvement of peers and family members regarding upcoming sessions and/or appointments. (For information on CDC guidance and recommendations for retention in care, refer to: <http://www.cdc.gov/hiv/pwp/linkage.html>)

**Risk Assessment:** Risk assessment is a fundamental part of an HIV prevention counseling session in which the individual is encouraged to identify, acknowledge, and discuss in detail his or her personal risk for acquiring or transmitting HIV.

**Risk Behaviors:** Behaviors that can directly expose individuals to HIV or transmit HIV if the virus is present (e.g., sex when no method of risk-reduction is used, sharing unclean needles). Risk behaviors are those acts in which a single instance of the behavior can result in HIV transmission. (See: HIV Risk Behaviors)

**Risk Factors:** Behaviors and contexts in which HIV is likely to be transmitted. (See: Risk Behaviors)

**Risk Reduction:** A strategy for decreasing HIV-related risk behaviors (e.g., having sex without condoms, sharing needles, having multiple sexual partners) or increasing HIV-protective behaviors (e.g., using condoms).

**Risk Screen:** A brief evaluation of behavioral HIV risk factors used to decide who should be recommended for HIV testing, interventions, or other services. A risk screen is usually done as part of targeted testing rather than HIV screening because it requires assessing a person's behavioral HIV risk factors.

**Routine:** Usual and customary medical care processes and practices that are followed as part of an established protocol or policy.

**Rural:** An area with a population of less than 2,500 located outside of a key metropolitan area or city.

## S

**Scalable Intervention:** Interventions or combinations of interventions that can reach a significant portion of those in need in a cost-efficient manner that demonstrate population-level impact. For example, an evidence-based intervention can be adjusted to increase or decrease exposure, reach, and applicability to the target population.



**Screening:** During screening, an HIV test is performed for all persons in a defined population. Since April 2013, the U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.

<http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>  
<http://www.cdc.gov/hiv/testing/clinical/index.html>

**Seminar:** A series of meetings emphasizing interaction and exchange of information among a usually small number of participants. For example, a seminar related to capacity building can focus on specific areas such as evaluation of HIV prevention programs or recruitment of participants to HIV prevention interventions. The focus can be on scientific models, processes and procedures, with the outcome being improvement of practice.

**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.

**Session:** One or more intervention activities delivered to clients on a given date.

**Sexual Partner:** A sexual partner is someone with whom an individual engages in sexual activity (e.g., intercourse, oral sex, masturbation). Sexual partners can be of any number, sex, gender, or sexual orientation.

**Site:** A location where HIV prevention services take place.

**Site Visit:** A visit in an official capacity to assess an organization's compliance with key program requirements as well as a resource to assist grantees in identifying areas of performance, operational improvements, successes, and lessons learned.

**Skill Acquisition:** This represents the initial phase in learning a new skill or activity. One or more practice sessions are needed for learning how to perform the required steps and, if necessary, the sequence in which they should be performed. Assistance and coaching are necessary to achieve correct performance of the skill or activity.

**Skills Building:** The enhancement of skill sets of key personnel whose activities contribute to increasing the capacity of an organization. Skill set enhancement activities occur through training of staff, advisory board, trainers, volunteers, community members, and opinion leaders.



**Social Determinants of Health (SDH):** The complex, integrated, and overlapping social structures, policies, and economic systems that include: the social and physical environments, health-services structure, and societal factors that are responsible for most health inequities. 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, sex when no method of risk-reduction is used, 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, and insurance status).

**Social Marketing:** The use of marketing theory, skills, and practice to achieve social change, promote general health and raise awareness. Social marketing uses tools and techniques such as focus groups and surveys to discover barriers, social norms, and incentives to change behavior. For example, social network programs can use social marketing techniques to test social marketing strategies to reach persons with undiagnosed HIV infection.

**Social Network:** A social structure in which human beings are connected to each other. Examples include friendship, kinship, and sexual relationships.

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

**Social Support Services:** Also referred to as social services and human services, these are programs provided by local governments and private nonprofit agencies for persons in need of economic, food and nutrition, housing, childcare, legal, and victims of domestic violence assistance. Social support services can help persons at high risk of transmitting or acquiring HIV with their prevention needs in addition to leading healthier lives.

**Sociodemographic Factors:** Important social and demographic background information about the population of interest, including age, sex, race, educational status, income, and geographic location. (See: Demographics)

**Socioeconomic Status (SES):** A person's status in society based on income level, relationship to the national poverty line, educational achievement, neighborhood of residence, home ownership, etc.



**Special Studies:** Rigorous evaluation studies conducted to answer specific HIV prevention monitoring and evaluation questions that cannot be answered with the data required of all grantees. These studies are conducted with a subset of grantees that are funded to conduct these additional activities.

**Staffing Model for HIV Screening:** A specific staffing protocol used to implement HIV screening in healthcare settings. A staffing model can be parallel, in that it uses dedicated, separate, or co-located staff to conduct HIV screening in a healthcare setting, or, it may be integrated by using existing staff to conduct HIV screening in a healthcare setting. It is important to consider how HIV testing fits into the clinic flow at a healthcare facility when considering a staffing model. (See: Screening)

**Stakeholders:** An institution or individual that has a latent or expressed interest in an organization accomplishing its mission and goals is a stakeholder. In stakeholder community development, CDC recognizes the value of stakeholders in their work to develop the capacity of those stakeholders to act as stewards of their institution. There are many kinds of stakeholders involved with a CDC-funded organization, including staff, board members, community residents, and resource providers. Each kind faces unique challenges in acting on their stake in providing HIV prevention services.

**Stigma:** The disapproval or discontent with a person on the grounds of characteristics that distinguish them from others in society, such as a specific diagnosis, sign of disease, or identifying mark. For example, HIV-related stigma and discrimination involve prejudice, negative attitudes, abuse, and maltreatment directed at people living with HIV. The consequences of stigma and discrimination can result in being shunned by family members, peers, and the wider community, including poor treatment in healthcare, erosion of rights, psychological damage, and a negative effect on the success of HIV testing and treatment.

**Strategic Plan (for Capacity Building Assistance [CBA]):** The strategic plan for CBA focuses on determining organizations' needs to effectively and efficiently implement funded HIV prevention programs. The strategic plan for CBA identifies specific areas (e.g., fiscal management, human resources, monitoring, and evaluation, etc.) that are needed to carry out its work. The plan also delineates and prioritizes the areas of need and the process and timeline by which it can be achieved.

**Strategic Planning:** A management strategy to help shape, guide, and focus an organization in terms of goals, objectives, activities, and outcomes, to make decisions with a focus on the future, and to assess and adjust the organization's direction in response to a changing environment.



**Structural Intervention:** An intervention designed to implement or change laws, policies, physical, social or organizational structures, or standard operating procedures to effect environmental or societal change.

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

**Synchronous Learning:** A group of people learning the same things at the same time. Lecture is an example of synchronous learning in a face-to-face environment. Other examples of synchronous learning are Web-conferencing, where people can learn at the same time in different places, and online classes that require students and instructors to be online at the same time.

**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, medical and mental health care.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares the secure and encrypted data with the federal agencies’ finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and to pre-fill organizational information on grant applications.

## T

**Target Population:** The primary group of people that a program strategy or intervention is designed to affect. Target populations are defined by both their risk(s) for HIV infection or transmission, as well as their demographic characteristics and the characteristics of HIV infection within this population.

**Targeted Testing:** A testing strategy that involves testing persons based on characteristics that increase the likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues by persons at high risk.

**Targeting:** Use of data or information to direct HIV testing, linkage to care, and HIV risk-reduction services to groups at high risk for HIV. Persons at high risk can be accessed, with the purpose of ensuring that services are available and accessible to those who need them.



**Technical Assistance (TA):** Provision or facilitation of expert programmatic, scientific, or technical consultation or services. Allows for mentoring or advisory relationships to directly support capacity building assistance (CBA) consumers to plan, implement, evaluate, or sustain High-Impact Prevention activities. Guidance, materials, tools, etc. are negotiated and tailored to meet the specific needs of requesting CBA consumers. Examples of TA include, but are not limited to, assessment of organizational infrastructure, selection or adaptation of behavioral interventions for specific populations, feasibility of a billing system for HIV prevention services, assessing impact of policy initiatives, and establishing or strengthening relationships among non-healthcare and healthcare components within a public health system.

**Technical Consultation:** The delivery of expert advice to key personnel on how to accomplish a task or series of tasks with the intent that the activity will be carried out by the recipient of the advice. The consultation may be provided telephonically, on-site, electronically, or through written documents.

**Technical Service:** A task or series of technical tasks for the recipient that results in increased capacity. Provision of technical services may relate to facilitating or implementing operational, managerial, technological, programmatic, administrative, or governance systems.

**Technology Transfer:** The facilitation of a recipient's access to products, methodologies, or techniques that increase capacity. This effort may be accompanied by skills building, technical consultation, or technical services. Examples include computer technology that allows internet access, the development of a training curriculum, and the adoption of a new intervention.

**Teleconferencing (Conference Call):** An efficient, inexpensive way to gather individuals and groups from many different locations to converse in an orderly manner using standard telephone technology. Videoconference (also known as a video-teleconference) is one example of teleconferencing that uses telecommunications of audio and video to bring people at different sites together for a meeting. Besides the audio and visual transmission of meeting activities, videoconferencing can be used to share documents, computer-displayed information, and whiteboards.

**Testing Approach:** The method by which the recommendation for an HIV test is presented to a person. In one method, the HIV test is offered, and the person decides if he or she wants to be tested for HIV (opt-in testing approach). In the other method, the person is tested for HIV (opt-in testing) unless the person declines (opt-out testing approach). (See: Opt-In HIV Testing Approach, Opt-Out HIV Testing Approach)



**Testing Event:** The sequence of one or more tests conducted with a person to determine his or her HIV status. During one testing event, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times (e.g., one rapid test followed by one conventional test to confirm the preliminary HIV-positive test result). A single testing event is associated with one unique HIV testing form identification number. It may involve more than one face-to-face interaction over more than one day.

**Testing Strategy:** The guidance used by an agency or the person conducting an HIV test to make a decision on who will be tested. Testing strategies include HIV screening, which can be population-based, and targeted testing, based on a person's characteristics. (See: Targeted Testing)

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

**Theory:** A set of statements or principles devised to explain a group of facts or phenomena, especially one that has been repeatedly tested or is widely accepted and can be used to make predictions.

**Third-party Billing:** A form of billing in which another party handles the invoicing and payment between the client (purchaser) and the service provider. Third-party billing services can include invoicing, payment, or other tasks related to billing and claims submission. <http://www.cdc.gov/nchhstp/PreventionThroughHealthCare/resources.htm#billing>

**Training:** Delivery of educational sessions to increase the knowledge, skills, and abilities to plan, implement, evaluate, or sustain HIV prevention activities. Trainings are delivered either directly to service providers for implementation or to educators/ and/or trainers in a Train-the-Trainer (TOT) format for further dissemination. Activities range from interactive sessions (e.g., workshops) that are a part of larger events (e.g., conferences) to stand-alone trainings. Training includes both utilization of packaged curricula and development of new curricula for training. Activities should be accessible to both speakers of English and Spanish. To support CDC's diffusion of high-impact prevention activities, trainings should be coordinated, scheduled, marketed, and implemented in close partnership with CDC and its designated logistical contractor.

**Training Events Calendar (TEC):** A web-based application used to inform health departments, community-based organizations (CBOs), and stakeholders about HIV prevention scheduled training and technical assistance activities.

**Training of Trainers (TOT):** The delivery of training to prepare other instructors to train a specific curriculum. These trainings include curriculum analyses, teach backs, and opportunity to practice the material so as to increase confidence when returning to their site.



**Training of Facilitators (TOF):** Direct service trainings in which the instructor is training those who will be on the front lines providing a service or implementing an intervention.

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

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

**Transgender Person:** Individuals whose gender identity and expression do not conform to norms and expectations traditionally associated with their “sex assigned at birth.” “Transgender” is an umbrella term that includes those who self-identify as trans, transgender, transwoman, transman, transsexual, transvestite, cross dresser, MtF, FtM, gender non-conforming, genderqueer or simply female or male.

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

**Treatment Adherence Counseling:** The provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

**Treatment as Prevention:** Treating HIV-infected persons to improve their health and to reduce the risk of onward transmission — sometimes called treatment as prevention, — using antiretroviral therapy to continuously suppress HIV viral load in the blood and genital fluids, which decreases the risk of transmitting the virus to others.

<http://www.cdc.gov/hiv/prevention/research/tap/>

**Universal Case Management:** The coordination and integration of services on behalf of an individual who may be considered a case in different settings such as healthcare, nursing, rehabilitation, social work, disability insurance, employment, and law. The goal of these medical or non-medical services is to facilitate, consolidate, and ensure appropriate therapeutic, diagnostic, treatment, and other services coupled with preventive care delivered through a cost-effective, practical, and efficient system.

## V

**Variable:** A piece of data that can be measured or observed and can differ from person to person.



**Videoconference (Video-teleconference):** A real-time set of interactive telecommunication technologies which allow two or more locations to interact via two-way video and audio transmissions simultaneously. While videoconferencing supports several points of communication, “video call” and “video chat” generally means “one-on-one contact.”

**Viral Load:** The amount or concentration of HIV in the blood. There is a correlation between the amount of virus in the blood and the severity of disease and the risk of transmission—the higher the viral load, the more progressive the HIV disease and the higher the risk of transmission. A viral load test is an important tool for healthcare providers in monitoring illness and determining treatment decisions.

<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7124-09.pdf>

## W

**Web-based Training:** A form of Electronic learning (or E-Learning) in which the internet is used to support the learning process. Often the medium of instruction is a computer that uses a wide spectrum of technologies, mainly internet or computer-based, to reach learners. Like training, it is a planned teaching and learning experience that can be used to deliver training courses to participants in different locations.

**Webinar (Web-based Seminar):** A live meeting, training, or presentation conducted via the internet to a broad audience who can participate from their computers. A webinar can be one-way, from the speaker to the audience, with limited audience interaction, or it can be collaborative and include polling and question-and-answer sessions to allow full participation between the audience and the presenter. In some cases, the presenter may speak over a standard telephone line, while pointing out information being presented onscreen, and the audience can respond over their own telephones (speaker phones), allowing the greatest comfort and convenience. (See: Web-cast, Web-conferencing)

**Web-cast:** A media presentation or broadcast of a media file (live or delayed), distributed over the internet, using streaming media technology. A web-cast is usually one-way, from the speaker to the audience, and can include broadcast audio and video, or audio only with optional power-point slides. (See: Webinar, Web-conferencing)



**Web-conferencing:** A service that allows conferencing events (e.g., trainings, meetings, lectures, etc.) to be shared across geographically dispersed locations. Advantages of web-conferencing include the use of applications such as collaborative web-browsers, file transfer, and application sharing, which are easily supported over the internet. It allows the presenter to display what is on their computer screen to be seen by participants in real-time; use a downloadable software (e.g., Adobe Flash Player), or just access a URL and use a password or access code to join the group conducting the web-based conference. Examples of web-conferencing include webinars and web-casts. (See: Webinar, Web-cast)

**Window Period:** The period of time during early HIV infection when an HIV enzyme immunoassay test might be non-reactive but when true HIV infection is present.

**Work Plan:** A work plan outlines in specific detail how a project/program will be conducted, who will work on which part, and when and in what order each part will be accomplished. Most work plans include: program goals and objectives, a list of personnel, all equipment and facilities to be used in the project and a breakdown of the project into specific tasks, and which tasks are dependent upon the completion of others. There should also be a schedule indicating when each task will be started, when it will be completed, and who will perform it, and a budget with line items for tasks and personnel. The CDC Office of Financial Management (OFR) and the project officer (PO) or the program consultant (PC) can provide guidance on exactly what is required for a work plan.

**Workshop:** A brief intensive educational program for relatively small groups of people focused on the techniques and skills of a particular field (and often used synonymously with the term “training course”).



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