MICHIGAN HIV PREVENTION AND CARE
ACRONYMS AND DEFINITIONS

A

Accountability
A framework for how a group and its members will be responsive and responsible to itself and the community as it carries out its mission.

Administrative or Fiscal Agent
Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).

Agency for Healthcare Research and Quality (AHRQ)
Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

AIDS Clinical Trials Group (ACTG)

AIDS Drug Assistance Program (ADAP)
Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

AIDS (Acquired Immunodeficiency Syndrome)
A disease caused by the human immunodeficiency virus.

AIDS Education and Training Center (AETC)
Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC)s are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTT).

AIDS Service Organization (ASO)
An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

Antiretroviral
A substance that fights against a retrovirus, such as HIV. (See Retrovirus)

Application
The health department's application to CDC for funding. It contains a proposed budget to support a specific set of prevention programs and interventions.

B

Behavioral Interventions
Programs to change individual behaviors without an explicit or direct attempt to change the norms (social or peer) of the community (e.g., geographically defined area) or the target population (e.g., drug users or men having sex with men). Example: risk reduction counseling.
CADR (see Ryan White Program Data Report, RDR)

Capacity
Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved PLWH in the EMA.

Capacity Building
An activity that increases a community's ability to deliver effective HIV prevention programs. Some CPGs lack enough capacity to design, implement, and sustain a full range of HIV prevention interventions. Helping them to acquire the necessary skills, personnel, or other resources is a capacity-building activity.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)
Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as the Ryan White Treatment Modernization Act, and again as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Centers for Disease Control and Prevention (CDC)
The federal agency responsible for monitoring diseases and conditions that endanger public health and for coordinating programs to prevent and control the spread of these diseases. Based in Atlanta, it is an agency of the U.S. Department of Health and Human Services.

Centers for Medicare and Medicaid Services (CMS)
Federal agency within HHS that administers the Medicaid, Medicare, and the Children's Health Insurance Program (CHIP).

CD4
Cluster of differentiation 4 (T helper cell).

Chief Elected Official (CEO)
The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor and/or the department of health. The CEO is ultimately responsible for administering all aspects of their title's CARE Act funds and ensuring that all legal requirements are met.

Co-morbidity
A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Community Based Dental Partnership Program (CBDPP)
The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

Community Based Organization (CBO)
An organization offering services to a specific group of people in a defined area. Usually nonprofit, CBOs are governed by a board of directors and staffed by a combination of employees and volunteers.
Community Forum or Public Meeting
A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to, but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Community Level Interventions (CLI)
Programs designed to reach a defined community and to increase community support of the behaviors known to reduce the risk for HIV infection and transmission by working with the social norms or shared beliefs and values held by members of the community. CLIs aim to reduce risky behaviors by changing attitudes, norms, and practices through community mobilization and organization, including community-wide events.

Community Mobilization
The process by which a community's citizens are motivated to take an active role in defining, prioritizing, and addressing issues in their community. This process focuses on identifying and activating the skills and resources of residents and organizations while developing linkages and relationships within and beyond the community in order to expand the current scope and effectiveness of HIV/STD prevention.

Community Services Assessment (CSA)
A description of the prevention needs of people at risk for spreading and becoming infected with HIV, the prevention interventions/activities implemented to address these needs (regardless of funding source) and service gaps. The CSA is comprised of the Resource Inventory, Needs Assessment and Gap Analysis.

Community Planning Group (CPG)
The official HIV prevention planning body that follows the Guidance to develop the comprehensive HIV prevention plan for the project area. In Michigan, the CPG is the Michigan HIV/AIDS Council (MHAC).

Community Prevention Partnerships Unit (CPP)
This unit is responsible for prevention program administration, monitoring and quality assurance for CBO/NGOs (community based organizations/non-government organizations), capacity development and the evaluation of prevention programs.

Complete Blood Count (CBC)

Comprehensive HIV Prevention Plan
An overview of all HIV prevention programs and activities occurring in the jurisdiction. For Michigan, this would be prevention programs and activities occurring statewide. The plan is developed through a participatory planning process.

Comprehensive Planning
The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for people living with HIV (PLWH).

Concurrence
Refers to the CPG's belief that the health department's application for HIV prevention funds reflects the CPG's target population and intervention priorities.

Conflict of Interest
A circumstance in which a person's self-interest might be served by that person's official actions or influence.
Consensus Model
A decision-making method in which a group holds one or more discussions on an issue and arrives at a decision as a group. The group agrees without voting. Since consensus requires all members to accept (though they may not fully agree with) the group’s decision, significant compromise is often necessary.

Consortium/HIV Care Consortium
A regional or statewide planning entity established by many State grantees under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

Continuous Quality Improvement (CQI)
An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care
An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

Continuum of Care Unit (COC)
This unit of HAPIS funds HIV medical care, medical case management, oral health, HIV medications, insurance continuation and a variety of supportive services.

Cost-effectiveness
Available information about the relative costs and effectiveness of proposed strategies and interventions, either demonstrated or probable.

Core Services
Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).

Counseling and Testing
The voluntary process of client-centered, interactive information sharing in which an individual learns basic information about HIV/AIDS, testing procedures, how to prevent the transmission and acquisition of HIV infection, and takes a test.

CPCRA (Community Programs for Clinical Research on AIDS)
Community-based clinical trials network that obtains evidence to guide clinicians and PLWHA on the most appropriate use of available HIV therapies.

Cultural Competence
The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

D

Data Terms
For definitions of terms used in the Ryan White Services Report (RSR) for reporting client level data, see the Data Dictionary.
Delphi Technique
A decision-making method that uses written questionnaires developed and tabulated by a planning committee and distributed among a group for completion. The technique is particularly useful where participants are widely scattered.

Demographics
The statistical characteristics of human populations, such as age, race, ethnicity, and sex, that can provide insight into the development, culture, and sex-specific issues that the intervention will need to account for.

Division of Community Based Programs (DCBP)
The division within HRSA's HIV/AIDS Bureau that is responsible for administering Part C, Part D, and the HIV/AIDS Dental Programs (the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP).

Division of Health, Wellness and Disease Control (DHWDC)
The division within the Michigan Department of Community Health, that is composed of three sections: HIV/AIDS Intervention and Prevention (HAPIS) Section, Sexually Transmitted Diseases (STDs) and Health Disparities Reduction/Minority Health Section (HDRMHS).

Division of Science and Policy (DSP)
The office within HRSA's HIV/AIDS Bureau that administers the Part F (SPNS) Program, HIV/AIDS evaluation studies, policy, and data reporting.

Division of Service Systems (DSS)

Division of Training and Technical Assistance (DTTA)
The division within HRSA's HIV/AIDS Bureau that administers the AIDS Education and Training Centers (Part F) and technical assistance and training activities of the HIV/AIDS Bureau.

E

Early Identification of Individuals with HIV/AIDS (EIHA)
The individuals who are unaware of their HIV positive status are identified, informed of their status, referred into care and linked to care.

Early Intervention Services (EIS)
Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Eligible Metropolitan Area (EMA)
Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. (See also Transitional Grant Area, TGA.)

Epidemic
A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.
Epidemiologic Profile
A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology
The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Exposure Category
In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

Factors
The various types of information that may be considered in decision making.

Family Centered Care
A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Federally Qualified Health Center (FQHC)
An American community based health organization. An FQHC provides comprehensive primary health, oral, and mental health/substance abuse services to persons in all stages of the life cycle. FQHCs operate under a consumer Board of Directors governance structure and function under the supervision of the Bureau of Primary Health Care or BPHC. FQHCs were originally meant to provide comprehensive health services to the medically underserved to reduce the patient load on hospital emergency rooms. They now bring primary health care to the underserved, underinsured, and non-insured people of the United States. These groups include migrant workers and non-citizen visitors and guests in the United States.

FQHCs are located in or serve federally designated Medically Underserved Area/Populations (MUA or MUP) and provide their services to all persons regardless of ability to pay, and charge for services on a community board approved sliding-fee scale that is based on patients’ family income and size. FQHCs must comply with Section 330 program requirements. FQHCs are also called Community/Migrant Health Centers (C/MHC), Community Health Centers (CHC), and 330 Funded Clinics.

Financial Status Report (FSR - Form 269)
A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the grantee organization.

Focus Group
A method of information collection involving a carefully planned discussion among a small group of individuals from the target population led by a trained moderator.

Food and Drug Administration (FDA)
Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.
**G**

**Gap Analysis**
A comparison of the needs of high-risk populations, as determined by the needs assessment, to existing services as described in the resource inventory.

**Grantee**
The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

**Group-Level Interventions (GLI)**
Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. These use peer and non-peer models involving a wide-range of skills, information, education, and support.

**Group Process**
The manner in which a group behaves and functions and its members interact.

**Guidance**
The CDC document that gives information and rules for receiving funds for HIV prevention programs and defines the process of HIV prevention community planning.

**H**

**Health Care for the Homeless Health Center**
A grantee funded under section 330(h) of the Public Health Service Act to provide primary health and related services to homeless individuals.

**Health Centers**
Community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.

**Health Communications/Public Information (HC/PI)**
The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences. The messages are designed to build general support for safe behavior, support personal risk-reduction efforts, and inform people at risk for infection how to get specific services. Channels of delivery include electronic media, print media, hotlines, clearinghouses, and presentations/lectures.

**Health Education and Risk Reduction Interventions (HE/RR)**
Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the risk of infection. Activities range from individual HIV prevention case management to broad community-based interventions.

**Health Insurance Continuity Program (HICP)**
A program primarily under Part B of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage.

**Health Resources and Services Administration (HRSA)**
The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.
Hepatitis C (HCV)
An infectious disease affecting the liver caused by the hepatitis C virus (HCV). The infection is often asymptomatic, but once established, chronic infection can progress to scarring of the liver (fibrosis), and advanced scarring (cirrhosis) which is generally apparent after many years.

Heterosexual Risk Heterosexual (HRH)
Males and females whose sexual partners are known to be HIV-infected or at high risk for HIV. One or more partners must meet at least one of the following criteria: a history of sexual contact with behaviorally bisexual males (for females only), IDU, hemophiliacs, HIV+ transfusion recipients, or other HIV+ persons of unknown risk.

High Density Lipoproteins (HDL)
Commonly referred to as the “good” cholesterol.

High-Risk Insurance Pool
A State health insurance program that provides coverage for individuals who are denied coverage due to a pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

Highly Active Antiretroviral Therapy (HAART)
HIV treatment using multiple antiretroviral drugs to reduce viral load to undetectable levels and maintain/increase CD4 levels.

HIV/AIDS Bureau (HAB)
The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program.

HIV/AIDS Dental Reimbursement Program
The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

HIV/AIDS Prevention and Intervention Section (HAPIS)
Provides prevention and care services to funded organizations throughout the state of Michigan.

HIV/AIDS Reporting System (HARS)

HIV Disease
Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

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

Home and Community Based Care
A category of eligible services that States may fund under Part B of the Ryan White HIV/AIDS Program.

Housing Opportunities for People With AIDS (HOPWA)
A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.
**ICEBREAKER**

A structured activity or exercise that relaxes people and encourages them to talk to each other. It can also break down barriers to interpersonal communications.

**IMPLEMENTATION**

Putting into effect a precise plan or procedure (e.g., collecting information about the interventions identified in the HIV prevention comprehensive plan).

**INCIDENCE**

The number of new cases of a disease that occur during a specified time period.

**INCIDENCE RATE**

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

**INDIVIDUAL-LEVEL INTERVENTIONS (ILI)**

Health education and risk-reduction counseling provided to one person at a time. ILIs assist clients in making plans to change individual behavior and to appraise regularly their own behavior. These interventions also facilitate linkages to services in both clinic and community settings (i.e., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV. Interventions also help clients plan to obtain these services.

**INFECTIOUS DISEASE (ID)**

Also known as communicable diseases, or transmissible diseases, comprise clinically evident illness resulting from the infection, presence and growth of pathogenic biological agents in an individual host organism. Transmission of pathogen can occur in various ways including physical contact, contaminated food, body fluids, objects, airborne inhalation, or through vector organisms. Infectious diseases that are especially infective are sometimes called contagious, and can be easily transmitted by contact with an ill person or their secretions.

**INJECTION DRUG USERS (IDU)**

People who are at risk for HIV infection through the shared use of equipment used to inject drugs with an HIV-infected person (e.g., syringes, needles, cookers, spoons).

**INTERGOVERNMENTAL AGREEMENT (IGA)**

A written agreement between a governmental agency and an outside agency that provides HIV services.

**INTERVENTION**

An activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common strategy of delivering the prevention message. An intervention has distinct objectives and a protocol outlining the steps for implementation.

**INTERVENTION PLAN**

A description of a planned intervention strategy for a target population.
Jurisdiction
An area or region that is the responsibility of a particular governmental agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities (i.e., Jonestown is within the jurisdiction of the Jones County Health Department).

Justification
An explanation of why the intervention in the intervention plan will or won’t lead to the specified outcomes.

Key Informant Interview
An information collection method involving in-depth interviews with a few individuals carefully selected because of their personal experiences and/or knowledge. An interview guide or checklist guides the discussion. This is also called a key person interview.

Lead Agency
The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

Lesbian, Gay, Bisexual, Transgender (LGBT)
Also known as Gay, Lesbian, Bisexual, and Transgender (GLBT).

Low Density Lipoproteins (LDL)
Commonly referred to as the “bad” cholesterol.

Medicaid Spend-down
A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may “spend down” to eligibility level. The individual accomplishes spend-down by deducting accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the “medically needy” eligibility category, for these individuals.

Men Who Have Sex with Men (MSM)
Men who have sexual contact with other men (i.e., homosexual contact or bisexual contact).

Met Need
A requirement for HIV prevention services within a specific target population that is currently being addressed through existing HIV prevention resources. These are available to, appropriate for, and accessible to that population (as determined through the resource inventory and assessment of prevention needs). For example, a project area with an organization for African American gay, bisexual, lesbian, and transgender individuals may meet the HIV/AIDS education needs of African American men who have sex with men through its outreach, public information, and group counseling efforts. An unmet need is a requirement for HIV prevention services within a specific target population that is not currently being addressed through existing HIV prevention services and activities, either because no services are available or because available services are either inappropriate for or inaccessible to the target population. For example, a project area
lacking Spanish-language HIV counseling and testing services will not meet the needs of Latinos with limited English proficiency.

**Michigan Department of Community Health (MDCH)**
The Michigan Department of Community Health (MDCH) is one of 18 departments of state government. The department, one of the largest in state government, is responsible for health policy and management of the state’s publicly-funded health service systems. About 2 million Michigan residents will receive services this year that are provided with total or partial support from MDCH.

**Michigan HIV/AIDS Council (MHAC)**
The Michigan community planning group (CPG) that advises the Michigan Department of Community Health on all planning and implementation activities associated with the development of the statewide comprehensive plans for HIV/AIDS prevention and care; monitors compliance with the plan; and advocates for effective HIV/AIDS policy and programs for both prevention and care services at the local, state and national level.

**Minority AIDS Initiative (MAI)**
A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body’s leadership in its development.

**MSM/IDU**
Men who report both sexual contact with other men and injection drug use as risk factors for HIV infection.

**Multiply Diagnosed**
A person having multiple morbidities (e.g., substance abuse and HIV infection) (see co-morbidity).

**N**

**Needs Assessment**
A process of collecting information about the needs of PLWHA (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

**Nominal Group Technique**
A decision-making method in which groups consider a series of questions. The process is designed to limit communication and thereby reduce premature evaluation, social pressures, etc. Group members develop responses individually before the group shares and discusses results.

**Nonconcurrence**
A CPG’s disagreement with the program priorities identified in the health department’s application for CDC funding. Nonconcurrence also may mean that your CPG thinks that the health department has not fully collaborated in developing the plan.

**Office of Management and Budget (OMB)**
The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.
**Opportunistic Infection (OI) or Opportunistic Condition**
An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Examples include Kaposi's Sarcoma (KS); Pneumocystis jiroveci pneumonia (PCP); cryptosporidiosis; histoplasmosis; toxoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers.

**Outcome Evaluation**
The use of rigorous methods to assess whether the prevention program has affected the predetermined set of goals. This allows you to rule out factors that might otherwise appear responsible for the changes. For example outcome evaluation determines whether a particular intervention had a desired effect on the targeted population’s behavior — typically whether the intervention made a difference in knowledge, skills, attitudes, beliefs, behaviors, or health outcomes.

**Outreach**
HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients’ neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials.

**P**

**Part A**
The part of the Ryan White HIV/AIDS Program (formerly, Title I) that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.

**Part B**
The part of the Ryan White HIV/AIDS Program (formerly, Title II) that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

**Part C**
The part of the Ryan White HIV/AIDS Program (formerly, Title III) that supports outpatient primary medical care and early intervention services to PLWHA through grants to public and private non-profit organizations. Part C also funds capacity development and planning grants to prepare programs to provide EIS services.

**Part D**
The part of the Ryan White HIV/AIDS Program (formerly, Title IV) that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

**Part F (AETC) (AIDS Education and Training Center)**
Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETCs) are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

**Part F (Community Based Dental Partnership Program)**
The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

**Part F (HIV/AIDS Dental Reimbursement Program)**
The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that
assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

**Part F (SPNS) (Special Projects of National Significance)**
A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program to identify innovative models of HIV care. Part F (SPNS) projects are awarded competitively.

**Partner Services (PS)**
A systematic approach to notifying sex and needle sharing partners of HIV+ people of possible exposure to HIV so the partners can avoid infection or, if already infected, can prevent transmission to others. PCRS help partners gain early access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

**People Living with HIV/AIDS (PLWHA)**

**PHS (Public Health Service)**
An administrative entity of the U.S. Department of Health and Human Services.

**Planning Council**
A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds.

**Planning Process**
Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

**Presumes Heterosexual (PH) - Females**
Females who’s only reported risk is heterosexual contact, and their male partners’ risk and HIV status are unknown.

**Prevalence**
The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

**Prevalence Rate**
The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

**Prevention Case Management (PCM)**
Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is a hybrid of HIV risk-reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage.

**Prevention Need**
A documented necessity for HIV prevention services within a specific target population. The documentation is based on numbers, proportions, or other estimates of the impact of HIV or AIDS among this population from the epidemiologic profile. It also is based on information showing that members of this population are engaging in behaviors that place them at high risk for HIV transmission from the epidemiologic profile and needs assessment.

**Prevention Program**
A group of interventions designed to reduce disease or other negative results among individuals whose behavior, environment, and/or genetic history place them at high risk.
Prevention Services
Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other disease. Examples of HIV prevention services include street outreach, educational sessions, condom distribution, and mentoring and counseling programs.

Primary Source Data
Original data that you collect and analyze yourself. Primary data are collected to answer a specific question. Example: survey results about women’s sexual risk behavior.

Priorities
In community planning, a rank-ordered set of target populations and recommended interventions for those populations.

Priority Setting
The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Prophylaxis
Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Process Evaluation
A descriptive assessment of the implementation of program activities — what was done, to whom, how, when, and where. It involves assessing such things as an intervention’s conformity to program design, how it was implemented, and the extent to which it reached the intended audience.

Program Evaluation
The systematic assessment of the means and ends of some or all of the action program stages, including program planning, implementation, and outcomes, in order to determine the value of and to improve the program.

Public Health Surveillance
An ongoing, systematic process of collecting, analyzing, and using data on specific health conditions and diseases in order to monitor these health problems to detect changes in trends or distribution. Example: CDC’s surveillance system for AIDS.

Q

Qualitative Data
Data presented in narrative form, describing and interpreting the experience of individuals or groups. Example: A focus group report relating the experience of Latino teens in getting HIV prevention services.

Quality
The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA)
The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.
Quality Improvement (QI)
Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Quantitative Data
Data reported in numerical form. Example: The numbers of reported AIDS cases by population group and method of transmission, provided by CDC in its AIDS Surveillance reports.

R

Rank-Order
A list of priorities in order of importance.

Referral
A process by which an individual or client is connected with a provider who can serve that person’s need (usually in a different agency). For example, individuals with high-risk behaviors and those infected with HIV are guided towards prevention, psychosocial, and medical resources needed to meet their primary and secondary HIV prevention needs.

Reflectiveness
The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Reliability
The consistency of a measure or question in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times on the same blood sample, it would be reliable if it generated the same results each time.

Representative
Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Request for Proposals (RFP)
An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).

Resource Allocation
The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Resource Inventory
The existing community services for HIV prevention. It consists of the current HIV prevention and related resources and activities in your project area, regardless of the funding source. A comprehensive resource inventory includes information regarding HIV prevention activities within your project area and other education and prevention activities that are likely to contribute to HIV risk reduction.

Risk Factor or Risk Behavior
Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.
Reverse Transcriptase Polymerase Chain Reaction (RT-PCR)
A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes.

Ryan White
A hemophiliac since birth, Ryan White was diagnosed at the age of 13 with AIDS in December, 1984. He and his mother Jeanne White-Ginder fought for his right to attend school, gaining international attention as a voice of reason about HIV/AIDS. At the age of 18, Ryan White died on April 8, 1990, just months before Congress passed the AIDS bill that bears his name – the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The legislation has been reauthorized four times since – in 1996, 2000, 2006, and 2009.

Ryan White HIV/AIDS Program Services Report (RSR)
Data collection and reporting system for reporting information on programs and clients served (Client Level Data).


Ryan White Program Data Report (RDR)
Formerly known as the CARE Act Data Report (CADR), a provider-based report generating aggregate client, provider, and service data for all Ryan White HIV/AIDS Program components. Reports information on all clients who receive at least one service during the reporting period.

S

Salvage Therapy
A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens. In this case, failed refers to the inability to achieve or sustain low viral load levels.

Scale
A tool used when rating items to evaluate the extent to which each factor applies or is met.

Secondary Analysis
Re-analysis of data or other information that someone else collected. For example, you might get data on AIDS cases in your metro area from your state health department and carry out additional analysis of those data.

Secondary Source Data
Existing data you can use or re-analyze and use. These data are usually gathered to detect changes in disease distribution among the population. Example: Youth Risk Behavior Surveillance Survey (YRBSS).

Section 340B Drug Discount Program
A program administered by the HRSA’s Bureau of Primary Care, Office of Pharmacy Affairs established by Section 340B of the Veteran’s Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.
Seroconversion
The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Seroprevalence
The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested).

Seroprevalence Reports
Reports providing information about the percent or rate of people in specific testing groups and populations who have tested positive for HIV.

Serosurveillance
The ongoing and systematic collection of blood samples for the purpose of surveillance. As part of a surveillance system to monitor the HIV epidemic in the United States, CDC, in collaboration with state and local health departments, other federal agencies, blood collection agencies, and medical research institutions, conducts standardized HIV seroprevalence surveys in designated subgroups of the U.S. population.

Service Gaps
All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

Sexually Transmitted Disease (STD)
Any disease transmitted by sexual contact; caused by microorganisms that survive on the skin or mucus membranes of the genital area; or transmitted via semen, vaginal secretions, or blood during intercourse. Because the genital areas provide a moist, warm environment that is especially conducive to the proliferation of bacteria, viruses, and yeasts, a great many diseases can be transmitted this way. They include Chlamydia, genital herpes, genital warts, gonorrhea, and syphilis. Also known as a morbus venereus or venereal disease.

Special Projects of National Significance (SPNS) (see Part F)

Statewide Coordinated Statement of Need (SCSN)
A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.

Substance Abuse and Mental Health Services Administration (SAMHSA)
Federal agency within HHS that administers programs in substance abuse and mental health.

Supermajority Vote
Sometimes used in the voting decision-making method in which a specified proportion of votes cast — e.g., three-fifths (60%) or two-thirds (66%) — is required to reach a decision.

Support Services
Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c)), Part B (2612(b)), and Part C (2651(c).cases).
Surveillance
An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report
A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Target Populations
Groups of people who are the focus of HIV prevention efforts because they have high rates of HIV infection and high levels of risky behavior. Groups are often identified using a combination of behavioral risk factors and demographic characteristics.

Technical Assistance (TA)
The provision of direct or indirect support to build capacity of individuals or groups to carry out programmatic and management responsibilities with respect to HIV prevention. CDC funds a National Technical Assistance Providers’ Network to assist HIV prevention community planning groups in all phases of the community planning process.

Transitional Grant Area (TGA)
Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years. (See also Eligible Metropolitan Area, EMA).

Transmission Category
A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

Unmet Need
The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load
In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Weighting
A method for determining the level of importance of two or more options relative to one another. In priority setting, weighting is used to compare factors for populations and interventions.
**Western Blot**
A test for detecting the specific antibodies to HIV in a person’s blood. It is commonly used to verify positive EIA tests.

**Women, Infants, Children, and Youth (WICY)**
HIV/AIDS services provided to women, infants, children and youth. These services are funded under Part D of the Ryan White HIV/AIDS Program, which funds primary care, medications and support services for low-income, uninsured and under-insured people living with HIV/AIDS.