

## GLOSSARY OF HIV PREVENTION TERMS

*Note: The definitions used here are specific to how the terms are used in CDC Program Announcement 04012 and the HIV Prevention Community Planning Guidance.*

**Accountability:** An obligation or willingness to accept responsibility.

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

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

**Behavioral intervention:** See "Intervention."

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

**CARE Act:** The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the primary federal legislation created to address the health and support service needs of persons in the United States living with HIV/AIDS, and their families. Enacted in 1990, the CARE Act was reauthorized in 1996.

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

**Collaboration:** Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

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

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

**Community services assessment:** A description of the prevention needs of populations at risk for HIV infection, the prevention interventions/activities implemented to address these needs (regardless of funding source), and service gaps. The community services assessment is comprised of:

- **Resource inventory** – Current HIV prevention and related resources and activities in the project area, regardless of the 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.
- **Needs assessment** – A process for obtaining and analyzing information to determine the current status and service needs of a defined population or geographic area.
- **Gap analysis** – a description of the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.

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

and the community services assessment.

**Concurrence:** The community planning group's (CPG's) agreement that the health department's application for HIV prevention funds reflects the CPG's target populations and intervention priorities (see "non-concurrence"). As part of its application to the CDC for federal HIV prevention funds, every health department must include a letter of concurrence, non-concurrence, or concurrence with reservations from each CPG officially convened and recognized in the jurisdiction.

**Conflict of interest:** Conflict between the private interests and public obligations of a person in an official position.

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

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

**Cost-effectiveness:** The relative costs and effectiveness of proposed strategies and interventions, either demonstrated or probable.

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

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

**Diversity:** Individual differences along 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.

**Epidemic:** The rapid spread, growth, or 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 serves as the scientific basis for the identification and prioritization of HIV prevention and care needs in any given jurisdiction.

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

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

CDC expects its grantees to deliver interventions based on a range of evidence. These interventions may include:

- *Evidenced-based interventions* (that meet the criteria described above and can be found in CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* (1999). These interventions can either be implemented exactly as intended and within a context similar to the original intervention or adapted and tailored to a different target population if the core elements of the intervention are maintained.

- *Interventions with insufficient evidence of effectiveness based on prior outcome monitoring data suggesting positive effects, but that cannot be rigorously proven.* These interventions must be based on sound science and theory; a logic model that matches the science and theory to the intended outcomes of interest; and a logic model that matches relevant behavioral-epi data from their community and target population.

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

Group-level interventions use peer and non-peer models involving a range of skills, information, education, and support.

**Health 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 about how to get specific services. Channels of delivery include electronic media, print media, hotlines, clearinghouses, and presentations/lectures.

**Health education/risk reduction (HE/RR):** Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

**High risk behavior:** A behavior in a high prevalence setting that places an individual at risk for HIV or STDs or in *any* setting in which either partner is infected.

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

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

**Incidence:** The number of new cases in a defined

population within a certain time period, often a year, that can be used to measure disease frequency. It is important to understand the difference between HIV incidence, which refers to new cases, and new HIV diagnosis, which does not reflect when a person was infected.

**Incidence rate:** The number of new cases in a specific area during a specific time period among those at risk of becoming cases in the same area and time period. The incidence rate provides a measure of the impact of illness relative to the size of the population. Incidence rate is calculated by dividing incidence in the specified period by the population in which cases occurred. A multiplier is used to convert the resulting fraction to a number over a common denominator, often 100,000.

**Inclusion:** Meaningful involvement of members in the process with an active voice in decision-making. An inclusive process assures that the views, perspectives, and needs of all affected communities are actively included.

**Individual-level interventions (ILIs):** Health education and risk-reduction counseling provided for one individual at a time. ILIs help clients make plans for behavior change and ongoing appraisals of their own behavior and include skills-building activities. These interventions also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

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

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

**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.

**Jurisdiction:** An area or region that is the responsibility of a particular governmental agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities. (For example, Jonestown is within the jurisdiction of the Jones County Health Department.)

**Logic model:** A systematic and visual way to present and share understanding of the relationships among the resources available to operate a program, planned activities, and anticipated changes or results. The most basic logic model is a picture of how a program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve.

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

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

**Met need:** A need within a specific target population for HIV prevention services that is currently being addressed through existing HIV prevention resources. These resources are available to, appropriate for, and accessible to that population (as determined through the community services 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.

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

**Non-concurrence:** A Community Planning Group's disagreement with the program priorities identified in the health department's application for CDC funding. Non-concurrence also may mean that a CPG has determined that the health department has not fully collaborated in developing the comprehensive plan.

**Outcome evaluation:** Evaluation employing rigorous methods to determine whether the prevention program has an effect on the predetermined set of goals. The use of such methods allows ruling out factors that might otherwise appear responsible for the changes seen. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior.

**Outcome monitoring:** Efforts to track the progress of clients or a program based upon outcome measures set forth in program goals. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior. Monitoring allows the identification of changes that occurred, but the intervention may not have been responsible for the change. This would take a more rigorous approach (see Outcome evaluation).

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

**Parity:** The ability of community planning group members to equally participate and carry-out planning tasks or duties in the community planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process, and have equal voice in voting and other decision-making activities.

**Partner counseling and referral services (PCRS):** A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling,

HIV testing, medical evaluation, treatment, and other prevention services.

**PLWHA:** A person or persons living with HIV or AIDS.

**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 living persons with HIV disease, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

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

**Prevention case management (PCM):** 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, which provide intensive, ongoing, and individualized prevention counseling, support, and service brokerage.

**Prevalence rate:** The number of people living with a disease or condition in a defined population on a specified date, divided by that population. It is often expressed per 100,000 persons.

**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. Prevention need also is based on information from the epidemiologic profile and community services assessment.

**Prevention program:** An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

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

**Priority set of prevention interventions/activities:** A set of interventions/activities identified in the Comprehensive HIV Prevention Plan, which, if implemented, can have a major effect on the HIV epidemic in a target population.

**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.

**Program announcement:** A CDC announcement in the Federal Register describing the amount of funding available for a particular public health goal and soliciting applications for funding. The program announcement describes required activities and asks the applicants to describe how they will carry out the required activities.

**Program indicator:** A quantitative measure of program performance.

**Public information program:** Activities funded through the cooperative agreement to build general support for safe behavior, dispel myths about HIV/AIDS, address barriers to effective risk reduction programs, and support efforts for personal risk reduction. In addition to addressing general audiences, public information programs should inform persons at risk of infection about how to obtain specific prevention and treatment services such as counseling, testing, referral, partner counseling and referral services, and STD screening and treatment.

**Project area:** Same as “Jurisdiction.”

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

**Quantitative data:** Numeric information -- such as numbers, rates, and percentages -- representing counts or

measurements suitable for statistical analysis.

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

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

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

**Representative:** A sample having the same distribution of characteristics as the population from which it is drawn. Thus the sample can be used to draw conclusions about the population.

**Risk factor or risk behavior:** Behavior or other factor that places a person at risk for disease. For example, drug use is a factor that increases risk of acquiring HIV infection; and factors such as sharing injection drug use equipment, unprotected anal or vaginal sexual contact, and commercial unprotected sex increase the risk of acquiring and transmitting HIV.

**Seroprevalence:** The number of people in a population who test HIV-positive based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

**Science-based:** See "Evidence-based."

**Sociodemographic factors:** Important background information about the population of interest, such as age,

sex, race, educational status, income, and geographic location. These factors are often thought of as explanatory, because they help make sense of the results of analyses.

**Socioeconomic status (SES):** A description of a person's societal status using factors or measurements such as income levels, relationship to the national poverty line, educational achievement, neighborhood of residence, or home ownership.

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

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

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

**Transmission categories:** Classification of infected individuals based on how the individual may have been exposed to HIV, such as injection drug use.

**Unmet need:** See "Met need."