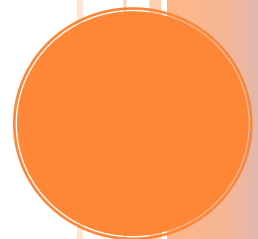
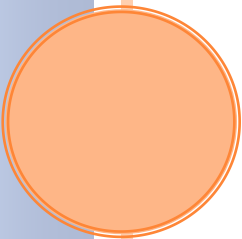


APPENDIX B: GLOSSARY



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APPENDIX B: GLOSSARY

This glossary combines definitions of terms found in HRSA’s glossary of terms for the Ryan White HIV/AIDS Program, the CDC’s glossary of HIV prevention terms as associated with FOA PS11-1113, the CDC’s glossary of terms as contained in the HIV Planning Guidance, and HRSA and CDC’s list of terms in their integrated guidance for developing epidemiologic profiles.

A

Adjustments. Statistical calculations that allow the comparison of different groups (when the difference may affect what you are studying) as though they are alike. Differences in populations or subgroups make it difficult to make comparisons; adjustments remove the influence of a specific factor (e.g., age, gender, race, or disease status) from the analysis.

Aggregated data. Information, usually summary statistics, that is summed or presented together to prevent the identification of individuals.

AIDS Drug Assistance Program (ADAP). Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act. 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 Service Organization (ASO). An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

B

Bar graph (vertical). A type of figure in which categories of variables (displayed on a horizontal baseline) are compared by amount, frequency, or magnitude (labeled on a vertical axis). (Bar graphs may also be horizontal.)

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.”

C

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. 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 (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. The Ryan White Program is currently covered under the Public Health Service Act.

Case. A condition, such as HIV infection (e.g., an HIV case) diagnosed according to a standard case definition.

Case fatality. The number of deaths among persons with a diagnosis of the disease of interest. Usually expressed as a rate (number of deaths after disease onset or diagnosis divided by the number of persons with the disease); measures the effect of the disease on persons with a diagnosis.

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.

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

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-Based Organization (CBO). An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

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 members. 1) consumers/ members of the priority population that are receiving services, or 2) people who are not affiliated with organizations but are infected or affected by HIV and have a passion to address HIV.

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

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 PLWH.

Confidence interval (CI). A range of values for a measure that is believed to contain the true value at a specified level of certainty (e.g., 95%).

Concurrence. Refers to the HPG's agreement that the HPG has reviewed the Jurisdictional HIV Prevention Plan that is to be submitted to CDC by the health department and concurs that the 54 Jurisdictional HIV Prevention Plan includes existing prevention programmatic resources to be allocated locally to the areas with the greatest HIV disease burden. Conflict of interest: Conflict between the private interests and public obligations of a person in an official position.

Confidentiality. The treatment of information that an individual or institution has disclosed in a relationship of trust, with the expectation that the information will not be divulged to others in ways that are inconsistent with the individual's or institution's understanding when the individual or institution provided the information. It encompasses access to, and disclosure of, information in accordance with requirements of state law or official policy. For HIV surveillance data, confidentiality refers to the protection of private information collected by the HIV surveillance system.

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.

Convenience sampling. A sampling technique that relies upon selecting people who are more easily accessible at the time (e.g., persons at a group meeting or in a clinic when a researcher happens to be there). The advantage of convenience sampling is that it is easy to carry out. The weakness is that the findings may not be representative of the entire community.

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

Core epidemiologic questions. The questions in an epidemiologic profile that must be answered by all prevention and care grantees, regardless of HIV morbidity in their areas.

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).

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

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

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

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.

Cumulative cases. The total number of cases of a disease reported or diagnosed during a specified time regardless of current vital status. Cumulative cases therefore include cases in persons who have already died.

D

Demographics. Characteristics of human populations such as age, race, ethnicity, sex used to classify them for statistical purposes.

Diversity. Individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic 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.

E

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.

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

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.

Engagement process. A process used to identify strategies for increasing coordination between HIV programs of the state, jurisdiction, and tribal communities for the purpose of applying a collective vision for the benefit of the overall jurisdiction. Steps for engagement should include determining the activities of the Jurisdictional HIV Prevention Plan and whom to engage, developing engagement and retention strategies for previous partners,

developing engagement strategies for new partnering agencies, prioritizing engagement activities, creating an implementation plan, monitoring progress, and maintaining the partner relationships.

Epidemic. The rapid spread, growth, or occurrence of cases of an illness, health-related behavior, or other health-related events in a community or region in excess of normal expectation

Epidemic curve. A type of line graph that shows the distribution of disease onset. Time is plotted on the horizontal (x) axis; the number of cases is plotted on the vertical (y) axis.

Epidemiological 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 epidemiological profile serves as the scientific basis of 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.

Estimate. In situations in which precise data are not available, an estimate may be made on the basis of available data and an understanding of how the data can be generalized to larger populations. In some instances, national or state data may be statistically adjusted to estimate local conditions. Good estimates are accompanied by statistical estimates of error (a confidence interval), which describe the limitations of the estimate.

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

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.

Ethnicity. The cultural characteristics that connect a particular group or groups of people to each other, such as people of Hispanic or Latino origin.

F

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.

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.

Funding Opportunity Announcement (FOA). A CDC announcement informing the public of the availability of funds to develop and implement programs that meet a public health goal; including a solicitation of applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.

G

Grantee. The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award. Now typically referred to as “the recipient”.

H

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 farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health disparity. A particular type of health difference that is closely linked with social or economic disadvantage based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion

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.

Health equity. A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.

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.

High-risk individual. Someone who has recently engaged in HIV risk behaviors where there is a high probability of becoming infected with HIV (see HIV risk behaviors).

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

HIV infection, stage 1. No AIDS-defining condition and either CD4 count of ≥ 500 cells/ μL or CD4 percentage of total lymphocytes of ≥ 29 .

HIV infection, stage 2. No AIDS-defining condition and either CD4 count of 200–499 cells/ μL or CD4 percentage of total lymphocytes of 14–28.

HIV infection, stage 3. Documentation of an AIDS-defining condition or either CD4 count of < 200 cells/ μL or CD4 percentage of total lymphocytes of < 14 . Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for stage 3 (AIDS) classification.

HIV infection, stage unknown. No reported information on AIDS-defining conditions and no information available on CD4 count or percentage.

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

HIV prevention counseling. An interactive process between client and counselor aimed at reducing risky sex and drug-injection behaviors related to HIV acquisition or transmission.

HIV risk behaviors. Persons likely to be at high risk for HIV include persons who have: had unprotected anal or vaginal sex with a person living with HIV, injected drugs with non-sterile, shared drug-injection equipment, had unprotected anal or vaginal sex in exchange for money or drugs, had unprotected anal or vaginal sex with more than one sex partner since their most recent negative HIV test, been diagnosed with a sexually transmitted disease (STD), and persons who have had unprotected anal or vaginal sex with anyone who had any of these risks.

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.

HUD (U.S. Department of Housing and Urban Development). The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

I

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.

Inclusion. Meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

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

Injection Drug User (IDU). Someone who uses a needle to inject drugs into his or her body. Now commonly referred to as PWID, or person(s) who injects drugs.

Integrated HIV Prevention and Care Plan. These jurisdictional plans include both HIV prevention and care planning activities.

Interpretation. The explanation of the meaning of the data. For example, interpreting a trend in the number of HIV cases diagnosed during a 5-year period enables a planning group to assess whether the number of cases has increased or decreased. However, groups should use caution in interpreting trends that are based upon small increases or decreases.

Intervention. A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

J

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, Philadelphia is within the jurisdiction of the Philadelphia Department of Public Health.)

L

Line graph. A type of figure used to display the changes in a particular variable over time. Values are recorded periodically as points on a graph and then connected as a line to show a trend.

Linkage. Actively assisting clients with accessing needed services through a time-limited professional relationship. The 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.

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.

M

Mean. The sum of values for a variable, a group, or other category divided by the total number of values (e.g., in a data set). The mean is what many people refer to as an average.

Median. The middle value in a data set: approximately half the values will be higher and half will be lower. The median is useful when a data set contains a few unusually high or unusually low values, which can affect the mean. It is also useful when data are skewed, meaning that most of the values are at one extreme or the other.

Medium/Moderate Risk Individual. Have a low perception of HIV risk, and are likely to have some difficulties with initiating or sustaining practices that reduce or prevent HIV acquisition.

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”.

Metropolitan Statistical Area (MSA). A core area containing a large population nucleus together with adjacent communities having a high degree of economic and social integration with that core.

Met/Unmet need. A **met** need is 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. 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 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.

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.

Morbidity. The presence of illness in the population.

Mortality. The total number of persons who have died of the disease of interest. Usually expressed as a rate, mortality (total number of deaths over the total population) measures the effect of the disease on the population as a whole.

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

N

National HIV/AIDS Strategy (NHAS). A comprehensive plan focused on: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV related health disparities.

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.

No identified risk (NIR). Cases in which epidemiologic follow-up has been conducted, sources of data have been reviewed—which may include an interview with the patient or provider—and no mode of exposure has been identified. Any case that continues to have no reported risk 12 or more months after the report date is considered NIR.

O

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

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

Outreach. A process of engaging face-to-face with high-risk individuals in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by peer or paraprofessional educators.

P

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

Partner Services (PS). A systematic approach to notifying sex and needle-sharing partners of HIV-positive persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

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 (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 (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.

Percentage. A proportion of the whole, in which the whole is 100.

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.

Planning Council (PC). 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 group. Refers to CDC- and HRSA-sponsored groups, such as HIV prevention planning groups (HPGs) and Ryan White HIV/AIDS planning councils and consortia.

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

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

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.

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

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

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

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

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.

Probability sampling. A sampling technique that relies upon random selection to select persons from a defined population; all persons have a known chance of selection. Types of probability samples include simple random sample, systematic random sample, and stratified sample.

Probability (P) value. The probability that a statistical result (an observed difference or relationship) could have occurred by chance alone. Statistical results usually are regarded as significant if there is less than 5% probability that the observed difference or relationship was due to chance alone. In such situations, the P value is said to be less than .05 ($P < 0.05$).

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 achieving outcome(s), or the steps initiated or required to realize a desired result.

Program Services Collaboration Integration (PCSI). PCSI is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services. It promotes the use of new and innovative ways to collaborate and use resources wisely and efficiently, taking advantage of multiple disciplines, shared knowledge, and holistic approaches to health protection.

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).

Proportion. A portion of a population or a data set, usually expressed as a fraction or a percentage of the population or the data set.

PWID. Person(s) who injects drugs. Previously referred to as IDU, or injection drug user(s).

Q

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

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

Quality of life. A subjective measure of the degree to which persons affected by a specific disease, injury, or form of treatment perceive themselves to be able to function physically, emotionally, and socially. Quality of life is useful for the planning of health services.

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

R

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

Range. The smallest and the largest values in a series.

Rate. A measure of the frequency of an event compared with the number of persons at risk for the event. When rates are being calculated, it is usual for the denominator to be the general population rather than the population potentially exposed to HIV infection by various high-risk behaviors. The size of the general population is known from data from the U.S Census Bureau, whereas the size of a population at high risk is usually not known. For ease of comparison, the multiplier (100,000) is used to convert the resulting fraction to number of cases per 100,000 population. Although arbitrary, the choice of 100,000 is standard practice.

Ratio. A way of showing the relative size of 2 numbers. The first number is divided by the other number to derive the ratio. The ratio may be expressed as a fraction (e.g., $3/4$), or the 2 numbers may be separated by a colon (e.g., 3:4).

Raw data. Data that are in their original form (i.e., not coded or analyzed).

Recipient. The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award. Previously referred to as "the grantee".

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

Referral. Directing clients to a service in-person or through telephone, written or other form of communication, and is generally a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.

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.

Reporting delay. Reporting delays (time between diagnosis or death and the reporting of diagnosis or death to state/local surveillance program) may differ among demographic and geographic categories; for some, delays in reporting have been as long as several years. representative. A sample that is similar to the population from which it is drawn and thus can be used to draw conclusions about the population.

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.

Results-oriented. Developing strategies/activities that will move the group towards accomplishing the objectives set forth in guidance or FOA. A feedback loop or a review process of the strategies/activities should be completed to ensure the desired results were accomplished.

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

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

Ryan White HIV/AIDS Program. The primary federal legislation created to address the needs for health and support services among persons living with HIV and their families in the United States; enacted in 1990 and reauthorized 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 HIV/AIDS Act of 2009 (Ryan White HIV/AIDS Program). Enacted in 2009, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act and the Ryan White HIV/AIDS Treatment Modernization Act of 2006. This program is currently covered under the Public Health Service Act.

S

Sample. A group of people selected from a total population with the expectation that studying this group will provide important information about the total population.

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

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.

Science-based. See “Evidence-based.”

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.

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").

Social determinants. The economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion.

Social network. A social network is a map of the relationships between individuals, indicating the ways in which they are connected through various social familiarities ranging from casual acquaintance to close familial bonds.

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

Sociodemographic factors. Background information about the population of interest (e.g., age, sex, race, educational status, income, geographic location). These factors are often thought of as explanatory because they help us to make sense of the results of our 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.

Special Projects of National Significance (SPNS). See “Part F”.

Stakeholder. A person or representative who has personal or professional experience, skills, resources, or expertise in HIV.

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

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

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.

Syndemics. Two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population (e.g. STD, viral hepatitis, and substance use). Related concepts include linked 59 epidemics, interacting epidemics, connected epidemics, co-occurring epidemics, comorbidities, and clusters of health-related crises.

T

Target population. A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA). The delivery of practical program and technical support to the CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-supported planning and primary care service delivery systems.

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

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

Transmission 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.

Trend. A long-term movement or change in frequency, usually upward or downward; may be presented as a line graph.

U

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

V

Validity. The extent to which a measurement is appropriate for the question being addressed or measures what it is intended to measure (may be applied, for example, to an instrument for data collection or specific questions in a survey).

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.

Y

Year of diagnosis. The year in which a diagnosis of HIV infection was made.