



STATE OF INDIANA

ATTACHMENTS

HIV/AIDS Acronym Reference Guide

| | |
|---------------|--|
| AAC | AIDS ADVISORY COUNCIL, AIDS ACTION COUNCIL |
| AAF | AIDS ACTION FOUNDATION |
| ACAPS | AGENCY CLAIMS AND ADMINISTRATION PROCESSING |
| ADA | AMERICANS WITH DISABILITIES ACT |
| ADAM | ARRESTEE DRUG ABUSE MONITORING |
| ADAP | AIDS DRUG ASSISTANCE PLAN |
| ADMS | ADMINISTRATIVE DATA MANAGEMENT SYSTEM |
| AED | ACADEMY FOR EDUCATIONAL DEVELOPMENT |
| AESOP | AIDS EVALUATION OF STREET OUTREACH PROJECTS |
| AETC | AIDS/HIV TRAINING AND EDUCATION CENTER |
| AIDS | ACQUIRED IMMUNODEFICIENCY SYNDROME |
| AMA | AMERICAN MEDICAL ASSOCIATION |
| AMFAR | THE AMERICAN FOUNDATION FOR AIDS RESEARCH |
| ANAC | ASSOCIATION OF NURSES IN AIDS CARE |
| APG | AIDS POLICY GROUP |
| APHA | AMERICAN PUBLIC HEALTH ASSOCIATION |
| ARC | ADVOCACY, RESPONSIBILITY, COUNSELING |
| ASAP | AIDS SUBSTANCE ABUSE PROGRAM |
| ASD | ADULT/ADOLESCENT SPECTRUM OF DISEASE STUDY |
| ASO | AIDS SERVICE ORGANIZATION |
| ASTHO | ASSOCIATION OF STATE TERRITORIAL HEALTH OFFICIALS |
| AZT | ZIDOVUDINE |
| BRAT | BEHAVIORAL RISK ASSESSMENT TOOL |
| BRFSS | BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM |
| CAB | CONSUMER ADVISORY BOARD |
| CADR | CARE ACT DATA REPORT |
| CAG | COMMUNITY ACTION GROUP |
| CARE | COMPREHENSIVE AIDS RESOURCE EMERGENCY (ACT) |
| CBA | CAPACITY BUILDING ASSISTANCE |
| CBC | CONGRESSIONAL BLACK CAUCUS |
| CBO | COMMUNITY BASED ORGANIZATION |
| CBR | CODE-BASED REPORTING |
| CC | CARE COORDINATION |
| CD4 | T-HELPER CELL (TYPE OF TEST) |
| CDC | CENTERS FOR DISEASE CONTROL |
| CDR | CLINICAL DATA AND RESEARCH |
| CHIP | CONTEXT OF HIV INFECTION PROJECT |
| CHSPAC | COMPREHENSIVE HIV SERVICES, PLANNING, AND ADVISORY COUNCIL |
| CIDUS | COLLABORATIVE INJECTION DRUG USERS STUDY |
| CIRBC | CENTRAL INDIANA REGIONAL BLOOD CENTERS |
| CMS | CENTERS FOR MEDICARE AND MEDICAID SERVICES |
| CMV | CYTOMEGALOVIRUS |

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|---------------|---|
| COC | COMMUNITIES OF COLOR |
| CPG | COMMUNITY PLANNING GROUP |
| CSTE | COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS |
| CTR | COUNSELING, TESTING, REFERRAL |
| CTRPN | COUNSELING, TESTING, REFERRAL, AND PARTNER NOTIFICATION PROGRAM |
| CY | CALENDAR YEAR |
| DASH | DIVISION OF ADOLESCENT AND SCHOOL HEALTH |
| DAWN | DRUG ABUSE WARNING NETWORK |
| DHAP | DIVISION OF HIV/AIDS PREVENTION (CDC) |
| DIS | DISEASE INTERVENTION SPECIALIST |
| DOC | DEPARTMENT OF CORRECTION |
| DOE | DEPARTMENT OF EDUCATION |
| DRP | DENTAL REIMBURSEMENT PROGRAM |
| DSS | DIVISION OF SERVICE SYSTEMS |
| EHRAP | EXPANDED HIV RISK ASSESSMENT PROJECT |
| EIA | ENZYME IMMUNOASSAY (EIA TST) |
| EIP | EARLY INTERVENTION PLAN |
| ELDAR | ELECTRONIC LABORATORY DATA ANALYSIS REPORT |
| ELISA | ENZYME-LINKED IMMUNOSORBENT ASSAY |
| EMA | ELIGIBLE METROPOLITAN AREA |
| FDA | FOOD AND DRUG ADMINISTRATION |
| FSSA | FAMILY AND SOCIAL SERVICES ADMINISTRATION |
| FY | FISCAL YEAR |
| GISP | GONOCOCCAL ISOLATE SURVEILLANCE PROJECT |
| GLAAD | GAY AND LESBIAN ALLIANCE AGAINST DEFAMATION |
| GLBTQ | GAY, LESBIAN, BISEXUAL, TRANSGENDER AND QUEER |
| GMHC | GAY MEN'S HEALTH CRISIS |
| HAART | HIGHLY ACTIVE ANTI-RETROVIRAL TREATMENT |
| HARS | HIV/AIDS REPORTING SYSTEM |
| HAB | HIV/AIDS BUREAU |
| HBV | HEPATITIS B |
| HCFA | HEALTH CARE FINANCING ADMINISTRATION |
| HCV | HEPATITIS C |
| HERS | HIV EPIDEMIOLOGIC RESEARCH STUDY |
| HE/RR | HEALTH EDUCATION/RISK REDUCTION |
| HHS | HEALTH AND HUMAN SERVICES (DEPARTMENT OF) |
| HIAP | HEALTH INSURANCE ASSISTANCE PLAN |
| HIPAA | HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY |
| HITS | HIV TESTING SURVEY |
| HIV | HUMAN IMMUNODEFICIENCY VIRUS |
| HMO | HEALTH MAINTENANCE ORGANIZATION |
| HOLIDS | HIV ONLINE LABORATORY INFORMATION DELIVERY SYSTEM |
| HOPWA | HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS |

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|-----------------|---|
| HOPS | HOSPITAL OUTPATIENT SURVEY |
| HRSA | HEALTH RESOURCES AND SERVICES ADMINISTRATION |
| HUD | HOUSING AND URBAN DEVELOPMENT |
| ICD | INTERNATIONAL CLASSIFICATION OF DISEASES |
| ICES | INDIANA CLIENT ELIGIBILITY |
| ICHIA | INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION |
| IDEP | INTERSTATE DUPLICATION EVALUATION PROJECT |
| IHFA | INDIANA HOUSING FINANCE ASSOCIATION |
| IMHC | INDIANA MINORITY HEALTH COALITION |
| IND | INVESTIGATIONAL NEW DRUG |
| IPHA | INDIANA PUBLIC HEALTH ASSOCIATION |
| IPHC | INDIANA PRIMARY HEALTH CARE ASSOCIATION |
| ISDH | INDIANA STATE DEPARTMENT OF HEALTH |
| IV | INTRAVENOUS |
| IDU | INJECTION DRUG USER |
| JAMA | JOURNAL OF MEDICAL ASSOCIATION |
| KAB/KABB | KNOWLEDGE, ATTITUDE, BELIEF/BEHAVIOR |
| KS | KAPOSI'S SARCOMA |
| LHD | LOCAL HEALTH DEPARTMENT |
| MAI | MINORITY AIDS INITIATIVE |
| MATEC | MIDWEST AIDS TRAINING AND EDUCATION CENTER |
| MI | MINORITY INITIATIVES |
| MMWR | MORBIDITY AND MORTALITY WEEKLY REPORT |
| MSA | METROPOLITAN STATISTICAL AREA |
| MSM | MEN HAVING SEX WITH MEN |
| MSP | (ISDH) MEDICAL SERVICES PROGRAM |
| NAIC | NATIONAL AIDS INFORMATION CLEARING HOUSE |
| NAPWA | NATIONAL ASSOCIATION OF PEOPLE WITH AIDS |
| NASTAD | NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS |
| NCHSTP | NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION (CDC) |
| NHIS | NATIONAL HEALTH INTERVIEW SURVEY |
| NHSDA | NATIONAL HOUSEHOLD SURVEY DRUG ABUSE |
| NIDA | NATIONAL INSTITUTE ON DRUG ABUSE |
| NIH | NATIONAL INSTITUTES OF HEALTH |
| NIMH | NATIONAL INSTITUTE OF MENTAL HEALTH |
| NIR | NO IDENTIFIED RISK |
| NMAC | NATIONAL MINORITY AIDS COUNCIL |
| NNIP | NATIONAL NEIGHBORHOOD INDICATOR PROJECT |
| NPIN | NATIONAL PREVENTION INFORMATION NETWORK |
| NNR | NO REPORTED RISK |
| NTC | NAME-TO-CODE |
| OASIS | OUTCOME ASSESSMENT THROUGH SYSTEMS OF INTEGRATED SURVEILLANCE |
| OI | OPPORTUNISTIC INFECTION |

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|---------------|---|
| ORS | OTHER REPORTING SYSTEM |
| OSHA | OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION |
| PCP | PNEUMOCYSTIS CARINII PNEUMONIA |
| PCRS | PARTNER COUNSELING REFERRAL SERVICES |
| PGL | PERSISTENT GENERALIZED LYMPHADENOPATHY |
| PHI | PUBLIC HEALTH INFORMATION |
| PHI | PUBLIC HEALTH INVESTIGATION OR INVESTIGATOR |
| PI | PUBLIC INFORMATION |
| P.I. | PROTEASE INHIBITOR |
| PLWA/H | PEOPLE LIVING WITH AIDS/HIV |
| PPA | PLANNED PARENTHOOD ASSOCIATION |
| PRAMS | PREGNANCY RISK ASSESSMENT MONITORING SYSTEM |
| PSA | PUBLIC SERVICE ANNOUNCEMENT |
| PSD | PEDIATRIC SPECTRUM OF DISEASE |
| PWA | PERSON WITH AIDS |
| RARE | RAPID ASSESSMENT AND RESPONSE AND EVALUATION |
| RFP | REQUEST FOR PROPOSAL |
| RNR | REPORTING (HIV) NOT REQUIRED |
| RWCA | RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (ACT) |
| SAMHSA | SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION |
| SHAS | SUPPLEMENT TO HIV/AIDS SURVEILLANCE |
| SHDC | SURVEY OF HIV DISEASE AND CARE |
| SIDA | AIDS ACRONYM IN SPANISH |
| SPSP | SPECIAL POPULATIONS SUPPORT PROGRAM |
| SPNS | SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE |
| SSDI | SOCIAL SECURITY DISABILITY INSURANCE |
| SSA | SOCIAL SECURITY ADMINISTRATION |
| SSI | SUPPLEMENTAL SECURITY INSURANCE |
| SSVRS | SENTINEL SURVEILLANCE OF VARIANT AND DRUG-RESISTANT STRAINS |
| STARHS | SEROLOGIC TESTING ALGORITHM FOR RECENT HIV SEROCONVERSION |
| STD | SEXUALLY TRANSMITTED DISEASE |
| STDMIS | SEXUALLY TRANSMITTED DISEASE MANAGEMENT INFORMATION SYSTEM |
| SWCAB | INDIANA STATEWIDE HIV CONSUMER ADVISORY BOARD |
| TB | TUBERCULOSIS |
| TTY | TELE-COMMUNICATION DEVICE FOR THE DEAF |
| WB | WESTERN BLOT (CONFIRMATORY BLOOD TEST) |
| WHA | WORLD HEALTH ASSOCIATION |
| WHO | WORLD HEALTH ORGANIZATION |
| YMS | YOUNG MEN'S SURVEY |
| YRBSS | YOUTH RISK BEHAVIORAL SURVEILLANCE SYSTEM |

**HIV PREVENTION COMMUNITY PLANNING GROUP
ASSESSMENT FORM**

The purpose of this self-assessment is to provide an opportunity for planning members to provide input to the process and the policies that govern meetings. The results are distributed to all members at the following planning meeting. Your input is important to the successful and efficient functioning of the planning group. **Thanks!**

Directions: Please indicate your response to the statements below that best represents your experience on the planning group. It is preferred that you keep your responses **anonymous**, so **please do not indicate your name**.

PLEASE USE COMPLETE SENTENCES AND PLEASE BE SPECIFIC!

| #s | Questions | Strongly Agree | Somewhat Agree | Unsure | Somewhat Disagree | Strongly Disagree | Comments Please use additional space at end of form if needed. Please provide details and examples for clarification. |
|----|---|----------------|----------------|--------|-------------------|-------------------|--|
| 1 | CPG has sufficient human resources to conduct tasks of community planning. | | | | | | |
| 2 | CPG has sufficient monetary resources to conduct tasks of community planning. | | | | | | |
| 3 | CPG bring the necessary skills and abilities to the table to effectively conduct community planning activities. | | | | | | |
| 4 | CPG follows its' policies and procedures. | | | | | | |
| 5 | CPG receives adequate information from ISDH to perform required tasks. | | | | | | |
| 6 | CPG is focused on community planning outcomes. | | | | | | |

7. **What do you believe was/is the most positive/productive part of the planning process?**

8. **What changes would you suggest to make the planning group more effective?**

9. **What suggestions would you like to make to help implement the changes or correct any problem stated previously?**

10. **What would you like to see addressed at future planning meetings?**

PLEASE USE THIS PAGE TO PROVIDE FURTHER IN DEPTH EXPLANATION OF YOUR SUGGESTIONS TO MAKE THE CPG PROCESS A BETTER ONE.

INDIANA HIV PREVENTION PLANNING GROUP

MEMBER SELF PERFORMANCE REVIEW

CPG MEMBER

Name: _____

Review period: _____ to _____

EVALUATION

| | (1) = Poor | (2) = Fair | (3) = Satisfactory | (4) = Good | (5) = Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Knowledge of CPG Guidance | <input type="checkbox"/> |
| Comments: | | | | | |
| Knowledge of CPG Charter | <input type="checkbox"/> |
| Comments: | | | | | |
| Sharing of Ideas and Information | <input type="checkbox"/> |
| Comments: | | | | | |
| Sought Help from Others as Needed | <input type="checkbox"/> |
| Comments: | | | | | |
| Worked Well with the Group | <input type="checkbox"/> |
| Comments: | | | | | |

Achievements, Contributions:

Goals for 2010 Planning Year:

Strengths:

Area for Development:

Member Signature: _____ Date: _____

Indiana HIV Community Planning Group Knowledge Assessment

The purpose of this questionnaire is to assess your general knowledge of the information needed to be a conscientious and committed member of the Indiana HIV Community Planning Group (CPG). This assessment will be used to design orientation and training materials for both new and continuing members of the CPG. At future CPG meetings, part of the time will be used to present training modules on different topics the group needs more information about. All questions within this assessment are taken from the information contained in the CDC's HIV Prevention Community Planning Guidance (2003-2008) along with the Charter By-laws and Policies and Procedures that have been set by the CPG. Each member of the CPG should have a copy of these basic materials as the information contained in the guidance is essential to your qualified, informed, and intelligent participation in the CPG. If you do not have these materials, please contact Cena N.F. Bain, CPG Liaison, immediately.

Please write your answers beneath each question. Please be sure to write legibly.

Name: _____

Date: _____

1. Please name two (2) of the three (3) goals of HIV Prevention Community Planning.

2. What do the acronyms PIR represent? Please define each term.

3. What is the primary task of the Indiana HIV Community Planning Group?

4. How should group conflicts or disagreements be handled?

5. What is the role of the Executive Committee?

6. As a member of the CPG, name two (2) responsibilities you must fulfill.

7. What is the role of the Indiana State Department of Health in the community planning process?

8. What does the word accountability mean and how does it relate to your responsibilities as a member of the CPG?

9. What is CPG's process for decision-making?

10. According to the CDC Guidance for Community Planning, when does a conflict of interest occur?