



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

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

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

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?