

## Attachment D: Commonly Used Definitions

- **Active Linkage to PrEP Provider:** The process through which a person at risk for becoming infected with HIV is helped to access a health care provider who offers evaluation and management of pre-exposure prophylaxis (PrEP). This is often an active process (e.g., providing transportation, accompanying the person to the appointment, having multiple contacts with the person to support them in accessing the PrEP provider). Linked to a PrEP provider refers to the outcome of the referral or linkage of a PrEP eligible person to a PrEP provider, as indicated by the person's attendance of the first appointment.
- **Active Referral:** This involves efforts beyond passive referral, in which the individual is only given contact information for the service(s) and is left to make their own contact. There are varying types of active referrals. Active referral may include but is not limited to activities for the client such as making appointments; providing transportation; using a case manager or peer navigator to help with the access to services; providing the organization to which the client is referred to with information collected about the client (including the professional assessment of the client's needs); a "warm-hand-off" such as "live" three-way conversation (individual/organization making the referral, individual/organization receiving the referral and the client) – in person or by telephone – in which the client is introduced; and providing explanation about what has already been done to assist the client and reason for referral.
- **Activities:** The actual events or actions that take place as a part of the program.
- **Assessment:** Individual evaluation of an HIV positive individual's medical care and risk status, knowledge of disease, barriers to accessing medical care, and awareness of resources.
- **Clinic-based Sites:** Defined here as facilities that provide primary care services, conduct HIV testing, screen for risk for HIV, and prescribe PrEP to their clients.
- **Community Clinics:** Defined by the Minnesota Association of Community Health Centers as "nonprofit clinics located in medically underserved areas, both rural and urban, throughout Minnesota. They share a mission of making comprehensive primary care accessible to anyone regardless of ability to pay.
- **Contact:** An approach made to an individual to talk about her or his HIV status, risk, and/or access to services.
- **Continuous Quality Improvement (CQI):** A system that seeks to improve the provision of services with an emphasis on future results.
- **Coordination:** Working with other service providers to ensure efficiency and eliminate duplication of efforts.
- **Eligibility for PrEP:** Refers to a person's status regarding whether they meet appropriate criteria for using pre-exposure prophylaxis (PrEP); specifically, whether they are HIV-negative and at substantial risk for HIV, as defined by CDC in its guidelines for PrEP.

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- **Encounter:** Engagement of an individual in conversation about their HIV risk, status, and access to services.
- **Engagement:** The process of keeping individuals involved in their PrEP care. It involves individuals' follow-up every three months for lab tests, medication refills, and adherence and risk reduction support.
- **Evaluation:** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgements about the program, improve program effectiveness, and/or inform decisions about future program development.
- **Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will be likely used and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, how it will be done, who will do it and when it will be done.
- **Hardest to Reach Populations:** People not accessing care due to barriers that may include poverty, health insurance gaps, substance abuse, or mental health problems. Other co-factors such as fear and stigma, low health literacy, and lack of readiness also create barriers to care.
- **Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
- **Populations with heightened vulnerability:** Populations known through local epidemiologic data to be at disproportionate risk for HIV infection.
- **HIV Screening:** Testing strategy of all persons in a defined population. It involves testing persons with no signs or symptoms of HIV infection, regardless of whether they have a recognized behavioral risk for HIV infection. This might be accomplished by testing all persons in a defined population or by selecting persons with specific population-level characteristics (e.g., demographic, geographic area).
- **HIV Test:** More correctly referred to as an HIV antibody test, a rapid test generally detects antibodies to HIV, rather than the virus itself. Any client with a reactive rapid test must be linked to a confirmatory test or provided with a second rapid test by another manufacturer.
- **Identification:** The process of finding individuals with ongoing substantial risk for HIV infection who may be potential PrEP candidates. It involves recruiting individuals, assessing their risk of acquiring HIV, and interest or willingness to pursue PrEP therapy with a healthcare provider.
- **Letter of Intent (LOI):** A preliminary non-binding indication for an organization's intent to apply.
- **Linkage:** The process of actively assisting individuals 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 individuals to initial appointments.

- **Mail-based PrEP Model:** Supplies and resources are mailed directly to participants upon request.
- **Matching or cost sharing:** Refers to program costs not borne by the state but by the applicant organization. It may include the value of allowable third party, in-kind contributions as well as expenditures by the recipient.
- **Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
- **Mobile PrEP Model:** PrEP service activities are delivered directly to participants or occur in outreach/mobile settings.
- **Mobile SSP Model:** Syringe service activities that are delivered directly to participants or occur in outreach/mobile settings.
- **Navigation: Navigation for PrEP** includes identifying and linking persons in need of PrEP to health care systems assisting with health insurance, identifying and reducing barriers to care, and tailoring education to the client to influence his or her health-related attitudes and behaviors.
- **Navigation Services:** The process of helping a person obtain timely and appropriate medical or social services, considering provider preferences, insurance status, scheduling issues, and other factors that may complicate access or utilization of services. Navigation services should be offered at the time of PrEP engagement to guide persons in need of PrEP to clinical PrEP services and to insurance options that will pay for PrEP. If the client does not have insurance, navigators or staff should assist the client in obtaining insurance or access to medication assistance programs.
- **Needs-based syringe distribution:** Syringe distribution that provides people who inject drugs (PWID) the number of syringes they need/request, with no requirement to return used syringes in exchange. Needs-based distribution is considered best practice and is the recommended practice for this grant funding.
- **New Participants:** Participants who are newly enrolled at a particular SSP, visiting that SSP for the first time ever.
- **One-for-One (1:1) exchange:** The practice of restricting syringe access by providing a participant with sterile syringes, but only to replace the same number of used syringes that the participant returns to the SSP. This model is not a best-practice and is not recommended.

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- **Outcome:** The results of program operations or activities, the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
- **Overdose Prevention:** Providing education on how to avoid an opioid overdose and steps to address an overdose should one occur. Overdose prevention includes the provision of overdose prevention kits and instructions for effective administration.
- **Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals, typically conducted by the program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (output) or the results of those products and services (outcomes). A program may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
- **Period of Performance:** The time during which the recipient may incur obligations to carry out the work authorized under the grant. The start and end dates of the performance must be included in the grant award.
- **Post Exposure Prophylaxis (PEP):** Taking antiretroviral medications after an HIV exposure to reduce the chances of becoming infected.
- **Pre-Exposure Prophylaxis (PrEP):** The daily or regular injection use of an antiretroviral medication to prevent HIV infection by uninfected persons.
- **PrEP Education:** The process of increasing an individual's knowledge and awareness of PrEP and nPEP. It involves providing basic PrEP 101 information as well as nPEP 101. It includes educating individuals to differentiate between PrEP and nPEP, to understand that PrEP is evidence-based and proven to work for gay and bisexual men, heterosexual women and men and individuals who inject drugs when taken daily as prescribed by healthcare provider.
- **PrEP Eligibility:** Refers to a person's status regarding whether they meet appropriate criteria for using pre-exposure prophylaxis (PrEP); specifically, whether or not they are HIV-negative and at substantial risk for HIV, as defined by CDC in its Pre-exposure Prophylaxis for HIV Prevention in the United States - 2013: A Clinical Practice Guideline (<https://stacks.cdc.gov/view/cdc/112360>).
- **PrEP Initiation:** The process of getting an individual on antiretroviral therapy to prevent them from getting HIV infection. It involves conducting individual risk assessment, care access, knowledge, and readiness to initiate PrEP; confirming HIV-negative status and other baseline lab tests; ensuring PrEP access, cost, and starting PrEP therapy; willingness to take a daily antiretroviral (ARV), and ability to follow routine medical monitoring. It also involves the healthcare providers adhering to the National guidelines recommendations on how to prescribe PrEP and monitor persons on PrEP.
- **Prescribed PrEP:** Refers to a person who has been adequately evaluated and received a prescription for pre-exposure prophylaxis (PrEP).

- **PrEP Screening:** The process of conducting an initial assessment regarding a person's eligibility for pre-exposure prophylaxis (PrEP) (i.e., HIV testing and behavioral risk screening) and determining whether or not a more thorough evaluation is warranted. For further discussion on PrEP screening, see [Pre-exposure Prophylaxis for HIV Prevention in the United States - 2021: A Clinical Providers' Supplement](https://stacks.cdc.gov/view/cdc/112359) (<https://stacks.cdc.gov/view/cdc/112359>).
- **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers or as brief statement (e.g., conduct assessments, formulate policies, partnerships).
- **Rapid HCV or HIV Test:** More correctly referred to as an HCV or HIV antibody test, a rapid test generally detects antibodies to HCV or HIV, rather than the virus itself. Any client with a reactive rapid test must be linked to a confirmatory test.
- **Rapid Linkage:** For persons newly diagnosed with HIV, ensuring rapid linkage to care and starting antiretroviral therapy, ideally within seven days as a key pillar of the national initiative, Ending the HIV Epidemic: A Plan for America.
- **Rapid-Rapid Testing:** Utilizing one rapid point of care test to get a preliminary result, then using a second rapid testing technology to confirm that result.
- **Referral:** Refers to directing clients to a service in person or through telephone, written, or other form of communication. Generally, this is a one-time event. Referrals 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 service program.
- **Referral to PrEP Provider:** Referral to PrEP providers is a process involving the provision of information on who the providers are, what documents referred person should take with them, how to get to the providers' agency, and what to expect from the referral process. It is important that the agency that provides PrEP screening services tracks the referral and provides the necessary follow-up to verify the person attended the first appointment with the PrEP provider. A person can be referred to a PrEP provider internally (to another unit or person within the same agency) or externally (e.g., a CBO may screen and identify eligible persons and then refer them to a healthcare provider that offers PrEP services).
- **Risk Behavior:** Behaviors that can directly expose persons to HIV or transmit HIV if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.
- **Secondary Exchange:** The practice where one person who is a participant at a SSP (a "provider") obtains syringes from the SSP to distribute to other PWID/PWUD ("recipients"). This process can be formal or informal.
- **Site-based SSP Model:** Syringe service activities that occur at the same physical location and participants travel to the location for services.

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- **Syringe Exchange/Distribution:** Provision of sterile/new syringes (including needles and barrels) and other injection equipment such as cottons, cookers, tourniquets, alcohol wipes, and sterile water to participants.
- **Targeted Testing:** The approach an agency or a person uses when conducting HIV testing to decide who will be tested. Testing strategies include HIV screening that is population-based and targeted testing of subpopulations of persons at higher risk.
- **Telemedicine:** The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.
- **Unique Participants:** Individual/unduplicated participants utilizing a particular SSP, may visit the SSP site multiple times during a given timeframe.
- **Work Plan:** The summary of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

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2/11/2026

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