



## CBA Request Information System Orientation Guide

*July, 2007*

Capacity Building Assistance  
to Improve the Delivery and Effectiveness  
of HIV Prevention Services



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# 1 Introduction

## Message from the CDC Capacity Building Branch

Dear Grantees,

In October of 2005, the Capacity Building Branch (CBB) deployed the CBA Request Information System (CRIS). CRIS is a Web-based application designed to manage Capacity Building Assistance (CBA) requests, assign training and technical assistance providers, and track implementation of CBA online.

As you are aware, the CBB provides CBA to help you improve HIV prevention practice. Users of CRIS will include Project Consultants, Project Officers, and key contacts from CDC-funded grantees.

We want to thank you for your cooperation and the many comments and suggestions you've provided to refine this system.

Should you have any questions, please contact your CDC Project Officer or Program Consultant.

Sincerely,

Samuel Taveras, Chief  
Capacity Building Branch  
Divisions of HIV/AIDS Prevention  
National Center for HIV/STD/TB Prevention  
National Centers for Disease Control and Prevention (CDC)

## CRIS Overview

The Capacity Building Branch at CDC provides access to Capacity Building Assistance (CBA) resources online via <http://www.cdc.gov/hiv/topics/cba/index.htm> the Web site for the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention/Division of HIV/AIDS Prevention (NCHHSTP/DHAP). Here, HIV Prevention partners access the CBA Request Information System or CRIS to enter, process, and manage CBA requests.

CRIS is a user-friendly, Web-based system for requesting CBA that:

- Improves resource utilization
- Promotes accountability
- Facilitates access to information
- Ensures timeliness

## CRIS Users

### Providers

- Program Announcement Numbers (PA) 04019 and 05051 Grantees
- Behavioral Social Scientist Volunteers (BSSV)
- Prevention Training Centers (PTCs)
- AIDS Educational Training Centers (AETCs)
- National Network of TA Providers

### CDC Employees

- Capacity Building Branch Program Consultants and Team Leaders
- Prevention Program Branch (PPB) Project Officers and Team Leaders

## Other Stakeholders

### Consumers

- CDC directly-funded, Community-Based Organizations (CBOs)  
(CDC Division of HIV/AIDS Prevention, directly funded)
- CDC-funded state and city Health Departments (HDs)  
(Focus Areas 2, 3 and 4)
- CBA Providers (CBA Provider-to-CBA Provider)  
(CDC Division of HIV/AIDS Prevention, directly funded)
- CDC indirectly-funded, Community-Based Organizations (CBOs)  
(CDC Division of HIV/AIDS Prevention, directly funded)
- Other CBOs

## **CRIS Features**

### **Web-based Application**

CRIS is a Web-based application that can be accessed from any computer with Internet capability. There is nothing to install on your computer for access to CRIS.

### **User-Friendly Design**

Most CRIS input fields have drop-down boxes or radio buttons to help the user select the most appropriate information for completing the request. This reduces the probability of errors and provides a more uniform method for requesting technical assistance or training.

### **E-mail Notification**

System e-mail messages cannot serve as a replacement for the day-to-day dialogue required between all persons involved with responding to a CBA request. System e-mail is only used to notify individuals of pending actions and activities related to a specific CBA request.

### **Centralized Capacity Building Assistance Resources**

CRIS allows users to submit electronic CBA requests for technical assistance and training. This makes CBA data collection, tracking your request and general information on CBA requests available on one site, which makes it easy to find what you need.

### **24/7 Availability**

CRIS is available 24-hours per day; seven days a week so that you can submit a new request, check the status of a previous request and perform many other system functions any time.

# Process Flow Diagram

**STEP 1**  
Consult with your  
Project Officer

**STEP 2**  
Submit request for  
CBA into CRIS for T/A  
or Training

**STEP 3**  
CDC assigns provider

**STEP 4**  
Provider "Confirms the  
Need" with recipient

**STEP 5**  
Provider develops  
Action Plan

**STEP 6**  
Provider  
Conducts CBA

**STEP 7**  
Submit Completion Forms  
in CRIS

## **CRIS Users and Functions**

### **Eligible CRIS Users**

- CDC directly-funded, Community-Based Organizations (CBOs)  
(CDC Division of HIV/AIDS Prevention, directly funded)
- CDC-funded state and city Health Departments (HDs)  
(Focus Areas 2, 3 and 4)
- CBA Providers (CBA-to-CBA)  
(CDC Division of HIV/AIDS Prevention, directly funded)
- Project Officers

### **CRIS Functions**

- Submit CBA request online
- View request status
- Assign provider
- Submit CRIS Action Plan
- Submit completion form
- Provide online feedback

## 2 CRIS Login and General Information

### Web Link for CRIS Access

Access to the CRIS application is provided via the DHAP Web site using the following steps:

1. **Input** the following URL (Universal Resource Locator) to access the Web site:  
<http://www.cdc.gov/hiv/topics/cba/index.htm>
2. **Select** the CRIS link. The CRIS and TEC Central Login page will be displayed.

**CRIS and TEC Central Login**

[Terms & Conditions for System Usage](#)  
This is a United States Government application, which may be accessed and used only for official government business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, or administrative actions. You agree that the PC used to access the system is actively running anti-virus software with the most current virus definitions. Access or use of this system whether authorized or unauthorized constitutes consent to these terms.

User ID: \*\*

Password: \*\*

[Forgot Password](#)

CRIS - CBA Request Information System

Accept Terms & Conditions and Login

Do Not Accept Terms and Conditions

[Return to CBA Website](#)

Figure 2.1 CRIS and TEC Central Login

3. **Select** CRIS – CBA Request Information System from the drop-down box.
4. **Enter** your CRIS User ID and password.
5. **Click** the Accept Terms & Conditions and Login button. *(First-time users will be prompted to reset their password and establish a challenge question to reset a forgotten password.)*
6. After successful login, the CRIS Welcome page will display with a disclaimer regarding the CDC 15-minute timeout standard. The system will timeout unless you refresh the page or move between screens within that time period. A timer is located in the upper left-hand corner to help manage your session time.



## User ID and Password

To submit a CBA request, each user must have an active CRIS User ID and password for login. Your Project Officer or Program Consultant must request that a User ID and a password be established for you. All CBOs, HDs and CBA providers must have a *primary* and *secondary* CRIS user as designated by the Project Officer or Program Consultant. All initial CRIS passwords are temporary and must be changed when logging on for the first time. (You will also be prompted to establish a password recovery phrase which will allow you to reset your password if necessary.) To reset your password, select the **Forgot Password** link on the CRIS and TEC Central Login screen and provide the requested information.

*Note: Passwords must be changed every 60 days.*

### Forgot Password

Do the following when you forget your password:

1. Click the **Forgot Password** link. You will be prompted to re-enter your user ID.
2. Enter your **User ID** in the space provided.
3. The system will ask you to provide the answer to your recovery question. Enter the information and click Continue. You will be prompted to establish and confirm your new password.
4. Click **Save**.

*Note: If you do not remember the answer, you may ask to have a new one created, which will be sent to your e-mail address. Please allow up to two hours for the new password to reach you. You can also contact the CRIS administrator at [cdccris@cdc.gov](mailto:cdccris@cdc.gov) to ask for a password reset.*

## User Rights

Each CRIS user has specific rights that determine what information can be viewed, entered and modified within the application:

- **CBO and Health Department** – The primary role of this group of users is to submit CBA requests either for their organization or on behalf of their grantees. They can also view the CRIS Action Plan and check the status of all requests associated with their organization. Equally as important, CBOs and HD personnel are able to provide feedback on CBA requests using the Comments tab.
- **CBA Provider** – These users build and implement the CBA Action Plan and enter completion data for each CBA request. Providers are also required to contact the recipient within 72 hours to **confirm the need** for the request and document their activities in CRIS.
- **Primary CRIS User** – Each HD and CBO has one **primary CRIS** user who is responsible for managing all automated e-mails sent to their organization from the CRIS system. They are also responsible for assigning other staff members as primary contact for specific CBA requests. (*For more information, go to “My Organization” in the Navigation section of this document.*)

## My Account

Click the **My Account** link in the top right corner of the Navigation Bar to manage your personal account.

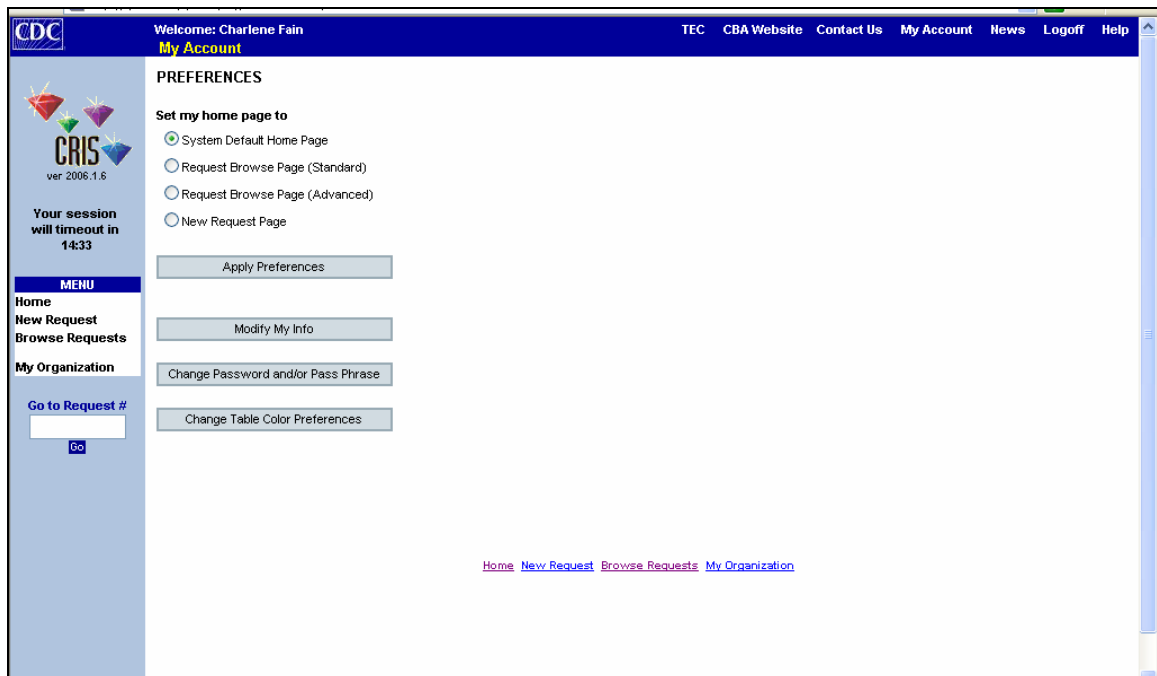


Figure 2.2 My Account - Preferences

1. On the **Preferences** page, you can set your CRIS home page to one of following:
  - **System Default Home Page** – Here you can **Enter a New Request** or **Browse Your Requests**.
  - **Request Browse Page (Standard)** – Allows you to search for a particular request using standard search options.
  - **Request Browse Page (Advanced)** – Allows you to search for a particular request using advanced search options.
  - **New Request Page** – Allows you to enter a new request.
2. Choose the screen you want CRIS to show when you access the system and click the **Apply Preferences** button. Your preference is saved automatically and will display the next time you log in to the system.

## Modify My Info

To modify your personal information:

1. Click on the **Modify My Info** button.
2. On the **My Info** page, you can update information in the following fields:  
**First Name, Last Name, Title, Business Address, City, State, Phone # or Fax #.**
3. Click the **Save and Return** button. Your information will remain until your next update.

## Change Password

To change your password:

1. Click the **Change Password and/or Pass Phrase** button.
2. Enter your **Old Password**.
3. Enter your **New Password**.
4. **Confirm Your New Password** by entering it again.
5. Click the **Save and Return** buttons.

## Change Password Recover Phrase

To change your password recover phrase:

1. Click the **Change Password and/or Pass Phrase** button.
2. Enter your **Password Recover Phrase**.
3. Enter the **Answer** to the **Password Recover Phrase**.
4. Click the **Save and Return** buttons.

*Note: If you forget your password, you must answer the password recover phrase correctly to reset it.*

## Change Table Color Preferences

To change your table color preferences:

1. Click on the **Change Table Color Preferences**.
2. Select and click on a color from the drop-down for any of the following:  
**Header Back Color, Header Fore Color, Row Color, Alternate Row Color, and Mouse Over Color.**
3. Click **Apply Preferences** to save your changes. The preferences will go into effect the next time you log in to CRIS.

## System Basics

- According to CDC security guidelines, the system will time out **15 minutes** after you last saved your data. A new request is not saved until you click **Submit** on the final screen. *There is no way to save a partially completed request. Please make sure to save your data as you navigate through the system.*
- **Do not use** the browser navigation buttons. Use only the navigation bars and menus specific to CRIS.
- **Gather all the information you need before you log on to CRIS** because there is no way to save a partially completed request. See Appendix B for a checklist of what you will need to complete your request.
- **Summary Print**
- **Primary CRIS users** can choose the **My Organization** menu option to modify contact information. Primary users can also determine who, within their organization, should be the “main contact for a **specific** CBA request and who should be copied on automated e-mails from CRIS.
- Fields with double red asterisks (\*\*\*) are entry-required and must be completed before proceeding to the next page.
- The pages you see may differ from the ones in this document. Often, the selections you choose will make other fields visible.
- If you have questions about using CRIS, please phone or e-mail your **Project Officer** or **Program Consultant** using the information located on the **Organization Contacts** page. Or, you can send an e-mail that includes your contact information to [cdccris@cdc.gov](mailto:cdccris@cdc.gov).

## Navigation

In CRIS you can quickly reach the page you want to view by using either the left or top **Navigation Bar**.

The screenshot displays the CRIS interface with the following elements highlighted by callouts:

- Left Navigation Bar:** Contains the CRIS logo, a session timeout warning, a menu with options like Home, New Request, and Browse Requests, and a page legend.
- Top Navigation Bar:** Includes the CDC logo, a welcome message for Charlene Fain, and navigation links such as TEC, CBA Website, Contact Us, My Account, News, Logoff, and Help.
- Application Timer:** A box indicating the session will timeout in 13:23.
- Menu Box:** A box containing the main navigation menu.
- Go to Request #:** A search field with a 'Go' button to find specific requests.
- Page Legend:** A legend for icons used in the request list, such as View Request, View Triage, View Action Plan, and View Status.

The main content area shows a table of requests with columns for Request ID, Requested by, Status, Requested, Assigned, and Complete. A status filter section at the top allows users to select various request statuses.

The **Left Navigation Bar** contains:

- The **Application Timer** – This shows how much time you have left before the application times out. When you save changes or move to a new page in the system, the timer resets to give you 15 minutes.
- **Menu Box**
  - **Home** – Takes you back to the home page.
  - **New Request** – Displays the page where you can begin entering a new request.
  - **Browse Requests** – Allows you to take a look at current and past requests however, what you are able to view depends on your user rights. If you are viewing or modifying a request, you may also view the **Triage**, **Confirm the Need** and **Action Plan** sections and check to see if the request is in Working, Complete or Closed status.

- **My Organization** – Primary CRIS users can modify contact information and determine who within their organization will be the main contact for a particular CBA request or copied on automated system e-mails.
- **Go to Request #** – Enter the number of the request you want to see here and click “Go”.

The **Top Navigation Bar** contains the following items:

- **TEC** – Transfers you to the Training Events Calendar. For TEC users only.
- **CBA Website** – Transfers you to the main Capacity Building Branch Web portal.
- **Contact Us** – Opens a new e-mail message to the CRIS administrator.
- **My Account** – Allows you to set your default home page, change colors, contact information and your password.
- **Logoff** – Logs you out of the system.
- **Help** – Launches the CRIS Help file.

## New Request/Browse Existing Requests

Once you have successfully logged on to CRIS, you can elect to **Enter a New Request** or **Browse Your Requests**.

### Entering a New Request

Make sure you have all the information pertaining to your particular request before you start to input data. **(Please use the CBA Request checklist below.)** Remember, there is no option to allow you to save a partial request. Therefore, if CRIS is closed or the system is timed out before you get to the final page or before you click **Submit**, all data will be lost.

1.	Focus Area	<b>FA1</b> Strengthening Organizational Infrastructure for HIV Prevention <b>FA2</b> Strengthening Interventions for HIV Prevention <b>FA3</b> Strengthening Community Access to and Utilization of HIV Prevention <b>FA4</b> Strengthening Community Planning for HIV Prevention
2.	Content Area	Varies by Focus Area
3.	Description of Technical Assistance or Training you are requesting	
4.	Primary and secondary contact for this request	
5.	Type of organization CBA is for (HD, CBO, CPG, CBA Provider, Other)	
6.	If HD or CBO, know if organization is CDC-funded or state-funded	A CDC-funded organization receives funding directly from the CDC. A state-funded organization receives funding from the state.
7.	Recipient organization name	The name of the organization that will actually receive the assistance.
8.	Primary and secondary contact for recipient organization	
9.	Demographics for the population(s) this CBA will help the recipient organization serve. (Not Applicable may be selected if appropriate)	<b>Race</b> – Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, and/or White
		<b>Ethnicity</b> – Hispanic/Latino and/or Not Hispanic/Latino
		<b>Risk Population</b> – Men Who Have Sex With Men (MSM), MSM/Intravenous Drug User (IDU), IDU, Heterosexual, Homeless Persons, Mothers at Risk for HIV, Not Specified, and/or Other. If you select Other, please use the resulting text field to describe the risk population.
		<b>Gender</b> – Male, Female, Transgender, and/or Not Gender-Focused
		<b>Special Population</b> – Youth, Migrants, Faith Community, and/or Incarcerated

Figure 3.1 Request Checklist

You will be asked if you have consulted with your Project Officer or Program Consultant as soon as the New Request page is displayed. Click **OK** to confirm you have consulted with your Project Officer or Program Consultant.

The screenshot shows the 'New Request' page in the CDC CRIS system. The page header includes the CDC logo, the user name 'Charlene Fain', and navigation links for 'TEC', 'CBA Website', 'Contact Us', 'My Account', 'News', 'Logoff', and 'Help'. The main content area is titled 'New Request' and contains a breadcrumb trail: 'Start -- Recipient -- Target Population -- Confirmation'. A message states: 'You are requesting Capacity Building Assistance "CBA", which includes technical assistance, training, and technology transfer to improve the effectiveness of HIV prevention services.' Below this, there are several form fields: 'Select the Focus Area in which you need help \*\*' with a dropdown menu and a 'Focus Area Information' link; 'Select the type of request \*\*' with radio buttons for 'Technical Assistance (Technical Consultation and Services)', 'Training (Conducted by CDC Staff)', and 'Training (Conducted by CDC Partners)'; and 'Describe the technical assistance you would like to request \*\*' with a text area and a 'Spell Check Issue' button. At the bottom, there is a question 'Is this request related to a previous request?' with 'No' and 'Yes' radio buttons, and 'Cancel' and 'Next' buttons. A sidebar on the left contains a 'Page Legend' with a 'Required' indicator and a session timeout notice: 'Your session will timeout in 11:11'.

Figure 3.2 New Request

From the “**Select the Focus Area in Which you Need Help**” drop-down menu, choose one of the following:

- Focus Area 1 - Strengthening Organization Structure for HIV Prevention
- Focus Area 2 - Strengthening Interventions for HIV prevention
- Focus Area 3- Strengthening Community Access to and Utilization of HIV prevention services
- Focus Area 4 - Strengthening Community Planning for HIV Prevention

You will get the opportunity to **Select The Content Area** and to **Select the Type of Request** once you choose a focus area.



Figure 3.3 Focus Area 2 (example)

## Request Type –Technical Assistance or Training

After you have selected the applicable Request Type, provide adequate details in the box labeled “**Discuss the Issue You Would Like Addressed**”.

Answer the training related question. You may need to scroll down to see the question.

Click **Next**. The Recipient Organization Funding Type page is displayed.

- a. Note: If you select **Focus Area 2 (FA2)**, the next page will ask you to select an **Intervention** for the **Content Area**. Make the appropriate selection and click **Next** to proceed to the Recipient Organization Funding Type page.

Click **Next**. The Recipient Organization Funding Type page displays.

On this page, select the recipient's organization type. CRIS will ask for additional information depending on the type of funding.

From the choices displayed, select a program announcement from the **Select the Recipient's Program Announcement Number** drop down box.

For HDs and CBOs, select the corresponding Funding Type and Recipient Organization.

Welcome: Charlene Fain  
New Request

TEC CBA Website Contact Us My Account News Logoff Help

Start --> Recipient --> Target Population --> Confirmation

Select Recipient Organization Funding Type: \*\*

Health Department  CBO  CPG  CBA Provider  Other

Cancel Back Next

CRIS ver 2007.1.11

Your session will timeout in 14:18

Page Legend

\*\* Required

Figure 3.4 New Request - Recipient

Welcome: Charlene Fain  
New Request

TEC CBA Website Contact Us My Account News Logoff Help

Start --> Recipient --> Target Population --> Confirmation

Select Recipient Organization Funding Type: \*\*

Health Department  CBO  CPG  CBA Provider  Other

Select CBO Funding Type: \*\*

CDC Directly Funded  Indirectly Funded  Non Funded

Select Recipient Organization: \*\*

BASIC NWFL, INC.

Select the Recipient Organization's Program Announcement Number \*\*

Both a primary and a secondary contact is required.  
The contacts must be different.  
For the recipient organization, whom should we contact?

Primary \*\* \*\* ADD A NEW CONTACT \*\* Add/View

Secondary \*\* \*\* ADD A NEW CONTACT \*\* Add/View

Cancel Back Next

CRIS ver 2007.1.11

Your session will timeout in 11:46

Page Legend

\*\* Required

Figure 3.5 New Request -Recipients/ CBO option

*Note: Funding Type does not apply for CPG, CBA Provider and Other.*

Click **Next** to have the **Target Population** demographics display.

On the demographics page, select the options that best describe the population this request will help the recipient organization to serve.

Select **Race** that best describes the target population for this CBA.

**(Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander and/or White)**. *Note: When selecting Focus Area 4, these selections may not apply.*

Select **Ethnicity** that best describes the target population for this CBA.

**(Hispanic/Latino and/or Not Hispanic/Latino)**. *Note: When selecting Focus Area 4, these selections may not apply.*

Select the **Risk Population** that best describes the target population for this CBA.

**(Men Who Have Sex With Men [MSM], MSM/Intravenous Drug User [IDU], IDU, Heterosexual, Homeless Persons, Mothers at Risk for HIV, Not Specified and/or Other)**. If you select “Other”, CRIS will provide a text field for you to describe the risk population.

Select the **Gender** that best describes the target population for this CBA.

**(Male, Female, Transgender and/or Not Gender-Focused)**

Choose the **Special Population** for this CBA.

**(Youth, Migrants, Faith Community and/or Incarcerated)**

**CDC** Welcome: Jan M **New Request** Contact Us My Account Logoff Help

Start --- Recipient --- Target Population --- Confirmation

**CRIS**  
ver 2006.1.3 (UAT)

Your session will timeout in 14:50

**Page Legend**  
\*\* Required

**Demographics of Target Population**

**Select Race \*\***

- Black or African American
- Asian
- American Indian or Alaska Natives
- Native Hawaiian or Other Pacific Islander
- White

**Select Ethnicity \*\***

- Hispanic/Latino
- Not Hispanic/Latino

**Select Risk Population \*\***  Not Applicable

- Men who have sex with men (MSM)
- MSM / Intravenous drug user (IDU)
- IDU
- Heterosexual
- Homeless Persons
- Mothers at risk for HIV
- Not Specified
- Other (specify)

**Select Gender \*\***  Not Applicable

- Male
- Female
- Transgender
- Not Gender-Focused

**Select Special Population \*\***  Not Applicable

- Youth
- Migrants
- Faith Community
- Incarcerated

**Cancel** **Back** **Submit**

Figure 3.6 New Request- Demographics

Click **Submit** and the Confirmation page will be displayed. Please document your request number for future reference.

## Browse Existing Requests

You will only be able to browse requests that are associated with your organization. This means that most users will only be able to view requests they have submitted, or those submitted for or by their organization. Providers will be able to view any requests that have been assigned to their organization. To find a specific request, click the **Browse Your Requests** button on the CRIS home page or select **Browse Requests** from the left navigation bar.

The screenshot shows the CRIS Request Browse interface. Key components are labeled with callouts:

- Left Navigation Bar:** Contains the CRIS logo, version (2008.1.6), session timeout (13:23), and a menu with options: Home, New Request, Browse Requests, My Organization, Go to Request #, and Page Legend.
- Top Navigation Bar:** Contains links for TEC, CBA Website, Contact Us, My Account, News, Logoff, and Help.
- Application Timer:** Shows the current session timeout.
- Menu Box:** A dropdown menu for selecting request status.
- Go To Request #:** A search input field with a 'Go' button.
- Page Legend:** A legend for the table icons: View Request (document icon), View Triage (plus icon), View Action Plan (gears icon), and View Status (bar chart icon).





The main content area displays a table of requests with the following data:

Requested by	Status	Requested	Assigned	Complete
SEY DEPARTMENT OF HEALTH AND SERVICES	Assigned	10/31/2005	12/21/2006	
200510-2 FAMILY HEALTH CENTERS OF SAN DIEGO	Deferred	10/31/2005		
200510-3 BROOKDALE UNIVERSITY HOSPITAL	Declined	10/31/2005		
200511-1 AND	Assigned	11/1/2005	11/9/2005	
200511-2 AND	Assigned	11/1/2005	11/9/2005	
200511-6 CENTERS FOR DISEASE CONTROL AND PREVENTION	Assigned	11/1/2005	11/9/2005	
200511-7 CENTERS FOR DISEASE CONTROL AND PREVENTION	Assigned	11/1/2005	11/9/2005	
200511-8 CENTERS FOR DISEASE CONTROL AND PREVENTION	Assigned	11/1/2005	1/9/2006	
200511-11 MASZONI CENTER	Assigned	11/7/2005	11/21/2005	
200511-12	Assigned	11/7/2005	1/4/2006	

Figure 3.7 Request Browse – Standard Search

The table shows all requests connected to your User ID and will by default, display all requests in groups of ten. To change the display parameters, enter the desired number of requests in the field labeled “**Show requests on grid in groups of**” and click **Go**. Clicking on any table header allows you to sort requests in that field.

The far right table column illustrates the type of information display for that request as noted in the page legend.

-  **View Request** – Summary information about the request, including general and recipient-specific information.
-  **View Triage** – Displays request Triage information.
-  **View Action Plan** – Takes you to the CRIS Action Plan.
-  **View Status** – Allows you to view the request status information and to add comments.

## Searching For Requests

Filter the number of requests returned by using either the **Standard Search** or **Advanced Search** options found at the top of the page.

Request variables for the Standard Search include new, closed, triage, deferred, assigned, declined, working, withdrawn, and complete.

Request variables for the Advanced Search include who/when, status, focus, demographics, and announcement number.

When you have selected the criteria by which you wish to sort, click **Apply Options**. To retain these selections as default settings, click **Apply and Save**.

The screenshot shows the 'Request Browse - Advanced' search interface. At the top, it says 'Welcome: Charlene Fain' and 'Request Browse - Advanced'. There are navigation links for 'TEC', 'CBA Website', 'Contact Us', 'My Account', 'News', 'Logoff', and 'Help'. The main content area is titled 'Show me the requests with the following options:' and includes a 'Switch to Standard Search' button. Below this, there are several tabs: 'Who/When', 'Status', 'Focus Area', 'Demographics', and 'Announcement #'. The 'Who/When' tab is active, showing search criteria for 'Request type', 'Requests added from', 'Requested by', 'Recipient', 'Project Officer', 'Provider', 'Program Consultant', and 'Region'. Each criterion has a dropdown menu set to 'All'. There is also a 'Show requests on grid in groups of:' field set to '10'. At the bottom of the search area, there are buttons for 'Reset Who/When Options', 'Reset All Options', 'Apply Options', and 'Apply and Save Options'. A message at the bottom states 'Your search returned 0 Request(s) out of 325 requests presently in CRIS.' On the left side, there is a sidebar with a 'MENU' section containing 'Home', 'New Request', 'Browse Requests', and 'My Organization'. Below the menu is a 'Go to Request #' field with a 'Go' button. At the bottom of the sidebar is a 'Page Legend' with icons for 'View Request', 'View Triage', 'View Action Plan', and 'View Status'. The top left corner features the CDC logo and the CRIS logo with the text 'ver 2006.1.6' and 'Your session will timeout in 11:21'.

Figure 3.8 Request Browse – Advanced Search

## View a Request

You can view a request by entering the request number and clicking **Go** on the left navigation bar, or by clicking the **View Request** icon next to the request on the Request Browse page. Depending on the status of the request, you may see anywhere from four to eight of the tabs listed below:

- **General Information** – Content areas, description of the problem, requester organization and contacts, and request status.
- **Request Recipients** – Intended recipients of the assistance.
- **Request Demographics** – Populations this CBA will help recipient serve, including information on race, ethnicity, risk, gender, and special populations.

- **Triage Info** – Content Areas, CDC and Provider staff assigned to the request current disposition.
- **Action Plan Info** – Information on how the provider will complete the request.
- **Status Info** – Status of CBA delivery.
- **Completion Info** – Specifics regarding completed request.
- **All Comments** – Displays all the comments made about this request from various sources.

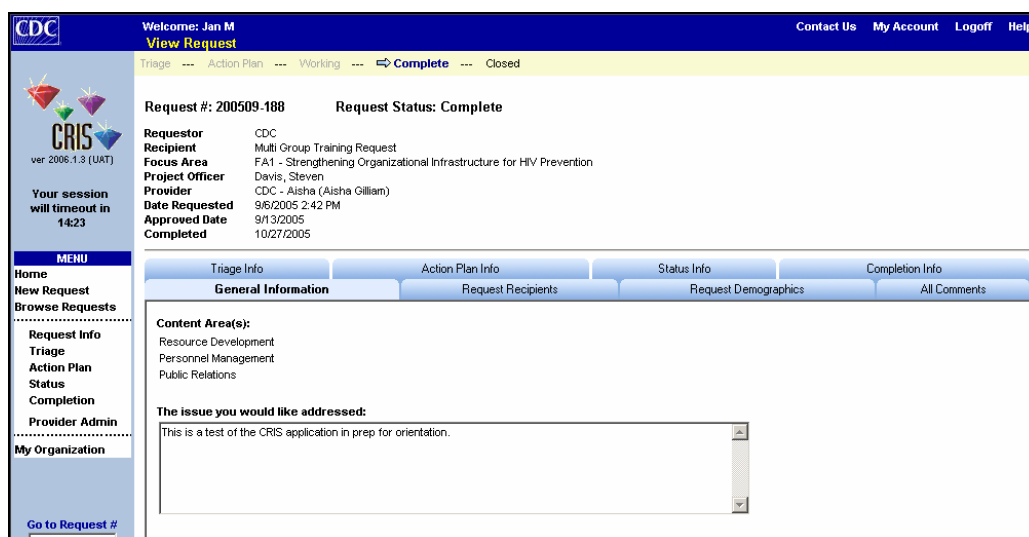


Figure 3.8 View Request

Above the table are several options by which to sort returned requests. You can filter by indicating **who** submitted the CBA request, Project Officer, Program Consultant, Recipient, Provider, Request Status, Focus Area and the recipient's Announcement number. When you have selected the sort criteria, click **Apply Options**. To save this as the default criteria, click the **Apply and Save Options** button.

**Standard Search** – Allows requests to be filtered by their current **Status**. The user can select any or all of the following:

- New
- Triage
- Assigned
- Working
- Complete
- Closed
- Deferred
- Declined
- Withdrawn

**Advanced Search** – Allows requests to be filtered by the following additional criteria. The user can click on either of these tabs to view the available criteria selection.

**Who/When** – Users select specific criteria such as:

- Requested By
- Recipient
- Project Officer
- Provider
- Program Consultant
- Region
- Requests Added by Date

If no search criteria is specified, a list of CBA requests associated with your user ID is displayed.

**Focus Area** – User can select this option to view Requests for a specific Focus Area

**Demographics** – Request can be selected based on specific demographic criteria such as:

- Race
- Ethnicity
- Gender
- Special Population
- Special Risk Population

**Announcement #** - Select requests by the Program Announcement Number using either the **Recipient Announcement Number** or **Provider Announcement Number**.

**Status** – Same criteria as **Standard Search**.



## 4 Appendix A

### Focus Areas and Content Area Descriptions

#### Focus Area 1

**Organizational Assessment:** An evaluation conducted to determine the status of and need to improve organizational systems such as fiscal management, human resources, governance, service delivery, networking and collaboration, program planning and evaluation.

**Quality Assurance:** Procedures designed to ensure quality standards and processes are adhered to and that the final product meets or exceeds required technical and performance requirements. For example, quality assurance can be used to ensure that DEBI or other interventions, such as counseling and testing, are implemented as planned.

**Strategic Planning:** A management strategy to help shape, guide and focus an organization in terms of goals, objectives, activities and outcomes; to make decisions with a focus on the future; and to assess and adjust the organization's direction in response to a changing environment.

**Fiscal Management:** A system of procedures to ensure adequate resources to support HIV prevention programs that also provide budgeting and accounting support to efficiently and effectively allocate and manage funds. Examples of activities include monitoring agency spending and payment of bills; timely deposit of agency-generated receipts; filing necessary budget, revenue and expenditure reports; maintaining fiscal records for audit and review; and monitoring and separating spending of grants awarded by the CDC or other funding sources.

**Resource Development:** The practice of allocating human, financial and technological resources to improve fiscal efficiency and service quality to customers. This includes fund raising, grant writing, special events, managing volunteers and other types of fund-raising activities to support HIV prevention programs.

**Information Systems and Data Management:** The appropriate use of Management Information Systems (MIS) and services to achieve program goals and objectives. It includes systems design, construction, maintenance, database design, security, data storage, and related data management software applications available for staff use.

**Personnel Management:** Guidance and information related to specific human capital management program policies such as (1) an agency's efforts to identify mission-critical occupations and competencies needed in the current and future workforce and to develop strategies to identify, recruit and retain a high-performing workforce; (2) an agency's efforts to achieve a diverse, results-oriented, high-performance workforce with a performance management system that effectively differentiates between high and low performance and links individual/team/unit performance to organizational goals and desired results; and/or (3) how an agency's leaders and managers effectively manage people, ensure continuity of leadership and sustain a learning environment that drives continuous improvement in performance.

**Board Development:** The process of ensuring a highly functioning board that leads the organization in defining and achieving its core mission. Board development can include an exploration of roles and responsibilities, the development of a strategic plan to achieve its mission, focus on the difference between governance and management, the importance of board selection and composition, models for orientation and training of board members, strategies for responding to board changes, and assessing the effectiveness of both the board and the organization.

**Program Marketing:** The use of communication channels, consumer interaction channels and marketing materials to enable organizations to deliver more timely, relevant and culturally competent marketing messages. This will ultimately promote the valuable HIV prevention services offered while creating stronger and more valuable customer relationships.

**Public Relations:** Activities that help increase the exposure of the agency through non-advertising media channels. Public Relations can help shape the organization's image and convey it positively to potential clients. Examples include press releases submitted to media channels, organization of publicity events and conducting press conferences..

**Grant Writing/Proposal Development:** The process of preparing for a grant application from private or public sectors. This includes identifying and selecting potential funding sources or responding to a request for proposals, including planning and research, itemizing needs, organizing a proposal development team, writing the proposal, developing the program, developing a staffing plan, conducting quality control review, and finalizing the proposal.

**Policy Development:** Policies provide guidance to help an organization become increasingly more efficient in managing their human resources function, retaining and developing a staff, keeping up-to-date with changing labor and employee benefits-related laws, providing technology to focus on core business to deliver effective services, and instituting strategies to protect organization's assets while remaining compliant with federal and other regulations.

## Focus Area 2

**Population-based Needs Assessment:** The process of obtaining and analyzing findings using multiple methods of data collection to determine the type and extent of the unmet needs and resources in a particular population or community.

**Recruitment:** The means by which an agency or organization reaches its target population to help them take advantage of HIV prevention interventions, programs and services. It can be targeted to persons of negative or unknown HIV serostatus at high risk for HIV or people living with HIV. Recruitment can take different forms (e.g., outreach, within- and between-agency referrals) depending on the most appropriate approach for a given target population and the needs and abilities of the organization engaging in the activity.

**Adapting an Intervention:** A process of modifying key characteristics and/or activities of the intervention, without contradicting the internal logic of the intervention, competing with, or contradicting the core elements. Intervention activities, such as key characteristics, are modified to fit the cultural context, risk behaviors, the influencing factors, and behavioral determinants of risk identified in the implementation process. Adaptation should also address the unique resources and capacity of the implementing agency.

**Implementing an Intervention:** A set of one or more specific activities or methods delivered to individuals, groups, or communities to induce changes that will result in reduced risk for HIV infection or transmission.

**Group Facilitation:** A moderated discussion in which participants share ideas, questions and advice on a specific problem or issue. The facilitator's role may range from keeping discussions on track to tuning into group energy and serving the group through focus on the process as well as the content.

**Bridging Theory and Practice:** This involves understanding and using behavioral science theory and developing skills to enhance interventions and strategies for HIV prevention. Behavioral science theory can be used to support and focus HIV prevention programs and interventions to more effectively address high-risk behaviors, including HIV transmission.

**Cultural Competence:** The ability to operate within, or interact with, members of a culture in a manner that is acceptable to members of that culture. Cultural competence refers to the ability to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families, and communities while protecting and preserving the dignity of each.

**Integrating Services:** Developing systems and tools to maximize efficacy and effectiveness of service delivery to avoid duplicity. For example, when offering a DEBI, participants can be referred to the counseling and testing program offered by the organization.

**Curriculum Development:** A curriculum is the aggregate of modules or courses directed toward a common goal of a given organization or intervention. It should contain a logical sequence of information, clear goals and objectives with interactive activities clearly linked to those objectives. Directions should be supplied for all activities and additional information or handouts can be used as supplements. In providing CBA, focus should be on the development of skills and attention should be paid to cultural sensitivity and language appropriateness.

**Monitoring and Evaluating Interventions:** This includes planning to determine the readiness of the organization and their evaluation needs. These are then matched with the most appropriate types of evaluation, such as formative evaluation where the organization collects information on the population or community to be served; process evaluation to determine if the intervention was delivered as planned and if it reached the intended audience; outcome monitoring to provide the organization with an indication of whether the expected outcomes actually occurred; and outcome evaluation to determine if the services provided resulted in the expected outcomes.

**Adopting an Intervention:** In adopting or choosing an intervention, the Community Planning Group (CPG) plan should be consulted, which includes a prioritized set of target populations (identified through the Epidemiologic Profile and Community Services Assessment) who require prevention efforts because of their high rate of HIV and strong evidence of risky behavior. The CDC Procedural Guidance should also be consulted for a description of science-based, effective interventions for which training is provided.

## Focus Area 3

### Asian & Pacific Islander Wellness Centers

Asian & Pacific Islander (A&PI) **Focus Area 3 - Banyan Tree Project** is a national, community-level, structural intervention to reduce HIV/AIDS-related stigma and increase awareness of A&PI communities at high risk through:

- Developing national and regional leadership among popular opinion leaders in A&PI communities, including those individuals living with and at-risk for HIV in association with implementing the annual National A&PI HIV/AIDS Awareness Day events.
- Educating and sensitizing the media about HIV and A&PI high-risk groups to reduce stigma and increase utilization of HIV prevention services (specifically HIV testing and prevention with positives).

### The Black AIDS Institute (BAI)

The African-American HIV University: Leadership Development/Coalition Mobilization Model enhances the capacity of African-American communities by increasing knowledge and participation to reduce HIV/AIDS, including increased access and utilization of HIV testing and other services, by: (1) engaging participants in five comprehensive adult-centered trainings to increase their knowledge base; (2) immersing CBA recipients in four structured internships that allow them to apply knowledge and skills to implement the model in progressive stages; and (3) providing appropriate levels of support through buddy systems, mentors and monthly opportunities for networking, etc.

### The Balm in Gilead

The Balm in Gilead community mobilization model for the delivery of services to churches, ASOs, CBOs, and denominational leadership incorporates a phased approach to the delivery of CBA services including awareness, engagement, capacity development, community mobilization, and advocacy. The stages of the model guides and puts into operation activities to increase knowledge, skills, social capital, and continued dialogue to develop formalized partnerships, build capacity and infrastructure, encourage ownership, and ensure sustainability.

### Colorado State University, Tri-Ethnic Centers

Colorado State University, Tri-Ethnic Centers (TEC) **Focus Area 3** CBA project uses the Community Readiness Model to enhance the capacity of CBOs and other community and tribal stakeholders to implement strategies that increase access to and use of HIV prevention/intervention, risk reduction and avoidance services by Native Americans and Alaska Natives. The model includes assessments, training, workshops, social marketing, evaluation, action planning, and follow-up components. The TEC Community Readiness Model nine-stage, multidimensional approach addresses the need to assess and respond to a community's readiness for change by answering questions concerning current efforts, community awareness of efforts, leadership, community climate, knowledge of the issue, and resources.

## **Community Health Outreach Workers**

The **LINKS 2 HIV Prevention Model** is a systems-based CBA model for CBOs/Health Departments/Stakeholders, that is predicated upon a consensus-based coalition of HIV and related service providers (HIV, STDs, TB, Hepatitis, Mental Health, Housing, etc.) to increase access to and utilization of HIV Prevention Services by high-risk African Americans, especially African-American *Men Who Have Sex With Men* (MSM), by increasing skills and efficacy on the part of the CBOs, Health Departments and stakeholders in the three competency areas identified by CHOW as most affecting access and utilization among the target population of African-American MSM: (1) Coalition Building, (2) Referral Network Development, and (3) Health Services Marketing.

## **Council of Community Clinics**

FA3 Social Marketing Campaign provides the following services:

- **HIV Prevention Program Support Services:** Technical assistance services, such as marketing, social marketing and media advocacy are provided to the prevention programs. The services offered include consultation, training and collaboration. Topics of assistance can include message development, message placement, evaluation, public service announcements, and coordination of other health promotion activities such as health fairs, workshops and education programs.
- **Target Population Support Services:** Technical assistance services provided to a target population identified by the community include research on effective prevention messages, the compilation of messages used in other communities and the identification of resources available for use or adoption.
- **Target Population Prevention Program Support Services:** Technical assistance services provided to the prevention programs that address the identified target populations include consultation on message development, effective interventions and evaluation of the interventions used locally.
- **Venue-Based Displays:** Displays that raise awareness for consistent condom use and referral for HIV antibody testing are created and placed throughout San Diego County. Coordination and technical assistance for the development and placement of the displays are provided to prevention programs.
- **Public Service Announcements:** Three television public service announcements have been developed and are broadcast in San Diego County.

## **Metropolitan Interdenominational Church**

The model of Communication for Social Change is based on an iterative process where community dialogue and collective action work together to produce social change in a way that improves the health and welfare of all of its members. Seven outcome-indicators of social change are (1) leadership, (2) degree and equity of participation, (3) information equity, (4) collective self-efficacy, (5) sense of ownership, (6) social cohesion, and (7) social norms.

### **My Brother's Keeper:**

My Brother's Keeper (MBK) is conducting a CBA project entitled Community-Regional Enhancement Approaches for Combating HIV (Community REACH). This model is designed to target African-American communities heavily affected by AIDS using strategies based on the Community Guide's Model for Linking the Social Environment to Health. This structural model links HIV prevention efforts for African Americans to the multiracial, multicultural nature of our society, and other social and economic factors/conditions such as poverty, underemployment, and poor access to health care. The fundamental premise is that access to societal resources determines community health outcomes.

### **National Association of People With AIDS**

SABER (Salud, Accion, Bienestar, Educacion, Respetto), the National Association of People With AIDS (NAWPA) model, is based on leadership and social marketing strategies specific to increasing access and utilization of testing and care services for Latino people living with AIDS. The model uses these strategies to develop and coordinate effective strategies, campaigns and coalitions to:

- Mobilize Latino communities and promote voluntary counseling and testing (VCT),
- Address structural factors that hinder utilization of VCT by designing projects that promote integration of prevention and care services and reduce stigma associated with living with HIV and,
- Increase utilization of VCT among Latinos.

### **National Black Leadership Commission on AIDS**

The National Black Leadership Commission on AIDS (NBLAC) leadership mobilization model builds the capacity of African-American CBOs and community leadership structures by informing, coordinating and organizing efforts through five programmatic committees' public policy, medical, media, ecumenical, and fund development. The focus on this model is to actively engage African-American leaders with local CDC-funded CBOs, health departments, and other community stakeholders to jointly develop and implement community plans of action that increase access to and utilization of HIV testing and services.

### **National Minority AIDS Council**

Constituents of the National Partnership Network (NPN) will have access to a wide range of comprehensive, targeted CBA services including individual consultations, group training and community-level interventions. NPN provides CBA services to CDC-funded CBOs in 25 grantee states that target African Americans with a history of incarceration. NPN will create collaborative networks in each state to build the continuum of care for ex-offenders. The primary condition NPN seeks to change is the marked absence of coordinated and effective discharge planning and HIV prevention services for HIV-positive inmates and recent parolees in many jurisdictions – a circumstance that contributes to poor health outcomes for themselves, their partners and their communities.

### **National Youth Advocacy Coalition**

National Youth Advocacy Coalition (NYAC) model for Focus Area 3 work encompasses a multidimensional approach involving community mobilization, organizational training and social marketing components to increase the access and utilization of HIV counseling and testing services for African-American youth. NYAC has organized regional coalitions in Florida, New York and Washington, DC and has conducted organizational skills-based training on conducting HIV counseling and testing services to young people in each of the three regions. Last year, NYAC created launched a youth-driven social marketing campaign in each of the three regions.

### **U.S. - Mexico Border Health**

The goal of PROMOVISION is to strengthen the contributions made by *Promotores* (also known as lay health workers) to the effective delivery of HIV services to improve access and utilization of HIV prevention services (including testing) by Latinos. CBA delivered by PROMOVISION is focuses on building capacity by utilizing two logical frameworks -- Individual Advocacy and Cooperative Advocacy. CBA services under the Individual Advocacy model address general knowledge of HIV testing and how to promote the use of testing services in a targeted community, stigma elimination skills to eliminate socio-cultural barriers, assessment skills, and motivational skills to improve access and utilization of testing. Under the Cooperative Advocacy model, PROMOVISION works with key consumers in the areas of community assessments, action planning to organize and implement community-wide efforts, network and coalition development, and elimination of structural barriers.



## Focus Area 4

**Process Management:** A group process where all community planning members work together for priority setting to effectively and efficiently carry out the basic tasks of community planning without conflict or confusion. CPGs should document how they intend to conduct business, make decisions, handle conflict, and complete day-to-day activities. Example of key tasks necessary for the group to perform include reviewing or developing ground rules; review of by-laws for clarity, decision-making, conflict of interest and committee structure; reviewing or developing a decision-making method; identification of roles and responsibilities; communication; and team building.

**Conflict Resolution:** In any diverse group, different perspectives and ways of processing and interpreting information can lead to interpersonal disputes that quickly escalate and slow progress. By drawing on the team building and conflict management principles, the CPG can minimize disputes and address conflicts in a positive way. Some methods for dealing with conflict may be informal, such as clarifying roles or gathering information to clarify issues. An example of a more formal is professional mediation.

**Member Recruitment:** CPG utilizes community and target population members with varying skills and experiences to help plan for and effectively address the needs of communities served by HIV-prevention interventions, programs and services.

**Multiyear Planning:** The planning cycle is the period of time during which a CPG completes its products and develops a comprehensive plan. A CPG may choose to complete the planning process over three, four, or five years. In this case, the CPG would need to either update the most recent plan and complete a concurrence process or develop a new plan and complete a concurrence process each year, depending on the length of the cycle.

**Meeting Facilitation:** Effective facilitation of meetings is important because it provides a structure for the process, keeps the meetings focused, helps to keep good order, and assists members in addressing agenda items and any issues that may arise. A skilled facilitator can smooth the way for group members to discuss issues, brainstorm options, and identify viable solutions while remaining sensitive to diverse cultures and communication styles and helping to elicit input from individuals who might otherwise be overlooked.

**Group Decision Making:** A CPG can use many approaches to come to group decisions. Therefore, CPGs need to decide on a process for making decisions as a group. Procedures that may be used for group decisions include consensus, simple majority vote, or other methods for making choices (e.g., Roberts Rules of Order). The most important factor is that every CPG member clearly understands and agrees to the method of decision making.

**Community Planning Evaluation:** Provides information about how well a CPG achieves the goals, objectives and attributes (specific tasks and activities) of community planning. It also involves monitoring and reporting performance indicators to CDC to assist the agency in tracking work produced and results achieved. (This is done through the Program Evaluation Monitoring System.)

**Knowledge and Understanding of the Community Planning Guidance and Process:** The primary task of the CPG is to work with territorial, state or local health departments to develop a comprehensive plan that is based on scientific evidence and community needs. It is important that the community planning process is carried out in a way that ensures participation reflecting the jurisdiction’s epidemic. To do this effectively, a CPG needs to abide by a specific set of guiding principles and address a specific set of planning goals, objectives and attributes. (See the “HIV Prevention Community Planning: An Orientation Guide” published by CDC).

**Priority Setting and Community Planning:** This involves prioritizing a set of target populations (identified through the Epidemiologic Profile and Community Services Assessment) that require prevention efforts because of their high rates of HIV and strong evidence of risky behavior.

**Prioritizing Behavioral Interventions:** The comprehensive “*HIV Prevention Plan and Key Products*” section of the CDC Procedural Guidance says that CPGs should recommend the appropriate science-based prevention activities/interventions based on intervention effectiveness and cultural/ethnic appropriateness necessary to reduce transmission in prioritized populations. CDC Procedural Guidance provides information on science-based effective interventions and should be consulted.

**Knowledge and Understanding of the Community Planning Guidance and Process:** “*Setting Priorities: A Guide for Community Planning Groups*” explains the importance of community planning, community planning goals and objectives, the planning process, the comprehensive HIV Prevention Plan and key products, monitoring and evaluation, roles and responsibilities, and accountability.

**Parity, Inclusion, and Representation:** These are concepts intended to ensure that CPGs include a diverse group of members who understand and represent those most affected by the epidemic. All members should be able to participate and carry out planning tasks. Members should have meaningful involvement in the process and representatives should reflect the perspectives of the community’s values, beliefs and behaviors.

**Concurrence/Non-Concurrence Process:** Refers to CPG belief that the health department’s application for HIV prevention funds reflects CPG target population and intervention priorities. As part of the CDC application, every health department must include a letter of concurrence, concurrence with reservations or non-concurrence from each planning group in the jurisdiction.

**Knowledge and Understanding of the Comprehensive Plan:** The Comprehensive Plan should be based on scientific evidence and community needs, and is intended to guide a jurisdiction’s response (e.g., all prevention activities and interventions) to the HIV epidemic. It consists of the Epidemiologic Profile that assesses the impact of the epidemic in their localities; the Community Services Assessment that describe the prevention needs of populations living with or at risk of HIV infection; the prevention activities and interventions being carried out to address these needs and gaps in existing services; a prioritized set of target populations who require prevention efforts because of their high rates of HIV infections and strong evidence of risky behavior; a defined set of prevention activities and interventions that are necessary to reduce transmission in target populations; a description of each of the populations most at risk of transmitting HIV or being infected; and the types of services and programs most needed by these populations.

**Community Services Assessment (CSA):** A description of the prevention needs of people at risk for spreading and becoming infected with HIV, the prevention activities/interventions

implemented to address those needs, and service gaps. The CSA includes Resource Inventory, Needs Assessment, and Gap Analysis.

**\*Epidemiologic Profiles (Epi Profile):** The study of patterns and causes of disease and health in populations. The study determines when and where diseases are occurring, who is affected and risk factors that lead to disease. An Epi Profile features data on the impact of HIV in a particular community, such as who is infected, who is at risk for infection and who has AIDS.

