

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12 noon, Monday, August 13, 2018

Meeting Location: 2223 West Loop South, Room 416  
Houston, TX 77027

### AGENDA

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- I. Call to Order Rodney Mills and  
Tana Pradia, Co-Chairs
- A. Welcome
  - B. Announce who will be chairing the meeting
  - C. Moment of Reflection
  - D. Adoption of the Agenda
- II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Training: Standards of Care and Performance Measures Tori Williams
- EXAMPLE: Advocate for availability of hormones for transgender patients
- IV. Ryan White Program Updates
- A. Part A and MAI, see attached Tori Williams
  - B. Part B and State Services funding Reachelian Ellison
- V. New Business
- A. Road 2 Success: Emergency Prep Training for the HIV Community Tana and Rodney
  - B. Community Events Rodriga Avila
  - C. Greeters Rodriga Avila
- VI. Announcements
- VII. Adjourn
- Members meet with committee mentor Allen Murray

## Training on Standards of Care



**General Standard 3.2:** "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."



"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"



All our nurses now have degrees...unfortunately nurse Filbrights is in the expressive arts!

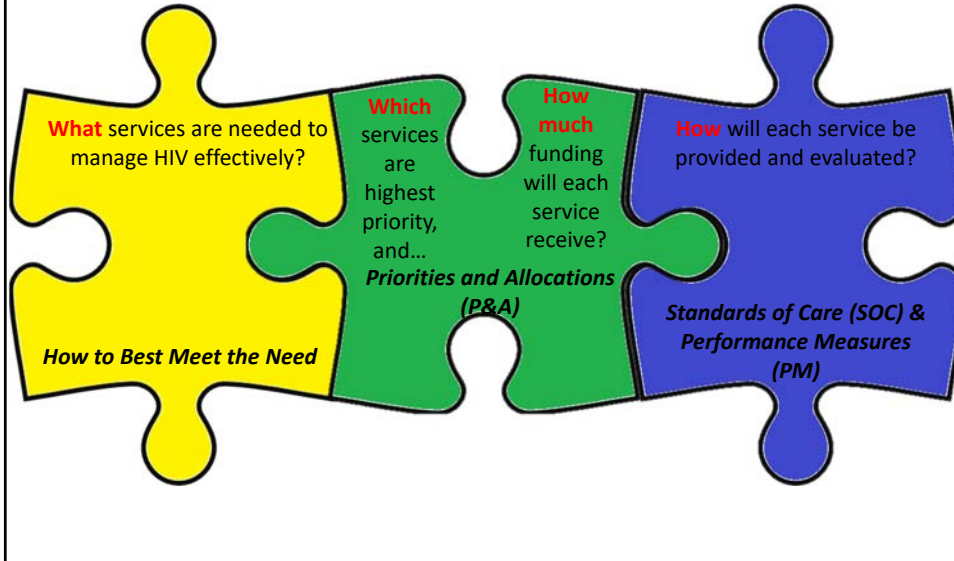
**Primary Medical Care 1.1:** "Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

**Oral Health 2.8:** "Oral hygiene instructions (OHI) should be provided annually to each client."



To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

## Components of the Process



## Houston Has Standards!

*If you were planning on buying a car, what are some basic features you would expect to “come standard” with a good quality car?*

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to “come standard” when buying a car, you can also expect basic levels of quality to “come standard” with HIV care services in Houston. We call these Standards of Care (SOC).



## Official Definitions

- **Standard of Care (SOC)**

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- **Performance Measure (PM)**

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



## A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
  1. Accepted industry guidelines
  2. On-site program monitoring results, and
  3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
  - RW/A = Ryan White Grant Administration
  - RW/B and State Services = The HIV Resource Group



## What SOC Are

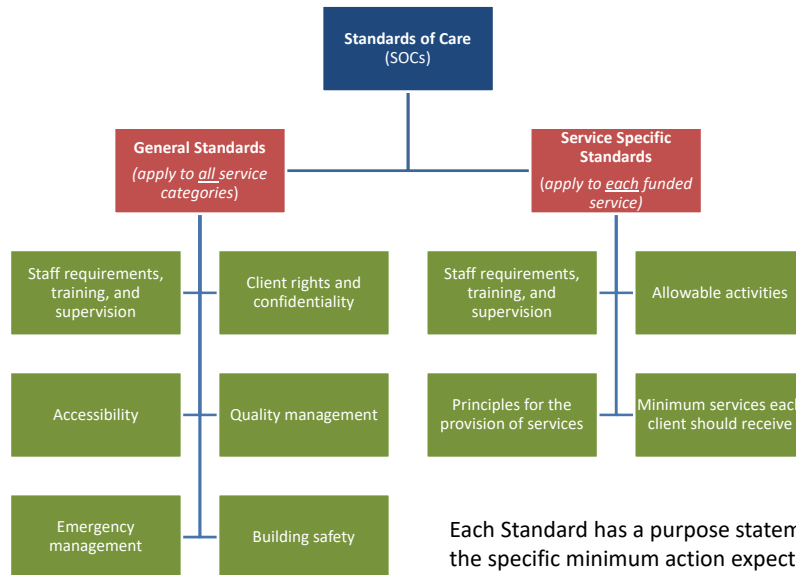
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



## What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non-Ryan White-funded* agencies

## Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS		
	Standard	Measure
1.0	<b>Staff Requirements</b>	
1.1	<p><u>Staff Screening (Pre-Employment)</u>                      Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> <li>• Personal/Professional references</li> <li>• Personal interview</li> <li>• Written application</li> </ul> <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel and/or volunteer files indicates compliance</li> </ul>
1.2	<p><u>Initial Training: Staff/Volunteers</u>                      Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire &amp; emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in Agency Policy and Procedure</li> <li>• Materials for staff training and continuing education are on file</li> <li>• Staff interviews indicate compliance</li> </ul>
1.3	<p><u>Staff Performance Evaluation</u>                      Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> <li>• Completed annual performance evaluation kept in employee's file</li> <li>• Signed and dated by employee and supervisor (includes electronic signature)</li> </ul>
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u>                      All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in the personnel file</li> </ul>

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As of October 2, 2015

SERVICE SPECIFIC STANDARDS OF CARE		
<b>Case Management (All Case Management Categories)</b>		
<p>Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)<sup>2</sup> definition for non-medical and medical case management services. Other resources utilized include the current <i>National Association of Social Workers (NASW) Standards for Social Work Case Management</i><sup>3</sup>. Specific requirements for each of the models are discussed under each case management service category.</p>		
1.0	<b>Staff Training</b>	
1.1	<p><u>Required Meetings</u>  <u>Case Managers and Service Linkage Workers</u>                      Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA.                      Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.                      Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> <li>• Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)</li> </ul>
<p><sup>2</sup> US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services  <sup>3</sup> National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from <a href="http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp">www.socialworkers.org/practice/standards/sw_case_mgmt.asp</a></p>		
19		
As of <u>October 2, 2015</u>		

# Organization of the PMs

## All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
  1. Entered into and/or were retained in HIV medical care
  2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
  3. Received recommended medical, oral, and optical screening, care, and follow-up
  4. Were screened for and received mental health or substance abuse services if needed
  5. Obtained housing if homeless or unstably housed
  6. Secured 3<sup>rd</sup> party health care coverage (insurance) if uninsured, and/or
  7. Other service-specific measures

Ryan White Part A  
HIV Performance Measures  
FY 2016 Report

**Clinical Case Management**  
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	<b>9.2%</b>
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	<b>1.3%</b>
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	<b>-4.0%</b>
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	<b>-3.3%</b>

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

\*Data was not collected in FY 2015



## Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.



## Why does any of this matter in the real world?

### *Example: Linkage to Care*

#### Standard of Care:

*What is the general Standard of Care for linking clients into care?*

**General Standard 4.11 (Accessibility – Linkage Into Core Services):** Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.

*How will the Administrative Agent know this Standard has been met?*

- Documentation of client referral is present in client record
- Review of agency's policies & procedures' manual indicates compliance





## Why does any of this matter in the real world?

**Example: Linkage to Care**

Performance Measure:

*How will the Administrative Agent measure whether efforts to link clients into care have been effective?*

### Non-Medical Case Management / Service Linkage

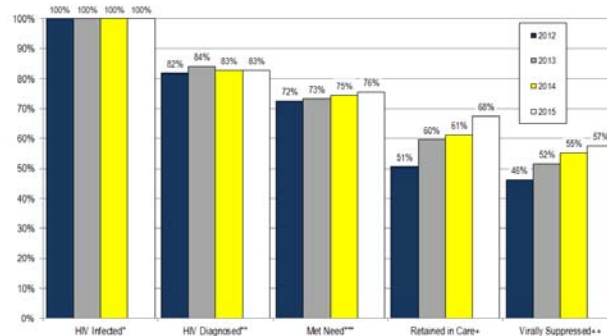
#### All Providers:

1. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
2. Measure the number of days between first ever service linkage visit and first ever primary medical care visit
3. Assess the percentage of newly-enrolled clients who had a medical visit in each of the four-month periods of the year



## Why does any of this matter in the real world?

**The Houston EMA HIV Care Continuum, 2012-2015**



*Establishing SOCs and monitoring PMs help ensure that people living with HIV in the Houston Area can expect and receive high quality life-sustaining HIV care and treatment services.*

\*No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (diagnosed + undiagnosed estimate)  
 \*\*No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.  
 \*\*\*No. persons with met need (at least one medical visit, ART prescription, or CD4/VL test in 12 months) in 2012, 2013, 2014, and 2015 in the Houston EMA.  
 +No. persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 in the Houston EMA.  
 ++No. persons whose last viral load test of 2012, 2013, 2014 <=200 (among persons with >=1 VL test) in the Houston EMA.



## SOC/PM Exercise

### Practice with Standards of Care

1. If you wanted to know how quality is defined for all services provided through Ryan White, which type of Standard of Care would you review?
  - a. General Standards
  - b. Service Specific Standards

**Go to the General Standard called 4.0 Accessibility.**

2. What is the minimum definition of quality for “Cultural Competence?”
3. How does someone know if this minimum standard is met by the agency/provider--what documents are looked at?

**Go to the Service Specific Standards for Non-Medical Case Management Services (Service Linkage Worker).**

4. How long does a Service Linkage Worker have to transfer a Not-in-Care and Newly Diagnosed Client into HIV primary care?
  - a. 90 days
  - b. 120 days
  - c. Unlimited



## SOC/PM Exercise

### Practice with Performance Measures

1. True/False. There are no general Performance Measures. Performance Measures are specific to each service funded through Ryan White.

**Go to the Performance Measures for Medical Nutritional Supplements.**

2. At a minimum, what percentage of clients who use Medical Nutrition Supplements with lab data in CPCDMS should be virally suppressed?
  - a. 35%
  - b. 50%
  - c. 75%
  - d. 90%

**Go to the Performance Measures for Primary Medical Care.**

3. Name 3 Clinical Chart Review Measures.

# The Houston EMA Ryan White Planning Council Report

## July 2018

Submitted 08-02-18

### Updates from the Director of the Office of Support

- Staff is currently preparing the FY 2019 Ryan White Part A/MAI grant application. On August 24, 2018, the draft of the application will be available for Council members to review. Please contact Tori if you wish to be a proofreader. Comments will be due to Tori **in writing before 12 noon on Friday, August 31, 2018.**
- On July 26, 2018, twenty-five people graduated from Project LEAP, a free 17-week course for individuals living with and affected by HIV. The goal of the program is to teach knowledge and skills needed to help plan HIV prevention and care services in Houston. At this time, nine of the graduates have applied for Council membership, eight of whom are HIV-positive. All are excellent applicants. Several more applications are expected before the August deadline.

### Council Updates

- In July, the Comprehensive HIV Planning Committee selected the FY 2019 EIIHA Plan target populations. They are: African Americans, Hispanics/Latinos age 25 and over, and men who have sex with men (MSM). The Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application. Also, the Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.
- The Quality Improvement Committee approved the Assessment of the Administrative Mechanism for Part A, with no corrective action required. They also approved a service definition for five ADAP Eligibility Workers.
- At the end of July, the Council scheduled a Committee Cross training to help all Council and external committee members understand the relationships among the five Ryan White standing committees, as well as the processes used and work products created by each committee.
- The Affected Community Committee is hosting seven presentations on *Emergency Preparedness for the HIV Community*. Official sponsors for the event are: the Ryan White Planning Council, Ryan White Grant Administration, the Houston Health Department and The Resource Group. Using the model developed for *Road 2 Success*, which is to present information in a way that is easy to understand, user friendly and fun, there will be an emergency-related board game, *When to Evacuate JEOPARDY*, a cooking demonstration and give-aways. The Houston Health Department is providing most of the give-aways, which include flashlights and a cookbook with recipes for quick and nourishing meals that can be made with non-perishable food items and without gas or electricity. If a presentation is given at a Ryan White funded clinic or organization, then Ryan White funded agency representatives are asked to provide information on what consumers can expect before and after an emergency. And, Ryan White staff will discuss ways in which consumers can access accurate information about the status of individual agencies, the availability of medication and messages from the Texas HIV Medication Program, HRSA and others. This information is prepared jointly by Ryan White Grant Administration and the Office of Support staff for

the Planning Council. The dress rehearsal for the training took place on July 16<sup>th</sup> at a meeting of the Affected Community Committee. The feedback indicated that the training is useful, provides new information and was entertaining. Trainings will be in August, September and October and are already scheduled with a Spanish-speaking support group, the HIV and Aging Coalition, an HIV-positive youth summit for those transitioning from pediatric to adult care, and the Public Clinic has requested two presentations, and possibly more, for their consumers and staff.

**Budgets & Contracts**

- The FY 2018 Council Support budget is \$497,045.00. Year-to-date expenditures as of 07/25/18 are \$151,045.84.

## ROAD 2 SUCCESS

### Schedule of Emergency Preparedness Trainings for the HIV Community

#### **CONFIRMED:**

Aug. 16, 2018, set up at 11 am	Thomas Street Health Center – anticipated attendance: 40 consumers (need 2 more volunteers)
Aug. 20, 2018, set up at 1:30 pm	HIV and Aging Coalition - anticipated attendance: 25 consumers (need 4 more volunteers)
Aug. 27, 2018, set up at 4:45 pm	Positive Support Group (Spanish only) - anticipated attendance: 40 consumers
Sept. 20, 2018, set up at 11 am	Thomas Street Health Center – anticipated attendance: 40 consumers (need 4 more volunteers)
THE FOLLOWING DATE MAY CHANGE:	
Oct. 18, 2018, set up: 9:15 am	Catholic Charities HOPWA Housing Meeting - anticipated attendance: 40 (am session in Spanish, pm session in English)

#### **COMPLETED:**

July 23, 2018, 12 noon	Ryan White Affected Community Committee – 39 attendees
Aug. 1, 2018, 11 am	Transition Summit for HIV-positive youth transitioning from pediatric to adult medical care – 29 attendees (youth, caregivers and case managers)

#### **TO BE SCHEDULED:**

MAYBE: Thomas Street Health Center – staff. Anticipated attendance: 75 - 100  
Legacy Community Health – Montrose Avenue 360 – Heights Clinic  
St. Hope Foundation – they want a January date  
Rural clinics - The Resource Group would like to work with us to set up presentations in some of their rural clinics.

# Emergency Preparedness for the HIV Community



## Preparedness ideas, games and prizes

*Find out how to prepare for and what you should do when there is a flood, hurricane or other emergency -- learn what you need to do to take care of your family, yourself and your pets!*



**HIV and Aging Coalition Meeting**  
**Monday, August 20, 2018 @ 2:30 p.m.**  
Montrose Center 401 Branard Street 77006

***For more information about Road 2 Success  
or to RSVP for this class, please contact:***

Ryan White Planning Council Office of Support

PH: 713 572-3724 ♦ TTY: 713 572-2813

FeedbackRWPC@cjo.hctx.net ♦ [www.rwpcHouston.org](http://www.rwpcHouston.org)



**Affected Community Committee**  
**2018 Community Events** (as of 08-03-18)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 4 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	Tana, Allen & Mona – distribute LEAP flyers
Sunday, June 3 Before 1 pm start time	Long-Term HIV Survivors Event	11410 Hempstead Road	<b><u>Need 10 volunteers (3 for PC booth):</u></b> Council: Johnny D., Ronnie, Cecilia, Veria, Crystal, Skeet, Herman, and Ma'Janae LEAP: Calvin, Roy, Erika, Felipe, Mel, Prince, Tony
Wednesday, June 20 6:00 – 9:00 pm	Pride Month Volunteer Day	Houston Food Bank 535 Portwall Street Contact Person: Mary Bethal – 832 369-9390 x 9251	<b><u>Need 3 volunteers: PP: Herman,</u></b> Crystal, Ma'Janae
Saturday, June 23 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<b><u>Shift 1 (11:30 am-2 pm): PP:Skeet,</u></b> Tana, Rod <b><u>Shift 2 (2-4:30 pm):</u></b> Allen, Skeet, Tana <b><u>Shift 3 (4:30-7 pm): PP: Skeet,</u></b> Allen
Wed, August 1, 2018 Set up: 10:30 am	Road 2 Success: Emergency Preparedness for HIV Community	Youth Transition Summit	<b><u>No volunteers needed</u></b>
Thurs, August 16, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<b><u>Need 5 Volunteers:</u></b> Rosalind, Michael B., Steven
Mon, August 20, 2018 Set up: 1:30 pm	Road 2 Success: Emergency Preparedness for HIV Community	HIV and Aging Coalition the Montrose Center 401 Branard St., 77006	<b><u>Need 6 Volunteers:</u></b> Steven, Michael B.,
Mon, August 27, 2018 Set up: 4:45 pm	Camino hacia tu Salud: Emergency Preparedness for HIV Community	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<b><u>Need 4 Volunteers:</u></b> Isis, John P, Steven, Rod
Thurs, September 20, 2018 Set up: 11 am	Road 2 Success: Emergency Preparedness for HIV Community	Thomas Street Health Center 2015 Thomas Street, 77009	<b><u>Need 5 Volunteers:</u></b> Steven
October	MISS UTOPIA	Crowne Plaza Northwest-Brookhollow 12801 Northwest Freeway Houston, TX 77040	<b><u>Volunteers: PP: Skeet,</u></b> Cecilia, Ronnie, Johnny  DISTRIBUTE LEAP FLYERS
Saturday, December 1	World AIDS Day Events		Most committee members attend events DISTRIBUTE LEAP FLYERS

## Greeters for 2018 Council Meetings

(Revised: 05-16-18)

<b>2018 Meeting Dates</b> (Please arrive at <b>11:45 a.m.</b> Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 8	Mona	Skeet	Tana
Thurs. April 12	Eddie	Rodney	Allen
Thurs. May 10 <b>CANCELLED</b>	Lionel	Allen	Johnny
Thurs. June 14	Crystal	Tana	Ronnie
Thurs. July 12	Lionel	Allen	Johnny
Thurs. August 9	Tana	Rodney	Allen
Thurs. September 13	Crystal	Herman	Ma'Janae
Thurs. October 11			
Thurs. November 8 External Committee Member Appreciation			
Thurs. December 6			



**FYI**

## HIV Communication: Using Preferred Language to Reduce Stigma<sup>1</sup>

Stigmatizing	Preferred
HIV-infected person HIV or AIDS patient AIDS or HIV carrier Positives or HIVers	Person living with HIV.  Do not use “infected” when referring to a person. Use <i>People First</i> language, which emphasizes the person, not their diagnosis
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications or end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV
HIV virus	This is redundant; use HIV
Zero new infections	Zero new HIV acquisitions or transmissions
HIV infections	HIV transmissions, diagnosed with HIV, people living with HIV
HIV-infected	Living with or diagnosed with HIV; or contracted or acquired HIV
Number of infections	Number diagnosed with HIV, or number of HIV acquisitions
Became infected	Contracted, acquired, diagnosed with HIV
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed-status couple
Mother-to-child transmission	Vertical transmission, perinatal transmission
Victim, Innocent victim, Sufferer Contaminated or infected	Person living with HIV (never use the term “infected” when referring to a person)
AIDS orphans	Children orphaned by loss of parents or guardians, who died of AIDS related complications
AIDS test	HIV test
To catch AIDS, to contract AIDS Transmit AIDS, to catch HIV	An AIDS diagnosis, developed AIDS, to contract HIV (AIDS is a diagnosis, which cannot be passed from one person to the next)
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex
Promiscuous	This is a value judgment and should be avoided; instead use: having multiple partners
Unprotected sex	Condomless sex with PrEP, or condomless sex without PrEP, sex not protected by condoms, sex not protected by antiretroviral prevention methods

<sup>1</sup> Source: *HIV is Not A Crime II National Training Academy* program booklet (May 2016). Authors are Vickie Lynn and Valerie Wojciechowicz, both women openly living with HIV.

Death sentence, fatal condition, or life threatening condition	HIV is a chronic health condition, a manageable health condition (as long as people are in care and on treatment)
“Tainted” blood, dirty needles	Blood containing HIV, shared needles
Clean, as in “I am clean. Are you?”	Referring to yourself or others as being “clean” suggests that those living with HIV are dirty. Avoid this term
“a drug that prevents HIV infection”	A drug that prevents the transmission of HIV
End HIV, End AIDS	End HIV transmission. Be specific: are we ending HIV or AIDS?

*Resources Regarding the Appropriate Use of Language*

Dilmitis S, Edwards O, Hull B et al (2012). Language, identity, and HIV: why do we keep talking about the responsible and responsive use of language? *Language matters. Journal of the International AIDS Society*, 15 (Suppl 2)

[Kaiser Family Foundation. Reporting Manual on HIV/AIDS](#)

[UNAIDS \(2015\) Terminology Guidelines](#)

[UNESCO \(2006\) Guidelines on Language and Content in HIV- and AIDS-related Materials](#)



# Language of Recovery

## Current Terminology

Treatment is the goal;  
Treatment is the only way into Recovery

Untreated Addict/Alcoholic

Substance Abuse

Drug of Choice / Abuse

Denial

Relapse Prevention

Pathology Based Assessment

Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies

A Drug is a Drug is a Drug

Relapse

Relapse is part of Recovery

Clean / Sober

Self Help Group

Drug Overdose

Graduate from Treatment

## Alternative Terminology

Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)

Individual not yet in Recovery

Substance Use Disorder/Addiction/  
Substance Misuse

Drug of Use

Ambivalence

Recovery Management

Strength / Asset Based Assessment

Focus on the drug CLIENT feels is creating the problems

Each illicit substance has unique interactions with the brain; medication if available is appropriate.

Recurrence/Return to Use

Recurrence/Return to Use may occur as part of the disease

Drug Free / Free from illicit and non-prescribed medications

Mutual Aid Group

Drug Poisoning

Commence Recovery



# The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease

The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.

Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to... Kyle would rather... Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to... Mary prefers not to... Mary is unsure about...	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about..... Jennifer hasn't internalized the seriousness of... Jennifer doesn't understand.....	Remove the blame and the stigma from the statement