	COMMON TERMS AND DEFINITIONS HANDOUT
Term	Definition
Adherence to ART	Adherence means taking medication regularly, as prescribed. Antiretroviral Therapy (ART) adherence refers to patients who take their HIV medications as instructed nearly 100 percent of the time. Adherence is essential to prevent drug resistance, significantly lowering or achieving undetectable viral loads, and subsequently improving PLWHA outcomes and reducing transmission risk.
Community Viral Load	The average of all viral loads of a specific community of PLWHA results in a measurement called the "community viral load" (CVL). The CVLs of different populations can be compared and disparities identified and addressed. Lowering a community's CVL requires PLWHA to become engaged and ART-adherent, since this means they are likely to have low or undetectable viral loads and less likely to transmit the virus to others.
Engagement in Care	Engagement refers to an ongoing series of interactions between PLWHA and a continuum of care with a variety of providers, including outreach workers, case managers, clinic staff, medical personnel, counselors, ancillary service providers, etc. Clinically, patients are considered engaged in care if they have had at least 1 visit in each 6-month period with a single HIV care provider within a 12-month period.
Full Engagement in Care	Full engagement in care occurs when PLWHA have a complete, regular, ongoing involvement in primary medical care. Similar to "engagement in care," it is clinically defined as 2 visits within a 12-month period that are at least 3 months apart.
Health Service Navigator	Health Service Navigators (HSNs) are staff members trained to provide intensive case management for PLWHA entering care and/or may be accessing services from partnering providers. HSNs may conduct care assessments and develop action plans to help their clients identify their care goals and understand how they can reach them.
Intensive Case Management	Intensive case management involves coordination of medical, mental health and other services in the context of frequent meetings and check-ins, often for a set period of time.
Linkage to Care	Linkage involves the initial connections and entry points of care after HIV testing and disclosure. Linkage may include referral by a case manager to a treatment program for substance use disorders (SUDs) as well as medical and mental health care. In addition, persons who test negative for HIV may be linked to a peer counselor for additional guidance around HIV prevention.
Lost to Care	Patients who have had at least 1 visit in the last 2 years with a provider, but have not been to the facility within the last 12 months.
Outreach	Outreach is a series of singular events geared to finding people who are at risk for or living with HIV, to offer education and to link people to HIV testing and care. These events can include health fairs and encounters outside of entertainment venues. They generally do not refer to ongoing activities that retain people into care, such as appointment reminders.
Peer/Near-Peer	Peers and near-peers are outreach workers or counselors who encourage people at risk for HIV to get tested, and work to keep PLWHA engaged in HIV prevention, care, and treatment. Often peers and near-peers are from the same ethnic and racial background and the same age as the clients they serve.
Retention in Care	Describes ongoing, full engagement of PLWHA in care over time. Sometimes used synonymously with "full engagement in care."
Reengagement	Reengagement refers to patients who return to care after having fallen out of care in the past.
Sporadic Care	Clinically, sporadic care refers to patients who have seen an HIV provider no more than 1 time in a 12-month period. These patients would be considered unstable in care.
Time-Limited	Time-limited interventions take place during a set time period. For instance, a new, reengaging, or unstable patient may receive intensive case management until he/she is stable and able to better navigate their care independently.
Unstable in Care	Patients who are unstable in care—indicated through factors such as missed appointments, not being adherent to ART, and substance use disorders—are considered at risk and on the verge of falling out of care.