

NATIONAL INSTITUTES OF HEALTH  
FISCAL YEAR 2005  
PLAN FOR HIV-RELATED RESEARCH

V: BEHAVIORAL AND  
SOCIAL SCIENCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
OFFICE OF AIDS RESEARCH

**AREA OF EMPHASIS:**

## Behavioral and Social Science

### SCIENTIFIC ISSUES

At present, the most effective way to prevent or reduce the spread of HIV/AIDS is through behavioral and social change. The majority of AIDS cases in the United States and globally result from two activities: unprotected sexual intercourse with an HIV-infected person and the use of HIV-contaminated injecting drug equipment. The primary goal of NIH-sponsored AIDS-related behavioral and social science research is to discover how to change the behaviors and conditions that lead to HIV transmission—including preventing their initiation—and how to maintain protective behaviors once they are adopted. An additional goal is to reduce the negative impact of HIV on individuals with HIV infection, their families, the health care system, and society. Three cross-cutting themes are implicit in priority areas in AIDS-related behavioral and social science: addressing both HIV-infected and HIV-uninfected persons; conducting science relevant and appropriate for both domestic and international settings; and examining HIV risk, protection, and impact across the life course.

**UNDERSTANDING  
AND INTERVENING  
IN HIV  
TRANSMISSION**

**PRIORITIES FOR FUTURE RESEARCH:**

- **Better understand and address through interventions the interactions among psychological, social, economic, and cultural dynamics of gender and sexuality that play a role in promoting sexual health or conferring sexual risk related to HIV transmission.**

- **Understand and address the disparate risks and consequences of HIV infection, as well as access, utilization, and quality of prevention and health care services among individuals and groups differing by socioeconomic status, geographic location, gender, sexual orientation, age, and ethnicity.**

Current research priorities in the behavioral and social sciences reflect the evolution of the HIV epidemic over time. Most notable is the shift in the demographics of the HIV/AIDS epidemic in the United States over the past decade. A rising proportion of new HIV and AIDS diagnoses are occurring among women, racial/ethnic minorities (principally African American and Latino/Hispanic persons), young adults, and people over 50 years of age. Also, HIV increasingly is transmitted through sexual contact in the context of drug and alcohol use. These changes require the development and refinement of behavioral and social interventions that take into account the complex interplay of gender, age, cultural context, physical environments, and HIV risk. It is important to improve knowledge about how cultural beliefs and institutional arrangements contribute to access to and utilization of prevention and care services, and the relative effectiveness of individual behavioral-change interventions and community-based prevention strategies.

**PRIORITY FOR FUTURE RESEARCH:**

- **Identify and address issues related to the sustainability and renewal of HIV/AIDS risk-reduction efforts at the individual, dyadic, group, and community levels over time, including changing perceptions and risk behaviors associated with the development of new HIV treatments, services, and prevention technologies.**

The development of new and more effective drug therapies—in particular, combination therapies—for combating HIV infection has raised a host of behavioral questions that have significant implications for HIV prevention and treatment. With combination therapies, the number of drugs and frequency of dosing require strict adherence to regimens that may be difficult for many people to achieve. Lack of complete adherence may result in the development of resistant strains of HIV, which could have devastating effects on our ability to stem transmission and treat HIV-infected individuals. In addition, as HIV-infected individuals experience improved health and a decline in detectable virus in their bodies as a result of taking the new combination therapies, these individuals may believe they are less infectious and may lapse into unsafe sexual and drug-using behaviors. This could have the effect of increasing HIV transmission, if the virus is still viable at undetectable levels. These issues highlight the importance of research

on how best to ensure adherence to both pharmacological and behavioral HIV-related interventions, as well as research on the sustainability of HIV prevention efforts over time. It is essential to improve knowledge about how best to provide individual and community support for primary prevention efforts among HIV-infected individuals, and to ensure societal commitment to HIV prevention for the duration of the epidemic.

**PRIORITY FOR FUTURE RESEARCH:**

- **Conduct and support translational, operations, and health services research to understand better and address through interventions the barriers to and facilitators of the implementation of science-based HIV/AIDS interventions at the local community level.**

Large-scale HIV prevention strategies adopted by national and local Governments have been effective in reducing transmission in a number of countries and cities. Policy changes related to promoting access to and utilization of known HIV prevention measures, including condoms, sterile injecting equipment, and delaying or abstaining from sexual intercourse, have resulted in documented declines in HIV incidence even in settings with high seroprevalence rates. This suggests the need to study further the impact of economic, legal, and policy changes on stemming the AIDS epidemic through behavioral and social change. It also highlights the urgency of widely disseminating efficacious, science-based HIV prevention interventions for greater public health impact. In doing so, it is important to identify and address cultural, ethical, and logistical (e.g., infrastructure-building, cost, and training) issues that arise in replicating and/or adapting interventions with different populations and in different settings.

**AMELIORATING THE CONSEQUENCES OF HIV INFECTION AND AIDS**

**PRIORITY FOR FUTURE RESEARCH:**

- **Support research on the interactions between individual and environmental (including social, structural, and cultural) factors and contexts that contribute to the co-occurrence of HIV/AIDS, other infectious diseases (e.g., tuberculosis [TB], sexually transmitted diseases [STDs], and hepatitis), substance use, mental illness, and homelessness; and support intervention research to address such co-occurring conditions.**

There has been a growing recognition that many individuals who become HIV infected also have, or are vulnerable to, a host of co-morbid conditions, including other infectious diseases (e.g., hepatitis, STDs, and TB), substance abuse, mental illness, and homelessness. Both the risks and the consequences of HIV infection for these individuals must be evaluated and addressed in the context of these other conditions. It is

important to develop and test the efficacy of interventions that simultaneously address multiple diagnoses and risks, improve HIV treatment adherence, and/or have an impact on other health outcomes among multiply diagnosed individuals.

With these developments and current priorities in mind, the NIH will continue to sponsor research related to the following: developing, implementing, and evaluating behavioral and social interventions to reduce HIV transmission in a range of populations and settings; strengthening our understanding of the determinants, trends, and processes of HIV-related risk behaviors and the consequences of HIV infection; developing and evaluating behavioral and social strategies for preventing or ameliorating the negative physical, psychological, and social consequences of HIV infection; and improving the research methodologies employed in behavioral and social science research. The idea that HIV-related behavior and behavior change must be viewed within a human developmental framework cuts across these issues, as does the recognition of the role that cultural and socioeconomic factors play in diverse geographic and resource settings. Accordingly, research must address emerging issues at different points along the developmental trajectory from childhood through old age (including middle childhood, adolescence, young adulthood, and middle age) and in diverse geographic settings. Also cutting across priorities in the behavioral and social sciences is a continued commitment to foster better linkages among researchers, communities most affected by HIV and AIDS, and organizations responsible for providing HIV prevention and health care services.

## SCIENTIFIC OBJECTIVES AND STRATEGIES

### OBJECTIVE - A:

**Support research to develop, evaluate, and diffuse effective behavioral, social, environmental, and economic interventions to prevent HIV transmission and acquisition by reducing HIV-related risk behaviors and increasing protective behaviors. Interventions should address the social and cultural contexts within which risks occur (e.g., social class, gender, race, age, education, and ethnicity) and attend to ethical issues, both domestically and internationally.**

### STRATEGIES:

- Develop and evaluate the efficacy, effectiveness, and cost-effectiveness of demographically and culturally appropriate behavioral and social interventions in different domestic and international settings and populations to reduce high-risk HIV-related sex and drug-use behaviors and HIV transmission.

#### Populations and Contexts

- Develop and test interventions targeted at HIV-infected persons to reduce their risky sexual and drug-use behaviors.
- Support intervention research that addresses the impact of alcohol and/or drugs on sexual encounters that may contribute to HIV transmission.
- Continue development of interventions targeting at-risk populations (e.g., injecting drug users [IDUs], other drug users, partners of drug users, and men who have sex with men), with particular emphasis on drug-use and sex-related risks.
- Support domestic and international intervention research to enhance healthy sexual development and protective behaviors (including access to and use of barrier methods, avoidance of too-early or nonconsensual sex, and abstinence from unsafe sexual behavior) throughout one's lifetime.
- Support interventions for populations that are currently low risk or that perceive themselves to be low risk for HIV infection, but that may be susceptible to engaging in high-risk behaviors (e.g., non-sexually active, non-drug-using adolescents; heterosexual men and women; and middle-aged and older populations).

- Support intervention research that identifies effective attention to contextual risk factors for disproportionately affected groups that continue to demonstrate high-risk behaviors. This research also should identify which public health applications most effectively attend to cultural contexts.
- Investigate the interaction of behavioral and pharmacologic therapies for drug and alcohol addiction and mental health disorders in those at risk of becoming HIV-infected or who are already HIV-infected.
- Develop, test, and evaluate interventions that target individuals both within prisons and returning to society from the prison system; strategies include increasing access to education, information, therapeutic care, prevention services, and clinical trials.
- Support the capacity to develop rapid-response domestic and international intervention studies.

#### **Effectiveness**

- Develop, test, and evaluate interventions that target a range or combination of levels of social organization (i.e., individual, dyad, family, network, community, institution, and society) and that examine how these levels interact to affect HIV risk and protective behavior and HIV transmission in different cultural contexts.
- Support research to increase the effectiveness, cost-effectiveness, and cost-utility of interventions for HIV-related drug abuse, mental health, alcoholism treatment, and family planning and to improve access to these treatments and interventions; such research may include the development of new pharmacotherapies and behavioral therapies to reduce HIV-related risk behavior and HIV transmission in different settings and populations.
- Support research in the United States and abroad to improve the transfer of effective HIV interventions to and from the community, in particular, research on the adoption and adaptation of efficacious HIV interventions by communities (including studies of diffusion processes and the exchange of knowledge between service providers and researchers); this research includes study of the maintenance of effective interventions and assessment of the generalizability of interventions with diverse populations.
- Evaluate novel interventions identified as high priority by HIV community planning groups and other service providers.

- Support research on the long-term impact of HIV prevention interventions on individuals and communities (i.e., 5 or more years post-intervention).

### **Systems**

- Support research that investigates the impact of laws and policies on HIV transmission.
- Support research to understand and improve the organization, financing, management, access, delivery, cost-effectiveness, and cost-utility of health care, family planning, and social services that reduce HIV risk behaviors and HIV transmission.
- Support interdisciplinary and cross-national behavioral research.
- Support research to understand and improve linkages, coordination, and integration among primary medical and dental care; drug, alcohol, and mental health treatment; STD treatment; reproductive health and family planning services; social services; and community-based HIV prevention services.
- Support research on integrating HIV prevention interventions into drug addiction treatment settings, with emphasis on behavioral treatments, alone or in combination with pharmacotherapies, for both HIV-positive and HIV-negative drug users.
- Support intervention research on strategies for changing the willingness of communities to support and adopt primary prevention interventions.

### **Methods**

- Design and test behavioral interventions to increase recruitment, retention, and adherence to protocols for HIV prevention research, including trials studying prophylactic vaccines, microbicides, and other biomedical prevention methods.
- Encourage, where appropriate, the use of quasi-experimental designs and the evaluation of natural experiments in domestic and international HIV preventive intervention research.
- Support behavioral intervention studies that include HIV seroincidence data and other biologic markers as outcome measures.

**OBJECTIVE - B:**

**Support basic social and behavioral research to strengthen understanding of the determinants, processes, and cultural and contextual issues influencing HIV-related risk and protective behaviors and the consequences and impact of HIV disease, including treatment for and management of HIV infection. This includes domestic and international research that examines the societal, community, organizational, social network, dyadic, and individual barriers to and facilitators of the adoption and utilization of effective preventive and treatment interventions across the life course.**

**STRATEGIES:**

**Emerging Priorities**

- Conduct basic research to understand better the impact of HIV therapeutic regimens on adherence to treatment for HIV and co-occurring infections, sexual risk behaviors, drug-related risk behaviors, and psychosocial adaptation (i.e., people feeling better and healthier).
- Develop new models of behavioral change that integrate biological, psychological, and social perspectives to explain and predict the acquisition and maintenance of HIV-related behaviors among vulnerable individuals and understudied groups, both domestically and internationally.
- Support theory-building studies developed in the context of HIV prevention research, including studies that adopt a developmental and life-course perspective.
- Support research to monitor better the HIV/AIDS epidemic and associated risk behaviors so that emerging needs for basic behavioral and intervention research can be identified.

**Consequences**

- Support research on the decision-making processes and behaviors of health care workers regarding the offering of HIV counseling, testing, and other prevention services, as well as the prescription of HIV disease treatments.
- Conduct research on children, including orphans, affected by HIV. This research should include early identification and assessment of affected children.

- Identify the neurobiological, behavioral, cognitive, social, and economic consequences of HIV disease for HIV-seropositive individuals (including children), their support systems (e.g., partners, family members, and other caregivers), health care systems, and communities.
- Support research on the economic and social implications for retired and older individuals who provide support and care to younger family members or friends with HIV/AIDS and their dependents.
- Support behavioral research to study end-of-life transition strategies for patients and their caregivers.
- Support interdisciplinary research, involving behavioral and biomedical scientists, to determine the relationships among stress, depression, immune system functioning, and HIV infection, and to examine the psychosocial and physiological factors affecting those relationships.
- Support studies on animal models of behavior and behavioral change relevant to HIV infection and prevention; in particular, conduct behavioral neuroscience and neuropsychological research to determine the brain/behavior changes associated with exposure to HIV, the effects of HIV exposure on social behaviors (e.g., mother-infant attachment, and peer interactions), and behavioral changes in relation to comorbidities of HIV and substance use and addiction.

#### **Prevention**

- Study the acquisition and maintenance of HIV-related risk and protective behaviors associated with HIV transmission or progression in specific social and cultural contexts, such as the sexual dyad, peer groups, social and substance-using networks, families, and communities.
- Study how HIV risk might change over time as a function of developmental and life-course events, such as adolescence, childbearing, marriage, divorce and separation, and aging.
- Conduct research on decision-making processes that relate to sexual and drug-related risk-taking across the life course (e.g., individual and dyadic decision processes concerning whether and under what circumstances to have sexual intercourse; risk assessment of self and partner; the weighing of pregnancy prevention, HIV prevention, and relationship goals in choosing to use a condom and/or other method) and decision-making processes related to sharing needles or other drug paraphernalia and having sex with someone who may be infected.

- Support multidisciplinary research that investigates the biobehavioral and sociobehavioral determinants and mechanisms of sexuality, including processes of sexual and gender identity formation.
- Conduct research on partner selection and relationship dynamics, including how partner choice, partner formation, relationship development, and partner stability change over the life course and affect health-related behavior; studies should examine psychological, cultural, and social factors that influence these phenomena.
- Support multidisciplinary research that investigates biobehavioral and sociobehavioral determinants of injecting drug use and the transition from noninjecting to injecting drug use as they relate to HIV transmission; such research may also include studies that investigate the relationship between any drug use and sexual risk behaviors.
- Conduct research on individual social and cultural differences in human sexuality that have an impact on the sexual transmission of HIV; such research may include studies that examine how sexual behavior is affected by substance use and abuse, sexual abuse or coercion, developmental processes, and the formation and dissolution of intimate relationships.
- Study the social, structural, cultural, and demographic factors (e.g., socioeconomic status, marital status, ethnicity, sexual identification, age, and gender) that influence HIV-related behavior across the life course and in diverse geographic regions, affect access to and delivery of care (including cost-effectiveness and cost-utility of behavioral change interventions), and influence the implementation of intervention strategies.
- Support research to understand how and whether communities engage in HIV preventive interventions, including studies to determine how to better ensure the use of prevention research by communities, public health entities, and policy planners in the United States and abroad.
- Conduct research that identifies the social and behavioral factors affecting recruitment, retention, and adherence to prevention and treatment interventions, including clinical trials of HIV-related vaccines, microbicides, and therapeutics.
- Support behavioral and social research on the acceptability and use of biomedical HIV prevention methods (e.g., condoms, microbicides, and vaccines).

- Support basic and pre-intervention research on behavior modification and maintenance of new behavioral patterns for developing prevention and intervention strategies.
- Support behavioral surveillance research that measures changes in norms and attitudes regarding behaviors associated with HIV transmission.

**OBJECTIVE - C:**

**Support research into the development, evaluation, diffusion, and adoption of strategies to increase early identification; to improve treatment adherence; and to prevent or minimize the negative physical, psychological, cognitive, and social consequences of HIV, including stigmatization of persons with or at risk for HIV infection. Support research strategies for promoting effective health care utilization among all persons with HIV infection and for promoting modifications in the health care delivery system to develop more effective, socially appropriate, and culturally sensitive methods to better serve treatment needs of infected populations, both domestically and internationally.**

**STRATEGIES:**

Treatment and Care

- Develop and test interventions to modify the practice behaviors of health care providers to improve the quality of screening, counseling, and treatment services for HIV-positive persons and persons at risk for HIV infection.
- Support research on adherence to treatment regimens, including studies on communication techniques to improve shared decision making between health care providers and HIV-infected individuals, issues such as how and when to initiate therapy, and behavioral strategies to manage symptoms secondary to treatment protocols.
- Promote research to identify and remove barriers to effective health care utilization among persons with or at risk of HIV infection, including barriers associated with access, engagement, followup, and adherence to health and social services across the care continuum (e.g., early identification of HIV infection, testing and counseling, health care-seeking behavior, adherence, case management, and home/hospice care) and across the life course (i.e., from childhood to old age).
- Develop and test interventions to increase recruitment, adherence, and retention in HIV/AIDS clinical trials and care by HIV-infected persons from all vulnerable populations, with special attention to developmental and life-course issues.
- Support research on the decision-making processes of health care workers in screening and identifying HIV cases, especially cases of early and acute infection.

- Support health services research and evaluation research to determine the impact of changes in the health care delivery system on HIV/AIDS care.
- Support research to foster more effective participation in treatment planning, decision making, and formulating advance directives by patients and families.

#### **Biopsychosocial Consequences**

- Develop and evaluate interventions to prevent the adverse psychological and social consequences of HIV infection and to assist HIV-affected populations in coping with HIV infections, maintaining quality of life, and avoiding engagement in HIV-related risk behaviors.
- Test interventions to address the neuropsychological, neurodevelopmental, and psychiatric sequelae of HIV infection.
- Develop and evaluate interventions to minimize the impact of stigmatization on HIV-infected persons, including on their decisions regarding treatment and quality of life.
- Test interventions designed to support formal and informal caregivers and family members of HIV-infected persons in order to prevent, for example, depression and burnout.
- Support research to enhance the quality of life and minimize the impact of pain, fatigue, physical symptoms, and treatment side effects and to integrate effective palliative care throughout the course of treatment for all people living with HIV and AIDS.

**OBJECTIVE - D:**

**Support research to advance innovative quantitative and qualitative methodologies to enhance behavioral and social science on HIV prevention and care, and to address pressing ethical issues in the conduct of such research.**

**STRATEGIES:**

**Measurement**

- Develop improved methodologies—including methods for obtaining and validating self-report data, culturally appropriate standardization of measurement tools for surveys, and the measurement of change over time—based on an assessment of the current status of qualitative and quantitative methodologies for studying behavioral and social factors associated with HIV and AIDS.
- Develop and strengthen culturally, linguistically, and age sensitive and appropriate research instruments for subpopulations (e.g., HIV-infected children, the elderly, and prisoners).
- Develop and refine techniques for measuring social networks associated with HIV transmission.
- Support research to determine under what circumstances each of the following outcome measures—alone or in combination—is appropriate to use: self-report measures; HIV infection; and other disease outcomes such as other STDs and blood-borne diseases.
- Develop improved qualitative approaches to theory building and to measurement of HIV-related behaviors, behavioral change, and factors that influence behavior and behavioral change.
- Develop improved triangulated approaches to formulate, integrate, and analyze theories founded on qualitative and quantitative observations.
- Support research to determine how self-reported outcome measures are affected by “response shift,” including the effects of disease progression and treatment on the criteria individuals use to appraise their quality of life, and the impact of interventions on participants’ standards for judging their degree of risk, level of skills, and adequacy of support and care.

- Develop and refine outcome measures and indicators appropriate for the evaluation of social policy and the societal impact of HIV prevention interventions.
- Develop and refine research techniques for characterizing communities, policymakers, and organizations working in the HIV arena, and for measuring their responses to HIV.

### **Modeling**

- Develop and refine mathematical models for linking behavioral change interventions with a reduction in HIV transmission at different levels of seroprevalence.
- Improve methods for forecasting and modeling AIDS caseloads, health care needs, and health care utilization under different treatment and survival scenarios and for forecasting and modeling prevention services needs.

### **Design and Statistical Analysis**

- Develop improved sampling strategies for subpopulations (e.g., children, drug users, the elderly, and gay men of color).
- Develop improved and innovative methods and techniques for conducting and analyzing longitudinal studies of HIV-vulnerable and HIV-infected populations, including improved followup methodologies, methods to increase followup rates, and methods for dealing with subject attrition, missing data, and non-normal distributions.
- Foster the development and dissemination of design alternatives to the randomized controlled trial that permit cost-effective evaluation of intervention strategies at the individual, group, and community levels.

### **Ethics and Other Issues**

- Evaluate the effects of legal and ethical constraints on methods of HIV research and service delivery, particularly among adolescents, children, psychiatric populations, prisoners, immigrants, and other vulnerable or special populations.
- Develop and refine research techniques to advance multisite, intercultural, and international studies.

- Encourage secondary data analysis; develop approaches to protect and document confidentiality.
- Develop and evaluate mechanisms for dissemination of behavioral research findings to the HIV/AIDS research and service communities and for receiving and evaluating community or constituent feedback.

**APPENDIX A:**

NIH Institutes and Centers



## NIH INSTITUTES AND CENTERS

<b>NCI</b>	National Cancer Institute
<b>NEI</b>	National Eye Institute
<b>NHLBI</b>	National Heart, Lung, and Blood Institute
<b>NHGRI</b>	National Human Genome Research Institute
<b>NIA</b>	National Institute on Aging
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIAMD</b>	National Institute of Allergy and Infectious Diseases
<b>NIAMS</b>	National Institute of Arthritis and Musculoskeletal and Skin Diseases
<b>NIBIB</b>	National Institute of Biomedical Imaging and Bioengineering
<b>NICHD</b>	National Institute of Child Health and Human Development
<b>NIDCD</b>	National Institute on Deafness and Other Communication Disorders
<b>NIDCR</b>	National Institute of Dental and Craniofacial Research
<b>NIDDK</b>	National Institute of Diabetes and Digestive and Kidney Diseases
<b>NINDS</b>	National Institute of Neurological Disorders and Stroke
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIHES</b>	National Institute of Environmental Health Sciences
<b>NIGMS</b>	National Institute of General Medical Sciences
<b>NIMH</b>	National Institute of Mental Health
<b>NINR</b>	National Institute of Nursing Research
<b>NLM</b>	National Library of Medicine
<b>CC</b>	Warren Grant Magnuson Clinical Center
<b>CIT</b>	Center for Information Technology
<b>NCCAM</b>	National Center for Complementary and Alternative Medicine
<b>NCRR</b>	National Center for Research Resources
<b>FIC</b>	John E. Fogarty International Center
<b>CSR</b>	Center for Scientific Review
<b>NCMHD</b>	National Center on Minority Health and Health Disparities



**APPENDIX B:**

FY 2005 OAR

Planning Group for  
Behavioral and Social Science



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**APPENDIX C:**

List of Acronyms



## LIST OF ACRONYMS

<b>ACSR</b>	AIDS and Cancer Specimen Resource, NCI
<b>ACTIS</b>	AIDS Clinical Trials Information Service
<b>AIDS</b>	acquired immunodeficiency syndrome
<b>AITRP</b>	AIDS International Training and Research Program, FIC
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>ATI</b>	analytic treatment interruption
<b>ATIS</b>	AIDS Treatment Information Service
<b>AVEG</b>	AIDS Vaccine Evaluation Group
<b>BSL</b>	biosafety level
<b>B/START</b>	Behavioral Science Track Award for Rapid Transition
<b>CAB</b>	community advisory board
<b>CAPS</b>	Center for AIDS Prevention Studies (University of California, San Francisco)
<b>CBO</b>	community-based organization
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIPRA</b>	Comprehensive International Programs for Research on AIDS
<b>CMV</b>	cytomegalovirus
<b>CNS</b>	central nervous system
<b>CSF</b>	cerebrospinal fluid
<b>CTL</b>	cytotoxic T lymphocyte
<b>DC</b>	dendritic cell
<b>DHHS</b>	Department of Health and Human Services
<b>EBV</b>	Epstein-Barr virus
<b>FDA</b>	Food and Drug Administration
<b>GBV-C</b>	GB virus (hepatitis G)
<b>GCP</b>	Good Clinical Practices
<b>GCRC</b>	General Clinical Research Center
<b>GFATM</b>	Global Fund for AIDS, Tuberculosis, and Malaria

<b>GI</b>	gastrointestinal
<b>GLP/GMP</b>	good laboratory practice/good manufacturing practice
<b>GRIP</b>	Global Health Research Initiative Program, FIC
<b>HAART</b>	highly active antiretroviral therapy
<b>HBCU</b>	Historically Black Colleges and Universities
<b>HBV</b>	hepatitis B virus
<b>HCV</b>	hepatitis C virus
<b>HHV</b>	human herpesvirus
<b>HIV</b>	human immunodeficiency virus
<b>HPV</b>	human papillomavirus
<b>HSV</b>	herpes simplex virus
<b>HVTN</b>	HIV Vaccine Trials Network
<b>IC</b>	Institute and Center
<b>ICC</b>	invasive cervical cancer
<b>IDU</b>	injecting drug user
<b>IND</b>	investigational new drug
<b>IRB</b>	institutional review board
<b>IUD</b>	intrauterine device
<b>JCV</b>	JC virus
<b>KS</b>	Kaposi's sarcoma
<b>KSHV</b>	Kaposi's sarcoma herpesvirus
<b>LRP</b>	Loan Repayment Program, NIH
<b>MAb</b>	monoclonal antibody
<b>MAC</b>	<i>Mycobacterium avium</i> complex
<b>MDR-TB</b>	multidrug-resistant tuberculosis
<b>MHC</b>	major histocompatibility complex
<b>MSM</b>	men who have sex with men
<b>MTCT</b>	mother-to-child transmission
<b>NAFEO</b>	National Association for Equal Opportunity in Higher Education
<b>NGO</b>	nongovernment organization

<b>NHL</b>	non-Hodgkin's lymphoma
<b>NHP</b>	nonhuman primate
<b>NIH</b>	National Institutes of Health
<b>NK</b>	natural killer (cell)
<b>NMAC</b>	National Minority AIDS Council
<b>NNTC</b>	National NeuroAIDS Tissue Consortium, NIMH/NIDA/NINDS
<b>NRTIs</b>	nucleoside reverse transcriptase inhibitors
<b>OAR</b>	Office of AIDS Research, NIH
<b>OARAC</b>	Office of AIDS Research Advisory Council
<b>OD</b>	Office of the Director, NIH
<b>OI</b>	opportunistic infection
<b>PACTG</b>	Pediatric AIDS Clinical Trials Group
<b>PCP</b>	<i>Pneumocystis carinii</i> pneumonia
<b>PML</b>	progressive multifocal leukoencephalopathy
<b>RCT</b>	randomized clinical trial, randomized controlled trial
<b>RNA</b>	ribonucleic acid
<b>RPRC</b>	Regional Primate Research Center
<b>SCID</b>	severe combined immunodeficiency
<b>SHIV</b>	chimeric simian/human immunodeficiency virus
<b>SIT</b>	scheduled intermittent therapy
<b>SIV</b>	simian immunodeficiency virus
<b>SPF</b>	specific pathogen-free
<b>STD</b>	sexually transmitted disease
<b>STI</b>	structured treatment interruption; sexually transmitted infection
<b>TB</b>	tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID</b>	U.S. Agency for International Development
<b>VRC</b>	Vaccine Research Center
<b>WHO</b>	World Health Organization
<b>WIHS</b>	Women's Interagency HIV Study
<b>WRAIR</b>	Walter Reed Army Institute of Research



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