

AIDS Education and Training Centers

Data Collection Instruction Manual for Reporting 2020–2021 Data

HIV/AIDS Bureau

Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Rockville, MD 20857



Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0281. Public reporting burden for this collection of information is estimated to average 10 hours, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857. Expires June 30, 2022.

Table of Contents

Table of Contents	i
Background	ii
Chapter I: Introduction	1
Purpose of Data Collection	1
Data Collection Forms	1
Reporting Period.....	2
Reporting Timeline	2
Data File Format Standards	2
Before Submission	2
Where to Submit Data.....	2
Change in Contact Information	2
Chapter II: Data Submission Steps	3
Chapter III: National Data Collection Forms	8
Participant Information Form (PIF).....	8
List of Participant IDs (PL).....	13
Event Record (ER)	14
Chapter IV: Glossary.....	25
Event Record (ER)	25
Participant Information Form (PIF).....	29
Chapter V: Frequently Asked Questions	31

Background

(Last Updated: April 13, 2021)

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) gives federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI the flexibility to respond effectively to the changing epidemic. Its emphasis is on providing lifesaving and life-extending services for people with HIV across the country and resources to targeted areas with the greatest need.

All “Parts” of the Ryan White HIV/AIDS Program (RWHAP) statute specify the Health Resources and Services Administration’s (HRSA) responsibilities in the administration and allocation of grant funds, evaluation of programs for the population served, and improvement in quality of care. Accurate data records from the AIDS Education and Training Centers Program continues to be critical to implementing the statute and thus are necessary for HRSA to fulfill its responsibilities.

Chapter I: Introduction

The AIDS Education and Training Center (AETC) Program is the training component of the Ryan White HIV/AIDS Program (RWHAP). The RWHAP AETC Program is a national network of leading HIV experts who provide locally based, tailored education, technical assistance, and clinical consultation to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for people with HIV. Regional RWHAP AETCs are required to collect and submit data annually. These data provide information on the RWHAP AETCs' activities and are submitted to HRSA's HIV/AIDS Bureau (HAB). This manual provides the information needed for the RWHAP AETCs to comply with data collection requirements.

Purpose of Data Collection

The goal of data collection efforts is to create a uniform set of data elements that will produce an accurate summary of the national scope of RWHAP AETC professional training, consultation, and events. The elements forming the national database have been selected for their relevance in documenting the RWHAP AETCs' efforts in achieving the Program's stated goals in improving care for people with HIV by providing education, training, clinical consultation, and providing other forms of support to clinicians and other providers. HRSA HAB needs this information to respond to requests from within the Department of Health and Human Services (HHS), Congress, and others. Furthermore, the data collected are utilized for programmatic assessments and to determine future needs.

The national data elements are also intended to be a meaningful core set of elements that individual RWHAP AETC programs can use in program and strategic planning. Each RWHAP AETC can collect additional data, using other forms created for their program, to address specific training activities or other data collection needs.

Data Collection Forms

The three forms used by the RWHAP AETCs to report activities include the following:

- *Participant Information Form (PIF)* – captures information from the individuals who attend an event—including their demographic characteristics (i.e. profession, employment setting, race), and the characteristics of the people with HIV they serve.
- *List of Participant IDs (PL)* – compiles participant identifiers and the event attended.
- *Event Record (ER)* – gathers information on each activity including topics covered, number and identification of people trained, type of training conducted, training modes used, length of training, and collaborations with other organizations.

Reporting Period

Reporting for the RWHAP AETC activities is conducted annually and covers the period July 1 through June 30.

Reporting Timeline

Data Collection Period: July 1, 2020 – June 30, 2021	Deadline:
RWHAP AETC System Opens	Monday, July 12, 2021
RWHAP AETC Report Due	Sunday, August 29, 2021

Data File Format Standards

Each RWHAP AETC will submit data once per year. Data files should be uploaded in a CSV format to HRSA's Electronic Handbooks (EHBs) system.

Data that do not conform to the standards and quality set forth in this document will be returned by the system to the RWHAP AETC for revision and resubmission.

Before Submission

All files should be scanned for viruses and checked for any missing and invalid data prior to submission according to the quality procedures outlined in the RWHAP AETC Data Collection Codebook. Any files received with viruses or data errors will be returned.

Where to Submit Data

Data files must be uploaded to HRSA's server via the EHBs. Please contact the designated HRSA HAB Project Officer for additional programmatic assistance.

Change in Contact Information

HRSA HAB may send occasional reminders and updates regarding changes in the RWHAP AETC data collection and reporting process. Therefore, it is imperative that RWHAP AETCs inform their HRSA HAB Project Officer of any changes in the recipient's key contact people or contact information. Please maintain the most up-to-date contact information in the EHBs.



If you need EHBs technical assistance, please contact the HRSA Contact Center at 877-464-4772. If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.

Chapter II: Data Submission Steps

Step One: Access the AETC Report via the EHBs

- Log in to the HRSA HAB electronic handbooks (EHBs) site at <https://grants.hrsa.gov/webexternal>.
- The EHBs home page will appear in the main window. Select the “Grants” tab. The “Grants” tab is located in the upper left-hand corner of the page.
- The My Grant Portfolio page will open in the main window. Locate your assigned organization’s grant number on the grant portfolio page. Select the “Grant Folder” link on the right side of the page on the same row.
- The Grant Home page will open in the main window. Select the “Work on Other Submissions” link under the Submissions heading. The Submissions page will open in the main window.
- Locate the submission named “AETC Data Submission 2021” on the submissions list. Select the “Start” link on the right side of the page on the same row. **NOTE:** If you have already worked on your RWHAP AETC report, the link will say “Edit” instead of “Start”.
- The AETC Data Submission Search page will open in a pop-up window.

Step Two: Create/Open the AETC Report

- Create or open your AETC report by clicking the envelope icon under the “Action” column.

Step Three: Complete the AETC Report Data Entry Sections

- After clicking the envelope icon, you will automatically be taken to the Cover Page. Items 1-6 are prepopulated; however, Item 3 should be revised as necessary to reflect the staff member responsible for the RWHAP AETC submission.
- Click “Save” on the bottom of the page.

Figure 1. Cover Page

- On the left Navigation panel, select “Manage LPS.”
- For each partner site, click “Add New LPS”. LPS name and LPS code can be found in the AETC Data Collection Codebook. If an LPS is not listed, contact your Project Officer to request an LPS code addition.
- Once all the LPS agencies have been added, click “Refresh” to ensure each LPS is listed.

Figure 2. Manage LPS¹

¹ Local Partner Site (LPS) will be updated to Regional Partner Site (RPS) for the 2020-21 AETC submission.

- On the left Navigation panel, select “Upload Files”.
- Follow the on-screen prompts to upload a separate CSV file for your Event Record data; AETC Participant Information Form data; and your Event Participant List data.
- Each file uploaded into the RWHAP AETC system goes through an automatic schema validation check. If the file is noncompliant, the RWHAP AETC system rejects the file and a complete list of error messages will be displayed. Download the list as a text file and use it to fix the data in your source system.
- At the bottom of the Upload Files page, you must indicate the number of records in the ER Form; the AETC Participant Information Form; and the Event Participant List.
- Once all the data has been added, click “Upload / Update Record Count”. **Note:** Your file status will advance to “Uploaded”. Once the files are successfully uploaded, the file status will say “Processed”.

Figure 3. Upload Files

NAVIGATION << AETC Data Submission Your session will expire in: 29:19

U10HA00002 : BAGS FIXIT HEALTH CARE FUND

Upload Files

Upload your AETC Participant Information Form, Event Record Form and Event Participant List file in the section below. The file format accepted is Comma-Separated Values (.csv). After browsing for your files, please indicate the number of records in each file. Then, select the Upload button below.

Event Record Form

 ER file uploaded successfully at 5/21/2020 8:59:25 AM.
 Status: Processed
[Click here to view the uploaded file.](#)

AETC Participant Information Form

 AETC file uploaded successfully at 5/21/2020 8:59:25 AM.
 Status: Processed
[Click here to view the uploaded file.](#)

Event Participant List

 EPL file uploaded successfully at 5/21/2020 8:59:25 AM.
 Status: Processed
[Click here to view the uploaded file.](#)

After browsing for your file(s) above, please indicate the number of records in each form before proceeding to select "Upload".

ER Form

AETC Participant Information Form

Event Participant List

- On the left Navigation panel, select “Questions/Notes”.
- Use the comment space to note any exceptions to requested data or questions regarding data coding.

- Once all your comments have been added, click “Save” at the bottom of the page.

Figure 4. Questions/Notes

The screenshot displays the AETC Data Submission web application. The top navigation bar includes a left sidebar with categories like Home, Workflow, Data Entry, and References. The main content area is titled 'AETC Data Submission' and shows a session expiration timer of 29:20. Below the title, the 'Questions/Notes' section is active, featuring a text area for input and 'Save' and 'Cancel' buttons at the bottom.

NAVIGATION << AETC Data Submission Your session will expire in: 29:20

Home ▲
▼ U10HA00002 : BAGS FIXIT HEALTH CARE FUND

Questions/Notes:

Use the space below to note any exceptions to requested data or questions regarding data coding. Once you have entered your information in the four Data Entry sections, please validate your report. Once you have validated your report and fixed any errors, please click Submit under the left-side menu to submit your report to HRSA.

Questions/Notes:

Save Cancel

Step Four: Validate your AETC Report

- Once you have entered your information in the four Data Entry sections, click “Validate” on the left navigation panel.
- Your validation results may return two types of report validation results: Errors or Warnings.
 - Correct all errors before you submit your AETC report. If the errors are triggered by the AETC report, correct the information entered. If the errors are triggered by the data files, correct the data file and re-upload it to the system.
 - Correct warnings if possible or enter a question/note explaining the data.
 - For a full list of AETC report validations, click “Validation Rules” on the left navigation panel.

Figure 5. Validate

Validate Reports
Validation passed. The report is now ready for submission.

AETC Report Status and Validation

Item	Status	Error	Warning	Download
▶ Upload Files Page	Working	0 error(s)	0 warning(s)	
▶ Manage LPS Page	1 LPS	0 error(s)	0 warning(s)	
▶ ER	Processed	0 distinct error(s) (0 total error(s))	0 distinct warning(s) (0 total warning(s))	Download Errors/Warnings in Excel
▶ PIF	Processed	0 distinct error(s) (0 total error(s))	0 distinct warning(s) (0 total warning(s))	Download Errors/Warnings in Excel
▶ PL	Processed	0 distinct error(s) (0 total error(s))	0 distinct warning(s) (0 total warning(s))	Download Errors/Warnings in Excel

Step Five: Submit your AETC Report

- Once your report is error free, click “Submit Report” on the left navigation panel.

Figure 6. Submit Report

Submit Report

Please enter comments regarding your submission.

Comments

Logged in as: GranteeDataViewer_GranteeDataEditor_GranteeDataSubmitter

Chapter III: National Data Collection Forms

This section reviews each item on the forms. It also discusses issues related to coding or exceptions to “acceptable values” for each item.

Participant Information Form (PIF)

All training participants should complete a Participant Information Form (PIF) at the start or conclusion of an event.

PIF Item 1: Participant unique ID

Recipients should generate a unique identifier. This may consist of letters and numbers, but it may not exceed 140 characters.

Documenting the number of individuals attending multiple events throughout the RWHAP AETC Program demonstrates to Congress that the program is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people with HIV.

PIF Item 2: Date

This item is the date that the PIF was completed by the participant. In the case that a participant attends a multi-date event, use the last date that the participant attends a training.

PIF Item 3: Primary profession/discipline

Participants should select one response to this question. If participants do not see their profession specifically listed, they may choose the “Other” option and write in their profession. If a person is currently not working, ask that person to choose the profession in which they last worked or the profession in which they are now looking for a job.

- Dentist
- Other Dental Professional
- Nurse Practitioner/Nurse Professional (prescriber)
- Nurse Professional (non-prescriber)
- Midwife
- Pharmacist
- Physician
- Physician Assistant
- Dietitian or Nutritionist
- Mental/Behavioral Health Professional
- Substance Abuse Professional
- Social Worker or Case Manager
- Community Health Worker (includes peer educator or navigator)
- Clergy or Faith-based professional
- Practice administrator or leader (i.e. chief executive officer, nurse administrator)
- Other allied health professional (specify, i.e. medical assistant, podiatrist, physical therapist):
- Other Public Health Professional
- Other non-clinical professional (i.e. front desk staff, grant writer -- specify):

PIF Item 4: Primary functional role

Participants should select one response to this question. This question is asking the participants what they actually do at work. Again, participants have the option of selecting “Other (specify)” and writing in an answer.

- Administrator
- Agency Board Member
- Care Provider/Clinician – can or does prescribe HIV treatment
- Care Provider/Clinician – cannot or does not prescribe HIV treatment
- Case Manager
- HIV tester
- Client/Patient Educator (includes navigator)
- Clinical/Medical Assistant
- Health care organization non-clinical staff (i.e. front desk)
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify):

PIF Item 5: Ethnic background

Participants are asked to indicate if they are of Hispanic or Latino/a origin.

- Yes
- No

PIF Item 6: Racial background

Participants may choose more than one answer. Participants should select all racial backgrounds with which they identify.

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

PIF Item 7: Gender

Participants are asked to select only one answer to this category.

- Female
- Male
- Transgender, male-to-female
- Transgender, female-to-male
- Other gender identity

PIF Item 8: Principal employment setting

Participants should select the characteristic that best applies to the clinical setting in which the participant spends the majority of their working time. If participants choose “My principal employment setting does not involve the provision of care or services to patients/clients” or “I am Not Working,” they should not complete the rest of the form.

- Academic Health Center
- Correctional facility
- Emergency department
- Federally qualified Health Center
- Family Planning Clinic
- HIV or Infectious Diseases Clinic
- HMO/Managed Care Organization
- Hospital-Based Clinic
- Indian Health Services/Tribal Clinic
- Long-term nursing facility
- Maternal /child health clinic
- Mental health clinic
- STD clinic
- Substance abuse treatment center
- Student health clinic
- Other community-based organization
- Pharmacy
- Military or veterans’ health facility
- Other federal health facility
- Private practice
- State or local health department
- Other primary care setting
- My principal employment setting does not involve the provision care or services to patients/clients (Stop here. You are done with this form.)
- I am not working (Stop here. You are done with this form.)

PIF Item 9: Employment zip codes

This question requests the five-digit zip codes where the participant is employed. This will help HRSA identify participants who work in medically underserved communities. Participants should leave these items blank if they are not working or are students/graduate students with no client contact. If participants work in more than three different zip codes, the participant should identify the three zip codes in which they do the most work.

PIF Item 10: HIV prevention counseling and testing services

This question asks participants who have direct client/patient care responsibilities to indicate whether they provide HIV prevention counseling and testing services directly to patients.

- Yes
- No

PIF Item 11: HIV pre-exposure prophylaxis

This question asks participants who have direct client/patient care responsibilities to indicate whether they prescribe HIV pre-exposure prophylaxis (PrEP) to patients.

- Yes
- No

PIF Item 12: Antiretroviral therapy

This question asks participants who have direct client/patient care responsibilities to indicate whether they prescribe antiretroviral therapy (ART) to patients.

- Yes
- No

PIF Item 13: RWHAP funding

The participants are asked to indicate whether their principal employer receives RWHAP funds. If they do not know whether their employer receives RWHAP funding, they should select “not sure.”

- Yes
- No
- Not Sure

PIF Item 14: Employment setting HIV care

The participants are asked to indicate whether HIV care and treatment is provided at their principal employment setting. Participants should leave this item blank if they are not working or are students/graduate students with no client contact.

- Yes
- No

PIF Item 15: Direct interaction with clients/patients

This yes/no question asks if care providers or clinicians—not the employer—provide direct services to clients/patients. If the response is “Yes,” participants should continue with Item 16. If participants answer “No,” they should not complete the remaining questions on this form.

- Yes
- No (Stop here. You are done with this form.)



Please note the definition of direct interaction with clients/patients in the glossary.

PIF Item 16: Services to clients/patients with HIV

This question asks participants who have direct interaction with clients/patients to indicate whether they provide services directly to clients/patients with HIV. If the response is “Yes,” participants should continue to complete the remaining questions on this form. If trainees do not provide direct services to people with HIV or know the status of their clients, they should choose “No”. They should not complete the remaining questions.

- Yes
- No (Stop here. You are done with this form.)

PIF Item 17: Number of years providing direct services to clients/patients

The participants are asked to indicate the number of years they have provided HIV services to clients/patients. Months should be rounded to the nearest whole year (e.g., 4 years and 5 months should be reported as 4 years).

--	--

PIF Item 18: Number of clients/patients to whom they provided direct service

Participants should provide the number of people with HIV to whom they provide direct services. In the case where participants are not sure about the exact number, please round the estimate to the nearest ten.

--	--	--	--

PIF Item 19: Service provided to clients/patients with HIV

This question asks participants to choose one of the options that best describes the way they provide services to people with HIV. Participants should select only one option.

- | | |
|--|---|
| <ul style="list-style-type: none"> ○ Provide behavioral or support services, but no HIV treatment (i.e. case management, counseling, cognitive behavioral therapy, transportation, legal) ○ Provide clinical services to people living with HIV, but no HIV treatment (i.e. nutrition, physical therapy, psychiatry, general primary care) | <ul style="list-style-type: none"> ○ Provide basic HIV care and treatment (novice) ○ Provide intermediate HIV care and treatment ○ Provide advanced HIV care and treatment ○ Provide expert HIV care and treatment, which includes training others and/or clinical consultation |
|--|---|

PIF Item 20: Clients/Patients who are racial/ethnic minorities

This question asks participants who have direct client/patient care responsibilities to estimate the percentage of their clients/patients with HIV who are racial/ethnic minorities. These estimates should be based on the past calendar year (preceding twelve months) of the participant's services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

PIF Item 21: Clients/Patients who are co-infected with hepatitis B or hepatitis C

This question asks participants who have direct client/patient care responsibilities to estimate the percentage of their clients/patients with HIV who are co-infected with hepatitis B or C. These estimates should be based on the past calendar year (preceding twelve months) of the participant's services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

PIF Item 22: Clients/Patients who are receiving antiretroviral therapy

This question asks participants who have direct client/patient care responsibilities to estimate the percentage of their clients/patients with HIV who are receiving antiretroviral therapy. These estimates should be based on the past calendar year (preceding twelve months) of the participant's services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

List of Participant IDs (PL)**PL Item 1: AETC number**

This item indicates the assigned unique RWHAP AETC identifier. HRSA HAB uses this number to identify unique events by RWHAP AETC region.

--	--

PL Item 2: Regional partner number

This item indicates the number of the partner, if an event was held with a partner.

--	--	--

PL Item 3: Event date

This item is the date of the event. Activities that occur over multiple days should use the last date of the event.

PL Item 4: Program ID number

The Program ID is a variable created by the individual AETC to identify the event. It should be unique within the budget year. Each AETC may create their own method for creating the Program ID. The Program ID should be 8 digits in length and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple events occurring on the same date.

--	--	--	--	--	--	--	--

PL Item 5: Participant unique ID

Fill in the unique identifier created for PIF Item 1 for the participant.

Event Record (ER)

Each trainer or RWHAP AETC completes an ER form at the end of an event.



If a training event has multiple tracks for different cohorts of participants, complete an ER for each track.

ER Item 1: AETC number

This item indicates the RWHAP AETC number. HRSA HAB uses this number to identify unique events by RWHAP AETC region.

--	--

ER Item 2: Regional partner number

This item indicates the number of the partner, if an event was held with a partner.

--	--	--

ER Item 3: Event date

This item is the date of the event. Activities that occur over multiple days should use the last date of the event.



Archived webinars that were originally held as live events should be considered part of the live Event Record. However, if CEUs were part of the live event but not the recorded event, a new Event Record should be created for the archived event. Archived webinars that were not originally held as live events should have 1 Event Record created. The event date should be the last date of the budget period.

ER Item 4: Minority AIDS funds

This item indicates if there were any Minority AIDS Initiative (MAI) funds used to support the event.

- Yes
- No

ER Item 5: Source of funds

This item indicates if there were any MAI funds, RWHAP AETC funds, CDC, CARES Act funds, EHE funds or Other funding used to support the event (select one). If “Other” is selected, you must specify the source of funds used.

- MAI
- AETC
- CDC funding
- CARES Act
- EHE
- Other, (specify: _____)

ER Item 6: AETC program funding used

Indicate which sources of RWHAP AETC programmatic funding were used.

- Core Training and Technical Assistance (Skip to question 9)
- Practice Transformation (Skip to question 7)
- Interprofessional Education (Skip to question 8)
- None, MAI only (Skip to 9)

**ER Items 4-6: Funding**

1. If only MAI funds were used, select Item 4=Yes, skip Item 5, and select Item 6=None, MAI only.
2. If MAI funds and non-MAI funds were used, select Item 4=Yes, select Item 5=AETC, and select all that apply of Items 6A, 6B, and 6C.
3. If only non-MAI funds were used, select Item 4=No, select Item 5=AETC, and select all that apply of Items 6A, 6B, and 6C.
4. If CARES Act, EHE, or Other is reported in Item 5, skip Items 6, 7, and 8.

ER Item 7: Clinic ID# (for Practice Transformation Project only)

If “Practice Transformation” is selected in ER Item 6, indicate the clinic ID#.

--	--	--



If multiple clinics participate, report only the “lead” clinic ID# in ER Item 7.

ER Item 8: Health professional program ID# (for Interprofessional Education Project only)

If “Interprofessional Education” is selected in ER Item 6, indicate the lead health professional program ID#.

--	--	--



See Chapter III: Glossary for the definition of lead health professional program.

ER Item 9: Multi-session event

Indicate if the training is part of a multi-session event. If “no”, skip to question 11.

- Yes
- No (Skip to question 11)

ER Item 10: Sessions planned

If “yes” is selected in ER Item 9, indicate how many sessions are planned.

--	--	--

ER Item 11: Session number

Indicate the session number of the training event.

--	--	--

ER Item 12: State

Indicate the state where the event occurred. For live online events, use the state where the event was hosted.

--	--

ER Item 13: Zip code

Indicate the zip code where the event occurred. For live online events, use the zip code where the event was hosted.



ER Item 14 is intentionally left blank. See the AETC Codebook for guidance on file schema.

ER Item 15: Training content

Indicate the topics that best describe the content covered by the training (check all that apply).

- HIV prevention
- HIV testing and diagnosis
- Linkage/referral to HIV care
- Engagement and retention in HIV care
- Antiretroviral treatment and adherence
- Management of co-morbid conditions
- Other, please specify

**ER Items 16-20: Event topics**

Indicate which topics were discussed for 15 minutes or longer during the event. Check all the options that apply.

ER Item 16: HIV prevention

Indicate which, if any, of the HIV prevention topics were addressed during the event. Trainers may fill in more than one option for this item.

- Behavioral prevention
- Harm reduction / safe injection
- HIV transmission risk assessment
- Postexposure prophylaxis (PEP, occupational and nonoccupational)
- Preexposure prophylaxis (PrEP)
- Prevention of perinatal or mother-to-child transmission
- U=U/treatment as prevention
- Other biomedical prevention

ER Item 17: HIV background and management

Indicate which, if any, of the HIV background and management topics were addressed during the event. Trainers may fill in more than one option for this item. In the case where “Other” is selected, please specify the topic discussed.

- Acute HIV
- Adult and adolescent antiretroviral treatment
- Aging and HIV
- Antiretroviral treatment adherence, including viral load suppression
- Basic Science
- Clinical manifestations of HIV disease
- HIV diagnosis (i.e. HIV testing)
- HIV epidemiology
- HIV monitoring lab tests (i.e. CD4 and viral load)
- HIV resistance testing and interpretation
- Linkage to care
- Pediatric HIV management
- Retention and/or re-engagement in care
- Other (specify: _____)

ER Item 18: Primary care and comorbidities

Indicate which, if any, of the primary care and comorbidities topics were addressed during the event. Trainers may fill in more than one option for this item. In the case where “Other” is selected, please specify the topic discussed.

- Cervical cancer screening, including HPV
- Hepatitis B
- Hepatitis C
- Immunization
- Influenza
- Malignancies
- Medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone)
- Mental health disorders
- Non-infection comorbidities of HIV or viral hepatitis (i.e. cardiovascular, neurologic, renal disease)
- Nutrition
- Opportunistic infections
- Oral health
- Osteoporosis
- Pain management
- Palliative care
- Primary care screenings
- Reproductive health, including preconception planning
- Sexually transmitted infections
- Substance use disorders, not including opioid use
- Opioid use disorder
- Tobacco cessation
- Tuberculosis
- Other (specify: _____)



COVID-19 training should be reported in the “Other/specify” field.

ER Item 19: Issues related to care

Indicate which, if any, of the issues related to care of people with HIV were addressed during the event. Trainers may fill in more than one option for this item.

- Cultural competence
- Health literacy
- Low English proficiency
- Motivational interviewing
- Stigma or discrimination

ER Item 20: Health care organization or systems issues

Indicate which, if any, of the health care organization or systems issues were addressed during the event. Trainers may fill in more than one option for this item.

- Billing for services and payment models
- Case management
- Community linkages
- Confidentiality / HIPAA
- Coordination of care
- Funding or resource allocation
- Health insurance coverage (i.e. Affordable Care Act, health insurance exchanges, managed care)
- Legal issues
- Organizational infrastructure
- Organizational needs assessment
- Patient-centered medical home
- Practice Transformation
- Quality Improvement
- Team-based care (i.e. interprofessional training)
- Telehealth
- Use of technology (i.e. electronic health records)

ER Item 21: Target populations

Indicate which, if any, of the target populations were addressed during the event. Trainers may fill in more than one option for this item. In the case where a population is not indicated, fill in the “Other” bubble and write in the omitted population.

- Children (ages 0 to 12)
- Adolescents (ages 13 to 17)
- Young adults (ages 18 to 24)
- Older adults (ages 50 and over)
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Other race / ethnicity (specify:)
- Women
- Gay, lesbian, bisexual, transgender, or other gender
- Homeless or unstably housed
- Incarcerated or recently released
- Immigrants
- U.S.-Mexico border population
- Rural populations
- Other special population (specify:)

ER Item 22: AETC collaboration

This question will determine how often a RWHAP AETC works in collaboration with another organization to finance, plan and execute a training event. Collaboration must include financial or RWHAP AETC personnel time contribution.

If two or more RWHAP AETCs jointly sponsor a training event, they should decide ahead of time which RWHAP AETC will collect the PIFs. That RWHAP AETC must send the PIFs to HRSA and indicate on the ER which RWHAP AETC jointly sponsored the event according to the choices provided.

The partnering RWHAP AETCs that do not collect the PIFs should not send any PIFs to HRSA for that jointly sponsored event. They should still fill out an ER and make sure that the program ID matches the program ID used by the RWHAP AETC that is sending the PIFs to HRSA. They should also make sure to fill out Item 22, so it reflects the collaboration with the other RWHAP AETC(s).

- AETC National Coordinating Resource Center
- AETC National Clinicians' Consultation Center
- Mid Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC
- Southeast AETC

ER Item 23: Federally funded training centers

If the event was conducted collaboratively with a federally funded training center, fill in the appropriate response.

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- Family Planning National Training Center
- Mental Health Technology Transfer Centers (MHTTC)
- Public Health Training Center (PHTC)
- STD Clinical Prevention Training Center (PTC)
- TB Regional Training and Medical Consultation Center
- Viral Hepatitis Education and Training Project

ER Item 24: Other collaborations

If the event was conducted collaboratively with another organization type, fill in the appropriate response. If the organization is not listed, select “Other” category and write the organization type.

- AIDS services organization
- Other community-based organization
- Community health center, or Federally Qualified Health Center (FQHC) funded by HRSA
- Correctional institution
- Faith-based organization
- Health professions school
- Historically Black College or University
- Hispanic-Serving Institution
- Hospital or hospital-based clinic
- Ryan White HIV/AIDS Program-funded organization, including subrecipients
- Tribal College or University
- Tribal health organization
- Other (specify: _)

ER Item 25: Total hours of event

The trainer has the option of assigning hours to six different training modalities for the same event. (See Chapter III: Glossary, for a further explanation of training modalities. A table of the training and TA modalities is below.) The trainer may distribute the training hours to the nearest quarter hour across all training modalities. Hours should be expressed in decimals, for example, 12 $\frac{1}{4}$ hours should be written as 12.25.

Characteristics of Different Training Types

Training and TA Modality	Length	Patient Involvement	Attendance	Example
Didactic Presentations	30 minutes	None	Any number	Plenary sessions at conferences, lectures, “brown bag lunches”
Interactive Presentations	Not applicable	Minimal – Q & A	Generally, fewer than 40 participants	(Selected) breakout sessions at conferences, workshops
Communities of Practice	Not applicable	None	Any number	Ongoing workgroups on specific topic areas (e.g., work force, Practice Transformation)
Clinical Preceptorships	Not applicable	Presentations possible	Generally, fewer than 5 participants	“mini-residency,” preceptorships
Clinical Consultation		Discussion of patients, often in patient’s presence	One-on-one or small group	Discussion of real (current) cases; provider- driven session
Coaching for Organizational Capacity Building		None	One-on-one or small group	Individual or group consultation related to organizational issues rather than clinical concerns

ER Item 26: Continuing education

Indicate whether continuing education credits were made available to event participants.

- Yes
- No

ER Item 27: Program ID Number

The Program ID is a variable created by the individual AETC to identify the event. It should be unique within the budget year. Each AETC may create their own method for creating the Program ID. The Program ID should be 8 digits in length and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple events occurring on the same date.

--	--	--	--	--	--	--	--

Chapter IV: Glossary

Event Record (ER)

Collaborating Organizations

AIDS Community-Based Organization is an agency that provides professional and volunteer services to people with HIV.

Addiction Technology Transfer Centers (ATTC) are dedicated to identifying and advancing opportunities for improving substance use disorder treatment. The Centers are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to upgrade the skills of existing practitioners and other health professionals and to disseminate the latest science to the substance use disorder treatment community.

Agencies funded by the RWHAP are organizations that receive funding as a direct recipient or as a sub-recipient under RWHAP Parts A-F.

Area Health Education Centers are programs that use university resources to provide educational services to students, faculty, and practitioners in underserved areas and, at the same time, improve the delivery of healthcare in the service area.

College/University/Health Profession Schools provide training necessary to become healthcare service providers (e.g., medical school, nursing school, dental school, medical technicians).

Community Health Centers include federally and/or state-funded community or migrant health centers that provide a range of medical and mental health services to people regardless of their ability to pay.

Corrections refer to state and local correctional facilities and jails.

Faith-based Organizations are owned and operated by a religiously affiliated entity, such as a Catholic hospital.

Historically Black College or University (HBCU)/Hispanic Serving Institution (HSI)/Tribal College or University are institutions of higher learning whose primary mission is to serve specific minority populations.

- **HBCU** is a designation of a “historically black college or university that was established prior to 1964, whose principal mission was, and is, the education of black Americans, and that is accredited by a nationally recognized accrediting agency or association determined by the Secretary [of Education] to be a reliable authority as to the quality of training offered or is, per such an agency or association, making reasonable progress toward accreditation.”

- **HSIs** are colleges or universities whose enrollment at a college or university must have at least 45 percent full-time, Hispanic undergraduate student enrollment and at least 50 percent of its Hispanic student population must be low income.
- **Tribal Colleges** are located on federal trust territories and were created in response to the higher education needs of American Indians, and generally serve geographically isolated populations that have no other means of accessing education beyond the high school level. Tribal Colleges combine personal attention with cultural relevance, to encourage American Indians – especially those living on reservations – to overcome the barriers they face to higher education.

Hospital or Hospital-based Clinic includes ambulatory/outpatient care departments or clinics, rehabilitation facilities (physical, occupational, speech), hospice programs, substance misuse treatment programs, sexually transmitted disease (STD) clinics, HIV clinics, and inpatient case management service programs.

Lead Health Professional Program (HPP) is an accredited academic or training program that confers a healthcare degree or certificate and is the HPP conducting the training/event. This includes the HPP affiliation of the faculty providing the training.

National Clinician Consultation Center (NCCC) is an RWHAP AETC clinical resource for health care professionals operated by the University of California San Francisco at San Francisco General Hospital under a grant from HRSA. The center offers health care providers with a national resource to obtain timely, expert and appropriate responses to clinical questions related to: Treatment of persons with HIV (“WARMLINE”: 800-933-3413), Health care worker exposure to HIV and other blood-borne pathogens (PEpline: 888-448-4911), Treatment of HIV-infected pregnant women and their infants, hepatitis B and C virus HIV coinfections, and behavioral health management for people with HIV.

AETC National Evaluation Contractor under a contract with HRSA, is responsible for program evaluation activities, including assessing the effectiveness of the RWHAP AETCs’ education, training, and consultation activities.

AETC National Coordinating Resource Center, managed by Rutgers, the State University of New Jersey under a cooperative agreement with HRSA, supports the training needs of the regional RWHAP AETCs through coordination of HIV training materials, rapid dissemination of new treatment advances and changes in treatment guidelines, and critical review of available patient education materials. It is a Web-based HIV training resource (<http://aidsetc.org/>).

Prevention Training Center (PTC), the National Network of STD/HIV Prevention Training Centers, is a CDC-funded group of regional centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the

knowledge and skills of health professionals in the areas of sexual and reproductive health. The network provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

Tribal Health Organizations include health care organizations of the Sovereign Tribal Nations as well as Indian Health Services health care facilities that serve American Indians and Alaska Natives.

Tuberculosis (TB) Training Centers provide medical consultation within each Center's region. As part of their first-year activities, the Tuberculosis (TB) Regional Training and Medical Consultation Centers (RTMCCs) conducted extensive needs assessments to determine TB education and training resources and needs in their regions.

Federal Initiatives

American Indian/Alaska Native Initiative integrates substance use disorder and mental health services with HIV primary healthcare for American Indian and Alaska Native communities. It is designed for people with HIV or at risk for HIV infection with co-morbidities of substance misuse (including alcohol), sexually transmitted infections and/or mental illness.

Border Health Initiative (BHI) supports community-based organizations and public health agencies along the California-Baja California border in order to respond to public health challenges and improve access to quality health services for border communities.

Minority AIDS Initiative (MAI) is a national HHS initiative that provides special resources to reduce the spread of HIV and improve health outcomes for people with HIV within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities.

Training Modality

Didactic Presentations have the training objective of changing knowledge, attitudes and skills. They are a minimum of 30 minutes in length and the learner listens to a lecture-type presentation and has the opportunity to ask questions. Examples might include plenary sessions at conferences, lectures, and "brown bag lunches."

Interactive Presentations are online or in-person presentations that allow the learner to participate. They present choices or paths in response to a learner's action or request. The learner can learn different methods and outcomes utilizing different choices.

Communities of Practice consist of a group of people who share knowledge to develop a shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome.

Clinical Preceptorships aim to change knowledge, attitudes, and clinical skills, and to increase the comfort and confidence of the trainee to make appropriate clinical decisions. The training takes place outside of a traditional classroom, and more likely in health care settings. It includes structured peer-to-peer interactions and spans the length of a relationship between trainee and preceptor. They involve clinical observation of patient care, interaction with patients in care settings, and mini residencies, in which trainees work alongside experienced providers and interact with patients in a clinical setting.

Clinical Consultations are provider-driven and may occur with an individual or a group, both in person or at a distance using telephone, e-mail, fax, or other remote communication technologies. Discussion of real-life cases is a key element of clinical consultation. Clinical consultations have three intended results:

- To improve clinical problem solving;
- To change the behavior of the provider for to make them better or more appropriate clinical care decisions; and
- To impart the most up-to-date knowledge regarding specific HIV patient care.

Coaching for Organizational Capacity Building aims to increase knowledge, attitudes, and clinical skills, to increase capacity across the organization.

In-person is a presentation to a live audience that may be part of a workshop or lecture. This can also include clinical workgroups or organizational coaching.

Distance-based (Live) is an event occurring by telephone or internet with one or more people actively participating in the event.

Distance-based (Archived) is a training program that users can complete on their own time. These programs may include CD-ROMs/DVDs/Videos, Web-based materials, or print products.

Participant Information Form (PIF)

Direct Provision of Services to Clients/Patients includes:

- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

Profession/Discipline and Functional Role

Examples are provided for selected professions and functional roles.

Administrator: Includes Director, Coordinator, Manager and Supervisor

Advanced Practice Nurse: Nurse Practitioners, Certified Nurse Midwives, Certified Nurse Anesthetists, and Clinical Nurse Specialists

Health Educator: Formal training as a health educator (and not also trained as a nurse, physician, Physician Assistant (PA), social worker, or mental health professional)

Mental Health Professional: Psychologist, Counselor, Caseworker, Psychiatric Aide, Human Service Workers (e.g., children's services, geriatric services), Family Therapist and Marriage Counselor

Nurse: Licensed Practical Nurse, Registered Nurse, Bachelor of Nursing

Other Dental Professional: Dental Hygienist, Dental Assistant

Patient/Client Educator: Peer Educator or Adherence Counselor

Physician: Any specialty, including psychiatrist

Physician Assistant: Any specialty

Public Health Professional: MPH/MSPH, Biostatistician, Epidemiologist, Occupational Health Therapist, Environmental Health Specialist, Health Information Specialist

Social Worker: Licensed Social Worker (LSW) (LGSW) or Licensed Independent Clinical Social Worker (LISW, LICSW)

Substance Abuse Professional: Counselor, Outreach Worker, substance misuse disorder Specialist

Ethnicity

Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino.”

Race

American Indian or Alaska Native is a person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.

Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American is a person having origins in any of the black racial groups of Africa.

Native Hawaiian/Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Chapter V: Frequently Asked Questions

How do I create unique identifiers for participants?

Unique identifiers are needed for participants in all training programs and recipients of individual clinical consultations. These IDs allow the RWHAP AETCs to track repeat attendance at events. Participants are asked to use an email address (up to 140 characters) on the PIF and ER form.

What should the RWHAP AETC do if a participant does not provide a PIF identifier?

It is expected that site directors will stress the importance of using an email address as the unique ID. Submissions that do not include email addresses will not be counted in the data.

What is the importance of having RWHAP-funded agencies be coded?

Offering training to providers working at RWHAP-funded agencies is an important RWHAP AETC training priority. Furthermore, information about participants' affiliations is frequently requested by Congress or HRSA. Participants may be unsure if their agencies receive RWHAP funding. Consequently, it was decided that this information would be more reliably coded by office staff based on participant-supplied information about the name of their principal employer.

How do I report topics that are not listed on the forms?

HRSA HAB has provided a comprehensive list of event topics for selection. You must select a topic from that list. When available, use the option for "Other, specify" and write in the answer.

May I revise the forms or manuals HRSA HAB provides?

The distributed forms have been approved by the Office of Management and Budget for use by RWHAP AETCs. If you have suggestions to improve the data collection forms or process, please provide written feedback to your HRSA HAB Project Officer. Updates to the manual will be disseminated as needed.

How do I assign training modalities to different types of events?

There will always be situations in which it is possible to assign events to more than one training modality. It is also assumed most events use a combination of training modalities and that the primary purpose of the event is what is coded.



When in doubt, contact your HRSA HAB Project Officer for further assistance.

Whom do I contact for further assistance?

The EHBs Customer Support Center can be reached at 1-877-464-4772 (8am-8pm ET, M-F) or you may submit your request at

<http://www.hrsa.gov/about/contact/ehbhelp.aspx>.

For reporting requirements or submission assistance, Data Support can be reached at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com.

Program-related questions should be directed to your assigned HRSA HAB Project Officer.



If you need EHBs technical assistance, please contact the HRSA Contact Center at 877-464-4772. If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.