

HRSA
AIDS EDUCATION AND TRAINING CENTERS
DATA COLLECTION MANUAL

HIV/AIDS Bureau
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CHAPTER I: INTRODUCTION

The AIDS Education and Training Centers (AETCs) are required to collect and submit data files on an annual basis. These data sets provide information on the AETCs' activities and are submitted to a data contractor selected by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

This manual provides the information needed for the AETCs to comply with the data collection requirements. Specifically:

- Chapter 1 provides an overview of the data collection and its purpose.
- Chapter 2 provides a detailed review of the two forms and instructions for completing them. This information may be useful to training staff that administer the Participant Information Forms and complete the event record form for the programs conducted.
- Chapter 3 gives detailed instructions for assembling the two required data sets, including variable names, coding conventions, and file formats.
- Chapter 4 contains definitions of terms used in these forms, and, in some cases, instruction on how to categorize certain events.
- Chapter 5 contains frequently asked questions and answers and provides information on obtaining further technical assistance.

Purpose of Data Collection

The goal of national data collection efforts is to create a uniform set of data elements that will produce an accurate summary of the national scope of AETC professional training, consultation, and technical assistance events. The elements forming the national database have been selected for their relevance in documenting the AETCs' efforts in achieving the program's stated goals—to improve the care of people living with HIV/AIDS by providing education, training, clinical consultation, technical assistance, and other forms of support to clinicians and other providers serving this population. HAB/HRSA needs this information to respond to requests from within the Department of Health and Human Services (HHS), Congress, and others.

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

A Federal 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 number. The OMB control number for this project is 0915-0281. Public reporting burden for this collection of information is estimated as follows: 12 minutes for completion of the PIF or ER and 768 hours per year for the remaining AETC recordkeeping. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Overview of Data Collection Requirements

Types of Forms

The two forms used by the AETC to depict their activities include the following:

- *The Event Record (ER)* gathers information on each activity, including topics covered, number of people trained, type of training conducted, training modality, length of training, and collaborations with other organizations.
- *The Participant Information Form (PIF)* captures information from the individuals who attend an event—including their profession, employment setting, and the characteristics of the HIV-infected population they serve.

The National Evaluation AETC at Columbia University led a collaborative process to develop the forms during the period 1999–2003. A second collaborative process was initiated by HRSA in the summer of 2006 to change the forms to better reflect reporting needs. HRSA and the AETC Data Workgroup met throughout the summer of 2006. The end result is that the five original forms were condensed to two forms: an Event Record form (ER) and a Participant Information Form (PIF). The types of information requests that HRSA receives requires the data elements listed below:

- Unduplicated count of all training, consultation, and technical assistance encounters.
- Unduplicated count of individuals receiving AETC professional training, consultation, and technical assistance encounters.
- Number of hours of AETC training events, consultations, and technical assistance encounters.
- Count of trainees who treat and manage the medical care of people with HIV.
- Proportion of trainees who care for underserved minorities and vulnerable populations.
- Proportion of AETC trainees employed by Ryan White CARE Act funded agencies.
- AETC use of various training modalities, including distance learning, clinical consultation, Internet-based instruction, and technical assistance.
- AETC contribution to improved access to medical care for underserved and vulnerable populations by increasing the capacity of medical care providers available to care for HIV-infected patients.
- Number of offerings on specific topics, including clinical management of HIV disease, highly active antiretroviral therapy (HAART), state-of-the-art antiretroviral therapy, and technical assistance designed to increase capacity.

Reporting Period

Reporting for the AETC activities covers the period July 1 through June 30, regardless of fiscal year. Even if your fiscal year does not begin on July 1 and end on June 30, your data must still be reported and submitted for the July 1– June 30 time period. Data sets are due July 31, one month after the end of the reporting period (or the last business day in July). No other submissions are required at this time.

Data File Format Standards

Each AETC will submit two data sets once a year. Files should be submitted in SPSS or MS Excel. If your AETC cannot deliver files in one of these two formats, contact HAB to discuss acceptable formats.

Data sets that do not conform to the standards and quality set forth in this document will be returned to the AETC for revision and resubmission. Resubmission time periods will be brief.

Where to Submit Data

Data files must be uploaded to HRSA's server via a secure Web link. There is a link to this server on the AETC Web site.

All files should be scanned for viruses prior to submission. Any files received with viruses will be returned.

Change in Contact Information

Staff at SAIC, the current OIT contractor for HRSA's HIV/AIDS Bureau, may send occasional reminders and updates regarding changes to the AETC data collection and reporting process. Therefore, it is imperative that AETCs inform HAB of any changes in key contact people or contact information.

CHAPTER II: 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 participants should complete a Participant Information Form (PIF) at the start or conclusion of an event.

PIF Item 1: Unique Participant ID

Many participants may hesitate or refuse to provide the information required to create a unique ID number (day and month of birth and last four digits of their Social Security number). Therefore, it is vitally important that training staff verbally emphasize that this information is the only way that the AETC can maintain an unduplicated count of trainees. Trainers also should emphasize that the purpose of this information is to construct a Participant ID and track repeat attendance; it cannot be used to identify an individual. Documenting the number of individuals attending multiple events throughout the AETC demonstrates to Congress that the center is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people living with HIV/AIDS.

The Participant ID will be constructed using the participant’s month and day of birth, and the last four digits of his or her Social Security number. The format will be eight digits.

PIF Item 2: Date of Training

This item is the date of the event. Events that occur over multiple days should use the date of the last session of the event. This date must match the date of the corresponding event record.

PIF Item 3: Primary Profession/Discipline

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

PIF Item 4: Primary Functional Role

Participants select only one answer for this question. This question is asking the participants what they actually do at work. For example, a physician may be a clinician or an administrator or both; HRSA wants to know the participant’s primary role or what he or she spends the most time performing. Again, participants have the option of selecting “Other (specify)” and writing in an answer.

PIF Item 5: Principal Employment Setting

Participants select only one answer for this question. Again, it is the setting in which the participant spends the majority of his or her working time. For example, a participant who works

in a hospital and a substance abuse clinic should check the setting in which he or she spends 51 percent or more of working time.

PIF Items 6a and 6b: Primary Setting/Zip Code

This question asks if the participant's primary employer is located in an urban, suburban, or rural area and also requests the five-digit zip code. Participants should select only one geographic area. 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 patient contact.

PIF Item 7: Faith-Based Organization

The participants are asked to indicate whether or not their principal employer is a faith-based organization (See Chapter IV, Glossary, for definition). Participants should leave this item blank if they are not working or are students/graduate students with no patient contact.

PIF Item 8: Ryan White CARE Act Funding

The participants are asked to indicate whether or not their principal employer receives CARE Act funds. If they do not know whether their employer receives Ryan White funding, they should provide the full name of their employer in the space provided. This question is asking for the name of the organization, not a person. Please ask the participants to use full organization names, not initials or abbreviations. For example, write Columbia Presbyterian Medical Center, not CPMC. Participants should leave this item blank if they are not working or are students/graduate students with no patient contact. (For more guidance, see Chapter 5, FAQ, q. 3.)

PIF Item 9: Ethnic Background

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

PIF Item 10: Racial Background

This is the only question on the PIF where participants may choose more than one answer. Participants should select all racial backgrounds with which they identify. [Note: The format of questions 9 and 10 has been determined by the Office of Management and Budget (OMB) to ensure a standard format for all federal data collections.]

PIF Item 11: Gender

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

PIF Item 12: Direct Provision of Services to 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 13. If participants answer “No,” they should not complete the remaining questions on this form.

PIF Item 13: Direct Provision of Services to HIV-Infected Clients/Patients

This yes/no question asks if care providers or clinicians provide direct services to HIV-infected clients/patients. If the response is “Yes,” participants should continue to complete the remaining questions on this form. Participants should answer “No/Don’t Know” if they neither provide direct services to HIV-infected individuals nor know the status of their clients.

PIF Item 14: Number of Years Providing Direct Services to HIV-Infected Individuals

The participants are asked to indicate the number of years they have provided services to HIV-infected individuals. They should round months up to the next year (e.g., 4 years and 5 months should be reported as 5 years).

PIF Item 15: Number of HIV-Infected Patients

This question asks the participants to estimate the number of HIV+ clients/patients they personally provide services to in an average month. If “None” is selected, then Item 14 should remain blank and Item 13 should be answered “No/Don’t Know.” Trainers should check for agreement between Item 15 and Items 13 and 14; trainers will need to recode answers to 13 and 14 accordingly.

PIF Items 16–18: Specific Populations

The remaining questions ask participants who have direct client/patient care responsibilities to estimate the percentage of their HIV+ clients/patients that are racial/ethnic minorities, women, and the percentage on antiretroviral therapy. These estimates should be based on the past year of the participant’s services to HIV-infected clients/patients.

PIF Office Use Only

Each PIF must have an AETC code, sub-site code, and program number. (The sub-site code and Program ID must form a unique combination for each separate event. There must be a record in the ER data set that corresponds to this code.)

The agency variable is still an optional element and will not be collected for national data reporting. The last item of this section asks if the agency associated with the participant receives CARE Act funding. This item should be coded by the office staff for those PIFs where the participants indicated that they “Don’t Know” if their employer is a CARE Act grant recipient and, instead, supplied the employer’s name in the space provided.

Event Record (ER)

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

ER Item 1: Event Date

This item is the date of the event. Programs that occur over multiple days should use the date of the last session of the event. The date needs to match the date on corresponding Participant Information Forms.

ER Item 2: Training Topics

Fill in the circle to the left of each topic that was covered in the event. If “Other Population” is selected, the trainer must write in an answer.

ER Item 3: Support from Federal Initiatives

Indicate if funds from any of the initiatives identified helped to support this event. The trainer may select all that apply and, if appropriate, “None of the above.”

ER Item 4: Collaborating Organizations

Fill in the circle next to the name/type of organization with which the AETC had a collaborative agreement to conduct this event. Select all that apply.

Options include “Other AETCs,” “Other Training Centers,” (e.g., SAMHSA’s ATTCs or CDC’s Prevention Training Center, Regional Training Center or TB Training Center) and “Other Agencies.” Select “None,” if appropriate. This question will determine how often an AETC works in collaboration with another organization to finance, plan and execute a training event. Joint sponsorship must include financial or AETC personnel time contribution.

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

The 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 AETC that is sending the PIFs to HRSA. They should also make sure to fill out Item 4, so it reflects the collaboration with the other AETC(s).

For site-specific runs, HRSA will use the PIFs sent in by a site as well as any PIFs collected by another AETC during jointly sponsored events. Therefore, it is very important that Item 4 is filled out accurately.

ER Item 5: Number of Participants

Enter the number of participants or download sites that participated in the event. When there are multiple AETC collaborators on an event, they should work out an equitable arrangement to allocate attendance that avoids duplicate counts.

ER Item 6: Number of PIFs

Enter the number of PIFs collected from participants.

ER Item 7: Length of Session (Event)

The trainer has the option of assigning hours to five different levels of training for the same event. (See Chapter IV: Glossary, for an explanation of training levels.) The trainer may distribute the training hours to the nearest quarter hour across all training levels. For example, 12¼ hours should be written as 12.25.

ER Item 8: Training Modalities

The trainer should select all training modalities or technologies used in this event.

ER Office Use Only

Each ER must have an AETC code, sub-site code, and Program ID. The sub-site codes and Program ID are assigned by the AETC. The sub-site code and Program ID must form a unique combination for each separate event. There must be a record in the PIF data set that corresponds to this code. The AETC code, sub-site code, and Program ID must match the corresponding PIF records.

CHAPTER III: NATIONAL DATABASE

This chapter provides information on variable names, coding conventions, and standards for creating data sets for each form. Each AETC will submit two data files—one for each form.

General Instructions

Closed-ended Question Items

For closed-ended question items, only one response is allowed, unless instructed otherwise. For the race question on the PIF, the respondent should choose all that apply. Several questions on the ER allow multiple responses.

Missing Values

Unless otherwise noted in the codebook, a system missing (.) should be assigned for all numeric variables, when an item is left blank. For all string variables, a blank or null character string will indicate missing values (unless otherwise noted in the codebook). Other user-defined missing values (e.g., 9 or 99) will be regarded as out-of-range values for the purposes of national quality assurance. The data will be returned to the AETC for correction. In general, only the Participant Information Form should have unanswered items because AETC staff and consultants should complete the ER.

Other Data Collection Conventions

- A correct AETC code number must be included for every record. These codes are as follows:

1 – Delta	10 – New York/New Jersey
2 – Florida/Caribbean	11 – Northwest
4 – Midwest	12 – Pacific
5 – Mountain Plains	13 – Pennsylvania/Mid-Atlantic
6 – National Minority	15 – Southeast
8 – New England	16 – Texas/Oklahoma

- AETCs must assign a sub-site number for each local performance site and use the sub-site number in each data record for that site. Updated lists of sub-site codes should be submitted with the data files.
- AETCs must assign unique ID numbers to each event. The combination of the sub-site number and this ID number must be unique.
- Participants should be instructed to read the directions carefully and complete each item on the form that applies to their role. In addition, to help insure accurate responses, they should be given the "Instructions for completing the PIF" document.

Data File Names

Data from each form type should be submitted as a separate data file using the following naming convention: **aaaxxyy**. Where:

- **aaa** is the form name (PIF, ER).
- **xx** is your assigned AETC code number (see previous page).
- **yy** indicates the last two digits of the fiscal year. The fiscal year begins July 1 and ends June 30. The year ending June 30, 2007 is fiscal year 07.

For example, a data submission from Texas/Oklahoma would be: PIF1607, ER1607.

Codebook

The next few pages present the coding conventions and variable names that should be used in creating the annual data file submissions.

Participant Information Form (PIF)

Codebook: Participant Information Form (27 variables)

No.	Field Description	Field Name	Type	Length	Coding																
1	Unique Participant ID	pif_id	numeric	8	To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your Social Security number. For example, May 29, 123-45-6789 has the ID number 05296789.																
2	Date of Event	pifdate	date	8	(mm/dd/yy)																
3	Profession/Discipline	Pif3	numeric	2	<table border="0"> <tr> <td>1 – Dentist</td> <td>9 – Clergy/Faith-Based Professional</td> </tr> <tr> <td>2 – Other Dental Professional</td> <td>10 – Dietitian/Nutritionist</td> </tr> <tr> <td>3 – Nurse Practitioner</td> <td>11 – Health Educator</td> </tr> <tr> <td>4 – Other Advanced Practice Nurse</td> <td>12 – Mental Health Professional</td> </tr> <tr> <td>5 – Nurse</td> <td>13 – Public Health Professional</td> </tr> <tr> <td>6 – Pharmacist</td> <td>14 – Social Worker</td> </tr> <tr> <td>7 – Physician</td> <td>15 – Substance Abuse Professional</td> </tr> <tr> <td>8 – Physician Assistant</td> <td>16 – Other (specify)</td> </tr> </table>	1 – Dentist	9 – Clergy/Faith-Based Professional	2 – Other Dental Professional	10 – Dietitian/Nutritionist	3 – Nurse Practitioner	11 – Health Educator	4 – Other Advanced Practice Nurse	12 – Mental Health Professional	5 – Nurse	13 – Public Health Professional	6 – Pharmacist	14 – Social Worker	7 – Physician	15 – Substance Abuse Professional	8 – Physician Assistant	16 – Other (specify)
1 – Dentist	9 – Clergy/Faith-Based Professional																				
2 – Other Dental Professional	10 – Dietitian/Nutritionist																				
3 – Nurse Practitioner	11 – Health Educator																				
4 – Other Advanced Practice Nurse	12 – Mental Health Professional																				
5 – Nurse	13 – Public Health Professional																				
6 – Pharmacist	14 – Social Worker																				
7 – Physician	15 – Substance Abuse Professional																				
8 – Physician Assistant	16 – Other (specify)																				
4	Primary Functional Role	Pif4	numeric	2	<table border="0"> <tr> <td>1 – Administrator</td> <td>6 – Intern/Resident</td> </tr> <tr> <td>2 – Agency Board Member</td> <td>7 – Researcher</td> </tr> <tr> <td>3 – Care Provider/ Clinician</td> <td>8 – Student/Graduate Student</td> </tr> <tr> <td>4 – Case Manager</td> <td>9 – Teacher/Faculty</td> </tr> <tr> <td>5 – Client/Patient Educator</td> <td>10 – Other (specify)</td> </tr> </table>	1 – Administrator	6 – Intern/Resident	2 – Agency Board Member	7 – Researcher	3 – Care Provider/ Clinician	8 – Student/Graduate Student	4 – Case Manager	9 – Teacher/Faculty	5 – Client/Patient Educator	10 – Other (specify)						
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3 – Care Provider/ Clinician	8 – Student/Graduate Student																				
4 – Case Manager	9 – Teacher/Faculty																				
5 – Client/Patient Educator	10 – Other (specify)																				

No.	Field Description	Field Name	Type	Length	Coding
5	Principal Employment Setting	Pif5	numeric	2	1 – Academic Health Center 2 – Community Health Center 3 – Family Planning 4 – HIV Clinic 5 – Hospital-Based Clinic 6 – Indian Health Services/Tribal 7 – Infectious Disease 8 – Maternal/Child Health 9 – Mental Health 10 – Rural Health 11 – Sexually Transmitted Disease 12 – Substance Abuse 13 – College/University 14 – Community-Based Organization 15 – Correctional Facility 16 – HMO/Managed Care Organization 17 – Hospital/ER 18 – Military/VA 19 – Private Practice 20 – State/Local Health Dept. 21 – Non-Health 22 – Other Primary Care 99 – Not Working (skip to Item 9)
6	Location of Primary Employment Setting	Pif6a	numeric	1	1 – Rural 2 – Suburban 3 – Urban
7	Zip Code of Principal Employment	Pif6b	string	5	Five-digit zip code, 00000-99999; leave blank for not working.
8	Faith-based organization	Pif7	numeric	2	0 – No 1 – Yes 9 – Do not know
9	Ryan White CARE Act Funding	Pif8	numeric	1	0 – No 1 – Yes 9 – Do not know
10	Hispanic/Latino/a Background	Pif9	numeric	1	0 – No 1 – Yes
11	American Indian/Alaska Native	Pif10 1	numeric	1	0 – No
12	Asian	Pif10 2	numeric	1	1 – Yes

No.	Field Description	Field Name	Type	Length	Coding
13	Black or African American	Pif10_3	numeric	1	
14	Native Hawaiian/ Other Pacific Islander	Pif10_4	numeric	1	
15	White	Pif10_5	numeric	1	
16	Gender	Pif11	numeric	1	1 – Female 2 – Male 3 – Transgender
17	Provision of Services to Clients/Patients	Pif12	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
18	Provision of Services to HIV-Infected Clients/Patients	Pif13	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
19	Number of Years Providing Services to HIV-Infected Individuals	Pif14	numeric	2	## – How many years providing services directly to HIV-infected clients/patients. (2-digit number)
20	Number of HIV+ Patients	Pif15	numeric	1	0 – None 1 – 1-9 2 – 10-19 3 – 20-49 4 – 50+
21	Special Population (Racial/Ethnic Minority)	Pif16	numeric	1	0 – None 1 – 1-24%
22	Special Population (On ART)	Pif17	numeric	1	2 – 25-49%
23	Special Population (Women)	Pif18	numeric	1	3 – 50-74%
24	Original number of AETC program	Aetc	numeric	2	4 – ≥75%
					1 – Delta 2 – Florida/Caribbean 4 – Midwest 5 – Mountain Plains 6 – National Minority 8 – New England 10 – New York/New Jersey
					11 – Northwest 12 – Pacific 13 – Pennsylvania/Mid-Atlantic 15 – Southeast 16 – Texas/Oklahoma

No.	Field Description	Field Name	Type	Length	Coding
25	Sub-site number of AETC program	Subsite	numeric	3	### Submit list of sub sites and corresponding (up to 3-digit) number.
26	Program ID	prog_id	numeric	8	Number assigned by each AETC for each event. The sub-site code and Program ID must form a unique combination for each separate event. There must be a record in the ER data set that corresponds to this code.
27	Ryan White CARE Act funded	Careact	numeric	1	0 – No 1 – Yes

Event Record (ER)

Codebook: Event Record (94 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Event Date	erdate	Date	8	(mm/dd/yy)
2	Adherence	Er2_1	numeric	1	0 – No; 1 – Yes
3	Antiretroviral Therapy	Er2_2	numeric	1	
4	Non-ART Treatment	Er2_3	numeric	1	
5	Basic Science/Epidemiology	Er2_4	numeric	1	
6	Clinical Manifestations of HIV Dis.	Er2_5	numeric	1	
7	Co-Morbidities	Er2_6	numeric	1	
8	HIV Routine Laboratory Tests	Er2_7	numeric	1	
9	Hepatitis A,B,C	Er2_8	numeric	1	
10	Nutrition	Er2_9	numeric	1	
11	Opportunistic Infections	Er2_10	numeric	1	
12	Oral Health	Er2_11	numeric	1	
13	Post Exposure Prophylaxis	Er2_12	numeric	1	
14	Resistance	Er2_13	numeric	1	
15	Routine Primary Care Screenings	Er2_14	numeric	1	
16	Agency Needs Assessment	Er2_15	numeric	1	
17	Community Linkages	Er2_16	numeric	1	
18	Cultural Competence	Er2_17	numeric	1	
19	Education Development/Delivery	Er2_18	numeric	1	
20	Grant Issues	Er2_19	numeric	1	
21	Health Literacy	Er2_20	numeric	1	
22	Health Care Development/Clinical Service Coordination	Er2_21	numeric	1	
23	Health Care Org. & Finances	Er2_22	numeric	1	
24	HIPAA/Confidentiality	Er2_23	numeric	1	
25	Quality Improvement	Er2_24	numeric	1	
26	Resource Allocation	Er2_25	numeric	1	

No.	Field Description	Field Name	Type	Length	Coding
27	Technology	Er2_26	numeric	1	0 – No; 1 – Yes
28	HIV Risk Assessment	Er2_27	numeric	1	
29	Risk Reduction	Er2_28	numeric	1	
30	Routine HIV Testing	Er2_29	numeric	1	
31	Mental Health	Er2_30	numeric	1	
32	Substance Abuse	Er2_31	numeric	1	
33	Adolescent (Ages 13–24)	Er2_32	numeric	1	
34	Children (Birth–12)	Er2_33	numeric	1	
35	Gay/Lesbian/Bisexual/ Transgender	Er2_34	numeric	1	
36	Homeless/Unstably Housed	Er2_35	numeric	1	
37	Immigrant/Border Populations	Er2_36	numeric	1	
38	Incarcerated Individuals	Er2_37	numeric	1	
39	People Over 50 Years of Age	Er2_38	numeric	1	
40	Racial/Ethnic Minorities	Er2_39	numeric	1	
41	Rural Populations	Er2_40	numeric	1	0 – No; 1 – Yes
42	Women	Er2_41	numeric	1	
43	Other Populations (specify)	Er2_42	numeric	1	
44	No Initiative	Er3_0	numeric	1	
45	American Indian/Alaskan Native	Er3_1	numeric	1	
46	Border Health Initiative	Er3_2	numeric	1	
47	Minority AIDS Initiative (MAI)	Er3_3	numeric	1	
48	None	Er4_0	numeric	1	
49	Delta	Er4_1	numeric	1	
50	FL/Caribbean	Er4_2	numeric	1	
51	Midwest	Er4_3	numeric	1	
52	Mtn. Plains	Er4_4	numeric	1	
53	New England	Er4_5	numeric	1	
54	NY/NJ	Er4_6	numeric	1	
55	Northwest	Er4_7	numeric	1	
56	Pacific	Er4_8	numeric	1	
57	PA/Mid-Atlantic	Er4_9	numeric	1	

No.	Field Description	Field Name	Type	Length	Coding	
58	Southeast	Er4_10	numeric	1	0 – No; 1 – Yes	
59	TX/OK	Er4_11	numeric	1		
60	Ntl. Clinicians Consult.Ctr. (NCCC)	Er4_12	numeric	1		
61	Ntl. Minority AETC	Er4_13	numeric	1		
62	Ntl. Resource Ctr.	Er4_14	numeric	1		
63	Ntl. Evaluation Ctr.	Er4_15	numeric	1		
64	Addiction Technology Transfer Center (ATTC)	Er4_16	numeric	1		
65	Area Health Ed. Center (AHEC)	Er4_17	numeric	1		
66	Prevention Training Center (PTC)	Er4_18	numeric	1		
67	Regional Training Center (RTC)	Er4_19	numeric	1		
68	TB Training Center	Er4_20	numeric	1		
69	AIDS Community-Based Organization	Er4_21	numeric	1		
70	College/University/Health Professions School	Er4_22	numeric	1		
71	Faith-Based Organization	Er4_23	numeric	1		
72	Community Health Center	Er4_24	numeric	1		
73	Historically Black College or University (HBCU)/Hispanic Serving Institution/Tribal College or University	Er4_25	numeric	1		
74	Hospital/Hospital-Based Clinic	Er4_26	numeric	1		
75	Ryan White Care Act Funded Program	Er4_27	numeric	1		
76	# of Participants	Er5	numeric	4		Up to 4 digits
77	# of PIFs collected	Er6	numeric	4		Up to 4 digits
78	Didactic Presentation	Er7_1	numeric	4		Total Hours of event to nearest quarter hour. Up to 4 digits. (For example, 15.25 may be entered for 15 hours 15 minutes.)
79	Skills Building	Er7_2	numeric	4		
80	Clinical Training	Er7_3	numeric	4		
81	Group Clinical Consultation	Er7_4	numeric	4		
82	Individual Clinical Consultation	Er7_5	numeric	4		

No.	Field Description	Field Name	Type	Length	Coding														
83	Technical Assistance	Er7_6	numeric	4															
84	Chart/Case Review	Er8_1	numeric	1	0 – No; 1 – Yes														
85	Clinical Preceptorship/Mini-Residency	Er8_2	numeric	1															
86	Computer-based	Er8_3	numeric	1															
87	Conference Call /Telephone	Er8_4	numeric	1															
88	Lecture/Workshop	Er8_5	numeric	1															
89	Role Play/Simulation	Er8_6	numeric	1															
90	Self Study	Er8_7	numeric	1															
91	Telemedicine	Er8_8	numeric	1															
92	Original number of AETC program	Aetc	numeric	2		<table border="0"> <tr> <td>1 – Delta</td> <td>11 – Northwest</td> </tr> <tr> <td>2 – Florida/Caribbean</td> <td>12 – Pacific</td> </tr> <tr> <td>4 – Midwest</td> <td>13 – Pennsylvania/Mid-Atlantic</td> </tr> <tr> <td>5 – Mountain Plains</td> <td>15 – Southeast</td> </tr> <tr> <td>6 – National Minority</td> <td>16 – Texas/Oklahoma</td> </tr> <tr> <td>8 – New England</td> <td></td> </tr> <tr> <td>10 – New York/New Jersey</td> <td></td> </tr> </table>	1 – Delta	11 – Northwest	2 – Florida/Caribbean	12 – Pacific	4 – Midwest	13 – Pennsylvania/Mid-Atlantic	5 – Mountain Plains	15 – Southeast	6 – National Minority	16 – Texas/Oklahoma	8 – New England		10 – New York/New Jersey
1 – Delta	11 – Northwest																		
2 – Florida/Caribbean	12 – Pacific																		
4 – Midwest	13 – Pennsylvania/Mid-Atlantic																		
5 – Mountain Plains	15 – Southeast																		
6 – National Minority	16 – Texas/Oklahoma																		
8 – New England																			
10 – New York/New Jersey																			
93	Sub-site number of AETC program	Sub site	numeric	3	Submit list of sub-sites and corresponding (up to 3-digit) number.														
94	Program ID	prog_id	numeric	8	Number assigned by each AETC for each event. The sub-site code and Program ID must form a unique combination for each separate event. There must be a record in the PIF data set that corresponds to this code.														

Quality Assurance Procedures and Checklist

HAB's OIT contractor will confirm receipt of data files within 48 hours. The data submission will then be reviewed for compliance with the instructions provided above. If any of the items below are incorrect, then the files will not be submitted. Corrections will have to be made, files re-uploaded. Submission cannot occur until all files are error-free.

- All files are free from viruses.
- A completed list of all Sub-sites is included with the submission.
- Both data sets are present.
- Data sets are named according to the conventions provided at the beginning of this chapter.
- All variables are named according to the codebook presented above.
- All variables are present.
- All variables have values with acceptable ranges, as defined in the codebooks.
- All files pass the data quality checks and are free of errors.
- At the request of HAB, a sample of the answers written in the blank for "Other (specify)" will be provided.

CHAPTER IV: GLOSSARY

EVENT RECORD

Collaborating Organizations

(This section provides definitions of organizations that helped support an event. See ER Item 4.)

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

Addiction Technology Transfer Centers (ATTC) are dedicated to identifying and advancing opportunities for improving addiction treatment. The Centers are funded by SAMHSA to upgrade the skills of existing practitioners and other health professionals and to disseminate the latest science to the addiction treatment community.

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 health care in the service area.

College/University/Health Profession Schools provide training necessary to become health care 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.

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, according to 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 25 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 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 abuse treatment programs, STD clinics, AIDS clinics, and inpatient case management service programs.

Centers for Disease Control and Prevention (CDC) is an agency of the U.S. Department of Health and Human Services, is recognized as the lead Federal agency for protecting the health and safety of the people –at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of people in the U.S. CDC programs include the Prevention Training Centers (PTC) and TB Education and Training Network (TB).

HIV/AIDS Bureau (HAB) is the bureau within HRSA that administers the Ryan White CARE Act.

HHS Office of Population Affairs (OPA) serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning, sterilization, and other population issues. There are Regional Training Centers (RTC) associated with the Office.

Health Resources and Services Administration (HRSA) is the access agency of the U.S. Department of Health and Human Services. Its mission is to improve and expand access to quality health care for all. HRSA assures the availability of quality health care to low income, uninsured, isolated, vulnerable, and special needs populations.

National Clinicians' Consultation Center (NCCC) is an AETC clinical resource for health care professionals from the University of California San Francisco at San Francisco General Hospital. 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 infection ("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.

National Evaluation Center is responsible for program evaluation activities, including assessing the effectiveness of the AETCs' education, training, and consultation activities.

National Minority AETC, provides capacity building, education, training, support, and advocacy to minority and minority-serving health care providers to improve the quality of care delivered to individuals within communities of color that are diagnosed with HIV/AIDS.

National Resource Center supports the training needs of the regional AETCs through coordination of HIV/AIDS 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/AIDS training resource (www.aids-ed.org/).

Office of Management and Budget (OMB) sets performance measures for Federal government programs and also approves all systematic collections of information from the public that are sponsored by the Federal government.

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.

Regional Training Center (RTC) is an outlet for the information released by the National Resource Center. Supported by the National Resource Center, the RTC are extensions of the AETC program. There are 14 centers across the country, Caribbean, and Puerto Rico.

Ryan White CARE Act Funded Programs or **CARE Act** is an abbreviation for the Ryan White Comprehensive AIDS Resources Emergency Act, which funds HIV services domestically. Specific programs under the CARE Act include:

- *Title I* provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic.
- *Title II* provides grants to all 50 States, the District of Columbia, Puerto Rico, and several territories to provide health and support services to people affected by the disease. Title II includes the AIDS Drug Assistance Program.
- *Title III* (Early Intervention Services) funds community-based organizations and health centers to provide comprehensive HIV/AIDS services. Title III also provides capacity building grants to eligible organizations.
- *Title IV* serves women, infants, children and youth living with HIV disease and addresses the specific needs of these populations.
- *Special Projects of National Significance (SPNS)* program advances knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. SPNS grants fund innovative models of care and support the development of effective delivery systems for HIV care. The SPNS Program is considered the research and development arm of the Ryan White CARE Act. Initiatives include the Border Health Initiative, Native American, and Prevention with Positives.

Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, was created to focus attention, programs, and funding on improving the lives of people with or at risk for mental health and substance abuse disorders.

Tuberculosis Education and Training Network (TB ETN), funded by the CDC, brings TB professionals together to network, share resources, and build education and training skills. Currently, membership includes representatives from TB programs, correctional facilities, hospitals, nursing homes, Federal agencies, universities, the American Lung Association, National TB Model Centers, and other U.S. and international organizations interested in TB education and training issues.

TB Training Center provides 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 abuse and mental health services with HIV primary health care for American Indian and Alaska Native communities. It is designed for people who are HIV-positive or at risk for HIV infection with co-morbidities of substance abuse (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/AIDS and improve health outcomes for people living with HIV within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities. It was formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Training Levels

The AETCs classify training and technical assistance activities into five levels that specify the type of interaction that occurred.

Level I: Didactic or classroom-based presentations such as a lecture with the training objective of changing knowledge and attitudes. The learner listens and may have the opportunity to ask questions. The duration of such training is typically 1–3 hours.

Level II: Skills-building, clinically based workshops designed to change attitudes and skills through more intensive and participatory training activities such as small group interactive sessions, workshops, role-play, case discussion, and the use of standardized, simulated patients. The participant interacts with the instructor and other participants and the programs last between 2 hours and 2 to 4 days.

Level III: Clinically-based training where the objective is to change knowledge, attitudes, and clinical skills, as well as to increase the comfort and confidence of the trainee to make appropriate clinical decisions. The training generally uses methods outside the classroom, but in health care settings. They may involve clinical observation of patient care, interaction with patients in care settings, mini-residency, and preceptorship, in which trainees work alongside experienced providers and interact with patients in a clinical setting. Clinically-based training can last from 1 day to 5 or more days.

Level IV: Clinical consultations (individual or group) have three intended results:

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

Clinical consultation is provider-driven and may occur with individuals or with a group, both in person or at a distance through the use of telephone, e-mail, fax, or other remote communication

technologies. The National Clinicians' Consultation Center provides telephone consultations across the nation and augments the regional centers' clinical consultation activities.

Level V: Technical Assistance (TA) provides resources and guidance to improve HIV service delivery and performance at the organizational and individual provider levels. Technical Assistance utilizes a consultation style approach, which is either organizational or AETC-driven. The focus is on organizational or program structure issues.

Training Modality/Training Resources

Chart/Case is a training method that includes reviewing cases and charts that contain medical data.

Clinical Preceptorship/Mini-Residency is a supervised clinical experience which allows students to apply knowledge gained in the didactic portion of a program to clinical practice.

Computer-Based Training (CBT) is a method of training in which all the information and education disseminated is based over a computer or computer network.

Conference/Telephone Call is an event occurring by telephone with one or more people involved. A conference call is distinguished from a teleconference by a less formal agenda and a focus on discussion rather than lecture.

Lecture/Workshop is a presentation to a live audience that may be part of a workshop.

Role Play/Simulation falls into the category of multi-agenda social-process simulation. In such simulations, "participants assume individual roles in a hypothesized social group and experience the complexity of establishing and implementing particular goals within the fabric established by the system."

Self-Study is a training program that users can complete on their own time. This may be CD-ROM/DVD/Video, Web-based, or print products.

Telemedicine is the use of telephone and computer technology to transmit medical information about one or more patients.

PARTICIPANT INFORMATION FORM

Race/Ethnicity

American Indian or Alaska Native is a person having origins in any of the original peoples of North and South 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.

Hispanic or Latino/a is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

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.

Profession/Discipline and Functional Role

Examples are provided for selected professions and functional roles.

Health Educator: Formal training as a health educator (and not also trained as a nurse, physician, 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 Marriage Counselor

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

Nurse Practitioner: Certified Registered Nurse Practitioner, Nurse Practitioner

Other Advanced Practice Nurse: Nurse Midwife; Nurse Clinical Specialist; Nurse Anesthetist.

Other Dental Professional: Dental Hygienist, Dental Assistant

Patient/Client Educator: Peer Educator, Adherence Counselor

Physician: Any specialty, including psychiatrist

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

Substance Abuse Professional: Counselor; Outreach Worker, Addiction Specialist

CHAPTER V: FREQUENTLY ASKED QUESTIONS AND FURTHER ASSISTANCE

1. 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 ID numbers allow the AETCs to track repeat attendance at events. The method for creating unique identifiers is to use the month and day of the participant's date of birth and the last four digits of the Social Security number. Participants are asked to create their own ID number on the PIF.

2. What should the AETC do if a participant does not complete the PIF?

Adding or completing the ID numbers in the office without knowing who the participant is does not guarantee linking the same individual across training events. Therefore, do not create generic IDs. However, if you know your participants and are able to construct their unique ID from information you have on record, it is acceptable to enter or correct unique IDs on the PIF. In addition, it is expected that site directors will stress the importance of the ID numbers and ensure that trainers and participants know how to create the unique ID.

3. Why and how should Ryan White funded agencies be coded?

Offering training to providers working at CARE Act funded agencies is an important AETC training priority. Furthermore, information about trainees' affiliations is a frequent request from Congress of HRSA. In some cases trainees are unsure if their agency receives CARE Act funding. Therefore, it was decided that office staff should code this information based on the name of the participant's principal employer, supplied in PIF Item 8.

To code Ryan White funded agencies from responses to Item 8 of the PIF, create an alphabetical listing of agencies in your AETC's region that receive funding from any CARE Act Title including Special Projects of National Significance (SPNS). Since it is often difficult to determine what unit or service actually receives CARE Act funding, this variable is coded at the agency rather than at a unit or departmental level. When an agency is geographically dispersed, it may be appropriate to treat the distinct geographical sites as separate agencies for the purpose of tracking CARE Act funding.

Code "Yes" for matches between Item 8 of the PIF form and the list of agencies. Code "No" when no match is found.

4. How do I assign training levels to different types of events?

There will always be situations in which it is possible to assign events to more than one training level. It is also assumed that most events use a combination of training modalities and that the primary purpose of the event is what is coded. The AETC staff is charged with using their best judgment. The consistency of assignment of AETC training events to training levels will benefit everyone, if those doing the assignment understand how HRSA uses this information.

When HRSA prepares reports regarding AETC training activities, summary data are routinely broken down by training level. Each training event is assigned to a single training level. Tables display the number of events conducted at each training level, the total attendance by training level and the total instructional time devoted to training events at each level. Participant characteristics are routinely reported by training level. This information is important, because HRSA wants to track how much effort is being devoted to different methods of training; which training formats appeal to different provider populations; and whether the trainees conform to professional training objectives of the CARE Act.

Please note that when a training event includes more than one training level that event is assigned to the category "Multi-Level Training," and it is not possible to distinguish which two or more levels were included during that event.

5. How do you code topics that are not listed on the forms?

HAB has provided a comprehensive list of event topics for selection. The only area you may write in an answer is under Targeted Populations. If a population is not identified on the list, use the option for "Other Population (Specify) and write in the answer. Periodically, HRSA will review the "write-in" and update the answer set as needed.

6. What constitutes “joint sponsorship” or “collaboration?”

Joint sponsorship must include financial or AETC personnel time contribution (e.g., finance, plan, or execute a training).

7. If an AETC co-sponsors an event with another AETC, which one collects the PIFs and reports the data to HRSA?

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

The AETCs that do not collect the PIFs should not send any PIFs to HRSA for that jointly sponsored event. However, they should still complete an ER and make sure that the program ID matches the program ID of the AETC that sends the PIFs to HRSA. They should also make sure to fill out Item 4 so it reflects the collaboration with the other AETC(s).

For site-specific runs, HRSA will use the PIFs sent in by a site as well as any PIFs collected by another AETC during jointly sponsored events. Therefore, it is very important that Item 4 on the ER is filled out accurately.

For Further Assistance

Staff at SAIC, the current OIT contractor for HRSA's HIV/AIDS Bureau, are available to answer any questions you have about the required data collection. Instructions for contacting them will be included in mailings about data reporting. In addition, their contact information will be available on the AETC Web site.

Revisions to Forms and Manuals

HAB and the AETCs will review the forms annually and update training and technical assistance topics as needed. Other answer set revisions will be minimal.

If an individual AETC has other data collection needs, he/she may add more pages to these forms, but should not revise or change the questions on these forms. If an AETC feels that his or her additional data collection needs may benefit all AETCs, the suggestion may be forwarded to HAB for consideration.

If you have suggestions to improve this manual or revise the forms, please provide written feedback to HAB. All feedback will be considered, and corrections to the manual will be disseminated as needed.