

**HEALTH RESOURCES & SERVICES ADMINISTRATION**  
**AIDS EDUCATION AND TRAINING CENTERS**

**DATA COLLECTION MANUAL AND CODEBOOK**

HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 7-90  
Rockville, MD 20857

# Table of Contents

Chapter I: Introduction.....	1
<b>Purpose of Data Collection</b> .....	1
<b>Overview of Data Collection Requirements</b> .....	1
<i>Types of Forms</i> .....	1
<i>Reporting Period</i> .....	1
<i>Data File Format Standards</i> .....	1
<i>Where to Submit Data</i> .....	1
<i>Change in Contact Information</i> .....	1
<b>Chapter II: National Data Collection Forms</b> .....	1
<b>Participant Information Form (PIF)</b> .....	1
<b>Event Record (ER)</b> .....	1
<b>General Instructions</b> .....	1
<i>Closed-ended Question Items</i> .....	1
<i>Missing Values</i> .....	1
<i>Other Data Collection Conventions</i> .....	1
<i>Data File Names</i> .....	1
<b>Participant Information Form (PIF)</b> .....	1
<b>Event Record (ER)</b> .....	1
<b>Quality Assurance Procedures and Checklist</b> .....	1
<b>Chapter IV: Glossary</b> .....	1
<b>Collaborating Organizations</b> .....	1
<b>Federal Initiatives</b> .....	1
<b>Chapter V: FREQUENTLY ASKED QUESTIONS AND FURTHER ASSISTANCE</b> .....	1
<b>For Further Assistance</b> .....	1
Revisions to Forms and Manuals.....	1

## CHAPTER I: INTRODUCTION

The AIDS Education and Training Centers (AETCs) are required to collect and submit data files on a semiannual 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 who 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 lists some 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.

The AETC forms have been approved for use by the Office of Management and Budget (OMB). 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: 10 minutes per Participant Information Form and 365 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, and type of training conducted, training modes used, 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 HIV/AIDS Program 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 twice per year. Data set files should be submitted in MS Excel or MS Access. 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 will be a link to this server on the NRC Web site. In addition, prior to the data submission period, an e-mail will be sent with the website information. .

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

#### *PIF Item 1: Unique Participant ID*

The Participant ID is 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.

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.

#### *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. It is asking about 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. If the setting fits in 2 or more options (an HIV clinic within a hospital), the employment setting that the participant most identifies with should be chosen. "Other Primary Care" should be used for any health setting that is not listed, such as a long-term care facility. "Non-health" should be used for non-health settings. Participants should choose "Not Working" and skip to Item 9 if they are not working or are students/graduate students with no patient contact.

*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 HIV/AIDS Program Funding*

The participants are asked to indicate whether or not their principal employer receives Ryan White HIV/AIDS Program 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 agency, not a person. Please ask the participants to use full agency 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. In addition, participants are instructed to answer both Item 9 on Hispanic origin and Item 10 on race.

*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 12a: 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 12b. If participants answer “No,” they should not complete the remaining questions on this form.

This question and the next question contain the only two skip patterns in this form.

*PIF Item 12b: Direct Provision of Services to Clients/Patients*

This question asks participants who have direct client/patient care responsibilities to estimate the percentage of their overall client/patient population that were racial/ethnic minorities. These estimates should be based on the past year of the participant’s services to all clients/patients.

*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. Trainees should choose “No/Don’t Know” if they neither provide direct services to HIV-infected individuals nor know the status of their clients and should not complete the remaining questions.

*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. Months should be rounded 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 Items 13 and 14 accordingly.

*PIF Items 16–19: 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, co-infected with Hepatitis C, 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, Local Performance Site (LPS) code, and program number. (The LPS 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 Ryan White Program 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 Ryan White 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 will be matched to the date of the corresponding Participant Information Forms.

#### *ER Item 2: Name of Event*

The name or title of the event should be entered by the trainer. This item is for AETC use only.

#### *ER Item 3: Training Site Location Zipcode*

Enter the 5-digit zipcode for the training site location. This item is for AETC use only.

#### *ER Item 4: 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 5: Support from Federal Initiatives*

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

#### *ER Item 6: 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 6, 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 6 is filled out accurately.

*ER Item 7: 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 8: Number of PIFs*

Enter the number of PIFs collected from participants.

*ER Item 9: Total Hours of 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 10: 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, Local Performance Site (LPS) code, and Program ID. The LPS codes and Program ID are assigned by the AETC. The LPS 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, LPS 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	30 – Delta CDC
2 – Florida/Caribbean	31 – Florida/Caribbean CDC
4 – Midwest	32 – Midwest CDC
5 – Mountain Plains	33 – Mountain Plains CDC
8 – New England	35 – New England CDC
10 – New York/New Jersey	36 – New York/New Jersey CDC
11 – Northwest	37 – Northwest CDC
12 – Pacific	38 – Pacific CDC
13 – Pennsylvania/Mid-Atlantic	39 – Pennsylvania/Mid Atlantic CDC
15 – Southeast	40 – Southeast CDC
16 – Texas/Oklahoma	41 – Texas/Oklahoma CDC
17 – National Multi-Cultural Center	42 – National Multi-Cultural Center
18 – Capacity Building Assistances for Community Health Centers	43 – Capacity Building Assistances for Community Health Centers CDC

- AETCs must assign a LPS number for each local performance site and use the LPS number in each data record for that site. Updated lists of LPS codes should be submitted with the data files.
- AETCs must assign unique ID numbers to each event. The combination of the LPS number and this Program 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 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, 2010 is fiscal year 10.

*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 semiannual 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	6	(mm/dd/yy)
3	Profession/Discipline	PIF3	numeric	2	1 – Dentist 2 – Other Dental Professional 3 – Advanced Practice Nurse 4 – Nurse 5 – Pharmacist 6 – Physician 7 – Physician Assistant 8 – Clergy/Faith-Based Professional 9 – Dietitian/Nutritionist 10 – Health Educator 11 – Mental/Behavioral Health Professional 12 – Other Public Health Professional 13 – Social Worker 14 – Substance Abuse Professional 15 – Community Health Worker 16 – Other non-clinical profession (specify):

No.	Field Description	Field Name	Type	Length	Coding
4	Primary Functional Role	PIF4	numeric	2	1 – Administrator 2 – Agency Board Member 3 – Care Provider/Clinician 4 – Case Manager 5 – Client/Patient Educator 6 – Intern/Resident 7 – Researcher/Evaluator 8 – Student/Graduate Student 9 – Teacher/Faculty 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 Clinic 4 – HIV Clinic 5 – HMO/Managed Care Organization 6 – Hospital-Based Clinic 7 – Hospital/ER 8 – Indian Health Services/Tribal Clinic 9 – Infectious Disease Clinic 10 – Long-Term Nursing Facility 11 – Maternal/Child Health Clinic 12 – Mental Health Clinic 13 – Rural Health Clinic 14 – Sexually Transmitted Disease (STD) Clinic 15 – Substance Abuse Treatment Center 16 – College/University 17 – Community-Based Organization 18 – Community/Retail Pharmacy 19 – Correctional Facility 20 – Military/VA 21 – Private Practice 22 – State/Local Health Department. 23 – Non-health 24 – Other Primary Care 25 – Not working (Skip to Question #9.)
6	Location of Primary Employment Setting	PIF6a	numeric	1	1 – Rural 2 – Suburban/Urban Leave blank for not working
7	Zip Code of Principal Employment Setting	PIF6b	string	5	Five-digit zip code, 00000-99999 Leave blank for not working.



No.	Field Description	Field Name	Type	Length	Coding
8	Faith-based organization	PIF7	numeric	2	0 – No 1 – Yes 9 – Do not know
9	Ryan White Program Funding	PIF8a	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 1- Yes
12	Asian	PIF10_2	numeric	1	
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_1	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
18	Percentage of overall client/patient population in the past year who were racial ethnic minorities	PIF12_2	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75%
19	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 directly to HIV-infected clients/patients.	PIF14	numeric	2	Number of Years Providing Services to HIV-Infected Individuals (2-digit number)

No.	Field Description	Field Name	Type	Length	Coding
20	Number of HIV+ Patients served in average month	PIF15	numeric	1	0 – None 1 – 1-9 2 – 10-19 3 – 20-49 4 – 50+
21	Special Population: % HIV+ clients/patients served in past year who were racial/ethnic minorities	PIF16	numeric	1	0 – None 1 – 1-24% 2 – 25-49% 3 – 50-74% 4 – ≥75%
22	Special Population: % HIV+ clients/patients served in past year who were co-infected with Hepatitis C	PIF17	numeric	1	
22	Special Population: % HIV+ clients/patients served receiving ART	PIF18	numeric	1	
23	Special Population: % HIV+ clients/patients served in past year who were women	PIF19	numeric	1	
24	Original number of AETC program	AETC	numeric	2	AETC (2-digit number. See page 9 for complete list.)
25	Local Performance Site (LPS) number of AETC program	LPS	numeric	3	Submit list of LPS and corresponding (up to 3-digit) number.
26	Program ID	PROG_ID	numeric	8	Number assigned by each AETC for each event. The LPS 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 HIV/AIDS Program funded	RWFUND	numeric	1	0 – No 1 – Yes

**Event Record (ER)**

Codebook: Event Record (95 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Event Date	ERDATE	date	8	(mm/dd/yy)
2	Name of Event	ERNAME	string	25	Record actual title of the training event
3	Training Location Zipcode	LOCZIP	numeric	5	Record the 5 digits zipcode for the location of the training event.
<b>TOPICS</b>					
4	Adherence	ER4_1	numeric	1	0 – No; 1 – Yes
5	Antiretroviral Therapy	ER4_2	numeric	1	
6	Non-ART Treatment	ER4_3	numeric	1	
7	Basic Science/Epidemiology	ER4_4	numeric	1	
8	Clinical Manifestations of HIV Dis.	ER4_5	numeric	1	
9	Co-Morbidities	ER4_6	numeric	1	
10	HIV Routine Laboratory Tests	ER4_7	numeric	1	
11	Hepatitis A,B,C	ER4_8	numeric	1	
12	Nutrition	ER4_9	numeric	1	
13	Opportunistic Infections	ER4_10	numeric	1	
14	Oral Health	ER4_11	numeric	1	
15	Pediatric HIV Management/ Perinatal Transmission	ER4_12	numeric		
16	Pre/Post Exposure Prophylaxis (Occupational & Non-Occupational)	ER4_13	numeric	1	
17	Reproductive Health	ER4_14	numeric	1	
18	Resistance/Genotype-Phenotype Interpretation	ER4_15	numeric	1	
19	Routine Primary Care Screenings	ER4_16	numeric	1	
20	Agency Needs Assessment	ER4_17	numeric	1	
21	Community Linkages	ER4_18	numeric	1	
22	Cultural Competence	ER4_19	numeric	1	
23	Education Development/Delivery	ER4_20	numeric	1	

No.	Field Description	Field Name	Type	Length	Coding	
24	Grant Issues	ER4_21	numeric	1		
25	Health Literacy	ER4_22	numeric	1		
26	Health Care Development/Clinical Service Coordination	ER4_23	numeric	1		
27	Health Care Organization & Finances	ER4_24	numeric	1		
28	HIPAA/Confidentiality	ER4_25	numeric	1		
29	Quality Improvement	ER4_26	numeric	1		
30	Resource Allocation	ER4_27	numeric	1		
31	Technology	ER4_28	numeric	1		
32	Risk Assessment	ER4_29	numeric	1		
33	Risk Reduction/Harm Reduction	ER4_30	numeric	1		
34	Routine HIV Testing	ER4_31	numeric	1		
35	Mental Health	ER4_32	numeric	1		0 – No; 1 – Yes
36	Substance Abuse	ER4_33	numeric	1		
37	Adolescent (Ages 13–44)	ER4_34	numeric	1		
38	Children (Birth–14)	ER4_35	numeric	1		
39	Gay/Lesbian/Bisexual/Transgender	ER4_36	numeric	1		
40	Homeless/Unstably Housed	ER4_37	numeric	1		
41	Immigrant/Border Populations	ER4_38	numeric	1		
42	Incarcerated Individuals	ER4_39	numeric	1		
43	People Over 50 Years of Age	ER4_40	numeric	1		
44	Racial/Ethnic Minorities	ER4_41	numeric	1		
45	Rural Populations	ER4_42	numeric	1		
46	Women	ER4_43	numeric	1		
47	Other Populations	ER4_44	numeric	1		
<b>INITIATIVE FUNDING SUPPORT</b>						
48	None of the Above	ER5_0	numeric	1	0 – No; 1 – Yes	
49	American Indian/Alaskan Native	ER5_1	numeric	1		
50	Border Health Initiative	ER5_2	numeric	1		
51	Minority AIDS Initiative (MAI)	ER5_3	numeric	1		

No.	Field Description	Field Name	Type	Length	Coding
<b>COLLABORATING ORGANIZATIONS</b>					
52	None	ER6_0	numeric	1	0 – No; 1 – Yes
53	Delta	ER6_1	numeric	1	
54	FL/Caribbean	ER6_2	numeric	1	
55	Midwest	ER6_3	numeric	1	
56	Mtn. Plains	ER6_4	numeric	1	
57	New England	ER6_5	numeric	1	
58	NY/NJ	ER6_6	numeric	1	
59	Northwest	ER6_7	numeric	1	
60	Pacific	ER6_8	numeric	1	
61	PA/Mid-Atlantic	ER6_9	numeric	1	
62	Southeast	ER6_10	numeric	1	
63	TX/OK	ER6_11	numeric	1	
64	Ntl. Clinicians Consult.Ctr. (NCCC)	ER6_14	numeric	1	
65	Ntl. Multi-Cultural Ctr.	ER6_13	numeric	1	
66	Ntl. Resource Ctr. (NRC)	ER6_14	numeric	1	
67	Ntl. Evaluation Ctr. (NEC)	ER6_15	numeric	1	
68	CBA for CHCs	ER6_16	numeric	1	
69	Addiction Technology Transfer Center (ATTC)	ER6_17	numeric	1	
70	Area Health Ed. Center (AHEC)	ER6_18	numeric	1	
71	Prevention Training Center (PTC)	ER6_19	numeric	1	
72	Regional Training Center (RTC)	ER6_20	numeric	1	
73	TB Training Center	ER6_21	numeric	1	
74	AIDS Community-Based Organization	ER6_22	numeric	1	
75	College/University/Health Professions School	ER6_23	numeric	1	
76	Faith-Based Organization	ER6_24	numeric	1	
77	Community Health Center	ER6_25	numeric	1	

No.	Field Description	Field Name	Type	Length	Coding
78	Historically Black College or University (HBCU)/Hispanic Serving Institution/Tribal College or University	ER6_26	numeric	1	0 – No; 1 – Yes
79	Hospital/Hospital-Based Clinic	ER6_27	numeric	1	
80	Agency funded by the Ryan White HIV/AIDS Program	ER6_28	numeric	1	
81	Tribal Health Organizations	ER6_29	numeric	1	
82	Corrections	ER6_30	numeric	1	
<b>PARTICIPANTS</b>					
83	# of Participants	ER7	numeric	4	Up to 4 digits
84	# of PIFs collected	ER8	numeric	4	Up to 4 digits
85	Didactic Presentation	ER9_1	numeric	5	Total Hours of event to nearest quarter hour.  Up to 5 digits. (For example, 100.45 may be entered for 100 hours 15 minutes.)
86	Skills Building	ER9_2	numeric	5	
87	Clinical Training	ER9_3	numeric	5	
88	Group Clinical Consultation	ER9_4a	numeric	5	
89	Individual Clinical Consultation	ER9_4b	numeric	5	
90	Technical Assistance	ER9_5	Numeric	5	
<b>TRAINING MODALITIES</b>					
91	Chart/Case Review	ER10_1	numeric	1	0 – No; 1 – Yes
92	Clinical Preceptorship/Mini-Residency	ER10_2	numeric	1	
93	Computer-based	ER10_3	numeric	1	
94	Conference Call /Teleconference/ Telephone	ER10_4	numeric	1	
95	Lecture/Workshop	ER10_5	numeric	1	
96	Role Play/Simulation	ER10_6	numeric	1	
97	Self Study	ER10_7	numeric	1	
98	Telemedicine	ER10_8	numeric	1	
99	Webcast/Webinar	ER10_9	numeric	1	

No.	Field Description	Field Name	Type	Length	Coding
100	Original number of AETC program	AETC	numeric	3	AETC (4-digit number. See page 9 for complete list.)
101	LPS number of AETC program	LPS	numeric	8	Submit list of Local Performance Sites (LPS) and corresponding (up to 3-digit) number.
102	Program ID	PROG_ID			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 cover page (or equivalent) 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 (ER)

#### *Collaborating Organizations*

***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.

***Agencies funded by the Ryan White Program*** are organizations that receive Ryan White HIV/AIDS Program funding as a direct grantee or as a sub-grantee under 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 health care in the service area.

***CBA in CHCs (AETC National Center for Expansion of HIV CARE in Minority Communities: Building Capacity in Community Health Centers)*** is a program to improve, develop and enhance the organizational capacity of non-Ryan White funded community health centers to provide primary medical care and treatment to racial/ethnic minorities living with or affected by HIV/AIDS.

***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.

***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, 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 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 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.

**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. The National Evaluation Center also tracks the training activities conducted by the AETCs.

**National Multicultural Center** is responsible for building capacity on multicultural competency for HIV care and training. The center serves as a resource center for the AETC network and others in the areas of cultural competency training for HIV providers. This center includes a collaborative network of HBCUs, HSIs, TCUs, and their affiliates and national organizations that represent minority health care professionals to develop the tools and reach the targeted care providers.

**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/](http://www.aids-ed.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.

**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.

**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.

**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 interactions that occur.

**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 duration can be as long as 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 trainings typically last from 1 to 5 days.

- Level IV:** Clinical consultations (individual or group) have three intended results:
- o To improve clinical problem solving;
  - o To change the behavior of the provider in order for him/her to make better or more appropriate clinical care decisions; and
  - o To impart the most up-to-date knowledge regarding specific HIV patient care.

Clinical consultations are provider-driven and may occur with an individual or 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/Teleconference/Telephone Call** is an event occurring by telephone with one or more people involved.

**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. These programs may include CD-ROMs/DVDs/Videos, Web-based materials, or print products.

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

**Webcast/Webinar** refers in the use of live online/internet to provide training. These sessions can then be archived to allow for self-study.

## **PARTICIPANT INFORMATION FORM**

### ***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, 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.

**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 Social Worker (LISW, LICSW).

**Substance Abuse Professional:** Counselor, Outreach Worker, Addiction 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/Ethnicity***

***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 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.

### 4. **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 Ryan White HIV/AIDS Program funded agencies is an important AETC training priority. Furthermore, information about trainees' affiliations is a frequent request from Congress of HRSA. Trainees may be unsure if their agencies receive Ryan White funding. Consequently, it was decided that this information would be more reliably coded by office staff based on trainee-supplied information about the name of their principal employer.

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 Ryan White HIV/AIDS Program Parte including Special Projects of National Significance (SPNS). Since it is often difficult to determine what unit or service actually receives Ryan White HIV/AIDS Program 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 Ryan White HIV/AIDS Program funding.

Code "Yes" for matches between Item 8 of the PIF form and the list of agencies Code "No" when no match is found. You should only code "Do not know" if the employer name is incomplete, illegible, or a match cannot be identified.

### 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. Here is some guidance on making such decisions.

### Characteristics of Different Training Levels

Level	Minimum Length	Patient involvement	Attendance	Example
Level I	30 minutes	None	Any number	Plenary sessions at conferences, lectures, “brown bag lunches”
Level II	4 hours	Minimal – Q & A	Generally fewer than 40 participants	(Selected) breakout sessions at conferences, workshops
Level III	½ day	Presentations possible	Generally fewer than 5 participants	Grand rounds, “mini-residency,” preceptorships
Level IV	Not applicable	Discussion of patients, often in patient’s presence	One-on-one or small group	Discussion of real (current) cases; provider-driven session
Level V	Not applicable	None	One-on-one, small group	Individual or group consultation related, in general, to organizational issues rather than clinical concerns

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 Ryan White HIV/AIDS Program.

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.*

### ***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***

The distributed forms have been approved by the Office of Management and Budget for use by AETCs through **XX/XX/XXXX**. Therefore, revisions to these forms will be minimal. However, 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. The revised manual will be reissued when necessary, and interim versions will be posted on the Internet.