

AIDS EDUCATION AND TRAINING CENTERS

Data Collection Instruction Manual and Codebook for Reporting 2018–2019 Data

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



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Chapter I: Introduction

The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for people living with HIV (PLWH). 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 the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). This manual provides the information needed for the AETCs to comply with data collection requirements.

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, 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, in improving care for PLWH by providing education, training, clinical consultation, , and providing other forms of support to clinicians and other providers. HAB needs this information to respond to requests from within the Department of Health and Human Services (HHS), Congress, and others. Furthermore, the data collected are utilized for programmatic assessments and to determine future needs.

The national data elements are also intended to be a meaningful core set of elements that individual 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.

Data Collection Forms

The three forms used by the AETCs to depict their activities include the following:

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

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.

Reporting Period

Reporting for the AETC activities is conducted annually and 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.

Reporting Timeline

Data Collection Period: July 1, 2017 – June 30, 2018	Deadline:
AETC System Opens	Monday, July 15, 2019
AETC Report Due	Friday, August 16, 2019

Data File Format Standards

Each AETC will submit a data set one time per year. Data set files should be submitted using MS

Excel through HRSA's Electronic Handbooks system.

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

Before Submission

All files should be scanned for viruses and checked for any missing and invalid data prior to submission according to the quality procedure outlined in this document. Any files received with viruses or data errors will be returned. For more information on the data validations performed during submission, please check the posted [data validations documentation](#).

Where to Submit Data

Data files must be uploaded to HRSA's server via the Electronic Handbooks (EHBs). Please contact the designated HAB project officer for additional programmatic assistance.

Change in Contact Information

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



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

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 a participant-specific combination of four letters and four numbers. The suggested format is to use the first two letters of the participant’s first name and the last two letters of the participant’s last name. The numbers are suggested to be the two-digit month and day of the participant’s birthday. The format is eight digits.

Many participants may hesitate or refuse to provide the information required to create a unique ID number. Therefore, it is vitally important that training staff verbally emphasize that this information is the only way that the AETC can maintain an accurate count of participants. Trainers should emphasize to participants that they must re-use the same unique ID number every time they attend an event sponsored by the AETC. 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 PLWH.

PIF Item 2: Date

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

PIF Item 3: Primary Profession/Discipline

Participants may select more than one response 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 may select more than one response to 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 both roles. Again, participants have the option of selecting “Other (specify)” and writing in an answer.

PIF Item 5: 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 5 on Hispanic origin and Item 6 on race.

PIF Item 6: Racial Background

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

PIF Item 7: Gender

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

PIF Item 8: Employment Zip Codes

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

in which they do the most work.

PIF Item 9: Employer Name

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 VI, FAQ, q. 3.)



Avoid using special characters '&' and '<' when coding the agency name in PIF Item 9.

PIF Item 10: Principal Employment Setting

Participants select all the characteristics that apply to the clinical setting where they work. It is asking about the setting in which the participant spends the majority of his or her working time. Participants should choose “Not Working” and skip to Item 14 if they are not working or are students/graduate students with no patient contact.

PIF Item 11: Ryan White HIV/AIDS Program Funding

The participants are asked to indicate whether their principal employer receives Ryan White HIV/AIDS Program funds. If they do not know whether their employer receives Ryan White funding, they should select not sure.

PIF Item 12: Employment Setting HIV Care

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

PIF Item 13: Direct Interaction with Clients/Patients

This yes/no question asks if care providers or clinicians—not the employer—provide direct services to clients/patients. If the response is “Yes,” participants should continue with Item 14. If participants answer “No,” they should not complete the remaining questions on this form.



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

PIF Item 14: Number of Years Providing Direct Services to Clients/Patients

The participants are asked to indicate the number of years they have provided services to clients/patients. 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: HIV Prevention Counseling and Testing Services

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

PIF Item 16: HIV pre-exposure prophylaxis

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

PIF Item 17: Direct service to patients living with HIV

This question asks participants who have direct client/patient care responsibilities to indicate whether they provide HIV prevention counseling and testing services directly to patients. If the response is “Yes,” participants should continue to complete the remaining questions on this form. Trainees should choose “No” if they neither provide direct services to PLWH nor know the status of their clients and should not complete the remaining questions.



Please instruct participants to continue with the remainder of the form if the answer to PIF Item 17 (Direct service to PLWH) is “Yes.”

PIF Item 18: Years of service providing care to people living with HIV

The participants are asked to indicate the number of years they have provided services to PLWH. Months should be rounded up to the next year (e.g., 4 years and 5 months should be reported as 5 years).

PIF Item 19: Service provided to people living with HIV

This question asks participants to choose one of the options that best describes the way they provide services to PLWH. Participants may select only one option.

PIF Item 20: Number of clients/patients living with HIV to whom they provided direct service

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

PIF Item 21: HIV+ Who Are Racial/Ethnic Minorities

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

PIF Item 22: HIV+ Who Are Co-infected with Hepatitis B or Hepatitis C

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

PIF Item 23: HIV+ Who Are Receiving Antiretroviral Therapy

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

List of Participant IDs (PL)

PL Item 1: AETC Number

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

PL Item 2: Regional Partner Number

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

PL Item 3: 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.

PL Item 4: Program ID Number

Enter the unique number generated by the AETC to identify the event. See Page 11 for more information about creating a Program ID Number.

PL Item 5: Participant Unique Identifiers

Fill in the unique identifiers collected from individual PIF forms.

Event Record (ER)

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

ER Item 1: AETC Number

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

ER Item 2: Regional Partner Number

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

ER Item 3: 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.

ER Item 4: Training Site Location Zip code

Enter the 5-digit zip code for the training site location. If the event was held online, please enter in the zip code for the AETC grant recipient.

ER Item 5: Program ID Number

Enter the unique number generated by the AETC to identify the event. See Page 11 for more information about creating a Program ID Number.

ER Items 7-12: Event Topics

Indicate which topics were discussed during the event. Check all the options that apply.

ER Item 13: Target Populations

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

ER Item 14: AETC Collaboration

This question will determine how often an AETC works in collaboration with another organization to finance, plan and execute a training event. Collaboration 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 must send the PIFs to HRSA and indicate on the ER, which AETC jointly sponsored the event according to the choices provided.

The partnering 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 14, so it reflects the collaboration with the other AETC(s).

ER Item 15: Federally Funded Training Centers

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

ER Item 16: Other Collaborations

If the event was conducted collaboratively with another organization type, fill in the appropriate response. If the organization is not listed, write the organization type in the "other" category.

ER Item 17: Total Hours of Event

The trainer has the option of assigning hours to five different training modalities for the same event. (See Chapter V: Glossary, for an explanation of training levels.) The trainer may distribute the training hours to the nearest quarter hour across all training modalities. Hours should be expressed in decimals, for example, 12 ¼ hours should be written as 12.25.

ER Item 18: Continuing Education

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

ER Item 19: Source of Funds

Indicate the source of funds used to support the event.

Chapter III: National Database

This chapter provides information on variable names, coding conventions, and standards for creating data sets for each form. Effective as of the second quarter of 2016, each AETC will submit three data files each year—one for the PIF, one for the ER, and one PL.

Data Collection Conventions

AETC Codes

A correct AETC code number must be included for every record. These AETC codes are assigned by HRSA as listed below:

- 08 = New England AETC
- 72 = Northeast Caribbean AETC
- 73 = Mid-Atlantic AETC
- 74 = Southeast AETC
- 75 = Midwest AETC
- 76 = South Central AETC
- 12 = Pacific AETC
- 77 = Frontier AETC
- 78 = AETC National Coordinating Resource Center
- 79 = AETC National Clinicians' Consultation Center
- 80 = Duke NP
- 81 = Johns Hopkins NP
- 82 = Rutgers NP
- 83 = SUNY PA
- 84 = UCSF NP

RPS Codes

Regional partners are assigned an RPS code by HRSA. These are listed below. If a new regional partner is identified after the publication of this manual, the Regional AETC must contact their HRSA project officer to obtain a code number for that entity.

Code	Regional AETC	Name of Partner	Location
101	MidAtlantic AETC	University of Pittsburgh	Pittsburgh, PA
102	MidAtlantic AETC	Howard University	Washington, DC
103	MidAtlantic AETC	Christiana Care	Wilmington, DE
104	MidAtlantic AETC	University of Maryland	Baltimore, MD
105	MidAtlantic AETC	Johns Hopkins University	Baltimore, MD
106	MidAtlantic AETC	Inova Health System	Fairfax, VA
107	MidAtlantic AETC	Health Federation of Philadelphia	Philadelphia, PA
108	MidAtlantic AETC	Virginia Commonwealth University	Richmond, VA
109	MidAtlantic AETC	West Virginia University	Morgantown, WV
110	Midwest AETC	Illinois	Illinois
111	Midwest AETC	Eskenazi Health	Indianapolis, IN
112	Midwest AETC	Iowa	Iowa
113	Midwest AETC	Minnesota Missouri	Minnesota Missouri
114	Midwest AETC	Michigan	Michigan
115	Midwest AETC	Wisconsin	Wisconsin
116	Midwest AETC	Regional Headquarters	Regional Headquarters

Code	Regional AETC	Name of Partner	Location
117	Midwest AETC	Kansas	Kansas
118	Midwest AETC	Nebraska	Nebraska
119	Midwest AETC	Ohio-Cincinnati	Ohio-Cincinnati
120	Midwest AETC	Ohio-Columbus	Ohio-Columbus
121	Mountain West AETC	Alaska Native Tribal Health Consortium	Anchorage, AK
122	Mountain West AETC	University of Colorado, College of Medicine	Denver, CO
123	Mountain West AETC	University of Colorado, College of Nursing	Denver, CO
124	Mountain West AETC	Community HealthCare Association of the Dakotas	Sioux Falls, SD
125	Mountain West AETC	Idaho State University	Boise, ID
126	Mountain West AETC	Riverstone Health	Billings, MT
127	Mountain West AETC	Portland VA Research Foundation	Portland, OR
128	Mountain West AETC	University of Utah, Division of Infectious Diseases	Salt Lake City, UT
129	Mountain West AETC	Casper-Natrona County Health Dept	Casper, WY
130	Mountain West AETC	African Americans Reach & Teach Health Ministry	Seattle, WA
131	Mountain West AETC	Multnomah County Health Dept	Portland, OR
132	Mountain West AETC	Salish Kootenai College	Pablo, MT
133	Mountain West AETC	Yakima Valley Farmworkers Clinic	Yakima, WA
134	Mountain West AETC	University of Washington	Seattle, WA
135	Mountain West AETC	WA State Dept of Corrections	Seattle, WA
136	New England AETC	Community Research Initiative of New England	Boston, MA
137	New England AETC	The Miriam Hospital of Rhode Island	Providence, RI
138	New England AETC	Yale University School of Medicine	New Haven, CT
139	New England AETC	University of Connecticut Health Center	Farmington, CT
140	New England AETC	Trustees of Dartmouth College Dartmouth Hitchcock Medical Center	Lebanon, NH
141	New England AETC	University of Vermont Medical Center	Burlington, VT
142	New England AETC	Brigham and Women's Hospital	Boston, MA
143	New England AETC	Dimock Community Health Center	Roxbury, MA
144	New England AETC	Baystate Medical Center	Springfield, MA
145	New England AETC	Beth Israel Deaconess Medical Center	Boston, MA
146	New England AETC	Multicultural AIDS Coalition, Inc.	Jamaica Plain, MA
147	New England AETC	Trustees of Boston University	Boston, MA
148	New England AETC	Fenway Community Health Center	Boston, MA
149	New England AETC	AIDS Action Committee of Massachusetts	Boston, MA
150	New England AETC	Family Health Center of Worcester	Worcester, MA
151	New England AETC	Health Equity Alliance	Bangor, ME
152	Northeast/Caribbean AETC	Montefiore Medical Center	Bronx, NY
153	Northeast/Caribbean AETC	Albany Medical College	Albany, NY
154	Northeast/Caribbean AETC	CAI, Inc.	New York, NY
155	Northeast/Caribbean AETC	Weill Medical College of Cornell University	New York, NY

Code	Regional AETC	Name of Partner	Location
156	Northeast/Caribbean AETC	Garden State Infectious Disease Associates	Vorhees, NJ
157	Northeast/Caribbean AETC	ID Care, Inc	Hillsborough, NJ
158	Northeast/Caribbean AETC	Health Research Inc., NYSDOH AIDS Institute	Syracuse, NY
159	Northeast/Caribbean AETC	The Research Foundation of SUNY Stony Brook	Stonybrook, NY
160	Northeast/Caribbean AETC	SUNY Downstate Medical Center	Brooklyn, NY
161	Northeast/Caribbean AETC	FXB Center at Rutgers University	Newark, NJ
162	Northeast/Caribbean AETC	University of Puerto Rico	San Juan, PR
163	Northeast/Caribbean AETC	Columbia University Behavioral Health Training Center	New York, NY
164	Pacific AETC	Pacific AIDS Education and Training Center (PAETC)	San Francisco, CA
165	Pacific AETC	Arizona LP	Tucson, AZ
166	Pacific AETC	Hawaii LP	Honolulu, HI
167	Pacific AETC	Nevada LP	Reno, NV
168	Pacific AETC	SF Bay Area North Coast (BANC) LP	San Francisco, CA
169	Pacific AETC	Central Valley LP	Sacramento, CA
170	Pacific AETC	South Bay LP	San Jose, CA
171	Pacific AETC	University of California Irvine	Orange, CA
172	Pacific AETC	University of California Los Angeles	Los Angeles, CA
173	South Central AETC	Jefferson Comprehensive Care, Inc.	Pine Bluff, Arkansas
174	South Central AETC	Louisiana State University Health Sciences Center	New Orleans, Louisiana
175	South Central AETC	University of New Mexico School of Medicine	Albuquerque, New Mexico
176	South Central AETC	University of Oklahoma Health Sciences Center	Oklahoma City, Oklahoma
177	Southeast AETC	Southeast AETC	Nashville, TN
178	Southeast AETC	Tennessee AETC	Nashville, TN
179	Southeast AETC	Alabama AETC	Montgomery, AL
180	Southeast AETC	Alabama Practice Transformation	Birmingham, AL
181	Southeast AETC	Florida North AETC	Gainesville, FL
182	Southeast AETC	Florida South AETC	Coral Gables, FL
183	Southeast AETC	Georgia AETC	Atlanta, GA
184	Southeast AETC	Kentucky AETC	Lexington, KY
185	Southeast AETC	Mississippi AETC	Jackson, MS
186	Southeast AETC	North Carolina AETC	Chapel Hill, NC
187	Southeast AETC	South Carolina AETC	Columbia, SC
188	Northeast/Caribbean	Northeast/Caribbean AETC	New York, NY
189	South Central AETC	PASO (Panhandle AIDS Support Organization)	Amarillo, TX
190	South Central AETC	University of Texas Medical Branch at Galveston	Galveston, TX
191	South Central AETC	Harris Health System	Houston, TX
192	South Central AETC	Valley AIDS Council	
193	South Central AETC	Southwest Viral Med	El Paso, TX
194	South Central AETC	ARcare	Augusta, AR
195	South Central AETC	Tulane School of Medicine	New Orleans, LA
196	South Central AETC	Parkland LPS	Dallas, TX

Code	Regional AETC	Name of Partner	Location
197	Midwest AETC	Kansas City Care Clinic	Kansas City, MO
198	New England AETC	Maine Medical Center	Portland, ME
199	South Central AETC	The Health Collaborative – THC	San Antonio, TX

Program ID

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

Chapter IV: Coding Conventions and Data Submission

This chapter provides information on variable names, coding conventions, and standards for creating data sets for each form. Each AETC will submit three data files each year—one for the PIF, one for the ER, and one for the PL.

General Instructions

Participants should be instructed to read the directions carefully and complete each item on the form that applies to their role.

Most questions on the PIF and ER allow only one response. Please select the most accurate response, unless otherwise instructed.

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. The ER does not allow for missing values; the PIF allows for selected skipped questions due to participant experience.

Data File Names

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

- **aaa** or **aa** is the form name (PIF, ER, PL).
- **xx** is the assigned AETC code number (see page 8).
- **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, 2018 is fiscal year 18.

For example, a data submission from the Pacific AETC would be: PIF1218, ER1218, PL1218

Codebook

The following section presents the coding conventions and variable names that should be used in creating the data file submissions.

Participant Information Form (PIF)

Codebook: Participant Information Form (23 Variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Unique ID Number	PIF_ID	character	8	Any four letters followed by any four numbers. Example: ABCD1234
2	Date PIF was complete	PIFDATE	date	8	(mm/dd/yyyy)
3	<i>Profession/Discipline</i>		numeric	1	0 – Profession/Discipline not reported 1 – Profession/Discipline reported
	Dentist	PIF3_01			
	Other Dental Professional	PIF3_02			
	Nurse Practitioner	PIF3_03			
	Nurse/Advanced Practice Nurse (non-prescriber)	PIF3_04			
	Midwife	PIF3_05			
	Pharmacist	PIF3_06			
	Physician	PIF3_07			
	Physician Assistant	PIF3_08			
	Dietitian or Nutritionist	PIF3_09			
	Mental/Behavioral Health Professional	PIF3_10			
	Substance Abuse Professional	PIF3_11			
	Social Worker or Case Manager	PIF3_12			
	Community Health Worker (includes peer educator or navigator)	PIF3_13			
	Clergy or Faith-based Professional	PIF3_14			
	Practice administrator or leader (i.e. medical assistant, podiatrist, physical therapist)	PIF3_15			
	Other allied health professional (specify, i.e. medical assistant, podiatrist, physical therapist)	PIF3_16			
	Other Public Health Professional	PIF3_17			
	Other non-clinical professional (i.e. front desk staff, grant writer)	PIF3_18			

No.	Field Description	Field Name	Type	Length	Coding
4	<i>Primary Functional Role</i>		numeric	1	0 – Primary Functional Role not reported 1 – Primary Functional Role reported
	Administrator	PIF4_01			
	Agency Board Member	PIF4_02			
	Care Provider/Clinician – can or does prescribe HIV treatment	PIF4_03			
	Care Provider/Clinician – cannot or does not prescribe HIV treatment	PIF4_04			
	Case Manager	PIF4_05			
	HIV tester	PIF4_06			
	Client/Patient Educator (includes navigator)	PIF4_07			
	Clinical/Medical Assistant	PIF4_08			
	Health care organization non-clinical staff (i.e. front desk)	PIF4_09			
	Intern/Resident	PIF4_10			
	Researcher/Evaluator	PIF4_11			
	Student/Graduate Student	PIF4_12			
	Teacher/Faculty	PIF4_13			
Other	PIF4_14				
5	Ethnicity	PIF5	numeric	1	0 – No 1 – Yes
6	American Indian / Alaska Native	PIF6_01	numeric	1	0 – No 1 – Yes
	Asian	PIF6_02			
	Black or African American	PIF6_03			
	Native Hawaiian or Other Pacific Islander	PIF6_04			
	White	PIF6_05			
7	Gender	PIF7	numeric	1	1 – Female 2 – Male 3 – Transgender
8	Work Zip Code #1	PIF8_01	numeric	5	Five-digit zip code, 00000-99999
	Work Zip Code #2	PIF8_02			
	Work Zip Code #3	PIF8_03			
	Work Zip Code #4	PIF8_04			
	Work Zip Code #5	PIF8_05			

No.	Field Description	Field Name	Type	Length	Coding
9	Principal Employment Setting Name	PIF9	character	100	Do not include special characters '&' or '<'.
10	<i>Principal Employment Setting</i>		numeric	1	0 – No 1 – Yes
	Academic Health Center	PIF10_01			
	Correctional Facility	PIF10_02			
	Emergency Department	PIF10_03			
	Federally qualified Health Center	PIF10_04			
	Family Planning Clinic	PIF10_05			
	HIV or Infectious Diseases Clinic	PIF10_06			
	HMO/Managed Care Organization	PIF10_07			
	Hospital-based Clinic	PIF10_08			
	Indian Health Services/Tribal Clinic	PIF10_09			
	Long-term Nursing Facility	PIF10_10			
	Maternal/child Health Clinic	PIF10_11			
	Mental Health Clinic	PIF10_12			
	STD Clinic	PIF10_13			
	Substance Abuse Treatment Center	PIF10_14			
	Student Health Clinic	PIF10_15			
	Other Community-Based Organization	PIF10_16			
	Pharmacy	PIF10_17			
	Military or Veteran's Health Facility	PIF10_18			
	Other Federal Health Facility	PIF10_19			
	Private Practice	PIF10_20			
	State or Local Health Department	PIF10_21			
	Other Primary Care Setting	PIF10_22			
	Not Working	PIF10_23			
11	Ryan White HIV/AIDS Program funded	PIF11	numeric	1	0 – No 1 – Yes 9 – Not Sure
12	HIV Care & Treatment Provided by Principal Employment Setting	PIF12	numeric	1	0 – No 1 – Yes
13	Direct Interaction with Clients/Patients	PIF13	numeric	1	0 – No 1 – Yes
14	Number of years with direct client/patient interaction	PIF14	numeric	2	Number between 00-99
15	Provision of Counseling & Testing Services to HIV-Infected Clients/Patients	PIF15	numeric	1	0 – No 1 – Yes

No.	Field Description	Field Name	Type	Length	Coding
16	Prescribe HIV pre-exposure prophylaxis (PrEP) to clients/patients	PIF16	numeric	1	0 – No 1 – Yes
17	Provision of Services Directly to Client/Patients living with HIV	PIF17	numeric	1	0 – No 1 – Yes
18	Number of years providing services directly to HIV-infected clients/patients	PIF18	numeric	2	Number between 00-99
19	Description of services provided to clients/patients living w/ HIV	PIF19	numeric	1	1 – Provide behavioral or support services, but no HIV treatment (i.e. case management, counseling, cognitive behavioral therapy, transportation, legal) 2 – Provide clinical services to people living with HIV, but no HIV treatment (i.e. nutrition, physical therapy, psychiatry, general primary care) 3 – Provide basic HIV care and treatment (novice) 4 – Provide intermediate HIV care and treatment 5 – Provide advanced HIV care and treatment 6 – Provide expert HIV care and treatment, which includes training others and/or clinical consultation
20	Number of client/patients living with HIV providing direct services to	PIF20	numeric	4	Number between 0000-9999
21	Percentage of overall client/patient population that are HIV+ who are racial/ethnic minorities	PIF21	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75%
22	Percentage of overall client/patient population that are HIV+ who are co-infected with hepatitis B or hepatitis C	PIF22	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75%
23	Percentage of overall client/patient population that are HIV+ who are receiving antiretroviral therapy	PIF23	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75%

List of Participant IDs (PL)

Codebook: List of Participant IDs (5 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	AETC Number	PL1	numeric	2	AETC number from the list provided
2	Regional Partner number	PL2	numeric	3	RPS number from the list provided
3	Event Date	PL3	date	8	(MM/DD/YYYY)
4	Program ID Number	PL4	numeric	8	8-digit number between 00000000-99999999
5	Participant Unique Identifier	PL5	character	8	Any four letters followed by any four numbers. There should be one record on the PIF for each participant listed in this file as having attended an event. Example: ABCD1234

Event Record (ER)

Codebook: Event Record (18 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	AETC Number	ER1	numeric	2	AETC number from the list provided
2	Regional Partner number	ER2	numeric	3	RPS number from the list provided
3	Event Date	ER3	date	8	(MM/DD/YYYY)
4	ZIP Code	ER4	string	5	Five-digit zip code, 00000-99999
5	Program ID Number	ER5	numeric	8	8-digit number between 00000000-99999999
7	<i>HIV Prevention Topics</i>		numeric	1	0 – No 1 – Yes
	Behavioral Prevention	ER7_01			
	Harm Reduction/Safe Injection	ER7_02			
	HIV Transmission Risk Assessment	ER7_03			
	Post-exposure Prophylaxis (PEP, occupational and non-occupational)	ER7_04			
	Pre-exposure prophylaxis (PrEP)	ER7_05			
	Prevention of perinatal or mother-to-child transmission	ER7_06			
	Other biomedical prevention	ER7_07			

No.	Field Description	Field Name	Type	Length	Coding
8	<i>HIV Background and Management Topics</i>		numeric	1	0 – No 1 – Yes
	Acute HIV	ER8_01			
	Adult and adolescent antiretroviral treatment	ER8_02			
	Aging and HIV	ER8_03			
	Antiretroviral treatment adherence, including viral load suppression	ER8_04			
	Basic Science	ER8_05			
	Clinical manifestations of HIV disease	ER8_06			
	HIV Diagnosis (i.e. HIV testing)	ER8_07			
	HIV Epidemiology	ER8_08			
	HIV monitoring and lab tests (i.e. CD4 and viral load)	ER8_09			
	HIV resistance testing and interpretation	ER8_10			
	Linkage to Care	ER8_11			
	Pediatric HIV management	ER8_12			
	Retention and/or re-engagement in care	ER8_13			

No.	Field Description	Field Name	Type	Length	Coding
9	<i>Primary Care and Co-morbidities Topics</i>		numeric	1	0 – No 1 – Yes
	Cervical cancer screening, including HPV	ER9_01			
	Hepatitis B	ER9_02			
	Hepatitis C	ER9_03			
	Immunization	ER9_04			
	Influenza	ER9_05			
	Malignancies	ER9_06			
	Medication-assisted therapy for substance use disorders (i.e. buprenorphine, methadone, and/or naltrexone)	ER9_07			
	Mental health disorders	ER9_08			
	Non-infection comorbidities of HIV or viral hepatitis	ER9_09			
	Nutrition	ER9_10			
	Opportunistic infections	ER9_11			
	Oral health	ER9_12			
	Osteoporosis	ER9_13			
	Pain management	ER9_14			
	Palliative care	ER9_15			
	Primary care screenings	ER9_16			
	Reproductive health, including preconception planning	ER9_17			
	Sexually transmitted infections	ER9_18			
	Substance use disorders	ER9_19			
	Tobacco cessation	ER9_20			
Tuberculosis	ER9_21				
10	<i>Issues Related to Care of People Living with HIV Topics</i>		numeric	1	0 – No 1 – Yes
	Cultural competence	ER10_01			
	Health literacy	ER10_02			
	Motivational interviewing	ER10_03			
	Stigma or discrimination	ER10_04			
	Low English proficiency	ER10_05			

No.	Field Description	Field Name	Type	Length	Coding
11	<i>Education Topics</i>		numeric	1	0 – No 1 – Yes
	Adult learning principles	ER11_01			
	Best practices in training	ER11_02			
	Curriculum development	ER11_03			
	Use of technology for education (i.e. webinar development)	ER11_04			
12	<i>Health Care Organization or Systems Issues Topics</i>		numeric	1	0 – No 1 – Yes
	Billing for services and payment models	ER12_01			
	Case management	ER12_02			
	Community linkages	ER12_03			
	Confidentiality / HIPAA	ER12_04			
	Coordination of care	ER12_05			
	Funding or resource allocation	ER12_06			
	Health insurance coverage (i.e. Affordable Care Act, health insurance exchanges, managed care)	ER12_07			
	Legal Issues	ER12_08			
	Organizational infrastructure	ER12_09			
	Organizational needs assessment	ER12_10			
	Patient-centered medical home	ER12_11			
	Practice Transformation	ER12_12			
	Quality Improvement	ER12_13			
	Team-based care (i.e. inter-professional training)	ER12_14			
Use of technology for patient care (i.e. electronic health records)	ER12_15				

No.	Field Description	Field Name	Type	Length	Coding
13	<i>Target Populations</i>		numeric	1	0 – No
	Children (ages 0 to 12)	ER13_01			
	Adolescents (ages 13 to 17)	ER13_02			
	Young Adults (ages 18 to 24)	ER13_03			
	Older adults (ages 50 and over)	ER13_04			
	American Indian or Alaska Native	ER13_05			
	Asian	ER13_06			
	Black or African American	ER13_07			
	Hispanic or Latino	ER13_08			
	Native Hawaiian or Pacific Islander	ER13_09			
	Other race/ethnicity	ER13_10			
	Women	ER13_11			
	Gay, lesbian, bisexual or transgender	ER13_12			
	Homeless or unstably housed	ER13_13			
	Incarcerated or recently released	ER13_14			
	Immigrants	ER13_15			
	U.S. Mexico border population	ER13_16			
	Rural populations	ER13_17			
Other specific populations	ER13_18				

No.	Field Description	Field Name	Type	Length	Coding
14	<i>Other AETC Collaborators</i>		numeric	1	0 – No 1 – Yes
	Frontier AETC	ER14_01			
	Mid-Atlantic AETC	ER14_02			
	Midwest AETC	ER14_03			
	New England AETC	ER14_04			
	Northeast Caribbean AETC	ER14_05			
	Pacific AETC	ER14_06			
	South Central AETC	ER14_07			
	Southeast AETC	ER14_08			
	AETC National Clinician Consultation Center	ER14_09			
	AETC National Coordinating Resource Center	ER14_10			
	AETC National Evaluation Center	ER14_11			
	Same region but different regional partner	ER14_12			
	Duke NP Program	ER14_13			
	Johns Hopkins NP Program	ER14_14			
Rutgers NP Program	ER14_15				
SUNY PA Program	ER14_16				
USCF NP Program	ER14_17				
15	<i>Other federally-funded training centers collaborators</i>		numeric	1	0 – No 1 – Yes
	Addiction Technology Transfer center (ATTC)	ER15_01			
	Area Health Education Center (AHEC)	ER15_02			
	Capacity Building Assistance (CBA) Provider	ER15_03			
	STD Clinical Prevention Training Center (PTC)	ER15_04			
	TB Regional Training and Medical Consultation Center	ER15_05			
	Viral Hepatitis Education and Training Project	ER15_06			
	Public Health Training Center (PHTC)	ER15_07			
	Family Planning National Training Center	ER15_08			

No.	Field Description	Field Name	Type	Length	Coding
16	<i>Other Collaborating Organizations</i>		numeric	1	0 – No 1 – Yes
	AIDS Services organization	ER16_01			
	Other community-based organization	ER16_02			
	Health professions school	ER16_03			
	Faith-based organization	ER16_04			
	Community health center, including federally qualified health center (FQHC) funded by HRSA	ER16_05			
	Historically black college or university	ER16_06			
	Hispanic-serving institution	ER16_07			
	Tribal college or university	ER16_08			
	Hospital or hospital-based clinic	ER16_09			
	Ryan White HIV/AIDS Program-funded organization, including subrecipients	ER16_10			
	Tribal health organization	ER16_11			
	Correctional institution	ER16_12			
AIDS Services organization	ER16_01				
17	<i>Training Modality</i>		numeric	6	Number between 0000.00 and 9999.75. Note that only valid decimal values are .00, .25, .50, and .75.
	Didactic Presentations, In-Person	ER17_01			
	Didactic Presentations, Distance-based (Live)	ER17_02			
	Didactic Presentations, Distance-based (archived)	ER17_03			
	Interactive Presentations, In-Person	ER17_04			
	Interactive Presentations, Distance-based (Live)	ER17_05			
		ER17_06			
		ER17_07			
	Self-Study, Distance-based (archived)	ER17_08			
	Clinical preceptorships, In-Person	ER17_09			
	Clinical preceptorships, Distance-based (Live)	ER17_10			
	Clinical consultation, In-Person	ER17_11			
	Clinical consultation, Distance-based (Live)	ER17_12			
Coaching for organizational capacity building, In-Person	ER17_13				

No.	Field Description	Field Name	Type	Length	Coding
	Coaching for organizational capacity building, Distance-based (Live)	ER17_14			
18	Continuing education credits	ER18	numeric	1	0 – No 1 – Yes
19	<i>Funding Sources Used</i>		numeric	1	0 – No 1 – Yes
	Core training	ER19_01			
	Practice Transformation	ER19_02			
	Interprofessional Education	ER19_03			
	Minority AIDS Initiative (MAI)	ER19_04			
	CDC	ER19_05			

Quality Assurance Procedures and Checklist

After submission, the data files will then be reviewed for compliance with the instructions provided above. If any of the items below are incorrect, then the files will be returned for correction by the Electronic Handbooks. Corrections must be made and files re-uploaded. Submission cannot occur until all uploaded files are error-free.

Please ensure:

- All files are free from viruses.
- All data sets are present.
- Data sets are named per the conventions provided.
- All variables are named per the codebook presented above.
- All variables are present.
- All variables have values with acceptable ranges, as defined in the codebook.
- All files pass the data quality checks and are free of errors.

Chapter V: Glossary

Event Record (ER)

Collaborating Organizations

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

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 recipient or as a sub-recipient 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.

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, per such an agency or association, making reasonable progress toward accreditation.”
- **HSIs** are colleges or universities whose enrollment at a college or university must have at least 45 percent full-time, Hispanic undergraduate student enrollment and at least 50 percent of its Hispanic student population must be low income.
- **Tribal Colleges** are located on federal trust territories and were created in response to the higher education needs of American Indians, and generally serve geographically isolated populations that have no other means 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 operated by the University of California San Francisco at San Francisco General Hospital under a grant from HRSA. The center offers health care providers with a national resource to

obtain timely, expert and appropriate responses to clinical questions related to: Treatment of persons with HIV 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.

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

AETC National Coordinating Resource Center, managed by Rutgers, the State University of New Jersey under a cooperative agreement with HRSA, supports the training needs of the regional 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 training resource (<http://aidsetc.org/>).

Prevention Training Center (PTC), the National Network of STD/HIV Prevention Training Centers, is a CDC-funded group of regional centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health. The network provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

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

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

Federal Initiatives

American Indian/Alaska Native Initiative integrates substance abuse and mental health services with HIV primary health care for American Indian and Alaska Native communities. It is designed for PLWH 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 and improve health outcomes for PLWH 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 Modality

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

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

Communities of Practice consist of a group of people who share knowledge to develop a shared

practice. A community of practice may use different modalities or interventions to obtain a shared outcome.

Self-Study seeks to increase knowledge through 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.

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

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

- To improve clinical problem solving;
- To change the behavior of the provider 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.

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

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

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

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

Participant Information Form (PIF)

Direct Provision of Services to Clients/Patients includes:

- Outpatient/ambulatory care
- Local AIDS Pharmaceutical Assistance
- Oral Health Care
- Early Intervention Services
- Health Insurance Premium & Cost Sharing Assistance
- Home Health Care
- Home and Community-Based Health Services
- Hospice Services
- Mental Health Services
- Medical Nutrition Therapy
- Medical Case Management (including treatment adherence)
- Case Management(non-medical)
- Substance Abuse Services-outpatient
- Child Care Services
- Pediatric Development Assessment/ Early Intervention Services

- Emergency Financial Assistance
- Food Bank/Home-delivered meals
- Health Education/Risk Reduction
- Housing Services
- Legal Services
- Linguistics Services
- Medical Transportation Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Referral for Health Care/Supportive Service
- Rehabilitation Services
- Respite Care
- Substance Abuse Services- Residential
- Treatment Adherence Counseling
- HIV Counseling and Testing

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 Clinical 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

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 VI: Frequently Asked Questions

How do I create unique identifiers for participants?

Unique identifiers are needed for participants in all training programs and recipients of individual clinical consultations. These ID numbers allow the AETCs to track repeat attendance at events. Participants are asked to create their own ID number on the PIF. To create the unique ID number, enter 4 letters and 4 numbers. Any 4 letters and 4 numbers may be chosen.

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

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. 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. 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. To ensure accurate program data, do not create generic IDs that may apply to more than one participant.

Why 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 participants' affiliations is frequently requested by Congress or HRSA. Participants 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 participant-supplied information about the name of their principal employer.

How do I document archived webinars?

Archived webinars that were originally held as live events should be considered part of the live event record. Archived webinars that were not originally held as live events should have 1 event record created. The event date should be the last date of the budget period.

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

HAB has provided a comprehensive list of event topics for selection. You must select a topic from that list. The only area for which 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.

May I revise the forms or manuals HAB provides?

The distributed forms have been approved by the Office of Management and Budget for use by AETCs. An individual AETC may add more questions to these forms for its own data collection needs but should not revise or change the questions on these forms. If you have suggestions to improve the data collection forms or process, please provide written feedback to your HAB Project Officer. Updates to the manual will be disseminated as needed.

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

There will always be situations in which it is possible to assign events to more than one training modality. It is also assumed 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.



When in doubt, contact your HRSA project officer for further assistance.

Characteristics of Different Training Types

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

Whom do I contact for further assistance?

Staff from the current OIT contractor for HRSA’s HIV/AIDS Bureau, are available to answer any questions you have about the required data collection. The HRSA Contact Center can be reached at 1-877-464-4772 (8am-8pm ET, M-F) or you may submit your request at <http://www.hrsa.gov/about/contact/ehbhelp.aspx>.

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

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



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