

AIDS EDUCATION AND TRAINING CENTERS

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

HIV/AIDS Bureau
Health Resources and Services Administration
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Table of Contents

| | |
|---|-----------|
| Chapter I: Introduction | 1 |
| Purpose of Data Collection | 1 |
| Data Collection Forms..... | 1 |
| Reporting Period | 1 |
| Reporting Timeline..... | 1 |
| Data File Format Standards | 1 |
| Before Submission | 2 |
| Where to Submit Data | 2 |
| Change in Contact Information..... | 2 |
| Chapter II: National Data Collection Forms | 3 |
| Participant Information Form (PIF)..... | 3 |
| List of Participant IDs (PL) | 5 |
| Event Record (ER) | 5 |
| Chapter III: National Database | 7 |
| Data Collection Conventions..... | 7 |
| <i>AETC Codes</i> | 7 |
| <i>RPS Codes</i> | 7 |
| <i>Program ID</i> | 10 |
| Chapter IV: Coding Conventions and Data Submission | 11 |
| General Instructions | 11 |
| Missing Values | 11 |
| Data File Names | 11 |
| Codebook | 12 |
| <i>Participant Information Form (PIF)</i> | 12 |
| <i>List of Participant IDs (PL)</i> | 16 |
| <i>Event Record (ER)</i> | 16 |
| <i>Quality Assurance Procedures and Checklist</i> | 24 |
| Chapter V: Glossary | 25 |
| Event Record (ER) | 25 |
| <i>Collaborating Organizations</i> | 25 |
| <i>Federal Initiatives</i> | 26 |
| <i>Training Levels</i> | 26 |
| Participant Information Form (PIF)..... | 27 |
| <i>Profession/Discipline and Functional Role</i> | 28 |
| <i>Ethnicity</i> | 28 |
| <i>Race</i> | 28 |
| Chapter VI: Frequently Asked Questions | 30 |
| How do I create unique identifiers for participants?..... | 30 |
| What should the AETC do if a participant does not provide a PIF identifier? | 30 |
| Why should Ryan White-funded agencies be coded? | 30 |
| How do I document archived webinars? | 30 |
| How do I code topics that are not listed on the forms?..... | 30 |
| May I revise the forms or manuals HAB provides?..... | 30 |
| How do I assign training modalities to different types of events? | 30 |
| Characteristics of Different Training Types | 31 |
| Whom do I contact for further assistance? | 31 |

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.