

From: [Nader, Nadine T.](#)
To: [HRSA Paperwork](#)
Subject: [EXTERNAL] Information Collection Request Title: HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities, OMB No. 0906-xxxx—New
Date: Tuesday, September 17, 2024 8:14:09 PM

RE: Information Collection Request Title: HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities, OMB No. 0906-xxxx—New

From: Nadine Nader Program Manager for CQI Initiatives and Faculty Development for the Northeast/Caribbean AETC at Columbia University. Email: nn69@cumc.columbia.edu.

Hello,

I would like to provide some feedback for two of the upcoming proposed 2025 AETC regional data collection tools.

In general, I would like to ask that we do not change the name of the ER and PIF. It will be a great burden and expense for the AETC to change these forms in our existing, data collection systems especially in the light of our significant funding cuts.

We would like you to keep the data values of existing question the same, on the forms, this will allow us to compare data longitudinally.

We have spoken to our programmers, and they estimate incorporating all the forms may take 4-6 months to program and test in our systems. We hope that OMB can approve these forms by January to give us enough time to program and roll out the new and updated forms for July 1, 2025.

My form specific comments are as follows:

Individual Participant Record Form (IND-PAR) Comments

My overarching comment for this form is that several skip patterns do not make sense, The form is significantly longer and asks several confusing questions. I also find that HIV prevention is not prioritized. If our aim is to end the HIV Epidemic, we should be analyzing how people do prevention in their organizations. The bulk of the questions focus on providers who treat HIV and often neglect those working in prevention.

Q4. Your primary profession/discipline/training program. Select one.

Please add back **Pharmacist** as a as a profession. The AETC train many pharmacists. They play

a key role in identifying drug-drug interactions, can help patients with PREP & PEP counseling and HIV testing. It would be a disservice to patients and providers not considering them as a key profession in ending the HIV Epidemic.

Please consider adding **Case manager** as a profession. There are many regions case management is considered a profession as well as a functional role.

Q7. What is your current training track? Select one.

Please provide clarification which training programs you are referring to, this question is too ambiguous for training participants.

Q9. Are you currently participating in an HIV Interprofessional Education (IPE) program?

Many training participants may not understand that AETC specific IPE program is what you are trying to tease out. Many organizations healthcare team trainings are considered interprofessional education programs. I would like to suggest that instead of asking this question only for IPE student, it may be worth it to ask it of all current enrolled students. You, would be able to tease out the answer regarding the AETC IPE students from the event record and PIF List.

12. What is your race and/or ethnicity. Select all that apply.

Please offer the opportunity for people to add other specify and choose not to disclose for the race and ethnicity question

13. What best describes your gender identity? Select one.

This question does not include current gender standards such as non-binary, gender queer. Please consider making this form more inclusive.

16. Does your primary employment setting receive Ryan White HIV/AIDS Program funding?

Please add Don't know/unsure as an answer option. We have found that many training participants do not know the funding streams of their employers. Forcing an answer will only get incorrect data.

I would like to share examples of skip patterns do not work including, but not limited to the following:

19. Do you provide services directly to clients with HIV?

No (Skip to question 25)

Q25. Asks about expertise in HIV, if the person does not have any interactions with clients with HIV we need to consider adding none/ novice. Skip to 28. Or if No is selected skip to 28 which

asks about all your patients.

Please add No or Not Applicable for the following questions:

6. Are you currently or have you ever received a scholarship or loan repayment of any of the following HRSA-funded programs? Select one.

7. What is your current training track? Select one.

Training Activity Record (TAR) Comments:

Please add the following topics to the answer categories. They appear frequently in the other specify field in our ERs

17. Primary care and comorbidities. Select all that apply.

Anal Cancer Screening.

19. Health care organization or systems issues. Select all that apply.

Billing/Reimbursement

20. Did the activity address any of the following priority populations? Select all that apply.

Pregnant People

Please consider rewording the following answer choices to make them more inclusive:

15. HIV prevention. Select all that apply.

Please consider just using **Harm reduction** to encompass all types of harm reduction programs. Rather than harm reduction/safe injection use

17. Primary care and comorbidities. Select all that apply.

Consider **People with substance use issues** instead of People with substance use disorder

Consider **People with mental or behavioral health issues** instead of People with mental health disorders

The following questions have confusing or redundant skip patterns:

12. What is the training activity type for this activity? Select one.

All answer choices except for one say skip to 13, which is the next question. The skip pattern should only be for Capability and Expertise Expansion (CEE) however there are no instructions

for the CEE program

27. What was the primary training format for this activity? Select one.

I believe you mean to skip to question 29 not 28 which is about download and streams.

I have several additional comments for question 27. The first, may be a typo if not, I would suggest you do not use CEE as the acronym for general continuing education especially since CEE is used in Q12 to describe Capability and Expertise Expansion (CEE). CE is generally accepted for to describe continuing education.

My second comment is to collapse Virtual based on demand as one answer choice not two. The form already asks if CE was provided question 30. A simple crosstab will provide the answer.

Participant Post Activity Survey (PPA) – Immediate

We should consider a separate evaluation for IPE. We have a large majority of training participants who only attend one training a year. They may not know that the question is specifically about the AETC IPE training program.

We may also want to consider using the extent to which participants agree or disagree for the answer categories.

Thank you,

Nadine Nader

Program Manager for Quality Improvement and Faculty Development
Columbia University College of Physicians and Surgeons
HIV Center, Department of Psychiatry
Northeast/Caribbean AETC
[601 W. 168th St. Ste. 46](#)
[New York, NY 10032](#)

E: nn69@cumc.columbia.edu

P: [646-774-6981](tel:646-774-6981)

F: [212-568-3060](tel:212-568-3060)

W: www.necaaetc.org

Pronouns: She, her, hers

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.