

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program’s performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program’s accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An 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 control number. The OMB control number for this information collection is 0906-0108 and it is valid until 7/31/2028 This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

HRSA Ryan White HIV/AIDS Program (RWHAP) Part F Regional AIDS Education and Training Centers (AETC) Training Activity Record (TAR)

Instructions: This form should be completed by the program office or trainer that sponsored the training activity that took place during the reporting period (July 1 – June 30).

Name of Activity:

1. **Program ID Number:** *The program ID number is a unique number generated by the AETC to identify the activity.*

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2. **RWHAP AETC Number:**

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3. **Local Partner Number:**

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4. **Training Activity Dates:**

Start Date:

M	M	D	D	Y	Y	Y	Y

End Date:

M	M	D	D	Y	Y	Y	Y

5. **Is this training event part of multi-session activity?** *Select one.*

- Yes
- No **(skip to question 8)**

6. **How many sessions occurred/will occur throughout this training series?**

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7. What session number is this training activity?

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8. U.S. State or Territory where activity occurred, for online activities, use state where activity was hosted:

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9. ZIP code where activity occurred, for online activities, use ZIP code where activity was hosted:

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10. Is this a Minority AIDS Initiative (MAI) funded activity per the guidance in the most recent Regional AETC HRSA Notice of Funding Opportunity (NOFO)? *Select one.*

- Yes (skip to question 14)
- No

11. Select the funding source(s) that was used to support this training activity. *Select all that apply.*

- RWHAP AETC Base Grant Funding
- Ending the HIV Epidemic (EHE) Funding (skip to question 17)
- HRSA BPHC Primary Care HIV Prevention (PCHP) Funding (skip to question 17)
- Other Funding, (specify: _____) (skip to question 17)

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

- Foundations of HIV (FH) (skip to question 17)
- Capability and Expertise Expansion (CEE)
- Practice Transformation (PT) (skip to question 15)
- Interprofessional Education (IPE) (skip to question 16)

13. Content of this training corresponded to which of the National HIV Guidelines: *Select all that apply.*

- HIV Antiretroviral Therapy, Adult and Adolescent (Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV)
- Pediatric (Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection)
- Perinatal (Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States)
- Opportunistic Infections (Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-infected Adults and Adolescents; Guidelines for the Prevention and Treatment of Opportunistic Infections in Children With and Exposed to HIV)
- Occupational Post-exposure Prophylaxis (Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis)
- PrEP (Pre-Exposure Prophylaxis For The Prevention Of HIV Infection In The United States)

- Other, (specify: _____)
- None of the above

14. For MAI Activities only: What is the MAI category for this activity? Select one.

- Interprofessional education at Minority Serving Institutions (MSI) of higher education
- Practice Transformation (PT) at minority-serving health care facilities
- Didactic and clinical training opportunities developed specifically to encourage minority-serving providers to incorporate HIV prevention, care and treatment into their practices
- HIV curriculum integration of clinical and didactic training at MSIs. If a recipient selects this as one of their MAI activities, the services must not overlap the work currently being done in the regions through the National HIV Curriculum e-Learning Platform and Building the HIV Workforce and Strengthening Engagement in Communities of Color NOFOs
- Partner with health professional organizations focused on or consisting of underrepresented populations to incorporate topics in HIV into programs focused on training and educating minority-serving health professionals and/or students

15. Participating Clinic ID# (for Practice Transformation projects only): Enter up to 30 IDs.

16. Health Profession Program ID# (for Interprofessional Education projects only): Enter up to 20 IDs.

17. Select the topics that best describe the content covered by this training. Select all that apply.

- Antiretroviral therapy (ART; including Rapid ART initiation and long-acting injectables)
- ART adherence
- Engagement/re-engagement and retention in HIV care
- HIV prevention
- HIV testing and diagnosis
- Linkage/referral to HIV care
- Management of co-morbid conditions
- Other, (specify: _____)

For questions 18 through 23 check to indicate whether each topic was covered during the activity. Only topics discussed for at least 15 minutes should be selected.

18. HIV prevention. Select all that apply.

- Behavioral prevention
- HIV transmission risk assessment
- Post-exposure prophylaxis (PEP, occupational and non-occupational)
- Pre-exposure prophylaxis (PrEP)
- Prevention of perinatal transmission
- Sexual health history taking
- Treatment as prevention
- Other prevention
- Other, (specify: _____)

19. HIV background and management. *Select all that apply.*

- Acute HIV
- Adult and adolescent antiretroviral treatment
- Aging and HIV
- Antiretroviral treatment adherence, including viral suppression
- Rapid ART initiation
- Long-acting ART
- Basic science
- Clinical manifestations of HIV
- HIV diagnosis (i.e., HIV testing)
- HIV epidemiology
- HIV monitoring lab tests (i.e., CD4 and viral load)
- HIV resistance testing and interpretation
- Linkage to care
- Pediatric HIV management
- Retention and/or re-engagement in care
- Other, (**specify:** _____)

20. Primary care and comorbidities. *Select all that apply.*

- Age-related screening and care (e.g., cognitive acuity, bone density, etc.)
- Anal cancer screening and care (e.g., Anoscopy and high-resolution anoscopy or HRA)
- Cervical cancer screening and care, including HPV
- End of life care
- Health or wellness maintenance
- Hepatitis B
- Hepatitis C
- Immunization
- Malignancies
- Medical-assisted therapy for substance use conditions (e.g., buprenorphine, methadone, and/or naltrexone in combination with behavioral therapies)
- Mental health disorders
- Non-infectious comorbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease, etc.)
- Nutrition
- Opioid use disorder
- Opportunistic infections
- Oral health
- Primary care screenings and care
- Preconception planning
- Sexually transmitted infections
- Substance use disorders, not including opioid use
- Other, (**specify:** _____)

21. Care of people with HIV. *Select all that apply.*

- Health literacy
- Stigma
- Stress management

- Other, (specify: _____)

22. Health care organization or systems issues. *Select all that apply.*

- Billing for services and payment models/financial (e.g., HCPC, ICD9 codes, reimbursement)
- Care coordination
- Case management
- Community linkage
- Confidentiality/HIPAA
- Funding or resource allocation (e.g., grants, contracts)
- Health care coverage
- Legal issues
- Motivational interviewing
- Organizational infrastructure
- Organizational needs assessment
- Patient-centered care
- Patient-centered medical home
- Practice transformation
- Quality improvement
- Team-based care (e.g., interprofessional training)
- Telehealth
- Use of technology for patient care (e.g., electronic health records, etc.)
- Other, (specify: _____)

23. Did the activity address any of the following people disproportionately affected by HIV?

Select all that apply.

- Children (ages 0 to 12)
- Adolescents (ages 13 to 17)
- Young adults (ages 18 to 24)
- Older adults (ages 50 and over)
- Women
- People experiencing homelessness or unstable housing
- People with legal system involvement
- People with a mental health disorder or condition
- People who inject drugs
- Pregnancy
- Rural communities
- Veterans
- Other populations, (specify: _____)

24. Which other AETCs collaborated to organize the activity? *Select all that apply.*

- Mid-Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC

- Southeast AETC
- AETC National AETC Support Center (NASC)
- AETC National Clinician Consultation Center (NCCC)
- National HIV Curriculum (NHC) Programs including National PrEP Curriculum (NHPC)
- None/not applicable

25. Which other federally funded training centers collaborate to organize the activity? Select all that apply.

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- The Reproductive Health National Training Center (RHNTC)
- Mental Health Technology Transfer Centers (MHTTC)
- Public Health Training Center (PHTC)
- National Network of Prevention Training Centers of CDC (NNPTC)
- Tuberculosis Centers of Excellence (TB COE) for Training, Education, and Medical Consultation
- Other, (specify: _____)
- None/not applicable

26. Did you collaborate with any other organizations to organize this activity? Select all that apply.

- Academic institution
- AIDS services organization
- Federally qualified health center (FQHC) funded by HRSA
- Community health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Faith-based organization
- Federal partners
- Health professions school/program
- Hospital or hospital-based clinic
- Local/state health department
- Minority serving institution
- Research networks
- Ryan White HIV/AIDS Program (RWHAP)-funded organization, including subrecipients
- State Primary Care Associations
- Tribal health organization
- Other community-based organization
- Other, (specify: _____)
- None/not applicable

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

- Case discussion/clinical consultation
- Clinical training/preceptorship
- Communities of practice
- Didactic

- Interactive training/workshops
- Technical assistance/coaching

28. Were there any additional training modalities for this activity? *Select all that apply.*

- Case discussion/clinical consultation
- Clinical training/preceptorship
- Communities of practice
- Didactic
- Interactive training/workshops
- Technical Assistance/coaching
- No additional modalities

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

- Hybrid (**skip to question 31**)
- In-person (**skip to question 31**)
- Virtual based (live) (**skip to question 31**)
- Virtual based (on-demand) with continuing medical education credits (CME)/ continuing education credits (CE)
- Virtual based (on-demand) without CME/CE (e.g., Podcasts, YouTube videos, etc.)

30. What is the total number of downloads/streams/plays/views of the virtual-based (on-demand) training in this data collection period (July 1 - June 30)?

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31. What was the number of hours spent on this training or technical assistance modality for this activity, if more than one modality was used write the total time from all modalities used
Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour).

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32. Were continuing education credits made available to trainees? *Select one.*

- Yes
- No