



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# Training a National HIV Workforce: Outcomes From the National AIDS Education and Training Centers (AETC) Evaluation (2016-2019)

August 13, 2020

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# Presentation Objectives



- 1. Provide a summary** of key findings from the Regional AETC Program from 2016 to 2019, focusing on AETC reach and the Core Training and Minority AIDS Initiative programmatic components.
- 2. Identify program implementation and evaluation implications** from two Regional AETCs.
- 3. Present implications and recommendations** for future evaluation activities.

# Presentation Outline



- Welcome and Introductions
- Introduction to the AETC Program – HRSA/HAB
- Overall Reach, Core Training, and Minority AIDS Initiative Program Findings
- Experiences from the Field – Northeast/Caribbean AETC & Pacific AETC
- Evaluation-Related Recommendations & Implications
- Q&A

# HRSA HAB'S Evaluation Questions



1. How do the activities conducted by the Regional AETCs show impact on the HIV workforce overall and within the four programmatic components?
2. How do the AETCs ensure minority health care professionals and health care professionals serving minority clients apply the training provided by the Regional AETCs to improve care delivery and HIV health outcomes for disproportionately affected minority populations?
3. How does the AETC Program impact service delivery, at national and regional levels, including increases in HIV testing, use of PrEP, linkage to and retention in care, and utilization of ART to achieve viral suppression?

# National Evaluation Overview



- JSI awarded National Evaluation Contract September 2017
- Regional AETCs collected data using revised National Evaluation Plan starting October 1, 2018 for the 2018/2019 program year
  - Different data collection tools used 2016-2018 and 2018/2019
- Data were analyzed for the 2016-2019 program years.



# AIDS Education and Training Centers Program

2020 National Ryan White Conference on HIV Care and Treatment

*August 13, 2020*

**Anna Poker BSN, MS, RN**  
**Senior Public Health Analyst**  
**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# Health Resources and Services Administration (HRSA) Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.





# HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
  - Funds grants to states, cities/counties, and local community based organizations
    - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)

## Mission

Increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV, and to help prevent high-risk behaviors that lead to HIV transmission

*The RWHAP AETC Program recognizes the importance of a well-trained HIV health workforce as a crucial step toward ending the HIV epidemic in the U.S.*

# AIDS Education and Training Centers Program Overview

- Authority: Section 2692 (42 U.S.C. §300ff-111) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009
- The AIDS Education & Training Center (AETC) Program, a national program of **leading HIV experts**, provides **locally based, tailored** education and technical assistance to healthcare teams and systems to integrate comprehensive care for those with or affected by HIV. The AETC Program **transforms** HIV care by building the capacity to provide accessible, high-quality treatment and services throughout the United States and its territories.
- Train and provide technical assistance to health care professionals, interprofessional health teams, and health care organizations on the prevention, diagnosis, and treatment of HIV disease.
- Special emphasis on clinicians who are themselves of minority racial/ethnic background and/or are serving minority populations, including Native Americans and Alaska Natives



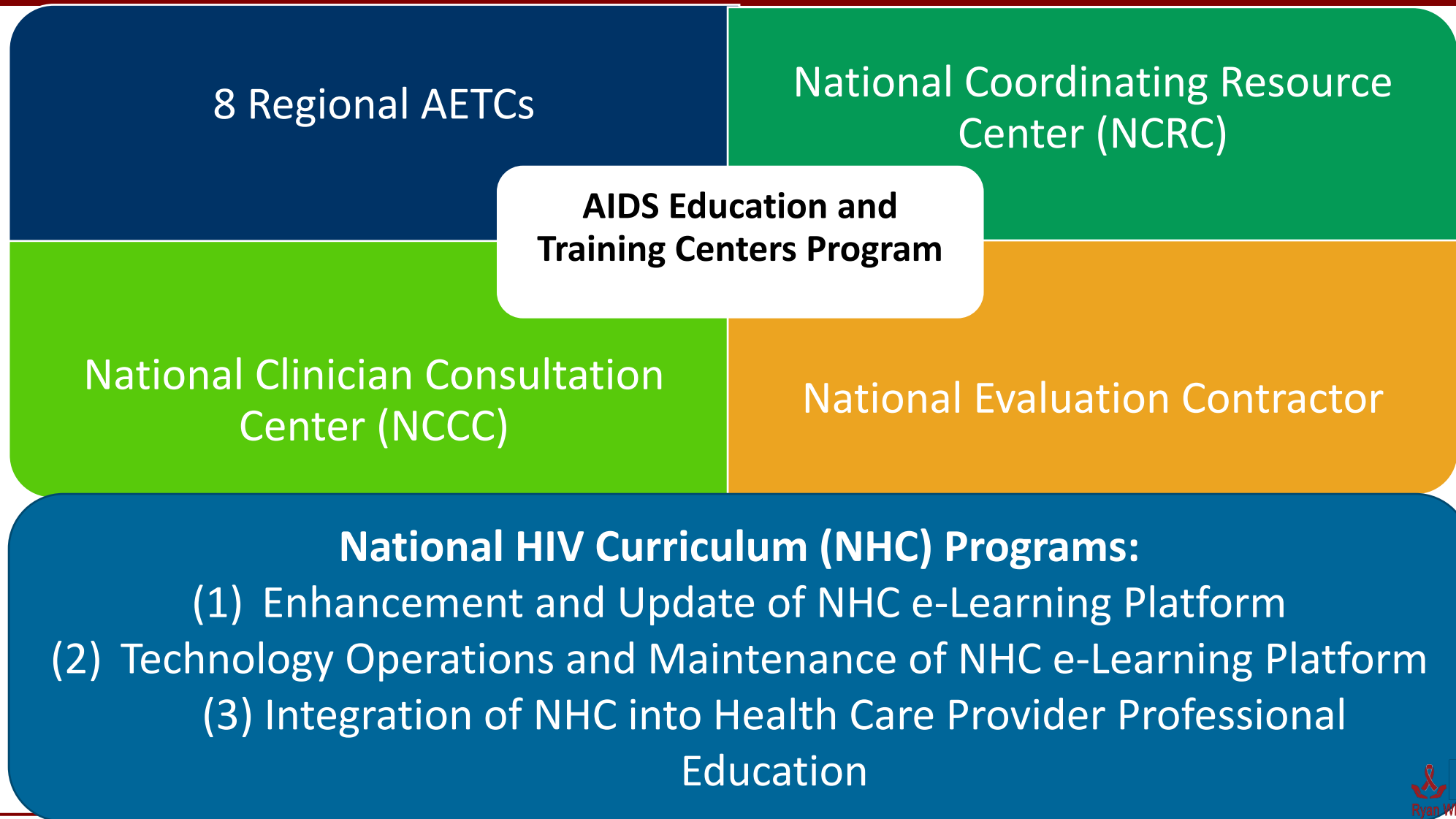
# AETC Program Goals

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- Increase the size and strengthen the skills of the HIV clinical workforce in the United States.
- Improve outcomes along the HIV care continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance.
- Reduce HIV incidence by improving the achievement and maintenance of viral suppression in people with HIV.



# AETC Program Overview



# Regional AETC Program

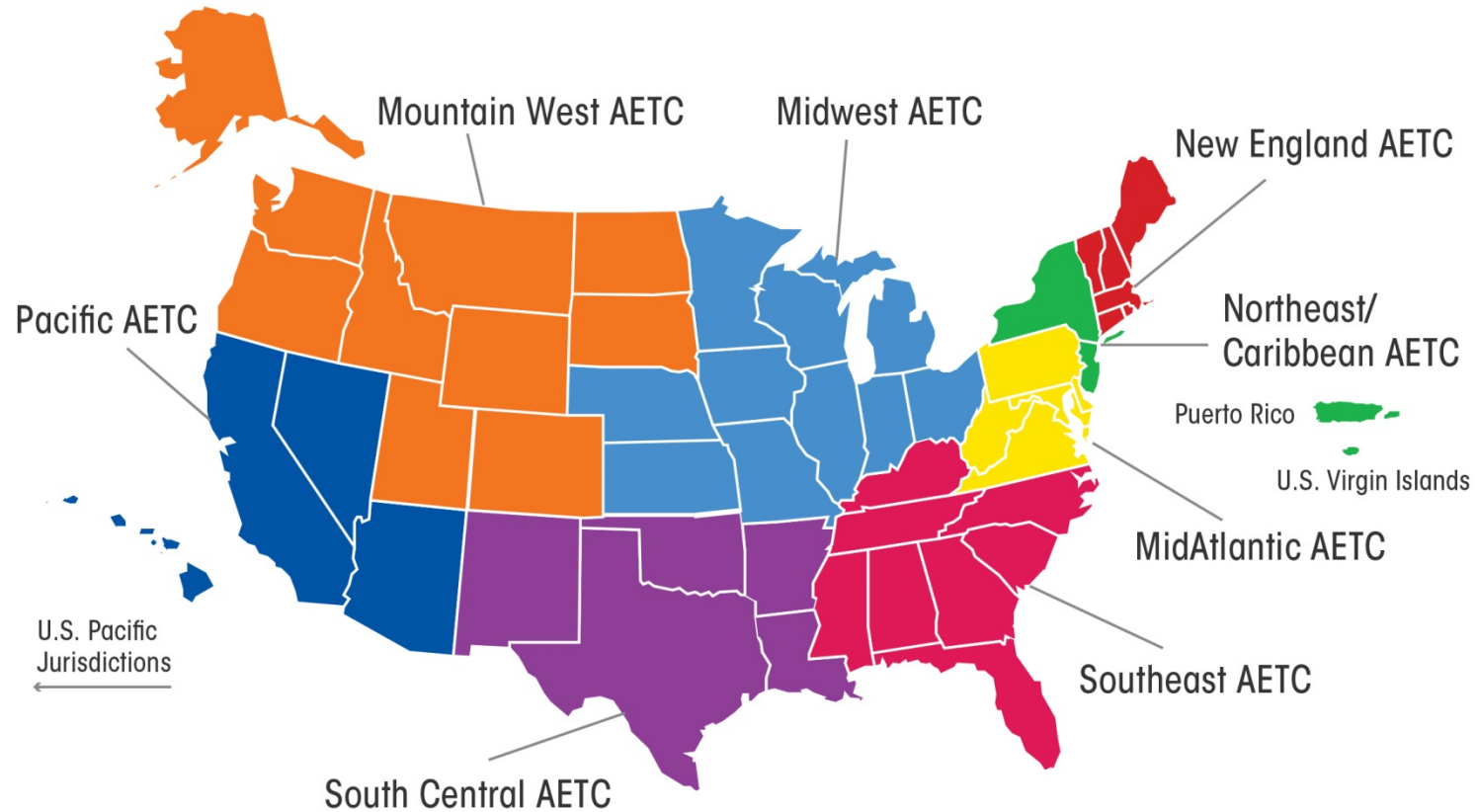
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- **NOFO: HRSA-19-035**
- **Type of Award: Cooperative Agreement**
- **Number of Award: 8**
- **Period of Performance: July 1, 2019 – June 30, 2024 (5 years)**



# Regional AETC Program

<http://aidsetc.org/>



# Regional AETC Program Components

Core Training

Minority AIDS  
Initiative (MAI)

Interprofessional  
Education (IPE)

Practice Transformation  
(PT)

Practice Transformation  
Expansion (PTE)  
(Optional)



# Regional AETC Program Components

- **Core Training**

- Reach novice and low-volume HIV providers and clinics
  - Novice – provider with <6 years of HIV experience
  - Low-volume – provider who sees <10 patients with HIV per year
- Implement replicable HIV service delivery models and evidence-based interventions
- Coordinate with RWHAP Parts A and B recipients to develop core training work plan

- **Minority AIDS Initiative (Minimum of 20%)**

- Increase capacity of minority providers and minority-serving providers
- Increase access to HIV care and decrease disparities in outcomes along the HIV care continuum among minority with HIV



# Regional AETC Program Component - IPE

- **Interprofessional Education Project (Minimum of 10%)**
  - To increase and strengthen the HIV workforce
  - Affect change at three levels
    - Student
    - Faculty
    - Institution
  - Partnership with accredited schools of **medicine, nursing, pharmacy, and behavioral health**



# Regional AETC Program Components - PT

- **Practice Transformation (Minimum of 40%)**
  - Improve outcomes along the HIV care continuum and build clinic capacity
  - Transform clinical practice through training, coaching, and practice facilitation
  - Minimum of six HRSA funded health centers or clinics
    - Three Ryan White clinics
    - Three non-Ryan White clinics (Section 330 funding)
  - 33% of clinics must include replicable SPNS model or evidence-based/informed interventions



# Regional AETC Program Components - PTE

- **Practice Transformation Expansion (*Optional*)**
  - Collaboration with Bureau of Primary Health Care (BPHC)
  - Increase capacity of providers in BPHC-funded health centers
    - With high HIV prevalence and/or incidence
    - Rural counties with new HIV diagnosis and at high risk for substance use disorder
  - Funded AETCs: **South East, Pacific, and Midwest**



# Regional AETCs: Training Modalities

Training Modalities	Description
Didactic Presentations	Didactic presentations, panel discussions, journal clubs, teleconferences and other formats
Interactive Presentations	Interactive learning through discussion of cases supplied by a trainer, role play, simulated patients, and train-the-trainer and other skill building activities
Communities of Practice	Collaborative networks working together to improve organizational operations
Clinical Preceptorships	Preceptorships, "mini-residencies," or observation of clinical care at either the AETC training site or the trainee's workplace
Clinical Consultation	Consultation, case-based discussion with cases supplied by trainee, or on-site clinical consultation at trainee's clinical setting
Coaching for Organizational Capacity Building	Organizational technical assistance and capacity building



# Regional AETCs: HIV Training Topics

- Biomedical Preventions (i.e. PrEP, PEP, perinatal transmission, U=U)
- Behavioral Risk Assessment
- HIV Testing and Diagnosis
- Linkage to Care
- Patient-Centered Care Delivery & Care Services
- Retention and Engagement in Care
- Management of HIV through ART
- Management HIV Disease and Co-morbidities
- Reducing Health Disparities i.e. cultural competence, stigma, health literacy
- Healthcare Financing
- HIV Data Science



# AETC National Programs

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- National Coordinating Resource Center
- National Clinician Consultation Center



# National Coordinating Resource Center (NCRC)

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- Central repository for AETC training and capacity building resources
- Available free through a virtual library: [aidsetc.org](http://aidsetc.org)
- Maintains the AETC Program Directory
- Fosters collaboration and group facilitation among AETCs and with external partners
- Provides marketing and communications services
- Coordinates the annual Ryan White HIV/AIDS Program Clinical Conference





# National Clinician Consultation Center (NCCC)

Provides free immediate expert clinical consultation to health care professionals on HIV prevention, care, and treatment through telephone and e-consultation:

- [HIV/AIDS Management Warmline](#): individualized expert multidisciplinary consultation on preventing and treating HIV, from initiating treatment to managing advanced disease
- [Perinatal HIV Hotline](#): consultation for HIV testing and care during pregnancy, labor and delivery, and the postpartum period
- [Hepatitis C Management Warmline](#): consultation for screening and treating hepatitis C, from testing to treatment
- [Substance Use Management Warmline](#): individualized national clinical consultation for healthcare providers treating people living with HIV who use/abuse substances or are at risk of contracting HIV due to substance use
- [PEPline Warmline](#): consultation for managing healthcare worker exposures to HIV and hepatitis B and C, including recommendations on when and how to initiate PEP
- [PrEPline Warmline](#): Up-to-date clinical consultation for PrEP decision-making, from determining when PrEP is an appropriate part of a prevention program to understanding laboratory protocols and follow-up tests



# National HIV Curriculum Programs

[www.hiv.uw.edu](http://www.hiv.uw.edu)

The screenshot shows the homepage of the National HIV Curriculum website. At the top, there is a navigation bar with icons and labels for 'Antiretroviral Medications', 'Course Modules', 'Question Bank', 'Clinical Challenges', 'Tools & Calculators', 'Master Bibliography', and 'HIV Resources'. A 'Sign In' link is located in the top right corner. The main header area features the title 'National HIV Curriculum' and a brief description: 'A free educational web site from the University of Washington and the AETC National Coordinating Resource Center.' Below this, there is a 'Contributors' button and a note about funding from the Health Resources and Services Administration. The central part of the page is titled 'Course Modules' and contains three main sections: 'Screening and Diagnosis', 'Basic HIV Primary Care', and 'Antiretroviral Therapy'. Each section provides a short description and links to 'Overview / Quick Reference', 'Self-Study', 'Question Bank', and 'Clinical Challenges'. A fourth section, 'Co-Occurring Conditions', is partially visible at the bottom.

National HIV Curriculum

Antiretroviral Medications Course Modules Question Bank Clinical Challenges Tools & Calculators Master Bibliography HIV Resources Sign In

## National HIV Curriculum

A free educational web site from the University of Washington and the AETC National Coordinating Resource Center.

Contributors

Funded by a grant from the Health Resources and Services Administration

### Course Modules

<h4>Screening and Diagnosis</h4> <p>This module is for any health care provider who would like to establish core competence in testing for HIV, recognizing acute HIV infection, and linking persons diagnosed with HIV to medical care.</p>	<p><a href="#">Overview / Quick Reference</a> &gt; Rapidly access info about Screening and Diagnosis</p> <p><a href="#">Self-Study</a> <b>CNE/CME</b> Track your progress and receive CE credit</p>	<p><a href="#">Question Bank</a> <b>CNE/CME</b> Interactive board-review style questions with CE credit</p> <p><a href="#">Clinical Challenges</a> Expert opinions for challenging and controversial cases</p>
<h4>Basic HIV Primary Care</h4> <p>The Basic HIV Primary Care module is intended for any clinician who may interact with persons who have HIV infection in a clinical setting, with an emphasis on the primary care management issues related HIV.</p>	<p><a href="#">Overview / Quick Reference</a> &gt; Rapidly access info about Basic HIV Primary Care</p> <p><a href="#">Self-Study</a> <b>CNE/CME</b> Track your progress and receive CE credit</p>	<p><a href="#">Question Bank</a> <b>CNE/CME</b> Interactive board-review style questions with CE credit</p> <p><a href="#">Clinical Challenges</a> Expert opinions for challenging and controversial cases</p>
<h4>Antiretroviral Therapy</h4> <p>The Antiretroviral Therapy module is geared toward clinicians who provide antiretroviral therapy to persons with HIV infection, with an emphasis on initiating antiretroviral therapy and management of virologic failure.</p>	<p><a href="#">Overview / Quick Reference</a> &gt; Rapidly access info about Antiretroviral Therapy</p> <p><a href="#">Self-Study</a> <b>CNE/CME</b> Track your progress and receive CE credit</p>	<p><a href="#">Question Bank</a> <b>CNE/CME</b> Interactive board-review style questions with CE credit</p> <p><a href="#">Clinical Challenges</a> Expert opinions for challenging and controversial cases</p>
<h4>Co-Occurring Conditions</h4>	<p>The following topics will be covered in this module:</p>	



# The National HIV Curriculum and Integration of NHC into Health Professional Programs

**Howard University**

**University of Illinois**

Integrating the National HIV Curriculum e-Learning Platform into Health Care Provider Professional Education

Enhancement and Update of the National HIV Curriculum e-Learning Platform

**University of Washington**



# National Evaluation Contract



# AETC Technical Assistance Resources

AETC Program	TA Focus	Resources
<a href="#">Regional AETC Program</a>	<ul style="list-style-type: none"> <li>• <i>Develop core training plans with RWHAP Part A and B recipients.</i></li> <li>• <i>Establish coaching and practice facilitation projects to assist the selected CHCs in enhancing outcomes along the HIV care continuum (Practice Transformation [PT]/PT-like).</i></li> <li>• <i>Coordinating with RWHAP Part A and B recipients to address emergent public health issues.</i></li> </ul>	<p>Sample HIV Training Topics</p> <ul style="list-style-type: none"> <li>• Biomedical Preventions (i.e. PrEP, PEP, U=U)</li> <li>• Linkage to Care</li> <li>• Patient-Centered Care</li> <li>• Retention and Engagement in Care</li> <li>• ART</li> <li>• HIV Disease and Co-morbidities</li> </ul>
<a href="#">National Clinician Consultation Center (NCCC)</a>	<p><i>Free, expert advice for clinicians, clinics and health systems in providing quality HIV/AIDS care from the National Clinician Consultation Center, Regional AETCs, and other Federal programs.</i></p>	<ul style="list-style-type: none"> <li>• <a href="#">HIV/AIDS Management Warmline</a></li> <li>• <a href="#">Perinatal HIV Hotline</a></li> <li>• <a href="#">Hepatitis C Management Warmline</a></li> <li>• <a href="#">Substance Use Management Warmline</a></li> <li>• <a href="#">PEPline Warmline</a></li> <li>• <a href="#">PrEPLine Warmline</a></li> </ul>
<a href="#">National Coordinating Resource Center (NCRC)</a>	<ul style="list-style-type: none"> <li>• <i>Central Repository for HIV/AIDS training and capacity resources.</i></li> <li>• <i>Forum for clinicians to learn about advances in care and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>• Free training and clinical materials through a virtual library</li> <li>• Annual Ryan White HIV/AIDS Program Clinical Conference</li> </ul>





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# Contact Information

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# AETC Program Reach (2016-2019)

# Evaluation Questions



1. What are characteristics of the trainings provided by the AETCs?
2. What are the characteristics of training participants?

# Data Sources: Program Reach



## 2016-2018

## 2018/2019

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*Event Record (ER)\**

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*Event Record (ER)*

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*Participant Information Form (PIF)\**

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*Participant Information Form (PIF)*

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*Note: \*Due to two versions of the ER in use during 2016/2017, comparisons to the 2017/2018 and 2018/2019 program years should be interpreted with caution. In the 2016/2017 program year, the participant identifier in the PIF changed; therefore, only 2017/2018 and 2018/2019 demographic data were available for analyses.*

# Limitations



- Participant data unavailable for 2016/2017 due to change in participant identifier.
- Two versions of the *ER* in use in 2016/2017 and variable approaches to documenting multi-session and coaching events prior to 2018/2019, so trends should be interpreted with caution.



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Program Reach // Question 1

# What are characteristics of the trainings provided by the AETCs?

*Data Source: Event Record (2016-2019)*

# Trainings by Region, Overall (2016-2019)



Regional AETCs conducted **29,656** training events. That's an average of **9,885** events/year.

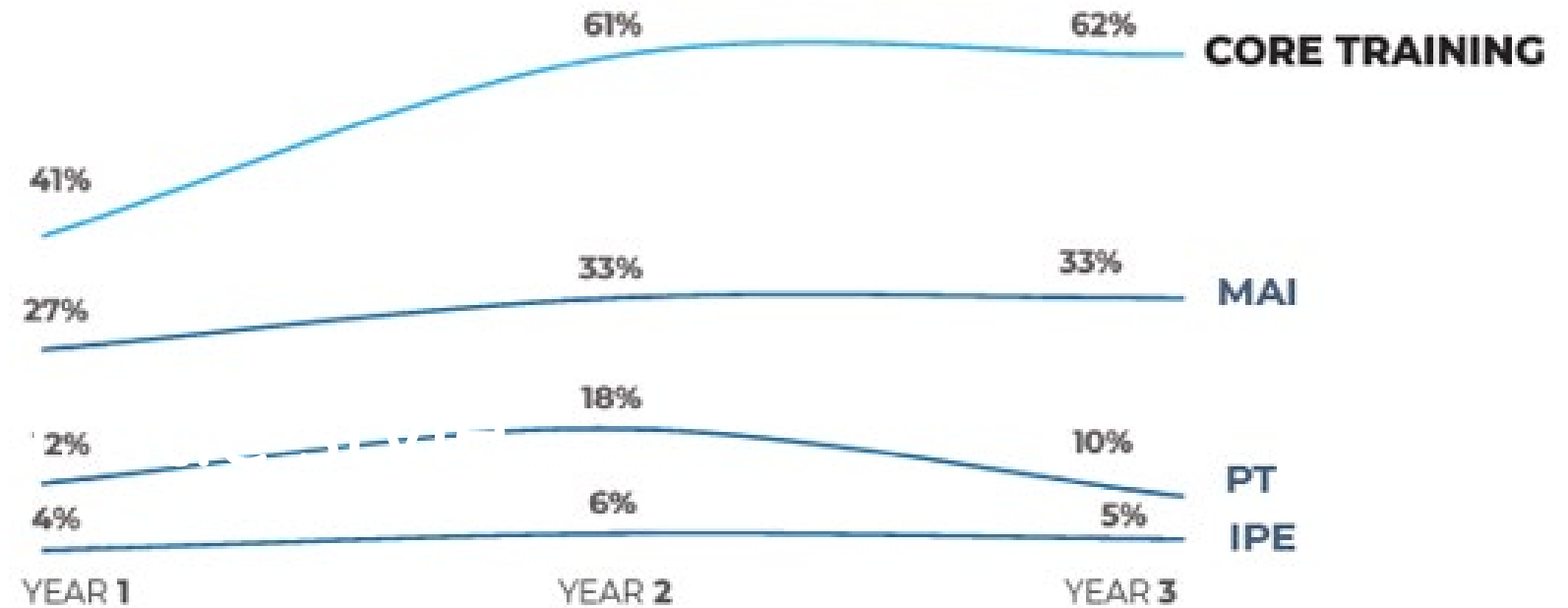
Regional AETC	2016/2017 N (%)	2017/2018 N (%)	2018/2019 N (%)
Region 1: New England	540 (5.5%)	431 (4.2%)	504 (5.2%)
Region 2: Northeast/Caribbean	1,359 (13.9%)	1,284 (12.5%)	1,017 (10.6%)
Region 3: Mid Atlantic	1,261 (12.9%)	1,241 (12.1%)	1,284 (13.4%)
Region 4: Southeast	1,962 (20.1%)	3,015 (29.3%)	2,629 (27.3%)
Region 5+7: Midwest	966 (9.9%)	1,008 (8.9%)	952 (9.9%)
Region 6: South Central	975 (10.0%)	972 (9.4%)	837 (8.7%)
Region 8+10: Mountain West	1,179 (12.1%)	982 (9.5%)	1,188 (12.4%)
Region 9: Pacific	1,512 (15.5%)	1,354 (13.2%)	1,204 (12.5%)
<b>Overall, All Regions</b>	<b>9,754 (100%)</b>	<b>10,287 (100%)</b>	<b>9,615 (100%)</b>

# Trainings by Programmatic Component (2016-2019)



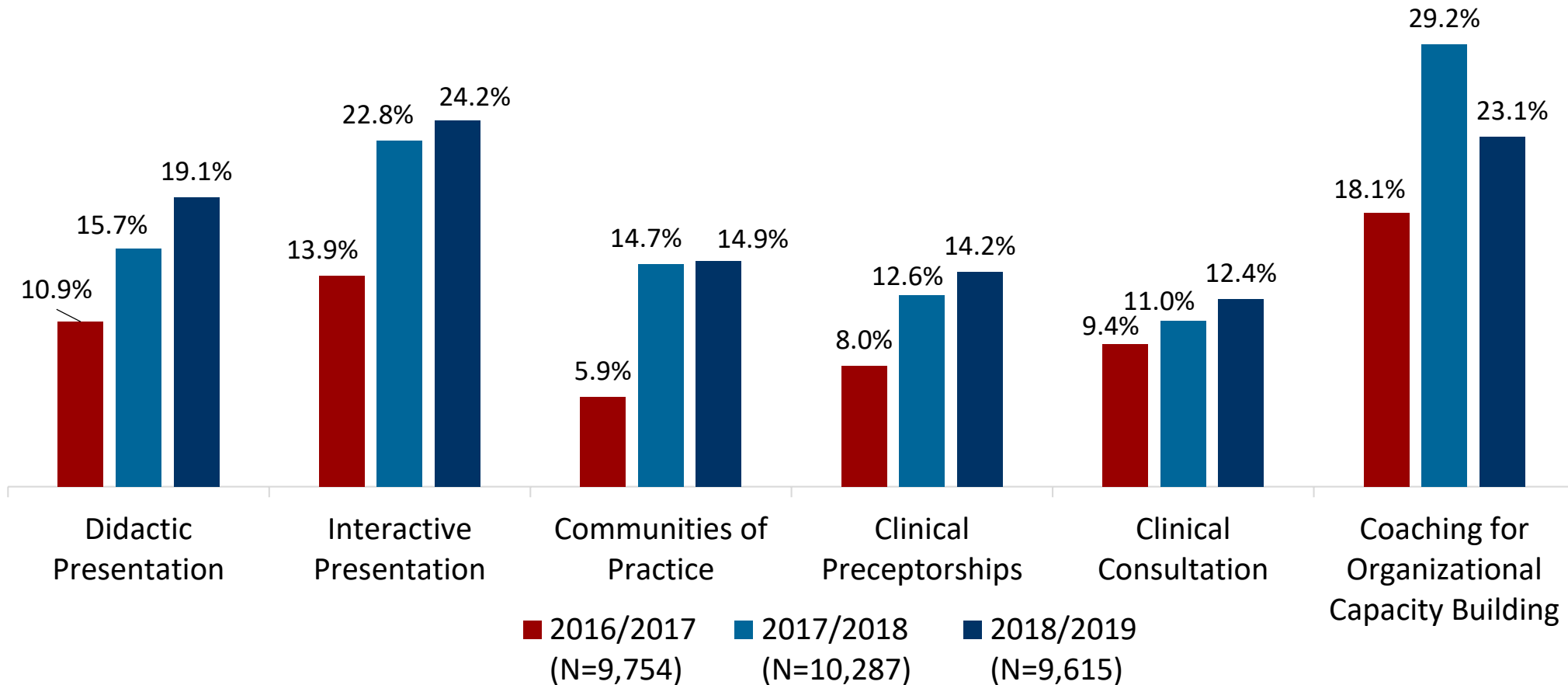
**CORE TRAINING** accounted for the greatest proportion of training events across all three program years.

*Note: Select all that apply question, responses do not add to 100%. In 2016/2017, 2,483 events were reported using an old version of the ER that did not track CORE, PT, and IPE funding sources; therefore, the percentages are lower.*



*Note: Due to two versions of the ER in use during 2016/2017, comparisons to the 2017/2018 and 2018/2019 program years should be interpreted with caution. Funding question differed. Also, starting in 2018/2019, PT coaching activities were standardized and reported in aggregate on a monthly basis in the ER to reduce data collection burden.*

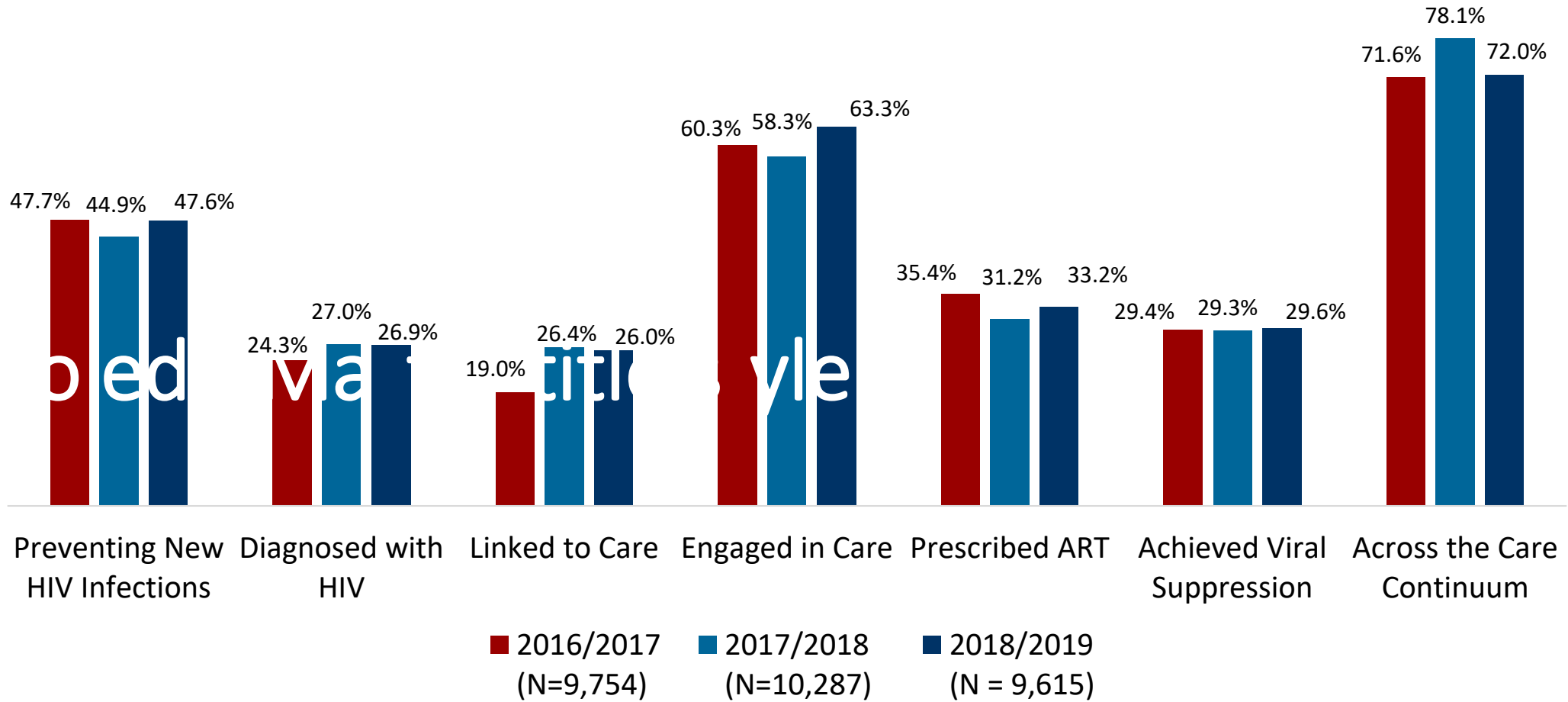
# Training Modality (2016-2019)



*Note: Due to two versions of the ER in use during 2016/2017, comparisons to the 2017/2018 and 2018/2019 program years should be interpreted with caution.*



# Training Topics (2016-2019)



Note: Multiple training topics could be selected. "Across the Care Continuum" includes the following topic categories: reducing health disparities, healthcare financing, patient-centered care delivery, and HIV data science.



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Program Reach // Question 2

# What are characteristics of training participants?

*Data Source: Participant Information Form (2017/2018 and 2018/2019)*

# Participants Reached

(2017/2018 and 2018/2019)



The Regional AETCs reached a total of

# 109,285

training participants\*. That's an average of **54,642** participants/year.

*\*Note: "Participants" may be duplicated across years.*

## GENDER

N= 97,754



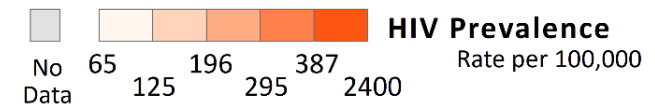
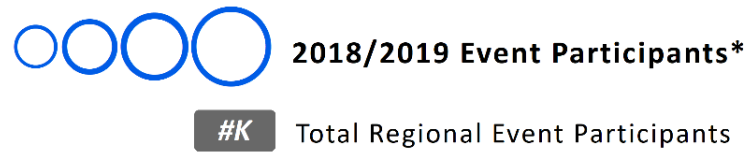
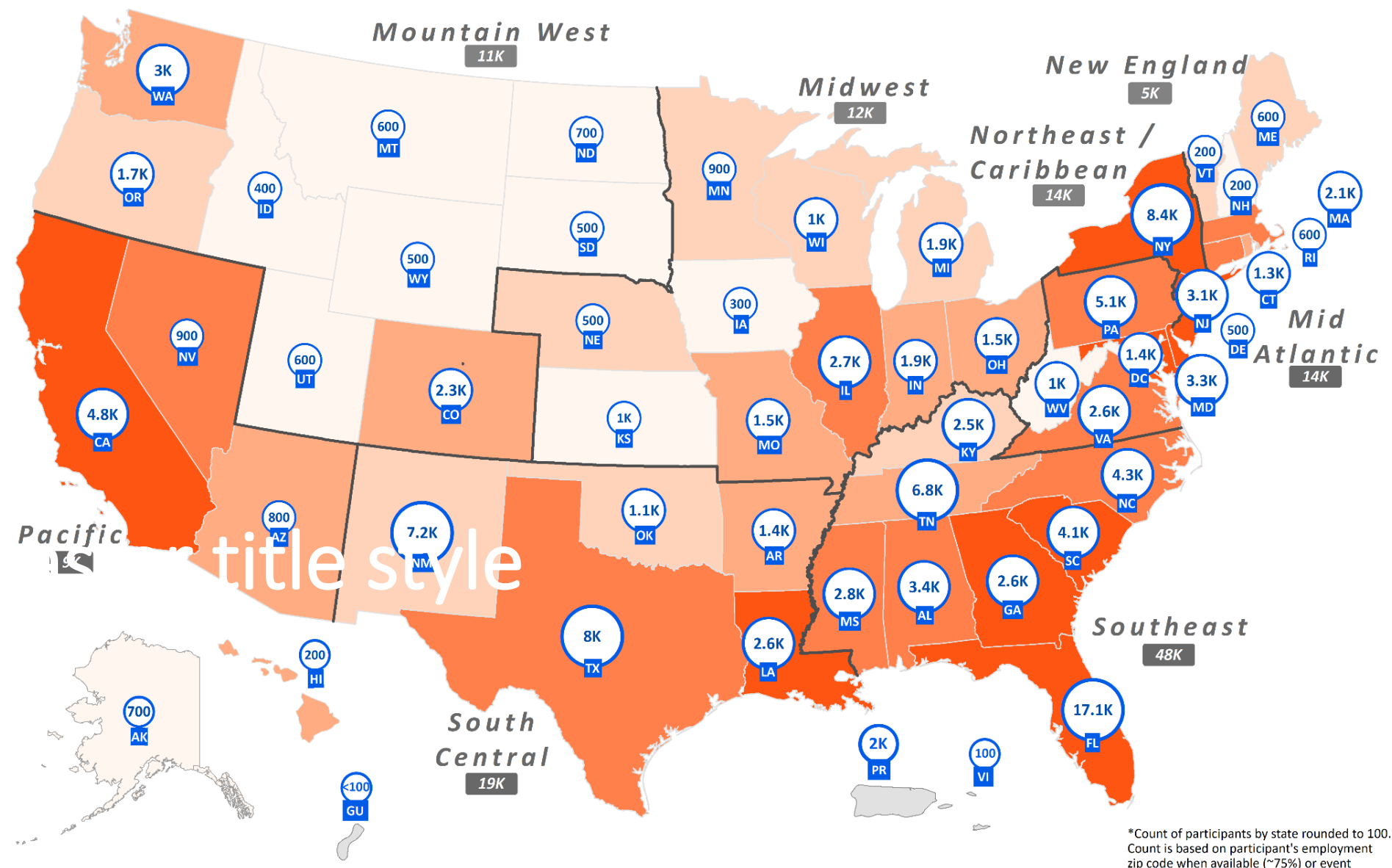
## RACE/ETHNICITY

N= 94,794



*Note: due to change in the participant identifier, 2016/2017 PIF data were not available.*

# AETC Program Reach & HIV Prevalence by State

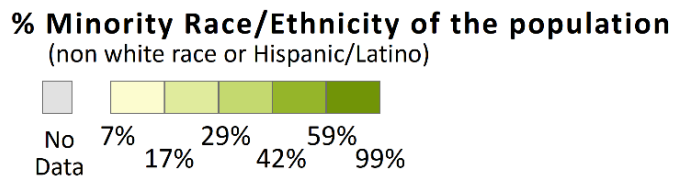
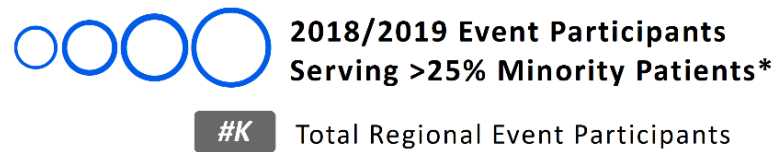
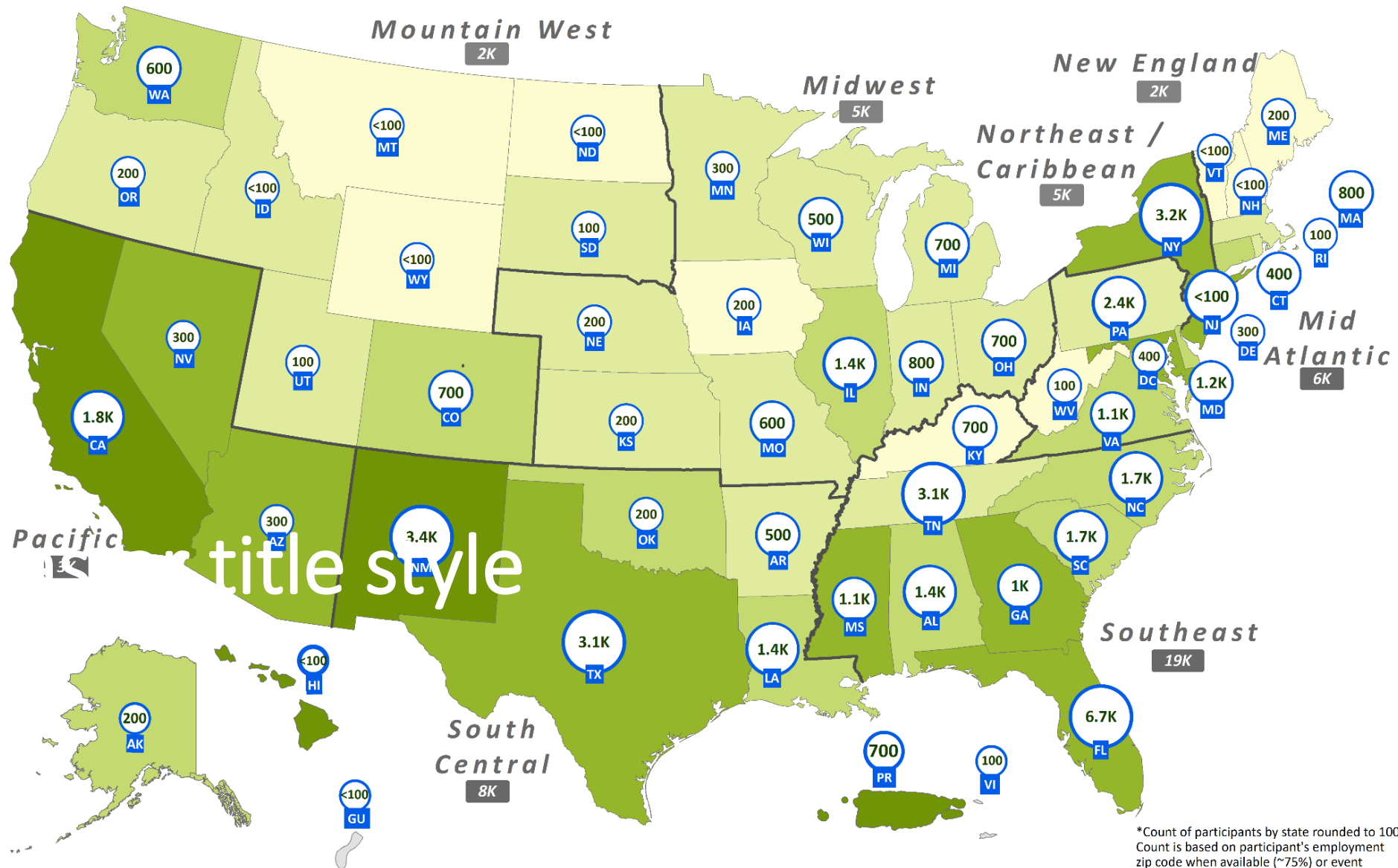


\*Count of participants by state rounded to 100. Count is based on participant's employment zip code when available (~75%) or event location (~25%).

Data Sources: 2018-2019 Event Record and Participant Information Form, HIV Prevalence: Centers for Disease Control and Prevention, 2018

Note: Duplicated participant training counts shown, participants are counted for each training attended (n= 131,585, unique participants = 53,970)

# Minority-Serving Providers Reached and Minority Population by State



\*Count of participants by state rounded to 100. Count is based on participant's employment zip code when available (~75%) or event location (~25%).

Data Sources: 2018-2019 Event Record and Participant Information Form, Minority Race/Ethnicity: U.S. Census American Community Survey, 1-year estimates, 2019

Note: Duplicated participant training counts shown, participants are counted for each training attended (n= 131,585, unique participants = 53,970, serving > 25% minority patients n=49,974)

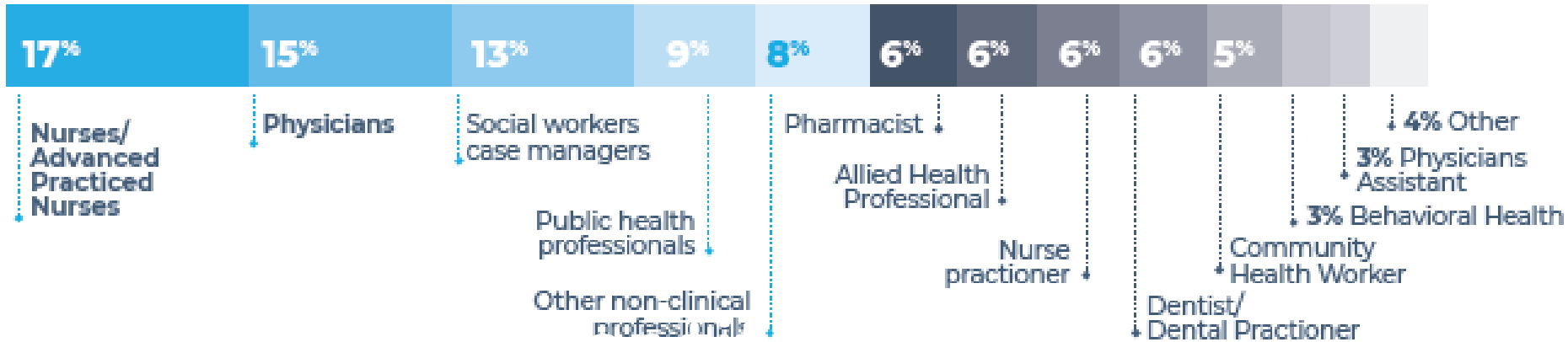
# Participants by Profession

(2017/2018 and 2018/2019)



## PROFESSIONS

N= 104,478



## PRESCRIBER

N= 104,478



Note: Other includes substance use professionals (2%), practice administrators (2%), and under 1% dietitians or nutritionists, and clergy or faith-based professionals.

# Volume & Years of Experience

(2017/2018 and 2018/2019)



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**40%** of direct service providers do not have patients/clients with HIV. Among those who provide services to people with HIV:

## PATIENT VOLUME

N= 34,962



## YEARS OF EXPERIENCE

N= 39,483



# Professional Services Provided

(2017/2018 and 2018/2019)



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Among **71,707** direct service providers trained:



**64%** provide services to people with HIV



**62%** provide HIV prevention counseling and testing



**22%** prescribe PrEP

Among the **40,082** direct service providers trained who provided services to people with HIV:



**35%** provide behavioral health services, but not HIV treatment



**24%** provide clinical services to people with HIV, but not HIV treatment



**16%** provide basic HIV care and treatment

*Note: These are asked as three separate questions, not mutually exclusive.*





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# Core Training and Minority AIDS Initiative (2016-2019)

# Core Training: Evaluation Questions



1. What is the reach of Core Training activities overall and by training modality, frequency, and duration?
2. What are the characteristics of participants who have accessed Core Training?
3. To what extent do participants use the knowledge and/or skills learned through Core Training their work with people with HIV?
4. To what extent does Core Training change or enhance clinic/organizational policies or procedures related to HIV care and treatment?

# Data Sources: Core Training and MAI



2016-2018	2018/2019
<i>Event Record (ER)*</i>	<i>Event Record (ER)</i>
<i>Participant Information Form (PIF)*</i>	<i>Participant Information Form (PIF)</i>
<i>ACRE Immediate-Post Training Survey (ACRE-IP)</i>	<i>CORE Immediate-Post (CORE-IP)</i>
<i>ACRE Follow-Up Training Survey (ACRE-FUP)</i>	<i>CORE Long-Term Follow-Up (CORE-LT)</i>

*Note: \*Due to two versions of the ER in use during 2016/2017, comparisons to the 2017/2018 and 2018/2019 program years should be interpreted with caution. In the 2016/2017 program year, the participant identifier in the PIF changed; therefore, only 2017/2018 and 2018/2019 demographic data were available for analyses.*

# Minority AIDS Initiative: Evaluation Questions



1. What is the reach of the AETC Program in providing TA/T to minority providers and those serving people with HIV who are minorities, overall and by TA/T modality, frequency, and duration?
2. To what extent does TA/T improve HIV practice among minority providers and minority-serving providers?
3. To what extent does TA/T change organizational HIV-related policies or procedures in settings where minority providers were trained or trained providers serve minority populations?

# Limitations



- Change in Core Training and MAI data collection tools and methods between the 2016-2018 and 2018/2019 program years limited trending.
- Small sample size and response rates for the long-term follow-up survey limited validity and generalizability of findings.



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Core Training // Question 1

**What is the reach of Core Training activities overall and by training modality, frequency, and duration?**

MAI Activities // Question 1

**What is the reach of the AETC Program in providing TA/T to minority providers and those serving people with HIV who are minorities, overall and by TA/T modality, frequency, and duration?**

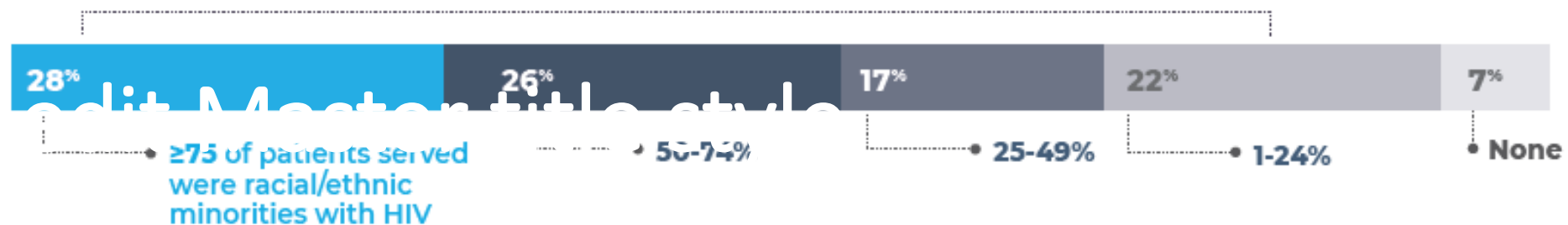
*Data Source: Event Record (2016-2019) & PIF (2017/2018 and 2018/2019)*

# Minority Patients Served by Participants *(2017/2018 and 2018/2019)*



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**93%** of training participants provided services to racial/ethnic minority patients with HIV during 2017-2019 (N=39,633). **MAI**



*Note: due to change in the participant identifier, 2016/2017 PIF data were not available.*



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Core Training // Question 3

**To what extent do participants use the knowledge and/or skills learned through Core Training in their work with people with HIV?**

MAI Activities // Question 2

**To what extent does TA/T improve HIV practice among minority providers and minority-serving providers?**

*Data Source: ACRE Immediate-Post (2016/2017 & 2017/2018) & Core Immediate-Post (2018/2019)*



# Knowledge Before and After Core Training & MAI Training

*(2016/2017 and 2017/2018)*



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Between 2016-2018, **Core and MAI training participants self-reported significant improvements in knowledge:** Mean scores generally increased from 3.1 (before training) to 4.1 (after training) on a scale of 1 (very low) -5 (very high).



*Note: Different data collection tools, administration methods, and content of questions were used during 2016-2018 under the prior NEP.  
Scale: 1="very low" and 5="very high"*

# Intent To Use Knowledge and/or Skills by Topic Area After

## Core & MAI Training (2018/2019)



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For the 2018/2019 program year, **Core Training participants self-reported intent to use the knowledge and/or skills learned “quite a bit”** (score of 4)\* related to all topics across the care continuum.

MAI training participants, and minority and minority-serving providers had similar or higher intent to use the knowledge and/or skills learned. **MAI**

HIV Prevention (N=20,374)



HIV Testing (N=17,266)



HIV Care and Treatment (N=20,405)



Screening, Evaluation, and Management of Co-Morbid Conditions (N=19,984)



HIV Service Delivery (N=19,512)



Scale: 1=not at all, 2=a little, 3=a moderate amount, 4=quite a bit, 5=a great deal



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Core Training // Question 4

**To what extent does Core Training change or enhance clinic/organizational policies or procedures related to HIV care and treatment?**

MAI Activities // Question 3

**To what extent does TA/T change organizational HIV-related policies or procedures in settings where minority providers were trained or trained providers serve minority populations?**

*Data Source: Core Long-Term Follow-up (2018/2019)*

# Changes in Clinic/Organizational Policies or Procedures (2018/2019)



**64%**

of Core Training participants reported **one or more clinic/organizational policy or procedure change** as a result of training - average of 3 changes (N=954):

**40%** patient engagement and retention

**28%** HIV testing

**28%** linkage to care

**25%** viral suppression

**22%** retention in care for patients on PrEP

**20%** increasing PrEP prescribing

**18%** sharing of test results

Similar results were found for MAI training participants (i.e., MAI-funded event attendees). **MAI**



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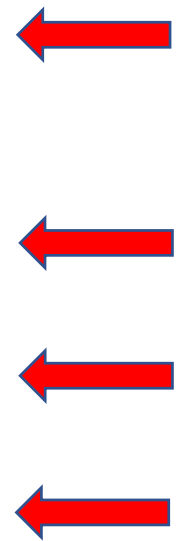
# Experiences from the Field: Northeast/Caribbean AETC

# The NECA AETC Region



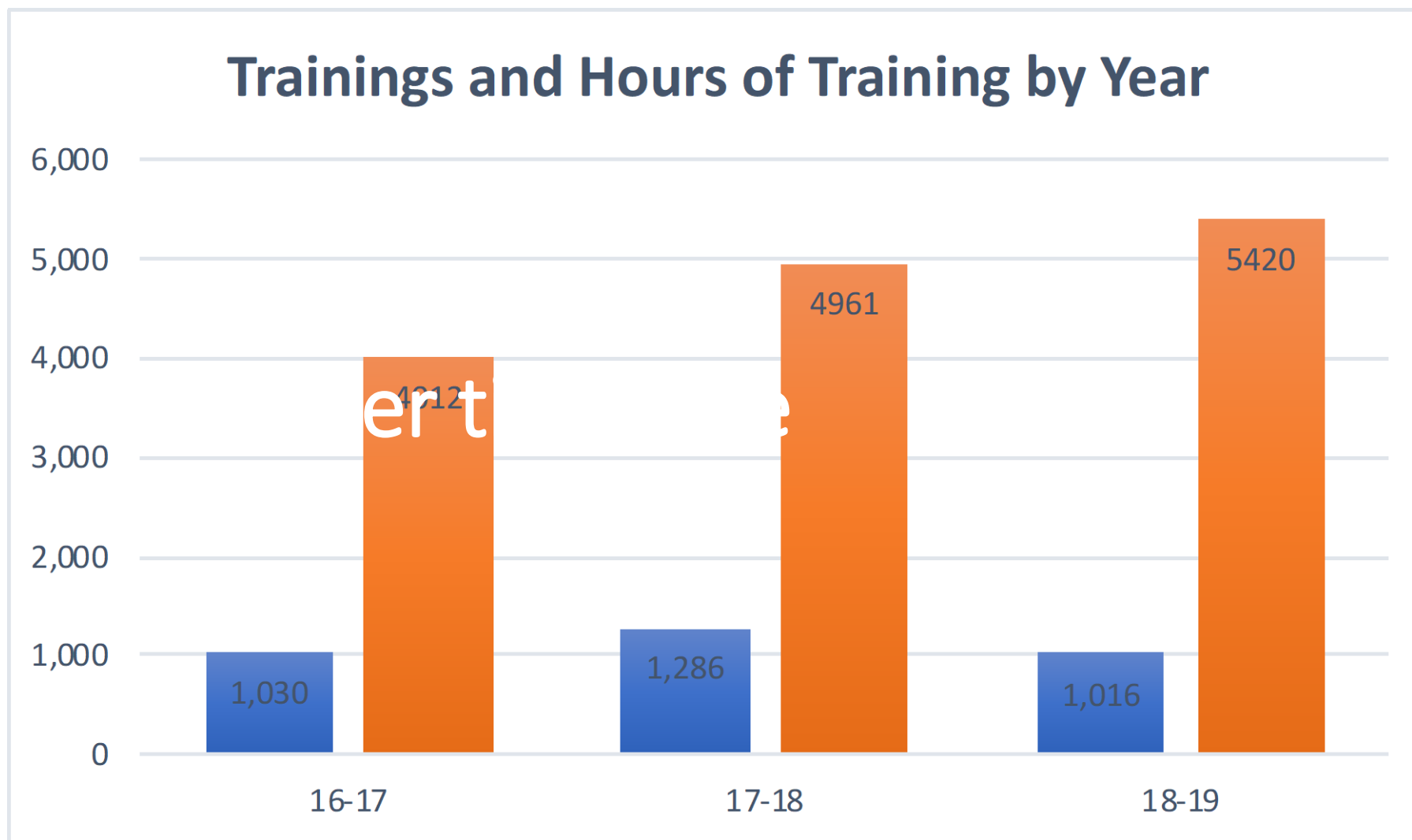
- Aligns with US DHHS Region II
- New Jersey, New York, Puerto Rico and the US Virgin Islands
- Home to over 31.6 million people, nearly 10% of the US population
- Yet, nearly 1 in 5
  - PWH in the US live in the NECA AETC region
  - Inmates with HIV live in the NECA AETC region

Location	Total
1. District of Columbia	2,398.9
2. New York	760.2
3. Maryland	641.0
4. Florida	612.3
5. U.S. Virgin Islands	610.0
6. Georgia	608.8
7. Puerto Rico	553.5
8. Louisiana	527.9
9. New Jersey	465.3
10. Delaware	404.8
11. South Carolina	398.5
12. California	389.7
13. Nevada	387.4
14. Texas	382.9
15. Mississippi	379.1
<b>United States <sup>1</sup></b>	<b>367.7</b>



PWH per 100,000

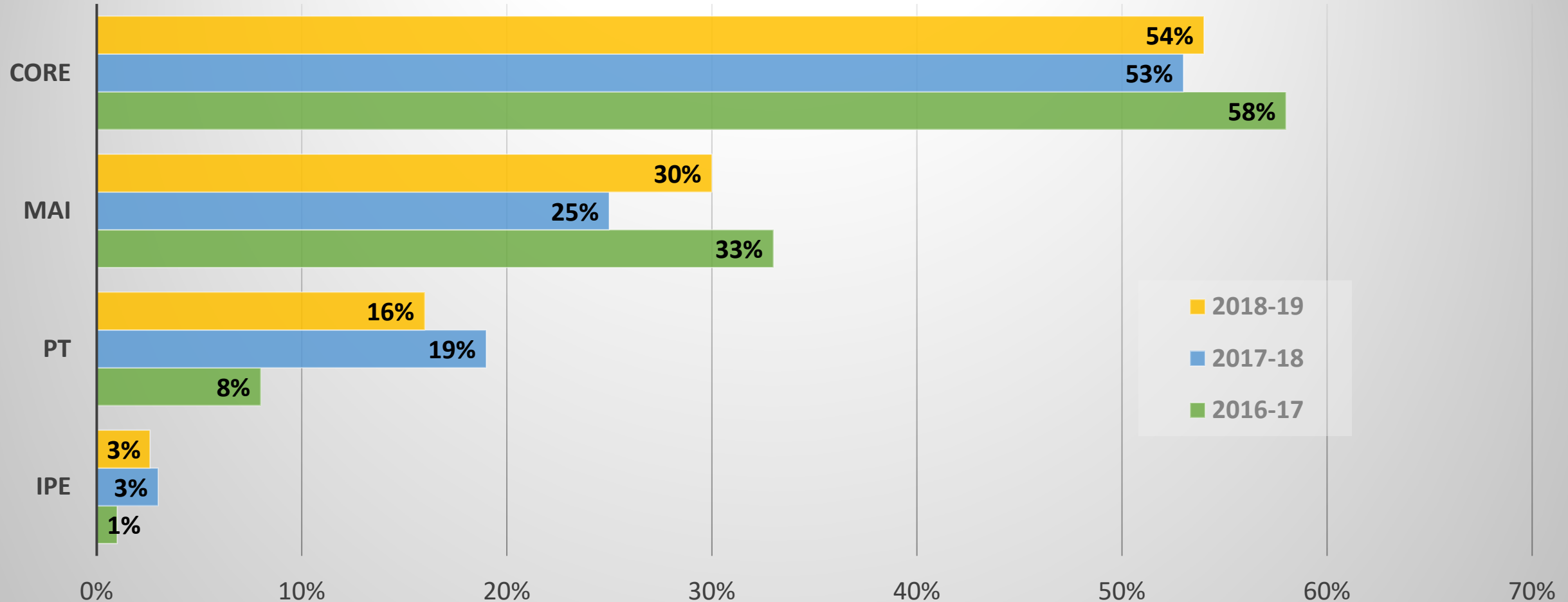
## Trainings and Hours of Training by Year



# NECA AETC Trainings



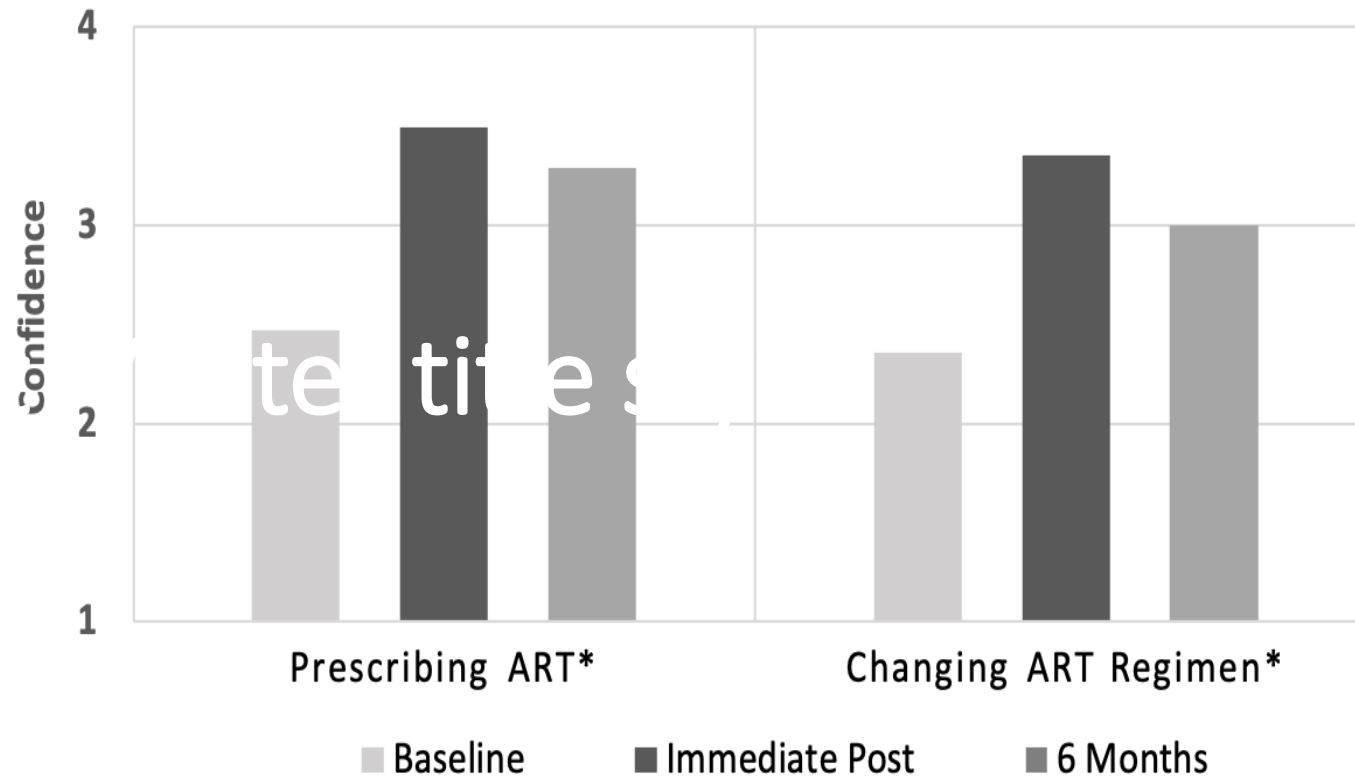
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# Regional Evaluation Activities

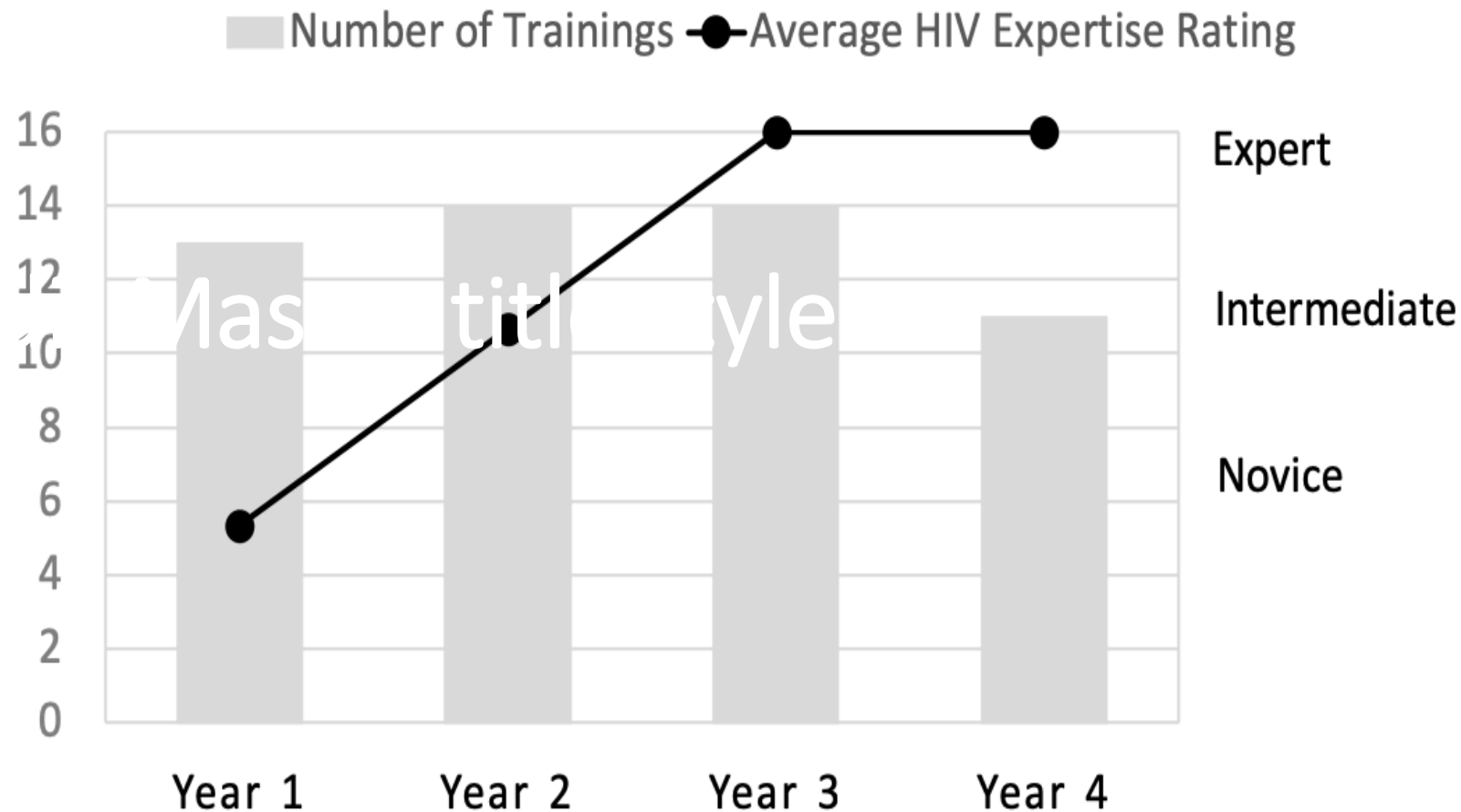
**Figure 2: ACCESS Program Self-Efficacy Outcomes (N=154)**



\* Statistically significant differences between Baseline and other time points by paired t-tests.

# Regional Evaluation Activities

**Figure 1: Longitudinal Case Study: Nurse**



# Reaching the Right Audience



## Strength of a regional program with local presence and national reach

- Regional Partners
- Relationships
  - Departments of Health
  - Departments of Corrections
  - Professional Organizations
  - Community
  - Schools of health professions
  - FQHCs, Ryan White providers, CBOs, networks of care
- Data - where we are, where we have been, where we need to go
- Learning from crises

# Linking Expertise to Community



# Determining Priorities



- Delphi Survey
- Longitudinal Training Site Needs Assessment
- Individual Needs Assessments
- Partnerships with other RW Parts
- NECA AETC Regional Resource Center Assessments
- Data Review
- Clinical Directors
- Regional Partners on the ground

- Key informants: persons with expertise and interest in HIV workforce in NECA region
- Round 1 Survey: Open-ended questions
  - Please list 5-10
    - **challenges in workforce/system capacity** to provide HIV care
    - **HIV-related needs** that are important to address through **training and technical assistance**
- Round 2: Items from Round 1 rated
- Round 3: Top-rated items from Round 2 ranked by urgency



1. Retaining and re-engaging patients in care system
2. Mental health and substance abuse service integration
3. Implementing practice transformation, team-based care
4. Health literacy, communication
5. HIV stigma
6. Data for decision-making, "data to care"
7. Integration of prevention and care
8. Primary care and specialist roles and collaboration
9. Diversity of providers
10. PrEP implementation

# Most Urgent Training and TA Needs



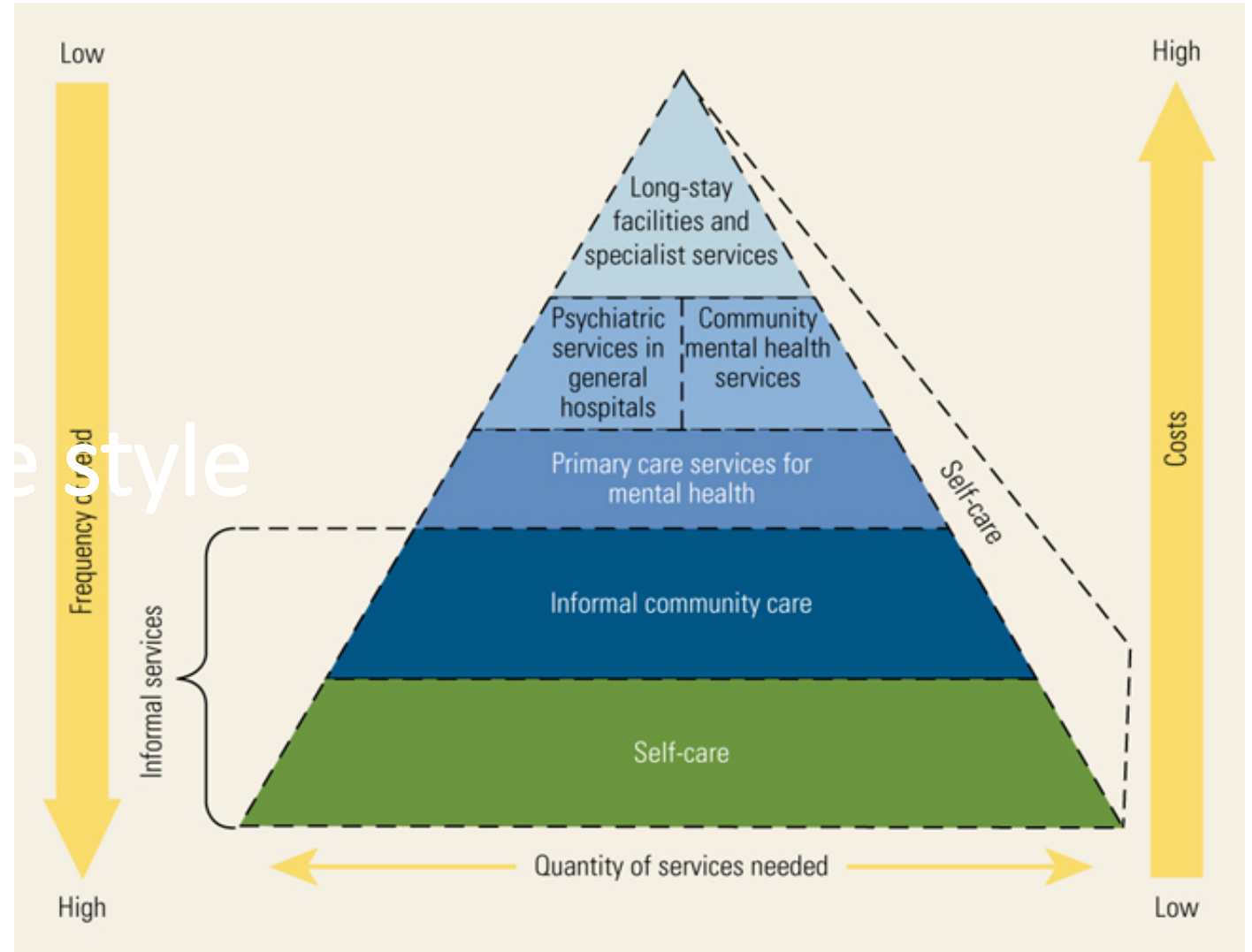
1. HIV and mental health
2. Care coordination/case management/care planning
3. Black MSM
4. Medication adherence and adherence counseling
5. Retention in care
6. Viral suppression
7. HIV pre-exposure prophylaxis (PrEP)
8. Linkage to care
9. Implementation and integration of HIV testing as standard of care
10. HIV stigma



# Informing Training Strategies

The World Health Organization (WHO)  
Pyramid of Mental Health

The Role of the HIV  
Provider



- AETC Community Clinical Exchange & Sustained Support (ACCESS) Program
  - Racial/ethnic minority providers and those serving in racial/ethnic minority communities
  - Over 20 hours of didactic, skills building and competency-based training
    - National curriculum incorporated into training plan
  - Trainings are custom designed to meet needs
    - Individually tailored or
    - Specialized curriculum
  - Continuing education
  - Certificate of completion

# Responding to Need: Building Capacity



- **USVI** - need to increase providers ready to test, manage and treat PWH
  - In 2015 - Only 2 full-time and 1 part-time HIV providers
  - To date, we have trained 1 physician, 2 nurse practitioners, 1 nurse, 1 physician assistant, 1 medical assistant and 8 pharmacists.

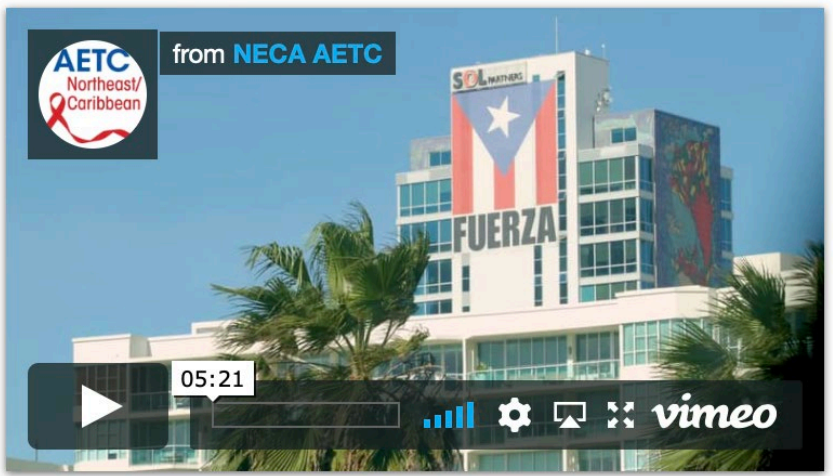


## **USVI Leadership Collaborative**

- **NJ Community Health Workers** – 5-day training for all CHWs - partnership with DOH
  - Over 33 CHWs in NJ who have helped over 1,050 clients in 2019.
- **Overall 350+ ACCESS trainees enrolled, 300+ graduates**
  - Physicians, Physician Assistants, Dentists, Pharmacists, Nurses, Nurse Practitioners, Medical Assistants, Community Health Workers, Psychologists, Social Workers, and other Allied Health Professionals

***Graduates have become AETC faculty, leaders in the field***

# Responding to Urgent Needs



Responding to the Hurricanes in Puerto Rico



## Best Practices in Telehealth



Mary Zelazny  
Chief Executive Officer  
Finger Lakes Community Health



Sirene C  
Chief In  
Finger L



## Coming back to work and COVID-19: Considerations in Dental Practice



## Using Zoom as a Virtual Workspace

Marianna Breytman  
Educational Technologist



## Loss and Grief During the COVID-19 Pandemic

Francine Cournos, MD  
Jameela Yusuff, MD, MPH  
Jonathan Fernández – Jiménez, PSY.D.



## HIV & Behavioral Health: A Role for Everyone



Francine Cournos, MD  
Co-Principal Investigator, Northeast/Caribbean  
AIDS Education & Training Center  
  
Professor of Clinical Psychiatry (in Epidemiology),  
Columbia University



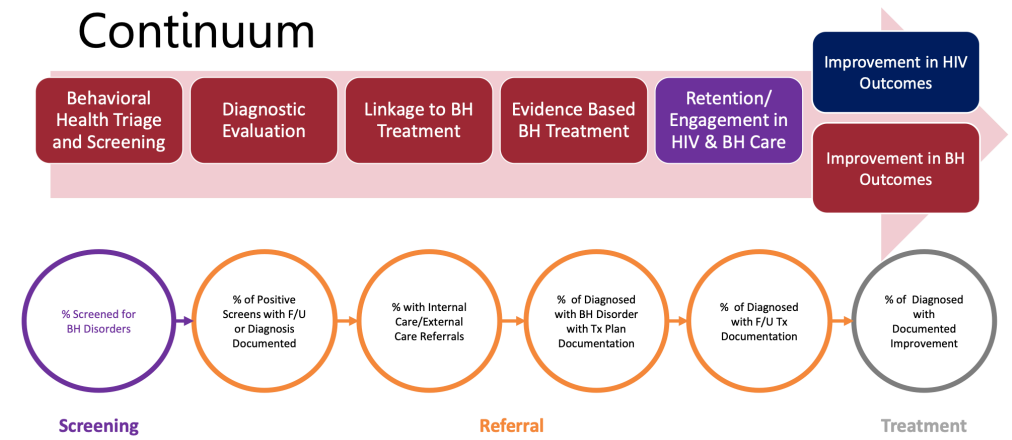
# Other Initiatives



## New Jersey Behavioral Health & Primary Care HIV Integration Project

*Behavioral Health and HIV Integration  
NIH Supplement*  
ck to edit Master title e

### Combined Behavioral Health and HIV Continuum





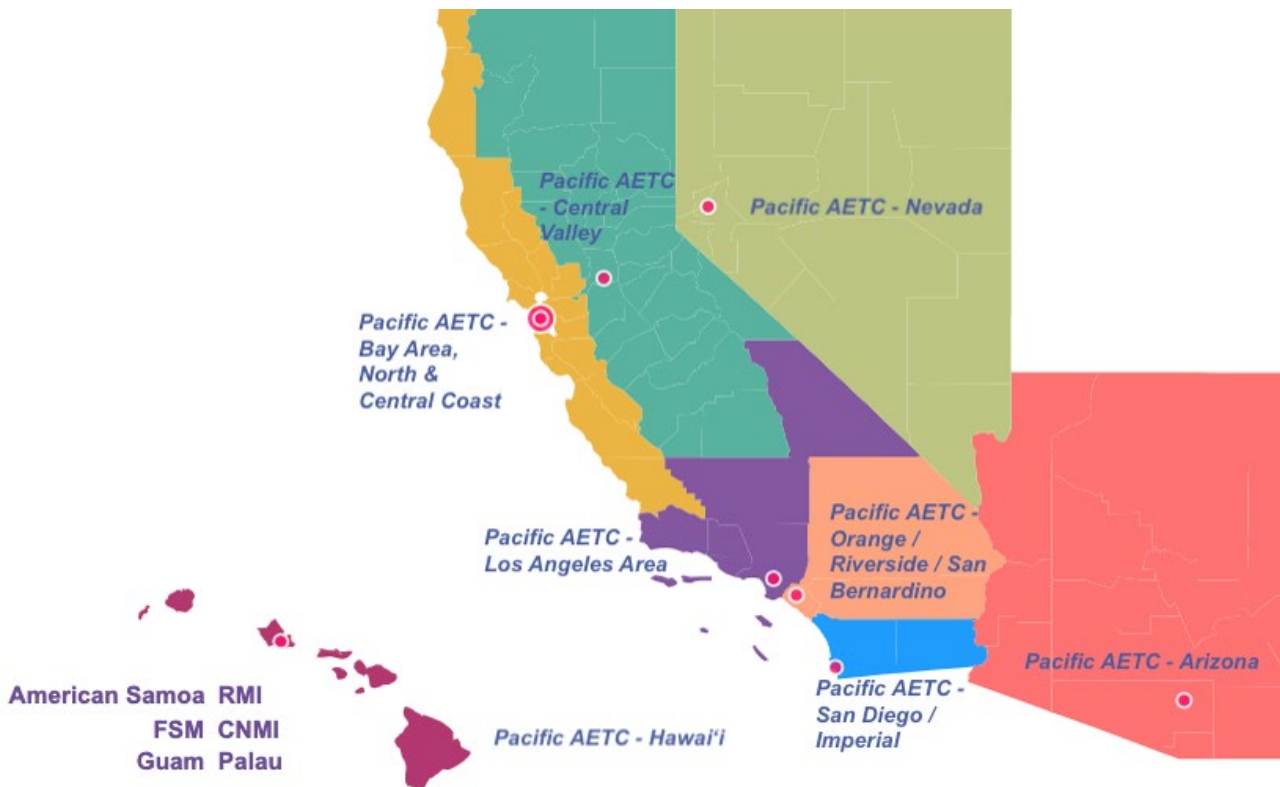
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# Experiences from the Field: Pacific AETC

# Pacific AETC Region



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**Our Vision:** We envision a healthcare system that is accessible, responsive, culturally affirmative, centered in social justice and health equity, where the lessons of HIV and chronic care are fully integrated into patient- and community-centered models. A system where providers have access to the most relevant, current and accurate information and the skills to implement change that meet the needs of their patient populations.

**Our Mission:** Our goal is to provide capacity building services that support local priorities to improve systems of care. We work towards this goal through a robust regional network spread out over four states, coordinated by our central office.

**Our Core Values:** Interdisciplinary; Community-engaged; Sex-positive; Culturally affirmative; Aligned with regional efforts; Centered in social justice

# Reaching the Right Audience



## Annual Needs Assessment Literature Review

- National HIV/AIDS Strategy for the United States: Updated to 2020
- Ending the HIV Epidemic: A Plan for America
- State Integrated Plans
- Local HIV Continuum of Care (State, Local, Clinic)
- Ryan White Planning Council needs assessment
- HIV and STI Epidemiologic Profiles
- Reports on disproportionately impacted populations (homeless, transgender persons, African Americans, etc.)
- Pacific AETC evaluation data

## Stakeholder Relationships

- Public Health Departments
- Ryan White Planning Group
- Ryan White HIV/AIDS Program Part (A, B) Directors
- HIV Service Providers
- ASOs and CBOs



# Reaching the Right Audience



## Active recruitment of racially and ethnically diverse Pacific AETC faculty

- Expanding beyond Clinical Faculty to include all members of the healthcare team
- Prioritizing Residents of color for the HIV Specialty Track at UCSF

## Outreach to racial and ethnic minority provider networks

- Pacific AETC - Los Angeles is co-located with the only Historically Black College and University (HBCU) west of Texas, Charles Drew University
- Partner with UC-Programs in Medical Education (PRIME)

## Clinic and Provider Requests

- Healthcare professionals specifically ask for cultural diversity trainings, as a method to counteract and reduce the stigma and biases they found in their own settings
- PAETC build relationships with clinic that serve minority communities

# Developing Relevant Trainings

An example from Pacific AETC – Central Valley & Northern Interior:

Identified  
Need

- Designated Medically Underserved Areas/Populations

New Provider  
Identified in  
Pipeline

- Prashanta Janz-Navarro, RN, PHN, who was a Merced County Public Health HIV Case Manager continues her education with the goal of being an HIV Prescriber.

Pacific AETC  
Provides  
Training

- Preceptorship is developed at One Community Health, a large Ryan White Clinic in Sacramento.

New HIV  
Provider in  
Merced

- Prashanta Janz-Navarro, RN, PHN, FNP is treating HIV patients in Merced County

# Most Frequent CORE Training Topics



## Last Grant Cycle

(n=783)

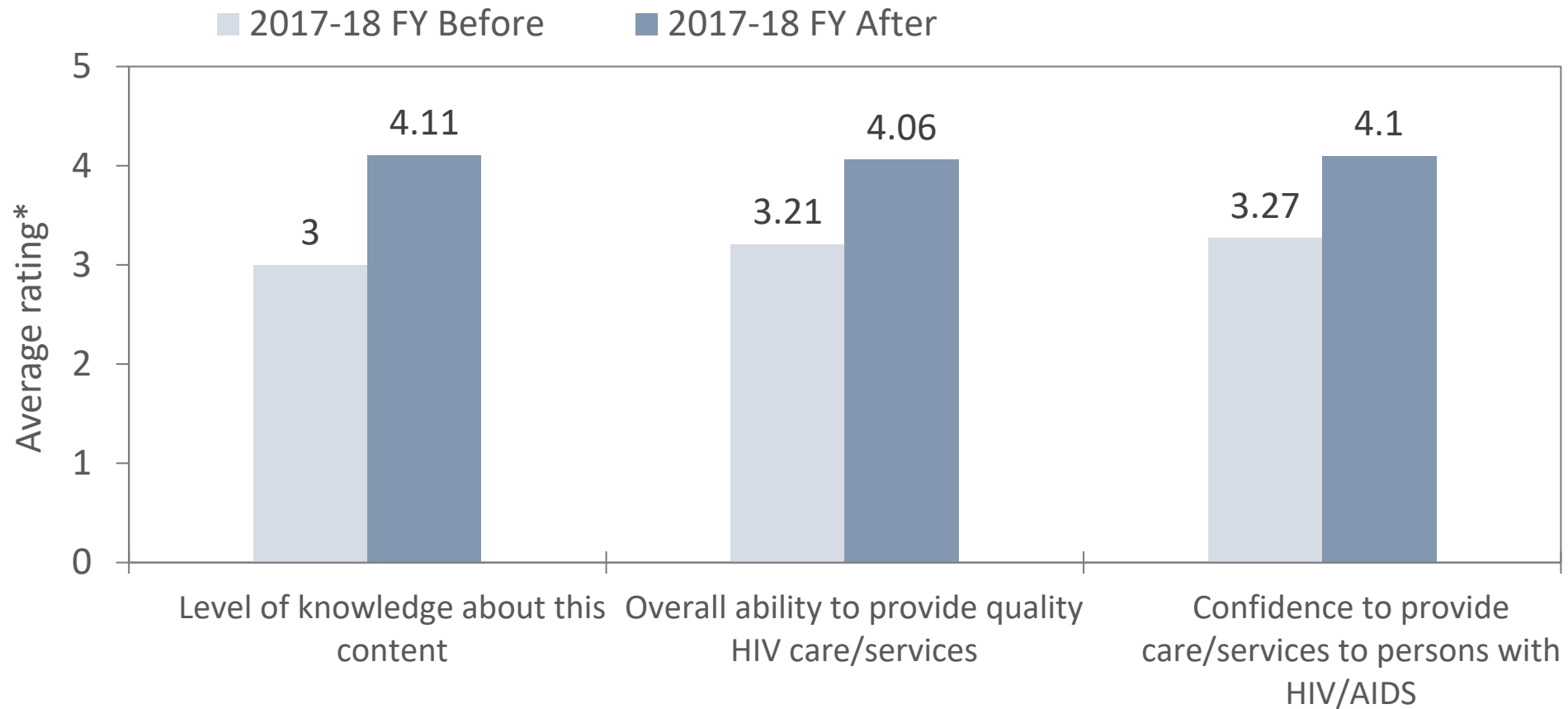
1. Pre-exposure prophylaxis (PrEP)
2. HIV Diagnosis (i.e. HIV testing)
3. Antiretroviral treatment adherence, including viral load suppression
4. Adult and adolescent antiretroviral treatment
5. HIV monitoring and lab tests (i.e. CD4 and viral load)
6. Coordination of care

## Current Grant Cycle

(n=330)

1. Pre-exposure prophylaxis (PrEP)
2. Adult and adolescent antiretroviral treatment
3. HIV monitoring and lab tests (i.e. CD4 and viral load)
4. Sexually transmitted infections
5. Antiretroviral treatment adherence, including viral load suppression
6. Antiretroviral treatment and adherence

# Participant Evaluations Post-event: CORE-funded Events



Rate each of the following before and after training

\*Rating scale: 1=Poor, 2=Fair, 3=Satisfactory, 4=Good, 5=Excellent

# Most Frequent MAI Training Topics



## Last grant cycle

(n=221)

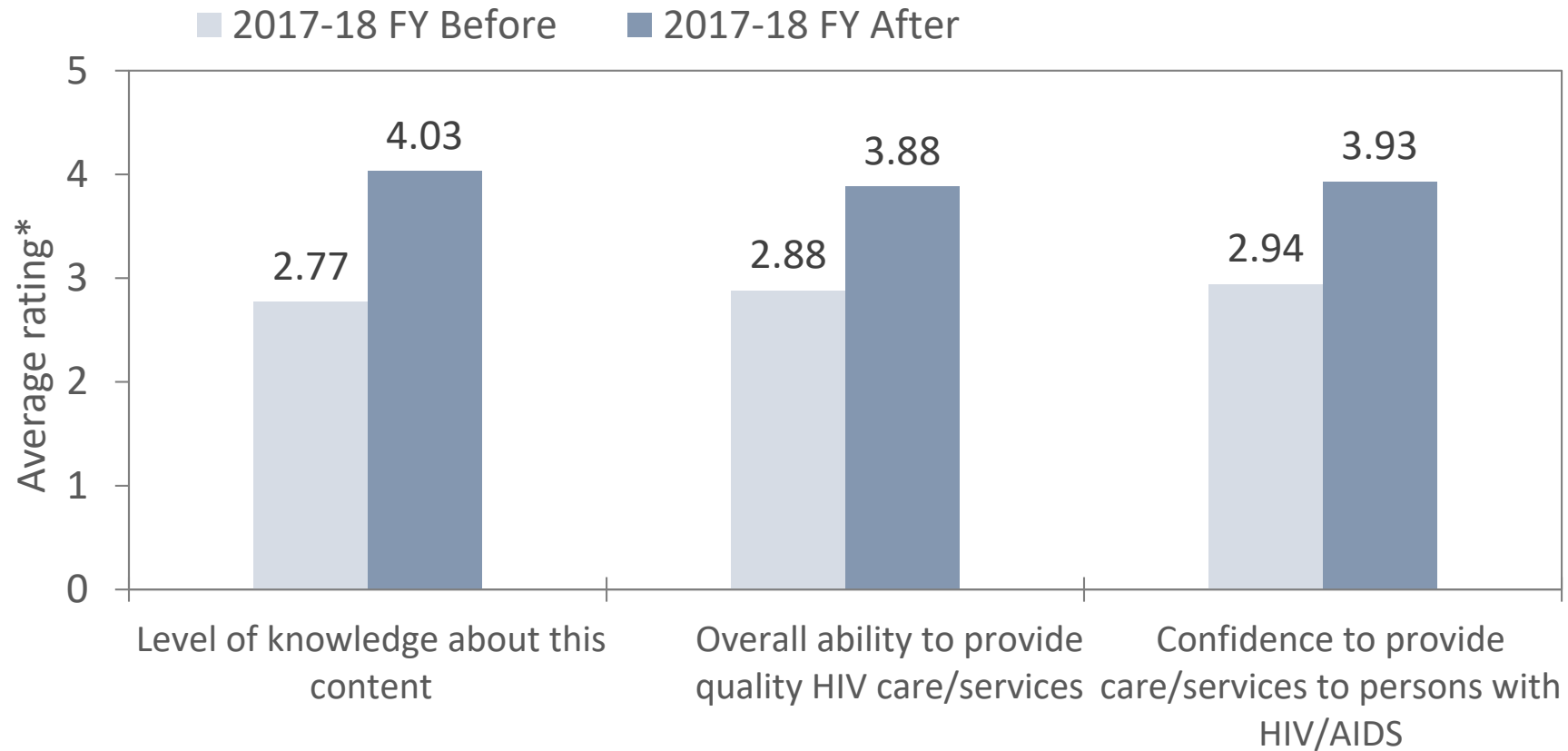
1. Community linkages
2. Linkage to Care
3. Pre-exposure prophylaxis (PrEP)
4. Antiretroviral treatment adherence, including viral load suppression
5. HIV Diagnosis (i.e. HIV testing)
6. Cultural competence

## Current grant cycle

(n=109)

1. Pre-exposure prophylaxis (PrEP)
2. Cultural competence
3. HIV Prevention
4. Linkage to Care
5. HIV monitoring and lab tests (i.e. CD4 and viral load)
6. Sexually transmitted infections

# MAI Funded Events (n=173)



Rate each of the following before and after training

\*Rating scale: 1=Poor, 2=Fair, 3=Satisfactory, 4=Good, 5=Excellent

# Highlights



PrEP became our most frequent subtopic showing our successful shift to high impact prevention

Social workers made our top 5 trainee type showing our successful shift to serve all health care workers

FQHC became a larger share of our sites trained (17%) than in the past

We continue to serve a diverse group of trainees (60% are Latinx/African American/Asian and/or American Indian)

Greater learning and confidence changes occur after MAI trainings than CORE trainings

# Case Study



Needs Identified at  
San Diego County Sheriff's  
Department



Pacific AETC- San Diego provides  
training for San Diego County Sheriff's  
Department Pharmacists



Pacific AETC- San Diego provided a  
series of interactive trainings for nearly  
100 nurses, nurse practitioners, and  
administrators on HIV testing and HIV-  
related care and treatment





- Make the most of organic outreach opportunities to build relationships with key stakeholders
- Sustaining organizational relationships over time is key to success
- Tailor learning opportunities to specific audiences
- Build the capacity of the entire HIV care team to sustain learning and systems change

# Next Steps

- Continue to diversify our Pacific AETC Faculty- roles and racial and ethnic diversity
- Continue to build our “Menu of Services” for CORE and MAI activities
- Continue to build capacity on the individual level, but to also address root causes, social determinants of health, and changes to the systems of health care delivery
- Train all Pacific AETC faculty to train and provide TA in an anti-racist manner





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# Evaluation-Related Recommendations & Implications

# Summary of National Evaluation Findings

## Overall Reach, Core, MAI



**Regional AETCs conducted 29,656 trainings from 2016-2019.**

- Over **16,000** Core Training-funded and over **9,000** MAI-funded events.
- Trainings are responsive and tailored to local needs and programming is driven via ongoing collaboration with Regional Partner Sites.
- Some AETCs offer specific individualized programs to support minority and minority-serving providers; other regions serve predominantly diverse minority populations and all trainings incorporate MAI.

# Summary of National Evaluation Findings

## Overall Reach, Core, MAI



### AETCs reached diverse providers to increase HIV workforce capacity.

- Average of **54,642** participants per year, **51%** racial/ethnic minorities and **75%** women
- Approximately **two-thirds** non-prescribers
- **Over 70%** novice or direct service providers who do not have patients/clients with HIV

### AETCs' trainings improved provider skills and supported changes in practices.

- Participants intend to use knowledge/skills learned "**quite a bit**"; minority and minority-serving providers had similar or higher intent to use knowledge/skills learned
- Self-reported actual use of knowledge/skills "**a moderate amount**" to "**quite a bit**" at 3-months
- About **two-thirds** reported at least one clinic/organizational change at three months (2018/2019)

# Overall Reach



- Continue standardized documentation of training events, including multi-session events, to ensure comparable data across regions.
- Ensure consistent unique participant identifier within and across program years, and complete and up-to-date data in the PIF to support more analyses (e.g., participant training experience and dose over time).

# Core Training & MAI Activities



- Consider best strategies for improving *CORE-LT* response rates across regions and support consistency in administration approaches.
- Continue to assess the long-term impact of trainings on actual knowledge or skills used and changes in HIV-related clinic/organizational policies and procedures
- Consider different strategies for evaluating clinical consultations.
- Consider sub-studies to explore the types and numbers of trainings attended by different participants (e.g., novice, low-volume, minority providers, etc.) and whether these and other factors are associated with intent to use and actual use of knowledge and skills learned.



Thank You!



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# Discussion



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