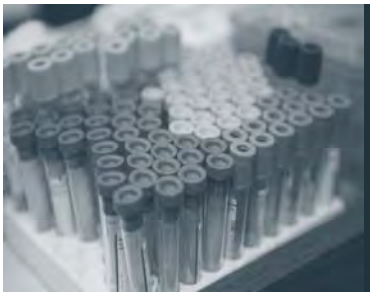


Ryan White HIV/AIDS Program 2008-2009 AETC Report

IN THIS REPORT

HIGHLIGHTS

- ☐ AETCs provided training to approximately 150,000 trainees annually in 2008 and 2009.
- ☐ Nurses make up 33% of AETC trainees.
- ☐ 44% of all AETC trainees are racial/ethnic minorities and 73% are women.
- ☐ Antiretroviral therapy is the most common training topic, followed by adherence and clinical manifestation.

*For more **AETC Program Highlights** go to page 8...*

August 2010

U.S. Department of Health and Human Services

Health Resources and Services Administration

Training HIV/AIDS Clinicians

The Ryan White HIV/AIDS Program is the largest Federal program focused solely on the delivery of health care to People Living With HIV/AIDS (PLWHA). Services are designed to fill gaps in care faced by underserved individuals. The program funds and delivers care under multiple programs (called Parts)—a design feature that enables this national program to provide a more tailored response to the highly varied care needs of States and communities across the Nation.

One focus of the program is to train clinicians and service providers to deliver HIV/AIDS care in order to address the dearth of staff who are educated and motivated to provide high quality care to PLWHA. Training occurs through a national network of 11 regional centers and four national centers called the AIDS Education and Training Centers (AETCs) Program, which falls under Part F of the Ryan White HIV/AIDS Program. The AETC Program is administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Division of Training and Technical Assistance, HIV Education Branch.

This report presents a summary of recent data on training offered by the AETC Program, which has trained upwards of 1 million HIV/AIDS health care providers over the past two decades. HRSA's AETC Program was formed in 1987, prior to the 1990 enactment of the Ryan White CARE Act, and will mark a quarter century of training in just a few short years.

Data in this report cover AETC training during the years 2007 to 2009 (specifically, the reporting periods July 2007 – June 2008 and July 2008 – June 2009).

AETC Program

Mission

The AETC Program mission is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection, and to help prevent high risk behaviors that lead to HIV transmission.

Focus of Provider Training

AETCs focus on training a diverse group of clinicians including physicians, nurses and advanced practice nurses, physician assistants, oral health professionals, and pharmacists. Training is targeted to providers who are and/or serve minority populations, the homeless, rural communities, incarcerated persons, community and migrant health centers, and Ryan White HIV/AIDS Program-funded sites. Training activities are based on assessed local needs.

Emphasis is placed on interactive, hands-on training and clinical consultation to assist providers with complex issues related to the treatment and management of HIV/AIDS (see AETC Levels of Training, page 2). Innovative training methods—skill-building workshops and clinical practice placements—augment traditional didactic

education. AETCs also provide clinical consultation and decision support to clinicians regarding care and the use of antiretroviral therapies and technical assistance to improve service delivery at the organizational level.

AETCs focus on rapid dissemination of state-of-the-art information on HIV clinical management by linking HIV expertise from academic and highly skilled community HIV clinicians and/or tertiary level medical institutions to front line HIV clinical care providers. AETCs collaborate with Ryan White HIV/AIDS-funded organizations, community-based HIV/AIDS organizations, area health education centers, other federally-funded HIV-related training centers, and medical and health professional organizations.

Given the increasing proportion of AIDS cases among racial/ethnic minorities, the AETC program places emphasis on offering resources that ensure the improvement of clinical education and training for those who are and/or serve minority and disproportionately affected populations, which is critical in managing the increasing number of cases in communities of color. The percentage of racial/ethnic minority healthcare providers participating in AETC training programs demonstrates the success of the AETC program in providing training in HIV care to the healthcare workforce serving medically underserved populations.

AETC Levels of Training

The AETC Program offers a variety of training activities, resulting in a continuum of longitudinal learning opportunities that includes the following:

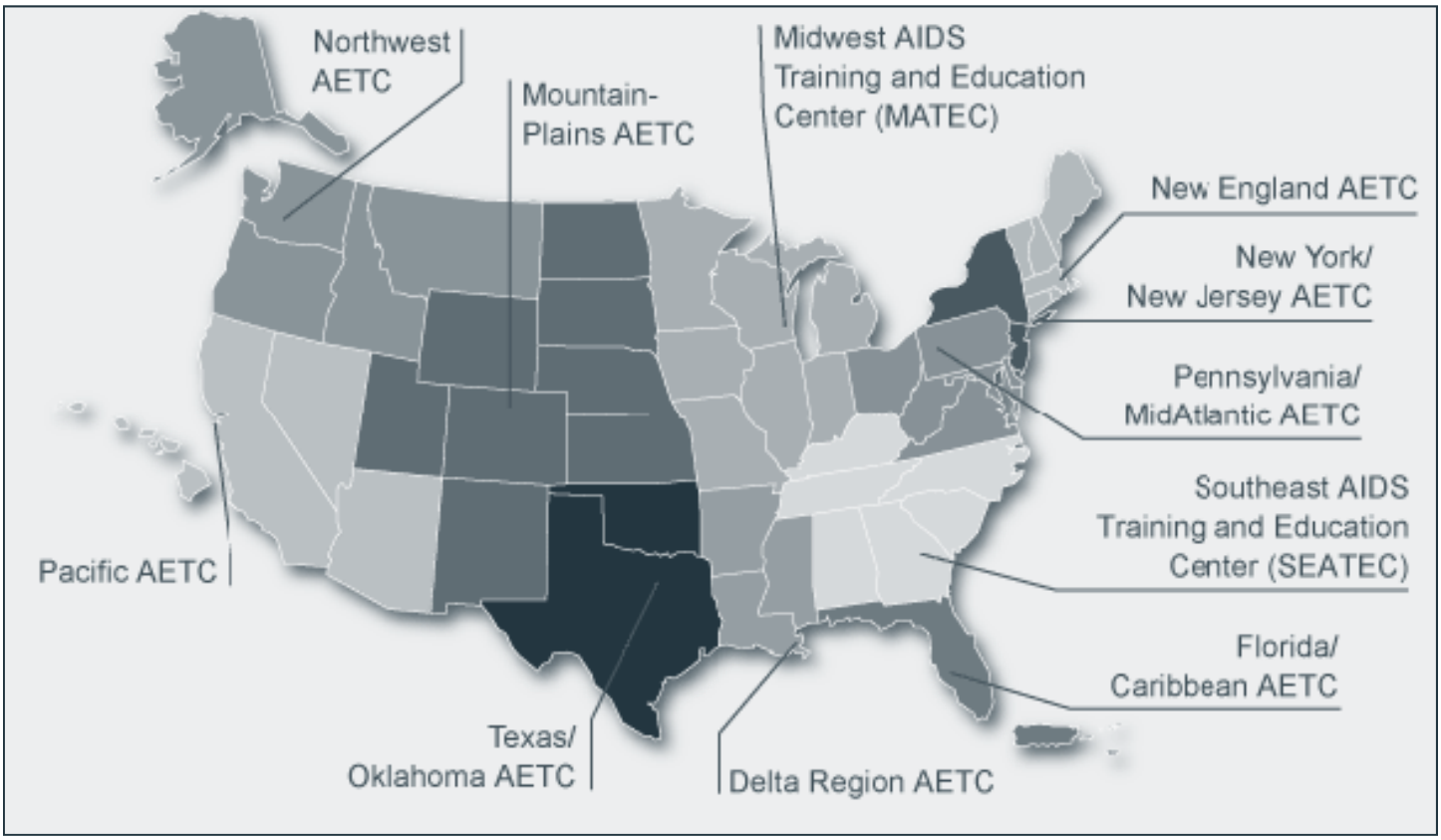
- Didactic Presentations – introduction to HIV care and updates - Classroom style workshops and seminars (Level I)
- Interactive Skills Building – includes role playing (Level II)
- Intensive Hands-on Clinical Training with Patients – preceptorships, mini-residencies, observation of clinical care (Level III)
- Educational Patient-Specific Clinical Consultations - Includes one-on-one mentoring (Level IV)
- Technical Assistance and Capacity Building – includes system and organizational issues as well as clinical issues (Level V)

Together, these levels provide a spectrum of longitudinal change in HIV treatment skills. Starting with knowledge, the spectrum moves through changing attitudes, building skills, enhancing comfort in using skills clinically, improving clinical decision-making, and modifying the organizational context in which care is provided.

AETC Training Network

AETC training is provided nationwide through a network of 11 regional centers, which comprise over 130 local performance sites. Sites conduct targeted, multi-disciplinary HIV education and training for health care providers. In addition, four national centers support this network of provider training through sharing of resources and training strategies. Below is more detail about the AETC network. To learn more, access the following Web sites or go to one of two central online resources: the HRSA/HIV/AIDS Bureau Web site at hab.hrsa.gov (see Provider Training) or the TARGET Center at careacttarget.org (see Clinician Training).

- Each of the 11 regional AETCs serve a multi-State area, providing Nationwide coverage for all 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, and the 6 U.S. Pacific Jurisdictions.
- The AETC National Resource Center (NRC) (www.aidsetc.org) disseminates training resources and the latest HIV clinical information through the NRC Web site, which is a central repository of AETC training materials, best practices, and contact information for all Regional AETCs across the country. The NRC is also a central Web site for accessing the AETC regional sites and the following AETC national centers and their Web sites.
- The **National HIV/AIDS Clinicians' Consultation Center** (NCCC) (www.nccc.ucsf.edu) provides health care providers with immediate and appropriate responses to clinical questions related to treatment of persons with HIV infection. All consultations are free and confidential. Clinicians can call the following:
    - The National HIV Telephone Consultation Service (Warmline) (800-933-3413) Monday - Friday 8am - 8pm (ET) offers physicians and other health care providers' answers to routine HIV management questions.



* The National Clinicians' Post-Exposure Prophylaxis Hotline (PEPline) (888-448-4911) offers treating clinicians' advice on managing occupational exposures (e.g., needlesticks, splashes) to HIV, hepatitis, and other blood-borne pathogens 24-hour clinical consultations 7 days per week.
* The National Perinatal HIV Consultation and Referral Service (Perinatal Hotline) (888-448-8765) provides 24-hour clinical consultation 7 days per week and advice on perinatal transmission, counseling and testing, prophylaxis, and perinatal patient management.
* The National Minority AETC (NMAETC) (www.nmaetc.org) builds capacity for HIV care and training among minority health care professionals and health care professionals serving communities of color. NMAETC also provides best practices and program tools related to clinical care, cultural competency, and infrastructure management in HIV/AIDS care.
* The AETC National Evaluation Center (aetcnec.ucsf.edu) is responsible for the development, design, testing, and dissemination of effective valuation models to assess the impact of AETC clinical education and training programs on provider behavior and clinical practice.

In 2009, the NCCC conducted a total of 13,280 consultations through the PEPline, Warmline and Perinatal Hotline. See table below.

National Clinicians' Consultation Center 2009 Consultations	
PEPline	9,128
Warmline*	3,808
Perinatal Hotline	344
TOTAL	13,280

*Includes 1,945 non-occupational PEP calls.

AETC Regional Directory

Delta AETC
(504) 903-0788
www.deltaaetc.org

Florida/Caribbean AETC
(813) 974-4430
www.fcaetc.org

Midwest AETC
(312) 996-1373
www.matec.info

Mountain Plains AETC
(303) 724-0867
www.mpaetc.org

New England AETC
(617) 262-5657
www.neaetc.org

New York/New Jersey AETC
(212) 304-5530
www.nynjaetc.org

Northwest AETC
(206) 221-4964
www.northwestaetc.org

Pacific AETC
(415) 597-8198
www.paetc.org

Pennsylvania/MidAtlantic AETC
(412) 624-1895
www.pamaaetc.org

Southeast AETC
(404) 727-2929
www.seatec.emory.edu

Texas/Oklahoma AETC
(214) 590-6685
www.aidseducation.org

For upcoming training opportunities, please refer to your Regional AETC.

AETC Special Initiatives

While the bulk of AETC provider training is funded under Ryan White HIV/AIDS Program Part F funds, several initiatives provide additional training to priority areas: training for minority providers, training to enhance provider knowledge of HIV testing in order to make HIV testing a routine part of medical care, and collaboration with other Federally-funded training initiatives as a means for expanding HIV/AIDS training in multiple venues.

Minority AIDS Initiative

Most individuals who receive HIV/AIDS care under the Ryan White HIV/AIDS Program are from racial and ethnic minority populations, reflecting the disproportionate impact of the HIV/AIDS epidemic on African-Americans and other minorities. Similarly, 44 percent of AETC trainees are minority provider staff.

Augmenting this focus on minority needs, the Ryan White HIV/AIDS Program receives supplementary funding under the Minority AIDS Initiative (MAI), an HHS-wide funding initiative that seeks to expand or support new HIV Initiatives targeting African-Americans, Latinos, Native Americans, Asian Americans, Native Hawaiian and Pacific Islanders. During 2007-2008 and 2008-2009, AETCs received MAI funding to provide an extra training focus on providers serving populations along the U.S.-Mexico border and American Indians and Alaska Natives (AI/AN).

U.S./Mexico Border

The U.S.-Mexico HIV/AIDS Education and Training Center (AETC) Border Training Initiative funded three AETCs and a National Resource Center (NRC) to develop and conduct specially focused HIV/AIDS training and education activities for health care providers serving U.S.-Mexico border communities in California, Arizona, New Mexico, and Texas. AETC efforts are focused on advancing the clinical management of patients living with HIV/AIDS, including the diagnosis, treatment, and prevention of HIV/AIDS, prenatal and other gynecological care, prevention of further transmission of HIV by infected persons, prevention and treatment of opportunistic infections, and prevention of perinatal transmission. The group maintains one of the most utilized Web sites for HIV resources on the U.S.-Mexico border. Visit www.aetcborderhealth.org for more information.

During the past 2 years, approximately 1,500 border healthcare providers were trained directly through U.S.-Mexico Border AIDS Steering Team-funded training sessions, conferences and workshops. The majority of these participants were targeted clinicians (MDs, nurses, dentists and their affiliates), but trainees also included promotores, mental health providers, case managers and substance abuse counselors. Technical assistance and clinical consultations were also provided to more than a dozen border clinics, programs and hospitals.

American Indians and Alaska Natives

The goal of the AETC American Indian /Alaska Native (AI/AN) targeted education, technical assistance (TA), and capacity building assistance (CBA) programs is to improve 1) access to HIV testing and health care and 2) quality of care and health outcomes for all AI/AN persons living with or at risk for HIV/ AIDS. This is accomplished by developing and sustaining culturally sensitive HIV clinical care expertise in AI/AN communities. This program aims to reach AI/AN-serving providers in IHS clinics, Urban Indian Health Programs, tribal health clinics, other health care settings that serve AI/AN, as well as the leadership in AI/AN communities.

A variety of trainings are offered to meet TA, CBA, and educational needs identified through detailed provider and community training needs assessment activities. AETCs also provide training on related topics such as alcohol and substance abuse, hepatitis, domestic violence, HIV testing, linkages to Ryan White HIV/AIDS programs, and community mobilization.

Although all AETCs include AI/AN training activities, this MAI funding supports expanded and intensive training activities in eight AETC regions providing longitudinal services for AI/AN serving providers in up to 37 States. The priority focus areas are intended to result in the following outcomes: 1) increase screen, testing, and linkages to care; 2) increase the clinical capability for treating HIV-positive clients; 3) increase capacity building to provide HIV services; and 4) partner with and support IHS in the delivery of HIV-related training.

AETC Collaborations

AETCs Assist in Implementation of CDC's HIV Testing Initiative

Recognizing changes in the scope and distribution of the HIV epidemic in the United States, the Centers for Disease Control and Prevention (CDC) sought to make HIV testing a routine part of medical care, on the same basis as other screening and diagnostic tests. In September 2006, CDC released *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. These recommendations are intended for all health care providers in public and private sectors.

The CDC provided funding to HRSA's AETCs to develop curricula, training, and technical assistance for health care providers to facilitate adoption of CDC's recommendations. The awards further support development of provider tools for patient education discussions and clinical consultation resources for health care providers to facilitate expanded HIV screening, especially among populations disproportionately affected by HIV infection.

In 2008-2009, AETCs conducted 642 trainings and trained 22,669 health care providers focused on implementation of HIV testing recommendations.

Federal Training Centers Collaborative (FTCC)

AETCs also work collaboratively with other national Federal training centers that target clinical providers and allied health professionals involved with HIV patients and populations. These training centers include the CDC's STD/HIV Prevention Training Centers; TB Regional Training and Medical Consultation Centers; the Viral Hepatitis Network Training and Education Grantees; the Office of Population Affairs' Family Planning Regional Training Centers; and the Substance Abuse and Mental Health Services Administration's Addiction Technology Transfer Centers.

This cross-agency effort is intended to enhance and strengthen collaborative relationships focused on HIV-related issues among the six training centers, increase joint training activities, and incorporate the most current evidence-based information related to STD/HIV, family planning/reproductive health, and substance abuse prevention and treatment into training activities. During the period July 2008 through June 2009, 398 trainings with 9,435 participants in attendance were held in collaboration with other Federally-funded training initiatives.

AETC Training Activities

This section provides an overview of AETC training activities by type of training and training topics. In summary:

- Approximately 19,000 training activities were conducted in both 2007-2008 and in 2008-2009.
- The most common types included individual clinical consultations, followed by technical assistance and then skills building trainings.
- Clinical training is not the most common type of training but is the most time intensive.
- Antiretroviral therapy is the most common training topic, followed by adherence and clinical manifestation of HIV disease.

Number, Types, and Hours by Type

During the 2007 – 2008 time period, the AETCs conducted 19,009 training activities. In the following year, 2008 – 2009, 19,300 training activities were held. The most common types of training are described below. Table 1 outlines trainings, by distribution of training activities and by type of training. It is important to note that a single training event may utilize one or more training modalities. For example, a training event may include a didactic session or activity followed by interactive skills building activity.

- Individual clinical consultations were the most common type of training across the two time periods. Thirty-six percent of the training activities in 2007-2008 and 40 percent in 2008-2009 were individual clinical consultations.
- Technical assistance activities comprised 20 percent of activities in 2007-2008 and 18 percent in the following time period. Technical Assistance activities aim to build organizational capacity to deliver HIV care and support the work of individual providers. The identified content of TA requests concentrated on a range of topics to strengthen an agency's capacity to improve the delivery of clinical care. Not surprisingly because of the vastly different purpose of TA, the top ten topic list for this type of training looks very different from that of didactic, skills building, and clinical trainings as well as group and individual clinical consultations.
- Skills building trainings accounted for 16 percent of activities in both years.

Although clinical training comprised 7 - 8 percent of the total training activities in both time periods, this type of training accounted for 46 percent of all training hours. In both time periods, over 23,700 hours of training were devoted to clinical training. Conversely, individual clinical consultations and group clinical consultations comprised 42 and 47 percent of all training activities in the two time periods but only 15 percent of the training hours. Skills building trainings accounted for 16 percent of the training hours (8,385) in 2007-2008 and 18 percent (8,532) in 2008-2009. Didactic trainings comprised less than 10 percent of training hours in both time periods. The number of training hours by type of training is shown in Table 2.

Training Topics

AETC training events typically include more than one topic. There are a total of 42 training topics from which trainers can select for each training activity, as well as a catch-all "Other" category.

- Antiretroviral therapy is the topic most frequently discussed followed by adherence and clinical manifestation of HIV disease. Table 3 presents the topics most frequently presented in AETC-sponsored trainings.
- Topics covered in trainings vary according to the level of training. For example, in Level I, antiretroviral therapy, basic science and epidemiology, clinical manifestation of diseases, co-morbidities and adherence are the most commonly covered topics. The most frequently covered topics of Level V include: Educational Programming, Community Linkages, Client Scheduling, Agency Needs Assessment, and Grant Issues.

For more information on training topics, please visit www.aidsetc.org to view the Topic Index.

AETC Trainees

As part of the overall mission to improve the accessibility and quality of care for HIV infection, AETCs concentrate on reaching out to professionals who have direct patient care responsibilities for HIV-infected individuals. AETCs target minority-serving clinicians and those working at Ryan White HIV/AIDS Program-supported facilities.

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Table 1. Number of Training Activities by Type of Training

Type of Training	2007-2008		2008-2009	
	Number of Training Activities	Percent of Training Activities	Number of Training Activities	Percent of Training Activities
Level I: Didactic	2,613	14%	2,386	12%
Level II: Skills Building	3,131	16%	3,117	16%
Level III: Clinical Training	1,490	8%	1,439	7%
Level IV: Group Clinical Consultation	1,128	6%	1,306	7%
Level IV: Individual Clinical Consultation	6,892	36%	7,670	40%
Level V: Technical Assistance	3,755	20%	3,382	18%
Total	19,009	100%	19,300	100%

Table 2. Number of Training Hours by Type of Training

Type of Training	2007-2008		2008-2009	
	Number of Hours	Percent of Hours	Number of Hours	Percent of Hours
Level I: Didactic	4,667.25	9%	4,095.25	8%
Level II: Skills Building	8,385.05	16%	8,532.50	17%
Level III: Clinical Training	23,742.14	46%	23,705.25	46%
Level IV: Group Clinical Consultation	2,148.90	4%	1,945.00	4%
Level IV: Individual Clinical Consultation	5,895.15	11%	5,663.75	11%
Level V: Technical Assistance	6,494.30	13%	7,047.75	14%
Total	51,332.79	100%	50,989.50	100%

Table 3. Ten Most Frequently Presented Training Topics

Topics	2007		2008	
	Number of Times Training Topic was Presented	Percent of all Training Topics	Number of Times Training Topic was Presented	Percent of all Training Topics
Antiretroviral Therapy	9,090	7.1%	8,489	6.8%
Adherence	6,424	5.0%	6,663	5.3%
Clinical Manifestations of HIV Disease	6,044	4.7%	5,874	4.7%
Co-morbidities	5,728	4.5%	5,699	4.5%
HIV Routine Laboratory Tests	5,349	4.2%	5,596	4.5%
Resistance	4,762	3.7%	5,262	4.2%
Opportunistic Infections	5,661	4.4%	5,134	4.1%
Risk Reduction	4,572	3.6%	4,829	3.8%
Racial/Ethnic Minorities	4,680	3.6%	4,671	3.7%
Women	4,218	3.3%	4,270	3.4%

AETC Program Highlights

As the clinical training component of the Ryan White HIV/AIDS Program, AETCs seek to improve health outcomes of people living with HIV/AIDS through training on clinical management of HIV disease, covering such areas as use of antiretroviral therapies and prevention of HIV transmission. The program targets providers who treat minority, underserved, and vulnerable populations in communities most affected by the HIV epidemic. In summary, for 2007-2009:

AETC Training Activities

- **Number of Trainees.** AETCs provided training to approximately 150,000 trainees annually in 2008 and 2009. Specifically, from July 2007 – June 2008, AETCs conducted 19,009 training events and devoted 51,333 hours to train 150,695 trainees. (Note: This represents the number of participants, not the number of unique individuals, as some providers participated in more than one training session.) During the following period of July 2008 – June 2009, 19,300 training events totaling 50,990 hours were provided to 148,496 attendees.
- **Types of Training.** AETC training falls within five levels, ranging from introductory training to more intensive clinical education. The most common level provided was Clinical Consultations, like mentoring of an experienced provider with another provider (Level IV), both individual and group, comprising 42 percent of all training events in 2007-2008 and 47 percent in 2008-2009—much greater than any other level of training.
- **Time Intensity of Training.** Clinically-based trainings, which include preceptorships, mini-residencies, and observation of clinical care (Level III), comprised 7 - 8 percent of the total number of training activities but were the most time intensive. This level accounted for 46 percent of all AETC training hours in both the 2007 - 2008 and 2008-2009 time periods.
- **Topics.** AETCs offer training under 42 topic areas. The most commonly presented training topics for 2007-2008 and 2008-2009 were antiretroviral therapy, followed by adherence, clinical manifestation of HIV disease, co-morbidities, and HIV routine laboratory tests.

AETC Trainees

- **Profession of Trainees.** As in past years, nurses accounted for the largest proportion of AETC trainees: 33 percent. Physicians comprised 17 percent of all trainees. Dentists and other oral health professionals accounted for 7 percent of trainees.
- **Employment Status of Trainees.** The majority of all AETC training participants work in either community-based organizations (CBOs) or in hospital/hospital-based clinics. Thirty-five percent of attendees participating in group trainings indicated that they worked at Ryan White HIV/AIDS Program-funded agencies.
- **Demographics of Trainees.** Forty-four percent of all AETC trainees are racial/ethnic minorities and 73 percent are women. Compared to national data of the race/ethnicity of health professionals, a relatively larger proportion of AETC trainees are minorities. For example, nationally 16.8 percent of registered nurses and 9 percent of the physician work force are racial/ethnic minorities, whereas 35 percent of all nurses and 46 percent of physicians trained by AETCs are racial/ethnic minorities. (datawarehouse.hrsa.gov)

Special Initiatives

- While the bulk of AETC provider training is funded under Ryan White HIV/AIDS Program Part F funds, additional initiatives provide training to several priority areas. They include:
- **Training of minority providers.** As stated above, 44 percent of all AETC trainees are racial/ethnic minorities. Augmenting this focus on minority needs, the Ryan White HIV/AIDS Program receives supplementary funding under the Minority AIDS Initiative, an HHS-wide funding initiative that seeks to expand or support new HIV Initiatives targeting African-Americans, Latinos, Native Americans, Asian Americans, Native Hawaiian and Pacific Islanders. AETCs received MAI funding to provide an extra training focus on providers serving populations along the U.S.-Mexico border and American Indians and Alaska Natives (AI/AN). During the past 2 years, the border AETCs trained approximately 1,500 border health care providers through training sessions, conferences and workshops. MAI funding targeting AI/AN providers supports expanded and intensive training activities in 8 AETC regions, providing longitudinal services for AI/AN serving providers in up to 37 States.

- **Training to enhance provider knowledge of HIV testing in order to make HIV testing a routine part of medical care, as recommended by Federal guidelines issued by the Centers for Disease Control and Prevention (CDC).** Funding is from CDC and enables AETCs to develop curricula, training, and technical assistance for health care providers to facilitate adoption of CDC's recommendations. In 2008-2009, AETCs conducted 642 trainings and trained 22,669 health care providers focused on implementation of HIV testing recommendations.
- **Collaboration with other Federally-funded training initiatives.** This Federal interagency effort is intended to enhance and strengthen collaborative relationships focused on HIV-related issues among four training centers, increase joint training activities, and incorporate the most current evidence-based information related to STD/HIV, family planning/reproductive health, and substance abuse prevention and treatment into training activities. During the period July 2008 through June 2009, 398 trainings with 9,435 participants in attendance were held in collaboration with other Federally-funded training initiatives.

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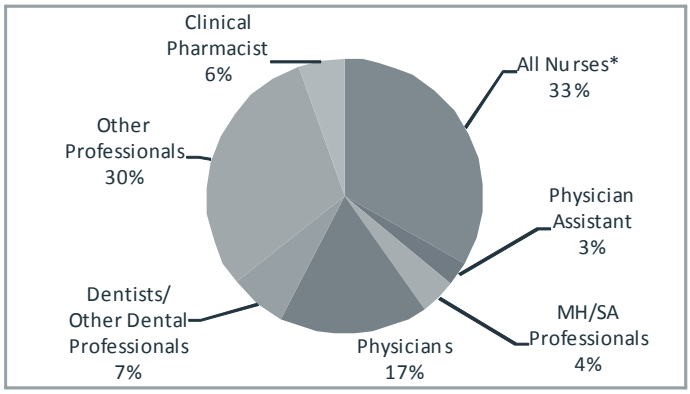
Data in this report cover AETC training during the years 2007 to 2009 (specifically, the reporting periods July 2007 – June 2008 and July 2008 – June 2009).

AETC Program

Mission

The AETC Program mission is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection, and to help prevent high risk behaviors that lead to HIV transmission.

Figure 1. AETC Trainees' Professions, 2008-2009 (n=70,889)*



*Data on the professions is missing for 1,346 AETC trainees.

Focus of Provider Training

AETCs focus on training a diverse group of clinicians including physicians, nurses and advanced practice nurses, physician assistants, oral health professionals, and pharmacists. Training is targeted to providers who are and/or serve minority populations, the homeless, rural communities, incarcerated persons, community and migrant health centers, and Ryan White HIV/AIDS Program-funded sites. Training activities are based on assessed local needs.

Emphasis is placed on interactive, hands-on training and clinical consultation to assist providers with complex issues related to the treatment and management of HIV/AIDS (see AETC Levels of Training, page 2). Innovative training methods—skill-building workshops and clinical practice place-

Figure 2. Race/Ethnicity of Training Participants, 2008-2009 (n=69,331)*

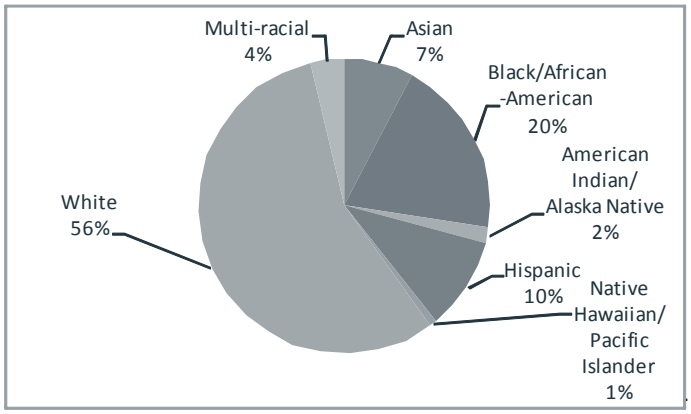


Table 4. Profession/Discipline of Trainees

Profession/Discipline	2007-2008		2008-2009	
	N	%	N	%
Physician	11,918	17%	12,237	17%
Physician Assistant	1,884	3%	2,031	3%
All Nurses*	23,012	33%	23,452	33%
Dentists/Other Dental Professionals	4,911	7%	4,834	7%
Clinical Pharmacist	4,338	6%	3,811	5%
Mental Health/Substance Abuse Professionals	3,005	4%	3,067	4%
Other Professionals	20,943	30%	21,457	30%
Unknown	445	1%	465	1%
Total	70,456	100%	71,354	100%

*Includes nurses, nurse practitioners and advanced practice nurses.

Table 5. Race/Ethnicity of Training Participants*

Race/Ethnicity	2007-2008		2008-2009	
	N	%	N	%
American Indian/ Alaska Native	1,120	2%	1,195	2%
Asian	5,131	8%	5,249	8%
Black/African-American	12,652	19%	13,712	20%
Hispanic	7,107	10%	7,097	10%
Native Hawaiian/ Pacific Islander	608	1%	472	1%
White	39,220	58%	39,018	56%
Multi-racial	2,330	3%	2,588	4%
Total	68,168	100%	69,331	100%

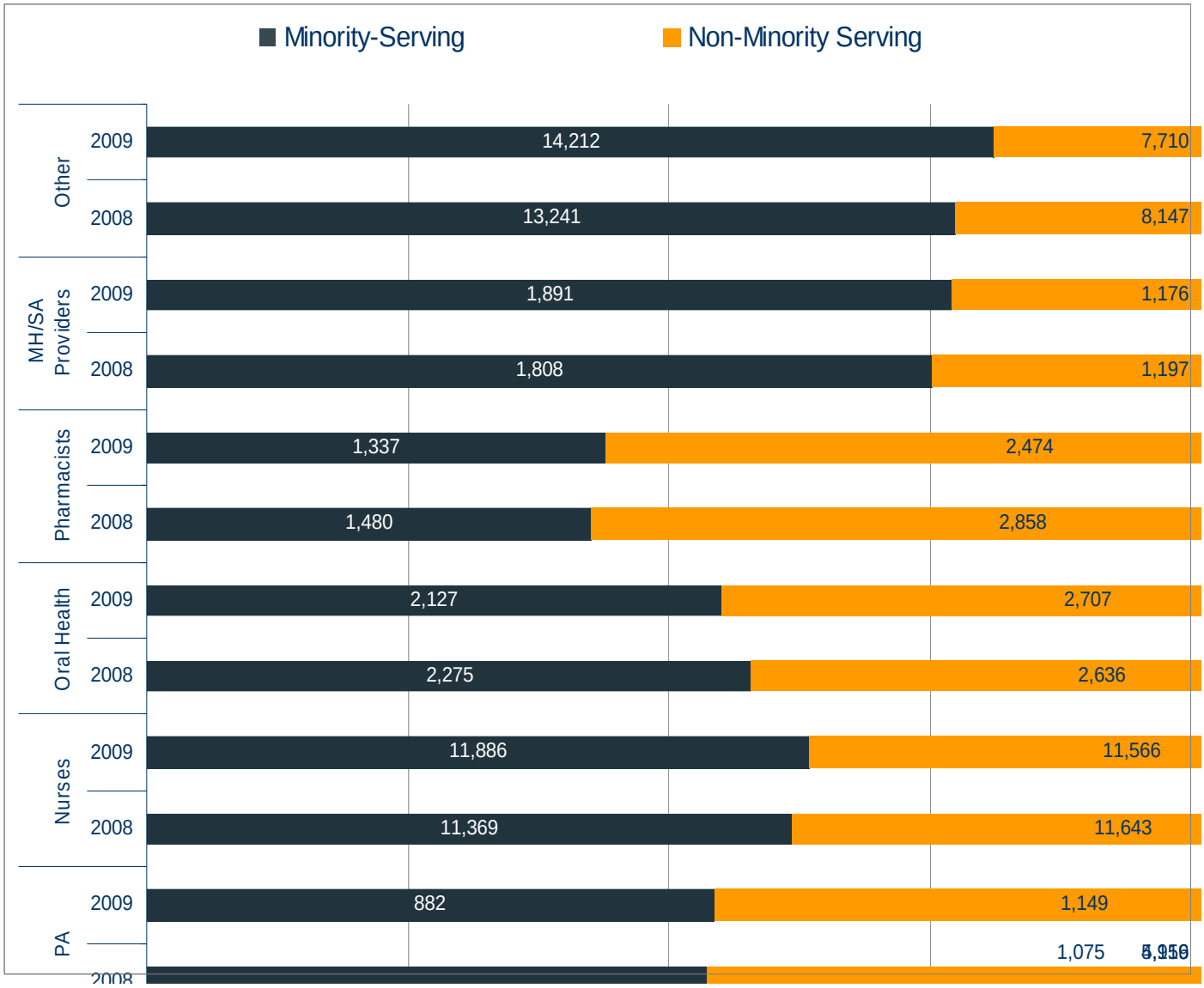
*Race/Ethnicity is unknown or unreported for 2,288 training participants in 2007-08 and 2,023 in 2008-09

Profession/Discipline by Minority Trainee

Figure 3 compares the proportion of trainees who were minority-serving providers for the 2007-2008 and 2008-2009 time periods. The definition of a minority-serving provider includes both members of racial/ethnic groups and Caucasians whose patient load includes a majority of racial/ethnic minorities. This definition is more inclusive than only including members of racial/ethnic groups, as shown in Figure 2, and represents 55 percent of all training participants. During both time periods of interest, 18 percent of minority-serving providers were physicians, and another 30 percent were nurses.

As seen in Figure 3, the number of minority serving physicians participating in AETC trainings increased 2.4 percent from 2007-2008 to 2008-2009. Increases in the number of minority serving providers trained also were noted for mental health/substance abuse treatment providers (1.5 percent), nurses (1.3 percent), and pharmacists (1 percent). Among oral health professionals, the number of minority-serving providers trained declined 2.3 percent.

Figure 3. Profession/Discipline Training by Minority-Serving Provider



Gender of Training Participants

During both the 2007-2008 and 2008-2009 time periods, 73 percent of all AETC training participants were women (see Table 6). Men accounted for almost 27 percent of participants and less than 1 percent of training participants identified themselves as transgender.

Examining the profession of trainees by gender reveals that women account for the majority of training participants across all professions except physicians (see Figure 4). In both time periods of interest, almost 92 percent of all nurses were females. Females comprise about two-thirds of the physician assistants, oral health professionals and mental health/substance abuse treatment professionals trained by the AETCs. Fifty-four percent of the pharmacists participating in AETC trainings were women. Among physicians trained, 56 percent were males.

Figure 4. Profession/Discipline of Trainees by Gender

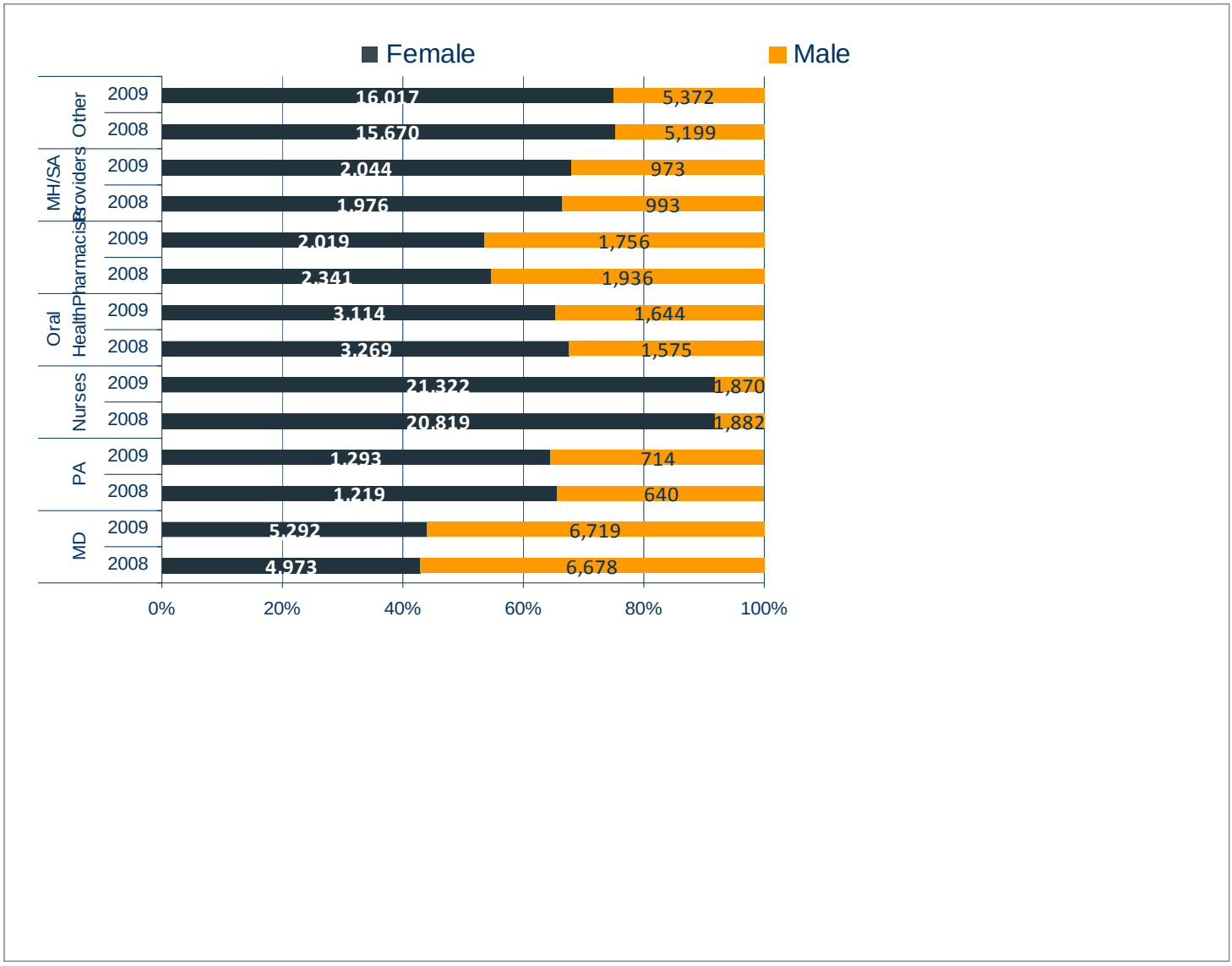


Table 6. Gender of Training Participants*

	2007-2008		2008-2009	
Gender	N	%	N	%
Male	18903	27%	19,048	27%
Female	50267	73%	51,101	73%
Transgender	117	<1%	152	<1%
Total	69287	100%	70,301	100.0%

*Gender is unknown or unreported for 1,163 training participants in 2007-08 and 1,053 in 2008-2009.

Ryan White HIV/AIDS Program-Funded Agencies

An important priority of the AETC program is facilitating training activities for agencies and providers who receive Ryan White HIV/AIDS Program funding. For both the 2007-2008 and 2008-2009 time periods, 35 percent of attendees participating in AETC trainings indicated that they worked at Ryan White HIV/AIDS Program-funded agencies.

Figure 5. **Principal Employment Setting by Receipt of Ryan White HIV/AIDS Program Funding**

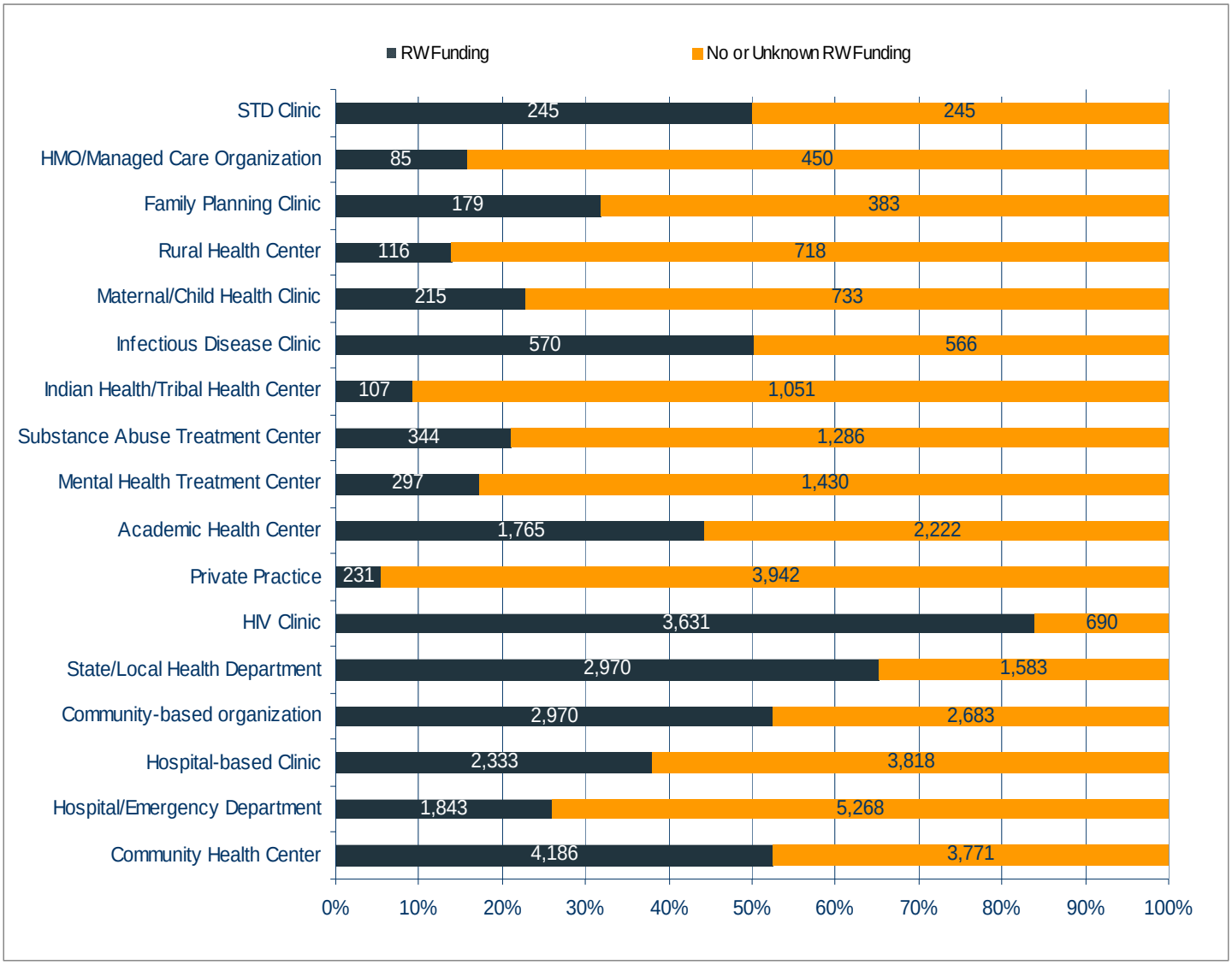


Figure 5 shows the number of participants who worked at various types of agencies broken down by receipt of Ryan White HIV/AIDS Program funding in 2008-2009. The likelihood of a trainee being employed at an agency that receives Ryan White HIV/AIDS Program funding varied widely based on the employment setting. Over 80 percent of the training participants working in HIV Clinics and 65 percent of those employed by State/local health departments reported that the organization received Ryan White funding. About half of all trainees working in infectious disease clinics, community health centers and other community-based organizations reported that their employers received Ryan White HIV/AIDS Program funding.

Health Care Organization Setting of Trainees

AETC training attendees worked in many types of organizational settings (see Table 7). The most common types of employment settings among trainees were community health centers, hospitals/emergency departments, hospital-based clinics, other community-based organizations correctional facilities and private practice.

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Table 7. Principal Employment Setting*

Employment Setting	2007-2008		2008-2009	
	N	%	N	%
Academic Health Center	3,948	6.0%	4,047	5.9%
Community Health Center	7,281	11.0%	8,047	11.7%
Family Planning Clinic	613	0.9%	569	0.8%
HIV Clinic	3,880	5.9%	4,340	6.3%
HMO/Managed Care Organization	635	1.0%	542	0.8%
Hospital-based Clinic	6,677	10.1%	6,232	9.1%
Hospital/Emergency Department	6,439	9.7%	7,220	10.5%
Indian Health/Tribal Health Center	1,001	1.5%	1,166	1.7%
Infectious Disease Clinic	1,133	1.7%	1,149	1.7%
Maternal/Child Health Clinic	985	1.5%	971	1.4%
Mental Health Treatment Center	1,520	2.3%	1,747	2.5%
Private Practice	4,617	7.0%	4,217	6.1%
Rural Health Center	691	1.0%	837	1.2%
State/Local Health Department	4,848	7.3%	4,593	6.7%
STD Clinic	498	0.8%	494	0.7%
Substance Abuse Treatment Center	1,691	2.6%	1,650	2.4%
Military/Veterans Administration	612	0.9%	631	0.9%
Other Primary Care	395	0.6%	2,868	4.2%
College/University	3,841	5.8%	3,728	5.4%
Community-based Organization	5,748	8.7%	5,694	8.3%
Correctional Facility	4,898	7.4%	5,350	7.8%
Non-health setting	1,275	1.9%	1,328	1.9%
Not working	2,890	4.4%	1,256	1.8%
Total	66,116	100.0%	68,676	100.0%

U.S. Department of Health and Human Services

Health Resources and Services Administration

HIV/AIDS Bureau

5600 Fishers Lane, Room 7-05, Rockville, MD 20857

Telephone: 301.443.1993 Web: hab.hrsa.gov