

Ryan White HIV/AIDS Program AIDS Education and Training Center (AETC) Program

Annual Data Report

2022

Reporting Periods: July 2017–June 2022



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Data are presented for training events and event participants reported by RWHAP AETC Program grant recipients from July 2017 through June 2022.

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Information about the Ryan White HIV/AIDS Program: ryanwhite.hrsa.gov

Educational and technical assistance materials about HIV infection and the Ryan White HIV/AIDS Program: targethiv.org

Information about the RWHAP AETC National Resource Center: aidsetc.org

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COMMENTARY

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) administers the AIDS Education and Training Center (AETC) Program as a component of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) under Section 2692 of the Public Health Service Act 42 U.S.C. 300ff-111(a), known as the Ryan White HIV/AIDS Program (RWHAP). RWHAP Part F supports eight regional AETCs and two national AETC centers [1]:

1. The *regional AETCs* train health care providers to counsel, diagnose, treat, and medically manage people with HIV and to help prevent HIV transmission.
2. The *National Coordinating Resource Center (NCRC)* serves as the coordinator and supports the dissemination of the work of the AETCs. The NCRC supports the development, dissemination, and optimal utilization of the National HIV Curriculum (NHC) across the United States and its territories. The NHC offers free online HIV continuing education for novice to expert health professionals, students, and faculty [2].
3. The *National Clinician Consultation Center (NCCC)* provides timely and appropriate responses to clinical questions related to HIV infection and other infectious diseases and comorbidities [3].

The regional AETCs work to (1) increase the size and strengthen the skills of the HIV clinical workforce in the United States; (2) improve outcomes along the HIV care continuum, including diagnosis, linkage to care, retention in care, and viral suppression; and (3) decrease HIV transmission and, ultimately, reduce HIV incidence by training the frontline workforce.

The AETC Program uses Minority AIDS Initiative funds for the regional AETCs to expand the number of health care professionals who have treatment expertise and knowledge about the most appropriate standards of HIV-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV.¹

The primary audiences for trainings conducted by the regional AETCs are novice and low-volume HIV treatment providers, allied health professionals, and health care support staff who treat people with HIV and those with risk behaviors for HIV acquisition. Trainings also are intended for prescribers (e.g., physicians, physician assistants, nurse practitioners) and other health care professionals (e.g., dentists, psychiatrists, pharmacists).

To strengthen the HIV workforce, the regional AETCs offer training on a variety of topics, including, but not limited to, HIV-related basic science and epidemiology, interpretation of HIV drug-resistance testing, and management of antiretroviral medications. The regional AETCs train providers across many practice settings, including health centers, mental health clinics, community-based organizations, and providers in private practice. Training events are conducted through different modalities and are based on adult learning theory. The types of training interactions include clinical training, group and individual clinical consultations, skills building, technical assistance, didactic presentations, and any combination of these interactions. Each year, the regional AETCs report data to HRSA HAB about the training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands.

Additionally, AETC Program recipients use *Ending the HIV Epidemic in the U.S.* (EHE) initiative [4] funds to expand workforce capacity.

¹ The Ryan White HIV/AIDS Program Part F includes the Minority AIDS Initiative, which provides funding to evaluate and address the disproportionate impact of HIV on Blacks/African Americans and other minority populations.

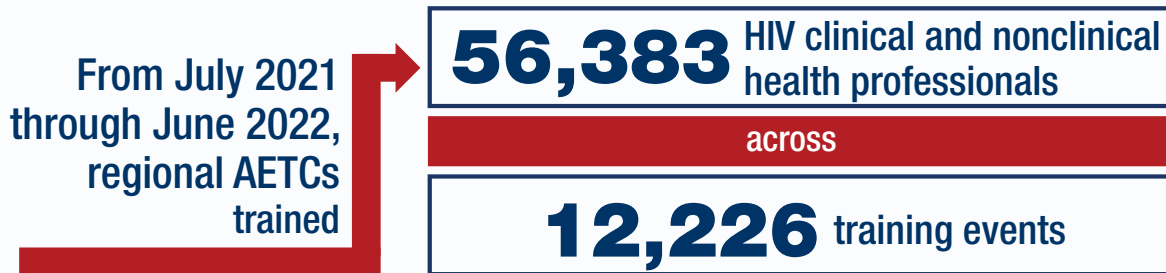


REPORT CHANGES

This report updates the most recent RWHAP AETC Program Annual Data Report with one new year of data: July 2021 through June 2022. Overall, the data are presented for five reporting periods: July 2017 through June 2018, July 2018 through June 2019, July 2019 through June 2020, July 2020 through June 2021, and July 2021 through June 2022. The focus of the narrative is the most recent year, July 2021 through June 2022.



HIGHLIGHTS OF ANALYSES



Training Events

From July 2021 through June 2022, the RWHAP regional AETCs conducted 12,226 training events and reached 56,383 unique training participants (**Table 1**). Since July 2017, the RWHAP regional AETCs have conducted more than 50,000 training events.

Training Content

The general training content areas most frequently covered by RWHAP AETC training events from July 2021 through June 2022 were HIV prevention (46.2%), antiretroviral treatment and adherence (35.0%), and engagement and retention in HIV care (34.6%; **Table 2**).

Training Topics

HIV Prevention

The HIV prevention topic most often presented in AETC trainings from July 2021 through June 2022 was pre-exposure prophylaxis (PrEP), which was featured in nearly one-third (31.1%) of training events. Other HIV prevention topics featured frequently included behavioral prevention (18.6%), HIV transmission risk assessment (15.9%, a decrease from 23.3% in the July 2017 through June 2018 reporting period), and U=U (Undetectable = Untransmittable)/treatment as prevention (15.3%; **Table 2**).

HIV Background and Management

HIV management topics—especially those related to testing, treatment, and care engagement—were popular, and several were featured in more than 20% of AETC training events from July 2021 through June 2022 (**Table 2**):

- Linkage to care (27.4%)
- HIV diagnosis and testing (25.9%)
- Retention and/or re-engagement in care (24.3%)
- Antiretroviral treatment adherence (21.6%)
- Adult and adolescent antiretroviral treatment (21.2%)
- HIV monitoring and laboratory tests (20.9%)

Of note, trainings about antiretroviral treatment adherence and adult and adolescent antiretroviral treatment decreased from the July 2017 through June 2018 reporting period to the July 2021 through June 2022 reporting period (by 7.8 percentage points and 5.9 percentage points, respectively).

Primary Care and Comorbidities

The primary care topic most frequently presented in AETC training events was primary care screenings (13.9%); all other primary care topics were each covered in fewer than 10% of trainings. Comorbidities featured as AETC training event topics included sexually transmitted infections (21.4%); substance use disorder, including opioid use disorder (16.2%); hepatitis C (13.2%, a decrease from 18.3% in the July 2017 through June 2018 reporting period); and mental health disorders (9.1%; **Table 2**).

Care of People With HIV

Stigma or discrimination was the most frequently presented AETC training event topic related to caring for people with HIV (29.0%, an increase from 22.5% in the July 2017 through June 2018 reporting period). Cultural competence was presented in 24.4% of AETC training events (**Table 2**).

Health Care Organization or Systems Issues

The health care organizations or systems topics most frequently presented in AETC trainings from July 2021 through June 2022 were related to improving the quality and delivery of HIV primary care and essential support services to people with HIV (**Table 2**):

- Coordination of care (22.2%)
- Practice transformation (12.8%)
- Quality improvement (19.7%)
- Case management (11.1%)
- Community linkages (17.7%)
- Team-based care (11.1%)

Priority Populations

The AETC Program supports health workforce training to ensure the delivery of quality HIV care and services to all people with HIV, especially priority populations experiencing health disparities [5].

Training topics presented from July 2021 through June 2022 focused on several priority populations of people with HIV based on age, race, gender, and the social or community environment. More than one-quarter of training events included the topic of young adults aged 18–24 years (26.4%, an increase from 20.6% in the July 2017 through June 2018 reporting period), and nearly one-quarter of training events included the topic of adults aged 50 years and older (23.6%, an increase from 18.7% in the July 2017 through June 2018 reporting period). Nearly one-quarter of training events focused on the Black/African American population (23.0%), and approximately one-fifth of training events focused on the Hispanic/Latino population (20.3%, an increase from 14.6% in the July 2017 through June 2018 reporting period). More than one-quarter of training events featured presentations on HIV and gay, lesbian, bisexual, transgender, or other gender identity populations (28.7%), and 22.0% of training events included presentations on women. Other priority populations addressed in training events included homeless or unstably housed populations (14.4%), rural populations (13.9%, an increase from 10.7% in the July 2017 through June 2018 reporting period), incarcerated or recently released populations (9.5%), and immigrant populations (9.2%; **Table 2**).

Training Modalities

The training modalities or technologies used most frequently from July 2021 through June 2022 were coaching for organizational capacity building (3.4% in-person and 29.1% live distance-based), didactic presentations (4.1% in-person and 16.4% distance-based, [live or archived]), interactive presentations (4.2% in-person and 13.4% live distance-based), and communities of practice (1.5% in-person and 14.7% distance-based; **Table 2**). The use of live distance-based training events increased for all training modes from the July 2017 through June 2018 reporting period to the July 2021 through June 2022 reporting period.

Training Participants

To improve the quality of health care provided by the HIV health care workforce and increase access to high-quality HIV care for people not in care, regional AETCs concentrate on reaching professionals who have direct patient care responsibilities for people with HIV, especially those who serve racial and ethnic minority patients and those working at RWHAP- and HRSA-supported clinical health centers.

Race/Ethnicity and Gender

During the period July 2021 through June 2022, about half (46.9%) of RWHAP AETC participants self-identified as White; 22.2% as Black/African American, 19.2% as Hispanic/Latino, and less than 10% each as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, or people of multiple races (**Table 3**). Nearly three-quarters (74.6%) of RWHAP AETC participants were female, 23.1% were male, less than 1% were transgender (0.3% transgender male and 0.4% transgender female), and 1.6% were another gender identity (**Table 3**).

Profession or Discipline

From July 2021 through June 2022, RWHAP AETC participants included nurses and nurse practitioners (20.8%), social workers (14.6%), physicians (11.4%), and community health workers (7.8%). In addition to reporting their profession, participants indicated their primary functional roles within their organization. The most reported roles were care provider/clinician (24.4%) and case manager (13.7%; **Table 3**).

From July 2021 through June 2022, nurses (including Nurse Practitioner/Nurse Professional [prescriber and non-prescriber]) accounted for the highest percentages of participants among White (28.2%), Native Hawaiian/Pacific Islander (25.2%), and American Indian/Alaskan Native (22.8%) participants. Among Asian participants, the highest percentage of participants were physicians (28.2%). Among Black/African American and Hispanic/Latino participants, the most reported profession/discipline was social worker/case manager (22.3% and 18.0%, respectively). Among Native Hawaiian/Pacific Islander participants, 16.8% were social workers/case managers (**Table 4**).

From July 2021 through June 2022, the highest percentages of profession by gender were as follows: among males, 21.5% were physicians; among females, 25.7% were nurses (including Nurse Practitioner/Nurse Professional [prescriber and non-prescriber]); among transgender males, 29.8% were social workers/case managers; among transgender females, 36.5% were community health workers; and among participants who reported another gender identity, 23.3% were social workers/case managers and 22.8% were community health workers (**Table 5**).

Service Delivery

Regional AETCs train and support clinicians and health care professionals who provide direct care and services to patients. During the period July 2021 through June 2022, slightly more than two-thirds (67.0%) provided direct clinical services, close to half (46.2%) provided HIV prevention counseling and testing services, and one-fifth (20.2%) prescribed PrEP (**Table 6**).

Among RWHAP AETC participants who provide direct clinical services, 64.8% provided direct services to people with HIV from July 2021 through June 2022 (**Table 6**).

From the periods of July 2017 through June 2018 to July 2021 through June 2022, the percentage of RWHAP AETC participants with 1 year or less experience providing direct services to people with HIV increased from 19.9% to 27.6% (**Table 6**).

Slightly more than half (51.4%) of RWHAP AETC participants from July 2021 through June 2022 served client populations composed of at least 50% racial/ethnic minorities of people with HIV (**Table 6**).

During the July 2021 through June 2022 reporting period, the number of years of experience providing direct care to people with HIV varied by the race/ethnicity of the participants. On average, 29.2% of participants across all races and ethnicities reported 1 year or less than 1 year of experience serving people with HIV, ranging from 22.4% among American Indian/Alaskan Native participants to 36.2% among Native Hawaiian/Pacific Islander participants. More than one-third of White participants and Black/African American participants (35.2% and 35.3%, respectively) reported having 10 or more years of service to people with HIV (**Table 7**).

Employment Setting

The employment setting most frequently reported by RWHAP AETC participants from July 2021 through June 2022 was HIV or infectious diseases clinic (12.8%), followed by academic health center (12.6%), other community-based organization (12.4%), state or local health department (12.3%), and Federally Qualified Health Center (11.6%; **Table 8**).

From July 2021 through June 2022, 10.8% of the RWHAP AETC participants' employment setting was in a rural area (only or in combination with a suburban/urban area). During this period, 39.1% of participants worked in an RWHAP-funded employment setting, and 50.7% of participants worked within an EHE jurisdiction (**Table 8**).

TECHNICAL NOTES



RYAN WHITE HIV/AIDS PROGRAM AETC DATA

Each year, regional AETCs are required to report data to HRSA HAB about their training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands. The yearly AETC data reporting period is July 1 to June 30.

Information collected on training events via Event Record (ER) data forms include the topics covered, names of collaborating organizations, types of funds used from special initiatives, type and length of sessions, training modalities or technologies used, the total number of participants in attendance, and the total number of Participant Information Forms (PIFs) collected from participants.

Information collected on participants via PIF data forms includes demographic information (e.g., profession, functional role, race/ethnicity, gender). In addition, information about participants' employment setting(s) is collected (e.g., if the setting is in a rural or suburban/urban area, if the setting receives RWHAP funding). Patient care information is also collected from participants. For example, participants report whether they provide services directly to people with HIV, and if so, how many years of experience they have providing such services; the average number of people with HIV they serve; and percentage estimates of clients with HIV to whom they provide services that meet certain characteristics (e.g., those who are racial/ethnic minorities or are receiving treatment with antiretroviral therapy [ART]).

In March 2020, the EHE initiative [4] began and included funding for expanding workforce capacity through the regional AETCs. A new funding source was added to the ER data collection form to reflect the use of EHE funds for training events (**Table 2**). Training content and topics related to EHE appear throughout the current training content/topic variables; there is not a separate variable for EHE training content/topics. Additionally, the COVID-19 pandemic emerged during the July 2019 through June 2020 reporting period, and HRSA HAB funded regional AETCs through the fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act to deliver training to providers on the management and prevention of COVID-19 for people with HIV. To capture these activities, a new COVID-19 training content item and a new funding source, RWHAP FY 2020 CARES Act, were added to the ER (**Table 2**).

Report Tables

In all tables, dashes denote that a category did not apply for that reporting period.

Table 2: Training events, by year and training topic, other support, collaborating organization, and training modality: Data beginning with the July 2019 through June 2020 reporting period include the section "Training Content," which includes such categories as antiretroviral treatment and adherence, engagement and retention in HIV care, HIV prevention, HIV testing and diagnosis, linkage/referral to HIV care, management of comorbid conditions, and COVID-19. Training topics within the HIV prevention category include a new item based on the National Institutes of Health National Institute of Allergy and Infectious Diseases' prevention guidance: *Undetectable = Untransmittable (U=U)/treatment as prevention* [6].

Table 3: Program participants, by year and selected characteristics: Beginning with July 2019 through June 2020 data, the gender categories have been updated to include male (i.e., cisgender male), female (i.e., cisgender female), transgender male (i.e., a person who was assigned female sex at birth, but whose gender identity is male), transgender female (i.e., a person who was assigned male sex at birth, but whose gender identify is female), and other gender identity (i.e., a person whose gender identity does not fit within the binary division of female/male or transgender male/transgender

female). The professional discipline categories Nurse/Advanced Practice Nurse (non-prescriber) and Nurse Practitioner were removed, and the categories Nurse Practitioner/Nurse Professional (prescriber) and Nurse Professional (non-prescriber) were added.

Table 5: Program participants, by gender and profession/discipline: Beginning with the July 2019 through June 2020 data, the gender and professional discipline categories have been updated as described for Table 3, above.

Table 6: Program participants, by service delivery and client characteristics: Data categories are presented for the years in which they were included on the PIF. Data beginning with the July 2019 through June 2020 reporting period include a new ART prescription variable.

Table 8: Program participants, by year and employment setting: Data categories are presented for the years in which they were included on the PIF. Participants reported up to five ZIP codes for their work setting(s). Data presented use the rural/urban classifications of ZIP codes reported by participants, according to the HRSA Federal Office of Rural Health Policy's rural-urban commuting area, or RUCA [7], designation and identify participants who work only in rural settings, in both rural and suburban/urban settings, or only in suburban/urban settings. Data beginning with the July 2019 through June 2020 reporting period include a new employment setting category: *Employment setting does not involve the provision of care or services to patients/clients.*

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ADDITIONAL RESOURCES

Centers for Disease Control and Prevention, HIV prevention resources: cdc.gov/hiv

Health Resources and Services Administration, HIV/AIDS programs: ryanwhite.hrsa.gov

HIV.gov, the nation's source for timely and relevant federal HIV policies, programs, and resources: HIV.gov.

RWHAP Compass Dashboard, a user-friendly, interactive data tool to visualize the reach, impact, and outcomes of the RWHAP: ryanwhite.hrsa.gov/data/dashboard

TargetHIV, tools for the Ryan White HIV/AIDS Program Community: targethiv.org

HRSA HIV/AIDS Bureau AETC Awards: ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-aetc/fy-2022-program-awards

Table 1. RWHPAP AIDS Education and Training Center (AETC) Program training events and participants by year, July 2017–June 2022—United States and 3 territories

Year	Events (N)	Participants (N)
July 2017–June 2018	10,505	55,219
July 2018–June 2019	9,784	56,124
July 2019–June 2020	8,370	56,862
July 2020–June 2021	11,475	59,972
July 2021–June 2022	12,226	56,383

Table 2. RWHPAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, July 2017–June 2022—United States and 3 territories

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020		July 2020–June 2021		July 2021–June 2022	
	N	%	N	%	N	%	N	%	N	%
Training content										
Antiretroviral treatment and adherence	—	—	—	—	2,661	31.8	3,587	31.7	4,180	35.0
Engagement and retention in HIV care	—	—	—	—	2,410	28.8	3,285	29.1	4,128	34.6
HIV prevention	—	—	—	—	3,224	38.6	4,887	43.2	5,517	46.2
HIV testing and diagnosis	—	—	—	—	2,013	24.1	3,000	26.5	3,672	30.8
Linkage/referral to HIV care	—	—	—	—	1,917	22.9	2,994	26.5	3,699	31.0
Management of comorbid conditions	—	—	—	—	2,573	30.8	3,445	30.5	3,732	31.3
Coronavirus disease 2019	—	—	—	—	188	2.2	869	7.7	385	3.2
Other	—	—	—	—	1,996	23.9	3,904	34.5	2,917	24.5
Subtotal	—	—	—	—	8,370	—	11,475	—	12,226	—
Training topic										
HIV prevention										
Behavioral prevention	1,938	18.5	1,932	19.8	1,281	15.3	1,759	15.6	2,224	18.6
Harm reduction/safe injection	1,260	12.0	1,153	11.8	687	8.2	794	7.0	1,022	8.6
HIV transmission risk assessment	2,443	23.3	2,190	22.4	1,353	16.2	1,488	13.2	1,901	15.9
Post-exposure prophylaxis (PEP, occupational and nonoccupational)	1,545	14.7	1,501	15.4	1,093	13.1	1,034	9.1	1,383	11.6
Pre-exposure prophylaxis (PrEP)	2,979	28.4	2,761	28.3	2,525	30.2	2,703	23.9	3,712	31.1
Prevention of perinatal or mother-to-child transmission	812	7.7	675	6.9	492	5.9	464	4.1	539	4.5
Other biomedical prevention	516	4.9	384	3.9	345	4.1	437	3.9	595	5.0
U=U/Treatment as prevention	—	—	—	—	1,009	12.1	1,103	9.8	1,823	15.3
HIV background and management										
Acute HIV	1,416	13.5	1,174	12.0	739	8.8	666	5.9	934	7.8
Adult and adolescent antiretroviral treatment	2,837	27.1	2,890	29.6	1,804	21.6	2,131	18.9	2,531	21.2
Aging and HIV	1,055	10.1	948	9.7	546	6.5	509	4.5	731	6.1
Antiretroviral treatment adherence, including viral suppression	3,078	29.4	2,889	29.6	1,895	22.7	2,245	19.9	2,571	21.6
Basic science	2,068	19.7	1,811	18.6	897	10.7	1,087	9.6	1,786	15.0
Clinical manifestations of HIV disease	1,986	18.9	1,893	19.4	1,112	13.3	1,094	9.7	1,288	10.8
HIV diagnosis (i.e., HIV testing)	2,945	28.1	2,715	27.8	1,812	21.7	2,299	20.3	3,091	25.9
HIV epidemiology	1,927	18.4	1,698	17.4	1,048	12.5	1,150	10.2	1,584	13.3
HIV monitoring and laboratory tests (i.e., CD4 and viral load)	2,475	23.6	2,252	23.1	1,535	18.4	1,972	17.4	2,497	20.9
HIV resistance testing and interpretation	1,572	15.0	1,395	14.3	882	10.5	946	8.4	1,061	8.9
Linkage to care	2,819	26.9	2,570	26.3	1,788	21.4	2,636	23.3	3,270	27.4
Pediatric HIV management	277	2.6	194	2.0	156	1.9	96	0.8	102	0.9
Retention and/or re-engagement in care	2,204	21.0	1,944	19.9	1,565	18.7	2,259	20.0	2,903	24.3
Other HIV background and management	—	—	—	—	196	2.3	560	5.0	646	5.4
Primary care and comorbidities										
Cervical cancer screening, including HPV	370	3.5	299	3.1	174	2.1	174	1.5	243	2.0
Hepatitis B	858	8.2	759	7.8	537	6.4	587	5.2	739	6.2
Hepatitis C	1,914	18.3	1,718	17.6	1,091	13.0	1,373	12.1	1,572	13.2
Immunization	666	6.4	708	7.3	392	4.7	505	4.5	593	5.0
Influenza	265	2.5	269	2.8	198	2.4	165	1.5	119	1.0

Table 2. RWHAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, July 2017–June 2022—United States and 3 territories (cont.)

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020		July 2020–June 2021		July 2021–June 2022	
	N	%	N	%	N	%	N	%	N	%
Primary care and co-morbidities (cont.)										
Malignancies	448	4.3	357	3.7	178	2.1	208	1.8	292	2.4
Medication-assisted therapy for substance use disorders	459	4.4	518	5.3	404	4.8	446	3.9	445	3.7
Mental health disorders	1,352	12.9	1,241	12.7	856	10.2	1,117	9.9	1,086	9.1
Non-infection comorbidities of HIV or viral hepatitis	1,298	12.4	1,101	11.3	636	7.6	577	5.1	752	6.3
Nutrition	441	4.2	307	3.1	181	2.2	197	1.7	235	2.0
Opioid use disorder	—	—	—	—	428	5.1	585	5.2	642	5.4
Opportunistic infections	1,434	13.7	1,207	12.4	714	8.5	789	7.0	945	7.9
Oral health	444	4.2	327	3.4	281	3.4	297	2.6	326	2.7
Osteoporosis	208	2.0	195	2.0	130	1.6	106	0.9	125	1.0
Pain management	244	2.3	309	3.2	187	2.2	166	1.5	207	1.7
Palliative care	97	0.9	99	1.0	90	1.1	68	0.6	113	0.9
Primary care screenings	1,579	15.1	1,364	14.0	816	9.8	1,034	9.1	1,656	13.9
Reproductive health, including preconception planning	757	7.2	591	6.1	417	5.0	446	3.9	635	5.3
Sexually transmitted infections	2,134	20.4	2,113	21.6	1,439	17.2	1,682	14.9	2,555	21.4
Substance use disorders	1,508	14.4	1,488	15.2	—	—	—	—	—	—
Substance use disorders, not including opioid use	—	—	—	—	956	11.4	1,027	9.1	1,294	10.8
Tobacco cessation	470	4.5	331	3.4	170	2.0	178	1.6	218	1.8
Tuberculosis	322	3.1	259	2.7	183	2.2	190	1.7	211	1.8
Other	—	—	—	—	573	6.9	1,684	14.9	1,312	11.0
Issues related to care of people with HIV										
Cultural competence	2,790	26.6	2,091	21.4	1,526	18.2	2,099	18.6	2,913	24.4
Health literacy	1,742	16.6	1,308	13.4	676	8.1	1,244	11.0	1,962	16.4
Low English proficiency	391	3.7	276	2.8	301	3.6	316	2.8	403	3.4
Motivational interviewing	1,328	12.7	923	9.5	684	8.2	845	7.5	1,228	10.3
Stigma or discrimination	2,360	22.5	2,210	22.6	1,615	19.3	2,349	20.8	3,460	29.0
Education										
Adult learning principles	963	9.2	880	9.0	—	—	—	—	—	—
Best practices in training	1,870	17.8	1,389	14.2	—	—	—	—	—	—
Curriculum development	924	8.8	910	9.3	—	—	—	—	—	—
Use of technology for education	1,068	10.2	367	3.8	—	—	—	—	—	—
Health care organization or systems issues										
Billing for services and payment models	724	6.9	417	4.3	330	3.9	371	3.3	570	4.8
Case management	1,453	13.9	1,236	12.7	982	11.7	1,065	9.4	1,325	11.1
Community linkages	2,199	21.0	1,758	18.0	1,215	14.5	1,527	13.5	2,109	17.7
Confidentiality/HIPAA	871	8.3	632	6.5	415	5.0	392	3.5	417	3.5
Coordination of care	2,338	22.3	1,930	19.8	1,640	19.6	2,030	18.0	2,654	22.2
Funding or resource allocation	689	6.6	441	4.5	345	4.1	455	4.0	465	3.9
Health insurance coverage	862	8.2	696	7.1	461	5.5	520	4.6	640	5.4
Legal issues	466	4.4	378	3.9	273	3.3	283	2.5	291	2.4
Organizational infrastructure	1,629	15.5	652	6.7	866	10.4	1,024	9.1	1,104	9.3
Organizational needs assessment	1,246	11.9	448	4.6	504	6.0	720	6.4	734	6.2
Patient-centered medical home	677	6.5	323	3.3	202	2.4	249	2.2	427	3.6
Practice transformation	1,510	14.4	767	7.9	813	9.7	1,316	11.6	1,524	12.8
Quality improvement	2,244	21.4	1,278	13.1	1,098	13.1	1,717	15.2	2,348	19.7
Team-based care	1,288	12.3	1,051	10.8	671	8.0	958	8.5	1,323	11.1
Telehealth	—	—	—	—	271	3.2	669	5.9	483	4.0
Use of technology for patient care	748	7.1	486	5.0	435	5.2	499	4.4	422	3.5
Priority populations										
Children (Ages 0–12)	406	3.9	337	3.5	272	3.3	489	4.3	383	3.2
Adolescents (Ages 13–17)	1,082	10.3	917	9.4	741	8.9	1,210	10.7	1,312	11.0
Young adults (Ages 18–24)	2,159	20.6	1,923	19.7	1,670	20.0	2,692	23.8	3,150	26.4

Table 2. RWHAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, July 2017–June 2022—United States and 3 territories (cont.)

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020		July 2020–June 2021		July 2021–June 2022	
	N	%	N	%	N	%	N	%	N	%
Priority populations (cont.)										
Older adults (Ages 50 and over)	1,958	18.7	1,793	18.4	1,381	16.5	2,390	21.1	2,819	23.6
American Indian or Alaska Native	525	5.0	465	4.8	322	3.9	638	5.6	769	6.4
Asian	353	3.4	301	3.1	323	3.9	674	6.0	677	5.7
Black or African American	2,109	20.1	2,005	20.5	1,676	20.0	3,028	26.8	2,741	23.0
Hispanic or Latino	1,527	14.6	1,447	14.8	1,245	14.9	2,305	20.4	2,424	20.3
Native Hawaiian or Pacific Islander	280	2.7	242	2.5	221	2.6	445	3.9	530	4.4
Other race/ethnicity	451	4.3	255	2.6	106	1.3	132	1.2	247	2.1
Women	2,036	19.4	1,961	20.1	1,586	19.0	2,577	22.8	2,627	22.0
Gay, lesbian, bisexual, transgender, or other gender identity	2,654	25.3	2,422	24.8	2,000	23.9	2,956	26.1	3,428	28.7
Homeless or unstably housed	1,297	12.4	1,160	11.9	1,242	14.9	1,772	15.7	1,718	14.4
Immigrant populations	867	8.3	631	6.5	666	8.0	1,285	11.4	1,092	9.2
Incarcerated or recently released	779	7.4	749	7.7	736	8.8	1,298	11.5	1,128	9.5
Rural populations	1,122	10.7	1,216	12.5	1,076	12.9	1,608	14.2	1,655	13.9
U.S.–Mexico border population	395	3.8	325	3.3	207	2.5	336	3.0	422	3.5
Other specific populations	272	2.6	233	2.4	177	2.1	251	2.2	593	5.0
Subtotal	10,482	—	9,761	—	8,362	—	11,305	—	11,929	—
Other support										
Funding sources used										
Centers for Disease Control and Prevention	345	3.3	280	2.9	209	2.5	83	0.7	1	<0.1
Core Training and Technical Assistance	6,321	60.3	6,045	61.8	4,992	59.6	6,090	53.1	6,347	51.9
Interprofessional education	590	5.6	494	5.1	274	3.3	456	4.0	602	4.9
Minority AIDS Initiative (MAI)	3,421	32.6	3,264	33.4	4,112	49.1	3,937	34.3	3,996	32.7
Practice transformation	1,857	17.7	965	9.9	1,064	12.7	1,622	14.1	1,701	13.9
Coronavirus Aid, Relief, and Economic Security (CARES) Act	—	—	—	—	165	2.0	518	4.5	291	2.4
Ending the HIV Epidemic in the U.S. (EHE) initiative	—	—	—	—	67	0.8	335	2.9	484	4.0
Unspecified AETC	—	—	—	—	513	6.1	96	0.8	226	1.8
Subtotal	10,487	—	9,778	—	8,370	—	11,475	—	12,226	—
Collaborating organization										
Other AETC collaborators										
Frontier AETC	29	0.9	1	<0.1	—	—	—	—	—	—
MidAtlantic AETC	1	<0.1	13	0.4	0	0.0	0	0.0	4	0.1
Midwest AETC	17	0.5	33	1.0	6	0.2	15	0.4	1	<0.1
Mountain West AETC	—	—	—	—	0	0.0	2	0.1	1	<0.1
New England AETC	27	0.8	43	1.4	0	0.0	3	0.1	1	<0.1
Northeast Caribbean AETC	12	0.4	3	0.1	16	0.6	4	0.1	8	0.2
Pacific AETC	14	0.4	16	0.5	2	0.1	2	0.1	26	0.6
South Central AETC	88	2.6	103	3.2	8	0.3	0	0.0	2	<0.1
Southeast AETC	38	1.1	27	0.8	11	0.4	14	0.4	12	0.3
AETC National Clinicians' Consultation Center	11	0.3	6	0.2	11	0.4	0	0.0	15	0.4
AETC National Coordinating Resource Center	23	0.7	17	0.5	54	1.9	8	0.2	7	0.2
AETC National Evaluation Center	0	0.0	7	0.2	—	—	—	—	—	—
Duke NP program	1	<0.1	2	0.1	—	—	—	—	—	—
Johns Hopkins NP program	0	0.0	1	<0.1	—	—	—	—	—	—
Rutgers NP program	4	0.1	2	0.1	—	—	—	—	—	—
SUNY PA program	0	0.0	0	0.0	—	—	—	—	—	—
UCSF NP program	1	<0.1	0	0.0	—	—	—	—	—	—
Same region but different local partner	31	0.9	42	1.3	—	—	—	—	—	—

Table 2. RWHAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, July 2017–June 2022—United States and 3 territories (cont.)

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020		July 2020–June 2021		July 2021–June 2022	
	N	%	N	%	N	%	N	%	N	%
Other federally funded training center collaborators	175	5.2	198	6.2	145	5.1	232	6.5	304	7.1
Addiction Technology Transfer Center (ATTC)	44	1.3	76	2.4	18	0.6	91	2.5	70	1.6
Area Health Education Center (AHEC)	39	1.2	49	1.5	29	1.0	224	6.2	231	5.4
Capacity Building Assistance (CBA) Provider	66	2.0	61	1.9	14	0.5	33	0.9	52	1.2
Family Planning National Training Center	0	0.0	1	<0.1	12	0.4	4	0.1	2	<0.1
Mental Health Technology Transfer Centers (MHTTC)	—	—	—	—	3	0.1	6	0.2	3	0.1
Public Health Training Center (PHTC)	4	0.1	30	0.9	16	0.6	15	0.4	19	0.4
STD Clinical Prevention Training Center (PTC)	100	3.0	99	3.1	108	3.8	86	2.4	94	2.2
TB Regional Training and Medical Consultation Center	62	1.9	13	0.4	7	0.2	6	0.2	6	0.1
Viral Hepatitis Education and Training Project	1	<0.1	2	0.1	0	0.0	0	0.0	1	<0.1
Other organization collaborators	3,137	93.6	2,942	92.4	2,718	96.5	3,481	96.9	4,149	97.0
AIDS services organization	408	12.2	358	11.2	421	15.0	697	19.4	751	17.6
Community health center, including Federally Qualified Health Center funded by HRSA	901	26.9	764	24.0	667	23.7	1,016	28.3	1,178	27.5
Correctional institution	94	2.8	62	1.9	79	2.8	98	2.7	101	2.4
Faith-based organization	30	0.9	38	1.2	25	0.9	58	1.6	61	1.4
Health professions school	651	19.4	870	27.3	743	26.4	1,185	33.0	1,375	32.1
Hispanic-serving institution	177	5.3	214	6.7	47	1.7	72	2.0	149	3.5
Historically Black College or University	73	2.2	134	4.2	171	6.1	100	2.8	139	3.2
Hospital or hospital-based clinic	685	20.4	602	18.9	707	25.1	870	24.2	881	20.6
Ryan White HIV/AIDS Program-funded organization, including subrecipients	1,250	37.3	1,233	38.7	773	27.5	1,122	31.2	1,186	27.7
Tribal college or university	39	1.2	12	0.4	79	2.8	27	0.8	29	0.7
Tribal health organization	76	2.3	39	1.2	23	0.8	54	1.5	41	1.0
Other	382	11.4	261	8.2	342	12.1	460	12.8	680	15.9
Other community-based organization	287	8.6	308	9.7	277	9.8	480	13.4	562	13.1
Subtotal	3,351	—	3,185	—	2,816	—	3,592	—	4,279	—
Training modality										
Training modalities or technologies applied in the event										
Clinical consultation, in-person	524	5.0	674	6.9	428	5.1	223	2.0	248	2.0
Clinical consultation, distance-based (live)	617	5.9	534	5.5	585	7.0	886	7.8	1,093	9.0
Clinical preceptorships, in-person	1,295	12.4	1,359	13.9	715	8.6	714	6.3	1,123	9.2
Clinical preceptorships, distance-based (live)	15	0.1	6	0.1	154	1.8	210	1.9	128	1.0
Coaching for organizational capacity building, in-person	1,982	19.0	1,548	15.9	1,122	13.4	293	2.6	414	3.4
Coaching for organizational capacity building, distance-based (live)	1,176	11.3	803	8.2	1,330	15.9	3,418	30.2	3,552	29.1
Communities of practice, in-person	713	6.8	1,065	10.9	658	7.9	129	1.1	179	1.5
Communities of practice, distance-based (live)	808	7.7	378	3.9	693	8.3	1,585	14.0	1,789	14.7
Didactic presentations, in-person	1,271	12.2	1,324	13.6	1,012	12.1	133	1.2	502	4.1
Didactic presentations, distance-based (live)	241	2.3	282	2.9	561	6.7	1,711	15.1	1,410	11.5
Didactic presentations, distance-based (archived)	295	2.8	334	3.4	338	4.0	843	7.4	593	4.9
Interactive presentations, in-person	2,334	22.3	2,200	22.6	1,181	14.1	222	2.0	508	4.2
Interactive presentations, distance-based (live)	160	1.5	199	2.0	438	5.2	1,705	15.1	1,635	13.4
Self-study, distance-based (archived)	229	2.2	124	1.3	—	—	—	—	—	—
Subtotal	10,448	—	9,754	—	8,349	—	11,321	—	12,210	—

Abbreviations: ART, antiretroviral therapy; HIPAA, Health Insurance Portability and Accountability Act; HPV, human papillomavirus; NP, nurse practitioner; PA, physician assistant; STD, sexually transmitted disease; SUNY, State University of New York; TB, tuberculosis; U=U, “Undetectable = Untransmittable”; UCSF, University of California, San Francisco.

Note: Participants selected all responses that apply. Subtotals are based on the number of unique training events with information reported for each category (i.e., training content, training topic, other support, collaborating organization, training modality). These subtotals serve as the denominators for percentage calculations.

Table 3. RWHAP AIDS Education and Training Center (AETC) Program participants by year and selected characteristics, July 2017–June 2022—United States and 3 territories

	July 2017– June 2018		July 2018– June 2019		July 2019– June 2020		July 2020– June 2021		July 2021– June 2022	
	N	%	N	%	N	%	N	%	N	%
Race/ethnicity										
American Indian/Alaska Native	858	1.7	785	1.5	348	0.7	389	0.8	419	0.9
Asian	3,581	7.1	3,737	7.3	3,516	7.2	3,638	7.1	3,335	6.9
Black/African American	10,001	19.8	10,663	20.9	10,717	22.0	11,526	22.4	10,721	22.2
Hispanic/Latino ^a	8,663	17.1	8,818	17.3	8,726	17.9	9,591	18.6	9,273	19.2
Native Hawaiian/Pacific Islander	171	0.3	153	0.3	261	0.5	207	0.4	119	0.2
White	25,708	50.8	25,271	49.5	23,505	48.2	24,207	47.0	22,670	46.9
Multiple races	1,616	3.2	1,652	3.2	1,679	3.4	1,907	3.7	1,798	3.7
Subtotal	50,598	100.0	51,079	100.0	48,752	100.0	51,465	100.0	48,335	100.0
Gender										
Male	12,251	24.6	11,961	23.9	12,012	24.7	13,106	24.0	11,603	23.1
Female	37,299	74.8	37,655	75.4	35,923	73.7	40,363	74.0	37,550	74.6
Transgender	322	0.6	335	0.7	—	—	—	—	—	—
Transgender male	—	—	—	—	129	0.3	179	0.3	153	0.3
Transgender female	—	—	—	—	187	0.4	206	0.4	212	0.4
Other gender identity	—	—	—	—	476	1.0	660	1.2	806	1.6
Subtotal	49,872	100.0	49,951	100.0	48,727	100.0	54,514	100.0	50,324	100.0
Professional discipline										
Clergy/faith-based professional	105	0.2	127	0.2	100	0.2	85	0.2	87	0.2
Community health worker	2,896	5.5	3,420	6.4	3,287	6.4	4,024	7.2	4,155	7.8
Dentist	1,601	3.0	1,983	3.7	1,843	3.6	2,078	3.7	1,720	3.2
Dietitian/nutritionist	170	0.3	183	0.3	184	0.4	217	0.4	184	0.3
Mental/behavioral health professional	1,809	3.4	1,912	3.6	1,869	3.7	2,029	3.6	1,712	3.2
Midwife	152	0.3	90	0.2	104	0.2	82	0.1	116	0.2
Nurse/advanced practice nurse (non-prescriber)	9,335	17.6	8,813	16.5	—	—	—	—	—	—
Nurse practitioner	3,142	5.9	3,059	5.7	—	—	—	—	—	—
Nurse practitioner/nurse professional (prescriber)	—	—	—	—	3,190	6.3	3,166	5.6	3,033	5.7
Nurse professional (non-prescriber)	—	—	—	—	7,743	15.2	7,309	13.0	7,996	15.1
Pharmacist	3,290	6.2	3,279	6.1	3,112	6.1	3,274	5.8	2,705	5.1
Physician	7,861	14.8	7,416	13.9	6,779	13.3	5,986	10.7	6,075	11.4
Physician assistant	1,322	2.5	1,525	2.9	1,311	2.6	1,370	2.4	1,352	2.5
Practice administrator or leader	878	1.7	798	1.5	756	1.5	889	1.6	906	1.7
Social worker	6,514	12.3	7,107	13.3	7,011	13.7	8,865	15.8	7,754	14.6
Substance abuse professional	957	1.8	1,051	2.0	918	1.8	1,137	2.0	1,055	2.0
Other allied health professional	3,156	5.9	3,214	6.0	1,971	3.9	1,578	2.8	1,752	3.3
Other dental professional	1,481	2.8	1,171	2.2	1,180	2.3	1,022	1.8	652	1.2
Other non-clinical professional	4,295	8.1	4,383	8.2	4,327	8.5	5,846	10.4	5,304	10.0
Other public health professional	4,379	8.2	5,101	9.5	5,858	11.5	7,193	12.8	7,185	13.5
Subtotal	53,117	—	53,420	—	50,996	—	56,150	100.0	53,087	100.0
Role in their organization										
Administrator	4,537	8.7	4,366	8.2	4,599	9.9	5,786	10.6	5,175	9.9
Agency board member	85	0.2	105	0.2	76	0.2	105	0.2	97	0.2
Care provider/clinician—can or does prescribe HIV treatment	6,349	12.1	6,082	11.4	4,977	10.7	5,306	9.7	5,274	10.1
Care provider/clinician—cannot or does not prescribe HIV treatment	10,185	19.4	9,802	18.4	7,650	16.4	7,842	14.3	7,454	14.3
Case manager	6,136	11.7	6,795	12.8	6,038	12.9	7,919	14.4	7,151	13.7
Client/patient educator (includes navigator)	2,154	4.1	2,567	4.8	2,248	4.8	2,851	5.2	2,928	5.6
Clinical/medical assistant	2,030	3.9	1,977	3.7	1,510	3.2	1,556	2.8	1,628	3.1
Health care organization non-clinical staff	1,150	2.2	1,339	2.5	1,303	2.8	1,875	3.4	1,803	3.5
HIV tester	1,466	2.8	1,836	3.4	1,491	3.2	1,892	3.5	1,852	3.5
Intern/resident	1,596	3.0	1,952	3.7	1,746	3.7	1,469	2.7	1,326	2.5
Researcher/evaluator	1,099	2.1	1,370	2.6	1,530	3.3	1,575	2.9	1,417	2.7
Student/graduate student	5,559	10.6	7,122	13.4	5,617	12.0	5,727	10.4	5,714	10.9
Teacher/faculty	1,593	3.0	1,650	3.1	1,474	3.2	1,506	2.7	1,462	2.8
Other	8,921	17.0	8,423	15.8	6,986	15.0	9,395	17.1	9,869	18.9
Subtotal	52,433	—	53,271	—	46,627	—	54,804	100.0	52,245	100.0

Note: Participants reporting for July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020 selected all profession/disciplines and primary functional roles that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal, and percentages may not sum to 100.0%. Participants reporting for July 2020–June 2021 and July 2021–June 2022 selected one professional discipline and one role per training event attended. Numbers for these years sum to the subtotal, and percentages sum to 100.0%.

^a Hispanics/Latinos can be of any race.

Table 4. RWHAP AIDS Education and Training Center (AETC) Program participants by race/ethnicity and profession/discipline, July 2021–June 2022—United States and 3 territories

Profession/discipline	American Indian/ Alaska Native		Asian		Black/ African American		Hispanic/Latino ^a		Native Hawaiian/ Pacific Islander		White		Multiple races	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clergy/faith-based professional	1	0.2	2	0.1	43	0.4	8	0.1	0	0.0	27	0.1	3	0.2
Community health worker	53	12.7	89	2.8	1,447	13.6	1,206	13.3	9	7.6	947	4.2	222	12.5
Dentist	3	0.7	322	10.0	129	1.2	393	4.3	2	1.7	608	2.7	45	2.5
Dietitian/nutritionist	0	0.0	6	0.2	20	0.2	34	0.4	0	0.0	101	0.5	6	0.3
Mental/behavioral health professional	14	3.4	51	1.6	396	3.7	351	3.9	2	1.7	746	3.3	70	3.9
Midwife	0	0.0	2	0.1	19	0.2	6	0.1	1	0.8	79	0.4	5	0.3
Nurse practitioner/nurse professional (prescriber)	22	5.3	180	5.6	567	5.3	227	2.5	7	5.9	1,739	7.8	63	3.5
Nurse professional (non-prescriber)	73	17.5	399	12.3	1,092	10.3	998	11.0	23	19.3	4,558	20.4	200	11.3
Pharmacist	12	2.9	362	11.2	299	2.8	318	3.5	2	1.7	1,309	5.9	78	4.4
Physician	14	3.4	912	28.2	525	4.9	798	8.8	17	14.3	2,677	12.0	173	9.7
Physician assistant	11	2.6	102	3.2	105	1.0	159	1.8	1	0.8	677	3.0	42	2.4
Practice administrator or leader	8	1.9	25	0.8	217	2.0	150	1.7	3	2.5	408	1.8	34	1.9
Social worker/case manager	52	12.5	155	4.8	2,372	22.3	1,627	18.0	20	16.8	2,822	12.6	326	18.3
Substance abuse professional	18	4.3	17	0.5	280	2.6	171	1.9	3	2.5	493	2.2	34	1.9
Other allied health professional	8	1.9	72	2.2	323	3.0	420	4.6	2	1.7	607	2.7	52	2.9
Other dental professional	4	1.0	51	1.6	63	0.6	132	1.5	4	3.4	306	1.4	31	1.7
Other non-clinical professional	36	8.6	191	5.9	1,007	9.5	1,013	11.2	8	6.7	1,832	8.2	153	8.6
Other public health professional	90	21.6	304	9.4	1,900	17.9	1,218	13.5	16	13.4	2,609	11.7	291	16.4
Total	417	—	3,232	—	10,622	—	9,041	—	119	—	22,326	—	1,777	—

Notes: Data shown for each profession/discipline are not mutually exclusive; participants may have reported multiple professions/disciplines.

Subtotals represent the number of unique participants within each race/ethnicity that reported at least one profession/discipline.

^a Hispanics/Latinos can be of any race.

Table 5. RWHAP AIDS Education and Training Center (AETC) Program participants by gender and profession/discipline, July 2021–June 2022—United States and 3 territories

Profession/discipline	Male		Female		Transgender male		Transgender female		Other gender identity	
	N	%	N	%	N	%	N	%	N	%
Clergy/faith-based professional	40	0.4	43	0.1	0	0.0	0	0.0	4	0.5
Community health worker	1,272	11.3	2,525	6.9	36	23.8	76	36.5	175	22.8
Dentist	626	5.6	896	2.4	0	0.0	1	0.5	3	0.4
Dietitian/nutritionist	12	0.1	161	0.4	0	0.0	1	0.5	4	0.5
Mental/behavioral health professional	316	2.8	1,293	3.5	7	4.6	5	2.4	35	4.6
Midwife	4	<0.1	109	0.3	0	0.0	0	0.0	2	0.3
Nurse practitioner/nurse professional (prescriber)	307	2.7	2,574	7.0	6	4.0	4	1.9	21	2.7
Nurse professional (non-prescriber)	649	5.8	6,843	18.6	8	5.3	10	4.8	39	5.1
Pharmacist	743	6.6	1,702	4.6	0	0.0	1	0.5	9	1.2
Physician	2,423	21.5	2,998	8.2	4	2.6	0	0.0	39	5.1
Physician assistant	267	2.4	879	2.4	1	0.7	1	0.5	9	1.2
Practice administrator or leader	250	2.2	617	1.7	2	1.3	5	2.4	13	1.7
Social worker/case manager	1,450	12.9	5,910	16.1	45	29.8	53	25.5	179	23.3
Substance abuse professional	312	2.8	697	1.9	2	1.3	0	0.0	13	1.7
Other allied health professional	245	2.2	1,238	3.4	2	1.3	2	1.0	15	2.0
Other dental professional	46	0.4	571	1.6	1	0.7	0	0.0	3	0.4
Other non-clinical professional	1,021	9.1	3,165	8.6	14	9.3	27	13.0	81	10.5
Other public health professional	1,474	13.1	4,918	13.4	29	19.2	28	13.5	153	19.9
Total	11,273	—	36,709	—	151	—	208	—	769	—

Notes: Data shown for each profession/discipline are not mutually exclusive; participants may have reported multiple professions/disciplines.

Subtotals represent the number of unique participants within each gender who reported at least one profession/discipline.

Table 6. RWHAP AIDS Education and Training Center (AETC) Program participants by year and selected service delivery characteristics, July 2017–June 2022—United States and 3 territories

	July 2017– June 2018		July 2018– June 2019		July 2019– June 2020		July 2020– June 2021		July 2021– June 2022	
	N	%	N	%	N	%	N	%	N	%
All clients served										
Provides direct service to clients										
Yes	37,299	74.3	36,343	70.6	33,163	75.6	37,458	69.7	34,708	67.0
No	12,906	25.7	15,126	29.4	10,714	24.4	16,316	30.3	17,128	33.0
Subtotal	50,205	100.0	51,469	100.0	43,877	100.0	53,774	100.0	51,836	100.0
Provides HIV prevention counseling and testing services										
Yes	22,260	56.9	22,015	54.6	20,405	52.7	24,187	46.8	23,508	46.2
No	16,862	43.1	18,305	45.4	18,298	47.3	27,458	53.2	27,387	53.8
Subtotal	39,122	100.0	40,320	100.0	38,703	100.0	51,645	100.0	50,895	100.0
Prescribes Pre-Exposure Prophylaxis (PrEP)										
Yes	7,834	20.5	8,172	20.7	7,792	19.9	10,145	19.7	10,283	20.2
No	30,386	79.5	31,380	79.3	31,452	80.1	41,450	80.3	40,596	79.8
Subtotal	38,220	100.0	39,552	100.0	39,244	100.0	51,595	100.0	50,879	100.0
Prescribes antiretroviral therapy (ART)										
Yes	—	—	—	—	6,250	16.7	7,456	13.5	7,431	14.2
No	—	—	—	—	31,216	83.3	47,709	86.5	44,788	85.8
Subtotal	—	—	—	—	37,466	100.0	55,165	100.0	52,219	100.0
Clients with HIV										
Provides direct services to people with HIV										
Yes	23,232	60.1	23,037	58.2	22,205	68.5	24,634	66.2	22,382	64.8
No	15,421	39.9	16,568	41.8	10,188	31.5	12,604	33.8	12,156	35.2
Subtotal	38,653	100.0	39,605	100.0	32,393	100.0	37,238	100.0	34,538	100.0
Number of years providing direct services to people with HIV^a										
≤1	4,256	19.9	5,061	23.5	4,631	21.8	5,774	24.0	6,059	27.6
2–4	4,945	23.2	5,120	23.8	5,050	23.7	5,237	21.7	4,538	20.6
5–9	3,906	18.3	3,741	17.4	3,825	18.0	4,373	18.2	3,994	18.2
10–19	4,644	21.7	4,298	20.0	4,324	20.3	4,774	19.8	4,076	18.5
≥20	3,604	16.9	3,293	15.3	3,442	16.2	3,935	16.3	3,315	15.1
Subtotal	21,355	100.0	21,513	100.0	21,272	100.0	24,093	100.0	21,982	100.0
Estimated number of clients with HIV per year^a										
None per year	600	3.1	1,240	6.2	1,617	8.0	2,603	11.1	2,883	13.3
1–9 per year	4,772	24.4	4,573	22.8	4,400	21.7	4,650	19.8	4,484	20.7
10–19 per year	2,337	12.0	2,172	10.8	2,363	11.7	2,289	9.8	2,040	9.4
20–49 per year	3,306	16.9	3,326	16.6	3,142	15.5	3,603	15.4	3,307	15.2
≥50 per year	8,530	43.6	8,753	43.6	8,724	43.1	10,323	44.0	8,983	41.4
Subtotal	19,545	100.0	20,064	100.0	20,246	100.0	23,468	100.0	21,697	100.0
Percentage of clients with HIV who are racial/ethnic minorities^a										
None per year	1,318	6.2	1,635	7.7	1,599	7.8	1,469	6.5	2,492	11.5
1–24% per year	4,991	23.4	4,578	21.4	4,778	23.3	4,953	21.8	4,531	20.9
25–49% per year	3,750	17.6	3,651	17.1	3,418	16.7	3,956	17.4	3,517	16.2
50–74% per year	5,357	25.1	5,580	26.1	5,144	25.1	5,984	26.4	5,349	24.6
≥75% per year	5,894	27.7	5,920	27.7	5,557	27.1	6,316	27.9	5,821	26.8
Subtotal	21,310	100.0	21,364	100.0	20,496	100.0	22,678	100.0	21,710	100.0
Percentage of clients with HIV who are receiving ART^a										
None per year	1,165	5.5	1,550	7.3	1,924	9.5	1,605	7.1	2,706	12.5
1–24% per year	3,330	15.8	3,024	14.3	3,272	16.0	3,406	15.1	3,277	15.1
25–49% per year	1,520	7.2	1,432	6.8	1,408	6.9	1,706	7.6	1,664	7.7
50–74 per year	2,992	14.2	2,834	13.4	2,637	13.0	2,841	12.6	2,616	12.1
≥75% per year	12,080	57.3	12,359	58.3	11,111	54.6	12,957	57.5	11,416	52.7
Subtotal	21,087	100.0	21,199	100.0	20,352	100.0	22,515	100.0	21,679	100.0
Percentage of clients with HIV who have hepatitis B or C co-infection^a										
None per year	2,762	13.2	3,178	15.1	3,223	15.9	3,301	14.8	4,597	21.2
1–24% per year	10,856	51.9	10,607	50.4	10,683	52.8	12,333	55.4	11,219	51.8
25–49% per year	4,817	23.0	4,940	23.5	4,281	21.2	4,663	20.9	4,092	18.9
50–74% per year	1,809	8.6	1,776	8.4	1,435	7.1	1,502	6.7	1,309	6.0
≥75% per year	673	3.2	528	2.5	630	3.1	476	2.1	440	2.0
Subtotal	20,917	100.0	21,029	100.0	20,252	100.0	22,275	100.0	21,657	100.0

Note: Percentages are rounded and may not sum to 100.0% as displayed.

^a Question asked only of program participants who provided direct services to people with HIV.

Table 7. RWHAP AIDS Education and Training Center (AETC) Program participants by race/ethnicity and service delivery to people with HIV, July 2021–June 2022—United States and 3 territories

	American Indian/ Alaska Native		Asian		Black/ African American		Hispanic/Latino ^a		Native Hawaiian/ Pacific Islander		White		Multiple races	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of years providing direct services to people with HIV^b														
≤1	33	22.4	396	33.1	1,421	27.0	1,186	29.3	21	36.2	2,498	26.6	247	30.0
2–4	28	19.0	284	23.8	1,020	19.4	898	22.2	9	15.5	1,896	20.2	183	22.2
5–9	26	17.7	215	18.0	961	18.3	750	18.5	14	24.1	1,695	18.1	140	17.0
10–19	35	23.8	180	15.1	1,133	21.5	694	17.1	5	8.6	1,700	18.1	144	17.5
≥20	25	17.0	120	10.0	725	13.8	523	12.9	9	15.5	1,601	17.1	110	13.3
Subtotal	147	100.0	1,195	100.0	5,260	100.0	4,051	100.0	58	100.0	9,390	100.0	824	100.0
Percentage of clients with HIV who are racial/ethnic minorities^b														
None per year	17	11.8	118	10.2	555	10.6	392	9.8	9	16.4	1,207	13.1	72	8.8
1–24% per year	33	22.9	323	27.8	832	15.9	722	18.1	10	18.2	2,274	24.6	141	17.3
25–49% per year	19	13.2	206	17.7	665	12.7	575	14.4	10	18.2	1,780	19.3	110	13.5
50–74% per year	30	20.8	249	21.4	1,350	25.8	979	24.5	5	9.1	2,236	24.2	221	27.1
≥75% per year	45	31.3	265	22.8	1,839	35.1	1,325	33.2	21	38.2	1,740	18.8	273	33.4
Subtotal	144	100.0	1,161	100.0	5,241	100.0	3,993	100.0	55	100.0	9,237	100.0	817	100.0

Note: Percentages are rounded and may not sum to 100.0% as displayed.

^a Hispanics/Latinos can be of any race.

^b Question asked only of program participants who provided direct services to people with HIV.

Table 8. RWHAP AIDS Education and Training Center (AETC) Program participants by year and employment setting, July 2017–June 2022—United States and 3 territories

	July 2017– June 2018		July 2018– June 2019		July 2019– June 2020		July 2020– June 2021		July 2021– June 2022	
	N	%	N	%	N	%	N	%	N	%
Employment setting										
Academic health center	7,341	14.9	8,425	16.8	6,813	14.1	6,375	11.3	6,600	12.6
Correctional facility	2,194	4.5	1,761	3.5	1,307	2.7	1,063	1.9	934	1.8
Emergency department	1,290	2.6	1,044	2.1	538	1.1	338	0.6	444	0.8
Family planning clinic	1,607	3.3	1,436	2.9	362	0.7	396	0.7	454	0.9
Federally Qualified Health Center	6,615	13.4	6,730	13.4	5,137	10.6	6,078	10.8	6,090	11.6
HIV or infectious diseases clinic	7,576	15.4	8,222	16.4	5,385	11.1	6,977	12.4	6,719	12.8
HMO/managed care organization	772	1.6	803	1.6	663	1.4	587	1.0	658	1.3
Hospital-based clinic	4,705	9.6	4,529	9.0	2,758	5.7	2,823	5.0	2,897	5.5
Indian health services/tribal clinic	762	1.5	611	1.2	291	0.6	268	0.5	359	0.7
Long-term nursing facility	463	0.9	439	0.9	246	0.5	261	0.5	203	0.4
Maternal/child health clinic	964	2.0	907	1.8	166	0.3	198	0.4	230	0.4
Mental health clinic	1,829	3.7	1,912	3.8	835	1.7	922	1.6	837	1.6
Military or veteran's health facility	433	0.9	412	0.8	333	0.7	262	0.5	212	0.4
Not working	2,746	5.6	3,144	6.3	3,556	7.3	3,638	6.4	3,073	6.5
Pharmacy	2,759	5.6	2,693	5.4	1,679	3.5	1,636	2.9	1,216	2.3
Private practice	2,166	4.4	1,897	3.8	1,383	2.9	1,660	2.9	929	1.8
State or local health department	5,570	11.3	5,632	11.2	5,029	10.4	6,146	10.9	6,460	12.3
STD clinic	3,112	6.3	3,426	6.8	848	1.8	1,138	2.0	1,101	2.1
Student health clinic	941	1.9	1,095	2.2	683	1.4	756	1.3	706	1.3
Substance abuse treatment center	1,958	4.0	1,958	3.9	876	1.8	1,085	1.9	1,117	2.1
Other community-based organization	6,145	12.5	6,547	13.0	5,772	11.9	7,140	12.7	6,516	12.4
Other federal health facility	554	1.1	515	1.0	355	0.7	428	0.8	478	0.9
Other primary care setting	3,389	6.9	3,411	6.8	1,972	4.1	1,864	3.3	1,705	3.2
Employment setting does not involve the provision of care or services to patients/clients	—	—	—	—	2,150	4.4	4,390	7.8	3,438	5.8
Subtotal	49,232	100.0	50,175	100.0	48,442	100.0	56,429	100.0	52,557	100.0
Rural and suburban/urban employment settings										
Rural settings only	4,787	10.9	4,015	9.0	3,041	7.2	4,471	9.0	4,577	9.5
Both rural and suburban/urban settings ^a	1,242	2.8	1,101	2.5	604	1.4	636	1.3	625	1.3
Suburban/urban settings only	38,061	86.3	39,350	88.5	38,470	91.3	44,358	89.7	43,020	89.2
Subtotal	44,090	100.0	44,466	100.0	42,115	100.0	49,465	100.0	48,222	100.0
RWHAP-funded employment setting										
Yes	20,973	42.2	23,211	43.3	18,914	43.7	22,106	41.4	20,101	39.1
No	16,476	33.1	15,192	28.4	12,412	28.7	18,800	35.2	17,091	33.3
Don't know/not sure	12,257	24.7	15,173	28.3	11,990	27.7	12,445	23.3	14,156	27.6
Subtotal	49,706	100.0	53,576	100.0	43,316	100.0	53,351	100.0	51,348	100.0
EHE jurisdiction employment setting^b										
Yes	—	—	—	—	22,014	51.3	26,676	52.8	25,014	50.7
No	—	—	—	—	20,928	48.7	23,876	47.2	24,343	49.3
Subtotal	—	—	—	—	42,942	100.0	50,552	100.0	49,357	100.0

Note: Participants reporting for July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020 selected all employment settings that apply. Data for these years are not mutually exclusive; numbers may not sum to the subtotal, and percentages may not sum to 100.0%. Participants reporting for July 2020–June 2021 and July 2021–June 2022 selected one employment setting per training event attended. Numbers for these years sum to the subtotal and percentages sum to 100.0%.

^a Participants who reported more than one employment setting and reported both rural and suburban/urban settings.

^b The Ending the HIV Epidemic in the U.S. (EHE) initiative aims to reduce new HIV infections to less than 3,000 per year by 2030. Any portion of a participant's employment ZIP code within an EHE jurisdiction is considered within an EHE jurisdiction.