

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

Annual Data Report

2020

Reporting Periods: September 2015–June 2020



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Data are presented for training events and event participants reported by RWHAP AETC Program grant recipients from September 2015 through June 2020.

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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

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); now called the Ryan White HIV/AIDS Program [RWHAP]), the AIDS Education and Training Center (AETC) Program is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA) and consists of the following components:

1. The RWHAP Regional AETCs train health care providers to counsel, diagnose, treat, and medically manage people with HIV and to help prevent HIV transmission.
2. The RWHAP AETC National Coordinating Resource Center (NCRC), a national AETC, serves as the coordinator and disseminator of the work of the eight Regional AETC Programs. The NCRC supports the National HIV Curriculum (NHC) development, dissemination, and optimal utilization of the 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. The RWHAP AETC National Clinician Consultation Center provides timely and appropriate responses to clinical questions related to HIV infection and other infectious diseases and comorbidities.

The RWHAP Regional AETC Programs' work aims to (1) increase the size and strengthen the skills of the current 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.

Furthermore, the RWHAP AETC Program provides funding for training and capacity building among racial and ethnic minority providers and minority-serving health professionals and for capacity building to address the disproportionate impact of HIV on racial and ethnic minority populations through the Minority AIDS Initiative.¹

The primary audiences for trainings conducted by the RWHAP 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 who are at high risk for HIV. Trainings also are intended for traditional prescribers (e.g., physicians, physician assistants, nurse practitioners) and other health professionals (e.g., dentists, psychiatrists, pharmacists).

To strengthen the HIV workforce, the RWHAP 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 RWHAP Regional AETCs train across many practice settings, from health centers and mental health clinics to community-based organizations and providers in private practice. Training events within the RWHAP Regional AETC programs 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.

The data in this report summarize the activities and work of the RWHAP Regional AETC Programs from September 2015 through June 2020. In September 2015, the number of RWHAP Regional AETCs was reduced from 11 to eight. At that time, priorities shifted within the RWHAP AETC Program to increase emphasis on improving systems of care to drive health outcomes through practice transformation and interprofessional education. RWHAP AETC Program recipients submit data to HRSA HAB that correspond to a specific data collection period each year, which can change from year to year. Specifically, the September 2015–June 2016 reporting period differs from other reporting periods.

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 2019–June 2020. Overall, the data are presented for five reporting periods: September 2015–June 2016, July 2016–June 2017, July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020.

Changes to Event Record and Participant Information Form Data

During the July 2016–June 2017 reporting period, a new Event Record (ER) data collection form was implemented, which resulted in the concurrent use of old and new forms during the transition. Because the event categories differed across the two forms, categories from the new form were cross-walked to the most appropriate corresponding category in the earlier ER form for the July 2016–June 2017 event data presented in this report (**Table 2a**).

During the July 2019–June 2020 reporting period, the *Ending the HIV Epidemic in the U.S. (EHE)* initiative [1] began and included funding for expanding workforce capacity through the RWHAP Regional AETCs. A new funding source was added to the ER to reflect the use of EHE funds for training. Training content and topics related to EHE appear throughout other training content/topics variables. Additionally, during this reporting period, the coronavirus disease 2019 (COVID-19) pandemic emerged and HAB funded RWHAP Regional AETCs through the fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide 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 2b**).

Similar to the ER form changes during the July 2016–June 2017 reporting period, Participant Information Form (PIF) changes also were implemented in the reporting period; however, the new participant data categories could not be cross-walked to the previous variables. Therefore, participant data are not available for the July 2016–June 2017 reporting period. Tables displaying participant data over a 5-year period do not show data for July 2016–June 2017 (**Tables 1, 3, 6, and 8**).

Multiyear Report Table Changes

Tables displaying 5 years of data have been modified to accommodate the changes in the ER and PIF.

Table 2: Training events, by year and training topic, other support, collaborating organization, and training modality: Data have been separated into an “a” and “b” table according to the categories in each form. **Table 2a** displays data for two reporting periods: September 2015–June 2016 and July 2016–June 2017 (cross-walked data in the latest year). **Table 2b** displays data for three reporting periods: July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020.

Data for the July 2019–June 2020 reporting period include a new 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 now include a new item: *Undetectable=Untransmittable (U=U)/treatment as prevention*.

Table 3: Program participants, by year and selected characteristics: Categories are combined where the definitions between forms match one another exactly over the 5-year period displayed. Dashes denote that a category did not apply for that period. The gender categories have been updated to include male (i.e., cisgender [non-transgender] 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 identity is female), and other gender identity (i.e., a person whose gender identity does not fit within the binary division of male/female 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: The gender and profession/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. Because of form changes, PIF data are not available for the July 2016–June 2017 reporting period. Data for the July 2019–June 2020 reporting period include a new antiretroviral therapy (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. Geographic work setting(s) changed with the updated PIF. Data presented for the September 2015–June 2016 reporting period uses participant-identified rural/urban classification of primary work settings. Beginning with the July 2017–June 2018 reporting period, participants reported up to five ZIP codes for their work setting(s). Data presented for this and subsequent reporting periods use rural/urban classifications of ZIP codes reported by participants, according to the HRSA Federal Office of Rural Health Policy’s rural-urban commuting area (RUCA) [2] designation and identify participants who work only in rural settings, in both rural and suburban/urban settings, or only in suburban/urban settings. Data for the July 2019–June 2020 reporting period include a new employment setting category: *Employment setting does not involve the provision of care or services to patients/clients*.

HIGHLIGHTS OF ANALYSES

Unless otherwise specified, the highlights presented are the **averages** across the 5-year period from September 2015 through June 2020. Readers are encouraged to review all table titles and footnotes carefully to ensure a complete understanding of the displayed data.

Training Events

From September 2015 through June 2020, RWHAP Regional AETCs conducted a total of 45,826 training events, averaging 9,165 training events per year and reaching an average of 54,713 unique participants each year (range: 50,645–56,862; **Table 1**). As noted previously, participant data are not available for July 2016 through June 2017 because of changes in reporting.

Training Topics, Content, and Modalities

Most Frequent Training Event Topics

The topics most frequently presented in RWHAP AETC training events from September 2015 through June 2016 were ART treatment (presented in an average of 49% of training events during those years) and medication adherence (36% of events) (**Table 2a**). Other frequently presented topics included comorbidities (31% of events), HIV routine laboratory tests (27%), and basic science/epidemiology (26%). These training topics are not mutually exclusive; RWHAP AETC training events typically include more than one topic. Because of the modifications made to the data collection tools—the Participant Information Forms (PIFs) and Event Record (ER)—during the July 2016–June 2017 reporting period, the proportions in the training frequencies during that period shifted (see **Table 2a**).

The topics most frequently presented in RWHAP AETC training events from July 2017 through June 2020 were pre-exposure prophylaxis (PrEP; presented in 29% of training events); antiretroviral treatment adherence, including viral load suppression (27%); adult and adolescent ART treatment (26%); and HIV diagnosis—that is, HIV testing (26%) (**Table 2b**). Other frequently presented topics included linkage to care (25%) and cultural competence (22%).

The training content most frequently covered by RWHAP AETC training events from July 2019 through June 2020 were HIV prevention (39%), antiretroviral treatment and adherence (32%), and management of comorbid conditions (31%). In response to the COVID-19 public health emergency that began in early 2020, COVID-19 was covered by 2% of RWHAP AETC training events during the reporting period (**Table 2b**).

Priority Populations

Training topics from September 2015 through June 2016 focused on many priority populations of people with HIV, including racial and ethnic minorities (30%); gay, lesbian, bisexual, and transgender populations (26%); and women (24%) (**Table 2a**). Training topics from July 2017 through June 2020 similarly focused on gay, lesbian, bisexual, or transgender populations (25%); young adults (20%); the Black/African American population (20%); and women (20%) (**Table 2b**).

Training Modalities

The training modalities or technologies used most frequently from September 2015 through June 2016 were lectures/workshops (45%), followed by chart and/or case reviews (33%), and telephone or conference calls (17%) (**Table 2a**). The training modalities or technologies used most frequently from July 2017 through June 2020 were coaching for organizational capacity building (28%), in-person interactive presentations (23%), and didactic presentations (20%) (**Table 2b**). In response to the COVID-19 public health emergency, the RWHAP Regional AETCs shifted to predominately virtual training modalities beginning in March 2020, as reflected in the decrease in the percentage of in-person training events and the increase in the percentage of distance-based training events from the July 2018–June 2019 to the July 2019–June 2020 reporting periods.

RWHAP AETC Program 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 vulnerable and underserved populations, RWHAP 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

During September 2015 through June 2020, on average, half (50%) of RWHAP AETC participants self-identified as White; however, this percentage has slowly decreased, from 53.1% in the September 2015 through June 2016 reporting year to 48.2% in the July 2019 through June 2020 reporting year. Meanwhile, the percentage of Black/African American participants increased slightly from 20.8% to 22.0%, and the percentage among Hispanic/Latino participants increased from 14.1% to 17.9%. Nearly three-quarters (74%) of RWHAP AETC participants were female, 25% were male, and less than 1% of participants were transgender (**Table 3**).

Profession

From September 2015 through June 2020, nurses accounted for 24% of RWHAP AETC participants, physicians accounted for 14%, and social workers accounted for 12%. In addition to profession, participants reported their primary functional roles within their organization. The most commonly reported roles were care provider/clinician (31%) and case manager (13%) (**Table 3**).

From July 2019 through June 2020, nurses (including Nurse Practitioner/Nurse Professional [prescriber and non-prescriber]) accounted for the highest percentages of participants among White (27%), Native Hawaiian/Pacific Islander (26%), and American Indian/Alaskan Native (22%) participants. Among Asian participants, the highest percentage of participants were physicians (33%). Among Black/African American and Hispanic/Latino participants, the most commonly reported profession was social worker/case manager (20% and 17%, respectively) (**Table 4**).

Gender

From July 2019 through June 2020, the highest percentages of profession by gender were as follows: Among males, 24% were physicians; among females, 26% were nurses (including Nurse Practitioner/ Nurse Professional [prescriber and non-prescriber]); among transgender males, 27% were community health workers and 26% were social workers/case managers; among transgender females, 42% were community health workers; and among participants who reported another gender identity, 27% were social workers/case managers (**Table 5**).

Service Delivery of RWHAP AETC Program Participants

RWHAP Regional AETC programs train and support clinicians and health care professionals who provide direct care and services to patients. During the period September 2015 through June 2020, the majority of participants (74%) provided direct clinical services. During the period July 2017 through June 2020, more than half the participants (55%) provided HIV prevention counseling and testing services, and 20% prescribed PrEP (**Table 6**).

Service Delivery to People with HIV

Among RWHAP AETC participants who provide direct clinical services, an average of 65% of participants provided direct services to people with HIV during the period September 2015 through June 2020 (**Table 6**).

Slightly more than half of RWHAP AETC participants from September 2015 through June 2020 served patient populations of people with HIV composed of at least 50% racial/ethnic minorities (**Table 6**).

During the July 2019–June 2020 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, approximately 24% of participants across all races and ethnicities reported 1 year or less than 1 year of experience serving people with HIV. Approximately 38% of White and Black/African American participants each reported 10 or more years of service to people with HIV, compared with a range of 28% to 37% among participants of other races and ethnicities (**Table 7**).

Employment Setting of RWHAP AETC Participants

The employment setting most frequently reported by RWHAP AETC participants from July 2019 through June 2020 was academic health center (14%), followed by other community-based organization (12%), HIV or infectious diseases clinic (11%), Federally Qualified Health Center (11%), and state or local health department (10%) (**Table 8**).

From September 2015 through June 2020, the majority (86%) of the RWHAP AETC participants' employment setting was in a suburban/urban area and nearly half (46%) of participants worked in an RWHAP-funded employment setting (**Table 8**).

TECHNICAL NOTES

Each year, RWHAP AETC Program grant recipients report data to HRSA HAB about the sponsored training events and the participants who attended those events in the United States, Guam, Puerto Rico, and the U.S. Virgin Islands.

Information collected on training events includes 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 PIFs collected from participants.

Information collected on participants includes demographic information (e.g., profession, functional role, race/ethnicity, and 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 is a faith-based organization [for data through June 2016 only]; if the setting receives RWHAP funding). Patient care information also is collected from participants (e.g., if 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 to whom they provide services that meet certain characteristics—for example, those who are racial/ethnic minorities or are receiving ART).

Data are submitted to HRSA HAB each year and contain information on all activities that occurred during a specific time frame. During the July 2016–June 2017 data collection period, HRSA HAB implemented new PIF and ER data forms. The switch between tools resulted in the concurrent use of both forms during the transition period, as well as inconsistencies in participant data collection. Therefore, reliable participant information for that reporting period is not available.

REFERENCES

1. HIV.gov. About Ending the HIV Epidemic in the U.S.: Overview. Available at <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>.
2. USDA.gov. Rural-Urban Commuting Area Codes. Available at <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/documentation/>.

Table 1. RWHAP AIDS Education and Training Center (AETC) Program training events and participants by year, September 2015–June 2020—United States and 3 territories

Year	Events (N)	Participants (N) ^a
September 2015–June 2016	7,274	50,645
July 2016–June 2017	9,892	—
July 2017–June 2018	10,506	55,219
July 2018–June 2019	9,784	56,124
July 2019–June 2020	8,370	56,862

^a Participant data unavailable for July 2016–June 2017.

Table 2a. RWHAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, September 2015–June 2017—United States and 3 territories

Training topic	September 2015–June 2016		July 2016–June 2017 ^a	
	N	% of training events	N	% of training events
Most frequently presented training topics				
Antiretroviral treatment adherence	3,577	49.3	3,226	35.3
Basic science/epidemiology	1,905	26.3	2,493	27.3
Clinical manifestations of HIV disease	1,845	25.4	2,132	23.3
Co-morbidities	2,279	31.4	2,894	31.7
Hepatitis A, B, C	1,553	21.4	2,076	22.7
HIV routine lab test	1,935	26.7	2,215	24.2
Medication adherence	2,596	35.8	697	7.6
Non-ART treatment	1,322	18.2	338	3.7
Nutrition	394	5.4	417	4.6
Opportunistic infections	1,545	21.3	1,493	16.3
Oral health	380	5.2	485	5.3
Pediatric HIV management/perinatal transmission	623	8.6	763	8.3
Pre/post-exposure prophylaxis (occupational and non-occupational)	1,881	25.9	3,032	33.2
Reproductive health	699	9.6	675	7.4
Resistance/genotype–phenotype interpretation	1,403	19.4	406	4.4
Routine primary care screenings	1,703	23.5	494	5.4
Health care organization and delivery issues				
Agency needs assessment	731	10.1	750	8.2
Community linkages	1,719	23.7	2,383	26.1
Cultural competence	1,195	16.5	2,108	23.1
Education development/delivery	1,254	17.3	465	5.1
Grant issues	321	4.4	101	1.1
Health literacy	602	8.3	1,205	13.2
Health organization and finances	365	5.0	141	1.5
Healthcare development/clinical service coordination	1,281	17.7	462	5.1
HIPAA/confidentiality	624	8.6	892	9.8
Quality improvement	1,139	15.7	1,710	18.7
Resource allocation	617	8.5	678	7.4
Risk assessment	1,947	26.9	2,349	25.7
Risk reduction/harm reduction	2,054	28.3	1,729	18.9
Routine HIV testing	1,849	25.5	1,633	17.9
Technology	452	6.2	656	7.2
Psychosocial issues				
Mental health	1,486	20.5	1,480	16.2
Substance abuse	1,528	21.1	1,337	14.6
Priority populations				
Children (Ages 0–12 years)	353	4.9	416	4.6
Adolescent (Ages 13–24 years)	1,122	15.5	2,126	23.3
People over 50 years of age	1,330	18.3	1,934	21.2
Gay, lesbian, bisexual, transgender, or other gender identity	1,865	25.7	2,507	27.4
Homeless or unstably housed	1,051	14.5	1,244	13.6
Immigrant/border populations	809	11.2	796	8.7
Incarcerated individuals	683	9.4	727	8.0
Other populations	210	2.9	337	3.7
Racial/ethnic minorities	2,204	30.4	2,741	30.0
Rural populations	1,249	17.2	1,340	14.7
Women	1,730	23.9	2,133	23.3
Number of events	7,250	—	9,141	—

Table 2a. RWHAP AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, September 2015–June 2017—United States and 3 territories (cont.)

	September 2015–June 2016		July 2016–June 2017 ^a	
	N	% of training events	N	% of training events
Other support				
Most frequent additional funding sources				
American Indian/Alaska Native Initiative	107	1.5	11	0.2
Border Health Initiative	28	0.4	9	0.2
Minority AIDS Initiative (MAI)	2,043	29.0	2,652	59.3
None of the above	4,870	69.1	1,798	40.2
Number of events	7,048	—	4,470	—
Collaborating organization				
None	4,111	58.2	1,549	32.7
Other AETCs				
Delta	3	<0.1	0	0.0
Florida/Caribbean	5	0.1	4	0.1
Midwest	18	0.3	4	0.1
Mountain Plains	3	<0.1	2	<0.1
New England	17	0.2	17	0.4
New York/New Jersey	7	0.1	4	0.1
Northwest	5	0.1	0	0.0
Pacific	11	0.2	1	<0.1
Pennsylvania/Mid-Atlantic	6	0.1	2	<0.1
Southeast	11	0.2	2	<0.1
Texas/Oklahoma	54	0.8	5	0.1
National Clinician Consultation Center (NCCC)	0	0.0	0	0.0
National Multi-Cultural Center (NMCC)	0	0.0	0	0.0
National Resource Center (NRC)	6	0.1	2	<0.1
National Evaluation Center (NEC)	1	<0.1	1	<0.1
Capacity Building Assistance for Community Health Centers	5	0.1	0	0.0
Other training centers				
Addiction Technology Transfer Center (ATTC)	62	0.9	123	2.6
Area Health Education Center (AHEC)	16	0.2	12	0.3
Prevention Training Center (PTC)	29	0.4	40	0.8
Regional Training Center (RTC)	18	0.3	64	1.4
Tuberculosis Training Center	7	0.1	1	<0.1
	6	0.1	11	0.2
Other agencies				
Agencies funded by Ryan White HIV/AIDS Program	2,822	40.0	3,097	65.5
AIDS community-based organizations	1,323	18.7	1,434	30.3
College/university/health professions school	470	6.7	486	10.3
Community health center	798	11.3	843	17.8
Corrections	838	11.9	995	21.0
Faith-based organization	113	1.6	95	2.0
Historically Black College or University/Hispanic-serving institution/tribal college or university	42	0.6	28	0.6
Hospital/hospital-based clinic	203	2.9	179	3.8
Hospital/hospital-based clinic	748	10.6	775	16.4
Tribal health organizations	123	1.7	141	3.0
Number of events (all collaborating organizations)	7,059	—	4,730	—
Training modality				
Training modalities or technologies applied in the event				
Chart/case review	2,166	32.8	553	19.8
Clinical preceptorship/mini-residency	1,051	15.9	353	12.7
Computer-based	1,044	15.8	500	17.9
Conference call/telephone	1,093	16.6	439	15.7
Lecture/workshop	2,936	44.5	866	31.0
Role play/simulation	470	7.1	665	23.8
Self-study	150	2.3	100	3.6
Telemedicine	146	2.2	41	1.5
Webcast/webinar	318	4.8	129	4.6
Number of events	6,594	—	2,790	—

Abbreviations: ART, antiretroviral therapy; HIPAA, Health Insurance Portability and Accountability Act.

Note: Training topic, other support, collaborating organization, and training modality categories are not mutually exclusive. Subtotals for each represent the number of unique events and serve as the denominators for percentage calculations.

^a During the July 2016–June 2017 data collection period, a new Event Record data form was implemented. The switch between tools resulted in the concurrent use of old and new forms during the transition period. Due to differences between forms, events for this period have been crosswalked to the earlier form for this table.

Table 2b. 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 2020—United States and 3 territories

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	% of training events	N	% of training events	N	% of training events
Training content						
Antiretroviral treatment and adherence	—	—	—	—	2,661	31.8
Engagement and retention in HIV care	—	—	—	—	2,410	28.8
HIV prevention	—	—	—	—	3,224	38.6
HIV testing and diagnosis	—	—	—	—	2,013	24.1
Linkage/referral to HIV care	—	—	—	—	1,917	22.9
Management of co-morbid conditions	—	—	—	—	2,573	30.8
Coronavirus disease 2019	—	—	—	—	188	2.2
Other	—	—	—	—	1,996	23.9
Training topic						
HIV prevention						
Behavioral prevention	1,938	18.5	1,932	19.8	1,281	15.3
Harm reduction/safe injection	1,260	12.0	1,153	11.8	687	8.2
HIV transmission risk assessment	2,443	23.3	2,190	22.4	1,353	16.2
Postexposure prophylaxis (PEP, occupational and nonoccupational)	1,545	14.7	1,501	15.4	1,093	13.1
Pre-exposure prophylaxis (PrEP)	2,979	28.4	2,761	28.3	2,525	30.2
Prevention of perinatal or mother-to-child transmission	812	7.7	675	6.9	492	5.9
Other biomedical prevention	516	4.9	384	3.9	345	4.1
U=U/Treatment as prevention	—	—	—	—	1,009	12.1
HIV background and management						
Acute HIV	1,416	13.5	1,174	12.0	739	8.8
Adult and adolescent antiretroviral treatment	2,837	27.1	2,890	29.6	1,804	21.6
Aging and HIV	1,055	10.1	948	9.7	546	6.5
Antiretroviral treatment adherence, including viral load suppression	3,078	29.4	2,889	29.6	1,895	22.7
Basic science	2,068	19.7	1,811	18.6	897	10.7
Clinical manifestations of HIV disease	1,986	18.9	1,893	19.4	1,112	13.3
HIV diagnosis (i.e., HIV testing)	2,945	28.1	2,715	27.8	1,812	21.7
HIV epidemiology	1,927	18.4	1,698	17.4	1,048	12.5
HIV monitoring and laboratory tests (i.e., CD4 and viral load)	2,475	23.6	2,252	23.1	1,535	18.4
HIV resistance testing and interpretation	1,572	15.0	1,395	14.3	882	10.5
Linkage to care	2,819	26.9	2,570	26.3	1,788	21.4
Pediatric HIV management	277	2.6	194	2.0	156	1.9
Retention and/or re-engagement in care	2,204	21.0	1,944	19.9	1,565	18.7
Other HIV background and management	—	—	—	—	196	2.3
Primary care and co-morbidities						
Cervical cancer screening, including HPV	370	3.5	299	3.1	174	2.1
Hepatitis B	858	8.2	759	7.8	537	6.4
Hepatitis C	1,914	18.3	1,718	17.6	1,091	13.0
Immunization	666	6.4	708	7.3	392	4.7
Influenza	265	2.5	269	2.8	198	2.4
Malignancies	448	4.3	357	3.7	178	2.1
Medication-assisted therapy for substance use disorders	459	4.4	518	5.3	404	4.8
Mental health disorders	1,352	12.9	1,241	12.7	856	10.2
Non-infection comorbidities of HIV or viral hepatitis	1,298	12.4	1,101	11.3	636	7.6
Nutrition	441	4.2	307	3.1	181	2.2
Opioid use disorder	—	—	—	—	428	5.1
Opportunistic infections	1,434	13.7	1,207	12.4	714	8.5
Oral health	444	4.2	327	3.4	281	3.4
Osteoporosis	208	2.0	195	2.0	130	1.6
Pain management	244	2.3	309	3.2	187	2.2
Palliative care	97	0.9	99	1.0	90	1.1
Primary care screenings	1,579	15.1	1,364	14.0	816	9.8
Reproductive health, including preconception planning	757	7.2	591	6.1	417	5.0
Sexually transmitted infections	2,134	20.4	2,113	21.6	1,439	17.2
Substance use disorders	1,508	14.4	1,488	15.2	—	—
Substance use disorders, not including opioid use	—	—	—	—	956	11.4
Tobacco cessation	470	4.5	331	3.4	170	2.0
Tuberculosis	322	3.1	259	2.7	183	2.2
Other	—	—	—	—	573	6.9
Issues related to care of people with HIV						
Cultural competence	2,790	26.6	2,091	21.4	1,526	18.2
Health literacy	1,742	16.6	1,308	13.4	676	8.1
Low English proficiency	391	3.7	276	2.8	301	3.6
Motivational interviewing	1,328	12.7	923	9.5	684	8.2
Stigma or discrimination	2,360	22.5	2,210	22.6	1,615	19.3
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	—	—

Table 2b. RWHPA AIDS Education and Training Center (AETC) Program training events by year and training topic, other support, collaborating organization, and training modality, July 2017–June 2020—United States and 3 territories (cont.)

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	% of training events	N	% of training events	N	% of training events
Health care organization or systems issues						
Billing for services and payment models	724	6.9	417	4.3	330	3.9
Case management	1,453	13.9	1,236	12.7	982	11.7
Community linkages	2,199	21.0	1,758	18.0	1,215	14.5
Confidentiality/HIPAA	871	8.3	632	6.5	415	5.0
Coordination of care	2,338	22.3	1,930	19.8	1,640	19.6
Funding or resource allocation	689	6.6	441	4.5	345	4.1
Health insurance coverage	862	8.2	696	7.1	461	5.5
Legal issues	466	4.4	378	3.9	273	3.3
Organizational infrastructure	1,629	15.5	652	6.7	866	10.4
Organizational needs assessment	1,246	11.9	448	4.6	504	6.0
Patient-centered medical home	677	6.5	323	3.3	202	2.4
Practice transformation	1,510	14.4	767	7.9	813	9.7
Quality improvement	2,244	21.4	1,278	13.1	1,098	13.1
Team-based care	1,288	12.3	1,051	10.8	671	8.0
Telehealth	—	—	—	—	271	3.2
Use of technology for patient care	748	7.1	486	5.0	435	5.2
Priority populations						
Children (Ages 0–12)	406	3.9	337	3.5	272	3.3
Adolescents (Ages 13–17)	1,082	10.3	917	9.4	741	8.9
Young adults (Ages 18–24)	2,159	20.6	1,923	19.7	1,670	20.0
Older adults (Ages 50 and over)	1,958	18.7	1,793	18.4	1,381	16.5
American Indian or Alaska Native	525	5.0	465	4.8	322	3.9
Asian	353	3.4	301	3.1	323	3.9
Black or African American	2,109	20.1	2,005	20.5	1,676	20.0
Hispanic or Latino	1,527	14.6	1,447	14.8	1,245	14.9
Native Hawaiian or Pacific Islander	280	2.7	242	2.5	221	2.6
Other race/ethnicity	451	4.3	255	2.6	106	1.3
Women	2,036	19.4	1,961	20.1	1,586	19.0
Gay, lesbian, bisexual, transgender, or other gender identity	2,654	25.3	2,422	24.8	2,000	23.9
Homeless or unstably housed	1,297	12.4	1,160	11.9	1,242	14.9
Immigrants	867	8.3	631	6.5	666	8.0
Incarcerated or recently released	779	7.4	749	7.7	736	8.8
Other specific populations	272	2.6	233	2.4	177	2.1
Rural populations	1,122	10.7	1,216	12.5	1,076	12.9
U.S.–Mexico border population	395	3.8	325	3.3	207	2.5
Number of events	10,482	—	9,761	—	8,362	—
Other support						
Funding sources used						
Centers for Disease Control and Prevention	345	3.3	280	2.9	209	2.5
Core Training and Technical Assistance	6,321	60.3	6,045	61.8	4,992	59.6
Interprofessional Education	590	5.6	494	5.1	274	3.3
Minority AIDS Initiative (MAI)	3,421	32.6	3,264	33.4	4,112	49.1
Practice Transformation	1,857	17.7	965	9.9	1,064	12.7
AETC unspecified	—	—	—	—	513	6.1
Coronavirus Aid, Relief, and Economic Security (CARES) Act	—	—	—	—	165	2.0
Ending the HIV Epidemic in the U.S. (EHE) initiative	—	—	—	—	67	0.8
Total number of events	10,487	—	9,778	—	8,370	—
Collaborating organization						
Other AETC collaborators						
Frontier AETC	29	0.9	1	<0.1	—	—
MidAtlantic AETC	1	<0.1	13	0.4	0	0.0
Midwest AETC	17	0.5	33	1.0	6	0.2
Mountain West AETC	—	—	—	—	0	0.0
New England AETC	27	0.8	43	1.4	0	0.0
Northeast Caribbean AETC	12	0.4	3	0.1	16	0.6
Pacific AETC	14	0.4	16	0.5	2	0.1
South Central AETC	88	2.6	103	3.2	8	0.3
Southeast AETC	38	1.1	27	0.8	11	0.4
AETC National Clinicians' Consultation Center	11	0.3	6	0.2	11	0.4
AETC National Coordinating Resource Center	23	0.7	17	0.5	54	1.9
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 2b. 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 2020—United States and 3 territories (cont.)

	July 2017–June 2018		July 2018–June 2019		July 2019–June 2020	
	N	% of training events	N	% of training events	N	% of training events
Other federally funded training center collaborators	175	5.2	198	6.2	145	5.1
Addiction Technology Transfer Center (ATTC)	44	1.3	76	2.4	18	0.6
Area Health Education Center (AHEC)	39	1.2	49	4.5	29	1.0
Capacity Building Assistance (CBA) Provider	66	2.0	61	1.9	14	0.5
Family Planning National Training Center	0	0.0	1	<0.1	12	0.4
Mental Health Technology Transfer Centers (MHTTC)	—	—	—	—	3	0.1
Public Health Training Center (PHTC)	4	0.1	30	0.9	16	0.6
STD Clinical Prevention Training Center (PTC)	100	3.0	99	3.1	108	3.8
TB Regional Training and Medical Consultation Center	62	1.9	13	0.4	7	0.2
Viral Hepatitis Education and Training Project	1	<0.1	2	0.1	0	0.0
Other organization collaborators	3,137	93.6	2,942	92.4	2,718	96.5
AIDS services organization	408	12.2	358	11.2	421	15.0
Community health center, including Federally Qualified Health Center funded by HRSA	901	26.9	764	24.0	667	23.7
Correctional institution	94	2.8	62	1.9	79	2.8
Faith-based organization	30	0.9	38	1.2	25	0.9
Health professions school	651	19.4	870	27.3	743	26.4
Hispanic-serving institution	177	5.3	214	6.7	47	1.7
Historically Black College or University	73	2.2	134	4.2	171	6.1
Hospital or hospital-based clinic	685	20.4	602	18.9	707	25.1
Other	382	11.4	261	8.2	342	12.1
Other community-based organization	287	8.6	308	9.7	277	9.8
Ryan White HIV/AIDS Program–funded organization, including subrecipients	1,250	37.3	1,233	38.7	773	27.5
Tribal college or university	39	1.2	12	0.4	79	2.8
Tribal health organization	76	2.3	39	1.2	23	0.8
Number of events (all collaborative organizations)	3,351	—	3,185	—	2,816	—
Training modality						
Training modalities or technologies applied in the event						
Didactic presentations, in-person	1,271	12.2	1,324	13.6	1,012	12.1
Didactic presentations, distance-based (live)	241	2.3	282	2.9	561	6.7
Didactic presentations, distance-based (archived)	295	2.8	334	3.4	338	4.0
Interactive presentations, in-person	2,334	22.3	2,200	22.6	1,181	14.1
Interactive presentations, distance-based (live)	160	1.5	199	2.0	438	5.2
Communities of practice, in-person	713	6.8	1,065	10.9	658	7.9
Communities of practice, distance-based (live)	808	7.7	378	3.9	693	8.3
Self-study, distance-based (archived)	229	2.2	124	1.3	—	—
Clinical preceptorships, in-person	1,295	12.4	1,359	13.9	715	8.6
Clinical preceptorships, distance-based (live)	15	0.1	6	0.1	154	1.8
Clinical consultation, in-person	524	5.0	674	6.9	428	5.1
Clinical consultation, distance-based (live)	617	5.9	534	5.5	585	7.0
Coaching for organizational capacity building, in-person	1,982	19.0	1,548	15.9	1,122	13.4
Coaching for organizational capacity building, distance-based (live)	1,176	11.3	803	8.2	1,330	15.9
Number of events	10,448	—	9,754	—	8,349	—

Abbreviations: 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: Training topic, other support, collaborating organization, training modality categories are not mutually exclusive. Subtotals for each represent the number of unique events and serve as the denominators for percentage calculations.

Table 3. RWHP AIDS Education and Training Center (AETC) Program participants by year and selected characteristics, September 2015–June 2020—United States and 3 territories

	September 2015– June 2016		July 2016– June 2017		July 2017– June 2018		July 2018– June 2019		July 2019– June 2020	
	N	%	N	%	N	%	N	%	N	%
Race/ethnicity										
American Indian/Alaska Native	969	2.0	—	—	858	1.7	785	1.5	348	0.7
Asian	3,624	7.5	—	—	3,581	7.1	3,737	7.3	3,516	7.2
Black/African American	10,132	20.8	—	—	10,001	19.8	10,663	20.9	10,717	22.0
Hispanic/Latino ^a	6,848	14.1	—	—	8,663	17.1	8,818	17.3	8,726	17.9
Native Hawaiian/Pacific Islander	145	0.3	—	—	171	0.3	153	0.3	261	0.5
White	25,800	53.1	—	—	25,708	50.8	25,271	49.5	23,505	48.2
Multiple races	1,076	2.2	—	—	1,616	3.2	1,652	3.2	1,679	3.4
Subtotal	48,595	100.0	—	—	50,598	100.0	51,079	100.0	48,752	100.0
Gender										
Male	12,616	25.7	—	—	12,251	24.6	11,961	23.9	12,012	24.7
Female	36,172	73.8	—	—	37,299	74.8	37,655	75.4	35,923	73.7
Transgender	251	0.5	—	—	322	0.6	335	0.7	—	—
Transgender male	—	—	—	—	—	—	—	—	129	0.3
Transgender female	—	—	—	—	—	—	—	—	187	0.4
Other gender identity	—	—	—	—	—	—	—	—	476	1.0
Subtotal	49,039	100.0	—	—	49,872	100.0	49,951	100.0	48,727	100.0
Professional discipline										
Advanced practice nurse	3,112	6.2	—	—	—	—	—	—	—	—
Clergy/faith-based professional	103	0.2	—	—	105	0.2	127	0.2	100	0.2
Community health worker	1,672	3.3	—	—	2,896	5.5	3,420	6.4	3,287	6.4
Dentist	1,326	2.7	—	—	1,601	3.0	1,983	3.7	1,843	3.6
Dietitian/nutritionist	199	0.4	—	—	170	0.3	183	0.3	184	0.4
Health educator	1,967	3.9	—	—	—	—	—	—	—	—
Mental/behavioral health professional	1,448	2.9	—	—	1,809	3.4	1,912	3.6	1,869	3.7
Midwife	—	—	—	—	152	0.3	90	0.2	104	0.2
Nurse	10,874	21.8	—	—	—	—	—	—	—	—
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
Nurse professional (non-prescriber)	—	—	—	—	—	—	—	—	7,743	15.2
Other allied health professional	—	—	—	—	3,156	5.9	3,214	6.0	1,971	3.9
Other dental professional	1,475	3.0	—	—	1,481	2.8	1,171	2.2	1,180	2.3
Other non-clinical professional	6,543	13.1	—	—	4,295	8.1	4,383	8.2	4,327	8.5
Other public health professional	3,257	6.5	—	—	4,379	8.2	5,101	9.5	5,858	11.5
Pharmacist	3,616	7.2	—	—	3,290	6.2	3,279	6.1	3,112	6.1
Physician	7,682	15.4	—	—	7,861	14.8	7,416	13.9	6,779	13.3
Physician assistant	1,462	2.9	—	—	1,322	2.5	1,525	2.9	1,311	2.6
Practice administrator or leader	—	—	—	—	878	1.7	798	1.5	756	1.5
Social worker	4,459	8.9	—	—	6,514	12.3	7,107	13.3	7,011	13.7
Substance abuse professional	739	1.5	—	—	957	1.8	1,051	2.0	918	1.8
Subtotal	49,932	100.0	—	—	53,117	100.0	53,420	100.0	50,996	100.0
Role in their organization										
Administrator	4,212	8.5	—	—	4,537	8.7	4,366	8.2	4,599	9.9
Agency board member	96	0.2	—	—	85	0.2	105	0.2	76	0.2
Care provider/clinician	16,977	34.3	—	—	—	—	—	—	—	—
Care provider/clinician—can or does prescribe HIV treatment	—	—	—	—	6,349	12.1	6,082	11.4	4,977	10.7
Care provider/clinician—cannot or does not prescribe HIV treatment	—	—	—	—	10,185	19.4	9,802	18.4	7,650	16.4
Case manager	6,395	12.9	—	—	6,136	11.7	6,795	12.8	6,038	12.9
Client/patient educator	2,853	5.8	—	—	—	—	—	—	—	—
Client/patient educator (includes navigator)	—	—	—	—	2,154	4.1	2,567	4.8	2,248	4.8
Clinical/medical assistant	2,296	4.6	—	—	2,030	3.9	1,977	3.7	1,510	3.2
Health care organization non-clinical staff	—	—	—	—	1,150	2.2	1,339	2.5	1,303	2.8
HIV tester	—	—	—	—	1,466	2.8	1,836	3.4	1,491	3.2
Intern/resident	1,970	4.0	—	—	1,596	3.0	1,952	3.7	1,746	3.7
Other	7,423	15.0	—	—	8,921	17.0	8,423	15.8	6,986	15.0
Researcher/evaluator	1,218	2.5	—	—	1,099	2.1	1,370	2.6	1,530	3.3
Student/graduate student	4,488	9.1	—	—	5,559	10.6	7,122	13.4	5,617	12.0
Teacher/faculty	1,564	3.2	—	—	1,593	3.0	1,650	3.1	1,474	3.2
Subtotal	49,490	100.0	—	—	52,433	100.0	53,271	100.0	46,627	100.0

Notes: Participant data unavailable for July 2016–June 2017.

Participants reporting for September 2015–June 2016 selected only one profession/discipline and one primary functional role; percentages for these years are rounded and may not sum to 100.0% as displayed.

Participants reporting for July 2017–June 2018, July 2018–June 2019, and July 2019–June 2020 selected all professions/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%.

^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 2019–June 2020—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	0	0.0	2	0.1	48	0.5	11	0.1	1	0.4	31	0.1	3	0.2
Community health worker	44	13.1	60	1.8	1,179	11.4	789	9.5	18	6.9	743	3.3	171	10.6
Dentist	5	1.5	299	9.1	125	1.2	399	4.8	4	1.5	818	3.6	57	3.5
Dietitian/nutritionist	1	0.3	6	0.2	26	0.3	22	0.3	0	0.0	112	0.5	4	0.2
Mental/behavioral health professional	8	2.4	58	1.8	430	4.2	374	4.5	5	1.9	825	3.7	71	4.4
Midwife	0	0.0	2	0.1	9	0.1	3	0.0	1	0.4	84	0.4	3	0.2
Nurse practitioner/nurse professional (prescriber)	13	3.9	167	5.1	584	5.7	253	3.0	11	4.2	1,870	8.3	54	3.3
Nurse professional (non-prescriber)	59	17.6	331	10.1	1,256	12.2	866	10.4	56	21.6	4,127	18.3	189	11.7
Other allied health professional	14	4.2	78	2.4	352	3.4	532	6.4	10	3.9	631	2.8	50	3.1
Other dental professional	11	3.3	80	2.4	129	1.3	217	2.6	2	0.8	663	2.9	36	2.2
Other non-clinical professional	27	8.1	188	5.7	1,036	10.0	821	9.8	22	8.5	1,781	7.9	169	10.4
Other public health professional	51	15.2	247	7.5	1,650	16.0	956	11.5	45	17.4	2,232	9.9	234	14.5
Pharmacist	12	3.6	471	14.3	313	3.0	559	6.7	4	1.5	1,401	6.2	78	4.8
Physician	13	3.9	1,089	33.1	680	6.6	834	10.0	24	9.3	3,143	14.0	176	10.9
Physician assistant	16	4.8	92	2.8	85	0.8	123	1.5	7	2.7	852	3.8	36	2.2
Practice administrator or leader	11	3.3	13	0.4	165	1.6	110	1.3	10	3.9	360	1.6	30	1.9
Social worker/case manager	43	12.8	106	3.2	2,100	20.4	1,451	17.4	34	13.1	2,660	11.8	287	17.7
Substance abuse professional	10	3.0	13	0.4	282	2.7	140	1.7	6	2.3	401	1.8	30	1.9
Total	335	—	3,291	—	10,312	—	8,341	—	259	—	22,523	—	1,618	—

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 2019–June 2020—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	44	0.4	46	0.1	2	1.6	0	0.0	1	0.2
Community health worker	1,114	9.6	1,834	5.3	34	27.0	78	42.4	96	20.7
Dentist	835	7.2	912	2.6	0	0.0	1	0.5	2	0.4
Dietitian/nutritionist	8	0.1	169	0.5	0	0.0	0	0.0	0	0.0
Mental/behavioral health professional	354	3.1	1,415	4.1	6	4.8	1	0.5	28	6.0
Midwife	1	0.0	98	0.3	0	0.0	0	0.0	2	0.4
Nurse practitioner/nurse professional (prescriber)	331	2.9	2,643	7.6	3	2.4	2	1.1	20	4.3
Nurse professional (non-prescriber)	594	5.1	6,375	18.3	10	7.9	5	2.7	14	3.0
Other allied health professional	313	2.7	1,344	3.8	1	0.8	3	1.6	13	2.8
Other dental professional	105	0.9	1,044	3.0	0	0.0	0	0.0	2	0.4
Other non-clinical professional	1,059	9.1	2,966	8.5	10	7.9	24	13.0	43	9.3
Other public health professional	1,302	11.2	3,973	11.4	18	14.3	28	15.2	70	15.1
Pharmacist	913	7.9	1,926	5.5	2	1.6	2	1.1	4	0.9
Physician	2,743	23.6	3,213	9.2	3	2.4	7	3.8	33	7.1
Physician assistant	296	2.6	938	2.7	3	2.4	2	1.1	5	1.1
Practice administrator or leader	196	1.7	505	1.4	4	3.2	2	1.1	8	1.7
Social worker/case manager	1,276	11.0	5,276	15.1	33	26.2	35	19.0	125	27.0
Substance abuse professional	265	2.3	613	1.8	1	0.8	2	1.1	6	1.3
Total	11,599	—	34,919	—	126	—	184	—	463	—

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 that reported at least one profession/discipline.

Table 6. RWHAP AIDS Education and Training Center (AETC) Program participants by year and selected service delivery characteristics, September 2015–June 2020—United States and 3 territories

	September 2015– June 2016		July 2016– June 2017		July 2017– June 2018		July 2018– June 2019		July 2019– June 2020	
	N	%	N	%	N	%	N	%	N	%
All clients served										
Provides direct service to clients										
Yes	36,820	74.8	—	—	37,299	74.3	36,343	70.6	33,163	75.6
No	12,432	25.2	—	—	12,906	25.7	15,126	29.4	10,714	24.4
Subtotal	49,252	100.0	—	—	50,205	100.0	51,469	100.0	43,877	100.0
Provides HIV prevention counseling and testing services										
Yes	—	—	—	—	22,260	56.9	22,015	54.6	20,405	52.7
No	—	—	—	—	16,862	43.1	18,305	45.4	18,298	47.3
Subtotal	—	—	—	—	39,122	100.0	40,320	100.0	38,703	100.0
Prescribes pre-exposure prophylaxis (PrEP)										
Yes	—	—	—	—	7,834	20.5	8,172	20.7	7,792	19.9
No	—	—	—	—	30,386	79.5	31,380	79.3	31,452	80.1
Subtotal	—	—	—	—	38,220	100.0	39,552	100.0	39,244	100.0
Prescribes antiretroviral therapy (ART)										
Yes	—	—	—	—	—	—	—	—	6,250	16.7
No	—	—	—	—	—	—	—	—	31,216	83.3
Subtotal	—	—	—	—	—	—	—	—	37,466	100.0
Percentage of all clients who are racial/ethnic minorities										
None per year	448	1.3	—	—	—	—	—	—	—	—
1–24% per year	5,701	16.1	—	—	—	—	—	—	—	—
25–49% per year	7,785	21.9	—	—	—	—	—	—	—	—
50–74% per year	10,193	28.7	—	—	—	—	—	—	—	—
≥75% per year	11,361	32.0	—	—	—	—	—	—	—	—
Subtotal	35,488	100.0	—	—	—	—	—	—	—	—
Clients with HIV										
Provides direct service to people with HIV										
Yes	26,858	72.2	—	—	23,232	60.1	23,037	58.2	22,205	68.5
No	10,353	27.8	—	—	15,421	39.9	16,568	41.8	10,188	31.5
Subtotal	37,211	100.0	—	—	38,653	100.0	39,605	100.0	32,393	100.0
Number of years providing direct services to people with HIV										
≤1	4,740	18.2	—	—	4,256	19.9	5,061	23.5	4,631	21.8
2–4	5,953	22.8	—	—	4,945	23.2	5,120	23.8	5,050	23.7
5–9	4,873	18.7	—	—	3,906	18.3	3,741	17.4	3,825	18.0
10–19	5,998	23.0	—	—	4,644	21.7	4,298	20.0	4,324	20.3
≥20	4,535	17.4	—	—	3,604	16.9	3,293	15.3	3,442	16.2
Subtotal	26,099	100.0	—	—	21,355	100.0	21,513	100.0	21,272	100.0
Estimated number of clients with HIV per month										
None per month	1,114	4.3	—	—	—	—	—	—	—	—
1–9 per month	10,514	40.2	—	—	—	—	—	—	—	—
10–19 per month	3,931	15.0	—	—	—	—	—	—	—	—
20–49 per month	5,264	20.1	—	—	—	—	—	—	—	—
≥50 per month	5,353	20.5	—	—	—	—	—	—	—	—
Subtotal	26,177	100.0	—	—	—	—	—	—	—	—
Estimated number of clients with HIV per year										
None per year	—	—	—	—	600	3.1	1,240	6.2	1,617	8.0
1–9 per year	—	—	—	—	4,772	24.4	4,573	22.8	4,400	21.7
10–19 per year	—	—	—	—	2,337	12.0	2,172	10.8	2,363	11.7
20–49 per year	—	—	—	—	3,306	16.9	3,326	16.6	3,142	15.5
≥50 per year	—	—	—	—	8,530	43.6	8,753	43.6	8,724	43.1
Subtotal	—	—	—	—	19,545	100.0	20,064	100.0	20,246	100.0
Percentage of clients with HIV who are racial/ethnic minorities										
None per year	686	2.8	—	—	1,318	6.2	1,635	7.7	1,599	7.8
1–24% per year	5,664	22.8	—	—	4,991	23.4	4,578	21.4	4,778	23.3
25–49% per year	4,607	18.5	—	—	3,750	17.6	3,651	17.1	3,418	16.7
50–74% per year	6,516	26.2	—	—	5,357	25.1	5,580	26.1	5,144	25.1
≥75% per year	7,410	29.8	—	—	5,894	27.7	5,920	27.7	5,557	27.1
Subtotal	24,882	100.0	—	—	21,310	100.0	21,364	100.0	20,496	100.0
Percentage of clients with HIV who are women										
None per year	3,084	12.5	—	—	—	—	—	—	—	—
1–24% per year	9,931	40.2	—	—	—	—	—	—	—	—
25–49% per year	7,800	31.5	—	—	—	—	—	—	—	—
50–74 per year	2,966	12.0	—	—	—	—	—	—	—	—
≥75% per year	954	3.9	—	—	—	—	—	—	—	—
Subtotal	24,735	100.0	—	—	—	—	—	—	—	—

Table 6. RWHAP AIDS Education and Training Center (AETC) Program participants by year and selected service delivery characteristics, September 2015–June 2020—United States and 3 territories (cont.)

	September 2015– June 2016		July 2016– June 2017		July 2017– June 2018		July 2018– June 2019		July 2019– June 2020	
	N	%	N	%	N	%	N	%	N	%
Percentage of clients with HIV who are receiving antiretroviral therapy										
None per year	634	2.6	—	—	1,165	5.5	1,550	7.3	1,924	9.5
1–24% per year	4,011	16.3	—	—	3,330	15.8	3,024	14.3	3,272	16.1
25–49% per year	2,363	9.6	—	—	1,520	7.2	1,432	6.8	1,408	6.9
50–74% per year	4,908	20.0	—	—	2,992	14.2	2,834	13.4	2,637	13.0
≥75% per year	12,669	51.5	—	—	12,080	57.3	12,359	58.3	11,111	54.6
Subtotal	24,584	100.0	—	—	21,087	100.0	21,199	100.0	20,352	100.0
Percentage of clients with HIV who have hepatitis C co-infection										
None per year	2,755	11.4	—	—	—	—	—	—	—	—
1–24% per year	13,280	55.0	—	—	—	—	—	—	—	—
25–49% per year	5,516	22.9	—	—	—	—	—	—	—	—
50–74% per year	1,787	7.4	—	—	—	—	—	—	—	—
≥75% per year	801	3.3	—	—	—	—	—	—	—	—
Subtotal	24,138	100.0	—	—	—	—	—	—	—	—
Percentage of clients with HIV who have hepatitis B or C co-infection										
None per year	—	—	—	—	2,762	13.2	3,178	15.1	3,223	15.9
1–24% per year	—	—	—	—	10,856	51.9	10,607	50.4	10,683	52.8
25–49% per year	—	—	—	—	4,817	23.0	4,940	23.5	4,281	21.1
50–74% per year	—	—	—	—	1,809	8.6	1,776	8.4	1,435	7.1
≥75% per year	—	—	—	—	673	3.2	528	2.5	630	3.1
Subtotal	—	—	—	—	20,917	100.0	21,029	100.0	20,252	100.0

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

Table 7. RWHAP AIDS Education and Training Center (AETC) Program participants by race/ethnicity and service delivery to people with HIV, July 2019–June 2020—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														
≤1	30	22.4	355	28.9	894	18.9	851	23.2	38	27.1	2,092	21.7	180	23.4
2–4	31	23.1	352	28.6	1,111	23.5	915	25.0	30	21.4	2,212	23.0	184	24.0
5–9	27	20.1	179	14.6	905	19.2	682	18.6	20	14.3	1,697	17.6	157	20.4
10–19	31	23.1	221	18.0	1,132	24.0	729	19.9	31	22.1	1,799	18.7	148	19.3
≥20	15	11.2	123	10.0	681	14.4	487	13.3	21	15.0	1,838	19.1	99	12.9
Subtotal	134	100.0	1,230	100.0	4,723	100.0	3,664	100.0	140	100.0	9,638	100.0	768	100.0
Percentage of clients with HIV who are racial/ethnic minorities														
None per year	17	13.1	135	11.3	220	4.8	286	8.0	15	11.2	807	8.8	43	5.7
1–24% per year	33	25.4	392	32.7	847	18.4	699	19.6	20	14.9	2,480	27.1	142	18.9
25–49% per year	19	14.6	203	17.0	595	12.9	569	15.9	23	17.2	1,745	19.0	119	15.8
50–74% per year	23	17.7	231	19.3	1,221	26.5	860	24.1	20	14.9	2,330	25.4	190	25.3
≥75% per year	38	29.2	236	19.7	1,722	37.4	1,161	32.5	56	41.8	1,804	19.7	257	34.2
Subtotal	130	100.0	1,197	100.0	4,605	100.0	3,575	100.0	134	100.0	9,166	100.0	751	100.0

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

^a Hispanics/Latinos can be of any race.

Table 8. RWHAP AIDS Education and Training Center (AETC) Program participants by year and employment setting, September 2015–June 2020—United States and 3 territories

	September 2015– June 2016		July 2016– June 2017		July 2017– June 2018		July 2018– June 2019		July 2019– June 2020	
	N	%	N	%	N	%	N	%	N	%
Employment setting										
Academic health center	4,400	8.7	—	—	7,341	14.9	8,425	16.8	6,813	14.1
College/university/health professions school	2,139	4.2	—	—	—	—	—	—	—	—
Correctional facility	2,692	5.3	—	—	2,194	4.5	1,761	3.5	1,307	2.7
Emergency department	3,524	7.0	—	—	1,290	2.6	1,044	2.1	538	1.1
Employment setting does not involve the provision care or services to patients/clients	—	—	—	—	—	—	—	—	3,556	7.3
Family planning clinic	375	0.7	—	—	1,607	3.3	1,436	2.9	362	0.7
Federally qualified health center	7,204	14.2	—	—	6,615	13.4	6,730	13.4	5,137	10.6
HIV clinic	4,837	9.6	—	—	—	—	—	—	—	—
HIV or infectious diseases clinic	—	—	—	—	7,576	15.4	8,222	16.4	5,385	11.1
HMO/managed care organization	593	1.2	—	—	772	1.6	803	1.6	663	1.4
Hospital-based clinic	2,529	5.0	—	—	4,705	9.6	4,529	9.0	2,758	5.7
Indian health services/tribal clinic	798	1.6	—	—	762	1.5	611	1.2	291	0.6
Infectious disease clinic	1,011	2.0	—	—	—	—	—	—	—	—
Long-term nursing facility	342	0.7	—	—	463	0.9	439	0.9	246	0.5
Maternal/child health clinic	112	0.2	—	—	964	2.0	907	1.8	166	0.3
Mental health clinic	742	1.5	—	—	1,829	3.7	1,912	3.8	835	1.7
Military or veteran's health facility	303	0.6	—	—	433	0.9	412	0.8	333	0.7
Non-health	926	1.8	—	—	—	—	—	—	—	—
Not working	2,111	4.2	—	—	2,746	5.6	3,144	6.3	2,150	4.4
Other community-based organization	4,015	7.9	—	—	6,145	12.5	6,547	13.0	5,772	11.9
Other federal health facility	—	—	—	—	554	1.1	515	1.0	355	0.7
Other primary care setting	1,224	2.4	—	—	3,389	6.9	3,411	6.8	1,972	4.1
Pharmacy	1,210	2.4	—	—	2,759	5.6	2,693	5.4	1,679	3.5
Private practice	1,953	3.9	—	—	2,166	4.4	1,897	3.8	1,383	2.9
Rural health clinic	306	0.6	—	—	—	—	—	—	—	—
State or local health department	4,647	9.2	—	—	5,570	11.3	5,632	11.2	5,029	10.4
STD clinic	465	0.9	—	—	3,112	6.3	3,426	6.8	848	1.8
Student health clinic	—	—	—	—	941	1.9	1,095	2.2	683	1.4
Substance abuse treatment center	868	1.7	—	—	1,958	4.0	1,958	3.9	876	1.8
Subtotal	50,645	100.0	—	—	49,232	100.0	50,175	100.0	48,442	100.0
Rural and suburban/urban employment settings										
Rural settings only	9,496	20.4	—	—	4,787	10.9	4,015	9.0	3,041	7.2
Both rural and suburban/urban settings ^a	—	—	—	—	1,242	2.8	1,101	2.5	604	1.4
Suburban/urban settings only	37,014	79.6	—	—	38,061	86.3	39,350	88.5	38,470	91.3
Subtotal	46,511	100.0	—	—	44,090	100.0	44,466	100.0	42,115	100.0
Faith-based organization										
Yes	2,759	6.1	—	—	—	—	—	—	—	—
No/do not know	42,322	93.9	—	—	—	—	—	—	—	—
Subtotal	45,081	100.0	—	—	—	—	—	—	—	—
Organizations that received RWHAP funding										
Yes	21,341	53.4	—	—	20,973	42.2	23,211	43.3	18,914	43.7
No	18,659	46.6	—	—	16,476	33.1	15,192	28.4	12,412	28.7
Don't know/not sure	—	—	—	—	12,257	24.7	15,173	28.3	11,990	27.7
Subtotal	40,000	100.0	—	—	49,706	100.0	53,576	100.0	43,316	100.0

Abbreviations: HMO, health maintenance organization; STD, sexually transmitted disease.

Notes: Participant data unavailable for July 2016–June 2017.

Participants reporting for September 2015–June 2016 selected one primary employment setting; percentages for these years are rounded and may not sum to 100.0% as displayed.

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%. The subtotal for employment setting is the number of unique participants who selected at least one employment setting category.

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