

AIDS EDUCATION AND TRAINING CENTERS

The **AIDS Education and Training Centers (AETCs)** bring decades of experience in providing continuing education, clinical consultation, longitudinal training, mentoring, capacity building, and technical assistance to HIV care communities across the United States and its territories. The AETCs are funded by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Part F of the Ryan White HIV/AIDS Program. The AETCs are the only nationally coordinated network of leading HIV experts able to provide local, community-based, interprofessional education and training programs to healthcare teams and systems. **A well-informed and skilled professional workforce is key to ending the HIV epidemic.**

WORKFORCE DEVELOPMENT

- Target health care teams and systems that provide essential support in areas of **prevention, testing, engagement in care and treatment**
 - 55% of unique participants were clinical providers¹
 - 36% of clinical provider participants provided primary care to HIV+ patients¹
 - 14% of unique participants were new HIV providers (< 2 yrs. experience)¹
- Increase and develop the **HIV workforce** by supporting low-volume, rural, urban and community health providers with clinical updates, treatment guidelines, referrals to HIV experts and other services needed
- Educate **interprofessional healthcare team** members to incorporate evidence-based HIV prevention and treatment into clinical practice and integrate effective prevention and risk reduction messages into care settings
 - 51% of training activities focused on HIV testing¹
 - 74% focused on primary prevention and/or risk reduction¹

74% of target health professionals reported gains in knowledge across all programs.¹

CAPACITY BUILDING

- Engage clinics, organizations and health systems to evaluate existing infrastructure, policies and procedures to **improve access, coordination and service delivery** to address the health needs of people living with HIV (PLWH) and those at-risk for HIV
- Link AETC expertise with local clinics and community health centers to provide **evidence-based clinical guidelines, skills, mentorships and consultative support**
 - *AETC National Clinician Consultation Center* provided expert advice on 18,007 calls nationally to clinicians of all experience levels managing HIV, perinatal HIV, pre-exposure prophylaxis, substance use and blood borne pathogen exposures in FY 2015-16
 - *AETC National Coordinating Resource Center* had 120,302 unique viewers of the online resource library in FY 2015- 2016³
- Provide **prompt technical assistance** to support systems of care to assure PLWH access to treatment of HIV and other co-morbid conditions, culturally appropriate care, psychosocial support, and mental health and substance use services

79% of health professional trainees reported improvements in HIV medication management skills.

85% reported using these skills.¹

TAILORED METHODS TO IDENTIFY NEEDS

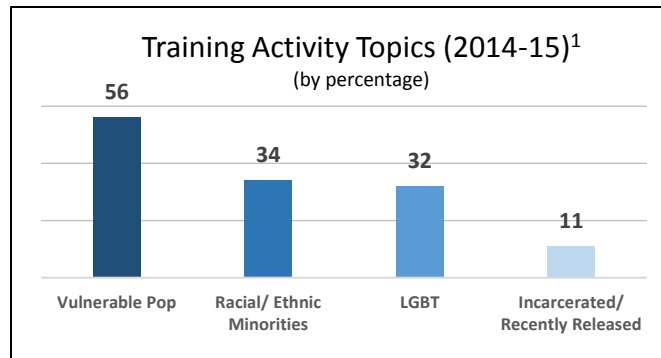
- Employ distance-based and blended learning methods as needed for clinical content and health professional learners to **achieve measurable outcome(s)** for health care professionals, faculty, students and patients
- Use a **community-based approach** to employ **innovative** methods and local needs assessments to best identify and target areas of need
- **Tailor programmatic curriculum** development to needs of clinics and health care professionals utilizing adult-learning principles

Nationwide needs assessments by all AETCs

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REDUCTION OF DISPARITIES & INEQUITIES IN HIV CARE

- Utilize regional AETC structure to identify and provide outreach to local, **underserved communities**
- Support activities and programs **engaging, supporting** and **empowering** minority and minority-serving providers via AETC Minority AIDS Initiative (MAI)
 - 71% of MAI program participants who completed an **evaluation reported gains in knowledge**¹
 - ≥85% of MAI program participants **reported using skills learned** at all levels of the HIV Care Continuum¹
- Address **diverse needs of at-risk communities** by integrating cultural sensitivity into programs, addressing stigma, and providing tailored services



40% of unique health professional participants identified as racial/ethnic minorities.¹

PROVIDE A COORDINATED RESPONSE

- Engage **interprofessional** teams in caring for patients along the HIV Care Continuum which includes: clinical practitioners, primary care providers, mental health professionals, social workers, substance abuse treatment providers, case management experts, outreach workers and system navigators
 - 43% of trainings included substance use and/or mental health¹
 - 33% of trainings included HIV co-morbidities¹
- Employ all resources from academic medical centers that house and support AETCs along with their **vast networks of clinicians and educators** with HIV and associated expertise
 - 8 Regional Centers, 2 National Centers, and 187 Regional Partners serving the United States and its territories
 - **Collaborates with other federally-funded regional training centers**, including, Viral Hepatitis Education and Training Projects, Tuberculosis Training and Consultation Centers, STD Prevention Training Centers and Addiction Technology Transfer Centers, to expand reach, expertise, and resources while avoiding duplication of effort
 - Develop and implement initiatives with the Centers for Disease Control and Prevention (CDC) to increase HIV testing in primary care settings, emergency departments, STD clinics, community health centers, hospitals and other settings to improve the HIV care continuum
- **Disseminate guidelines and best practices** via a coordinated network
 - National Clinician Consultation Center, National Coordinating Resource Center, National Quality Center, Special Projects of National Significance Program and TARGET Center

39% of trainings were conducted in collaboration with state agencies and federal training centers.¹

For more information about the AETC Program, visit www.aidsetc.org

¹ National Evaluation Center. *AETC training impact on service providers FY 2014-15*.

² National Clinician Consultation Center. (2017).

³ National Coordinating Resource Center. (2017).