



# Ryan White HIV/AIDS Program AIDS Education and Training Centers 2021-2022 National Evaluation Plan Frequently Asked Questions: *July – August 2021*

The goal of this Frequently Asked Questions (FAQ) Document is to disseminate answers to the questions asked by the AIDS Education and Training Centers (AETCs) to support the implementation of the Ryan White HIV/AIDS Program (RWHAP) AETC National Evaluation Plan (NEP) by the Regional AETCs, National Coordinating Resource Center (NCRC), National Clinician Consultation Center (NCCC), National HIV Curriculum (NHC) e-Learning Platform, and NHC Integration Projects. This document will be updated and distributed monthly.

*Please submit your questions about the NEP to [aetc\\_evaluation@jsi.com](mailto:aetc_evaluation@jsi.com).*

*\*\*Note: Questions and responses in **BLUE** text are new or updated this month. The order of questions parallels the NEP, and are organized by Regional AETC program component, followed by the National AETCs and NHC Programs. Please consult the most recent month when referencing the FAQs.*

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## General Questions

- 1. Are BPHC – Primary Care HIV Prevention (PCHP) initiative funded PT events evaluated via the National Evaluation Plan?**

Per HRSA HAB, BPHC PCHP funded PT training events are not evaluated under the NEP.

- 2. Given HRSA HAB and DPD has extended the due date for the 2020-2021 ER and PIF data submission to EHB, can JSI also extend the due date for the 2020-2021 Regional AETC NEP data?**

Yes, the deadline for submitting the 2020-2021 Regional AETC NEP data to JSI has been extended to September 15, 2021. Regional AETCs may also have two more weeks to prepare their *CORE-LT* data, and submit that by November 1, instead of October 15, 2021.

## Regional AETC Core Training

- 3. We are still administering *CORE-LTs* for eligible events conducted through June 30, 2021 for the 2020-2021 program. Should we administer the 2020-2021 *CORE-LT* for events that were conducted in the 2020-2021 program year? Or, should we use the 2021-2022 version of the *CORE-LT*?**

Thank you for sending this question. The 2020-2021 *CORE-LT* should be used for events conducted in the 2020-2021 program year. However, note there were no changes to the questions in the *CORE-LT* between 2020-2021 and 2021-2022.



Given the three month follow-up, Regional AETCs will continue to administer the *CORE-LT* for eligible events conducted through June 30, 2021 up until September 30, 2021. As a reminder, the 2020-2021 *CORE-LT* data set is due to JSI on October 15, instead of August 31.

- 4. We have a partner who sometimes needs to enter evaluations by hand due to CMEs. Should they enter all of the evaluations together as a batch at the end of the year or should they enter evaluations as they host events throughout the year?**

Our recommendation would be to enter any paper-based evaluations collected for events as they are conducted throughout the year, rather than enter them as a batch at the end of the year. AETCs and Regional Partners can use data locally to monitor and inform program planning and quality improvement. Entering surveys collected for events as they occur also allows for monitoring of response rates.

- 5. Can you explain the purpose of the gray box section in the CORE data collection tools?**

The gray box questions are completed internally by the Regional AETCs, and include key identifiers for linking to the *Event Record (ER)*. While HRSA HAB collects granular data about the event through the *ER*, such as selecting all the topics that were covered by the training, the question in the gray box section of the *CORE* tool asks for the primary topic that best describes the content covered, as it relates to the HIV care continuum outcomes. If a training does not cover any of the topics listed, please use the other specify field.

- 6. Is the *CORE-Clinical Consultation Survey* replacing the *CORE-Immediate Post* for evaluating clinical consultations?**

Yes, starting with the 2021-2022 program year, the new, briefer *CORE-CC* is used to evaluate Regional AETC clinical consultations.

- 7. For the *CORE-Clinical Consultation Survey*, the administration protocol specified in the NEP is that it should be administered immediately after the clinical consultation. How soon does it need to be administered?**

We understand regions have slightly different processes to administer the *CORE-CC*, given clinical consultations are not pre-scheduled and participants initiate the consultation request. Some regions provide a card to the clinical consultant to complete questions to document a consultation provided (i.e., *Event Record*). That information is submitted to the AETC coordinator who will then administer the *CORE-CC* to the participant. Other regions have set up a process in their data collection systems to send out the survey automatically immediately after the consultation. It is recommended the *CORE-CC* be administered as soon as possible after the clinical consultation to increase response; reminder emails containing the survey link should be sent one and two weeks after the initial request to those who have not responded. Please see page 29 in the NEP.



## Regional AETC Practice Transformation Project

8. We are modifying the *PT-PM Baseline* form for the current fiscal year. Different Regional Partners program or set up the form differently, either for a coordinator to enter all of the data points manually or for the program itself to calculate the percentages based on the clinic population and special population numbers entered. Is there guidance on completing the client population demographics section of the form?

For the *PT-PM Baseline*, Questions 3 and 4 on the clinic's patient population characteristics ask for the numerator, denominator and percentages. The intent is to support completion of the form and to support data quality checks. In the Qualtrics surveys provided by JSI, the denominator column is auto-populated based on the responses to Questions 2a and 2b. We understand some regions program the tool into their own data collection systems, so they may do this as well. The national evaluation requests the numerator, denominator and percentage for all rows in the table.

9. In the data codebook, can the *PT-PM Baseline* variable names for the patient demographics question be kept the same as last year?

Thank you for pointing this out. The variable names for matrix-type tables are generated and specified by Qualtrics, and unfortunately cannot be changed. Because two rows were removed this year (i.e., transwomen and transmen), and replaced by the transgender and other gender identity categories, the ordering of the rows changed which resulted in Qualtrics' reassigning the variable names. For regions using Qualtrics to collect *PT-PM* data, there is no need to recode for the data submission. For regions programming their own tools, please make sure 2021-2022 data submitted next year in August 2022 align with the data codebook.