



## **Successful Dissemination of COVID-19 Prevention and Care Trainings for Healthcare Professionals by the HRSA AIDS Education and Training Center Program**

Chu C<sup>1</sup>; Chow P<sup>1</sup>; Goldschmidt R<sup>1</sup>; Boccher-Lattimore D<sup>2</sup>; Rivero R<sup>3</sup>; Carson-Sasso V<sup>4</sup>; Nelson J<sup>5</sup>; Frank L<sup>6</sup>

1. Department of Family and Community Medicine, University of California San Francisco, San Francisco CA
2. Department of Psychiatry, Columbia University, New York NY
3. Department of Family Medicine, University of Illinois College of Medicine at Chicago, Chicago IL
4. Family Medicine and Community Health, University of Massachusetts Medical School, Worcester MA
5. François-Xavier Bagnoud Center, Rutgers School of Nursing, Newark NJ
6. University of Pittsburgh Graduate School of Public Health, Pittsburgh PA

In response to the COVID-19 pandemic, the Health Resources and Services Administration (HRSA)-funded AIDS Education and Training Center (AETC) Program ([aidsetc.org](http://aidsetc.org))<sup>1</sup> implemented training, education, capacity-building and technical assistance (TA) for healthcare professionals on COVID-19 prevention, testing, and management. Beginning April 2020, through Coronavirus Aid, Relief, and Economic Security (CARES) Act funding,<sup>2</sup> the AETCs leveraged its pre-existing unique and multi-level infrastructure to reach healthcare professionals from all disciplines across eight U.S. jurisdictions. The goals and objectives of these activities were to help ensure that healthcare systems, other organizations, and healthcare professionals had timely access to training and TA that could address COVID-19-related needs and challenges in their communities while continuing to provide care to people with and at-risk of HIV. The primary audience of the AETC Program includes healthcare professionals and teams serving HIV-affected communities, especially primary care providers working in “safety net” health settings (e.g., community health centers) and jurisdictions disproportionately impacted by the HIV epidemic.

Because of the urgency to identify and address diverse needs of healthcare organizations and providers throughout the U.S., the AETCs were asked by HRSA to utilize their existing training infrastructure and expertise to respond rapidly to the public health emergency. The coronavirus pandemic has striking parallels with the HIV epidemic, including exacerbating health disparities among marginalized communities.<sup>3</sup> The AETCs were uniquely positioned to provide support regarding HIV and COVID-19, given the Program’s familiarity with and ability to address overlapping syndemics and intersectional stigmas while tackling multi-layered concerns involving patients, families, institutions, and communities facing a public health crisis. Aggregate data on the nature and number of activities carried out with support from CARES Act funding was collected from AETC Program recipients by authors in 2021, and collated for this brief report.

First, the AETC Program’s COVID-19 response included dissemination of up-to-date, clinically accurate information on COVID-19 transmission, safety measures, testing, treatment, and vaccination across a broad range of jurisdictions with varying regional and local educational needs. During the initial 6 months of CARES Act funding, the AETC Regional Offices implemented over 600 COVID-19 and HIV e-learning events reaching over 20,000 healthcare professionals. Over 11,200 of these participants indicated they provided HIV services and nearly 10,000 cared for people of color with HIV. Some of the



most common topics addressed included: COVID-19 prevention and treatment, best practices for HIV care engagement during the pandemic, management of related behavioral health disorders and psychosocial needs, self-care, resiliency and stress management for patients and providers.

During the same initial 6-month period, over 1,200 hours of tailored TA were delivered to individual providers and healthcare systems. These addressed: scale-up of COVID-19 testing capacity, telehealth service delivery, multisystem care coordination, and provision of culturally responsive services. The AETC National Centers provided nationwide support via distance-based clinical consultation activities and the coordination and dissemination of AETC-developed HIV and COVID-19 materials through a centralized AETC Program resource library.<sup>4</sup> The AETC National Clinician Consultation Center provided 5,264 tele-consultations, and over 10% of these involved individualized discussions on COVID-19 prevention and management. The AETC National Coordinating Resource Center had over 850 page views by over 670 users to its COVID-19 resource webpages for healthcare providers,<sup>5-6</sup> including archived training webinars. Resources were developed with the following guiding principles:

- a) content was targeted to specific clinical audiences, settings, and stakeholders including healthcare teams and policymakers;
- b) activities were virtual, flexible and brief;
- c) clinical material was timely and current, acknowledging rapidly evolving information; and,
- d) content was also contextualized to local populations and communities, as well as to social determinants of health.

The AETC Program's ability to modify their training formats and integrate information on COVID-19 helped to expand their reach to broader audiences while continuing to meet the needs of its established learner base and, importantly, improve the care of persons with HIV including those with HIV-COVID-19 co-infection.

Survey responses and input from participants and stakeholders demonstrated that training and TA recipients had favorable experiences regarding the ease of access to information and training content. Participants noted the responsiveness of AETCs to new clinical and operational challenges such as implementing telehealth in an effective, sustainable manner. The number of healthcare professionals engaged through AETC programming and activities increased from pre- versus post-pandemic evaluations for some regions. In one region, the number of participants increased from 5,498 (July-Dec 2019) to 10,487 (July-Dec 2020), representing a ~90% increase. This highlights the ability of the AETC network to engage audiences that may not have previously been well-connected to the AETC Program, extending the current and future reach of the AETC network.

The shift toward virtual and technology-supported training interventions also resulted in broad adoption and utilization of distance-based platforms to expand opportunities for case-based learning, clinical simulations, and other interactive techniques to build healthcare system capacity. Positive experiences with virtual training may have also facilitated increased acceptability and uptake of technology by providers, possibly helping to advance telehealth implementation especially in resource-limited and underserved areas. The availability of archived training sessions and electronic educational materials provided a means for busy providers to access AETC-developed content at times most



convenient for them. Importantly, distance-based activities allowed for more accessible training for learners in rural and remote areas, often the very communities hit hardest by HIV and COVID-19.

Prior to 2020, much attention and momentum had been building toward ending the U.S. HIV epidemic. Unintended consequences of heavily-COVID-focused work included the diversion of resources that may have been previously allocated to HIV – as has occurred across many areas of medicine and public health to address the pandemic. Additionally, experiences from the COVID-19 pandemic have been reminiscent of the pressures, challenges, and successes of the HIV epidemic. For many healthcare professionals, this has fostered a recommitment to addressing HIV, which shares some of the same COVID-19 driven concerns including health disparities, stigma, diversity, and inclusion.

Audiences for whom the AETCs provide support have benefited from AETC Program expertise and availability throughout the COVID-19 pandemic, especially regarding the facilitation and implementation of best practices in prevention and management of a novel infectious disease. The AETCs have demonstrated unique capabilities and reach that can be applied to other public health emergencies and concerns going forward. Its multi-level and cost-effective infrastructure and interprofessional subject matter experts, along with its diverse portfolio of training, TA, capacity-building approaches are all well-established and national in scope. The AETCs have demonstrated they are a uniquely capable key partner in effectively and efficiently addressing public health challenges in the past, present, and future. The AETCs are a critical national resource for continued development and maintenance of the public health workforce for HIV and related public health priorities across diverse settings and communities. This is particularly important when considering ongoing health disparities experienced by minority communities and medically-underserved urban and rural areas. Lessons learned in this recent pandemic will shape and enhance AETC Program approaches to education and capacity building in the future.

#### References:

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