Eligibility and Purpose

The Secretary may make awards and enter into contracts to assist public and nonprofit private entities and schools and academic health science centers in meeting the costs of projects.

- (1) To train the faculty of schools of, and graduate departments or programs of, medicine, nursing, osteopathic medicine, dentistry, public health, allied health, and mental health practice to teach health professions students to provide for the health care needs of individuals with HIV disease;
- (2) To train practitioners to provide for the health care needs of such individuals:
- (3) With respect to improving clinical skills in the diagnosis, treatment, and prevention of such disease, to educate and train the health professionals and clinical staff of schools of medicine, osteopathic medicine, and dentistry; and
- (4) To develop and disseminate curricula and resource materials relating to the care and treatment of individuals with such disease and the prevention of the disease among individuals who are at risk of contracting the disease.

Specifically for the National AETC Program, these awards will be made as above and will include communitybased organizations (CBOs) and community health clinics affiliated with accredited public and nonprofit private entities—

- 1. To train health personnel, focusing on practitioners in Title XXVI programs (Ryan White CARE Act), in the diagnosis, treatment, and prevention of Human Immunodeficiency Virus (HIV) infection and disease; and to provide supplementary and/or complementary training to the faculty of schools of, and graduate departments or programs of medicine, nursing, dentistry, public health, mental health practice and allied health personnel;
- 2. To train and motivate the above practitioners and other community providers to care for the health needs of individuals with HIV disease;
- 3. To teach health professions students and residents to provide for the health care needs of individuals with HIV disease: and
- 4. To develop and disseminate to health providers curricula and resource materials relating to the care and treatment of individuals with HIV disease and the prevention of HIV among individuals who are at risk of contracting the disease; and to organize plans for information dissemination of HIV-related information.

Project requirements and review criteria for this program were proposed

for public comment in the **Federal Register** on October 27, 1994 at 59 FR 53996. No comments were received during the 30-day comment period. Therefore, the project requirements and review criteria will be retained as proposed.

Final Project Requirements

The focus in FY 1995 will be on primary care providers in high HIV/AIDS prevalence areas, with an emphasis on living persons infected with HIV. However, consideration will be given to rural areas. The project requirements are designed to direct Federal resources where the greatest needs exist. To accomplish this, each project must define a geographic region and identify the types of providers to be targeted for training within that region.

A. Definition of AETCs

All applicants are encouraged to form AETCs composed of as many states/territories/commonwealths as can be managed completely and efficiently. There are four options for defining an AETC region. An applicant may propose, with appropriate documentation:

1. An AETC composed only of a single state/territory/commonwealth as a region if that region contains two or more Ryan White CARE Act Title I Eligible Metropolitan Areas (EMAs) or if the AETC currently is established as a single state AETC;

2. An AETC composed of multiple, contiguous states (Hawaii and Alaska may be included) if it justifies its boundaries with the inclusion of one EMA and specific local epidemiological data equivalent to at least 10,000 living HIV-infected persons (with a prevalence of at least 2,500 living AIDS cases and 7,500 other HIV infected persons). Supporting documentation may include rates of HIV/AIDS infection, or proxy indicators such as STD, TB, and substance abuse, CDC heel stick study data, teenage pregnancy, etc.;

3. An AETC for rural regions if it encompasses at least three states with contiguous boundaries (Hawaii and Alaska may be included) and contains at least one EMA, although the prevalence of living HIV infected persons totals less than 10,000; or

4. An AETC specifically in the District of Columbia that either stands alone or is incorporated in a consortium arrangement with another AETC.

At least 50 percent of project funds must be expended for training activities in high AIDS prevalence areas, i.e.; as defined as EMAs in the Ryan White CARE Act, Title I. If this is not done, appropriate justification from regional epidemiological data and the needs assessment must be provided.

B. Performance Expectations

Each AETC must provide or perform the following. These items are essential for consideration for this cooperative agreement.

1. Submission of a coordinated plan, including a clear statement of resources available from the region's EMA(s), for the network that has been created for dissemination of state-of-the-art information to health professions schools and organizations, HIV care providers and CBOs, including organizations of people living with AIDS (PLWA) in the AETC's proposed region; the methodology (e.g., electronic bulletin boards, print material and teleconferencing, etc.) should be described as well as the types of education materials to be distributed in concert with other PHS agencies and health professions' schools and organizations.

2. A comprehensive clinical training plan, of which a minimum of 50 percent of the Federal funds devoted to training is directed toward primary care providers, i.e., physicians, registered nurses, dentists, physician assistants, nurses with advanced training (e.g., nurse practitioners, clinical nurse specialists and nurse-midwives) and dental hygienists.

3. A training plan for other health professionals including, but not limited to, mental health care providers, case managers, substance abuse counselors and other allied health personnel;

4. Linkages to other organizations in the following priority order: (a) Ryan White CARE ACT, Titles I, II, including Special Programs of National Significant (SPNS), IIIb and IVd funded health services-programs, and the Hemophilia Programs; (b) health professions schools, academic centers, and national health professions organizations, including minority professional groups; (c) Federally supported substance abuse programs (e.g., NIDA & SAMHSA) and community substance abuse programs; (d) PHS funded Area Health Education Centers (AHECs), migrant centers (e.g., sec. 329(a)(1), community health centers (e.g., sec. 330(a), and homeless centers (e.g., sec. 340), mental health providers (e.g., SAMHSA grantees), Federally supported STD and prevention activities (e.g., CDC, etc.), providers in prisons, family planing programs and HRSA supported maternal and child health programs, State and local health agencies and health care facilities involved in providing care for HIV infected individuals in order to fill any gaps in training; (e) other community