

Health Education/Risk Reduction

HRSA Definition (2010-1-2016)

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on healthcare coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Key Service Component

The provision of a set of prevention activities provided to individuals or groups to assist clients in making plans for individual behavior change. *Health Education/Risk Reduction* activities promote and reinforce safer behaviors, and provide interpersonal skills training in negotiating and sustaining appropriate behavior change. Activities range from individual HIV prevention counseling, to group interventions, and to broad, community-based interventions.

The objectives for this service are:

- To promote and reinforce safer behaviors and skills building for the prevention of HIV transmission and re-infection;
- To provide HIV information to clients to promote positive health outcomes;
- To promote adherence to medical care.

Health reduction/Risk Reduction services cannot be delivered anonymously.

Qualifications

Standard	Expected Documentation
A. Health Educators should at a minimum hold a high school diploma or GED; and have one year of experience with HIV.	<ul style="list-style-type: none">• Documentation of education and resume in the staff file;



<p>B. All Health Educators must complete minimum training requirements in the following areas prior to the delivery of services:</p> <ul style="list-style-type: none"> ✓ HIV/AIDS effective behavioral intervention known to impact prevention practices and clinical issues; ✓ Sexually transmitted diseases prevention and clinical issues; ✓ NJ State HIV Counseling and Testing; ✓ Viral hepatitis: prevention and clinical issues ✓ Current laws, regulations and policies related to HIV and STDs 	<ul style="list-style-type: none"> • Documentation of the minimum training requirements is present in the Health Educator’s personnel file and available for review;
<ul style="list-style-type: none"> • Community or peer workers recruitment and engagement, screening, and coordination of services: <ul style="list-style-type: none"> ◆ Knowledge of target population; ◆ Cultural and linguistic competency; ◆ Knowledge of HIV/AIDS and other STDs; ◆ Knowledge of available community services; and ◆ Effective communication skills. 	<ul style="list-style-type: none"> • Documentation in personnel file;

Quality

Units of Service

- Individual educational activities;
- Group educational activities
- Educational outreach activities in venues for at risk populations;
- Referrals of consenting clients to primary medical care;
- Referrals for HIV Counseling and Testing.

Program Outcome

To support and sustain positive health behaviors in order to reduce, limit, and ultimately eliminate HIV related health risks.

Indicators:



- Encouraging at risk individuals to be tested for HIV;
- Educate PLWHAs on strategies to reduce the risk of transmission and re-infection;
- Collaborating with physicians, community clinics, and other sites that serve PLWHAs and high-risk negatives in order to integrate prevention services into care
- Community education in areas where risky behaviors can be observed.

<i>Quality Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
<p>When individual HE/RR is conducted, an individualized HE/RR plan is developed in collaboration with client. Client signs the plan and is offered a copy. The HE/RR plan must contain the following:</p> <p>A. Measurable Risk(s) B. Goal; C. Expected outcome; D. Actions and/or strategies to be taken to achieve each goal; E. Person responsible for offering each action; F. Target date for completion of each action; G. Results of each action.</p>	All clients to have an HE/RR plan;	Clients with plan;	All clients;	Client record and ECOMP AS	80% of client with have a plan on file;
<p>The Health Educator and client collaborate on a discharge plan once goals have been met and behavior maintained. The client may be discharged for the following:</p> <p>1. Client is lost to follow up;</p>	Clients have a discharge plan;	Clients with discharge plan;	All clients no longer receiving services;	Client file and ECOMP AS	80% of clients no longer receiving services have discharge plan;



<p>2. Client action(s) put the agency, staff and /or other clients at risk; 3. Client fails to maintain loss of contact with the Health Educator for a period of three months despite three (3) documented attempts to contact client; 4. Client request; 5. Client death.</p>					
<p>The Health Educator will evaluate client success in maintaining safer choices at least every 90 days.</p>	<p>Client re-evaluated on plan compliance at least every 90 days;</p>	<p>Number of clients sustaining positive behaviors;</p>	<p>Number of clients;</p>	<p>Client file; CARE Ware</p>	<p>75% of the clients with plan have main positive behaviors;</p>
<p>Monthly visits to areas of high risk behaviors for the purpose of providing prevention messages, refer to HIV Counseling and Testing, and a prevention to positive message to those that know their status.</p>	<p>Documentation of dates that prevention messages are delivered to target populations</p>	<p>Number of those accepting prevention message;</p>	<p>Number of contacts;</p>	<p>Client file and ECOMP AS; CARE Ware</p>	<p>25% of those contacted agreed to HIV Counseling and Testing. 75% accepted the prevention message and/or material. 25% of those knowing their status accepted a referral medical care or a prevention specialist.</p>

