

HEALTH EDUCATION / RISK REDUCTION SERVICE AREA REVIEW

Service Area Definition:

Health Education/Risk Reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

Service Activity Definition:

Culturally Appropriate Health Education/Risk Reduction – Health education and wellness support provided in a culturally appropriate manner.

Health Promotion Events – Special events for consumers focused on health education issues such as, education on HIV and management of the disease including transmission, progression, treatment options, clinical trials, side effects, etc. Also education focused on remaining healthy, and promoting self-care; i.e., how to lead a healthier lifestyle, reduce stress, stop smoking, reduce harm, promote sexual health, and reduce risk, have healthy nutrition.

2006-07 SERVICE AREA PRIORITY: 17 out of 23 services

2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$75,668	\$67,582	Health Education and Wellness Support	\$59,038
\$13,812	\$13,812	Culturally Appropriate Education and Wellness Support	\$17,711
\$25,500	\$22,300	Health Promotion Events	--

In 2006, 508 **people** used education/self advocacy (CLRS label) services according to MDH services utilization data. This is **9.1%** of all HIV+ people, and **13.1%** of all HIV+ people in services.

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Educ SA Service Use	Educ SA Service Use
Total N	5566	100%	3888	100%	508	100%
Gender:	#	%	#	%		
Male	4300	77.3%	2838	73.0%	388	76.3%
Female	1266	22.7%	1027	26.4%	113	22.2%
Transgender			23	0.6%	7	1.3%
Race:	#	%	#	%		
American Indian	97	1.7%	123	3.2%	31	6.1%
Asian/Pacific Islander	83	1.5%	119	3.1%	4	0.7%
Black	1889	33.9%	1241	31.9%	166	32.7%
Caucasian	3035	54.5%	1727	44.4%	218	42.9%
Other/Unknown	35	0.6%	427	11.0%	9	1.6%
Ethnicity:	#	%	#	%		
Latino	427	7.7%	251	6.5%	69	13.6%

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Educ SA Service Use	Educ SA Service Use
Transmission	#	%	#	%	#	%
MSM	2844	51.1%	1493	38.4%	271	53.3%
IDU	394	7.1%	218	5.6%	37	7.2%
MSM/IDU	289	5.2%	117	3.0%	39	7.6%
Heterosexual	662	11.9%	1054	27.1%	121	23.8%
Perinatal	50	0.9%	27	0.7%	2	0.3%
Blood/hemophilia	45	0.8%	45	1.2%	3	0.5%
Unknown	1282	23.0%	034	24.0%	32	6.2%
Age:	#	%	#	%		
<13	27	0.5%	17	0.4%	0	0%
13-19	43	0.8%	27	0.7%	2	0.3%
20-24	169	3.0%	152	3.9%	20	3.9%
25-29	398	7.2%	352	9.1%	38	7.4%
30-34	507	9.1%	395	10.2%	60	11.8%
35-39	846	15.2%	604	15.5%	96	18.8%
40-44	1235	22.2%	834	21.5%	115	22.6%
45-49	1030	18.5%	669	17.2%	84	16.5%
50+	1303	23.4%	838	21.6%	93	18.1%
Unknown	8	0.1%	0	0%	0	0%
Geography:	#	%	#	%	#	%
Hennepin Co.	3175	57.0%	2273	58.5%	339	66.7%
Ramsey Co.	991	17.8%	692	17.8%	76	15.0%
Other 7 counties	625	11.2%	359	9.2%	46	9.1%
Other 13 counties**	65	1.2%	26	0.7%	2	0.4%
Greater Minnesota	741	13.3%	386	9.9%	36	7.0%
Unknown	34	0.6%	11	0.3%	8	1.5%
Country of Origin:						
United States	2444	43.9%	2064	53.1%	367	72.2%
Other	1005	18.1%	588	15.1%	103	20.2%
Unknown	2117	38.0%	1235	31.8%	38	7.4%

Data from "Persons Living with HIV/AIDS by Exposure Category, etc. Minnesota 2006, by MDH, n.d.

Epi data does not include Wisconsin counties.

9 uninfected clients were served in 2006.

Transgender identity is not collected in surveillance/epi. All transgender people reported through CLRS is 2006 (N=23) were male-to-female.

"Other" race/ethnicity category "Unknown," "Other," "refused", and "More than 1 race"

Hispanic ethnicity is reported separately from race for surveillance/epi and services.

Other 7-county metro includes clients living in Anoka, Carver, Dakota, Scott and Washington counties (7-county metro area excluding Hennepin and Ramsey counties).

Other 13—county metro includes clients living in Chisago, Isanti, Sherburne, and Wright counties in MN and Pierce and St. Croix counties in WI (13 county EMA excluding the 7 county metro area).

Unknown for services geography includes 11 out-of-state clients.

SERVICE ACTIVITY UTILIZATION HISTORY FOR

[Note: The CLRS data does not differentiate between emotional support and culturally appropriate emotional support.]

Year	Educ Self Advocacy	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	508	5,566	9.1%	3,888	13.1%
2005	528	5,233	10.1%	3,752	14.1%
2004	438	5,002	8.8%	3,838	11.4%
2003	433	4,895	8.8%	3,399	12.7%
2002	442	4,598	9.6%	3,121	14.2%
2001	286	4,331	6.6%	2,801	10.2%

EMOTIONAL SUPPORT OUTCOMES

In the past, emotional support and mental health were grouped together to track outcomes. More recently (following a year when the Hennepin County Request for Proposals (RFP) grouped emotional support/health education services as well as culturally appropriate services in these areas. The outcome form tracking "Changes in Life Management" was used to collect outcome information. The following summarizes the most recent information for this outcome, which is based on clients participating in those combined programs.

This report provides information about 285 clients who participate in emotional support/health education programs (including culturally appropriate programs) and completed outcome forms. This report includes those who completed forms in fall, 2005; spring/fall, 2006, and spring/fall 2007.

DEMOGRAPHICS These clients are:

- 67% (192) are male; 31% (89) are female; 0.7% (2) are transgender.
- 16% (45) are American Indian; 24% (69) Black - African/American; 19% (54) Caucasian; 18% (52) African-born;; and 20% (56) Latino.
- 33% (95) identified themselves as homosexual/gay/lesbian; 53% (151) as heterosexual/straight; 6% (16) bisexual, and 3% (9) "Other." 5% (14) did not answer this question.

YEAR FIRST TESTED POSITIVE

The range of years that clients first tested positive was between 1980 and 2007. The average year was 1998.8; the median 2000. 32% (82) of clients had tested positive in the previous five years, 32% (90) were first tested ten years ago or earlier.

YEAR BEGAN SERVICE

Clients' responses to this question were a range of years between 1986 and 2007. The mean year was 2003, the median year 2004. 13% (36) indicate beginning the service in the past year, while 17% (48) indicate they began in 2001 or earlier.

OUTCOMES – CHANGES IN LIFE MANAGEMENT

Clients indicated whether they were thinking of, have made some change, or have made a lot of change on various issues concerning HIV and life management. Responses were grouped into categories:

The overall highest change ratings (made a lot of change) were for items grouped as “**Medical/Health Care.**” Client responses indicate the **highest amount of change** and most consistent rating across these questions. More than fifty percent report making a lot of change in medical/health care. Fifty-eight percent (165) of clients report making a lot of change in *taking control of medical care for HIV*; 57% (163) indicated making a lot of change in *keeping medical appointments*, and 54% (154) report a lot of change in *taking medications as directed*.

The more varied responses were for questions grouped under “**Living with HIV.**” The highest rating was 57% (163) of clients report making a lot of change in *accepting that they are living with HIV*; 45% (129) indicate they have made a lot of change in *increasing their sources of support for HIV*. For the other two items, however, there are a greater percentage of clients thinking about changes than have made them.

- For making disclosure decisions, 38% (109) of clients indicate they are *thinking about change*, 26% (75) report having *made a lot of change*.
- For talking to friends and family about HIV, 34% (98) reporting *thinking about change*, 29% (83) report having made a lot of change.

OVERALL EMOTIONAL WELL BEING

Sixty-two percent (175) of clients indicated they *felt better* in the prior six months; 29% (82) reported *feeling the same*, and 7% (19) indicated *feeling worse*.

CHANGE OVER TIME

This report examined the changes in ratings for clients who completed outcome forms at least two times (N=119 or 42% of all clients). Comparison of means using a paired-sample T-test found *no statistically significant differences* (at the $p=.05$ level) for any of the questions:

A comparison was also made between clients who *maintained* the change level initially reported (thinking of change, made some or made a lot of change) and those who *increased* their level of change between T1 and T2. Overall, for most questions the larger proportion of clients (range of 37 to 56%) maintain change, while about half that number (range of 19 to 31%) increase the amount of change.

Specific findings include the following:

- ✓ 72% of clients reported maintaining or increasing change in **keeping medical appointments**
- ✓ 66% of clients reported maintaining or increasing change in **taking medications as directed**.
- ✓ 77% of clients reported maintaining or increasing change in **accepting that they are living with HIV**.
- ✓ 62% of clients reported maintaining or increasing change in **maintaining their sobriety/recovery**.
- ✓ 71% of clients reported maintaining or increasing change in **using resources/services in the HIV community**.

GLOBAL CHANGE RATING

A global change rating was created by adding together responses to all 16 questions about change. Comparisons between Time 1 and Time 2 ratings indicate that:

- ✓ 41.2% (49) *increased* their amount of change;
- ✓ 5.9% (7) *maintained* the same amount of change;
- ✓ 21.8% (26) *decreased* their amount of change;

Information was missing or incomplete for 31% (37) of those who were in both Time 1 and Time 2.

OVERALL EMOTIONAL WELL BEING

For clients who have completed forms at least twice [N=119], statistical analysis indicated *near* significance ($p=.054$) in a positive direction, with the percent of clients reporting they felt better increasing from 60% to 65%.

CONSUMER RANKINGS OF SERVICES

SERVICES	1999 RANKINGS			2003 RANKINGS		
	Rank (of 24)	# or Top Five Votes	% of Top Five Votes	Rank (of 25)	# of Top Five Votes	% of Top Five Votes**
Ranking of Top Services						
Emergency Fin Assist	4	68	6.62%	1	135	12.1%
Case Management	3	84	8.18%	2	127	11.3%
Primary Medical	1	143	13.93%	3	117	10.4%
Emotional Support	11	38	3.70%	9	38	3.4%
Mental Health	9	46	4.28%	14*	24	2.1%
Education Self Advocacy				14*	24	2.1%

* indicates tie in rank order. **Total number of votes: 1125

NEEDS ASSESSMENT INFO RELEVANT TO HEALTH EDUCATION/RISK REDUCTION

Assessing the Needs of Minnesotans Living With HIV or AIDS: Results of a Community Survey

Positive Outcomes, Inc. and Community Consulting Group, LLC August 2006

INTRODUCTION The Hennepin County Human Services and Public Health Department funded a voluntary survey of Minnesota HIV-infected residents to assess access to HIV clinical and psychosocial support services, evaluate the impact of recent changes in Minnesota State health insurance programs, measure unmet need, and help to plan the allocation of HIV services funds. Residents of Minnesota counties included in the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Eligible Metropolitan Area (EMA) were surveyed. These counties include Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright Counties. Residents of other Minnesota counties also were surveyed. The survey was designed and conducted by Positive Outcomes, Inc. (POI) and Community Consulting Group (CCG).

KEY FINDINGS A voluntary survey of 379 HIV-infected Minnesota residents was conducted in Spring 2006. The survey administered by HIV program staff assessed respondents' health insurance coverage, use of HIV clinical and support services, and unmet need. Few respondents reported that they needed services but did not get them in the six months before the survey. Only 5% of respondents reported unmet need for drug or alcohol treatment, 11% needed but did not get case management, and 10% needed but did not get psychiatric, psychological, or mental health counseling.

KEY POINTS FOR HEALTH EDUCATION/RISK REDUCTION

[Key points are created for and approved by the Needs Assessment and Evaluation Committee of the MHSPC, based on their review of a service area (SAR), which includes utilization data, outcome data when available, and detailed information from past Needs Assessments.]

Background: There are currently one public health clinic and two community based agencies who are funded for Health Education and Wellness Support; one clinic is funded for Culturally Appropriate Health Education/Risk Reduction. In addition, there are a number of specific health promotion events (such as the trainings provided to assist consumers to “Get the Most Out of Your Health Care.”).*

The NA&E Committee notes that Health Education occurs in a variety of funded services, including primary medical care. These data and these comments focus on services which are specifically funded to provide health education and risk reduction services to people who are HIV positive. These are funded health education programs who have staff dedicated to the program, and the intention of providing services and/or events with specific goals, typically targeted to a particular group of clients.

The committee notes that it is valuable to provide culturally and linguistically appropriate services in health education, recognizing that it is difficult to address the needs of, and provide funding for, all groups or individuals who are HIV positive.

The committee also notes that although the HRSA definition is fairly narrow and clinical, in practice health education is done broadly and holistically.

*Insert description of the past year’s events?

Do survey respondents have unmet need for services?

Table 3. Services Needed But Not Received By Survey Respondents in the Six Months Before the Survey

Housing, rental assistance, or rental services	25.4%	Emergency assistance	1.7%
Financial assistance	11.9%	Heating assistance	1.7%
Transportation	6.8%	Injections to fill out sunken cheeks in face	1.7%
Employment assistance	5.1%	Job skills training	1.7%
Food or food vouchers	5.1%	Medical insurance	1.7%
Child care assistance	3.4%	More services for kids and women with kids	1.7%
Driving lessons	3.4%	Neuropsychiatric testing	1.7%
Home repair assistance	3.4%	Permanent legal status	1.7%
Nutrition or nutritional supplements	3.4%	Physical therapy	1.7%
SSDI	3.4%	Podiatry	1.7%
Computer to access internet	1.7%	Public health assessment for PCA	1.7%
Delivered meals	1.7%	Supportive services	1.7%

APPENDIX: 2003 COMPREHENSIVE NEEDS ASSESSMENT INFORMATION RELEVANT TO HEALTH EDUCATION/RISK REDUCTION

This information is based on interviews with 240 HIV+ Minnesota, conducted and reported in 2003 and compared to a needs assessment conducted in 1999. The people interviewed may or may not have been in HIV services, or at the time using health education services.

In the 2003 Needs Assessment, we asked a number of questions that are relevant to Health Education and Wellness Support. The following provides information about how survey respondents rated **1) Sources of Information about Medical Care for HIV; 2) Sources of Information about Safe Sex; 3) Sources of Information about Services; and 4) Rating and Rankings of Health Education as a service area.**

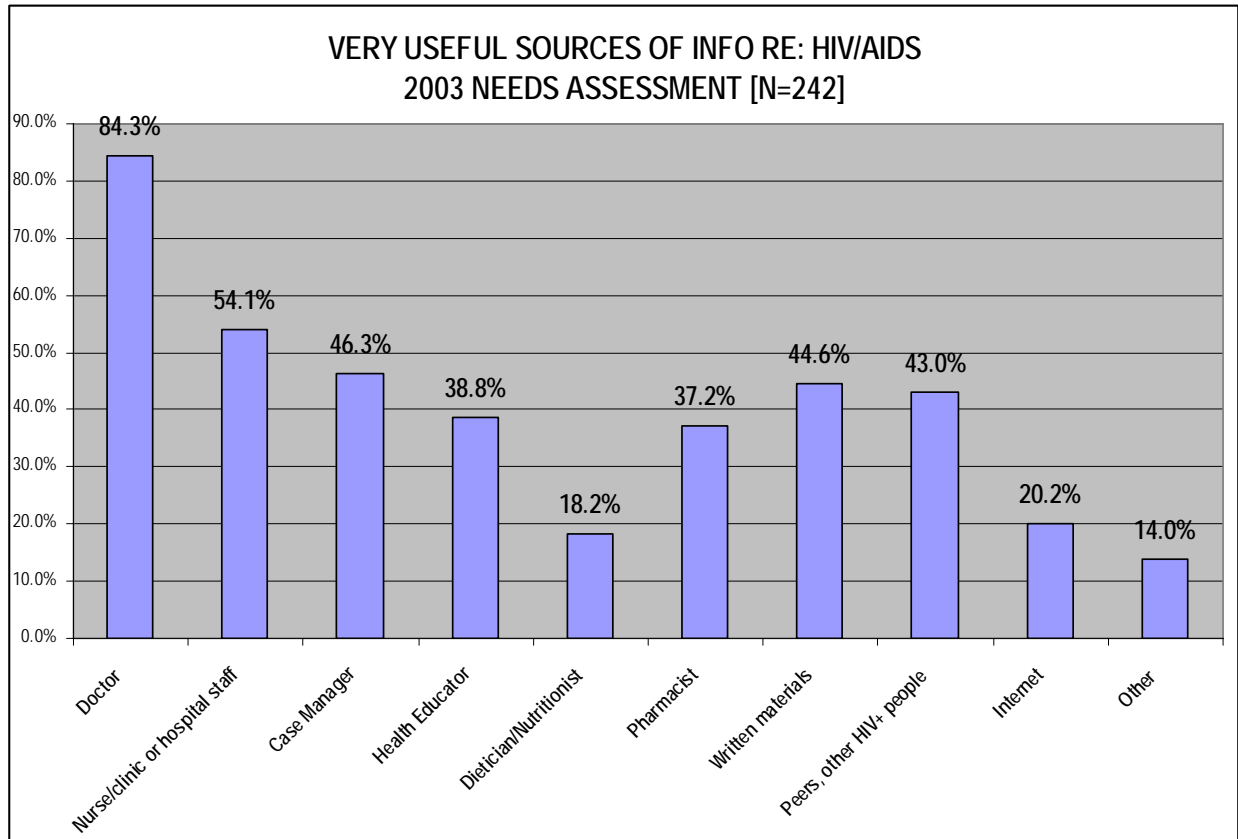
1) SOURCES OF INFORMATION ABOUT MEDICAL CARE FOR HIV.

We asked, "How useful have the following sources of information been in providing you with clear, useful information about medical care and treatments for HIV/AIDS?"

[Under "other" a number of people reported that they have found television programs to be very useful.]

Source of information	Very Useful		Somewhat Useful		Not Very Useful		Have Not Used		NA/ Miss ing	Mean
	#	%	#	%	#	%	#	%		Ave.
2003 DOCTOR	204	84.3%	23	9.5%	6	2.5%	8	3.3%	1	2.85
1999 Doctor	164	74.5%	34	15.5%	3	1.4%	13	5.9%	5	
2003 NURSE/CLINIC STAFF	131	54.1%	56	23.1%	22	9.1%	17	7.0%	16	2.52
1999 Nurse, etc.	141	64.1%	47	21.4%	11	5.0%	15	6.8%	6	
2003 CASE MGR	112	46.3%	51	21.1%	21	8.7%	48	19.8%	10	2.50
1999 Case Manager	109	49.5%	61	27.7%	11	5.0%	32	14.5%	7	
2003 HEALTH EDUCATOR	94	38.8%	41	16.9%	15	6.2%	70	28.9%	22	2.53
1999 Health Educator										
2003 DIETICIAN/NUTRITIONIST	44	18.2%	33	13.6%	10	4.1%	132	54.5%	23	2.39
1999 Dietician/nutritionist	26	11.8%	37	16.8%	11	5.0%	132	60.0%	14	
2003 PHARMACIST	90	37.2%	52	21.5%	9	3.7%	68	28.1%	23	2.54
1999 Pharmacist	57	25.9%	63	28.6%	15	6.8%	73	33.2%	12	
2003 WRITTEN MATERIALS	108	44.6%	55	22.7%	11	4.5%	49	20.2%	19	2.56
1999 Written Materials	92	42.3%	65	29.5%	13	5.9%	38	17.3%	11	
2003 PEERS/HIV+ PEOPLE	104	43.0%	57	23.6%	13	5.4%	54	5.8%	14	2.52
1999 Peers, etc.	90	40.9%	55	25.0%	13	5.9%	53	24.1%	9	
2003 INTERNET	40	20.2%	27	11.2%	15	6.2%	131	54.1%	20	2.37
1999 Internet	36	16.4%	21	9.5%	2	0.9%	155	70.5%	6	

2003 OTHER	34	14.0%	9	3.7%	3	1.2%	120	49.6%	76	2.67
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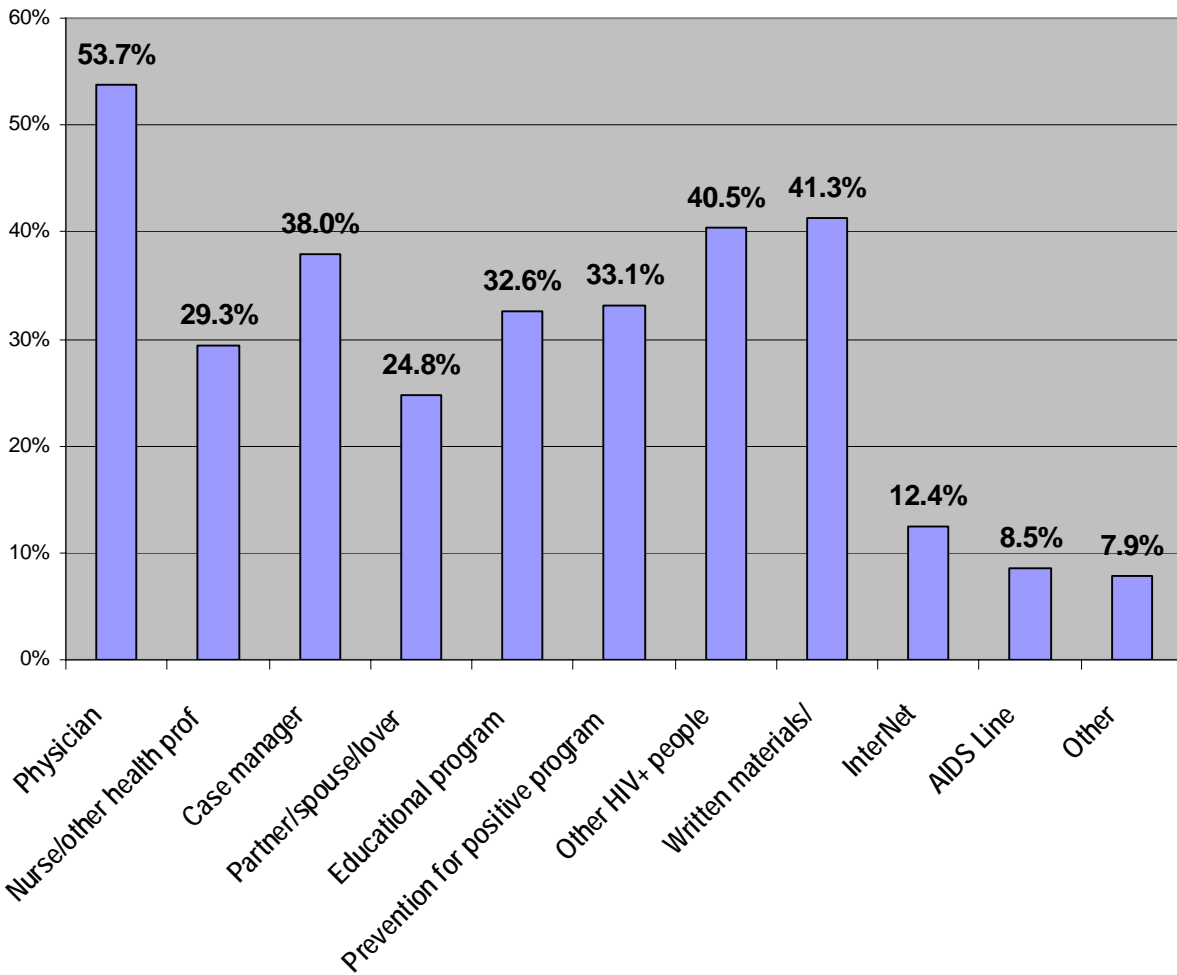


2) INFORMATION ABOUT SAFE SEX

We asked about what have been the best sources of information about safe sex for those interviewed. The following table summarizes results of use and usefulness. Again, the mean (averages) are calculated only on the basis of those who used this source.

Source of information	Very Useful (3)		Somewhat Useful (2)		Not Very Useful (1)		Have Not Used	Mean
	#	%	#	%	#	%		
Physician	130	53.7%	53	21.9%	9	3.7%	28	2.63
Nurse or other health clinician	71	29.3%	58	24.0%	17	7.0%	63	2.37
Case manager	92	38.0%	48	19.5%	15	6.2%	65	2.50
Partner/spouse/lover	60	24.8%	45	18.6%	28	11.6%	78	2.24
Educational program, seminar, workshop	79	32.6%	50	20.7%	12	5.0%	79	2.48
Prevention for positive program, seminar, workshop	80	33.1%	33	13.6%	11	4.5%	93	2.56
Other HIV positive people	98	40.5%	48	19.8%	11	4.5%	65	2.55
Written materials/pamphlets/brochures	100	41.3%	51	21.1%	12	4.9%	52	2.73
InterNet	30	12.4%	23	9.5%	14	5.8%	175	2.24
AIDS Line	20	8.5%	19	7.9%	15	6.2%	151	2.09
Other	19	7.9%	11	4.5%	3	1.2%	123	2.49

VERY USEFUL SOURCES OF SAFE SEX INFO 2003 NEEDS ASSESSMENT [N=242]

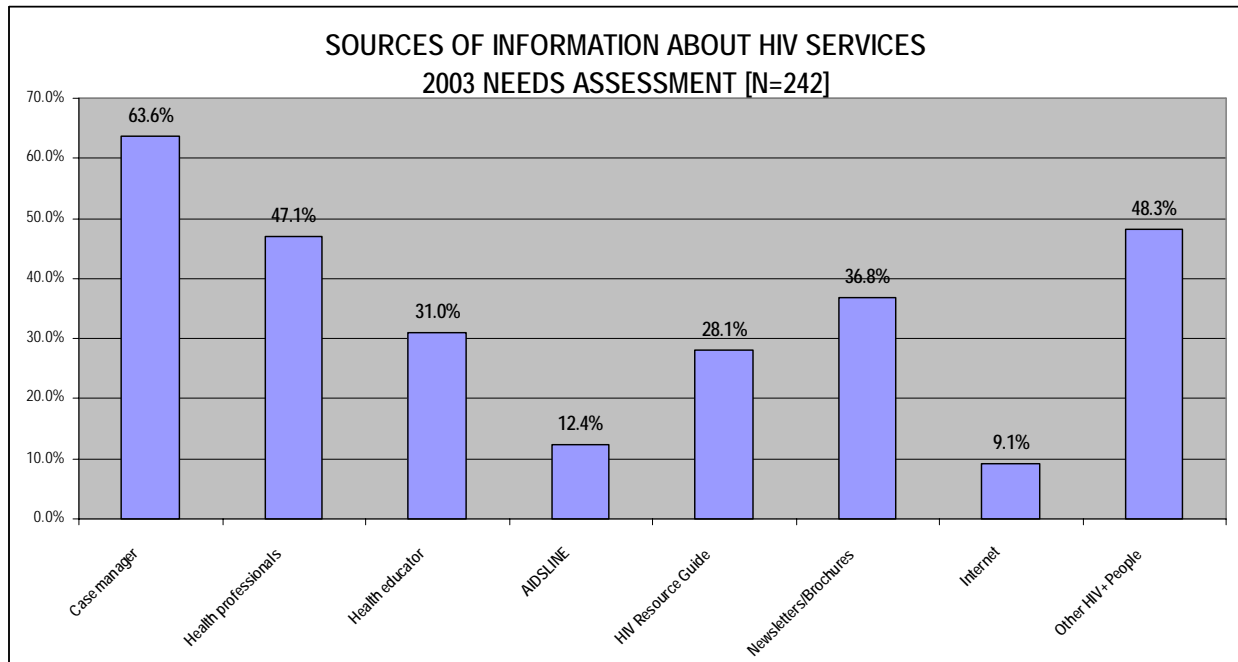


Finally, we asked if those interviewed would be interested in participating in a program (such as a workshop, seminar or conference) about HIV prevention designed for people who are HIV+. **More than half (62.5%) indicated they would be interested.**

WOULD YOU BE INTERESTED IN PARTICIPATING IN A PROGRAM ON HIV PREVENTION FOR PEOPLE WHO ARE HIV+?	2003 Frequency	2003 Percent
Yes	152	62.5%
No	62	25.6%
Don't know	22	9.1%
Missing/no info/does not apply	6	2.5%
Total	242	100%

3) SOURCES OF INFORMATION ABOUT SERVICES. In the 1999 and the 2003 Needs Assessments, we asked each person to list their sources of information about services. The results are summarized on the following table. This is the number of people that said each of the following was a "Very Helpful" resource.

Where do you get information about HIV-related services?	1999 Frequency	1999 Percent	2003 Frequency	2003 Percent
Case manager	144	65.5%	154	63.6%
Medical/health professionals	58	26.4%	114	47.1%
Health educator			75	31.0%
AIDSLINE	17	7.7%	30	12.4%
HIV Resource Guide	46	20.9%	68	28.1%
Newsletters/Brochures	--	--	89	36.8%
Internet	--	--	22	9.1%
Word of Mouth, Other HIV+ People	122	55.5%	117	48.3%
Myself	25	11.4%	--	--
Aliveness	16	7.3%	--	--
Organized support group	5	2.3%	--	--



4) RANKING AND RATING OF HEALTH EDUCATION SERVICE

Service:	2003 NA- Know about this service?		2003 NA - Have used in the past year?	
	#			
Legal services/attorney	154	63.6%	49	20.2%
Benefits Counseling	74	30.6%	23	9.5%
Education/Self Advocacy	159	65.7%	110	45.5%
Interpretation/Translation	92	38.0%	19	7.9%
Outreach	110	45.5%	36	14.9%

Service:	2003 NA – Currently need is being completely/well met		2003 NA– Currently need being met poorly/not at all	
	#	%	#	%
Legal services/attorney	86	35.5%	22	9.1%
Benefits Counseling	72	29.8%	9	3.7%
Education/Self Advocacy	139	57.4%	4	1.6%
Interpretation/Translation	69	28.5%	3	1.2%
Outreach	81	33.5%	11	4.6%

RANKING OF SERVICES. After asking each person four questions about each service, we asked each participant to choose the top five (or most important) services, and the bottom five, (or least important) services – as they saw them.

In 2003, Health Education (Education Self Advocacy) was ranked 14 of 25 services in votes for top, most important services.

In 2003, Health Education (Education and Self Advocacy) was ranked 16 of 25 services in votes for services which could be cut if need be.

TOP RANKINGS OF SERVICES

SERVICES	1999 RANKINGS			2003 RANKINGS		
	Rank (of 24)	# of Top 5 Votes	% of Top 5 Votes	Rank (of 25)	# of Top 5 Votes	% of Top 5 Votes**
Ranking of Services [where comparable services]						
Education Self Advocacy				14*	24	2.1%
Substance use Treatment	17	19	1.85%	21	14	1.2%
Outreach				23	13	1.2%
Nutritional Services	20	14	1.36%	24	10	0.8%
Interpretation				25	10	0.8%

* indicates tie in rank order. **Total number of votes: 1125

BOTTOM RANKING OF SERVICES

SERVICES	1999 RANKING			2003 RANKING		
	Rank (of 24)	# or Top 5 Votes	% of Top 5 Votes	Rank (of 25)	# of Top 5 Votes	% of Top 5 Votes**
Interpretation/Translation				25	102	9.8%
Complementary Care	18	50	5.28%	24	82	7.9%
Outreach				23	69	6.6%
Care Advocacy				22	67	6.4%
Substance Use Treatment	22	70	7.39%	21	64	6.1%
Benefits Counseling				20	61	5.9%
Home Delivered Meals	11	32	3.17%	19	54	5.2%
Nutritional Services	14	42	4.43%	18	53	5.1%
Legal Services	17*	48	5.07%	16*	49	4.7%
Education Self Advocacy				16*	49	4.7%

* indicates tie in rank order. **total number of votes: 1041.