

HEALTH EDUCATION & SCREENING
VIRGINIA DEPARTMENT FOR THE AGING
SERVICE STANDARD

Definitions

Health Education: The provision of information or materials, or both, specifically designed to address a particular health related issue. The activity may be preventive in nature and may promote self-care and independence. Health and nutrition education services include information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions.¹

Health Screening: The provision of an assessment or screening to determine an individual's current health status, including counseling, follow-up and referral as needed. Health screening services are designed to detect or prevent illnesses, or both, that occur most frequently in older individuals.²

Eligible Population

Health Education and Screening Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.³

Service Delivery Elements

Health Education

The Area Agency on Aging or service provider must provide informative and educational opportunities for older persons to acquire knowledge about wellness, health related issues and self-care. These opportunities may include: group presentations and discussions, wellness clubs, classes, newsletters, and health fairs.

Health Screening

The Area Agency on Aging or service provider must perform all of the following components of health screening:

- Provide individual or group health screening.
- Provide the individual with the opportunity to learn about individual health status.
- Perform standard examinations, procedures, or tests to gather information about the individual's health or medical status.
- Assist the individual to follow up on screening results, if indicated.
- Refer the individual to a physician or treatment facility if medical attention is needed.

¹ Older Americans Act of 1965, as amended, Section 321

² Ibid.

³ Older Americans Act of 1965, as amended, Section 306 (a)(4)(A)(i)

Assessment

- A service-specific assessment shall be performed on each potential client that determines whether the individual is eligible for the service, the amount of the individual's service-specific need, and the individual's level of priority for service delivery.
- If individual hours will be entered into the VDA-approved electronic client database, the Virginia Service – Quick Form (if Part “A” Uniform Assessment Instrument is not completed) is required.
- Use of the Virginia Service – Quick Form is recommended, but not required, if there are only group hours or contacts that will not be entered into the VDA-approved electronic client database.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA approved electronic client database.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale. The Federal Poverty/VDA form may be used.

Administrative Elements

Staff Qualifications

Whenever possible, the Area Agency on Aging or service provider shall utilize health experts and other qualified community resources to provide information, conduct screenings and advise on appropriate follow-up. When AAA or service provider staff are used, they shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; disease prevention and health promotion; medical conditions; learning styles of older adults.
- Skills: Establishing and sustaining interpersonal relationships; problem solving; designing educational materials; public speaking; health screening.
- Abilities: Communicate with persons with varying socioeconomic backgrounds; work independently.

Job Descriptions⁴

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of health education and screening services staff duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

⁴ 22 VAC 5-20-250, Grants to Area Agencies on Aging, Department for the Aging Regulations, Virginia Administrative Code.

- Hours (individual) – The number of hours spent one-on-one providing health education and/or health screening services to the individual senior.
- Persons served (unduplicated) – The number of persons who are provided with the service and who receive individual hours.

Individual Hours - Service activities provided to a specific individual; individual hours are required for AIM.

Optional Group Units (Not entered into the VDA-approved client database)

- Group Participants – The number of people attending the presentation, meeting, or program (activity provided to more than one person or in a group setting).
- Number of Group Presentations – Number of programs on health education/health screening topics.

Group Units – These activities cannot be entered into the VDA-approved client database. They are reported on the Optional Units page of the AMR.

Program Reports

- Aging Monthly Reports (AMR) to VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic client database shall be transmitted to VDA by the last day of the following month.

Consumer Contributions/Program Income

There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.⁵

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing/fee for service for recipients of this service.⁶

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.⁷

Quality Assurance

Staff Training

- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.

⁵ 22 VAC 5-20-410, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

⁶ Older Americans Act of 1965, as amended, Section 315(a)

⁷ Older Americans Act of 1965, as amended, Section 315 (b)

- Workers shall receive a minimum of 10 hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities.

Supervision

Consultation and supervision shall be available to all staff providing the service.

Program Evaluation

The agency should conduct regular systematic analysis of the persons served and the impact of the service. Subcontractors shall be monitored annually.

Client Records

The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:

- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form (if Part “A” Uniform Assessment Instrument – page 1-3 minimum is not completed). At minimum, this form must be updated annually.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded.

Service providers must maintain the following additional records:

- Service documentation, such as activity calendars or service records documenting health education and screening programs took place.
- Cost Sharing (Fee for Service) calculations, if applicable.