Abstract 624

TITLE: Discovering HIV/AIDS Education Needs for Individuals Age 50 and Older Through CDC National AIDS Hotline Callers

AUTHORS: Kim Kies MA, MPH; Sandra Welch; Douglas Thomas

BACKGROUND/OBJECTIVES: According to the January 23, 1998 Morbidity and Mortality Report (MMWR), from 1991 to 1996 the proportionate increase in incidence of reported AIDS cases in individuals ≥ 50 was 22% compared to a 9% increase among persons from ages 13 – 49. The CDC National AIDS Hotline (NAH) is a 24-hour toll-free telephone service that provides HIV/AIDS information, education, and referrals. To better understand the concerns of caller ≥ 50, we analyzed a systematic sample of 1997 CDC NAH callers for differences between those over and under the age of 50.

METHODS: Passive and active survey data for 1997 were analyzed using SPSS for differences between callers ≥ 50 and over and ≤ 50. Several issues were examined for significant variation at a p=.001 level including demographic data, initial concern of callers, topics discussed, risks and HIV status.

RESULTS: Racial or ethnic background callers ≥50 differs from callers <50**:** white was 71% vs. 53%, black or African American 10% vs. 14%, Hispanic 16% vs. 28%, and others 3% vs. 5% (≥50 and <50 respectively). Callers ≥50 showed significantly higher proportions of callers that were married (45%) or separated (9%) compared to those ≤50 (27% and 6% respectively). Only 38% of callers ≥50 were reported as single or divorced compared to 57% of younger callers. Callers ≥50 who were living with HIV did not appreciably differ form those ≤50, 3.1% vs. 3.7% respectively. Significantly less callers ≥50 wanted to discuss condom issues, (16% ≥50 vs. 24% ≤50). More callers ≥50 wanted information about treatment or support (12% ≥50 vs. 8%≤50), legal policy issues (4% ≥50 vs. 1% ≤50), CDC information (19% ≥50 vs. 11% ≤50), the course of living with AIDS (19% ≥50 vs. 13%≤50), than younger callers. Risk was not discussed as much with callers ≥50 (44% vs. 34% ≤50). In addition, much different proportions of HIV testing history are reported by callers ≥50 compared to callers ≤50 (never been tested 25% vs. 30%, tested 24% vs. 32%, and unknown 52% vs. 38% older to younger callers respectively).

CONCLUSIONS: Demographic information demonstrates that ethnic minorities in this age group call the hotline significantly less than their younger counterparts, while some minorities (black males) have been noted in the MMWR (January 23, 1998) to have increased rates of incidence of AIDS. While callers ≥50 initially call CDC NAH for the same reasons as their younger counterparts, the topics discussed during the call significantly vary. Personal risk for HIV and HIV testing are discussed much less with callers ≥50 compared to those ≤50. Targeted efforts should be made to educate both mainstream and minority populations ≥50 about HIV transmission and prevention in a culturally sensitive manner for this age group. Health care professionals should also be updated on the needs of educating individuals ≥50 on HIV risk reduction and HIV testing.

PRESENTER CONTACT INFORMATION

Name: Kim Kies
Address: P.O. Box 13827 RTP
Durham, NC 27709
Telephone: (919) 361-8433
Fax: (919) 361- 4855
E-mail: kimkie@ashasted.org