recommended limits, but 37.4% (6,280,569 of 16,771,716; 95% CI: 34.9%, 40.0%) had Harmful consumption and more than half (53.3%; 8,946,997 of 16,771,716; 95% CI: 50.1%, 56.6%) had either Hazardous/Harmful consumption. Men had significantly greater odds of having Hazardous/Harmful consumption than women (Odds Ratio [OR] = 2.14 [95% CI: 1.77, 2.6]). Blacks had significantly greater odds of having Hazardous/Harmful consumption than whites (OR = 1.49; 95% CI: 1.02, 2.17) despite having lower sex-specific rates of heavy drinking. The health status indicators most prevalent among Harmful drinkers were anti-hypertensive medication use, hypertension, quantity and frequency of alcohol consumption, and symptoms of depression/anxiety. **Conclusions:** Most Americans 65 years and older drink less than the current recommended maxima for their age, yet in the context of their co-morbidities, medication use, functional status, and recent symptoms, the alcohol consumption of a substantial proportion compromises or places their health at risk. Issues of medication safety and effectiveness, chronic disease management, and prevention and wellness are critical issues for this population.

Keywords: Alcohol Misuse; Older Adults

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ECI-4:

Culturally-Competent Heart Health Coaching Improves Lipids in South Asians

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Background/Aims: Health coaching programs, delivered by trained non-medical and medical personnel, and focused on diet and lifestyle counseling, have proven beneficial in primary and secondary prevention of cardiovascular disease. These coaching programs, however, have not been tested or validated in South Asians, who have unique dietary and lifestyle habits, and increased risk of coronary artery disease. **Methods:** We examined lipid values in participants who were enrolled in the Heart Health Coaching Program at the South Asian Heart Center at El Camino Hospital. Trained volunteer coaches contacted participants throughout the year by phone and email to deliver culturally-competent health education on diet, physical activity, and stress reduction. Participants were categorized, based on their level of participation, into three groups: those who did not enroll (non-coached, N=33), those who received some coaching (partially coached, N = 145), and those who completed one full year of the program (fully coached, N = 558). Fasting lipid measurements were obtained with mean differences being calculated from their baseline and last available follow-up lab test. Paired t-test was used for comparison of baseline and follow-up labs within each group. Multivariate age-adjusted analyses incorporated MANOVA to detect for differences between groups. **Results:** There were no significant differences in mean age(43, 42 and 43), mean BMI(25.8, 26.5 and 26.2), or baseline lipid values across the three groups (fully-coached, partially coached, and non-coached respectively). There were significant improvements in total cholesterol(TC) (-5.5±28.4mg/dl), LDL(-4.1±24.3), HDL (1.9±6.4), triglycerides(-16.1±67.3), and TC/HDL ratio(-0.31±0.83) in the fully coached group ($P < 0.001$ for all). The partially coached group demonstrated reductions in total cholesterol(-5.2±27.8, $p=0.03$), LDL(-8.1±28.0mg/dl, $P < 0.001$), and TC/HDL ratio (-0.42±1.01, $P < 0.001$) with a trend towards increased HDL (4.9±31.3, $P = 0.06$). Non-coached participants did not have any statistically significant differences for any lipid measurement. Coached participants were more likely to improve lipid values than partially coached and non-coached participants ($P < 0.001$). **Conclusions:** Our results suggest the benefit of a volunteer culturally-competent coaching program for South Asians in improving their lipid profile. Benefit was obtained even for partially coached participants. Non-medically trained health coaches may be an effective method to deliver culturally appropriate cardiovascular health messages for South Asians at risk for developing coronary artery disease.

Keywords: South Asians; Cultural Competence; Lipids

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PS3-37:

Health Information Seeking on Behalf of Others: Characteristics of ‘Surrogate Seekers’

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Background/Aims: Prior research has shown that persons of lower socioeconomic status and certain racial/ethnic minorities often face challenges with communication and information seeking and therefore rely upon interpersonal sources for health information. Understanding the seeking preferences and behaviors of surrogate seekers (those who seek health information on behalf of others) may guide efforts to reach disadvantaged populations. **Methods:** We used data collected in 2011 and 2012 from the Health Information National Trends Survey (HINTS) to describe the behaviors and attitudes of online surrogate seekers, and to draw comparisons with self seekers (those seeking information on their own behalf). Respondents were asked about Internet use for surrogate seeking over the prior 12 months. Sociodemographic characteristics, confidence in seeking, and trust and attention to health information from various sources was assessed. Data were weighted to allow for population estimates. Bivariate associations between surrogate seeking and independent variables were evaluated using Chi Square statistics. **Results:** Surrogate seekers were more likely to live in households with others (weighted percent 89.4%, [1182 of 1427] vs. 82.5% of self seekers [503 of 695]; $P < 0.05$); no significant differences in gender, race, income or education between surrogate and self seekers were observed. Surrogate seekers were more likely to report: visits to social networking sites to read and share about medical topics; participation in online health support groups; downloading of health information to electronic devices and searching online for a healthcare provider. Surrogate seekers were more likely to pay “a lot” of attention to at least one health information source (weighted percent 43.9% [663 of 1458] vs. 32.7% of self seekers [246 of 708], $P = 0.01$). **Conclusions:** Our results offer insight for leveraging lay health communication efforts to reach populations who rely on surrogate sources for health information.

Keywords: Surrogate Seekers; Health Information; Disadvantaged Populations

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PS3-38:

The Kaiser Permanente Northern California Member Health Survey Project

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Background/Aims: We will introduce researchers and administrators to the KP Northern California Member Health Survey Project (MHS) and illustrate how it has been used for research and to monitor population sociodemographic and health-related characteristics over time. **Methods:** This is a self-administered survey of independent stratified random samples of adults conducted every 3 years starting in 1993. Seniors and most race-ethnically diverse medical center service populations are oversampled. Survey data can be linked at the individual level to KP clinical, administrative, and utilization data, including kp.org use. **Results:** This Community Benefit-funded survey has been used to monitor KPNC member population characteristics over time, to facilitate research on the membership, and to contribute to community health needs assessment. The MHS captures information about sociodemographic characteristics, health and functional status, behavioral and psychosocial health risks, use of CAM and dietary supplements, IT access (Internet, email, and in 2011, mobile phone and text messaging), and health education modality preferences that is valuable for health research and service planning. Our sample facilitates study of race-ethnic and age group differences in these characteristics. While KPNC’s electronic data capture of member race/ethnicity and health characteristics has grown exponentially since the early 2000s, the Member Health Survey, based on self-reported information obtained from a stratified random sample of adult members, remains the most comparable source of KPNC population statistics to other surveys like the BRFSS, CHIS, and NHIS. We will use MHS data from 1993,