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,

1996, 1999, 2002, 2005, 2008, and 2011 to show changes over time among 25-79 year olds in selected health behavior risk factors (smoking, obesity, exercise, dietary practices, stress, health beliefs), use of selected CAM modalities, and IT access; age and race-ethnic differences in health risk factors and CAM use; and age-related differences in IT access and preferences for IT-based health education. More information about the survey and survey results can be found at www.memberhealthsurvey.kaiser.org. **Conclusions:** Data and statistics from KPNC Member Health Surveys can be useful for researchers and administrators both within and outside KPNC for research and service planning.

Keywords: Member Population Health; Health Risk Behaviors; IT Access and Preferences

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PS3-39:

What Are Seniors Doing to Promote Healthy Aging?

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Background/Aims: We describe the percentages of seniors taking health actions to promote healthy aging; how well they are achieving recommended goals; and whether healthcare provider advice influences behavior. **Methods:** We analyzed weighted self-report survey data for approximately 6600 respondents aged 65+ to the 2011 Kaiser Permanente Northern California Member Health Survey. **Results:** Differences noted are significant at $P < .05$: (1) 73% (77%W, 68%M) try to eat mostly healthy foods. Those who try are more likely to eat 3+ servings of fruit/vegetables per day (64%W, 45%M vs. 35%W, 24%M), but <1/4 (23%W, 15%M) consume 5+ servings. "Triers" are more likely to report most of the time trying to eat reduced fat foods (65% vs. 29%) and avoiding foods high in salt/sodium (75% vs. 40%), and also more likely to read food labels/recipes (70%W, 57%M vs. 28%W, 16%M). (2) 55% (51%W, 59%M) try to exercise most days (44% moderate exercise, 11% nonaerobic walks). Effort to get daily exercise declines with age. Most (90%) who try report exercising 3+ times/week (vs. 33% of "nontriers"), but only 53% of "triers" (56%M, 49%W) exercise 5+ times/week. (3) 51% of overweight seniors are trying to lose weight/maintain weight loss. (4) 39% (46%W, 30%M) and 57% (62%W, 50%M) of those at high risk (recent fall history or balance/gait problem) are taking actions to reduce risk of falling. (5) 65% try to get enough sleep. (6) "Triers" are more likely to report getting advice about diet (67% vs. 58%), losing weight (66% vs. 45%), reducing fall risk (83% vs. 43%), and getting enough sleep (82% vs. 64%). (7) 71% do activities to keep their brain stimulated; 63% visit people at least once a week, and 64% do enjoyable activities at least once a week, but this declines with age. (8) 47% of seniors take low-dose aspirin for CVD prevention. **Conclusions:** Large percentages of seniors are trying to engage in health protective behaviors, but many who are trying are falling short of recommended health behavior goals. Healthcare provider advice appears to influence patient motivation, supporting the utility of health behavior assessment and wellness counseling for seniors.

Keywords: Healthy Living; Senior Health Promotion; Prevention

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PS3-41:

The Role of Health Literacy on Medication Adherence After Discharge Among Medical Aid Program Members

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Background/Aims: Low income and inadequate health literacy are independently associated with hospital readmission, a situation exacerbated by factors such as medication errors or non-adherence. The objectives of this study were to describe health literacy in a population of adult patients covered by medical aid programs, to test its impact on medication adherence, and to explore the role of depressive symptoms on adherence. **Methods:** Ninety patients who had been hospitalized at Scott & White Memorial Hospital participated in the study. Within 15 days of discharge, participants completed an in-person cross-sectional survey, on health literacy (REALM-SF), medication adherence (Morisky 4-item), depressive symptoms (CES-

D), demographics, and other psychosocial measures. Chi square was applied to test for differences in medication adherence by health literacy score and by depression score. Health literacy scores were categorized by grade equivalents of $\leq$ grade 6 (0-3 points), 7th- 8th grade (4-6 points), and high school or above (7 points). Depressive symptom scores were categorized as below or above a cut-off of 16 points (higher = more symptoms). Medication adherence scores were categorized as low (0-1 points), medium (2-3 points), or high (4 points).

Results: The majority of participants were women (62.2%) with a mean age of 50.4 (SD = 13.5). Fifty-four percent scored a grade equivalent of high school or above, thirty percent scored a 7th to 8th grade equivalent, and 15.6% scored equivalent to 6th grade or lower. Medication adherence did not differ across REALM-SF categories ($\chi^2 = 4.97$, $df = 4$, $P = .29$) or by CES-D categories ($\chi^2 = 1.79$, $df = 2$, $P = .41$). **Conclusions:** Health literacy scores varied in this sample of medical aid program members recently discharged from the hospital; 15% had scores indicating they may struggle with most patient education material. However, health literacy level was not associated with degree of medication adherence after discharge. Planned next steps in this study are to explore the role of motivation and other individual characteristics on medication adherence and other self-care behaviors. Improved understanding of experiences and behaviors following hospital discharge will aid in the tailoring of interventions to reduce avoidable readmissions for persons receiving medical aid.

Keywords: Medication Adherence; Low-Income Populations

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PS3-42:

Health Literacy and Cancer Prevention: It's Not What You Say It's What They Hear

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Background/Aims: A growing body of literature documents the relationship between health literacy and important health behaviors and outcomes. Most research to date has focused on print literacy—few studies have examined literacy with respect to spoken information ("spoken health literacy"). We sought to examine the extent to which responses to physician advice about cancer prevention and screening were associated with spoken health literacy. **Methods:** Participants listened to 3 simulated physician-patient discussions addressing: 1) Prostate Specific Antigen (PSA) testing; 2) tamoxifen for breast cancer prevention; and 3) colorectal cancer (CRC) screening. The physician provided information on risks and benefits but did not endorse one course of action. Post-vignette questions assessed understanding and reactions to the physician's advice. Participants had previously completed the Cancer Message Literacy Test-Listening (CMLT-L), a measure of spoken health literacy. Bivariate analyses examined the relationship between CMLT-L scores and comprehension, attitudes, and behavioral intentions. **Results:** Four hundred thirty-eight adults from 3 HMORN sites participated. Comprehension: Post-vignette comprehension scores were correlated with CMLT-L scores ($r = 0.62$, $P < .001$) and those scoring in the lowest CMLT-L quartile scored significantly lower on the vignette-specific comprehension scales ($P < .001$). Attitudes: Participants scoring in the lowest CMLT-L quartile were more likely to report their views had become more favorable on PSA testing ($P < .001$) and CRC screening ($P < .001$) as a result of the vignette. Behavioral intentions: Participants who scored in the lowest CMLT-L quartile expressed stronger intent than higher scoring participants to undergo PSA testing ($P = .028$) and to take tamoxifen for chemoprevention ($P = .017$). **Conclusions:** The ability to understand spoken information is a critical component of health literacy. In this study, spoken health literacy influenced patients' comprehension of, and reaction to spoken health information provided by a physician. The findings that participants scoring in the lowest quartile on the CMLT-L were more likely to respond favorably to physician advice on cancer prevention but were less likely to comprehend content of the vignettes, may indicate that physician mention of a prevention