

HIV Awareness and Knowledge among Viewers of a Documentary Film about HIV among Racial- or Ethnic-Minority Older Adults

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A documentary film on HIV was developed based on social cognitive theory and entertainment educational methods in an effort to increase awareness and encourage protective behavior change related to HIV among older adults. The documentary includes perspectives from racial- or ethnic-minority older adults who are living with HIV and those of health care providers, and was screened in several venues. Authors of this article conducted thematic content analysis of anonymous, written, open-ended responses from 341 film viewers (clinicians and laypeople) who described what they learned about HIV after viewing the film. Four key themes emerged from the analysis: (1) increased awareness about the epidemiology of HIV among older, minority groups and about sexuality among older people; (2) improved general HIV knowledge, including risk reduction strategies and details about HIV testing; (3) awareness of lack of sexual health education among health care providers, and that a call to action is needed; and (4) awareness that HIV reinfection can occur in certain circumstances with people who are already infected. Findings suggest that an educational documentary can be used to effectively increase awareness and knowledge about the impact of HIV among minority older adults, and may also encourage HIV prevention action steps by providers.

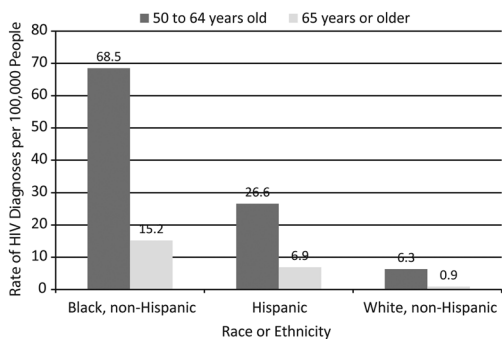
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People aged 50 years or older are increasingly represented in the United States' HIV epidemic; they constituted 35.2 percent of people living with HIV in 2010 and 17 percent of people newly diagnosed with HIV in 2011 (Centers for Disease Control and Prevention [CDC], 2013a). Most HIV transmission among all groups, including older people, is through sexual transmission (CDC, 2013a). It is estimated that in the next five years, people aged 50 years or older will represent 50 percent of those living with HIV (High et al., 2012), due largely to effective antiretroviral therapies that have led to HIV-infected people leading longer, healthier lives and an overall aging and sexually active U.S. population (CDC, 2013b; Lindau et al., 2007). Among older adults diagnosed with HIV, racial or ethnic disparities are substantial; rates of diagnoses among non-Hispanic black and Hispanic older adults were 12.6 and 5.0 times as high, respectively, as the rate among non-Hispanic white older adults (Linley, Prejean, An, Chen, & Hall, 2012) (see Figure 1).

Despite these alarming estimates of HIV among people aged 50 years or older, data suggest that there

are missed HIV screening opportunities by providers in medical settings (Adekeye, Heiman, Onyeabor, & Hyacinth, 2012; Skiest & Keiser, 1997); some providers report feeling inadequately trained to perform sexual histories and uncomfortable discussing sex with older people (Taylor & Gosney, 2011; Wallace, 2008). A lack of HIV awareness and risk reduction behaviors among older people may also contribute to these age-related disparities (Stall & Catania, 1994). In addition, for older people living with HIV, perceived cultural, community, and societal stigma often presents challenges for disclosure of HIV status to potential family support networks and for accessing HIV care (Montoya & Whitsett, 2003). A recent review suggests that more culturally tailored research is needed to inform educational interventions and optimize HIV care for older people (Sankar, Nevedal, Neufeld, Berry, & Luborsky, 2011). To date, interventions developed for older people have been lacking (Altschuler, Katz, & Tynan, 2004; Jacobson, 2011; Orel, Wright, & Wagner, 2004). A recently published literature review identified 18 articles of peer-reviewed interventions and strategies for HIV prevention among older adults; only three

Figure 1: Diagnoses of HIV Infection among People 50 to 64 Years Old and 65 Years or Older, by Race or Ethnicity: 37 States with Confidential Name-Based HIV Infection Reporting (2005–2008)



Source: Centers for Disease Control and Prevention. (2010). *HIV/AIDS surveillance report, 2008* (Vol. 20). Retrieved from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports>.

(16.7 percent) of the 18 studies enrolled ≥ 50 percent black or Hispanic participants (groups disproportionately affected by HIV), and none described use of brief, educational documentaries (T. Davis & Zanjani, 2012). Local efforts have reached limited numbers of people (Agate, Mullins, Prudent, & Liberti, 2003) or have not been formally evaluated for impact (Orel, Stelle, Watson, & Bunner, 2010). Social services providers and other clinical providers have a vital role to play in closing this gap for older populations (Jacobson, 2011; Linsk, Fowler, & Klein, 2003).

In this article, we briefly describe an educational documentary film (*Even Me*) that was developed to raise HIV awareness among older people and the clinical providers who care for them. We also provide the viewers' HIV knowledge as reported after viewing the documentary film.

METHOD

Even Me was conceived by the first author (Megan Ebor) and developed based on social cognitive theory (Bandura, 2001; Leutzinger & Newman, 1995), the health belief model (Rosenstock, Strecher, & Becker, 1988), and entertainment educational methods (Moyer-Guse, 2008) in an effort to increase awareness and encourage protective behavior change related to HIV among older adults. Central to developing the documentary film was one of the core concepts within social cognitive theory—observational learning/modeling, the concept that people learn

through observation. The health belief model, commonly used when developing social work and health-affirming interventions, posits that a person's likelihood of engaging in a health-related behavior is determined by six variables: (1) perceived susceptibility, (2) perceived severity, (3) perceived benefits, (4) perceived barriers, (5) cue to action, and (6) self-efficacy (confidence in one's ability to perform the new behavior) (Orji, Vassileva, & Mandryk, 2012). These health belief model variables were covered in the final documentary content to strengthen the HIV prevention educational messaging for the viewing audiences. Last, entertainment education is a strategy for incorporating health and other educational messages into entertainment media with the goal of positively influencing awareness, knowledge, attitudes, and behaviors (Moyer-Guse, 2008); viewers also often identify with the characters, which is why clinicians and older people affected by HIV were important members to include in this peer documentary process.

The film was developed by collaborating with several community-based agencies and HIV services organizations for access to clinical providers, people living with HIV, and film production professionals. The first step was identifying key community stakeholders and allies who worked in HIV prevention and care through local social work networks. By making calls to HIV agencies and networking with social services contacts, potential subjects and experts were accessed. Several local film production professionals were aware of the HIV epidemic and were receptive to helping to make the educational documentary. We drew on our social work training and skills to build rapport, conduct interviews, and organize around the social justice issue of sexual health among racial- or ethnic-minority older adults. The experiences of the older participants and HIV providers helped to create an informed, relatable, and culturally relevant documentary. *Even Me* includes older African American women, an African American man, and a Latina who share their stories about facing fears about being tested for HIV and about life after diagnosis. It also includes feedback from clinical providers who describe how important routine HIV screening is among older people. All people who appeared in the documentary signed informed consent forms allowing their video content to be part of the film for public viewing. The video and audio production personnel and clinical providers volunteered their time. The people living

with HIV who were featured in the film received a \$125 token of appreciation.

Even Me film screenings were conducted from June 2012 through March 2013 in various settings, including classrooms, private media arenas, community senior centers, and social services organizations, particularly in cities with high HIV prevalence rates (Los Angeles; Newark, New Jersey; Camden, New Jersey; New York City; and Atlanta). Anonymous paper surveys were conducted with a convenience sample of viewers who attended the film screenings. Surveys were administered after viewers gave verbal consent and before and after people viewed the film. No identifying information was collected, and no incentives were provided to viewers who completed surveys. The documentary filming and the anonymous surveys were deemed a nonresearch, public health educational/evaluation activity by the University of California, Los Angeles (where the first author was an MSW student at the time). The CDC provided technical assistance for data analysis and writing; it was deemed not engaged in research by a project determination.

For this analysis, we reviewed data from three demographic questions (previewing survey) and an open-ended, free text question (post-viewing survey). Age was categorized as under 50 or over 50. Employment as a health care or service provider was a yes or no variable. If viewers answered “yes,” they were asked to indicate their title or role. Student status was a yes or no variable. If viewers answered “yes,” they were asked for degree and area of study. Descriptive statistics for frequencies were performed using SAS Version 9.2 (2010).

We also reviewed the responses to one open-ended, free-text, post-viewing survey item (optional): “Please indicate what you learned today that you did not know prior to watching this film.” Responses to this item were read, grouped, and coded by three independent scientists (Ashley Murray, Zaneta Gaul, and Madeline Sutton). The first author was not part of the data analysis to avoid possible conflict of interest. Data were then coded for common themes and grouped using a general inductive approach by Ashley Murray, Zaneta Gaul, and Madeline Sutton (Thomas, 2006). Inter-coder agreement was 0.94.

RESULTS

The survey results included 333 pre-viewing and 341 post-viewing responses; eight pre-viewing re-

sponses were missing due to viewers arriving after the start of the documentary. Respondents were mostly under 50 years of age (70 percent), non-health care service providers (63 percent), and students (57 percent; mostly social work students).

Two hundred eighty-two (83 percent) of 341 posttest viewers responded regarding what they had learned. From an analysis of these responses, four key themes emerged: Viewers reported having (1) an increased awareness about the epidemiology of HIV among racial- or ethnic-minority older adults and about sexuality among older people; (2) improved general HIV knowledge, including risk reduction strategies and how and where HIV testing can be performed; (3) awareness of lack of sexual health education among health care providers and that a call to action is needed; and (4) awareness that HIV reinfection can occur in certain circumstances with people who are already infected.

Increased Awareness about the Epidemiology of HIV among Racial- or Ethnic-Minority Older Adults and about Sexuality among Older People

Respondents reported being “surprised” regarding the rates of HIV infection among racial- or ethnic-minority older populations and the level of sexual activity among older adults.

I did not know that people over 65 are as sexually active as they are. I did not know that so many cases of HIV are diagnosed in older adults. I learned that it is important to educate older adults about STDs and using condoms for safe sex.

Before seeing this film, I honestly never considered HIV in the elderly. I assumed people had HIV from a younger age. This film really helped me understand the elderly population in a new way. I look forward to further research on this topic. Great film!

Seventy percent of women with HIV/AIDS are African American or Hispanic. As a Hispanic woman, it opened up my eyes to educate myself more about this issue.

Improved General HIV Knowledge, Including Risk Reduction Strategies and How and Where HIV Testing Can Be Performed

Respondents reported having a better understanding of the differences between HIV and AIDS, the modes

of HIV transmission, risk reduction strategies, and other basic HIV/AIDS information, such as where to get tested and that testing can be done quickly in mobile community units.

I . . . learned the various ways of contracting HIV, not just through IV drug use, but also heterosexual activity. Also I learned about the difference between HIV and AIDS!

They have more “free” testing sites, like providers, health departments, and anonymous sites to go to. And it’s fast, too!

I know through clinical practice that one never really knows about the activities or history of your sexual partner, so just as one does universal precautions in the hospital, the idea of universal precautions also probably applies with sex.

Awareness of Lack of Sexual Health Education among Health Care Providers: A Call to Action Is Needed

After viewing the film, respondents commented on their frustration regarding the lack of sexual health education and awareness among providers—including physicians, nurses, and social workers—for older adults in health care settings.

I did not know that many doctors and health care professionals do not test patients that are elderly for HIV. I did not realize even that older adults are at risk.

I didn’t know that the health care industry is so reluctant to ask about clients’ sexual practices and histories.

Interesting to find that health care providers are either not addressing the issue with the 50+ population or don’t know [how] to do this. There is a huge need for education of our health care providers regarding HIV/AIDS.

Some viewers also discussed actions that they would take now that they are aware of the issues surrounding HIV among older adults.

There needs to be more education for older adults that have HIV/AIDS.

It was just so refreshing to see the subjects talk so freely and openly about sex. It makes me think that people are OK talking about it, and all we (clinical providers) need to do is ask.

Watching this film got me more excited to get more involved in discussions of safer sex in my work as a social worker.

I will continue to do outreach/recruiting with my neighbors, neighborhood, strangers, friends, enemies—giving knowledge on HIV/AIDS, learning to love and teach each other what are risk behaviors, how to change our lives for the good of our future generations.

Awareness That HIV Reinfection Can Occur in Certain Circumstances with People Who Are Already HIV Infected

Respondents reported being surprised to learn about the possibility of being reinfected with HIV despite already being HIV infected.

Although I knew you should still practice safe sex when both partners are positive, I didn’t realize when having unprotected sex, if one’s strand of HIV is stronger, they can pass a stronger virus to [the] partner and cause reinfection.

DISCUSSION

Our findings suggest that an educational documentary that engages older people who are living with HIV, and clinicians who provide care to older adults, can be used to provide awareness and education with lay communities and providers about HIV among older people. *Even Me* effectively reached a diverse group of viewers and provided learning opportunities regarding HIV and older people. This educational documentary approach represents an additional tool for HIV prevention and may be used by social workers, clinical providers, and community-based organizations for vital HIV prevention efforts with the health care workforce and communities of sexually active older people. Based on extensive literature review, to our knowledge this is the first report of an educational HIV documentary developed with and for racial- or ethnic-minority older people.

The four key themes that emerged from the written responses suggest that viewers were receptive to the information in the film; learned important facts about HIV epidemiology and prevention; and were willing to take action in support of HIV education, prevention, and screening with older adults in health care and community settings. It is encouraging that the viewers reported gaining increased knowledge about the epidemiology of HIV. This suggests that data-driven reports discussing HIV

among older adults are effective and should increasingly be incorporated into HIV education and prevention interventions. Previous data indicated that racial- or ethnic-minority older people had low HIV knowledge and perceptions of low HIV risk compared with their non-Hispanic white counterparts (Altschuler, Katz, & Tynan, 2008); HIV interventions, including documentaries, have an important role to play, particularly with the disproportionately affected racial- or ethnic-minority older people who may relate to peers in the film and their cultural and societal contexts (T. Davis & Zanjani, 2012; Orel, Spence, & Steele, 2005). Also, in the context of increased reports of sexually transmitted infections among older people and use of erectile dysfunction medications by older men, the normal sexuality and sexual health of older people should be increasingly discussed in an effort to raise awareness and encourage safer sex behaviors (Simson & Kulasegaram, 2012).

The second theme encompasses improved general HIV knowledge and information about risk reduction strategies. Viewers described gaining increased awareness about HIV transmission modes, stages of HIV disease, and testing opportunities. As people age 50 and older accounted for an estimated 17 percent of people diagnosed with HIV in the United States in 2011 (CDC, 2013a), increased awareness regarding heterosexual and same-sex transmission risks, age-relevant HIV educational campaigns, risk reduction and HIV testing strategies, and possible treatment of comorbid medical conditions is warranted with older people and providers who care for this age group (Brooks, Buchacz, Gebo, & Mermin, 2012; Greene, Justice, Lampiris, & Valcour, 2013). Web sites sponsored by the U.S. Department of Health and Human Services Administration on Aging (http://www.aoa.gov/AoARoot/AoA_Programs/HPW/HIV_AIDS/) and annual National HIV/AIDS and Aging Awareness Day activities provide expanded access and assist the public with HIV-related resources for the aging population. In addition, recommendations from both the CDC (Branson et al., 2006) and the U.S. Preventive Services Task Force (Moyer, 2013) support routine HIV screening in clinical settings with people up to age 64 and 65 years, respectively. As 53 percent of people ages 65 to 75 years and 26 percent of people ages 75 to 85 years report having been sexually active in the past year (Lindau et al., 2007), sexual risk exposure remains possible and people older than age 65

may also benefit from HIV screening. Although a recommendation from a health care provider is a strong predictor of receiving an HIV test (Lekas, Schrimshaw, & Siegel, 2005), less than 6 percent of adults ages 57 to 85 report being recommended for an HIV test by a provider (Harawa, Leng, Kim, & Cunningham, 2011). HIV screening for earlier diagnoses may be warranted and cost-effective (Sanders, Bayoumi, Holodniy, & Owens, 2008) for some older people if symptoms raise suspicion, especially in high HIV seroprevalence communities (el-Sadr & Gettler, 1995), and especially as older adults are more often affected by poor clinical outcomes due to undiagnosed HIV infection and late initiation of antiretroviral treatment (D. H. Davis et al., 2013; Losina et al., 2009; Noguera et al., 2006).

The third theme that emerged deals with the issue that sexual health education in the health care field is lacking among providers, a finding consistent with several reports of a lack of consistent sexual history training, discussions, and documentation for clinical health care providers (Lindau et al., 2007; Loeb, Lee, Binswanger, Ellison, & Aagaard, 2011; Wimberly, Hogben, Moore-Ruffin, Moore, & Fry-Johnson, 2006). Data suggest that communications between providers and older patients about sexual risk and routine HIV testing are challenging, often due to the discomfort in addressing sexuality among older adult patients and the belief that older adults are asexual and therefore not at risk (Gott, Hinchliff, & Galena, 2004; Politi, Clark, Armstrong, McGarry, & Sciamanna, 2009; Taylor & Gosney, 2011). Efforts to recognize sexuality among older people and standardize sexual history discussion trainings and for health care personnel should be more widely implemented (FitzGerald, Crowley, Greenhouse, Probert, & Horner, 2003; Haist et al., 2004; Macdowall et al., 2010; Wallace, 2008); such sexual history discussions may be particularly helpful for bridging conversations about routine HIV screening during health care visits (Lanier et al., 2014). Also, training social services and health care services providers to meet the needs of the expanding population of older HIV-positive people is warranted as an important tool for HIV prevention strategies (Cahill & Valadez, 2013).

The fourth theme indicated a new awareness that HIV reinfection (or “superinfection”) can occur in certain circumstances with people who are already HIV infected, an important piece of information that warrants reinforcement as part of ongoing

education and prevention efforts with people who are already living with HIV infection. HIV superinfection occurs when a person with an already established HIV infection is reinfected with a new strain or genetic variant of HIV (Chohan, Lavreys, Rainwater, & Overbaugh, 2005; Jost et al., 2002). The genetic recombination of the two strains can result in a stronger, more drug-resistant virus, and an accelerated HIV progression course in the HIV-infected person (Blackard, Cohen, & Mayer, 2002; Smith et al., 2004). Data suggest that when people living with HIV infection are aware of the additional health risks of superinfection, they are more likely to engage in protected anal or vaginal intercourse with partners of the same HIV status (Colfax et al., 2004; Kalichman et al., 2010). Therefore, these risk reduction messages in support of consistent condom use are of benefit with HIV-infected people. The importance of continued HIV prevention discussions with older people who are living with HIV needs to be reinforced with all health care providers.

Limitations

This evaluation has some limitations. First, the survey feedback is based on a convenience sample of people who viewed the documentary; the findings could be strengthened by the addition of a systematic sample and a comparison control group who did not view the film, so that their HIV knowledge and attitudes could be assessed and compared. Second, this was a cross-sectional study with surveys obtained immediately after documentary viewing; future efforts should include longitudinal follow-ups at several months post-intervention to assess whether the information from the film is retained long-term. Third, developing this documentary evaluation into a full research protocol would have enabled us to gather more demographic and behavioral data to better understand the respondents and consider additional details for the development of a full curriculum to accompany the educational process.

Implications

We created an engaging, peer-based documentary film to educate audiences and normalize discussions around sex and HIV among older adults. Based on feedback from viewers, this film was useful as a tool for increasing accurate HIV knowledge, for improving awareness, and for empowering audience members to take action and share information about HIV and older people within their professional contexts

and their communities. Based on HIV surveillance projections, HIV among older Americans, especially racial or ethnic minorities, will require increased public health attention in the coming years (Cahill & Valadez, 2013). Research and effective outreach programs that address HIV among older adults with providers and communities, using culturally competent strategies, will continue to be an important part of domestic HIV prevention efforts. **HSW**

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