The national HIV/AIDS hotline in Israel: Data on utilization, quality assurance and content

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Abstract

AIDS Hotlines are an integral part of national responses to the epidemic, mostly in developed countries. This service is an essential component in services for the general public aimed at prevention, information and psycho-social support. In Israel, the national AIDS Hotline is providing essential assistance to callers and those who contact us online via Internet. This service is provided by a large NGO under a contract of the Ministry of Health. We screened anonymous written summaries of all incoming phone calls to the Israeli National AIDS Hotline between September 2006 and December 2007. Using an Excel spreadsheet we recorded key information on each call. In total, 1,601 callers had used the service during this time. 70.0% females, 30.0% males. 33.0% were adolescents (age range 10-15), 58.0% were young adults (age range 16-25), and 5.0% older (age range 26 and 71). 30.1% reported having done HIV testing. We also present data on quality assurance content and management of the Israeli National AIDS Hotline. We recommend closer collaboration between hotline counselors, AIDS experts and mental health experts.

Keywords: HIV, AIDS, hotline.

Introduction

National hotlines (often called: Help-lines) have been characterized as an important tool in national responses to the HIV/AIDS epidemic since the early 1980s. In New York and San Francisco this service to the general and sub-populations followed the success of similar telephone services which mushroomed in the 70s. to support callers in diverse (often sensitive and taboo) areas (1-3).

The classical functions of such hotlines have been: a) providing general information on HIV and AIDS; b) referral to HIV testing and treatment centers; c) counseling individuals fearing or anxious of an HIV infection; d) tailoring prevention messages
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In support of campaigns involving hotline stuff and volunteers (4-5).

In most countries national AIDS hotlines are either established or managed directly by government authorities (e.g. CDC in the USA), or they source out to accountable and credible HIV/AIDS community-based organizations (CBOs). Most service providers are trained counselors who are either volunteers or paid staff. Such hotlines function most days of the week and are manned by hourly schedules dependent on budget and needs (2,6,7).

AIDS hotlines for the general public have been set up in Israel over 15 years ago by local CBOs and performed in an intermittent way. In the past years, the two main organizations which run such a service are the Jerusalem AIDS Project (JAIP) and the Israel AIDS Taskforce (8).

The Jerusalem AIDS Project has fifteen years ago developed and maintained a professional service managed by volunteers who received 60 hours of pre-service training, followed up by routine supervision and mentoring. This service was offered 3-4 days a week, 2-3 hours per shift. Number of callers per month on an average was 300 in the first years dropping down to less than 200 in later years, mainly due to the introduction of Internet based complimentary services (8). Following a public invitation to tender the Jerusalem AIDS Project won the bid and begun offering the service through a contract with the Department of Tuberculosis and AIDS at the Ministry of Health. The Ministry also supervises the service and provides routine guidance as new policies are issued in this area.

Israel is experiencing a stable HIV incidence -one new case a day- the majority of whom are new migrants. Between 1981 and 2007, 5,358 new cases of HIV were notified. The Ministry of Health estimated that approximately 5,940 people were living in Israel with HIV by the end of 2007. In average, 333 new cases occurred annually between 2003-2007, representing an incidence rate of 49.6 HIV infections per million (9).

An important service in the Israeli MOH national plan to combat HIV/AIDS is a designated national hotline. For the last three years this service is provided by the Jerusalem AIDS Project (JAIP). JAIP is a NGO founded 22 years ago, which focuses on prevention of HIV/STI in young people nationally and internationally.

This paper presents, for the first time as a full article, the utilization and quality assurance data from a national hotline service in Israel.

Methods

The Israeli national AIDS hotline managed by JAIP on behalf of the Ministry of Health is open 24 hours a day, six days a week. It serves on average 60 phone callers a week and additionally infrequent Internet users, who are either far from a phone, are traveling outside of the country, or youth who are often utilizing the Internet for anonymous interactions also in seeking private answers to sensitive issues. A comprehensive training course was developed for manning the national hotline service in a multicultural society such as Israel. Trained "HIV/AIDS Hotline Counselors" were offered a part time job manning the service. The telephone lines and Internet based designated "messenger" (e.g. ICQ) services are manned for several hours a day.

For this study, we have used two systems for data collection. The first, were the routine forms with information on all calls that have been received at the hotline during September 2006- December 2007.

The second is a quality assurance tool, which was pilot tested in this study. This tool was composed of ten closed questions obtaining data on the service provided to hotline callers. Thirty random callers who left their personal phone numbers to be called back (15% of callers do that when our hotline is not in it's manned by a counselor) were interviewed by hotline counselors, other than the one who supported them, with data plugged into the quality assurance tool. Data of both tools were recorded on an excel spreadsheet with basic statistics performed.

Results

Figure 1 presents data of the overall utilization of the Israel National AIDS Hotline between September 2006-December 2007. 1,601 callers had used the service during this time. 70.0% females, 30.0% males. 33.0% were adolescents (age range 10-15), 58.0%
were young adults (age range 16-25), and 5.0% older (age range 26 and 71). 30.1% tested for HIV. Content of calls varied significantly between men and women: 44.5% of men called for basic information on HIV/AIDS and on VCT vs. 39.9% of women (p<0.001); 35.9% of women vs. 29.1 of men (p<0.001) needed emotional and mental counseling and support and 26.1% men vs. 21.6% of women (p<0.3) called for direct advice (e.g. "my condom slipped during sex"). Figure 2 represents a sample of the content brought up in the Israeli National AIDS hotline conversations.

The more detailed description of content areas split by the three sub categories of the services provided in table 3. Another indicator is our emphasis on quality assurance. Cumulative results of the quality assurance exercise performed twice, in May 2007, and December 2007 demonstrated very high public satisfaction of the service and high credibility rates.

The following are selective examples of conversations from the National AIDS Hotline in Israel:

An elderly man in his seventies, phones us frequently. His main concerns revolve around possible infection by HIV through everyday activities such as the use of common eating utensils, public toilets etc. He is aware of his anxiety of HIV and he needs these chats. They calm him down.

A young woman engages in unprotected sex with a man of her age. He gives her the impression of coming from a "respectable home". Withdrawal is their method of choice for contraception. In the past she had a boyfriend whom she describes as "sexually reckless". With him she also didn’t use a condom. She has never done a test for HIV and is now – following our consultation over the phone - considering taking an HIV test for the first time so as not to endanger her current partner.

A woman phones with the story that her daughter is in the process of adopting a child in Russia. A few days ago they discovered that the mother of the baby is infected with HIV. The one and a half year old child is apparently virus free. The potential grandmother is very concerned that the baby might still develop the disease and wants to consult with experts in Israel.
She would like to bring blood samples to check out here.

Information includes:
1. Referral to one of Israel’s (9) official HIV counseling and testing centers
2. Referral to the appropriate types of HIV testing and offering details about the specific HIV tests.
3. Other ways to contact us aside from the hotline; e-mail, fax, and ICQ

Advice Includes:
1. Ways to be infected; heterosexual, homosexual, drug user
2. Guidance on safe sex
3. Guidance on dealing with injuries
4. Practical guidance on living with someone who has HIV/AIDS

Support Includes:
1. Dealing with AIDS phobia - About 2.5% of the hotline callers are labeled to having symptoms of AIDS phobia (People showing signs of incorrect suspicion, obsessive behavior, etc.)
2. Conversations with people infected with HIV
3. Conversations with youth

Figure 2. Content of calls by type and users.

100% of participants in the 2007 quality assurance survey remembered well the reason for their calling the hotline. 82% reported that the information or assistance they obtained during their call was helpful to them. The overall caller satisfaction rate was 90% (range: 50 – 100).

The credibility rate was 92% and the average grade for professionalism of the counselors was 9.3 (scale: 0-10). Average number of calls per caller was 2 (during 12 months, range: 1 and 5). Callers surveyed were given an opportunity to verbally describe their satisfaction and offer feedback and suggestions. From all callers three concrete suggestions were offered: a.
to man the hotline 24 hours a day; b. to more closely relate the hotline with the Jerusalem AIDS Project Internet page and to include more general information on HIV and AIDS; c. to enhance the Internet based service with a notion that it could better serve youth who are more comfortable using the Internet.

Discussion

The primary functions of AIDS hotline in the first years into the epidemic were centered around providing initial and essential information to the general public and specific groups with high risk activities. Over the years these lines were either shut down due to the public shifting to the internet for basic information on HIV/AIDS or became highly professional with added value and services. Similar to AIDS Helplines in the USA, South Africa and Europe, the Israeli AIDS Hotline grew in size and matured into a highly professional service. It is now an integral part of the comprehensive prevention and care services offered in the State of Israel to the general public.

The three main functions of this service are: sharing of information on HIV prevention and testing, guidance and support to callers stressed by possible exposure to the virus and referral to other services (e.g. mental health, public education). The high volume of callers supports the placing of the Israeli hotline service among those which offer globally “high level” of accessibility. The average of 60 callers a week, mostly among the young population, demonstrates a great need. This has been further established in follow up studies as well.

Quality assurance processes became an integral part of most services provided by private sector and only gradually are introduced in civil society undertakings in HIV/AIDS.

Since its inception, the Hotline operated by Jerusalem AIDS Project implemented an innovative system for quality assurance. The results presenting excellent feedback of utilizers of the service indicate that the three functions mentioned serve well the needs of the public and are highly regarded.

To achieve that level of performance, the managers of the hotline at the Jerusalem AIDS Project being the contract holder, coordinated with the Ministry of Health as the contractors a well structured processes of recruitment of the counselors, their pre service training and the supervision and mentoring in-service. We followed the examples of other help lines (e.g. Netherlands, USA and South Africa), yet we needed to address the specific cultural issues of Israel. Training workshops were in place as a pre service requirement for selected counselors. Totaling 60 training hours these workshops were given by experts in the field and by experienced past hotline counselors. Most importantly, in-service weekly supervision by a senior counselor/manager was in place. This resulted in the development of long-term commitment of counselors, who stayed on the job for an average of two years, and their being guided in solving on the spot tough issues on their shifts.

The public utilizing the service surly benefited from this approach, as did the cooperation between the government representatives and civil society implementers.

Conclusions

A national AIDS hotline which sets high standards on performance, quality assurance and diverse services could complement other national efforts in responding to the AIDS epidemic. Israel, being a multicultural society, with an incidence rate of HIV of less than 0.1%, is benefiting from a culturally sensitive hotline serving Jews, Muslims, and Christians through a national service sponsored by MOH and performed by a non-government organization utilizing counselors of both sexes. Clients’ satisfaction rates are very high, corresponding to investment in quality assurance and management. The observed well-functioning of the Israeli National AIDS Hotline could be attributed to: proper selection of counselors, their training, updating, supervision, and problem-solving mechanisms instituted from day one of the current hotline initiation three years ago.

Acknowledgments

This paper represents the views of the authors and does not necessarily reflect the opinions of the agencies to which they are associated with.
References


Accepted: January 20, 2010.