organizational strategies affect CHES adoption and use. **Discussion:** The data from this project will be relevant to decisions about whether and how to disseminate CHES and other interactive cancer communication systems, especially in health care systems where the technology might be integrated with other aspects of patient care.

Keywords: Chess; Breast Cancer; Health Services Research

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PS1-62:

Assessing Readiness for Team Care in Community-based Clinics: Barriers and Facilitators to Implementing an Evidence-based Intervention to Improve BP Control

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Background/Aims: Understanding the barriers and facilitators to implementing evidence-based models of care in typical community settings is critical to the successful translation of research-tested interventions into practice. The Electronic Communications and Home Blood Pressure Monitoring trial (e-BP), implemented in a large, integrated group practice, demonstrated that team-care and incorporating a pharmacist to manage hypertension via secure e-mail communications in an existing patient-shared electronic health record (EHR) resulted in almost twice the rate of BP control compared to usual care. We sought to assess whether e-BP could be implemented in community-based primary care clinics with very different contextual features (e.g. inexperience with pharmacist team members, limited IT infrastructure, and vulnerable patient populations). **Methods:** We conducted interviews with purposive samples of health care providers, pharmacists and patients associated with four community-based, primary care clinics. Using template analysis incorporating a priori codes drawn from the Chronic Care Model and the Consolidated Framework for Implementation Research, we identified themes illuminating contextual barriers and facilitators, as well as strategies for adapting core components of e-BP for implementation to control hypertension in community practice settings. **Results:** Community-based patients, pharmacists, providers and staff expressed eagerness to participate in an intervention like e-BP. They characterized its approach to healthcare as “the right thing to do” and expressed hope that participation would yield enough evidence about the benefits of this care model to support significant reimbursement reform. The intervention’s sustainability was of paramount importance to stakeholders and needs to be considered in planning for implementation. Stakeholders were more concerned about being able to overcome barriers related to regulations and reimbursement than to clinic-level factors. **Discussion:** Community-based clinic stakeholders would like to improve hypertension control and the care of other chronic conditions using team care and communications outside of office visits. However, ensuring a business case for implementation and sustainability of these models was a persistent theme. Using this case study, we will discuss methods and models for adaptation and implementation of evidence-based interventions into community practice.

Keywords: Implementation Science; Evidence-Based Practice; Health Services Research

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PS1-63:

PRISM Online Training: A Free, Customized, Effective Plain Language Tutorial for Researchers

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Background/Aims: Group Health Research Institute (GHRI) created the Program for Readability In Science & Medicine (PRISM) in 2005 to help overcome the well-documented problem of low readability among research consent forms and other print materials created for study participants. Since then, PRISM training and editing services have helped GHRI researchers consistently meet the 8th-grade reading level target recommended by most IRBs. Our newest public-domain resource, PRISM Online Training, was launched with grant funding in October 2010 to help other institutions do the

same. **Methods:** The hour-long online tutorial includes: 1) Background on health literacy; 2) Readability challenges in research and links to helpful tools; 3) Plain language strategies and pre-post examples from participant materials; 4) Interactive editing examples and exercises. Registration for the course is required and a 10-question evaluation is optional. **Results:** Although we designed the training specifically for researchers, a wide range of health care professionals are taking it. After 11 months in the field, 506 users from institutions across the US and abroad had registered, including: 214 (43%) investigators or research staff; 82 (16%) health educators; 41 (8%) clinicians; 36 (7%) IRB administrators or members; and 35 (7%) medical writers/editors. Four hundred seventeen users answered an optional question about how they heard about the course, revealing that 206 (49%) learned about it through a colleague or on a listserv. One-hundred forty-seven users completed the evaluation and provided consistently high ratings, including: 135 (92%) agreed or strongly agreed that the course was a good use of their time; 135 (92%) agreed or strongly agreed that they learned readability strategies they could immediately apply; and 137 (93%) agreed or strongly agreed that they would recommend the course to others. Boosting skills and knowledge was the most-cited reason for taking the course; fulfilling an institutional requirement was the least-cited reason. **Discussion:** This free online training is an effective way to boost the plain language skills of the research community—and of other health care professionals. Word-of-mouth and listserv recommendations were more effective drivers of dissemination than targeted conference presentations or newsletter announcements. Enhancing individual skills was a more common motivator for taking the course than fulfilling institutional requirements.

Keywords: Health Literacy; Informed Consent; Health Services Research

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PS1-65:

Relationships Matter! Modeling Segregation and Social Networks to Evaluate Prevention Services for STDs

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Background/Aims: Each year there are nearly 19 million new sexually transmitted diseases (STDs). STDs cost the U.S. health care system nearly \$16 billion each year and incidence rates of STDs have not decreased in recent years. There are very large disparities in the prevalence rates among different races/ethnicities and age groups. We developed a simulation model to assess the potential impact and limitations of screening strategies to prevent the transmission of STDs as a first step in understanding the range of options to curb STD incidence, disparities and costs. **Methods:** We analyzed the health impact (HI) measured in undiscounted Quality Adjusted Life Years saved (QALYs) and cost-effectiveness (CE) of separately screening for Chlamydia, gonorrhea and syphilis when offered to the target populations recommended by the USPSTF. We conducted our analysis using an Agent Based Model (ABM) in order to integrate the status of individuals with how they interact with each other. To our knowledge, no previous analysis of screening for these STDs has been conducted using an ABM. An unprecedented contribution of this project is a joint endogeneity of disease transmission, endogenous segregation and relationship dynamics along socioeconomic status (SES). We designed a model structure that allows realistic social networks to emerge based in part on data from well-constructed surveys including the National Survey of Family Growth (NSFG), U.S. Census 2000, the Survey of Income and Program Participation (SIPP), the National Survey of Sexual Health and Behavior (NSSHB) and the National Health and Nutrition Examination Survey (NHANES). Other parameters for the model were obtained from a structured literature search. The agents exhibit assortative behaviors along SES attributes in search of sexual partners and neighborhoods. **Results:** Chlamydia: HI=17,000, CE=\$27,000/QALY saved. Gonorrhea: HI=8,000, CE=\$36,000/QALY saved. Syphilis: HI=5,000, CE=\$130/QALY saved. **Discussion:** Prevention strategies recommended by the USPSTF are cost-effective. These results provide a direct comparison within a common framework. The ABM framework is general enough to understand the effect of other interventions and other issues, like obesity, substance abuse, teenage pregnancies and other social pathologies, where our environment plays a significant role.

Keywords: STDs; Relationships; Health Services Research

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