4 large healthcare systems with laboratory-confirmed HCV. A total of 4,781 patients completed surveys in 2011-2012 (completion rate = 60%). Survey data included demographics, PHQ-8 depression, SF-8 physical health, level of social support, stress exposures, and from the medical record, HCV treatment history and the Charlson comorbidity score. **Results:** The mean age of patients was 57 (SD = 18), 71% (95% CI = 70-72) were Caucasian, 57% (95% CI = 56-58) male, 47% (95% CI = 46-49) had been treated for HCV, 51% (95% CI = 50-53) reported past injection drug use, 60% were HCV genotype 1, and 15% (95% CI = 14-15) had confirmed sustained viral response (SVR) to HCV therapy. Altogether, 30% of patients (95% CI = 28-31) met criteria for current depression on the PHQ-8 and 25% (95% C = 23-26) had poor physical health on SF-8. In multivariate logistic analyses, the best predictors of depression included female gender (OR = 1.34, $P < 0.001$) age (OR = 0.83, $P < 0.001$), Caucasian race (OR = 1.42, $P < 0.001$), unemployment (OR = 2.98, $P < 0.001$), high stressor exposure vs. low (OR = 2.61, $P < 0.001$), low social support vs. high (OR = 1.73, $P < 0.001$), history of drug rehabilitation (OR = 1.45, $P < 0.001$), and higher Charlson comorbidity scores (OR = 1.17, $P < 0.001$). Having SVR to HCV therapy, was protective for depression (OR = 0.77, $P = 0.017$). The best predictors of poor physical health included Caucasian race (OR = 1.46, $P < 0.001$), unemployment (OR = 3.96, $P < 0.001$), higher Charlson scores (OR = 1.28, $P < 0.001$), high stressor exposure vs. low (OR = 1.78, $P < 0.001$), and moderate social support vs. low (OR = 1.48, $P < 0.001$). Counter to expectation, injection drug use history was protective of poor physical health (OR = 0.71, $P < 0.001$). **Conclusions:** Among HCV patients, the best predictors of depression and poor physical health were demographic factors, employment status, Charlson scores, current life stressors, and current social support. While SVR was protective for depression, HCV treatment history was generally not associated with mental health or physical health status, once other covariates were controlled.

Keywords: Chronic hepatitis C; Depression

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PS2-11:

Estimating Population Level Impact of Healthy Eating and Active Living (HEAL) Initiatives in Colorado

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Background/Aims: To promote health through the prevention and reduction of obesity, organizations are implementing healthy eating and active living (HEAL) strategies in local communities. LiveWell Colorado (LWC), a non-profit organization whose mission is to inspire and advance policy, environmental, and lifestyle changes to prevent and reduce obesity, provides funding to 24 underserved communities across Colorado to develop place-based interventions focused on built environment, food access, and policy changes that support HEAL. **Methods:** The Kaiser Permanente Evaluation Team (KPET) assists LWC communities in designing and measuring HEAL interventions that will have positive impact on population health. Working with community coordinators and local evaluators to identify key strategies, KPET estimates the impact of community efforts to prevent and reduce obesity at the population level. This evaluation methodology is referred to as "Population Dose." Dose is an estimate of the impact of community level interventions on an average resident's behavior. It is initially measured by individual strategy to determine both potential dose, based on the planned strategy, and actual dose, based on analysis of the implemented strategy. To assess Population Dose, community strategies are then clustered by behavioral outcome and given a quantitative Dose Rating that is based on reach and strength data for all strategies in each outcome category. The rating is used to estimate the impact of HEAL interventions across the entire population, not just for those that were directly affected by the intervention. **Results:** Using the Population Dose framework, KPET has seen shifts in HEAL behaviors at both the school and community levels. One example is in LiveWell Longmont, where strategies focusing on Safe Routes to School, Physical Activity Breaks, and Physical Education have an overall dose rating of 6.63% which is considered "High Dose". This rating indicates that it is highly likely that there has been an increase in physical activity of school-aged children in Longmont. **Conclusions:** The Population Dose framework is an informative tool for assessing population level impact of HEAL

strategies. It can be used to assess planned or current strategies to address obesity and assist in decisions about which outcome will have the most impact on obesity.

Keywords: HEAL; Obesity

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PS2-5:

The Impact of Diabetes Bundle Management on the Medical Cost of Diabetes: A Four-year Longitudinal Study

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Background/Aims: Type 2 diabetes is one of the nation's most prevalent chronic diseases, and the rate is increasing every year. In 2006 a diabetes system of care using a nine-component all-or-none bundle (diabetes bundle) of measures was introduced to Geisinger primary care physicians (PCP). We evaluated how the diabetes bundle impacted the medical cost of diabetes. **Methods:** A cohort of diabetes patients between 2005 and 2008 was extracted from Geisinger Health Plan (GHP) claims, among them ~45% of members were Geisinger PCP patients, and thus under diabetes bundle management, and ~55% were not, and thus taken as controls. After applying inclusion and exclusion criteria, 2189 patients in Bundle group and 3554 patients in non-Bundle control group were used for analysis. A subgroup of 3102 Medicare beneficiaries (1862 were Geisinger patients, and 1240 were not) was also analyzed. Generalized linear models were applied to determine the association between cost and Bundle/control groups, adjusting for comorbidities and patients' characteristics. The estimations of cost attributed to Bundle year by year were performed using difference-in-difference method. Separate analysis of outpatient cost and inpatient cost was also performed. Marginal effect for each comorbidities and characteristics was estimated by recycling prediction. **Results:** After adjusting for age, sex, and comorbidities, the average costs attributed to Bundle were -\$1569, \$20 and \$589 dollars for Medicare beneficiaries from 2006 to 2008 (positive means cost reduction, i.e. saving money). And they were -\$470, -\$251 and \$104 for overall patients. Bundle reduces cost for patients with comorbidities, especially for diabetes-related complications, for example, patients with chronic kidney disease (CKD) saved \$427 in 2008 than those without CKD. Reduction of inpatient cost accounted for most of saving, the average inpatient costs attributed to Bundle were \$117, \$340 and \$720 from 2006 to 2008. **Conclusions:** Patients under diabetes bundle management were beneficial in term of cost, especially for the long term cost, the benefit could be observed as early as 2 years after bundle implementation, and the reduction of inpatient cost account for most of reduced cost.

Keywords: All-or-non diabetes bundle; Cost reduction

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PS2-6:

Using Health Risk Assessments to Understand Older Adult Sedentary Time

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Background/Aims: Sedentary time (ST) is independently associated with cardio-metabolic conditions and mortality. Older adults have the highest levels of ST of all age groups. Little is known about how ST relates to BMI, health conditions, and health costs in older adults. Our aim was to use electronic health records (EHR) to better explore these relationships. **Methods:** We extracted health risk assessment data (HRA), outpatient visit diagnosis codes, and total healthcare costs from the EHR of a large health plan in WA State (Group Health). All members aged 65-99 who completed an HRA in 2011 and were continuously enrolled for 2 years, did not reside in long-term care, or have a terminal health condition were included (N = 3967; ~10% of all eligible members). ST was assessed by the International Physical Activity (IPA) Questionnaire sitting item. BMI was calculated using most recent weight and height from the EHR. Cardiovascular disease and diabetes were identified using ICD-9 codes. We used regression analysis to determine how mean ST varied with factors such as diabetes, while controlling for age,