of patients due for CRC screening, discussions did occur and specific recommendations frequently were made for CRC screening. Other cancer screening and preventive issues were discussed, but less frequently. PCPs are uniquely positioned to impact the delivery of these preventive measures and seem to be successfully striving to meet guidelines, particularly those for CRC screening.

Abstract PS1-27

Enrollment Rates of Hispanics Identified Via Surname for a Web-Based Nutritional Intervention

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Objective: To describe the enrollment rates and individual characteristics of Hispanics and non-Hispanics invited to participate in a multi-site Web-based intervention promoting increased fruit and vegetable consumption (MENU). **Methods:** A total of 5751 randomly selected members were invited to enroll in a Web-based nutritional study. Probable Hispanic status was determined by the Latino surname algorithm based on the Passel-Word Spanish Surname List utilized by the 1990 US Census. We computed enrollment rates stratified by ethnicity status and used logistic regression to examine characteristics associated with the likelihood of enrollment. To address potential bias associated with the use of Hispanic surname, sensitivity analyses were conducted comparing self-reported ethnicity of enrolled members to the Passel-Word-identified ethnicity. **Results:** There were 2871 probable Hispanics and 2880 probable non-Hispanics invited to join the study. A total of 174 (6.1%) probable Hispanics and 340 non-Hispanics (11.8%) enrolled in the study for a total enrollment of 514 (8.9%) invitees. Overall, Hispanics were 47% less likely to enroll, females were four times as likely to enroll, and those people with a median income census tract less than \$41,994 were 44% less likely to enroll. Stratifying by probable ethnicity status suggests Hispanics females were 87% more likely to enroll and Hispanics with a median income census tract less than \$41,994 were 46% less likely to enroll while the odds for non-Hispanics enrolling increased 14% for each decade increase of age and non-Hispanics with a census tract median income less than \$41,994 were 43% less likely to enroll in MENU. Self-reported Hispanic rates showed a sensitivity of 91.1% and specificity of 88.8%. Total enrollment of Hispanics into MENU totaled 192 (7.6%), of which 146 (76.0%) were enrolled by Kaiser Permanente Colorado. **Conclusions:** This study demonstrates that identifying Hispanics through surname for oversampling can be highly successful in terms of sampling yield and accuracy. However, results from this study suggest that Hispanics are significantly less likely to enroll in a Web-based nutritional intervention. Additional research is needed to identify methods of attracting more Hispanic subjects to these kinds of interventions.

Abstract PS1-28

The Relationship of Social Support and Smoking Cessation Among African Americans Enrolled in the Project Quit Study

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Background/Aims: African-Americans are disproportionately affected by the health consequences of smoking. Cigarette smoking is one of the main contributors to lung cancer, which is the second most common cancer among this group. Social support is a key component of effective non-pharmacological cessation programs. The objective of this analysis was to examine the association of social support and smoking cessation at 6 months among African-Americans enrolled in a randomized trial. **Methods:** In 2006, 204 African-American members from two large managed care organizations enrolled in Phase I of a Web-based smoking cessation intervention, Project Quit. In addition to the Web-based intervention, participants received a free course of nicotine replacement therapy (patch). All participants received layers of tailored messages to encourage cessation. Each participant was asked at baseline if they had someone who would be supportive while he/she quit smoking. The number of supporters was categorized in three groups: (1)

0-1 supporters; (2) 2-4 supporters; and (3) 5 or more supportive persons. The primary outcome of the study was 7-day abstinence at 6-month follow-up, regardless of use of other cessation products and services. Logistic regression modeling was used to test the association between smoking cessation with the number of social supports and tailoring intensity. **Results:** Among the 202 African-Americans, 65 (32.2%), 98 (48.5%) and 39 (19.3%) reported 0-1, 2-4, and 5 or more supportive persons for smoking cessation, respectively. For the 46 people who quit, we observed a trend toward significance for social support and quitting ($P=0.07$). The odds ratio for quitting for group 2 versus 1 was 0.86 (95% CI, 0.38-1.94; $P=0.71$), and for group 3 versus 1 was 2.35 (95% CI, 0.91-6.05; $P=0.08$). Adding tailoring intensity did not contribute to cessation ($P=0.70$). **Conclusions:** A larger support network specific to smoking cessation is advantageous beyond personally relevant computer tailoring for this African-American population. Our findings suggest that people with higher social support are more likely to quit regardless of the tailoring intensity. Further research should explore the synergistic relationship of computer-based interventions and personal support networks in smoking cessation among African-Americans.

Abstract PS1-29

Social Characteristics and Health Care Utilization Associated With Exemption From Immunization

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Background: This study evaluated usefulness of automated databases in identifying vaccine exemptions. It also studied social characteristics and health care utilization patterns of children who were exempted from immunization. **Methods:** We conducted an observational cohort study of children aged 0 through 6 years enrolled in two large health plans. We used both the immunization registry and medical record to identify the child's vaccine exemptions and assess the child's status regarding recommended vaccinations. We categorized children into racial, education, and income groups based on the distribution of these characteristics in his/her community from 2001 census data. We used administrative data to identify the child's utilization on well-child, outpatient, prescriptions, ER and hospital visits. The knowledge of these characteristics will provide critical information on designing interventions to improve immunization compliance and long-term follow-up with these children. **Results:** We compared exemption information found in the medical record with that found in the administrative data of our chart review sample. Although negative predictive value of the electronic data compared to the chart reviews was 92% and 90% for 2-year and 6-year olds, respectively, positive predictive value was only 52% and 62%, respectively. Additionally, our results indicate that excluders are more likely to come from well-educated, higher income areas than non-excluders. Excluders were found not to have opted out of the health care system and continue, although less frequently for the age 2 group, to use services in the health plans. **Conclusions:** Without better-automated data and the need for chart reviews, tracking of children with immunization exemption status would be expensive. Since parents of excluders are well-educated, interventions should focus on communicating to parents of excluders the most updated information on vaccines and vaccine preventable diseases.

Abstract PS1-30

Parent Perceptions of Neighborhood Safety and Children's Physical Activity: Implications for Health Messages and Advice

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Background: Physical activity (PA) in early adolescence has been demonstrated to be associated with not only the risk of pediatric overweight and obesity but also with the trajectory of lifestyle habits and the risk of