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 exemptors are more likely to come from well-educated, higher income areas than non-exemptors. Exemptors 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 exemptors are well-educated, interventions should focus on communicating to parents of exemptors 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

overweight and obesity in early adulthood. The specific aim of this study was to assess how parents' perception of neighborhood safety is associated with PA in children aged 10-12 years. **Methods:** Based on a cross-sectional design, 201 parent-child dyads were enrolled from a random sample of Kaiser Permanente members in two distinct geographic areas in Oakland, California, designed to represent relatively high and low SES based on zip code and census tract information. Parents and children were interviewed by telephone and asked their perception of the neighborhood environment (a modification of the Neighborhood Environment Walkability Survey (NEWS)) including factors related to traffic and crime safety, social capital, and aesthetics, and about frequencies of specific crimes. For each domain, a summary score was created, which was the mean of the score of all items in the domain. Parents reported the number of days/week their child participated in vigorous and moderate PA. Ordered logistic regression was used to model the association between the NEWS/crime frequency variables and parents' report of children's vigorous and moderate physical activity. Analyses were stratified by high-income versus low-income zip codes and adjusted for child's gender, parental SES variables and race/ethnicity. For each model, we obtained the odds ratio, 95% confidence interval, *P*-value, and *q*-value to adjust for repeated testing in each domain. **Results:** In the adjusted model, items from the NEWS that were significantly associated with parents' report of children's vigorous PA included safety of parks at night and the presence of crosswalks and pedestrian signals. The crime frequency summary score and frequency of some specific crimes (i.e., murder, being beaten up, teens carrying guns) were also associated with children's vigorous PA. **Conclusions:** The results of this study indicate the importance of considering parents' concern for children's safety in the design of programs, interventions, health messages and counseling that aim to promote children's physical activity.

Abstract PS1-31

The Association Between Body Mass Index and High Sensitivity C-Reactive Protein by Gender

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Background/Aims: Prior studies relating inflammatory biomarkers to obesity demonstrated a correlation between elevated body mass index (BMI) and elevated C-reactive protein (CRP). To date, however, little research has examined the association of the newer, high-sensitivity CRP assay (hs-CRP) to BMI of both men and women. **Methods:** In this cross-sectional study, the association between BMI and hs-CRP by gender was estimated in 376 subjects recruited from a network of community-based, primary care clinics in eastern Pennsylvania. The data were analyzed with Spearman's correlation and multivariate linear regression, accounting for age, gender, high density lipoprotein, and hypertension. The natural logarithmic transformation was used due to the presence of right-skewness of the distribution of hs-CRP. **Results:** All subjects were Caucasian, 52% were male with a mean age of 62, BMI of 30.6. The sample consisted of 21% with diabetes mellitus and 72% with hypertension. There was a significant positive association between BMI and hs-CRP ($r=0.28$) for the entire sample. This association was slightly weaker in males ($r=0.24$) compared to females ($r=0.31$), and did not significantly vary ($P=0.9425$). The adjusted associations demonstrated limited confounding (males: $r=0.23$; females: $r=0.28$), suggesting that BMI may be an independent factor for elevated hs-CRP. **Conclusions:** BMI and hs-CRP correlate positively, slightly more for women than men. In patients with elevated BMI, elevated hs-CRP has potential for use as a cardiac risk stratification tool. Elevated levels of hs-CRP in the obese individual could direct initiation of statin use to reduce the chronic inflammatory state or assist in cardiac risk stratification. In a time of limited patient resources and tighter budgets, these data give promise for the judicious use of biomarkers based on BMI for cardiac risk stratification.

Abstract PS1-32

Attorney General Consumer and Prescriber Grant Program. Changing Prescriber Behavior: The Meyers Primary Care Experience

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Background: The Meyers Primary Care Institute (MPCI) is one of 28 Attorney General Consumer and Prescriber Grant Program grantees. Four HMORN CERTs sites, including MPCI, received grants. The Institute is developing curricular interventions to educate prescribers regarding the influence of pharmaceutical marketing on prescribing behavior. Our objectives are to encourage prescribers to incorporate understanding of this influence into their practice and utilize best evidence to improve patient care. **Methods:** In 2006-2007 the MPCI convened a multidisciplinary group of advisors with skills in research, patient care and education. We convened focus groups of prescribers (NP, PA, PharmD and MD) to learn about their experiences with pharmaceutical representatives. Integrating this evidence with detailed data from the peer reviewed literature and recommendations regarding best-practices in electronic learning, we are developing 6 educational modules: (1) Pharmaceutical Development and Regulation; (2) Evidence-Based Medicine; (3) Pharmaceutical Marketing; (4) Organizational Influence; (5) Communication with Pharmaceutical Representatives; and (6) Communication with Patients. These modules will be freely accessible to all prescribers via web-based delivery systems, will include downloadable PowerPoint presentations and content notes for faculty who wish to integrate them into their own curricula, and PDA downloads for clinicians. **Results:** We will showcase elements from the modules, discuss issues of development and implementation, and suggest ways in which HMORN partners may be able to utilize these and other grantee resources to improve the practice of their clinical partners.

Abstract PS1-36

Secular Trends in Diagnosis and Antibiotic Treatment of Childhood Infections

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Background: Antibiotic prescribing rates for young children have declined dramatically in recent years. We aimed to determine what drove this decline in 8 communities throughout Massachusetts. **Methods:** We obtained automated claims data from four large health insurers on antibiotic dispensings and visit diagnoses in children 3 to <24 months of age and 24 to <48 months of age from Sept 1998-August 2003, and created diagnosis categories for common infections. We determined diagnosis rates (# visits for each diagnosis/total # of person-years [p-y]), antibiotic treatment rates (# visits for each diagnosis associated with an antibiotic/ total # of p-y) and the percent