of education, with 33% of those in the low education tertile, but only 9.0% of those in the high education tertile, reporting HS education or less. Unadjusted oral and print health literacy scores differed significantly ($p < 0.01$) across the tertiles – ranging from 73.8 and 77.7 in the low education tertile to 82.4 and 86.9 in the high education tertile. Adjusted for participant age, gender, and race, self-reported education of HS or less was significantly, negatively associated with mean oral and print literacy; however, the area-based percent of adults with HS education or less was not. **Conclusions:** In the absence of individual-level data on formal education, area-based measures of formal educational may be a useful proxy for selecting adults with a range of oral and print health literacy into a study. Individual-level formal education, however, is a stronger correlate of literacy.

Keywords: Health literacy, Geocoding, Socioeconomic status

doi:10.3121/cmr.2011.1020.c-c3-03

PS2-22:

The Association of Neighborhood Deprivation, Subjective Social Status and C-reactive protein among Pregnant African American Women

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Background/Aims: Chronic stress may lead to a dysfunctional inflammatory response, producing adverse health conditions such as cardiovascular disease (CVD). Increased C-reactive protein (CRP), a marker of systemic inflammation, is associated with prematurity and psychosocial stress during pregnancy. Residents in disadvantaged neighborhoods and with decreased socioeconomic status (SES) have higher social strain and experience more chronic stress. However, the relationship between social strain and inflammatory markers in pregnant women is unknown. African American's demonstrate more inflammation than other racial groups. The purpose of this study was to determine if there was an association between social strain (socioeconomic and neighborhood stress) and CRP among pregnant African American women. **Methods:** This descriptive-correlational study was conducted between February 2009 and June 2010 with 203 African American women in the 2nd trimester of pregnancy. Social strain was measured using: MacArthur Scale of Subjective Social Status (self-reported) and the Messer Index of Neighborhood Deprivation (census-level). CRP was measured using standard methods. Body Mass Index (BMI), a possible confounder in the social strain/CRP relationship, was calculated using self-reported height and pre-pregnancy weight. Linear regression models were fit to estimate the association of social strain (i.e., neighborhood deprivation and subjective social status) with log adjusted CRP. **Results:** Participants were young ($M=26.2$; $SD=6.0$), mostly high school graduates ($M=13$ years $SD=1.72$), predominantly low-income ($M=31,781$) and obese (mean $BMI=30.1$). The mean log adjusted CRP was 1.15; $SD=0.98$ suggesting a moderate risk. Neighborhood deprivation scores ranged from -1.1 to 3.3 with a mean of 0.82 ± 0.99 , suggesting relatively deprived neighborhoods. The mean SSS score was 5.4 ($SD=2.0$) suggesting that participants felt equal in social status to their community. Neither neighborhood deprivation nor SSS was associated with CRP ($p=0.686$ and $p=0.778$) after adjusting for age, education, income, and BMI. Women with higher pre-pregnancy BMI were more likely to have higher CRP levels ($p < 0.0001$). **Conclusions:** BMI confounded the social strain/CRP relationship. Increased BMI is associated with decreased SES and neighborhoods where energy-dense foods predominate. Future research should examine other neighborhood factors that increase BMI, psychosocial factors which could mediate the stress inflammation pathway as well as examining other inflammation markers among disadvantaged groups.

Keywords: Chronic stress, Inflammation, Neighborhood deprivation

doi:10.3121/cmr.2011.1020.ps2-22

Health Care Policy & Reform

PS2-17:

Development and Implementation of a Goal-Setting Tool for Managers

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Background/Aims: Geisinger's Henry Hood Center for Health Research houses the Geisinger Center for Health Research and the Geisinger Center for Clinical Studies, established in 2003 and 2006, respectively. The Centers experienced rapid growth, from 4 employees in 2003 to 60 in 2010. In response, we sought to build professional development resources for the expanding staff. The aim of this project was to develop a tool to be used during the annual review process for personal career growth, goal-setting, and self evaluation, and also as a resource for employee evaluations. The tool focuses on job-specific behavioral core competencies. **Methods:** Our task force developed a worksheet targeting four categories of job-specific core competencies for success and growth: behavior, communication, management, and organization. Each core competency included five sub-categories with definitions and examples. For each goal, a growth target (individual, department-specific and organizational) was also assigned. The Goal-Setting Tool was introduced to project managers and project coordinators one month prior to the annual review process. While developing their goals, employees were instructed to assign a competency and a growth target focus to each goal. While it was encouraged that all 5 competencies and all 3 growth areas be addressed, this was not required. Before and after completing their goals, employees were also asked to complete a questionnaire regarding whether/how they anticipated this tool would help or had helped in the goal setting process. **Results:** All project managers and project coordinators used the new tool in their annual goal setting process. Among those who completed the questionnaire, no observable differences were noted in the pre- and post-tool implementation periods, suggesting that employees' expectations regarding the utility of this tool were met. From a manager's perspective, the new tool was helpful, as it facilitated the goal-setting process and encouraged employees to consider career options, such as career growth and opportunity, educational needs, and their contribution to the overall success of the organization. **Conclusions:** The tool was successfully implemented and we plan to expand implementation of the tool to junior research staff. A modified version of the tool may be introduced institution-wide.

Keywords: Research administration, Personnel management in healthcare

doi:10.3121/cmr.2011.1020.ps2-17

Health Informatics

PS1-36:

The Collaborative Research Library: Creative Strategies for the Advancement of Scholarship

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Background/Aims: Massive technological changes in the area of research, knowledge production, publishing and communication are transforming the way researchers work. Spurred by technology, research is increasingly done as data-driven cooperative projects that involve teams in different locations, institutions, and even disciplines. As the pace of change accelerates, the need for new kinds of library collaborations and cooperative working arrangements becomes increasingly apparent. Information services need to be accessible on the move, in real time, and everywhere. Current trends indicate that research libraries are expanding their roles to become partners in a broader range of scholarly activities and offering new options for how scholarly work proceeds throughout the course of the research life cycle. **Methods:** Research libraries are determining areas of need across institutions in relation to scholarly activities and identifying logical partners with shared values, missions and goals in meeting those needs. These partnerships will produce services that lend support to and engagement between information professionals and researchers. **Results:** Collaborative approaches are being applied to new library activities both with regard to traditional operations as